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### United Nations Children's Fund

Executive Board

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Item 6 of the provisional agenda\*

### **Draft country programme document\*\***

### **Indonesia**

#### *Summary*

The Executive Director presents the draft country programme document for Indonesia for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$26,500,000 from regular resources, subject to the availability of funds, and \$100,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

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\* E/ICEF/2005/10.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

*Basic data†**(2003 unless otherwise stated)*

|  |              |
|--|--------------|
| Child population (millions, under 18 years)                    | 78.0         |
| U5MR (per 1,000 live births)                                   | 41           |
| Underweight (% , moderate and severe, 2002)                    | 26           |
| Maternal mortality ratio (per 100,000 live births, 1998/2002)  | 310          |
| Primary school enrolment (% net, male/female, 2000, 2001/2002) | 88/87, 93/92 |
| Primary school children reaching grade 5 (% , 2000/2001)       | 89           |
| Use of improved drinking water sources (% , 2002)              | 78           |
| Adult HIV prevalence rate (% , end 2003)                       | 0.1          |
| Child work (% , children 5-14 years old)                       | 4            |
| GNI per capita (US\$)  | 810          |
| One-year-olds immunized against DPT3 (%)                       | 70           |
| One-year-olds immunized against measles (%)                    | 72           |

† More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

## The situation of children and women

1. Indonesia has made progress in many of the Millennium Development Goals, notably, reducing poverty and improving education and literacy. Progress lags in other Goals, such as reducing child malnutrition and improving maternal health and access to safe water. Huge disparities are a challenge: the under-5 mortality rate (U5MR) varies dramatically across provinces, from 23 to 103 per 1,000 live births. Following decentralization, implementing national laws, policies and standards across the 440 districts in 33 provinces is another challenge, as are weak capacities for planning and service delivery in many districts.

2. Seventy-six per cent of under-5 deaths occur in the first year of the child's life, and half the infant deaths occur in the perinatal period, and this highlights the need to improve antenatal and delivery services for women. Immunization coverage varies widely. Polio cases re-emerged in 2005, for the first time since 1996; measles outbreaks are not uncommon; and newborns and women in one fifth of all districts are still at risk of maternal and neonatal tetanus. Malaria affects up to 20 per cent of the population in the east. Underweight prevalence among children under 5 has declined nationally but exceeds 40 per cent in the east and is higher among boys than among girls. Stunting and wasting remain high, at about 34 and 16 per cent, respectively.

3. Exclusive breastfeeding rates remain low (40 per cent). Though 73 per cent of households consume adequately iodized salt (up from 64 per cent in 2000), 58 million people are still at risk of iodine deficiency. Subclinical vitamin A deficiency remains a public health problem. Anaemia rates are high among pregnant and reproductive-age women (40 and 28 per cent, respectively). Attendance of deliveries by skilled health personnel has increased (72 per cent in 2004, from 64 per cent in 2000) but one quarter of births still rely on traditional birth attendants.

4. The Government's first Millennium Development Goals report (2004) shows that half the population has water sources less than 10 metres away from excreta disposal sites. Hygiene practices are often poor.

5. Indonesia's nine-year compulsory basic education policy comprises six years at primary and three at junior secondary level. Its implementation since 1994 has led to near-universal primary education enrolment, but junior secondary enrolment is still only 65 per cent (2004). More work is needed to improve the quality of education, reduce inefficiencies and geographical disparities and increase access to early learning activities for children of pre-school age.

6. Indonesia has a low prevalence of HIV/AIDS among the general population but high prevalence among certain groups, mainly injecting drug users and sex workers, and in some provinces. Discrimination and ignorance are major barriers: in 2003, a third of all women and a fifth of men aged 15-24 years had never heard of HIV/AIDS.

7. About 60 per cent of children under 5 do not have birth certificates. More than 3 million children work in hazardous occupations. At least one third (about 70,000) of all sex workers are under 18 years of age. Some 100,000 women and children are trafficked annually. Around 5,000 children are in detention or prison; 84 per cent of those sentenced are placed with adult criminals. Other issues of concern are child abuse and the special vulnerability of children and women in conflict- or disaster-affected communities.

8. Indonesia has recently strengthened national policies and legislation to safeguard children's rights, such as the 2002 Child Protection Law; the 2003 Basic Education Law; the 2004 Sentani Commitment to fighting HIV/AIDS, and the 2002 National Plans of Action on combating the worst forms of child labour, eradicating commercial sexual exploitation of children and eliminating trafficking in women and children. The National Programme for Indonesian Children 2015 (PNBAI) was launched in 2004. The Committee on the Rights of the Child in 2004 welcomed the Government's proposal in the second periodic report to withdraw reservations from certain articles of the Convention on the Rights of the Child; commended Indonesia's progress in promoting child rights; and urged ratification of the Optional Protocols to the Convention and action to address the situation of children affected by conflict, drug abuse, trafficking and sexual and economic exploitation.

9. The massive tsunami that struck Aceh and North Sumatra provinces on 26 December 2004 killed some 220,000 people, displaced many more, and destroyed infrastructure and services. Several earthquakes have since affected the area. The Government and its partners, with generous support from the international community, are undertaking recovery efforts within the framework of the Government's Aceh and Nias-North Sumatra Rehabilitation and Reconstruction Plan.

## **Key results and lessons learned from previous cooperation, 2001-2005**

### **Key results achieved**

10. Most of the 41 assisted districts made significant budget allocations for the cooperation programme, 21 districts adopted legislation enforcing free and

compulsory birth registration, and 13 adopted legislation enforcing salt iodization. Support to polio eradication campaigns reached all children under 5 in 2002. Maternal and neonatal tetanus elimination activities reached 80 per cent of reproductive-aged women in high-risk districts. The cold chain system was strengthened in 17 per cent of all health centres in Indonesia. Improved maternal and child health services in West Java, Papua and Maluku reached 80 per cent of pregnant women in target areas and were maintained even during periods of unrest. Training and supplies for growth monitoring of children and antenatal care were provided to 15,000 village health posts (*posyandu*) across nine provinces. An improved *posyandu* model, incorporating early childhood development (ECD), was adopted by local governments. Support to the national programme to eliminate iodine deficiency disorders led to an increase of 9 per cent over four years in consumption of iodized salt, and higher gains in programme focus provinces (e.g., 43 to 60 per cent from 2000 to 2003 in South Sulawesi). Vitamin A coverage increased by 15 per cent in programme focus districts. Improved water supply and sanitation facilities benefited 667,000 people in four provinces. The Fighting HIV/AIDS Programme, adopted at the mid-term review (MTR), educated 62,000 young people on HIV/AIDS prevention, built peer educators networks, and supported national policy development on preventing mother-to-child transmission (PMTCT) and youth-friendly voluntary counselling and testing (VCT) services.

11. The Creating Learning Communities for Children (CLCC) programme of the Government, UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO), promotes effective learning processes, transparent school management, and active involvement of communities. The programme expanded from 79 schools in 2000 to 1,326 schools by 2004, reaching some 240,000 children. National and local governments expanded the approach with their own budgets to cover an additional 427,000 children in 77 districts, and the 2003 National Education Law incorporated CLCC principles. With UNESCO and other partners, the programme also supported Education for All (EFA) initiatives to track children's school attendance. In child protection, the programme contributed to developing new laws and policies; strengthened institutional capacity; demonstrated community-based approaches to prevent exploitation and trafficking of children and promote child-friendly legal procedures; formed private-sector alliances to provide young people at risk with alternative livelihood skills; and introduced measures into the health and education systems to detect and report child abuse.

12. To help conflict-affected communities in the Malukus, Aceh and West Timor, the programme provided essential health supplies to 250,000 internally displaced persons (IDPs); emergency education supplies to 130,000 schoolchildren; and safe water supply and sanitation facilities for 56,000 schoolchildren, 260,000 IDPs and 30 health centres. Support in the first four months to the Government's recovery efforts in Aceh and North Sumatra achieved the following results: more than 1 million children vaccinated against measles and given vitamin A; health and hygiene supplies delivered for some 200,000 people; safe water provided to 103,000 IDPs; sanitation facilities provided for 53,000 people; learning materials provided for half a million children; the majority of children back in school; and more than 16,000 children registered and receiving psychosocial services and assistance to track families. UNICEF also supported the development of the Government's reconstruction plans in education, health, water and sanitation.

### Lessons learned

13. The MTR and other evaluations showed that the strategies of model development and evidence-based advocacy, backed up by policy support, have generally worked well, leading to the replication and expansion of successful approaches by the Government and development partners. Examples include initiatives on CLCC, safe motherhood, ECD, birth registration, salt iodization, and child protection. However, some approaches failed and were phased out at the MTR. The lesson learned is that successful models are those adapted to the local context, affordable by local governments, understandable to communities, and having demonstrable and clear benefits for children.

14. Another lesson learned relates to the weakness of monitoring and evaluation at the start of the programme. Not enough attention was paid to establishing baselines and strengthening data systems. While the strategy of relying primarily on existing Government data systems is sustainable, future support will need to focus not only on strengthening such systems but also on having back-up mechanisms for collecting data to satisfy results-based reporting requirements.

15. Weak local capacities and systemic weaknesses, including in human resources, held up planned activities and impeded progress. Counterparts were stretched to the limit by too many activities supported by different partners, often implemented before capacities were adequately built. External partners will, therefore, need to support harmonized sector approaches led by the Government.

### The country programme, 2006-2010

#### Summary budget table

(In thousands of United States dollars)

| <i>Programme</i>                    | <i>Regular resources</i> | <i>Other resources</i> | <i>Total</i>   |
|-------------------------------------|--------------------------|------------------------|----------------|
| Health and nutrition                | 5 000                    | 28 750                 | 33 750         |
| Water and sanitation                | 500                      | 13 500                 | 14 000         |
| Education                           | 3 900                    | 27 500                 | 31 400         |
| Fighting HIV/AIDS                   | 1 500                    | 18 750                 | 20 250         |
| Child protection                    | 2 350                    | 6 250                  | 8 600          |
| Communication                       | 2 800                    | 1 250                  | 4 050          |
| Planning, monitoring and evaluation | 2 950                    | 4 000                  | 6 950          |
| Cross-sectoral costs                | 7 500                    | -                      | 7 500          |
| <b>Total</b>                        | <b>26 500</b>            | <b>100 000</b>         | <b>126 500</b> |

*Note:* This table does not include additional funds devoted to the Aceh-North Sumatra components as contributions to the earthquake and tsunami flash appeal.

#### Programme preparation process

16. Programme preparation in 2004, guided by the MTR findings and coordinated by the National Development Planning Agency (*Bappenas*), involved the Government, UNICEF, development partners, civil society and non-governmental

organizations (NGOs). Revisions in 2005 incorporated post-tsunami recovery support. From 2002, UNICEF led the United Nations Task Force supporting the Government's Millennium Development Goals report, a basis for the Country Programme's situation analysis and the Common Country Assessment (CCA). The CCA, which was co-chaired by UNICEF and the United Nations Population Fund (UNFPA), and the United Nations Development Assistance Framework (UNDAF), which was co-chaired by the World Food Programme (WFP) and the United Nations Development Programme, began in 2004 with Government and NGO participation. The CCA/UNDAF took into account the recommendations of the Committee on the Rights of the Child and other treaty bodies, while the Government-UNICEF programme of cooperation addressed specific issues raised by the Committee. The UNDAF was finalized in May 2005 at a Joint Strategy Meeting with the Government.

### **Goals, key results and strategies**

17. The country programme's goals are to support the Government in fully realizing child rights and achieving PNBAI goals and Millennium Development Goals. The country programme expects to achieve these key results: (a) a significant contribution to the PNBAI targets of reduced maternal mortality, child mortality and child malnutrition (to one third of 2001 levels); (b) the reduction or prevention of HIV/AIDS transmission among children and young people; (c) a substantial contribution to the national goal of nine years of quality basic education for all children; (d) protection for increased numbers of children from abuse, exploitation and violence, including in conflict- and disaster-affected areas; and (e) substantial progress made towards creating a rights-based environment for children and women. The programme components will use the following strategies:

(a) **Model development and evidence-based advocacy**, which has worked well, will be continued to leverage resources for children and women. District- and community-level actions will be backed up with support to provincial and national levels for policy development, monitoring and norm-setting, and for promoting effective initiatives nationwide. The geographic focus will be based on criteria that include the needs of children and women, the convergence between sectoral programmes, the potential impact that a given area could have on the problem, the commitment of local leaders and complementarity with other development partners;

(b) **Systemic institutional capacity-building** will supersede the training-only approach. Examining the system as a whole, and resolving bottlenecks and constraints will help create an enabling environment for those receiving training to apply their skills. Learning from the successful CLCC approach, which has an exit strategy, the programme will strengthen the provincial institutions in supporting district-level initiatives so that the province will continue monitoring and technical support once external assistance stops. Institutional capacity-building will facilitate the transition to sector-wide approaches and support the Government in harmonizing and mainstreaming approaches that work;

(c) **Rights-based and disparity-reduction** involves building the capacities of communities, local governments and other duty bearers; promoting the collection and use of disaggregated data; and focusing on the most vulnerable women and children. The Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will provide a

normative framework for the programme's advocacy and actions. The framework, for example, will guide the integration of child participation into programme design and implementation, especially in child protection; resolution of issue of long-term care for separated children; and the leveraging of district resources for children and women;

(d) **Enhanced capacity for rapid response to emergencies** will be ensured through preparedness and coordination. In Aceh and North Sumatra, the programme will support the Government in fully restoring and improving social services for women and children in line with national standards, and in promoting and expanding proven approaches.

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

18. The goals and strategies of the programme fit within the PNBAI and the Government's Medium-Term Development Plan 2004-2009, including its National Poverty Reduction Strategy. The programme's child protection component fits with Indonesia's National Plans of Action on child labour, commercial sexual exploitation of children, and trafficking of women and children. Its decentralized components in health, education and the monitoring of the Millennium Development Goals support the Government's decentralization reforms and Indonesia's Millennium Campaign led by civil society. The post-tsunami recovery components fit within the Government's Aceh and Nias-North Sumatra Rehabilitation and Reconstruction Plan. The health, education, water, sanitation and HIV/AIDS; child protection; and planning, emergency and communication components feed, respectively, into three UNDAF outcomes of strengthening human development to achieve the Millennium Development Goals; protecting the vulnerable; and pro-poor democratic governance.

### **Relationship to international priorities**

19. The PNBAI, which guides the cooperation programme, reflects the 2002 *World Fit for Children* declaration. The reporting process for Indonesia's Millennium Development Goals also provided much of the analysis and critical thinking for the country programme, which will contribute to the focus areas of the emerging medium-term strategic plan 2006-2009 of UNICEF.

### **Programme components**

20. The **health and nutrition programme** focuses on maternal and newborn mortality, micronutrient deficiency and child malnutrition, and vaccine-preventable diseases, with special attention paid to the recent resurgence of polio and measles. In the health project's focus areas, the expected results are the following: 90 per cent of reproductive-age women have access to complete antenatal care, 85 per cent to basic emergency obstetric care, and 80 per cent to comprehensive obstetric and newborn care; and 60 per cent of households have access to malaria-prevention measures in highly endemic areas. Nationally, the programme aims to ensure that 80 per cent of children are fully immunized against vaccine-preventable diseases. Emphasis will be placed on the health system, building the capacity of district health leaders to advocate for, plan and manage their programmes and to train staff. The programme will also improve services at referral level as well as referral mechanisms and information and logistics systems; support training and community

education; and provide supplies. National programmes on malaria and immunization will also be supported.

21. The nutrition project expects to contribute to the following results: (a) appropriate policies on a balanced, adequate diet for children and women are developed and disseminated; (b) nationwide, 80 per cent of children under 5 and 60 per cent of post-partum women receive timely doses of vitamin A; (c) in health project areas, at least 60 per cent of children are exclusively breastfed for six months, 80 per cent of children aged under 10 years are dewormed and 80 per cent of reproductive-age women are dewormed, as appropriate, and receive iron supplementation; and (d) 90 per cent of households nationwide consume adequately iodized salt, with a substantial increase achieved in the 43 districts with household consumption below 40 per cent. Improvements resulting from the health project's system focus will facilitate the nutrition project's revitalization of *posyandu*, community and village health worker education, iron supplementation, vitamin A supplementation and deworming. The project will also support actions and technical assistance to enhance iodized salt consumption. The expected results of the Aceh-North Sumatra health project and nutrition project are similar but also include a restoration of maternal and child health services to national standards and a nutrition surveillance system capable of detecting and managing severe malnutrition. The programme's major partner will be the Ministry of Health, its local offices, community structures and NGOs.

22. The **water and environmental sanitation (WES) programme** will seek convergence with health and education programmes and contribute to the following results: (a) strategies and plans to meet the Millennium Development Goals and national targets are fully formulated and implemented; and (b) in 30 selected districts, at least 70 per cent of the population have access to safe water supply (a source more than 10 metres away from excreta disposal sites) and adequate sanitation facilities and have improved hygiene awareness and practices. The expected result for the Aceh-North Sumatra water and environmental sanitation project is that at least 80 per cent of the population in selected districts have access to safe water supply and adequate sanitation facilities and have adopted improved hygiene awareness and practices. The programme will support policy development, capacity-building, participatory hygiene promotion and the rehabilitation or construction of appropriate facilities. The Aceh project will also provide supplies to rebuild institutional capacities and operational support to local water suppliers until service-charge recovery is reinstated. The programme's major partners will be the Ministries of Health, Public Works and Home Affairs, their local offices, communities and NGOs.

23. The **education programme** addresses the need to improve the quality of basic education, improve access to junior secondary education, and reduce subnational disparities. The EFA planning and policy support project aims to ensure that comprehensive EFA plans and budgets are developed and implemented nationally and in selected provinces and districts and that appropriate life-skills education (including on HIV/AIDS, hygiene, child protection) is mainstreamed into national curricula. EFA support will include the demonstration of community-based education information systems to track children's education and to enrol older children in school.



24. The early childhood development and learning project aims for the following results: (a) minimum quality standards and policy guidelines for an integrated and comprehensive ECD programme are applied; and (b) in selected focus areas, young children 2-6 years of age have increased access to community-based ECD and learning activities and their parents have increased knowledge of ECD. This project will support policy development, expand proven and affordable community-based ECD models, and use participatory assessments of child-rearing practices in different cultures to guide parental education.

25. The mainstreaming good basic education practices project targets the following results: (a) expanded numbers of primary school children (7-12 years old) enjoy an improved quality of learning in a scaled-up and mainstreamed CLCC approach; and (b) good basic education practices that improve access and/or learning outcomes for children have been mainstreamed in selected districts and provinces. This project will mainstream the CLCC approach at primary level through advocacy, training and integration into in-service and pre-service teacher training institutions and district planning processes. The project will also map all good practices in Indonesia's basic education system and strengthen district capacities to plan, implement and manage proven good practices. Area selection for the ECD project and CLCC expansion will favour convergence with other programmes, while the mainstreaming of good practices will prioritize districts committed to the approach.

26. The Aceh-North Sumatra education project will support the Government in restoring and improving basic education and ECD services in the two provinces through school rehabilitation and reconstruction and the application of child-friendly standards, such as well-ventilated learning spaces, safe play spaces and access for disabled children. The programme's major partners will be the Ministries of National Education and Religious Affairs, their local offices, and civil society organizations.

27. The **fighting HIV/AIDS programme** addresses the need to prevent and reduce the spread of HIV transmission among young people and pregnant women. The HIV prevention among young people project aims to contribute to the following results: (a) 80 per cent of young people aged 13-15 years in school, as well as those aged 15-24 years out of school in selected provinces, including high-risk groups, are equipped with skills and information to prevent HIV/AIDS and drug use; and (b) appropriate policies on HIV/AIDS prevention among young people are developed and applied. The project will expand proven life-skills education approaches, through junior secondary schools and community-based peer educators, and support policy and curricula development.

28. The PMTCT-VCT project aims to ensure that: (a) 80 per cent of pregnant women in selected provinces have access to PMTCT services; and (b) 70 per cent of youth, especially high-risk groups, in the same provinces have access to youth-friendly VCT. This project will support the Government to expand and promote VCT from the current 60 to 300 health facilities and provide procurement services for antiretrovirals funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

29. The care and support of HIV-affected children and families project aims to have appropriate policies and guidelines on care, support and treatment for HIV-affected children and their families developed, promoted and applied. The first two

projects will be implemented in provinces defined as high priority by the National AIDS Commission and will also converge with UNICEF-assisted health and education programmes. The programme's major partners will be the Ministries of Health, National Education, Religious Affairs and Social Affairs as well as the National AIDS Commission, NGOs and universities.

30. The **child protection programme** will address problems related to abuse, exploitation and trafficking of children and the low rate of birth registration. The protection from exploitation, violence, abuse and neglect project expects to contribute to the following results: (a) measures are implemented to protect children from, and respond to, sexual and economic exploitation and trafficking, abuse and violence; (b) a child-sensitive justice system is implemented at the national level, and child offender cases in selected provinces are diverted from the formal justice system to alternative child-sensitive procedures; and (c) durable solutions prioritizing family-based care are found for children without primary caregivers. The project will provide policy and legislative support at national level, and support selected provinces and districts in implementing district- and community-based models that prevent, reduce and respond to child rights violations or promote restorative justice for child offenders. Partnerships with the private sector will be expanded to support vocational training linked to livelihood opportunities for young people at risk. Measures to detect, report and refer cases of abuse and violence against children and women will continue to be mainstreamed into existing social services. The project will also support registration and tracing systems for children without primary caregivers, and assist local governments and organizations to support and monitor families fostering children. Selection criteria for districts include convergence capability with the education programme and the district's high incidence of, and potential impact on, the targeted issues.

31. The expected results for the birth registration project are the following: (a) at least 85 per cent of children under one year old registered in selected districts; and (b) a universal and compulsory birth registration system is developed at national level. The programme will support the promotion and implementation of appropriate laws and guidelines and build national and district capacities to improve birth registration systems and increase registration. The two Aceh-North Sumatra child protection projects aim for similar results, but prioritize family tracing and reunification, family-based care systems, and psychosocial support. The programme's main partners include Government ministries across a wide range of sectors, their provincial and district branches, NGOs and civil society partners.

32. Within the **communication programme**, the rights-based environment for children and women project will contribute to the following results: (a) the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other international human rights instruments are promoted and monitored; (b) national and subnational policies and legislation on children and women are coherent and appropriate; and (c) increased numbers of young people participate in decisions affecting the young people's lives. The programme will support capacity-building for media and young people; promote pro-child rights media programming; support events and campaigns on Millennium Development Goals and children's and women's rights; support the mapping, review and development of appropriate policies and legislation; promote increased district budget allocations for children and women; and support annual awards for youth leadership and writing. The Aceh-North Sumatra public

information and advocacy project will promote children's and women's rights in the tsunami-affected areas and disseminate information on UNICEF-assisted activities. The programme's key partners include several Government ministries, NGOs, civil society organisations and the media.

33. The **planning, monitoring and evaluation programme** will ensure effective planning, monitoring and evaluation of the country programme within the UNDAF and support the Government in national planning processes. The Millennium Development Goals monitoring project will aim to ensure that replicable approaches to strengthening district information systems are developed and promoted and that, selected districts are producing and using disaggregated data on key Goals in order to improve social services. Support will include capacity-building in the use and improvement of data systems, and advocacy with districts on evidence-based planning. Key partners include the Central Statistical Agency, line ministries, districts and communities. The emergency preparedness and response project will support stockpiling of essential emergency supplies and capacity-building of counterparts.

34. **Cross-sectoral costs** will support the core costs of the country office and 11 zone offices. The zone offices are essential for monitoring activity and for advocacy with local governments, communities and other stakeholders to leverage resources for children and women.

#### **Major partnerships**

35. Working through the UNDAF, the Government-UNICEF country programme will continue cooperation with many partners: the World Health Organization (WHO) and UNFPA in maternal and child health; with the World Food Programme in nutrition; with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Asian Development Bank in education; with the Joint United Nations Programme on HIV/AIDS, UNESCO, UNFPA and WHO in combating HIV/AIDS; with the International Labour Organization in combating child labour; and with the World Bank in water and sanitation. Partnerships will be strengthened with the private sector in Indonesia and with the National Committees for UNICEF in several countries. Partnerships are expected to continue with the Australian Agency for International Development, Canadian International Development Agency, European Commission, France, German Agency for Technical Cooperation, Italy, Japan, Netherlands, New Zealand Agency for International Development, Norway, Swedish International Development Agency, United Kingdom Department for International Development and United States Agency for International Development. Policy dialogue and coordination with development partners will be sought, including through the Consultative Group on Indonesia and its working groups on health, education, justice and poverty reduction.

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

36. For situation-monitoring, UNICEF will work with the Government, including the Central Statistical Agency, and the United Nations country team to monitor Millennium Development Goals progress and the situation of children. Support to decentralized data systems will promote disaggregation of data and targeting of the poorest. Programme monitoring and evaluation will focus on establishing baseline

data, preparations for which began in 2005; on monitoring indicators for key results; and on evaluating progress. Programme coordination, management and reviews will be ensured at the national level by *Bappenas* and the Ministry of Home Affairs, and at provincial and district levels by teams for maternal and child survival, development and protection, which comprise local government agencies, UNICEF and NGO representatives. The Government's Aceh and Nias Rehabilitation and Reconstruction Agency will coordinate the contribution of UNICEF and its partners to recovery efforts.

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