

UNICEF Indonesia

Country Office Annual Report 2011

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TABLE OF CONTENTS

Table of Contents	2
Section 1 - Summary.....	4
Executive Summary.....	4
Country situation as affecting children and women.....	5
Summary Notes and Acronyms	10
Section 2 – Programme Analysis	14
Country Programme Analytical Overview.....	14
Effective Advocacy	15
Capacity Development	17
Communication for Development	19
Service Delivery.....	20
Strategic Partnerships	22
Knowledge Management.....	24
Human Rights Based Approach to Cooperation	25
Gender Equality.....	26
Environmental Sustainability	27
South-South and Triangular Cooperation.....	28
Section 3 – Programme Components.....	29
Country Programme Component: Policy Advocacy and Partnerships for Children	29
Country Programme Component: Child Survival and Development.....	34
Country Programme Component: Education and Adolescent Development	40
Country Programme Component: Child Protection.....	46
Country Programme Component: Cross-sectoral costs.....	51
Section 4 - Operations & Management.....	55
Governance and Systems	55
Effective use of information and communication technology	58
Financial Resources and Stewardship	59
Management of financial and other assets of the organization	60
Supply management.....	61
Human Resources.....	63
Other Issues	64
Changes to AMP and CPMP.....	65
Section 5 – Document Centre.....	66
Evaluation	66
Other Publications	68
Lessons Learned and Innovations	69

Programme Documents.....	72
Annex A.....	73
Annex B.....	73

SECTION 1 - SUMMARY

Executive Summary

2011, the first year of the GoI-UNICEF Country Programme Action Plan (CPAP) implementation, focussed on strengthening analysis and evidence to a number of child-related indicators in which Indonesia is seriously lagging behind Millennium Development Goal (MDG) targets and where GoI attention in terms of policy and allocation of resources to address access and quality of service related bottlenecks is much needed.

To understand current inequities, UNICEF together with key government and research institutions produced a number of first time original research and studies that include the i) Child Deprivation Index for Indonesia at district level, ii) the Child Poverty Study, and iii) the Children and Climate Change Study. The solid evidence from the joint GoI-UNICEF Health Investment Case, policy mapping in selected districts, preliminary findings of a complementary situation analysis and policy review on out-of-school children have contributed to reaching a common understanding with partners on the underlying causes to suboptimal coverage of key social services.

UNICEF's high level advocacy resulted to the Government of Indonesia commitment to the global Scaling Up Nutrition Movement (SUN) to reduce stunting in Indonesia by 5 per cent by 2015. Demonstrating this commitment is UNICEF's partnership with the Poverty Reduction Unit (PN2K) under the Vice President's Office to improve the nutrition status of children through Conditional Cash Transfers (CCTs).

Through technical support and advocacy, UNICEF significantly advanced key national programmes and initiatives. Critical milestones were also achieved towards the Validation of Maternal and Neonatal Tetanus elimination. Regarding child protection, a first draft national law on Justice for Children is being debated in Parliament.

In 2011, UNICEF enhanced partners' capacity both at national and sub-national level on programming in support of equity for children and women. This was done through multiple collaborations on training, including on: i) health and equity, ii) social protection, iii) child budgeting, and iv) child protection system building approach. UNICEF also successfully advocated for and trained the first national Quick Reaction Team for Child Protection in Emergencies established by the Ministry of Social Affairs (MoSA).

A new partnership with Nokia to support midwives demonstrated a significant change in the Indonesia Country Office's (ICO) engagement with the private sector. From a collaboration essentially geared towards obtaining financial support from the private sector, this innovative initiative is based on a true partnership where Nokia avails its capacity to communicate with mobile phone users to achieve a common objective with UNICEF.

Resulting from review with partners and staff, the Office will have to systematically encourage more integration and synergy among sectoral interventions and approaches in support of planning, programming and budgeting for children to deliver sustainable results for children in accordance with set strategies in the CPAP.

Finally, ICO's institutional capacity to implement a systematic results-based planning and monitoring system requires additional internal capacity development on results-based management based on the equity monitoring framework which will have to be prioritized in 2012 to overcome the latter constraint.

Country situation as affecting children and women

Country Situation

The year 2011 has been overall witness to continued stability within the framework of a democratic and decentralized Indonesia. Indonesia has continued to assert its leadership in ASEAN and participation in G 20 and at the international level especially through recognition for its commitment to addressing climate change and disaster preparedness and response. However, the country has also continued to face a number of systemic bottlenecks including serious disparities, corruption and incidents challenging its historical and important legacy of pluralism and tolerance. There are efforts by the Government as well as civil society and its partners to safeguard these values and restrict infringements.

UNICEF has strengthened its work within the framework of the Country Programme with the Government and other development partners to gather evidence on the situation of children and especially with identification of marginalized groups of children, their key issues and recommendations on the way forward. This has been done through the Situation Analysis, Child Poverty Study, Out-of-School Children Study, the Health Investment Case for Children, YCSD Child Deprivation Index, the MICS for Papua and West Papua and other such efforts. All of these contributed to the Strategic Result Areas (SRA) baselines and monitoring. The Government has also continued to collect information through SUSENAS, the socio-economic household survey, and has publically in 2011 shared Census 2010 (<http://sp2010.bps.go.id>) related data. Such collaboration will continue to further deepen existing data and information on children and highlight underlying causes of various inequities to be addressed in the remainder of the Country Programme Cycle.

Over the past decade, Indonesia has entered a phase of accelerated social, economic and political change. Strong economic performance since the Asian financial crisis of 1998 has seen Indonesia transiting from being a poor to being a middle-income country as well as decentralizing and transiting to democracy. Nevertheless, still 13 per cent of Indonesians live below the poverty line and almost half live around that line. This means that shocks such as a tsunami, volcanic eruption, displacement, death in a family, loss of employment or a global or regional economic crisis could devastate the lives of 120 million Indonesians who live on less than USD2 per day. Therefore, the central message of recent UNICEF supported studies is the need to ensure that progress is achieved with equity for its children and women regardless of their gender, place of residence, income status, educational background or ethnicity.

According to the latest government MDG report (<http://www.bappenas.go.id/node/118/2813/laporan-pencapaian-mdgs-indonesia-2010/>), four of the 35 indicators most directly associated with the welfare of women and children have already been achieved, 20 are on track to be achieved, and 11 require special attention and may not be achieved by 2015. One of the most significant improvements of the past decade is that extreme poverty is retreating: the proportion of Indonesian population living on less than USD 1/day fell from 20.6 per cent in 1990 to 5.9 per cent in 2008. Indonesia's general success is rooted in a strong economic recovery accompanied by a series of poverty reduction and social protection programmes including working towards universal coverage of social insurance and the development of conditional cash transfer programmes. Nevertheless, all such programmes have room for further improvement in terms of their targeting, comprehensive implementation and inter-sectoral linkages.

There is now overwhelming evidence both internationally and in Indonesia that considering MDG achievements through aggregate indicators is insufficient. Measuring average progress at the national level in Indonesia conceals major inequalities at the sub-national level and overlooks the status of the most vulnerable women and children. Additional measures that break national indicators down are necessary to evaluate whether progress is taking place with equity. Poverty remains a major issue in Indonesia. Fifty per cent of the population in Indonesia live on less than USD 1.75 per day,

dangerously close to the poverty line (SMERU 2011). A large number of Indonesians lives in close proximity to the poverty line. This population group has been shown to be vulnerable to external shocks and can fall easily into poverty. There is a clear pattern of inter-provincial disparities with 16 out of 33 provinces under-performing compared to the national average and with high levels of poverty concentrated in the eastern region of the archipelago. The proportion of population under the poverty line is over ten times bigger in Papua (37.33 per cent) than it is in DKI Jakarta (3.62 per cent).

The above mentioned studies and findings, which are further discussed in the following sub-sections, have been welcomed by the Government of Indonesia as well as other development partners. Intense work has begun to integrate them into various policy frameworks and plans. They all highlight the remaining work to be done to ensure all Indonesian children benefit with equity from the remarkable progress achieved in the country over the past decade.

Overview on the most deprived children, families and groups in country context

Factors that impact disadvantaged children include their family's level of income, their geographical location, and their parents' education level. Children in eastern Indonesia face the greatest deprivation while in terms of numbers the situation is more severe on Java Island. Deprivation manifests itself in particular in terms of lack of access to quality health services and education, child protection and social protection services and schemes, with all the consequent risks such as morbidity, mortality, dropping out of especially junior and higher secondary education and exposure to abuse and exploitation.

The Out-of-School Children Study (OOSC) on the magnitude, gaps, barriers and bottlenecks and relevant policies and programmes regarding out-of-school children was supported by UNICEF and involved both the Ministry of Education and Culture and the National Statistics Office (BPS). It highlighted that around 2.5 million Indonesian children aged 7-15 years are currently out-of-school. Disaggregated data also emphasize a variety of disparities within the education sector. Nearly half of all children from poor families do not move to or attend junior secondary school - children from the poorest households are four times more likely to be out of school than those in the richest. Of those attending primary school, 18 per cent of rural children do not complete it or make the transition to junior secondary, compared to 10 per cent of urban children. The probability of being out of school is 20 times higher for children whose mother has no education than for those whose mother has tertiary education.

Data/Evidence

As mentioned above, in 2011, the Office has put a focus on and invested considerable resources in collecting and analysing data and information on children and the various inequities and risks that they face on a day to day basis in various locations in Indonesia. This has been done through the Situation Analysis, Child Poverty Study, Out-of-School Children Study, Health Investment Case for Children, YCSD Child Deprivation Index, MICS for Papua and West Papua and other such efforts. All of these contributed to the SRA monitoring. Among the most significant analyses were the following:

Ground-breaking research by the Indonesian research institute SMERU - commissioned by UNICEF - has explored the child dimensions of poverty in Indonesia. Preliminary results show that in 2009 around 44.3 million Indonesian children lived on less than USD 2 PPP/capita/day, of which 13.8 million lived below the national poverty line and 8.4 million in extreme poverty. Children are

proportionately more affected by poverty than any other group: In 2009, 8.55 per cent of the overall population lived on less than USD 1 PPP/capita/day, but the figure for children is 10.63 per cent. Similarly, 50.65 per cent of the overall population lived on USD 2 PPP/capita/day, but 55.78 per cent of all children. The research by SMERU identifies two distinct sets of geographical priority areas for poverty reduction interventions. The highest number of poor children are concentrated in East, Central and West Java, accounting for 48 per cent of the 8.4 million of children living in extreme poverty. By contrast the highest poverty rates are to be found in the eastern provinces with over 20 per cent of children growing up in extreme poverty. In the study, 55.78 per cent of Indonesian children were found to experience economic deprivation. The two most frequent deprivation combinations are sanitation and income (31.52 per cent), followed by shelter and income (28.31 per cent).

UNICEF has also supported a Young Child Survival and Development situational analysis in Indonesia, providing disaggregated data through a child deprivation index (CDI) at provincial and district level. Using available data mostly from latest Government surveys, the index has encompassed primary school net attendance, skilled birth attendance, DPT3 immunization coverage, stunting, poverty levels, and birth registration coverage. The CDI enabled to categorize provinces in three categories: high, medium and low levels of deprivation both in width and depth. The top four provinces under the category of high deprivation are: West Sulawesi, NTT, Maluku, and Papua while the lowest is Jogjakarta. Within some of the provinces worst deprivation occurs in pockets, the high burden of which occurs in big populations.

UNICEF also supported an Out-of-School Children study, released in 2011, aiming at improving information and analysis regarding out-of-school children and developing complex profiles of these children reflecting the multiple deprivations and disparities they face in relation to education. The exercise also identified barriers and bottlenecks that explain the dynamic and causal processes of children being out of school, and analysed existing interventions related to enhanced school participation.

Monitoring and Evaluation

UNICEF continues to monitor and track the situation of children through working towards a more systematic and institutionalized approach towards the generation, analysis, dissemination and utilization of data and information on children. This has begun and will continue through support to the “knowledge sector”, the BPS, Bappenas, line ministries and relevant departments at sub-national level, as well as networks of researchers and evaluators. UNICEF continues to work with the Vice-President’s Office for Poverty Reduction to support overall monitoring and strengthening of Poverty Reduction and Social Protection measures, as well as with UN sister agencies within the umbrella of the UNPDF M&E Framework.

Internally, the Integrated Monitoring and Evaluation Plan (IMEP) coordinated by the Social Policy and Monitoring cluster informed monitoring and evaluation activities. As 2011 was the first year of the new country programme, a number of surveys and studies which are reported under sections 3 and 5 of this report were undertaken to establish baselines and inform programme design. The ICO also worked on improving results-based monitoring of the country programme as well as aligning intermediate results with corporate strategic result areas (SRAs). The Office is working on standardized and integrated tools to support results-based monitoring at sub-national level in close coordination with national partners. Initial steps were taken to operationalize the equity monitoring framework with progress being made on refining existing analysis at Level 1. As the latter work has been spearheaded by the CSD cluster there is a need to integrate other priority sectors and programmes in this analysis. Challenges faced in strengthening internal monitoring mechanisms relate to the existence of distinct monitoring systems and tools for application at various levels of monitoring and how to integrate these into one system. There is also insufficient institutional capacity to implement a systematic results-based planning and monitoring system. Additional internal capacity

development on results-based management based on the equity monitoring framework will have to be prioritized next year to overcome the latter constraint.

Within the UN Country Team as a result of UNICEF advocacy the inter-agency M&E group was revived. The Working Groups of the United Nations Programme Development Framework (UNPDF), supported by the M&E group focused on streamlining the monitoring and evaluability of UN interventions with baselines being established for planned results. UNICEF chairs the Social Services Working Group while co-chairing or actively participating in the Disaster Risk Reduction and Resilience, Climate Change and Environment, Sustainable Livelihoods and Governance working groups as well as the Social Protection, Human Rights, Gender and HIV sub-groups. Progress of the working groups has been affected by agencies' disparate levels of understanding of results-based management, limited participation and commitment from some agencies and limited M&E capacity among the agencies.

While no major evaluations were planned in 2011 as the first year of the new Country Programme, the Office strived to strengthen the evaluation function by assigning responsibilities and discussion of overall systems for improving the planning, design and follow up of evaluations, including criteria for prioritizing evaluations.

Support to Partners

Support for generation of evidence is a key pillar of the CPAP 2011-2015 and a cross-cutting strategy entailing the development of stronger M&E capacities of implementing partners, particularly at sub-national level where routine data collection, analysis and use is limited. As already mentioned, UNICEF has worked with and supported BPS, Bappenas, line ministries and relevant departments at the sub-national level, as well as networks of researchers and evaluators. UNICEF is and will continue to work with the Vice-President's Office for Poverty Reduction to support overall monitoring and strengthening of Poverty Reduction and Social Protection measures, as well as with UN sister agencies within the umbrella of the UNPDF M&E Framework.

In 2011 UNICEF took a number of specific steps to strengthen national M&E systems. Indonesia has well-developed and functional national data collection systems covering demographic, social and economic sectors. Processes aimed at improving analysis and use of existing data and information from the key data systems, i.e. SUSENAS (annual socio-economic household survey), RISKESDAS (tri-annual household health survey) and the population census are on-going. The output from this exercise is a policy brief targeted at decision-makers within the President's office, BPS, line ministries and development partners supporting national data systems.

Technical and financial assistance was also provided to BPS to carry out the Multiple Indicator Cluster Survey in Papua and West Papua provinces. The overall purpose of this MICS is twofold: (1) to establish baselines for the new country programme in two of the most disadvantaged and hard-to-reach provinces in support of equity-focused planning, monitoring and evaluation, and (2) to generate lessons learnt which will be fed into to the design and implementation of SUSENAS. Other efforts at sub-national level to strengthen routine data collection, analysis and use included development of standardized and integrated monitoring tools, the creation of provincial DevInfo databases in Papua and West Papua and capacity development of provincial and district staff on data management. Government funding for these initiatives was secured in the above-mentioned provinces.

UNICEF also provided technical assistance to BPS in the dissemination of the 2010 population results. Despite concerted effort and advocacy by UNICEF for the government to adopt CensusInfo as a dissemination tool, the government in the end opted for a locally developed web-based application which has similar features as CensusInfo but stops short of being a dynamic tool.

On evaluation capacity development, UNICEF's collaboration with a leading national research think tank led to the establishment of a national research and evaluation network. A key mandate of the network is to support national evaluation capacity development of member organizations with a view to strengthening evidence-based policy making and country-led evaluations.

Challenges to national M&E capacity strengthening emanate from little demand for data and evidence. Indonesia's form of decentralizations is devolution and hence resource allocation lies with the central government. As a result sub-national planning processes do not use data and evidence as a basis for policy planning and policy making.

Summary Notes and Acronyms

ACTMalaria	Asian Collaborative Training Network for Malaria
AMP	Annual Management Plan
ANHSS	Asia Network Capacity Building in Health Systems Strengthening
APBD	Anggaran Pendapatan dan Belanja Daerah (Province/District Budget for Revenue and Expenditure)
ASIA	Analisa Situasi Ibu Anak (situation analysis for children and women)
Bappeda	Badan Perencana Pembangunan Daerah (Province/District Planning and Development Board)
Bappenas	Badan Perencana Pembangunan Nasional (National Planning and Development Board)
BCP	Business Continuity Plan
BNPB	Badan Nasional Penanggulangan Bencana (National Disaster Management Agency)
BPBD	Badan Penanggulangan Bencana Daerah (Province/District Disaster Management Agency)
BPS	Badan Pusat Statistics (National Statistics Office)
C4D	Communication for Development
CCCs	Core Commitments for Children
CCT	Conditional Cash Transfer
CDI	Child Deprivation Index
CFO	Chief of Field Office
CHANSYS	Community Health and Nutrition Systems Strengthening
C-IMCI	Community Integrated Management of Childhood Illnesses
CMT	Country Management Team
CPAP	Country Programme Action Plan
CPiE	Child Protection in Emergencies
CPMP	Country Programme Management Plan
CSD	Child Survival and Development
CSO	Civil Society Organisation
DKI Jakarta	Daerah Khusus Ibu Kota Jakarta (Special Capital Territory of Jakarta)
DPT3	Third dose of Diphtheria-Pertussis-Tetanus Vaccine

EAPRO	Regional Office for East Asia and the Pacific
ECD	Early Childhood Development
ERM	Enterprise Risk Management
ERP	Enterprise Risk Profile
Gol	Government of Indonesia
H4+	Health 4 plus (UNICEF, WHO, World Bank, UNFPA and UNAIDS)
ICO	Indonesia Country Office
ICT	Information, Communication and Technology
IMCI	Integrated Management of Childhood Illnesses
IMEP	Integrated Monitoring and Evaluation Plan
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
LTA	Long-term Agreement
M&E	Monitoring and Evaluation
MARYP	Most at Risk Young People
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MICS	Multi Indicator Cluster Survey
MNCH	Maternal, Neonatal and Child Health
MoEC	Ministry of Education and Culture
MoH	Ministry of Health
MMN	Multiple Micronutrients
MoPW	Ministry of Public Works ?
MoRA	Ministry of Religious Affairs
MoSA	Ministry of Social Affairs
MoU	Memorandum of Understanding
MTR	Mid-term Review
MYWP	Multi Year Work Plan

NAD	Nanggroe Aceh Darussalam (former name of the Province of Aceh, 2001 – 2009)
NGO	Non-governmental Organization
NTB	Nusa Tenggara Barat (West Nusa Tenggara), a province in eastern Indonesia
NTT	Nusa Tenggara Timur (East Nusa Tenggara), a province in eastern Indonesia
OOSC	Out-of-School Children
ORE	Other Resources Emergency
PBA	Programme Budget Allotment
PLHIV	People Living with HIV/AIDS
PMI	Palang Merah Indonesia (Indonesian Red Cross)
PMTCT	Preventing Mother-to-Child Transmission
Poltekkes	Politeknik Kesehatan (Health Polytechnic School)
PPP	Purchasing Power Parity
PPSP	Program Percepatan Sanitasi Permukiman (Accelerated Urban Sanitation Development)
ProMs	Programme Management System (UNICEF software)
REACH	Reaching for Equity and Access in Child Health
RISKESDAS	Riset Kesehatan Dasar (Basic Health Survey), conducted by BPS
RR	Regular Resources
SOP	Standard Operating Procedure
SRA	Strategic Results Area
STBM	Sanitasi Total Berbasis Masyarakat (Community-based Total Sanitation)
SUN	Scaling Up Nutrition
SUSENAS	Survei Sosial Ekonomi Nasional (socio-economic household survey), conducted by BPS
TOT	Training of Trainers
TRC	Quick Reaction Team
UN Cares	UN system-wide workplace programme on HIV
VISION	Virtual Integrated System of Information

WASH Water, Sanitation and Hygiene

YCSD Young Child Survival and Development

SECTION 2 – PROGRAMME ANALYSIS

Country Programme Analytical Overview

Country Programme Analytical Overview

Support for generation of evidence is a key pillar of the CPAP 2011-2015 and a cross-cutting strategy entailing the development of stronger M&E capacities of implementing partners, particularly at sub-national level where routine data collection, analysis and use is limited. As already mentioned, UNICEF has worked with and supported BPS, Bappenas, line ministries and relevant departments at the sub-national level, as well as networks of researchers and evaluators. UNICEF is and will continue to work with the Vice-President's Office for Poverty Reduction to support overall monitoring and strengthening of Poverty Reduction and Social Protection measures, as well as with UN sister agencies within the umbrella of the UNPDF M&E Framework.

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On evaluation capacity development, UNICEF's collaboration with a leading national research think tank led to the establishment of a national research and evaluation network. A key mandate of the network is to support national evaluation capacity development of member organizations with a view to strengthening evidence-based policy making and country-led evaluations.

Challenges to national M&E capacity strengthening emanate from little demand for data and evidence. Indonesia's form of decentralizations is devolution and hence resource allocation lies with the central government. As a result sub-national planning processes do not use data and evidence as a basis for policy planning and policy making.

Effective Advocacy

Deliberate efforts, based on demonstrated evidence, to directly and indirectly persuade decision-makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of the rights of children and women, particularly the most vulnerable and excluded.

Rating

initiating action to meet benchmarks

Effective Advocacy

Successful advocacy resulted in a government commitment to expand school-based management and national guidelines are currently under development. In Nusa Tenggara Timur, four district governments issued local regulations in this area benefitting over 80,000 children in 520 schools, as part of improving quality of learning and school management. As a part of the H4+ UNICEF is working with its partners to improve the quality of care in maternal health. UNICEF has been involved in the design and support of the upcoming implementation of the WHO-led initiative to assess quality of care of maternal health services. This will then be used to work with the government on corrective action. For further details see the section on the H4+. As a result of UNICEF's advocacy, BNPB, the National Disaster Management Agency, has agreed to not provide BMS for babies below six months in disasters.

Advocacy with the Government has resulted in a public pledge by the Ministry of Health to commit Indonesia to adhere to the global Scaling Up Nutrition (SUN) movement. Continued efforts have been made to support the strengthening of protection of women's right to breastfeed, through high profile engagement with Ministers and development of media materials on workplace breastfeeding.

UNICEF is supporting the Indonesian Children Rights Institute to develop an advocacy strategy for adoption by Parliament of the revised Justice Law, which has improved provisions for children in line with international standards.

In response to government and public concerns over young people accessing inappropriate content through digital media, UNICEF successfully advocated for quality research to be undertaken, ahead of any finalising of regulations, to ensure adequate evidence on use, opportunities and potential risks of digital media for children, including convening a professional partnership between the Ministry of Communication and Information and the Berkman Center for Digital Safety.

Changes in Public Policy

Throughout 2011, UNICEF advocated with and supported partners and the Government at national and sub-national level to ensure that children's rights were considered in legislation and other policy initiatives.

At national level, these include for example the development of a National Plan of Action on Food and Nutrition, aiming at reducing stunting by 5 per cent by 2015, a decree from the Ministry of Home Affairs mandating districts to allocate funds for the USI (Universal Salt Iodization) programme, Guidelines on Community Management of Acute Malnutrition, Community-based Total Sanitation, technical guidelines for midwives and general practitioners in primary health centres and district hospitals on MNH, and a MNH pocket book. Examples of policy work at sub-national level include the following: In Aceh and Sabang, a Decree on Malaria Elimination and exclusive breastfeeding was

issued, the budget for Posyandu operations was enhanced, and a District Food and Nutrition Action Plan was drafted. In North Maluku, District Integrated Malaria Control was introduced and in Papua, the Bupati (regent) of Jayapura passed a Malaria regulation. Also in Papua, funding for nutrition was enhanced while in NTB a local regulation on community-based water supply and environmental sanitation was issued.

In both NTT and East Java, Governor's decrees on expanding access to ECD, especially for vulnerable children, were issued. In Aceh, an ECD access strategy was drafted following a situation analysis and evidence-based advocacy. An ECD cluster network was established in Aceh Timur to promote knowledge sharing and improve the quality of services.

A Governor's Regulation was issued in Papua, making HIV/AIDS education compulsory across all levels of education.

After years of patient advocacy by UNICEF, the GoI is now recognizing the need to modernize social workers, changing the nature of their work from a bureaucratic role to service delivery to families and communities.

Good progress continues to be made in the area of Justice for Children. The Constitutional Court declared the current minimum age of criminal responsibility (eight years) to be unconstitutional, stating 12 years as the absolute minimum and the Justice Bill entered National Parliament. The National Police have drafted an internal SOP on the handling of cases of children in contact with the law in line with Juvenile Justice Draft law and are also drafting pre- and in-service training modules on child protection. UNICEF Indonesia has succeeded in integrating concerns regarding violence in Islamic schools into the agenda of MoRA.

Leveraging Resources

Please see section on fundraising and donor relations.

Capacity Development

The process whereby people, organizations and society as a whole unleash, strengthen, create adapt and maintain capacity over time.

Rating

mostly met benchmarks

Capacity Development

UNICEF Indonesia has had numerous and important capacity building activities at national and sub-national level in 2011. These have had a strategic focus of supporting a greater understanding as well as the development of the skills and competencies required to address equity issues within the CPAP more effectively. Among the trainings and workshops for UNICEF staff and counterparts were the following:

- A training on poverty reduction, child poverty, and social protection, jointly organized by SMERU, to which notable Indonesian speakers were invited. Information and analysis pertinent to UNICEF's CPAP were shared.
- UNICEF led several emergency-related trainings for the Government's relevant agency (BNPB) as well as Clusters. These include: BNPB Senior Management Training, Head of Provincial BPBD Training (for 30 provinces), Field Training Exercise (Maumere NTT), WASH Cluster Coordination Workshop, Child Protection Rapid Assessment Training and Child Protection in Emergency Training. While the National Disaster Management Agency coordinates most areas related to emergency management, child protection has been largely overlooked. MoSA has developed a rapid response team of 17 members from which members will be deployed to coordinate the child protection response during emergencies by local government and civil society. The team was trained in an intensive week long training exercise set in a fictitious country. Throughout the week, hands on exercises enabled the participants to apply the theory discussed in the training. The training culminated in an intensive all-day simulation activity mirroring a likely emergency from natural disaster in Indonesia.
- The Flagship Course on equity and Health Systems was held.
- A bottleneck analysis training linked to the Investment case (IC) for financing equitable progress towards MDGs 4 and 5 was held in October. Participants came from MoH, Bappenas, Universities from Papua, Provincial Health Office Papua as well as from Bappeda Papua, UNICEF Jakarta and Field Office staff. It is expected that all participants will facilitate bottleneck workshops in Papua which are planned to take place in early 2012.
- Capacity building at national and sub-national levels on the Child Protection Systems-building approach was carried out. At sub-national level government-led participatory mapping exercises of existing Child Protection Systems components took place which has increased government ownership and leadership and resulted in the development of action plans and increasing state budget allocations.
- A number of UNICEF sub-offices have conducted training on M&E, ECD and education data management and justice for children to their key Government counterparts beyond and above what is already mentioned in this section.
- There have been a number of study tours as part of UNICEF's capacity building efforts between and within provinces, e.g. between Saban (Aceh), Wonosobo (Central Java) and Jembrana (Bali)

in the area of disease outbreaks. To support capacity building in the area of Child Friendly Cities, a delegation from Kupang travelled to Solo.

- Training on child budgeting was conducted in South Sulawesi and Papua as part of UNICEF's efforts to build capacity of both government and UNICEF staff to integrate child rights into the government planning and budgeting processes.

Communication for Development

A systematic, planned, evidence based strategic process that promotes positive and measurable behaviour and social change; is intrinsically linked to programme sectors; uses consultation with and participation of children, families, communities and networks; privileges local contexts; and relies on a mix of communication tools, channels and approaches.

Rating

initiating action to meet benchmarks

Communication for Development

Work in 2011 focused on supporting systems and structures to strengthen capacity and coordination on Communication for Development (C4D) and investigate potential innovations in delivery of C4D. National C4D coordination mechanisms were supported within the Ministry of Health and Bappenas. These structures will become a forum for sharing and building capacity to ensure future sustainability. Similar structures have been supported in Aceh, Papua and West Papua.

Programmatic technical support was provided to the Health Promotion Unit of the Ministry of Health (Promkes), and Bappenas – the latter specifically to undertake an assessment of the Government's Conditional Cash Transfer programme in two provinces. In South Sulawesi, the capacity of the Promkes has been strengthened to conduct a Knowledge, Attitudes and Practices study on breastfeeding, as well as the development of radio programming. In Aceh, a similar study provides the basis to address the issue of stunting next year and religious leaders are being mobilised to support these efforts.

Strategic support to increase knowledge and improve counselling practices amongst midwives on antenatal and young child care practices has been provided through use of cell phone technology, developed in collaboration with Promkes and a cell phone manufacturer. Baseline research has been conducted and customised content for midwives has been developed.

Moving into 2012, the work on capacity strengthening of government partners will be further consolidated at the national and provincial levels. Technical support will be provided to developing a behavioural and social change strategy to address demand side issues in the Conditional Cash Transfer programme in relation to nutrition. Technical support will also be provided to the water, sanitation and hygiene sector to develop behavioural change strategies at national and sub-national levels, and strengthen capacity of cross-sector working groups in South Sulawesi and Nusa Tenggara Timur provinces. Technical support will be provided to develop a C4D strategy to address immunization drop-out. Work will be initiated on a research framework for C4D to address equity issues, and advocating for adequate resources for C4D with government counterparts.

Service Delivery

An approach based on the assumption that success is dependent upon partner satisfaction and that UNICEF's strategies including direct services, products and processes are valuable in relation to the extent in which they benefit the most vulnerable children.

Rating

mostly met benchmarks

Service Delivery

The CSD Cluster continued to support strengthening of technical capacity of partners on service delivery for MNC health, nutrition and WASH services at all levels with an emphasis on priority districts.

Ten high risk districts in Papua received both technical and operational support to provide supplementary tetanus vaccinations to women of reproductive age. Together with promotion of clean deliveries, this will help increase immunity against maternal and neonatal tetanus. Twenty priority districts with the largest numbers of unvaccinated children in Central and East Java had their staff reoriented and mentored on Reaching Every District micro-planning, mapping of unreached children, outreach sessions planning, supervision and implementation.

UNICEF supported six districts in establishing Maternity Waiting Homes and institutionalising on-going home visits by cadres and village midwives to support the household to hospital continuum of care approach.

Community-based IMCI service points and mother-support groups for breastfeeding have been established in more than 120 villages serving as models for effective community-based health intervention strategies in scaling up core child survival interventions. A total of 929 community health workers have been trained to promote key family practices and to identify, classify, treat and refer sick children with diarrhoea, pneumonia and malaria. Supervisory structures and mechanisms were established to ensure effective quality services, especially with strong collaboration and partnerships between local governments and NGO implementing partners.

Quality assurance for malaria diagnosis training in Jayapura was attended by malaria district cross-checkers, participants from Research Centre & Development, hospitals, and the Regional Health Laboratory. As follow-up, UNICEF will support districts that plan training for malaria microscopists in health centres using APBD funds (District Budget for Revenue and Expenditure), e.g. Boven Digul, for which UNICEF will support a good resource person's attendance.

The EAD Cluster continued to support strengthening of technical capacity of partners on service delivery for education services at all levels with an emphasis on priority districts.

In Tanah Papua, the school-based management framework was strengthened resulting in an improved quality of education for children in almost 500 schools across six districts. Seventy "model" schools were supported to become centres of excellence for replication purposes. Contextual early-grade and multi-grade packages for teachers were developed to ensure that all children are able to access quality educational services. In addition, comprehensive learning materials on HIV/AIDS and life skills are currently being used in over 590 elementary, junior and senior high schools.

In Central and East Java Provinces, UNICEF supported 28 ECD Centres in the poor villages benefiting more than 1,400 children age two-six. In addition, nearly 1,000 children below two years old received the service through their parents from parental training session. Training on Holistic

Integrative ECD was provided to more than 168 ECD cadres. Social mobilisation and advocacy were conducted to support the implementation of pro poor ECD services, reaching over 650 stakeholders at sub-national level.

Over 11,000 children (6,044 girls and 5,534 boys) are benefiting from improved inclusive sports, physical education and play programme in Pasuruan, Bone, Jakarta and Subang.

Strategic Partnerships

Voluntary and collaborative relationships between various parties, both State and not-State, in which all participants agree to work together to achieve a common purpose or undertake a specific task and to share risks, responsibilities, resources, competencies and benefits.

Rating

initiating action to meet benchmarks

Strategic Partnerships

During the year, UNICEF Indonesia has helped convene several key partnerships to further the objectives of the Country Programme.

In the area of poverty reduction, UNICEF has identified and positioned itself to develop and access evidence on links between children and poverty; including support for Indonesia's Child Poverty Study, a study of the impact of climate change on children, and the development of a model to strengthen the impact of Indonesia's largest conditional cash transfer programme on improved nutrition. This has brought together government ministries, the Vice-President's Poverty Reduction Unit, international development partners and academic institutions.

Working with less traditional partners - members of the legal profession - UNICEF supported a review of Indonesian legislation in relation to breastfeeding, identifying gaps in current laws and regulations in areas such as marketing of breast milk substitutes in public places, promotion of breast milk substitutes for children above six months of age by health and non-health providers and advertising of breast milk substitutes for children above one year of age. These findings will be shared with the Ministry of Health to support its own legal reviews.

Identifying and addressing underlying causes of inequity in the health sector has required partnership approaches engaging government and academic partners. A specific training on Equity and Health systems supported by UNICEF brought together representatives of the Ministry of Health, Bappenas and universities, while a partnership between UNICEF, the University of Queensland and Gajah Mada University to undertake the first phase of an investment case process revealed serious bottlenecks and gaps in health systems related to maternal and child health.

In C4D, UNICEF has engaged with a private sector cell phone provider, and the government Health Promotion Unit, to test the viability of using SMS technology to inform midwives of good health practices in rural areas.

Within its focus on providing Government with technical assistance to develop Child Protection Systems, UNICEF has assisted to bring together multi-sectoral Government partners at national and sub-national levels. Through this convening power, Government partners, particularly at sub-national levels are able to begin to effectively implement a child protection system greater than any one Ministry or Department can do alone. This partnership has included recognising the role of universities to provide evidence for policy-making. UNICEF is also encouraging and making links between Government and a nascent civil society in Indonesia.

UNICEF is partnering with the Ministry of Education and Culture, the Ministry of Youth and Sports, the British Council, the National Olympic Committee, the National Para-Olympics and the Special Olympics under the International Inspiration. This programme uses sport as a strategy for accelerating equitable progress towards the MDGs and reaching the most disadvantaged children. A

strategic decision was taken to involve non-traditional partners such as the Committees to ensure that the issue of special needs children rights and the overall issue of equitable access to sports (i.e. vs. sports for excellence that is pre-dominant in Indonesia) were given enough visibility, considering the level of enthusiasm for sports in Indonesia.

Mobilizing Partners

As indicated in the section above on “Strategic Partnerships”, UNICEF is engaged in Indonesia with multiple partners. With equity as a major focus of the programme, scaling-up progress for deprived children is at the centre of many of these.

In 2011, Country Office participated in a corporate survey of on-going partnerships. Results from this initiative will allow to continue improve the way the organization engages partners in the country in support of 2011-2015 Country Programme results for children.

Knowledge Management

The creation, organization, sharing and use of knowledge for better organizational performance and development results

Rating

initiating action to meet benchmarks

Knowledge Management

Development of the Country Office Knowledge Management strategy and processes was severely hampered by challenges in finding a suitably qualified specialist to lead the Knowledge Management programme, which focuses on applied knowledge management.

Once a specialist was recruited late in the year, work immediately began on identifying knowledge needs and gaps both within the organization and amongst key partners in support of the Country Programme objectives. This has included consultations with actors at sub-national level, in Sulawesi, Central and East Java.

These consultations identified a number of areas around child rights issues, research, documentation, dissemination of knowledge and sharing of good practices within Indonesia that will require strengthening through an applied knowledge management programme and a stronger knowledge base.

The Knowledge Management strategy has been finalized by the end of the year, which will focus on supporting government partners in developing their capacities to disseminate and utilize knowledge on children's rights and also seek to increase UNICEF's contribution to the knowledge sector through the generation of high quality Knowledge Management products. Specific areas to be covered will include out-of-school children, child protection systems, HIV awareness, sports for education, and documentation of the national Child Friendly City/District framework.

Human Rights Based Approach to Cooperation

A conceptual framework for the process of human development that is normatively based on international human rights principles and standards and operationally directed to promoting and protecting human rights.

Rating

Fully met benchmarks

HRBA

Throughout 2011, UNICEF has continued to apply the Human Rights-based Approach to Programming in its programme implementation demonstrating a shift in strategies towards an equity and evidence-based advocacy to formulate child friendly policies that reduce disparities, strengthening capacity of relevant partners to deliver basic quality services and for the poor, marginalized, vulnerable groups to access them, and supporting relevant institutions in implementing disaster risk reduction strategies.

This year, UNICEF has been working with the Government in the on-going Young Child Survival and Development situational analysis to help produce disaggregated data through a child deprivation index (CDI) at provincial and district level that includes primary school net attendance, skilled birth attendance, DPT3 immunization coverage, stunting, poverty levels, and birth registration coverage. The results show major variations in multiple deprivations between provinces, ranging from a high score of 63 per cent to a low of 18 per cent. This type of data will allow for better targeting of children throughout the planning process under the stewardship of Bappenas at the national level and the Ministry of Home Affairs at the provincial level.

UNICEF is supporting an on-going work on Marginal Budgeting for Bottlenecks. These exercises have identified specific challenges at the local level, such as insufficient service quality, poor supply and demand, poor health behaviours, lack of sector-level coordination and funding bottlenecks. The process helps UNICEF and the Government to work together to address the shortcoming, through support for local networks established to develop policy steps that tackle each issue. It furthermore helps focus our efforts on equity issues affecting mothers and children.

Furthermore, the first MICS is underway in Papua and West Papua, the two most disadvantaged provinces in the country in terms of social indicators, to collect and analyse data and information on who and where the most vulnerable children and women are. Data collection has been completed and a report will be published in 2012.

The results of the Child Poverty Study were widely disseminated at various national and international forums to include the issue of child poverty in the Gol's policy agenda.

Gender Equality

The process of assessing the implications for women, men, girls and boys of any planned action, including legislation, advocacy, policies or programmes, in all areas and at all levels; a strategy for making women's, men's, girls' and boys' concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres so that they benefit equitably and inequalities are not perpetuated.

Rating

mostly met benchmarks

Gender Equality

At national level, delayed progress in addressing gender issues is one of the underlying causes of inequities impacting women and child health. Gender insensitive policies and practices still prevail.

Nevertheless, UNICEF Indonesia has made some notable progress. The CPAP includes gender-related components and is regularly monitored within the M&E framework. Several studies have been carried out including Child Poverty Study, Out-of-School Youth and Gender Study in Nutrition and Education in Aceh, NTT and Papua with a focus on equity and within equity also on gender. We can also add that the Assessment of the Gender Impact of Nutrition and Education Programmes was completed in early 2011. Based on that study, a Gender Acceleration District Level Plan has been developed in Aceh. From that plan, promising progress has been made across all sectors within UNICEF to better integrate gender elements into the work.

Within EAD, gender is part and parcel of equity-based research (Out-of-school children study) and subsequent analysis has shown that there is actually a small gender disparity which favours girls. At national level, the differences between boys and girls in terms of the percentage of OOSC are relatively small (Primary School 2.3 per cent vs. 1.8 per cent; Junior Secondary School (15.7 per cent vs. 13.4 per cent). However, there are uneven gender differential patterns for out-of-school children aged 13-15 years (i.e. some provinces report higher number of boys out of school like Bali and Papua, while other provinces report higher number of girls, such as Bangka Belitung, North Sulawesi and Gorontalo). The overall findings of the OOSC will help to inform the development of appropriate strategies and policies on transition from primary to junior secondary schools and gender will de facto be part of these.

In Papua, UNFPA, UN Women and UNICEF have joined together to deliver a violence against women and children programme. This programme targets reduction of gender based violence through the provincial government policy work and also within communities and schools.

Environmental Sustainability

Development that meets the needs and realizes the rights of people of the present without compromising the ability of future generations to meet their own needs and realize their rights.

Rating

initiating action to meet benchmarks

Environmental Sustainability

In line with government policy, the Community-based Total Sanitation (STBM) approach is being implemented along with local governments in 25 districts in eastern Indonesia. It aims at open defecation free villages and use of safe household toilets. Household water treatment and solid and waste water management are the other components of the STBM approach. Use of bio-sand household filters is promoted as one of the options of water treatment. The total sanitation initiatives have shown positive results in the villages providing a safe and healthy environment for the inhabitants. It also prevents faecal contamination of the water sources. Simultaneously, in the framework of the Clean and Green Slums Project, this concept and approach are applied in urban slums in the three cities of Makassar, Kupang and Jayapura, benefitting 70,000 slum inhabitants. This project is being scaled up in several other districts by the respective local governments. In parallel, a school WASH programme is implemented in 450 schools in six districts, benefitting 90,000 school children. These children learn and practice to keep the school environment clean and safe and influence their families and communities to adopt the same. Rainwater collection and use is being promoted as an alternative water source in areas of water quality issues such as salinity. The local governments are scaling up these initiatives through their annual planning and budgeting process to contribute to achieving MDG Goal 7 – “ensure environmental sustainability”.

The Indonesia Country Office has developed contingency plans for anticipated floods in different parts of Indonesia due to climate change. The capacity of WASH cluster members has been enhanced to ensure early responses to floods with the support of the Regional Office to reduce vulnerability in case of floods or other natural calamities.

South-South and Triangular Cooperation

UNICEF Indonesia had a year of significant South-South Cooperation linked to its CPAP and its equity focus. These include:

1. Nomination and acceptance by two Deputy Ministers (Bappenas and Education) to be South-South Cooperation "champions" for children.
2. The Sri Lankan Institute of Health Policy was commissioned by UNICEF Indonesia to conduct the Asia Network Capacity Building in Health Systems Strengthening (ANHSS) Flagship Course on Equity and Health Systems. Participants included 28 key stakeholders from Bappenas, MoH, UNICEF as well as Indonesian academicians. The training aimed at helping participants reflect on the importance of and gain more theoretical and empirical knowledge on equity in health, identify methods and tools for assessing and measuring equity.
3. Indonesia conducted Phase 3 Maternal and Neonatal Tetanus Elimination Validation Survey. As East Timor plans to conduct this activity in the future, three representatives participated in the orientation of the Survey Protocol and observed the survey, which enabled them to understand the methodology, questionnaire, household selection and conduct of the interview.
4. One staff from UNICEF and two from the Ministry of Health in Myanmar participated as external observers during the Measles and Polio Campaign in Indonesia for one week. Aside from witnessing the campaign launch, orientations and observing vaccination strategies in Posyandus in West Java, the group also visited Biofarma, the vaccine manufacturer and supplier for the Expanded Programme on Immunization in Indonesia.
5. Indonesia was the host of the regional training on the new IYCF Counselling training package which has involved participants from Bangladesh, Timor Leste as well as from Indonesia. Field training was conducted in Puskesmas Tanjung Priok.
6. One staff of UNICEF Indonesia, one official from MoH, one academician from University of Indonesia and one staff from ChildFund Indonesia attended the Health for the Poorest Quintile Meeting in Kampala, Uganda. This included a field trip to observe Community-based Case Management and a workshop to discuss implementation progress and lessons learned in initiating and conducting the three-country initiative to improve health services for deprived children.
7. UNICEF and WHO have worked with the MoH of Indonesia over the past six years to develop a strategy for control of malaria in pregnancy appropriate for the Indonesian context, which has been rolled out in Indonesia. UNICEF, WHO, and Jhpiego suggested the ASEAN Secretariat, which is located in Jakarta, to include development of a Malaria in Pregnancy training network as one of its health initiatives. The initiative was approved. ACTMalaria will thus work with the Ministries in the ASEAN region, and with Jhpiego, to develop appropriate training materials.
8. Indonesian resource persons who are key UNICEF partners participated in the Philippines Network of Researchers and Evaluators Conference and the Myanmar Workshop on Social Protection and Child Rights, both of which were highly appreciated by the respective government officials in the hosting countries. The Deputy Minister of Bappenas conveyed his commitment to support similar activities.
9. A number of countries and UNICEF colleagues from the South participated in the government-led International Conference on Child Friendly Cities.

SECTION 3 – PROGRAMME COMPONENTS

Country Programme Component: Policy Advocacy and Partnerships for Children

PCRs (Programme Component Results)

PCR	EQ Rank(0-3)	Organizational Targets	
PCR 1.1: By 2015, child disparity across all sectors will be reduced using evidence based planning, policy and resource allocation at national level and in 5 focus provinces.	3	FA50T3,FA50T5,FA50T7	Edit Delete
PCR 1.2: By 2015, political will to increase prioritization of children and women's rights in policies, programmes, and resources strengthened as a result of strategic partnerships and improved knowledge management.	2	FA50T3,FA50T6	Edit Delete
PCR 1.3: By 2015, children and young people, boys and girls, are able to express their voices to influence policies and practices affecting their lives.	3	FA50T8	Edit Delete

Resources Used in 2011 (USD)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-E		973,011	965,695	99%
OR-R	2,800,000	3,094,723	3,084,206	100%
RR	1,540,000	1,510,870	1,379,056	91%
Total	4,340,000	5,578,604	5,428,958	97%

Results Achieved

In line with the overall Country Programme focus on system-strengthening and testing innovations, in Communication for Development national government coordination mechanisms were supported as well as similar structures in Aceh, Papua and West Papua. These will serve as forums for sharing and building capacity for C4D to ensure future sustainability.

Technical support was also provided to support behavioural change activities around the government. Conditional Cash Transfer programme in two provinces, while a test on use of cell phone technology to improve midwives' knowledge and counselling on antenatal and young child care practices was in partnership with government and private sector partners.

In Knowledge Management work began on identifying needs and gaps amongst key partners in support of the Country Programme objectives. This identified a number of areas around child rights

issues, research, documentation, dissemination of knowledge and sharing of good practices, and a new Knowledge Management strategy has been finalized to address these needs.

Private sector fundraising attracted USD 5.5 million in 2011, a 30 per cent increase on 2010. Funds were allocated to key “hard to fund” programmes including social policy and communication, as well as more traditional areas. In addition funds were received from local donors for international emergencies including Libya and the Horn of Africa.

A thorough assessment of the Government’s Child Friendly City/District (CFC) programme policy was conducted to review current approaches and identify areas for strengthening. Key recommendations have fed into immediate steps by the Government, including developing implementation guidelines and establishing national mentoring teams to help city/district governments in implementing the national policy.

Existing government-led child participation initiatives were reviewed and strengthened with an improved equity focus. The 2011 National Children’s Forum involved children from several remote areas in Indonesia, while the 2011 National Young Leaders Awards included additional awards for marginalised children. Both the Young Leaders and National Young Writers Awards were reviewed to enhance inclusion of marginalised children in decision making.

Through partnerships with the Government as well as with Universities, research centres and “knowledge” hubs important steps were taken towards reducing child disparity.

Continued efforts have been undertaken to institutionalize child-friendly evidence-based planning/budgeting at the sub-national level using ASIA and child-budgeting tools within an integrated Child Friendly Communities framework.

UNICEF also organized a number of capacity building activities for UNICEF staff, other UN agencies and government partners on Poverty Reduction and Social Protection in Indonesia. Technical and capacity building support was also provided to BPS in the areas of census dissemination and strengthening Indonesia’s routine household survey (SUSENAS). With UNICEF’s advocacy and efforts, the UN has initiated M&E Focal Points and Social Protection Working Groups in 2011 in which UNICEF plays a leading role. UNICEF’s continued partnership on Child Budgeting has been further strengthened through the finalization of a Child Budgeting Training Module in partnership with the University of Diponegoro. A comprehensive policy mapping exercise was completed in Central Java, as was a detailed MDG Action Plan in Aceh, as well as the establishment of a Government-led Data Forum in Papua.

Most Critical Factors or Constraints

Further efforts and innovative approaches are required in the establishment of the Network for Research and Evaluation on Children’s Issues. Although the need for such a network for researchers to exchange among themselves as well as with decision-makers has been identified and agreed upon, more consultation and work is required to ensure that the Network is fully owned and managed by the members, is sustainable and provides the quality of support required. UNICEF and the Network will address these critical issues in 2012.

The intense efforts undertaken by BPS in Jakarta and at the provincial level, as well as by the UNICEF team in Jakarta and at the field level, demonstrate considerable and valuable lessons learned when it comes to large surveys in challenging and hard-to-reach locations. These include lessons learned in terms of national and sub-national coordination, training requirements, questionnaire finalization, quality assurance issues, provincial level capacity of enumerators and other areas. The positive, consistent and strong commitment and collaboration between BPS and UNICEF, almost on a daily basis, in order to overcome the afore-mentioned potential areas of difficulty and the

measures and steps that have been taken can provide a valuable basis for a lessons learned exercise - as planned for in 2012. This will support any future such activities within the GoI - UNICEF Country Programme of Cooperation with its focus on achieving the MDGs with equity.

A key constraint has been the level of capacity of research institutions available to undertake work in support of the Country Programme; while many national bodies are able to effectively gather data, design of research frameworks and contextual analysis of results is extremely weak.

Key Strategic Partnerships and Interagency Collaboration

In 2011, UNICEF has succeeded in positioning itself as a valued partner to the Government of Indonesia in the areas of child-centred poverty reduction and social protection, and expanded its strategic partnerships with concerned Ministries and Departments, as well as the Vice-President's Office for Poverty Reduction.

In Communication, Resource Mobilization and Partnerships, work has been undertaken alongside the Ministry of Women's Empowerment and Child Protection and the Ministry of Communication and Information, as well as the Health Promotion Unit of the Ministry of Health. Civil society partnerships have been maintained with the Special Olympics Association, while new collaborations have been established with private sector companies including Nokia, Isuzu and Lowe International. UNICEF is an active member of the UN Communication Group and has taken a leading role in pushing for a more strategic communication approach within the UN in Indonesia, and in seeking common vision in relation to issues such as corporate engagement by UN agencies.

Important steps were also taken towards reducing child disparity. Through partnerships with the Government as well as with Universities, research centres and "knowledge" hubs new data and information was collected, analysed and made available to decision-makers and stakeholders on the situation of children and the disparities and vulnerabilities which they face. This process was also facilitated through the Conference for Research on Children's Education, the second national conference on children's issues, and the establishment of the Network for Research and Evaluation on Children.

The Conference for Research on Children's Education, held in November 2011, was organized by MoEC, Bappenas, UNICEF and SMERU. Over 100 participants attended including high-level policymakers from MoEC, Bappenas and the Parliament, researchers, education practitioners, CSOs and NGOs. Twenty research studies were deliberated, and policy recommendations were drafted based on the research on improving access, quality and management of education programs. The results will be compiled into a compendium which will be disseminated in 2012 and followed up with a series of policy dialogues.

The Network for Research and Evaluation on Children's Issues has been formed and formally recognized on 17 November 2011. A vision and mission statement, management structure and website have been created to support the functioning of the Network. Partnerships with individual universities, think tanks and knowledge hubs including Universitas Diponegoro, Universitas Gadjah Mada, SMERU and Bakti have also been strengthened through collaborative activities. However, considerable efforts are still needed to sustain these.

In addition, through these new partnerships and participatory engagement at the national and sub-national level, a model to optimize the impact of social protection on improving the well-being of children in poor households has been designed and endorsed by key stakeholders.

Humanitarian Situations

All relevant M&E issues are mainstreamed in the various Emergency Preparedness and Response plans coordinated by UNICEF.

Summary of Monitoring, Studies and Evaluations

A study on Young People's use of Digital Media led by the Ministry of Communication and Information with the Berkman Center for Digital Safety of Harvard University made significant progress. Implementation guidelines for focus group discussions were approved, as well as the methodology and approach for data collection. A key study on traditional media literacy, in partnership with the Ministry of Women's Empowerment and Child Protection has been delayed due to difficulties in identifying a suitably qualified implementing partner but remains a core commitment for 2012.

The first ever Child Poverty and Disparities Study in Indonesia has been completed highlighting the multidimensional poverty and deprivations experienced by Indonesian children. The study was conducted by SMERU with active contributions from the Government, other academics, CSO and all UNICEF programme clusters. The study sheds new light on the poverty situation in Indonesia and will be used to advocate for improved targeting and design of child-focused programmes of the Government in line with their commitment in reducing disparities amongst its young population. Through the consultations and sharing which has taken place in 2011, including presentation at the China/ASEAN Conference in September 2011, the Study has contributed to a greater level of awareness on the face of poverty as experienced by Indonesian children.

A study on Impact of Climate Change on Migration and Nutrition Affecting Children was completed with technical support of the Nossal Institute under the oversight of Bappenas. The complete report and advocacy are available for dissemination in 2012. Results were disseminated locally at the Eastern Indonesia Forum: Regional Discussion on Climate Change in Lombok in October 2011 and also in Bangkok in November 2011 as part of a regional synthesis of the study done in five countries in East Asia and Pacific region.

UNICEF Indonesia also took part in the UNICEF global study on Evolution of Social Protection Systems, which now includes a case study on Indonesia that looks into the determining factors which shaped the social protection system in the country.

The collaboration with BPS on MICS in Papua and West Papua is also a major achievement in 2011. This is the first MICS to take place in Indonesia in over ten years and demonstrates the commitment of the Government of Indonesia in obtaining more accurate and up-to-date information in two of its poorest provinces for improved planning and budgeting as well as to further update its familiarity with the MICS methodology with reference to improvements in SUSENAS and RISKESDAS. The survey will provide updated data on the situation of children and women in six selected districts of the two provinces. The survey result will also be used to strengthen pro-child planning and budgeting.

Future Work Plan

- In 2011, partners have identified opportunities to align the Child Friendly Cities approach with existing local development processes (such as the ASIA planning tools and local government

performance evaluation mechanisms). In 2012, intense efforts will be put into place to work with the Government in the integration of Child Budgeting/ASIA/Child Friendly City and other such frameworks under one umbrella

- Results from the media studies will feed into awareness and educational activities in 2012.
- National child participation programmes will be refocused to include greater access for marginalised children.
- Evidence gathered in 2011 on Knowledge, Attitudes and Practices related to nutrition will help strategy development on issues including stunting, sanitation, and immunization drop-outs.
- Work will also be initiated on developing a research framework that ensures issues around equity are adequately incorporated into analysis of behavioural and social change – an aspect often overlooked in such research.
- Priority issues for Knowledge Management will include out-of-school children, child protection systems, HIV awareness, sports for education, and documentation of the national Child Friendly City/District framework.
- The Network for Research and Evaluation on Children's Issues will facilitate development of standards and capacity building of its members at central and provincial levels.
- Other partnerships with Think Tanks, research centres and academia/knowledge hubs will be further strengthened and developed.
- UNICEF will work with these and other partners to disseminate the findings of the Child Poverty Study, the Climate Change and Children Study, as well as the papers of the Second Conference on Research on Children, the results of the MICS in Papua and West Papua as well as policy papers on the above and other key equity-related issues, such as MDGs and Equity, Decentralization and Children and the Importance of Data in Evidence-Based Advocacy.
- Research in other key identified emerging areas affecting children will be undertaken with partners.
- There will be considerable focus on the implementation of the CCT/nutrition model, ensuring a solid baseline and M&E framework.
- Continued technical support will be provided to UNICEF's Field Offices in their Social Policy and M&E related work.

Country Programme Component: Child Survival and Development

PCRs (Programme Component Results)

PCR	EQ Rank(0-3)	Organizational Targets	
PCR 2.1: By 2015, children and women, especially the most vulnerable, benefit from improved access to and delivery of quality basic services such as nutrition, water, sanitation and hygiene, prevention of mother-to-child transmission, health, including in emergencies.	3	FA1OT1,FA1OT4,FA1OT7,FA1OT9,FA1OT10,FA1OT12,FA1OT13 (a),FA1OT13 (b),FA1OT13 (c)	Edit Delete
PCR 2.2: By 2015, families and communities will sustain positive behaviors resulting in improved health and wellbeing of children and women.	1	FA1OT8	Edit Delete

Resources Used in 2011 (USD)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-E		3,689,396	3,351,608	91%
OR-R	15,100,000	8,800,269	8,356,794	95%
RR	1,120,000	1,082,000	959,200	89%
Total	16,220,000	13,571,665	12,667,602	93%

Results Achieved

2011 focused on sharpening the equity lens to better influence government planning. To improve identification and targeting of poor and deprived children, the child deprivation index (CDI) was analysed at provincial and district level. This is a composite index on child development using multiple data points related to the availability and access to health services such as skilled birth attendance, DPT3 immunization, stunting, poverty level, and birth registration. This helped to direct UNICEF's geographical focus and highlighted the need for convergence in delivery of high impact maternal, neonatal and child health, nutrition and WASH interventions.

Regarding immunization, Indonesia has passed Phase 3 WHO LQAS validation of Maternal and Neonatal Tetanus Elimination in 2011 which covers approximately 97 per cent of the national population. Phase 4 validation, covering the rest of the country in Papua, West Papua, Maluku and North Maluku, will be conducted in 2012 or 2013. Approximately 2 million Women of Reproductive Age in 100 high risk districts have been protected with additional tetanus vaccination through tetanus vaccination campaigns. Furthermore, in the 17 provinces which conducted Phase 3 Measles Campaign in 2011, approximately 96.3 per cent (11.4 million) of children aged 9-59 months received measles vaccines while 96.5 per cent (13.5 million) girls and boys aged 0-59 months received oral polio vaccines.

There continued to be a substantial reduction in malaria transmission with approximately 40 per cent of pregnant women and children under five years of age protected in endemic areas.

More than 3 million school children and their families were reached on Global Hand Washing Day in collaboration with World Bank-Water and Sanitation Programme and MoH through successful special advocacy events in various provinces. 75 of 180 UNICEF supported villages in six provinces of eastern Indonesia have been certified 'open defecation free' through intensive efforts using Participatory Learning Actions, village advocacy and technical support by a team of facilitators and community volunteers.

A number of policies and guidelines on the implementation of high impact MCH interventions were developed by the government and supported by UNICEF at national and sub-national level, such as the National Plan of Action on Food and Nutrition. Furthermore, UNICEF's advocacy work with the GoI has led the Minister of Health to adhere to the SUN movement, which is indicative of high level political support around nutrition. UNICEF will continue to play a strong role in advocacy, capacity building and quality assurance in the implementation of the SUN initiative at national and sub-national level.

Finally, UNICEF's partnership with the University of Queensland, the University of Gaja Mada and the GoI on the Indonesia Health Investment Case aims to strengthen local capacity and processes for MNCH activities and has identified underlying causes of suboptimal coverage of key interventions. In the context of decentralization, suboptimal coordination and fragmented processes for channelling funds from the centre to the districts were found to be major bottlenecks. The analysis could be used to direct appropriate corrective actions and capacity building efforts at national and sub-national levels respectively.

Most Critical Factors or Constraints

There is still a strong need to improve the understanding of policymakers on the causes and manifestations of stunting at sub-national level. Food distribution and supplementary feeding still take up most of the Government's resources for nutrition and only inadequate support is given to the proven effective interventions on maternal nutrition and complementary feeding. While a new legislation obliging health workers to promote, support and encourage exclusive breastfeeding for children below six months will soon be released by GoI, legislation gaps remain on: a) regulation of marketing of BMS in public places, b) promotion of BMS for children above six months of age by health and non-health providers and, c) advertisement of BMS for children above one year of age.

The interlinks of poor quality of public MNCH and WASH services, issues on human resource distribution, retention, motivation, and competencies, insufficient standardization of pre-service midwifery education, fragile essential drugs, vaccines and supply management, weak standards and regulation in health care including health promotion measures and suboptimal health financing systems disproportionately affect poor and deprived children.

Lessons learned from the start-up period of REACH project, which involves a new approach for managing major childhood illnesses in the community using community based health care providers, have included the need to allow enough time for district-level authorities and health departments to carry out local situation analysis and planning, including Participatory Learning and Action approaches on core child survival interventions with the communities. Another lesson learned was the need for increased involvement of the province-level authorities and health departments, in addition to those at the district level. Additionally, investment in time and funding are also needed at the national level for cross-programme fertilization on policy around Community-Based Integrated Management of Childhood Illnesses, especially on the delegation of curative treatment to trained community health workers.

Gender related policy and implementation gaps will also impact achievement of MDGs if not addressed sustainably. Examples include early marriage for girls, female genital mutilation, discrimination in access to reproductive health services for single/unmarried females, patriarchal stereotyping and a high number of girls dropping out of secondary education. (Please see details under Gender Equality).

Key Strategic Partnerships and Interagency Collaboration

In the area of health and nutrition, UNICEF collaborates with a wide range of partners in Indonesia in addition to relevant line Ministries. Among global entities, UNICEF collaborates with WFP, WHO, WB, Micronutrient Initiative, World Vision, Plan, CARE and Helen Keller International. Local NGO partners include the Indonesian Breastfeeding Centre (SELASI) and the Association of Indonesian Breast-feeding Mothers (AIMI). Partnerships are also maintained with donor agencies (USAID, EU), Community Nutrition Directorate in MoH, Ministry of Industry, Ministry of Home Affairs, Bappenas and Food and Drug Control Agency for high-level advocacy meetings (e.g. Vitamin A, SUN) and policy discussions.

In support of WASH results, partners including Bappenas and the key line ministries at national and sub-national levels such as MoEC, MoH, and MoPW, as well as Bappeda, local governments and technical authorities at the provincial and district levels. Involvement with NGO partners like CARE, Save the Children, Simavi, Plan International and Oxfam is through joint work on advocacy, studies and implementation.

Strong partnerships have been established with academia. University of Cendrawasih, Poltekkes Jayapura and University of Diponegoro work with UNICEF and partners as centres of knowledge, and offer mentoring programmes for public health students. In addition, Timika Hospital, a centre for world class research on treatment of malaria provides brief internships for doctors, nurses and midwives with UNICEF support.

UNICEF, UNFPA, WB, WHO and UNAIDS, the so-called H4+, along with the MoH collaborate on Maternal and Child Health to accelerate achievement of MDGs. The group is supporting a series of joint assessments on Quality of Care, pre-service education, Jampersal or health insurance for pregnant women, and Data Quality. These will feed into wider policy formulations and shifts to address access, quality of care and health financing and insurance systems.

Since July 2010 and throughout 2011, UNICEF has been implementing a project entitled 'REACH' with support from the Canadian International Development Agency (CIDA). This project is establishing systems for Community Case Management for childhood illnesses at village level in four districts of Indonesia, namely Timor Tengah Selatan in East Nusa Tenggara Province, Buru in Maluku Province, Jayawijaya in Papua Province and Brebes in Central Java Province. The project is implemented in each district in partnership with either ChildFund Indonesia, Mercy Corps or World Vision. This strategic partnership aims to create an enabling policy environment at national and provincial level to scale-up Community Case Management, particularly in areas without access to health services.

Humanitarian Situations

UNICEF as WASH as well as Food and Nutrition cluster lead has established effective coordination among their cluster partners (23 WASH partners; 14 Food and Nutrition partners) and has successfully revised the WASH cluster contingency plan. Experiences and lessons learned from Merapi and Padang emergencies in 2010 were documented and disseminated. UNICEF has

prepositioned minimum stock of essential WASH items and has an MoU with Oxfam and Ministry of Public Works for the logistic arrangements in case of any emergency.

As WASH Cluster lead, during 2011, UNICEF conducted WASH Cluster quarterly meetings included the revision of the contingency plan for WASH cluster in Indonesia. UNICEF as an agency part of the Cluster, prepositioned key WASH emergency items to cover 200.000 households. UNICEF managed to developed and signed MoA with several stakeholders (Public Works Ministry, Oxfam and PMI) to store those items in their respective warehouses.

Finally, to build on lessons learnt and to be prepared for the future emergencies, WASH Cluster evaluated its performance for the two latest emergencies (Padang earthquake and Merapi eruption in 2010) involving two consultants. Results on Cluster performance and technical options used by WASH stakeholders during Indonesian emergencies have been shared during a week meeting in July 2011.

Summary of Monitoring, Studies and Evaluations

UNICEF conducted a review of the Measles Programme in collaboration with WHO, US CDC, MoH and NTT and Banten Provinces, and selected districts. The review concluded that Indonesia is still in measles control rather than elimination mode. Previous measles campaigns were not of sufficient quality and did not achieve the coverage required to interrupt transmission. This trend of poor quality campaigns has likely continued during the recently concluded measles campaign.

Though the Effective Vaccine Management assessment in Java showed improvements in most of the nine criteria as compared to 2003 and 2004, two criteria need special attention at all levels, namely temperature management and stock management, where more uniformity and standardization is required, particularly at provincial and district levels.

Results of the assessment of PMTCT in Papua and West Papua show that comprehensive PMTCT services were not available in health facilities. In addition, access to service points was poor and inequitable, health workers lacked adequate knowledge and skills; appropriate tools and communication strategies to drive demand creation were weak. However, efforts to integrate PMTCT into MCH have been initiated.

The main findings of the review of the Belu Nutrition project (CHANSYS) include the following: MMN tablets coverage among pregnant women increased from 45 per cent (2008) to 79 per cent (2010), and exclusive breastfeeding rates increased from 32 per cent (2008) to 46 per cent (2010). The project has led to concrete actions in terms of budget allocation for breastfeeding promotion activities by others stakeholders. Based on the review it is recommended to: 1) ensure regular supervision and monitoring of the nutrition programme, 2) incorporate IYCF into pre-service curricula of health staff, 3) develop local policy on breastfeeding and a monitoring tool to ensure its implementation, 4) continue to promote the integration of IYCF counselling into the seven points of contact and, 5) work with other partners to expand the scope of breastfeeding interventions to include promotion of appropriate complementary feeding practices.

Main findings of the desk review of determinants of breastfeeding include: a) key determinant to breastfeeding practice is the availability of correct information and support to initiate breastfeeding after delivery, b) key decision makers on breastfeeding practices at home are father and parents (in-law or biological to the mother). It does not seem that BMS promotion is a key factor undermining breastfeeding, but as it is normally assumed that a crying baby is hungry, BMS is given in addition to breastfeeding.

Desk review of government regulation on breastfeeding: Some of the articles of the International Code of Marketing of Breast Milk Substitutes are found in several Indonesian laws and regulations

including, but not limited to: Food Law, Consumer Protection Law, Press Law, Human Rights Law, Child Protection Law, Labour Law and Health Law. Yet further legislation is needed 1) to regulate the marketing of BMS in public places, 2) the promotion of BMS for children above six months of age by health and non-health providers and, 3) the advertisement of BMS for children above one year of age.

Future Work Plan

- Completing policy work initiated in 2011, including government approval for the new Legislation on Breastfeeding, National Child Survival Strategy and Action Plan and C-IMCI (Community Integrated Management of Childhood Illnesses) guidelines.
- Continue support on stunting reduction, especially through improving complementary feeding practices, maternal nutrition including micronutrient intake, and appropriate treatment of acute malnutrition. Advocate for improving coordination on nutrition. It is expected that the Scaling Up Nutrition (SUN) initiative will help to scale up nutrition activities in Indonesia and lead to the development of multi-sectoral platforms for improved coordination on stunting reduction.
- Complete, in collaboration with H4+, various on-going and planned assessments on: Jampersal (health insurance for pregnant women), pre-service education in midwifery and nursing schools, quality of care in health facilities.
- Roll out health investment case in Papua, a province with special autonomy funds, as follow up on work initially done in four districts in 2011 with a view to planning and budgeting towards scaling up MNCH activities.
- Ensure cross-programme learning, monitoring and evaluation of REACH in Papua, Maluku, NTT and Central Java, to allow scaling up the service delivery approach with evidence.
- Continue efforts to scale up C-IMCI in six districts and prepare endline study.
- Ensure completion and dissemination of Immunization Drop-out Study and Evaluation of Sustained Outreach Services in Maluku, North Maluku and NTT. Continue to support implementation of reaching every district (RED) strategy in provinces with large numbers of unvaccinated children. Support the Effective Vaccine Management (EVM) improvement plan and Phase 2 EVM assessment. Supporting the development and endorsement of the measles/rubella elimination strategy is also a priority.
- Ensure the effective implementation of the Green and Clean Slums Project (urban sanitation), further Accelerate Urban Sanitation Development (PPSP), scale up Community-based Total Sanitation in targeted districts, support MoEC and MoH to enhance and institutionalise gender sensitive implementation of WASH in Schools and enhance WASH/Nutrition and Health cluster emergency preparedness and response capacity building. Continue evidence based advocacy with government and other stakeholders to prioritise and invest in the WASH sector to contribute to MDG goals with equity, and support capacity building and institutional strengthening of local governments and technical departments for implementation of national WASH programmes in priority provinces.
- Joint support from Social Policy Cluster and Nutrition Unit to GoI to the conditional cash transfer (CCT) programme targeting poor families with specific nutrition interventions such as Growth Monitoring Promotion and vitamin A supplementation, aiming to reinforce the nutrition component of the current CCT programme in two initial districts so as to integrate a component on nutrition counselling (for pregnant women and young children).

- As WASH Cluster lead, build the capacity of the government counterparts (BNPB and BPBD) and some private companies involved in emergencies. Training on Cluster Induction and sub-national Cluster coordination will be conducted during 2012 to ensure WASH minimum standards during emergency. Supporting the emergency response plans for nutrition and WASH clusters, UNICEF will ensure the availability of stock for critical WASH and nutritional items.

Country Programme Component: Education and Adolescent Development

PCRs (Programme Component Results)

PCR	EQ Rank (0-3)	Organizational Targets	
PCR 3.1: By 2015, children and young people especially from vulnerable groups are empowered and equipped with adequate knowledge, basic education and life skills to cope with challenges and opportunities.	2	FA2OT4,FA2OT3,FA2OT8,FA3OT8,FA3OT6	Edit Delete
PCR 3.2: By 2015, improved government and community-based organizations capacities at national and sub-national levels for implementing a holistic early childhood development, strengthened legislation and increased budget allocations for achieving school readiness for children below 7 years age.	2	FA2OT1	Edit Delete
PCR 3.3: By 2015, improved education sector preparedness plans and strengthened government and CSO response capacities to disasters and emergencies.	2	FA2OT9	Edit Delete

Resources Used in 2011 (USD)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Expenditure	Year-End	%Spent
OR-E		646,865		646,751	100%
OR-R	3,500,000	6,314,998		6,319,973	100%
RR	960,000	706,555		703,233	100%
Total	4,460,000	7,668,418		7,669,957	100%

Results Achieved

A study on the magnitude, gaps, barriers and bottlenecks and relevant policies and programmes on Out-Of-School Children (OOSC) was completed. At the sub-national level, complementary data collection and analysis on transition and OOSC are on-going to inform the development of bottom-up evidence based education policies that will feed into the national strategy on transition. Furthermore, in West Sulawesi, a Community-based Education Information System (CBEIS) was conducted to update information on children who have dropped out: 271 children out of 530 identified as dropped out were subsequently returned to formal and informal schools.

Successful advocacy resulted in government commitment to expand school-based management (SBM) and national guidelines are currently under development. In NTT, four district governments issued local regulations on SBM benefitting over 80,000 children in 520 schools, as part of improving quality of learning and school management. Comprehensive strategy for measuring Minimum Standards Services indicators were developed in three districts in Aceh, which includes socialization, capacity-building, data validation and costing analysis based on an increased accuracy of data.

In Tanah Papua, government capacity was strengthened on financial and data management to effectively target inequities facing most disadvantaged children. Consequently, government policies

strengthened their focus on addressing inequities and out-of-school children. Capacity-building efforts also focused on operationalizing government plans into annual costed workplans. Policy discussions are on-going to provide additional funding assistance to schools and children facing economic obstacles accessing educational services.

Following the endorsement of the national strategy on a Pro Poor Holistic Integrative ECD, technical cross-sectoral operational guidelines were drafted for key agencies involved in ECD.

The school readiness evaluation was disseminated to enable subnational authorities to develop district/provincial ECD decrees. NTT and East Java issued Governors decrees on expanding access to ECD, especially for vulnerable children. In Aceh, an ECD access strategy was drafted following a situation analysis and evidence-based advocacy. An ECD cluster network was established in Aceh Timur to promote knowledge sharing and improve the quality of services.

In Sulawesi, ECD forum and District Coordination Team were successfully established. In Polewali Mandar, a district on ECD, the number of ECD centres increased from 12 to 21 in 2011 only and budget allocations for ECD have increased from Rp. 200,000,000 to over 600,000,000 from 2007 to 2011.

A national secondary data analysis on most-at-risk young people (MARYP) generated commitment to develop strategies to better respond to the needs of MARYP in a concentrated epidemic. Successful advocacy also led to the co-funding by the National AIDS Commission of a socio-economic assessment of children affected by HIV/AIDS.

In Tanah Papua, sustained technical support and advocacy resulted in the adoption of provincial policies for a sustainable mainstreaming of HIV/AIDS into the education sector. Education sector strategic and operational plans included HIV/AIDS components in the two provinces and six out of the seven districts that will lead ultimately to sectoral budget allocation for HIV/AIDS. A Governor Regulation was issued in Papua making HIV/AIDS education compulsory across all levels of education.

Most Critical Factors or Constraints

The complexity involved in the decentralization process and the coordination between national and sub-national levels, including among partners, proves to be sometimes difficult for ensuring comprehensive support to assist access to quality basic education.

The lack of available data on education at sub-national level remains a major constraint in ensuring proper planning and budgeting for the Education sector. The nascent capacity of sub-national education authorities in planning, budgeting, implementing and monitoring exacerbate the situation.

The holistic approach to ECD still remains a challenge and is still viewed as the main responsibility of the Ministry of Education and Culture and the national ECD strategy, although endorsed has still not been reflected in each ministry's plans and budgets. The inter-sectoral coordination also remains very weak, particularly at provincial level.

The coordination among all stakeholders in supporting Education in Emergency remains a challenge to ensure an effective emergency preparedness and response. The lack of awareness and thereof commitment from key Ministries (Education and Religious Affairs) has resulted in an unclear strategy, role and function in the Education in Emergency cluster, and lack of capacity for programme implementation. Thus, major efforts will be devoted in 2012 to building commitment and capacity towards an effective Education in Emergency Cluster.

Societal taboos continue to be a challenge in addressing HIV/AIDS and make it difficult to openly acknowledge the problem, although much progress has been made. Lack of reliable data in a number

of domains such as most-at-risk young people, HIV positive pregnant women, and infected and affected children by HIV/AIDS, and the systematic attitude of stigmatization and marginalization of affected people and families exacerbate the situation. Inadequate technical and financial resources constitute major bottlenecks, especially at the sub-national levels. The gap between national and sub-national levels, including among UN agencies, makes it difficult to have a comprehensive and coherent response. Although domestic financial resources have shown a significant increase in the past few years, there remains a large funding gap hampering further the national response to HIV/AIDS.

In a number of provinces, such as Tanah Papua and NTT, additional factors, such as difficult geographic conditions, poor infrastructure, and volatile political and security situation are also hindering the overall delivery of the education programme.

Key Strategic Partnerships and Interagency Collaboration

UNICEF worked towards a harmonized approach to support the Government education programme in Tanah Papua. The assistance provided by both AUSAID and USAID was harmonized under a common framework in support of the five-year strategic plan of the provincial governments to enable UNICEF assist the local government in advancing MDG 2 more effectively.

Drawing on the success of UNICEF's work on SBM, implemented in partnership with the European Union and NZAID, the government committed to expand SBM to all primary schools by 2014. UNICEF continues to partner with the MoEC and other development partners to strengthen the Ministry's capacity in managing and governing the expansion of the SBM programme through the development of national guidelines and other resources for principals and school committees. UNICEF played a convening role between all major development partners to harmonize the overall approach to SBM.

UNICEF works in close collaboration with other key development partners such as the World Bank, European Union and ADB on a variety of analytical studies under the Analytical Capacity Development Partnership with the MoEC which supports relevant, high quality and timely research and analysis strengthening education policy, e.g. inclusion of pro-poor budgeting and financing analysis for private-sector led expansion of ECD, or integration of Life Skills into the national curriculum. UNICEF also works in collaboration with Australia's Education Partnership for Indonesia which is expanding basic education provision throughout Indonesia by 2015. In Tanah Papua, partnerships have been established with local universities and the Education Quality Assurance Institutes in both provinces to mainstream key initiatives such as early-grade and multi-grade teaching, and SBM into the university curriculum of teacher certification programmes. Several important partnerships in support of improving policies have also been established between University of Cendrawasih in Papua and Papua State University in West Papua, BPS, SMERU, and local educational foundations that have been working together on research regarding teacher absenteeism, school conditions, and government-civil society partnerships.

UNICEF and Save the Children co-lead the Education Cluster. Discussions are on-going with Plan to ensure that they can support the emergency response at sub-national level to complement the work of the Cluster.

In NTT, a partnership with journalists and provincial broadcasting commission through NTT Journalist Networks for Children's Rights was initiated to support policy advocacy, particularly regarding education access and evidence-based education policies. An education forum for international NGOs and donor agencies was initiated in November 2011 with Plan, Save the Children, Care International, and World Vision to optimize collaboration, exchange of information and support the provincial government's policy on an integrated secretariat for international development cooperation in NTT.

UNICEF is also working closely with UNESCO regarding mainstreaming HIV/AIDS efforts into the education sector. Finally, UNICEF cooperates with some UNAIDS co-sponsor agencies to specifically focus efforts on most-at-risk adolescents, i.e. young drug users and prisoners. UNICEF also initiated a partnership with the Nossal Institute of the University of Melbourne to build the capacity of local leaders in planning and implementing policies and programmes in the areas of youth, reproductive health and HIV/AIDS.

Humanitarian Situations

The Education Cluster in Indonesia mirrors the Global Education cluster, recognizing the importance of education as part of humanitarian response in emergencies and aiming at improving the effectiveness of humanitarian response while at the same time strengthening partnerships between Government, NGOs, international organizations and UN agencies.

The immediate priority of the Education Cluster is the rapid organization of structured activities and restoration of education for all affected children and adolescents. Education helps to provide physical protection and psychosocial support for children and adolescents and protects against potential exploitation and harm. It sustains life by offering structure and stability, and helps to establish a foundation of hope for the future.

The work of the cluster focuses on strengthening system-wide preparedness and technical capacity to respond to humanitarian emergencies, and ensuring greater predictability and more effective inter-agency response related to education in the main areas of standards and policy setting, building response capacity and operational support.

In Indonesia, UNICEF in partnership with Save the Children is leading the Education in Emergency Cluster. The nomination of the Ministry of People's Welfare as the coordinating Ministry on Education in Emergency has paved the way for concrete actions on emergency preparedness.

A gap analysis is on-going to identify the education sector's capacity that will pave the way for the creation of a capacity development plan for emergency preparedness. The acceleration of capacity-building efforts has been identified as a priority by the Cluster for 2012 and training of front-line responders and other capacity-building exercises will further develop and consolidate minimum standards for education in emergency. In addition, the emergency response and preparedness component of the Education programme will continue to focus on building the capacity of key stakeholders to ensure the inclusion of emergency preparedness and contingency plans in education sector plans at national and sub-national levels.

Summary of Monitoring, Studies and Evaluations

The Out-of-School Children study, completed in 2011, highlighted that around 2.5 million Indonesian children aged 7-15 years are currently out of school, of which 600,000 are children of primary-school-age (7-12 years) and 1.9 million of junior secondary-school-age (13-15 years) (Susenas 2009). Disaggregated data at provincial and district levels also emphasize a variety of disparities within the education sector. Nearly half of all children from poor families do not move to junior secondary school - children from the poorest households are four times more likely to be out of school than those in the richest.

The preliminary findings of a complementary situation analysis and policy review on OOSC and equitable educational retention and transition for vulnerable children in East Java highlighted that the

number of OOSC in the six focus districts is significant, existing conditional cash transfers and scholarships only benefit children in schools, there is a lack of programmes to return children to schools, and non-formal education programmes are inefficient. In NTT, there is an on-going data collection exercise on access to education of 0 -18 year-old children collected among over 8,000 households.

Preliminary findings from a Teacher Absenteeism Study in Tanah Papua demonstrate the extent of inequities and challenges children face with teacher absenteeism rates being over 50 per cent in some regions and principal absenteeism as high as 80 per cent in isolated regions, while local education foundations are poorly equipped to effectively manage the delivery of education services.

A secondary data analysis on most-at-risk young people (MARYP) at national level highlighted that MARYP are the most affected by HIV/AIDS, yet have limited access to prevention and treatment services. The analysis has generated interest from key partners to review existing programmes on MARYP and an agreement was reached to review and update policy and programming frameworks for MARYP. It was agreed that complimentary researches will be conducted, i.e. policy reviews and bottleneck analysis for young injecting drug users and sex workers.

A HIV&AIDS Knowledge, Attitudes and Practices (KAP) Survey among young people (in-school and out-of-school), principals, teachers and staff of the Department of Education in Papua and West Papua have highlighted that:

- In-school & out-of-school adolescents are vulnerable to HIV&AIDS due to their lack of comprehensive knowledge of HIV, poor attitude towards PLHIV, and risky sexual practices coupled with the poor quality of information available to them at school and community levels. The situation is worse for the out-of-school.
- Teachers and principals have limited knowledge and acceptable attitudes related to HIV&AIDS to effectively implement school-based HIV&AIDS prevention education, which is a threat to up-scaling the current proportion of schools with HIV prevention programme (curricular and co-curricular).
- Staff of the department of education in Papua and West Papua have limited knowledge and acceptable attitudes related to HIV&AIDS to mitigate the impact of the epidemic on their sector.
- There are equity concerns in HIV KAP among adolescents as findings indicated higher vulnerability among younger adolescents, out-of-school adolescents, native Papuans and those in West Papua Province.

Future Work Plan

- UNICEF will continue to focus its efforts on supporting policy formulation, evidence-based research and advocacy and establishing sustainable partnerships, as well as modelling interventions to ensure equitable access to quality education and increasing access from primary to junior secondary education.
- The OOSC study provides a unique opportunity to develop innovative strategies at sub-national level on improving retention and transition for out-of-school children, through re-examining existing approaches in light of the known barriers and bottlenecks to school completion. To that end, technical support and advocacy on improving data collection and analysis for sound planning and budgeting will continue, with a special focus on increased evidence on disparities.
- The ECD component will deepen its pro-poor focus using (i) public/private partnerships to support ECD services provision to most disadvantaged children, (ii) advocacy tools at sub-national level to develop a pro-poor ECD policy, and (iii) evidence-based advocacy for replicating and scaling up holistic and integrated ECD services. UNICEF will continue to support the process of prioritizing

ECD among key government partners' plans, budgets and in the implementation of the ECD national strategy. The focus will be on developing and strengthening (i) local regulations for budget allocations to expand holistic ECD services to most disadvantaged children, (ii) acceleration of modelling, and (iii) extracting lessons learned/good practices informing the national strategy.

- The emergency response and preparedness component of the Education programme will continue to focus on building the capacity of key stakeholders to ensure the inclusion of emergency preparedness and contingency plans in education sector plans at national and sub-national levels.
- The adolescent component of the education programme will work in a mainstreamed fashion with other clusters using (a) evidence-based data analysis on issues affecting adolescents for evidence-based advocacy, and (b) providing tailored technical assistance to ensure children and adolescents have the necessary skills and knowledge to lead productive lives.
- Considering that the HIV/AIDS epidemic in Indonesia is concentrated among high-risk populations, UNICEF will continue to focus its efforts towards the most vulnerable children and young people, i.e. technical development of policies/programmes and budget allocations for most-at-risk adolescents, development of HIV/AIDS life-skills framework, and social welfare review for inclusion of children living with HIV/AIDS. Considering the declining funding environment around HIV/AIDS in Indonesia, strong emphasis will be put on initiating the institutionalisation of HIV/AIDS mainstreaming into the various UNICEF clusters and ensuring that each section leads the HIV response within its own programming area, with technical support from HIV specialists.
- Because Papua and West Papua provinces are facing generalized HIV epidemic, UNICEF will reinforce its programmatic focus towards ensuring a full convergence of the 4Ps in these provinces and support the implementation of innovative models to generate best practices informing policy and programme actions. UNICEF's support to mainstreaming HIV&AIDS into the education sector in Papua and West Papua provinces will also continue, focusing on capacity development of partners, advocacy and technical assistance for budget allocation and evidence informed advocacy to leverage HIV&AIDS prevention services for young people in and out-of-schools.

Country Programme Component: Child Protection

PCRs (Programme Component Results)

PCR	EQ Rank (0-3)	Organizational Targets	
PCR 4.1: By 2015, all vulnerable children are progressively protected by a comprehensive and community-based child protection system (e.g. social welfare, police, and justice) especially in 5 focus provinces.	3	FA4OT1,FA4OT2	Edit Delete
PCR 4.2: By 2015, decision makers at national and sub-national levels have access to and utilize a comprehensive monitoring and data collection system on child protection for policy, planning and budgeting purposes.	2	FA4OT1	Edit Delete
PCR 4.3: By 2015, children are better protected from the immediate and long term impact of armed conflict and natural disasters.	2	FA4OT7	Edit Delete

Resources Used in 2011 (USD)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-E		415,228	415,227	100%
OR-R	2,000,000	1,441,617	1,291,099	90%
RR	780,000	748,211	746,134	100%
Total	2,780,000	2,605,056	2,452,460	94%

Results Achieved

2011 was spent developing a solid foundation of understanding of Child Protection Systems. UNICEF, under the leadership of Bappenas, has delivered several training workshops at national and six provinces. Based on a training toolkit developed by UNICEF EAPRO and adapted to Indonesia, the training events are an important step towards developing consensus on building a comprehensive child protection system as opposed to the current sectoral and reactive approach and providing Government with concrete solutions to addressing child protection shortfalls. Notably, Provincial Offices of Planning, Social Affairs and Women's Empowerment and Child Protection are beginning to work better together and step into leadership roles.

After the training, each target province carried out a government-led participatory mapping of current child protection systems components, placing ownership and analysis firmly in the hands of local Government and creating results that will be utilized for the development of the provincial plans of action on children, programming, and local legislation.

After years of patient reinforcement of key messages by UNICEF, the GoI is recognizing the need to modernize social workers, changing the nature of their work from a bureaucratic role to service delivery to families and communities. UNICEF has been requested to provide high level technical support to define the future of social work, develop a long-term strategic plan of action and provide inputs to ensure MoSA's ability to advocate for appropriate budget allocations. UNICEF also

supported the development of the in-service training programme for social workers on child protection.

Good progress continues to be made in the area of Justice for Children. The Constitutional Court declared the current minimum age of criminal responsibility (eight years) to be unconstitutional, stating 12 years as the absolute minimum. The Justice Bill entered National Parliament. UNICEF supports the Indonesian Children Rights Institute to develop an advocacy strategy for its adoption in line with international standards, as well as the review of the current draft chapter on children for the draft correctional system law, and SOP for probation and correctional officers including appropriate training materials.

The National Police have drafted an internal SOP on the handling of cases of children in contact with the law in line with Juvenile Justice Draft law and are also drafting pre- and in-service training modules on child protection. National Bar Association drafted guidelines for lawyers on handling of cases of children in contact with the law, and conducted several trainings for lawyers.

UNICEF Indonesia has integrated concerns regarding violence in Islamic schools into the agenda of MoRA.

In Papua, the UN Joint Programme on combating violence against women and girls was launched as a joint effort of UNICEF, UNFPA and UNIFEM in collaboration with the Government of Papua to eliminate violence against women and girls through strengthening the capacity of the provincial government and civil society organizations, and increasing the capacity of civil society to prevent and respond to all forms of violence against women and children.

In Surakarta, Central Java, near universal Birth Registration data has been used to strengthen social services.

Most Critical Factors or Constraints

The Child Protection Cluster has been able to develop and nurture Government's, namely Bappenas', participation and leadership in the transition to child protection systems. This leadership has been instrumental to garner political buy in and action from the sub-national Governments. The government-led transition to a systematic approach is helping to develop long-term ownership and eventual sustainability.

To put on board the various Government agencies within the context of a larger Child Protection System is a continued focus requiring much advocacy and coordination efforts. At sub-national level, UNICEF has been able to bring together key players, namely Planning, Social Welfare and Women's Empowerment and Child Protection, to begin working together on Child Protection Systems. While much effort is required to effect a meaningful cross sectoral collaborative effort, there has been good progress to bring together various players.

A factor within this Government arena is the varied competence within Departments within and across Ministries. In general, worldwide, Ministries addressing women's and children's issues tend to be lower capacity and Indonesia shares a similar challenge. The Ministry of Social has been proactive, within their limitations to realise effective change for improved child protection policies and practices. Furthermore, Bappenas has demonstrated keen leadership to deliver technical training at sub-national levels and to begin to ensure that budget allocations are aligned within the framework of child protection systems.

A constraint is that many officials within Government continue to associate child protection with the protection of children's rights, rather than protecting children from violence, exploitation and abuse.

Slowly, this perception is beginning to alter. Bappenas has taken leadership and authority to clarify the conceptions.

The lack of data is a critical constraint for advocacy, planning, budgeting and policy making. Small scale studies have given indications of the severity of child protection violations and have been instrumental to increase awareness and understanding. However, the methodologies of the studies often limit the empirical nature of the study. Therefore, Government's current interest to carry out a national Violence Against Children study in 2013 is essential to improve data systems to enable better policy, planning and budget choices. The overall limited research skills on Child Protection within Indonesia compounds the difficulties and challenges to acquire analytical and accurate information.

Key Strategic Partnerships and Interagency Collaboration

The Child Protection Cluster and Bappenas have been demonstrating through action a collaborative efforts across Ministries to move towards a Child Protection Systems which focuses on prevention as a primary effort with adequate resources for tertiary response. This work has been across Ministries at national and sub-national Ministries, including Planning, Women's Empowerment and Child Protection and Social Affairs.

UNICEF has been working with Islamic religious organisations to address various child protection concerns. UNICEF has been working with Muhammadiyah, one of the largest religious charity in Indonesia, on addressing Indonesia's large number of institutionalised children. Muhammadiyah oversees close to half the institutions within Indonesia. While on a trial basis, the collaborative efforts began two years ago with a PCA to operationalize the Ministry of Social Affairs' policy to promote family based care and institutionalisation of children as a last resort, UNICEF has been able to provide technical assistance to the charity in order to roll out the findings and experience from the PCA throughout its entire network. Furthermore, UNICEF has been working with Islamic Boarding Schools and addressing issues of violence within the schools. Efforts have been taken to roll out the initiatives through the Ministry of Religious Affairs to ensure reach to smaller Islamic Boarding Schools, which are not united under larger umbrella organisations, such as Muhammadiyah.

Within the UNPDF, UN Women, UNFPA and UNICEF have joined together to deliver a programme to reduce violence against women and children in Papua.

Humanitarian Situations

With advocacy from UNICEF, the Indonesian Ministry of Social Affairs has created a Quick Reaction Team (TRC) to respond to Child Protection needs in the event of an emergency. Given the scale of natural disasters, the many stakeholders involved in an emergency response and the strong commitment from the Indonesian Government to play a lead role in coordinating humanitarian responses, MoSA has selected a small group from its TRC who will be deployed to coordinate local Government and Civil Society response to provide protection of children in an emergency setting. This measure represents a first for Indonesia. Previously, Child Protection has gone largely ignored by the National Disaster and Mitigation Agency. The commitment on MoSA should be viewed in the context of Government leadership to respond to natural disasters and provide leadership and direction to ensure a satisfactory response to protect children.

To support this initiative, UNICEF Indonesia designed a highly participatory, skills-based training on Child Protection Coordination in Emergencies to build the capacity of these TRC Coordinators. The training was attended by 17 members of the TRC who have been selected by MoSA to be future

coordinators. In addition, the training was attended by MoSA regular staff, a representative from BNPB and several UNICEF Child Protection staff from various provinces in Indonesia.

The training was set in an emergency simulation, using a fictitious country as the basis for exercises and activities which culminated in a full-day simulation where participants coordinated an overall child protection response to a range of emergencies occurring in several regions throughout the country. Training methodologies consisted of small group exercises and activities, highly participatory lecture-based sessions covering foundational theory and best practice, brainstorming and discussions, simulations relating to needs assessments and coordination (in addition to the full-day simulation), role-plays, utilising tools to support analysis such as problem trees and actor-mapping and self-learning through questionnaires on team roles, leadership and influencing styles. The curriculum was structured around daily 'themes' which sought to build on previous days to enable participants to have the requisite knowledge and skills to be able to successfully perform in the final day simulation.

UNICEF has continued to chair the IASC on child protection. Furthermore, efforts have been made to integrate the MoSA Ready Team into the inter-agency arrangement and eventually share coordination and leadership of the IASC on Child Protection between Government and UNICEF.

Summary of Monitoring, Studies and Evaluations

Throughout 2011, the Child Protection Cluster has provided technical monitoring to its interventions through site visits and working with Government partners. At national level, Bappenas ably leads the Child Protection POKJA to review and coordinate UNICEF and GOI collaboration. Furthermore, UNICEF has advocated and increased capacity for Bappenas to monitor sub-national activity and ensure good progress on implementation. UNICEF provided technical assistance to a participatory Government-led mapping of existing Child Protection Systems at sub-national levels in 6 Provinces. Government has been able to identify existing strengths as well as areas requiring attention and improvement. From this mapping exercise, sub-national Government has been identifying priority areas to begin to address gaps. In some situations, local Parliament has been passing local regulations on a systemic approach to Child Protection, providing a necessary policy foundation for further work in the Indonesian context. Sub-national Government also identified essential cultural and religious attitudes and beliefs that both protect children as well as those that can result in Child Protection violations.

Through a partnership with the Centers for Disease Control and Prevention (CDC) and UNICEF EAPRO, the Indonesia Country Office has harnessed preliminary commitment from Bappenas to carry out a national study on Violence Against Children. An official letter stating Government's intent to carry out the study has been sent to BPS, who has been working with UNICEF and CDC, to develop the sampling framework. Furthermore, Bappenas has listed the study in the 2013 funding priorities.

In order to develop effective policies and plan for effectively targeted programmes, empirical data on the nature, extent and scope of violence against children is required. Currently, little is understood regarding violence against children in Indonesia, and there exists little empirical data regarding its prevalence. There is much anecdotal information indicating that violence in schools is "widely spread." There is suspicion that domestic violence is high, but the severity and frequency is unknown. Sexual abuse remains relatively taboo to discuss in Indonesia. Small scale studies that have been carried out with limited research rigour and limited to specific small geographic areas mostly do not have impact on policies and programme development. In 2006, the Ministry of Women's Empowerment and Child Protection commissioned BPS to include questions related to violence against children in SUSENAS, however, the methodology of questions to adult women in households regarding violence against children is not an ideal method to realise reliable data.

Future Work Plan

- Addressing the priorities identified at sub-national level during the Child Protection Systems mapping exercise and developing implementation plans of action. This includes expending substantial advocacy and technical assistance into improving the budget and planning opportunities within the decentralised context of Indonesia and ensuring improved Government-led and financed interventions.
- Drafting sub-national legislation and policies to address identified gaps within the sub-national legal and policy frameworks within the concept of Child Protection Systems.
- Increased priority on shifting Government's emphasis to include prevention of child protection violations. This includes developing approaches which link civil society and faith based to State apparatus ensuring continuity with both services to families as well as any required action by Law Enforcement. This also includes systematic implementation to address violence in both public and non-secular schools and the development of the intergenerational anti ethnic violence materials in Sulawesi Province.
- Continued technical assistance to operationalize MOSA's policy on strengthening family based care.
- Continued technical assistance to government partners to operationalize the Juvenile Justice Bill including essential SOPs, regulations and in-service and pre-service training opportunities. This also includes operationalizing justice for children in three provinces.
- High level external technical assistance to the Ministry of Social Affairs to address gaps within the social work system to define the role of a social worker within a broader family and children's welfare service as part of a child protection system
- Systematic roll out of the in-service training of social workers at sub-national level.
- Development of the Violence Against Children (VAC) Survey protocol, questionnaires and response plan and continued support to Government to include the study in national budget.
- Build capacity at national and sub-national levels amongst key child protection partners to correctly analyse and apply data for policy making, budgeting and planning.
- Develop national and sub-national Child Protection in Emergencies (CPIE) contingency and standard operation procedures.

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQ Rank(0-3)	Organizational Targets	
PCR Cross Sectoral. Costs to cover coordination and management of the country programme in the country and zone offices, including supply and logistics, communication, planning, monitoring and evaluation	0	CS OT 690	Edit Delete
			Edit Delete
			Edit Delete

Resources Used in 2011 (USD)

Type of Fund	Planned for 2011(as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3)*100
OR-E		2,549,765	2,439,006	96%
OR-R	2,100,000	1,645,649	1,485,027	90%
RR	1,140,000	1,439,364	1,391,772	97%
Total	3,240,000	5,634,779	5,315,806	94%

Results Achieved

The government-led programme performance reviews and planning processes at sub-national level demonstrated UNICEF's commitment to GoI's decentralization efforts. ICO, in 2011 has significantly reduced the frequency and modality of Country Programme implementation periodic reviews from a quarterly basis at the central level to twice per year during mid-year and end of year review in a decentralized review and planning approach.

In the decentralized context, the local governments have greater authority in resource planning and management and delivery of basic services. The subnational review and planning processes led by the Ministry of Home Affairs were important steps in enhancing a culture of accountability in meeting the rights of children and fostering a dynamic relationship and synergy between central and sub-national authorities in delivering actions where MDGs are lagging behind. The national review process led by Bappenas, with active involvement of authorities from the subnational level, integrated the outcomes from sub-national review process which formed the basis of adjustments to 2012 work plans. The review process also resulted to an updated programme results matrix baseline data, and realistic targets.

Meanwhile, the two year multi-year work plan 2011-2012 is a step towards UNICEF-GOI CPAP implementation alignment with the government planning and budgeting process, in line with the Jakarta Commitment of delivering and accounting for results. The GoI planning and budgeting

process for 2013 which is to take place in 2012 is an opportunity for UNICEF's engagement and support in the government evidence-based planning and pro-poor and child friendly allocation processes at the provincial, district and village levels in selected areas.

Most Critical Factors or Constraints

The operational cost of implementing the programme cooperation is high in Indonesia considering the large size of the country which requires access by air to most of the geographical locations. Some areas are only serviced by class C airworthiness planes. For example, travelling from the Field Office in Jayapura, Papua, to Manokwari, West Papua, requires chartering a class B airworthiness plane to comply with Minimum Operational Security Standards, as regular air service is only provided by class C airlines.

Key Strategic Partnerships and Interagency Collaboration

On the operational side, 2011 has been a year of success in the sense that UNICEF was able to forge partnerships with an aim of either reducing operational costs or sharing risks with actors like the UN and NGOs, including vendors. Through coordination with other agencies, the Office as part of the UN system in Indonesia was able to enter a multi-agency alliance with the airlines, notably Garuda Indonesia for emergency logistics delivery. ICT is another area where the Office was able to enter into corporate contracting with two local companies for the provision of internet access with an improved and faster bandwidth for Jakarta and Field Offices. Given the disaster prone nature of the country, ICO, assisted by its risks profile for 2011, has been able to look into avenues for easier responding to disasters through prepositioning of emergency supplies. It is therefore worth noting that in 2011, the Office entered into key strategic alliances or partnerships with the Government through a Memorandum of Agreement (Public Works) and with NGOs through a Memorandum of Understanding (PMU-NGO), all for purposes of storage and pre-positioning of UNICEF emergency supplies. Through these alliances, the Office was able to cut down on potential operational costs (rent free premises, storage space and management) as free facilities were given. Furthermore, these partnerships have created avenues for a quick and rapid response should an emergency occur.

In 2012, the Office will re-visit its current key strategic partnerships with an aim of venturing into new areas as the initial results show that it is one of the best approaches in undertaking business in Indonesia.

Humanitarian Situations

Mainstreaming disaster risk reduction (DDR) and emergency preparedness into the programmes was reinforced with the roll out of the new CCCs in 2010. Consequently, in 2011, ICO's focus was on DDR and strengthening the contingency and emergency preparedness plans. Several low scale natural disaster-related emergencies like earthquakes occurred, and the Gol was capable to respond without requesting international agencies' support.

As part of emergency preparedness, UNICEF's annual work plan for 2011 included capacity development for government counterparts in the event of emergency. Significant capacity development efforts are highlighted below:

- Supported the National Disaster Management Agency (BNPB) on training for its senior management team aiming to enhance their capacity on issues related to disaster management

which has raised awareness among the team about the needs of having a guideline on child protection in emergency and for UNICEF to support the development of this guideline

- Supported training for Head of Provincial Disaster Management Agency (BPBD) from thirty provinces. In addition to providing technical support to Head of BPBD in disaster management issues, this training was also provided opportunity for UNICEF to strengthen networking with provincial counterparts particularly on strategic stockpiling in disaster prone areas such as West Sumatera, West Java, West Papua, South and North Sulawesi as well as NTB and NTT.
- Supported the National Disaster Management Agency (BNPB) on National Field Training Exercise conducted in Maumere, NTT. The objective of this activity is to strengthen the preparedness of government officials and non-governmental organizations at district and provincial levels, as well as building a shared commitment to enhance disaster risk reduction. The target of the exercise was to increase and strengthen efforts for disaster preparedness involving national, provincial, and district disaster management agencies, NGOs, and the international community.

In addition to providing technical support to government counterparts, in 2011, Indonesia Country Office also supported UNICEF emergency response worldwide by sending its staff to Kenya, Thailand, and the Philippines.

One staff member participated in a training on Nutrition Cluster Coordination organized by the Regional Office (APSSC), another one participated in a training on ECD in Emergencies, also organized by the Regional Office, and the Representative and Chief of Communications took part in the level 3 emergency training for leaders.

In Indonesia, UNICEF actively participated in the finalization of the M&E framework of the DDR/resilience thematic group of UNPDF. As a board member of the Humanitarian Relief Fund (HRF) advisory board, UNICEF Emergency Specialists actively participated in reviewing project proposals submitted by NGOs in relation to the rehabilitation of people affected by the volcanic eruption of Mount Merapi. UNICEF led and managed the Nutrition and WASH Clusters, the Child Protection Sub-cluster and co-chaired the Education Cluster. In all of these IASC clusters, UNICEF provided leadership in updating cluster contingency plans and monitoring preparedness activities. ICO also actively participated in the OCHA-led UN-Donor-NGO Forum.

Programmes have updated all scenarios, contingency plans and actions. These are available at the Early Warning Early Action site.

Summary of Monitoring, Studies and Evaluations

For information on monitoring, studies and evaluations, please refer to the section “Monitoring and Evaluation” under “Country Situation”, the section “Evaluation” under “Governance and Systems” as well as to the specific sections on “Summary of Monitoring, Studies and Evaluations” under the four preceding Programme Component Results.

Future Work Plan

- Continue analysis and action to ensure best use of resources in support of CPAP.
- Maintain contacts with public and private sector to coordinate DRR and ensure agreements are in place as appropriate to respond to emergencies.

- Work with the United Nations Country Team for joint programming, logistics, supply and communications as appropriate.

SECTION 4 - OPERATIONS & MANAGEMENT

Governance and Systems

Effective governance structure

The Annual Management Plan (AMP) for 2011 clearly defines the office objectives and priorities and in addition, covers the areas that were identified as key priority. The priority areas were identified and developed by staff through a comprehensive risk profile and also in line with the country profile. In addition, the Office has an Emergency Response Plan, which was prepared, discussed and is continuously updated by staff. The CMT is tasked with monitoring progress on the CCC's during its quarterly meetings and enforcing actions

ICO has a decentralised management structure with Field Offices run by CFOs at the sub-national and at the national (Jakarta) level programmes are under the leadership and management of Cluster Heads operating under the direction and guidance of the Deputy Representative. At the operational level, the operation function is managed by the Chief of Operations, who oversees the entire operation support in addition to supporting the Office in oversight and ensuring that adequate internal controls are in place. The Office has a risk profile library with key actions and most of them were reviewed and addressed. As mitigation to risks and in response to the ERM, the Office developed an accountability framework that supports the Representative in managing and monitoring progress as per the AMP and key performance management indicators. Regular Field Offices, cluster teams, as well programme and operations meetings with agendas and minutes are part of ICO corporate practice and participate in setting directions, reviewing course of action and identify corrective measures when deemed necessary. Quarterly review meetings with staff followed by quarterly CMT meetings allow performing regular and systematic reviews of progress on all key areas including monitoring of key performance management indicators in addition to recommending corrective actions in support of programme delivery. On Audit, CMT reviews audit recommendations, noting progress and assigning responsibility.

The Office has adequate mechanisms for reporting as reflected in the office accountability framework of 2011, which clearly assigns responsibility at Field Office and cluster level. Besides, progress against key indicators is always an agenda item for discussion during the CMT. Further, quality assurance mechanisms are in place as the Office introduced new work processes, updated office committees to ensure that there are checks and balances in place and as a means of streamlining business processes.

In the 2011 internal audit, the Office of Internal Audit issued 10 recommendations as audit observation and areas requiring attention. To date, four areas have been addressed and six are yet to be closed. Overall the audit findings were good as per standards. This was a "satisfactory rating" across all areas including governance as no issues were addressed in this area.

Strategic risk management

As per policy, based upon the Risk and Control Self-Assessment initiated in 2010 and completed early 2011, the Office has put in place a robust risk profile and risk control library that was elaborated through an extensive consultative process with staff. Besides building awareness and knowledge of ERM across the organization in Indonesia, this process also allowed setting-up a concrete action plan to address and mitigate key identified risks that was imbedded in the 2011 Annual Management Plan.

Mechanisms in place to regularly assess effectiveness of controls and evaluate current and emerging risk include programme and operations meetings, quarterly reviews and CMT. In 2011, actions to mitigate risks were revised during quarterly reviews. A management review planned in January 2012 should allow updating the plan in line with simplified ERM corporate guidelines circulated in November 2011.

The Deputy Representative and Chief of Operations are tasked with ensuring that risks are systematically managed and addressed for the entire Office. They also have the responsibility to ensure that country risk profile and risk control library are revised with adequate staff involvement. With the CMT, their role is to continue building an ERM culture and to ensure that all key decisions are risk informed.

The Office has put in place an Early Warning Early Action plan that aims at ensuring readiness for emergency. In addition, emergency is mainstreamed within programmes and across all clusters with disaster risk reduction results included in the MYWP agreed upon with partners. A Country Office Emergency Specialist provides support across Clusters and Field Offices.

In the risk profile, hazard is included as an area of high concern given the nature of the country. Through its mitigation strategy, the Office has developed approaches to ensure a quick response to emergency, for example through alliances and prepositioning of supplies.

The Business Continuity Plan (BCP) for ICO has been tested twice in 2011 as a means of ascertaining readiness, and addressing and updating any areas of concern. The office BCP is linked to the ICT Disaster Recovery Plan, which is an annex to the "BCP". The BCP is equally kept up to date and is an operational document.

The Representative and with the support from the CMT (Cluster Chiefs, CFOs, Deputy Representative and Chief of Operations) through the AMP and Country Programme Management Plan (CPMP) 2011-15, have put in place a mechanism to address or respond to internal and external operating environments. Depending on the urgency, the Office uses the quarterly reviews or programme and operational/field office meeting forums to address such issues as all staff and senior managers are empowered.

Evaluation

No major evaluations were planned in 2011 as this is the first year of the new Country Programme. But the Office has strived to strengthen the evaluation function by assigning responsibilities and discussion of overall systems for improving the planning, design and follow up of evaluations, including criteria for prioritizing evaluations.

In 2010, the Office had submitted one management response for evaluations that had been completed in this same year. This response on the "Final evaluation of UNICEF school and posyandu construction programme in NAD and Nias" was followed up and closed in 2011.

The IMEP has been updated regularly, key evaluations and programme reviews are planned as part of the mid-term review of the country programme in 2013. With regard to national evaluation capacity development, UNICEF's collaboration with a leading national research think tank led to the

establishment of a national research and evaluation network. The network called "Jaringan Peduli Anak Indonesia" or JPAI was launched in November 2011. Membership consists of government, academia, researchers and CSOs. A key mandate of the network is to support national evaluation capacity development of member organizations with a view to strengthening evidence-based planning and policy making.

Effective use of information and communication technology

The Information, Communication and Technology unit continued to offer efficient user support as user calls were resolved or escalated to Global Helpdesk timely. Windows 7, the new UNICEF standard operating system for applications, was installed on 200 desktops and laptops during the first semester, setting the base for VISION which was released for training towards the end of the year. To facilitate effective VISION training for all staff in Jakarta and the Field Offices, the ICT team supported the Office with preparations for staff training through the installation of equipment and relevant software including hiring of extra laptops to complement those available in-house.

In September, a bandwidth upgrade to cater for the anticipated requirements for VISION and other in-house applications like VOIP and video conference was installed following the awarding and signing of the new local 2011-2013 Internet/Frame relay LTAs.

The Office continues to use the IP-Sec connection for Lotus Notes and ProMs replication via a local Internet Service Provider for data communications. With the frame relay backbone linking up all six Field Offices to Jakarta, cost effective access to ProMs, Lotus Notes and other common applications by field users has been possible.

To improve the means of effective communication between Jakarta and the Field Offices, ICO invested in procurement of video conference equipment and can now bring together all Field Offices and Jakarta by video, e.g. for programme or staff meetings. Furthermore, and based on the quest to improve communication capabilities, especially during emergencies, a Blackberry server was installed in Jakarta early in the year thus allowing the Office to increase the number of Blackberry users to include all CFOs and other senior staff who travel to the field frequently. With a Blackberry, they will be able to receive and respond to emails much more quickly.

As disruptions to key ICT operations are inevitable, the Business Continuity/Disaster Recovery Plan (BCP/DRP) for ICT together with IT Operational Procedure manuals/documentation were constantly updated during the year including implementing and testing of the preventive measures to ensure that the Office could come back to normal operation as fast as possible in the event of any major disruption or disaster. For emergency purposes and for datacomms, the Office has a total of seven BGANs, spare Cisco switches and routers and other emergency kits strategically located in Jakarta and the Field Offices. Citrix access to major systems is active and was regularly used during the year. The IT BCP is incorporated in the office-wide BCP.

The Office collaborates with the UN wide group for HF and VHF communications which is coordinated and managed by UNDSS. The ICT working group that includes ICT staff from the agencies has been active sharing information and experiences.

In line with IT Solutions and Services Division guidelines the Office started installing Windows 2008 Hyper V system on the new hardware procured earlier in the year which will largely reduce the number of servers Indonesia will use in 2012 thus contributing to the global drive of conserving energy.

Financial Resources and Stewardship

Fundraising and donor relations

In addition to funding from traditional donor sources, the Indonesia Country Office also manages a private sector fundraising portfolio that engages primarily with individual donors in Indonesia, and seeks new ways of engaging with the growing private sector in the country. Studies on individual donor behaviour and digital mapping were completed this year. Insights from these studies will shape the fundraising strategy for 2012-2015.

The number of individual donors increased from 30,000 to 40,000 thanks to a closely monitored acquisition plan mainly using face-to-face and telemarketing. Lessons learned and key success factors will be used to refine the 2012 plan with a projected increase of 12,000 more individual donors. A key focus will be on improving retention of donors, and work was started in 2011 on enhancing digital communication activities with donors.

Corporate engagement was restructured to be better aligned with the Country Programme, with more efforts to establish working partnerships rather than simple fund mobilization. One example was a successful partnership with a cell phone provider and a telecom operator, who are providing technical support to a major health promotion initiative involving UNICEF and the Government of Indonesia.

Private sector fundraising attracted USD 5.5 million in 2011, a 30 per cent increase on 2010. Fundraising costs were kept within the 25 per cent threshold. Funds were allocated to key “hard to fund” programmes including work in social policy and communication, as well as more traditional areas including child survival, education and child protection. In addition funds were received from local donors for international emergencies including Libya and the Horn of Africa.

UNICEF Senior Management held regular meetings with resident donor heads of AUSAID, USAID and EU as they continue to distribute funds locally. Additionally, meetings were held with NZAID, CIDA and the Embassy of the Netherlands to maintain contact.

In support of the priority regions in Eastern Indonesia identified under the UNPDF, the Government of Indonesia and the UN Country Team aim to establish a Multi Partner Trust Fund (MPTF) by June 2012, to promote a programmatic approach to the work of the UN organisations in Eastern Indonesia. Targeted particularly at Papua and NTT, the trust fund will be an important mechanism to promote UN system coherence in responding to the development needs of the government and people of Eastern Indonesia. Drawing on the lessons learned and best practices of similar mechanisms in Indonesia and elsewhere, and in line with the Jakarta Commitment, the trust fund will maximise the collaborative potential of programmes implemented in support of the five thematic priorities of the UNPDF: Social Services, Sustainable Livelihoods, Governance, Disaster Management and Climate Change. The Government of New Zealand has expressed a strong interest in partnering with the United Nations and the Indonesian Government to support this mechanism in the coming years.

In addition to direct fundraising, the Office was also successful in leveraging financial support for children by advocating with District Parliaments and Bappeda to budget for children, for example in the provinces of Banda Aceh and NTT.

Management of financial and other assets of the organization

The revised work process that the Office put in place in 2011 further contributed to the good governance and management of office assets. During the recent audit of 2011, no area of operation was rated as weak. During the internal audit exit meeting, operation areas were noted as satisfactory.

The Office as well monitors and matches planned resources to planned results and deviations are not accommodated.

Through Budget Control and Financial Management units, both contributions management and bank reconciliations are well managed. The Office is among the few low risk ones as noted by DFAM in managing of Bank reconciliations. The CMT does review these items as some of the key performance indicators from time to time. On accounting and liquidation of cash assistance, the Office encountered some difficulties in ensuring timely liquidations due to capacity of implementing partners and government bureaucracies. It is however hoped that in 2012, the Office will work closely with other UN agencies to further address this area.

On resources utilisation and efficiency: The Office was able to use RR resources quite well as 94 per cent was spent in 2011 and 63 of the PBAs were used within the original duration of the PBA life and 94 per cent of ORE was used within the original life of the PBAs. In addition less than 0 per cent of the Direct Cash Transfers was over nine months as at 31 December 2011.

Through an improved planning process on travel the Office was able to save 8-10 per cent of its anticipated travel budget. Savings in this area would have been even higher than 10 per cent but the USD depreciation against the local currency hindered additional savings. Further, improvements in ICT - use of Webinars and WebEx including video conferencing - saved the Office on spending on travel costs. In the same regard, the Office made some substantial savings with the use of own in-house conference facilities for conducting meetings as compared to meetings being held in hotels.

Supply management

In 2011 the total value of supply and logistics inputs to the Government of Indonesia and UNICEF MYWP 2011-2012 was USD 5.2 million. Purchase orders processed decreased from 182 in 2010 to 88 in 2011 with a significant reduction in supply value from USD 4.4 million in 2010 to USD 895,407 in 2011. In country logistics contracts issued were worth USD 129,382. Tables 1 and 2 below provide the supply procurement and institutional contract details.

Table 1: Supply Procurement and Institutional Contract for 2011				
Description	2011		2010	
	No	Value	No	Value
No of PO				
- Local	79	\$ 685,291	171	\$ 3,073,489
- Offshore	9	\$ 210,116	11	\$ 1,406,933
Sub total		\$ 895,407		\$ 4,480,442
SSA				
- Institution	94	\$ 4,238,507	116	\$ 4,495,470
- Construction			50	\$ 6,549,172
Sub total		\$ 4,238,507		\$ 11,044,642
In country logistics				
- Fin Logistics	11	\$ 7,902	42	\$ 45,673
- Damco	205	\$ 121,480	242	\$ 232,755
Sub total		\$ 129,382		\$ 278,428
Grand Total		\$ 5,262,296		\$ 15,799,068

Table 2: Supply by Category and value	
Category	Value
Medical Supply and Equipment	\$ 139,567
Nutrition	\$ 163,162
Construction Material for WASH	\$ 122,520
Educational Supplies	\$ 36,121
Printing	\$ 149,033
Promotional items	\$ 14,820
IT Supply	\$ 163,939
Office Supply and Equipment	\$ 84,355
Miscellaneous	\$ 21,890
Total Supply for 2011	\$ 895,407

The institutional contracts processed decreased from 116 in 2010 to 94 in 2011 but with the same total value of USD 4 million for both years. The significant change, however, was in the nature of contracts processed which were evidence and data generation type of contracts. These changes reflected the programmatic shift from service delivery to an equity and evidence-based country programme strategy in the first year of the new country programme 2011-2015.

The supply and logistics component of UNICEF Indonesia emergency preparedness and contingency plan was based on the new CCCs and updated in the Early Warning Early Action site in the intranet. In addition to the on-going MoU with Indonesian Red Cross (PMI), two MoUs were signed with the Ministry of Public Works and with Oxfam for warehouse spaces for WASH contingency supplies. UNICEF Indonesia as the lead agency in the UN Procurement Group initiated the signing of an agreement with Garuda Indonesia for prioritizing transport of UN Agencies emergency supplies on

Garuda air cargo for emergencies. LTAs are also established for tents, hygiene kit and in country logistics etc.

In 2011, the Supply Unit undertook supplier assessments in six provinces in Takalar and Soppeng in Sulawesi, Soe and Belu in Nusa Tenggara Timur, Jayapura and Manokwari in Papua. The first joint bid evaluation was conducted for Bappeda in Takalar and followed with Bappeda in Soppeng.

On Vision, all key supply related requirements in preparation for migration to VISION in 2011 were completed on time, including a mini TOT and an End User Training on VISION supply module for all UNICEF Indonesia staff. Two supply staff attended a Workshop in Supply Division, Copenhagen, in 2011.

Human Resources

The management of UNICEF Indonesia ensured the results-based approach is the main principal behind all recruitment cases processed in 2011 for national and international positions to ensure the Office has the required mix of profiles and competencies. As of 15 December 2011, out of 176 posts only six are vacant (two are in the process of being reviewed by the CRB) and four are kept on hold due to unavailability of funds: one Child Protection (Kupang), three WASH posts (Kupang, Jayapura and Ambon).

The availability of national technical capacities in specific areas, namely WASH and Child Protection, was a challenge in 2011 and was addressed and discussed in the Regional Management Team.

Performance management cycle is a natural part of the office culture not only through the regular and honest ePAS discussions but through the office quarterly review meetings. All staff, including field staff, contributes to reviewing and assessing the Office's performance.

Although the Office's main focus for staff development for 2011 was VISION, nine group training activities ranging from Ethics to Competency Based Interviews were complete. In addition, 15 different individual training/development requests were completed. The total budget allocated and spent on staff learning and development in 2011 was \$400,416.

The Office invested in time and funds to ensure all staff are trained and ready for VISION. A mini TOT followed the Regional EAPRO VISION training for two weeks followed by an office wide training. Given the importance of learning, ICO staff members spent 5-21 working days on learning and development this year.

On the ERP and CCC, a monthly meeting was conducted and every six months the Early Warning Early Action website is updated. One training session was conducted in November on CCC in Kupang Field Office.

Several brown bag sessions in Jakarta and two Field Offices (Banda Aceh and Jayapura) were held throughout the year ranging from work life balance policies, pension fund to health insurance. Ten staff members attended the ombudsperson session facilitated by the UN ombudsperson in October 2011.

HR Indonesia is a member of the UN HR Working Group and participates actively in the common UN agenda for general HR issues, UN Joint induction group, Housing Survey, "UN Cares" briefings, anti-stigma campaign, national staff salary survey, etc.

As part of the roll out of the Global Initiatives on Leadership one staff member is attending the Senior Leaders Development programme. Around 96 per cent of Indonesia staff completed the on-line International Public Sector Accounting Standard (IPSAS) modules. One staff member was awarded an Australian scholarship and attended a three-week workshop on Health & Education with the University of Melbourne.

The Joint Consultative Committee met three times in 2011. The meetings focused on staff well-being issues, e.g. work life balance, change management, staff award, and internal communications. Transparent communication with Staff Association helped ensure a healthy, productive and enabling environment. Effective relationships between staff and management exist. Staff is aware of the available counselling resources and mechanisms. The Office implemented the 10 minimum standards on HIV.

Other Issues

Efficiency gains and cost savings

Considerable efforts to increase efficiency and cost saving were made in 2011.

Investments were made to upgrade the Office's security arrangements and meeting rooms which allows UNICEF to hold meetings with the Government and other partners on its own premises, thus saving the costs for renting external meeting rooms.

Furthermore, technology such as video conference and WebEx facilities was introduced, enhancing coordination between Jakarta, Field Offices throughout Indonesia, the Regional Office in Bangkok and Headquarters. In addition to improved coordination, participation of staff in meetings and conferences through video connections also contributes to time efficiency and reduces costs, as travel is no longer required in these cases.

Travel planning and management have been improved through early planning, advance ticket purchase and encouraging staff to shorten travel time. A new contract with Garuda Indonesia, the national airline of Indonesia, which comprises special fares for UN staff, resulted in cost savings of approximately 12 per cent.

Field Offices contributed to cost savings through sharing office space with the Government and other UN agencies. For example, the Field Offices in Makassar and Semarang share premises of the Government, thus only contributing to operational costs but not paying rent, while the Field Office outpost in Ambon shares an office with ILO, reducing costs incurred to UNICEF to less than 50 per cent of the total rent.

Finally, thanks to the extension of an MoU with the Indonesian Red Cross on free storage of contingency supplies, UNICEF can use 800 m² of storage space rent free, resulting in savings of approximately 23 per cent.

Changes to AMP and CPMP

The Enterprise Risk Profile (ERP) for the ICO was updated in line with the changes that have been incorporated in the updated Risk Library as per guidance from Headquarters of 2011. In addition, the ERP will include areas that staff are still considering as high risk. These changes to the ERP will contribute to the formulation of the new programme and management priorities for 2012. In this regard, the Office will use the updated risk profile, to further equip staff and mitigate the likely risks through an orientation process. In support of this a timeline for addressing key audit recommendations will be incorporated in the AMP in addition to developing approaches on the revised new internal control frame work.

The AMP for 2012 will include an element on revisiting business processes as the inception of Vision requires adapting and improving work processes. The Office will put special emphasis on revisiting those directly related to transaction processing as such through a participatory approach.

Furthermore, the AMP will address issues related to structure and accountability including staff capacity analysis in key programmatic areas like Level 3 monitoring and SRAs. A skills and competency analysis contributing to the compilation and development of a robust office training and learning plan including Vision clinics for staff will support this.

In line with the global economic performance trends, the Office's 2012 AMP will include operational modalities with a focus on doing more with less and use of technologies as a tool reduce travel related operational costs. With this background, the Office will highlight the need for increased regional or field accountability. Decentralization processes need to be strengthened to ensure efficient and effective programme delivery.

The CPMP will be reviewed and any revisions will result from the mid-term review process in June/July 2013. No major changes to the current CPMP are envisioned.

SECTION 5 – DOCUMENT CENTRE

Evaluation

Completed Studies, Surveys & Evaluations in 2011:

Title: School Readiness Evaluation
Year of publication: 2011
Sequence number: 2010/009
Type of report: Evaluation
Themes: School readiness in primary school
Management response: Done

Title: Aceh and Nias Demographic and Health Survey
Year of publication: 2011
Sequence number: 2010/030
Type of report: Survey
Themes: Demographic and Health Survey
Management response: N/A

Title: Working towards Progress with Equity under Decentralisation: The Situation of Children and Women in Indonesia 2000-2010
Year of publication: 2011
Sequence number: 2010/031
Type of report: Situation Analysis
Themes: Situation analysis
Management response: N/A

Title: Assessment of Prevention of Mother-To-Child Transmission (PMTCT) in Jakarta and Tanah Papua Indonesia
Year of publication: 2011
Sequence number: 2011/001
Type of report: Study
Themes: HIV/AIDS; PMTCT
Management response: N/A

Title: **HIV and AIDS Knowledge, Attitudes and Practices (KAP) among Adolescents, Teachers/Principals and Staff of the Education Office in Papua and West Papua Indonesia**

Year of publication: 2011

Sequence number: 2011/002

Type of report: Study

Themes: HIV/AIDS; KAP; out of school young people

Management response: N/A

Title: **Indonesia Country Study on Out of School Children.**

Year of publication: 2011

Sequence number: 2011/009

Type of report: Study

Themes: Education; Out of school children

Management response: N/A

Title: **Evaluation of the usage of SOS strategy in the acceleration of immunization program coverage with equity.**

Year of publication: 2011

Sequence number: 2011/012

Type of report: Evaluation

Themes: Immunization; Equity

Management response: Done

Other Publications

Title	Main intended audience	Authors	Quantities	Estimated cost (US\$)
Donors newsletters	Individual donors	UNICEF	25,000 (quarterly)	n/a
Essential newborn care services	Primary level health care providers	Indonesian Ministry of Health, WHO, Save the Children	500	1,900
Strategic approaches to HIV and education	Education managers and members of HIV & AIDS Coordination teams	UNAIDS	4,000	27,500
Toolkit for mainstreaming HIV and AIDS into the education sector	Members of HIV & AIDS Coordination teams	UNAIDS	265	32,500
Breastfeeding motivator and mother support group training modules	Primary level health care providers	Mercy Corps	14,500	91,000
IMCI training modules	Primary health care workers	Indonesian Ministry of Health, UNICEF	200	2,500
Facilitators guides for education planning	Provincial education authorities	Papua Provincial Education Department	250	16,833
Papua folklore story books	Early grade children	Papua education department	90,500	33,000
Juvenile justice multimedia package	Members of Parliament, child welfare professionals	Ministry of Law and Human Rights, Ministry of Women's Empowerment and Child Protection, Ministry of Social Affairs, Child Rights Commission, UNICEF	3,500	34,000

Lessons Learned and Innovations

Please provide information for the different points listed below.

Information with a red star (*) is compulsory. For “Document Type/Category” and “Emergency-related”, please choose the applicable option.

There is no word limit, but please keep in mind to be concise and analytical.

Innovation: Child Protection in Emergencies Government Ready Team

*Document Type/Category**: Innovation

*Title**: Child Protection in Emergencies Government Ready Team

*MTSP Focus Area or Cross-Cutting Strategy**: FA4

Related Links:

*Contact Person**: Karen Manda

Language: English

Emergency-related: yes

*Abstract**:

With advocacy from UNICEF, the Indonesian Ministry of Social Affairs has created a Quick Reaction Team (TRC) to respond to Child Protection needs in the event of an emergency. Given the scale of natural disasters, the many stakeholders involved in an emergency response and the strong commitment from the Indonesian Government to play a lead role in coordinating humanitarian responses, MoSA has selected a small group from its TRC who will be deployed to coordinate local Government and Civil Society response to provide protection of children in an emergency setting.

*Innovation or Lesson Learned**:

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To support this initiative, UNICEF Indonesia designed a highly participatory, skills-based training on Child Protection Coordination in Emergencies to build the capacity of these TRC Coordinators. The training was attended by 17 members of the TRC who have been selected by MoSA to be future coordinators. In addition, the training was attended by MoSA regular staff, a representative from BNPB and several UNICEF Child Protection staff from various provinces in Indonesia.

The training was set in an emergency simulation, using a fictitious country as the basis for exercises and activities which culminated in a full-day simulation where participants coordinated an overall child protection response to a range of emergencies occurring in several regions throughout the country. Training methodologies consisted of small group exercises and activities, highly participatory lecture-based sessions covering foundational theory and best practice, brainstorming and discussions, simulations relating to needs assessments and coordination (in addition to the full-day simulation), role-plays, utilising tools to support analysis such as problem trees and actor-mapping and self-learning through questionnaires on team roles, leadership and influencing styles. The curriculum was

structured around daily 'themes' which sought to build on previous days to enable participants to have the requisite knowledge and skills to be able to successfully perform in the final day simulation.

Potential Application:

Issue:

Strategy and Implementation:

Progress and Results:

Next Steps:

Country: filled automatically

Regions: filled automatically

Innovation: Malaria in Pregnancy

<i>Document Type/Category*:</i>	Innovation
<i>Title*:</i>	Integration of Malaria Control with Maternal and Child Health in Eastern Indonesia
<i>MTSP Focus Area or Cross-Cutting Strategy*:</i>	FA1
<i>Related Links:</i>	
<i>Contact Person*:</i>	Dr Robin Nandy
<i>Language:</i>	English
<i>Emergency-related:</i>	No, but the intervention can be applicable in an emergency context.

Abstract:*

The Indonesian health authorities identified the malaria-endemic regions in eastern Indonesia where the vulnerable population of pregnant women and families with children under five needed to be prioritized within the existing malaria programmes. In order to effectively reach the target community, malaria diagnosis and treatment and insecticide treated bed net distribution were integrated into routine and outreach antenatal and immunization services and reporting systems. The intervention resulted in improved outcomes for all the three health programmes that were on way in the country (malaria, maternal health, immunization), thus contributing towards the country's efforts in the attainment of the Millennium Development Goals. While having been a successful manner of bed net outreach, the intervention also resulted in increased demand for ante-natal care services, thus boosting coverage for both programmes. Since 2008, the approach has been scaled up from 11 to over 200 malaria endemic districts of Indonesia and has been supporting the strengthening of the decentralized health system, community based ownership and issues of long term sustenance.

Innovation or Lesson Learned:*

While tracking progress of the interventions, some clear lessons were learnt. First, it was observed that the major logistical and policy related aspects of the programme were best managed within the ambit of the malaria programme while operations and monitoring were best handled by the maternal health and immunizations programmes. In the areas of Maternal Health and Immunizations, service delivery was made possible through existing structures, systems and personnel that were available on the ground. However there was a need for policy related guidance and support to the management of

logistics (in terms of diagnostics, malaria drugs, and bed nets) which the Malaria Programme offered. This way, the programme's integration was made possible through the nature of complementarity that proved beneficial to each of the individual programmes.

The demand for quality service delivery was increased. The integration of these two programmes demonstrated that the target community could actually be drawn to avail themselves of the services in larger numbers. This enabled service providers to also step up the service side of the programme and ensure better results in providing quality services for women and children.

In order to effectively implement an integrated programme, considerable investments in human resource management, including investments in building technical capacities of professional staff needed to be made. This was the case in Indonesia as well, where staff trainings, development of training materials for new and existing staff, planning of the logistics (e.g. ACT, Rapid Diagnostic Testing for Malaria and bed net distribution) and development of monitoring and reporting systems were strengthened and reinforced.

The programme worked effectively in the context of radically decentralized political systems by allowing districts freedom to implement in a manner consistent with needs, while still maintaining centrally determined evidence-based standards. Ensuring local political support in the context of Indonesia through community participation and ownership proved to be a strong aspect of the programme. UNICEF field staff played a critical role in obtaining such support, towards ensuring that there was programme sustainability. It was noted that UNICEF's local presence and capacity to convene and bring together different stakeholders to participate in such joint programming can further strengthen the decentralization process and also create an increased sense of accountability and ownership.

Potential Application:

Issue: Integration of programme interventions in maternal and child health towards strengthening service delivery and creating demand for quality health services.

Strategy and Implementation:

Progress and Results:

Next Steps:

Country: filled automatically

Regions: filled automatically

Programme Documents

The following documents were uploaded:

- CPD
- CPD results matrix
- CPAP narrative
- CPAP annexes
- CPAP revised annex 2
- CPAP signed page
- IMEP

ANNEX A

Please see separate document.

ANNEX B

Please see separate document.