UNICEF Indonesia is opening a consultancy for international professional:


Please send your application, CV and P11 form to jakartahr@unicef.org not later than 28 February 2013

BACKGROUND:

Adolescents and young people in Indonesia make up a significant proportion of the population. The age group 10-24 represents over 25% of the total Indonesian population (over 63 million out of over 237 million). They are experiencing very different lives to those of previous generations and their needs for resources are as varied as the diversity of their population. Adolescents’ capacities and opportunities differ, often dramatically, by age, gender, schooling, marital status, region and area (urban vs. rural) of residence and birth, and cultural affiliation. Data available shows that young people are experiencing a range of challenges in the areas of health, education, employment and protection. The data clearly shows that socio economic factors play a significant role in the lives of young people as it does in adults.

In 2009-2010 UNICEF, in cooperation with the University of Indonesia conducted an Adolescent Situation Analysis (SITAN) among over 10,000 adolescents. The results of the Adolescent Situation Analysis gives an indication of how much young people are faring, points to key challenges in education, health and employment. Some of the key findings include lack of youth-friendly health services, limited education and employment opportunities for young people, a lack of knowledge about and access to information about HIV and sexual health, problems related with alcohol and violence, and a general lack of attention to the specific needs of adolescents and youth.

The SITAN shows that while education is a priority across all age levels socioeconomic status (SES) and geographic factors play an important role in whether a child or adolescent completes and transition from primary to secondary education. The most significant reason for an adolescent not to continue schooling is the financial factor, particularly for adolescents in rural and low SES family. These same vulnerable adolescents also tend to have a more pessimistic outlook resulting in low aspiration and commitment to continue their education. Likewise, due to the cost of educating their children, poorer parents do not motivate their children to continue schooling.

Adolescent Development has been a focus of UNICEF supported programmes in Indonesia since the mid-term review of 2008 and was subsequently subsumed in the Education programme. The Country Programme Document and Action Plan (2011-2015) emphasized the need for UNICEF to work in a multi-sectoral fashion to support adolescent development. To that end, one Programme Component Result (3.1) is striving to ensure that “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”. An intermediate result is fully dedicated to adolescent development: (i) Children and young people are empowered and equipped with adequate knowledge, basic education and life skills; and (ii) Children and young people, boys and girls, are able to express their voices to influence policies and practices affecting their lives.

Some progress has been made in different sectors both at national and sub-national levels. UNICEF is currently supporting a number of innovative initiatives, including:

- Policy/advocacy: Development of a comprehensive cross-sectoral youth policy through a participatory process and development of life-skills modules for out-of-school (Papua, West Papua); Support to most vulnerable adolescents/youth: Review of youth friendliness of policies and services for YKAPs (national level); Support at policy and operational levels for Juvenile Justice and restorative justice and diversion programmes for children in conflict with the law in Central Java, West Nusa Tenggara and Papua provinces.
- Adolescent Friendly Services: Modeling of adolescent health friendly services in partnership with the Government and civil society organisations (Aceh); Strengthening of adolescent health friendly services framework, including costing (national level), developing and strengthening existing SoPs and capacity-building plans for provincial and district health and education offices; providing support in the development of service agreements between schools and puskesmas to implement the PKPR and strengthening youth organisations and peer educators to create service demand.

- Strategic Information: Data collection and adolescent situation analysis (quantitative and qualitative) (national and sub-national levels); Successful advocacy on data disaggregation for young key affected populations (YKAPs) (15-24) and upcoming development of a national action plan (national level); Upcoming senior secondary out-of-school children study; Ongoing UNICEF-supported study on Digital Safety with the Ministry of Communication and Information Technology and Berkman Center of Harvard University to provide a better understanding on children and young people’s engagement with digital platforms in Indonesia and evidence for policy formulation.

- Youth participation: Support to youth organizations to build capacity for increased participation in networking and decision making mechanisms (national and sub-national levels); Strengthening child/youth participation initiatives at national and sub-national level through child-friendly cities framework to represent and channel children voices in the development process on issues they are facing, such as access to health services, unavailability of recreational facilities, access to free education,

- Establishing and piloting of Adolescent male and female clubs targeting the prevention of violence including sexual violence (Papua through Joint UN programme)

- Partnerships development with civil society and UN organizations

**OBJECTIVE OF THE EXERCISE**

This assignment is meant at reviewing the ongoing UNICEF engagement on ADAP and providing clear recommendations for UNICEF’s future engagement in ADAP in the country programme.

The specific objectives of the consultancy include:

1. To map ongoing work on ADAP, assessing gaps and identifying key strategies, areas of work, strategic opportunities and milestones for UNICEF engagement;
2. To develop a clear rationale for UNICEF programming in a middle income country (Indonesia) to increase profile, investment and focus and prioritise ADAP initiatives within and for the country program;
3. To develop a framework to integrate ADAP into existing UNICEF supported programmes of work; identify opportunities and milestones for partnership on ADAP between the various UNICEF supported programmes and prioritizing cross-sectoral collaboration opportunities between social policy, child protection, education, health, HIV and communication;
4. To promote greater understanding of UNICEF’s principles and approaches with regards to ADAP among clusters;
5. To provide clear recommendations for UNICEF’s future engagement in ADAP in the country programme; develop and present a strategy at national and sub-national levels and a plan of action with prioritized activities and milestones to outline UNICEF’s proposed engagement in ADAP.

**MAJOR DUTIES AND RESPONSIBILITIES:**

Under the supervision of HIV/AIDS Specialist, the consultant will perform following tasks:

a. Conduct Desk Review on situation analysis of adolescent/youth in Indonesia
b. Assess needs and map existing UNICEF supported Adolescent/Youth programmes across sectors and geographically (nationally and in two provinces. Identify key initiatives that need to be documented for knowledge-management purpose

c. Develop a draft strategy based on the above consultations, mapping and needs assessment. Develop a concrete framework of collaboration among programmes for Papua and Surabaya, i.e. model of convergence on ADAP

d. Prepare and facilitate a workshop with internal and external stakeholders for feedback and discussion on the draft strategy

e. Finalize the ADAP strategic framework and action plan (including proposed recommendations on capacity-building) and policy brief

GEOGRAPHICAL LOCATION
The consultant will be based in Jakarta with travel to Papua and Surabaya

ESTIMATED DURATION
30 working days

QUALIFICATIONS & EXPERIENCE:
1. Advanced degree in social science or other relevant field.
2. At least 15 (fifteen) years’ working on adolescent development in various fields, education, health, HIV/AIDS.
3. Strong conceptual thinking, analytical and writing skills
4. Excellent facilitation skills
5. Previous experience and proven expertise in strategy development
6. Experience working in Indonesia and with the Government of Indonesia is an asset
7. Excellent verbal communication as well as written writing and reporting skills in English; knowledge of Bahasa Indonesia is an asset.