EVALUATION REPORT

CHILDREN AND THE 2004 INDIAN OCEAN TSUNAMI:

Evaluation of UNICEF's Response in Indonesia (2005-2008)

COUNTRY SYNTHESIS REPORT

EVALUATION OFFICE
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Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia. Country Synthesis Report.

United Nations Children's Fund
3 UN Plaza, NY, NY 10017

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The independent evaluation was commissioned by UNICEF Evaluation Office engaging an inter-divisional reference group that provided overall direction and support to the evaluation process. The Country Synthesis Report is based largely on the sector-specific reports, which examine the impact and outcomes of the overall response (humanitarian relief and recovery/transition) on key sectors of UNICEF's involvement and draw lessons related to recovery and transition issues. The Country Synthesis Report was prepared by Jon Bennett (Team Leader) and Jenny Reid Austin, drawing from the sector reports. The sector reports were written by sector-specific teams led by: Neil Boothby (Child Protection), Richard Garfield (Health and Nutrition), John Ievers (WASH) and Anne Bernard (Education). Krishna Belbase, Senior Evaluation Officer in the Evaluation Office, managed the evaluation with the involvement of the Indonesian Country Office. Suzanne Lee edited and formatted the report.

The purpose of the report is to facilitate the exchange of knowledge among UNICEF personnel and its partners. The content of this report does not necessarily reflect UNICEF's official position, policies or views.

The designations in this publication do not imply an opinion on legal status of any country or territory, or of its authorities, or the delimitations of frontiers.

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PREFACE

The international response to the Indian Ocean tsunami in Indonesia – the hardest hit country -- was among the most ambitious and well-funded responses to a natural disaster. UNICEF's emergency response and early recovery phases have been well documented through evaluation, but there has been no systematic evaluation of the recovery and early development phases. Focusing mainly on the sectors where UNICEF had extensive involvement -- child protection; basic education; child and maternal health and nutrition; and water, sanitation and hygiene -- the present evaluation asks the following questions: In the spirit of building back better, what evidence is there indicating that the response (2005-2008) has resulted in better institutional capacities, systems, services and enhanced the wellbeing and rights of children compared to the pre-tsunami situation? What role has been played by UNICEF's programmes in achieving these results? What conclusions can be drawn regarding UNICEF's programme performance? In addition, the evaluation draws lessons and recommendations for each sector and general lessons for recovery/transition programming.

To safeguard objectivity and independence of evaluation, the evaluation was conducted by a team of independent international consultants who were recruited and managed by UNICEF's Evaluation Office. The team of the international consultants was supported by national teams who, in turn, supported data collection and analysis. The evaluation also benefitted from an inter-divisional reference group which included UNICEF regional office staff and country-specific reference groups.

This Country Synthesis Report, a culmination of the sector reports, is meant for use by national governments, United Nations agencies, the broader development community and others interested in learning from the tsunami experience. A specific target group for the Country Synthesis Report is the Government of Indonesia, United Nations agencies, and other development partners that are engaged in supporting development policies and programmes in Aceh, Nias and other parts of Indonesia.

Despite the unprecedented investments made, considerable effort is still needed to improve the wellbeing of children and women in the tsunami-affected areas and elsewhere in Indonesia. It is our hope that the forward looking lessons and recommendations presented in this comprehensive evaluation will positively contribute to the strengthening of on-going efforts to build back better and to the sustainability of the achievements made. In addition, it is hoped that the evidence and learning from the evaluation will contribute to disaster preparedness planning effort and responding to future emergencies in a variety of contexts.

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We also thank staff from various UN agencies, other international organizations and local NGO staff - too numerous to acknowledge individually - who have contributed their time, insights, information and thoughts to this evaluation.

CONTENTS

ACRONYMS AND ABBREVIATIONS

AET	Abuse, Exploitation and Trafficking
AJEL	Active, Joyful and Effective Learning
AMPL	Indonesia's Water, Sanitation and Hygiene Task Forces (Air Minum Penyehatan Lingkungan; Water Supply Working Group)
BAKORNAS	Indonesia's National Disaster Management Board
BAPPEDA	District Development Planning Board
BOS	School Block Grants
BPS	Central Bureau of Statistics
BRIMOB	Indonesia Paramilitary Police Force
BRR	Indonesia's Reconstruction and Rehabilitation Agency of Aceh and Nias
CAT	Convention Against Torture
CBO	Community-Based Organisation
CC	Children's Centre
CCCs	Core Commitments for Children in Emergencies
CDA	Community-Driven Adjudication
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CFAN	BRR's Coordination Forum
CFS	Child Friendly Schools
CLCC	Creating Learning Communities for Children
CLTS	Community-Led Total Sanitation
CDA	Community-driven Adjudication
CRC	UN Convention on the Rights of the Child (1989)
CSO	Civil Society Organisation
CTC	Community-based Therapeutic Care
DHO	District Health Office
DHS	Demographic and Health Survey
DOE	District Office of Education
ECD	Early Childhood Development
EFA	Education for All
EMIS	Education Management Information System
FAO	Food and Agriculture Organization
FTR	Family Tracing and Reunification
GAM	Gerakan Aceh Merdeka (Free Aceh Movement)
GBV	Gender-Based Violence
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GOBI	Growth Monitoring, Oral Rehydration, Breastfeeding and Immunisation
GoI	Government of Indonesia
IBI	Indonesian Midwives Association
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
IRA	Initial Rapid Assessment
KPAID	Indonesian Child Protection Commission
LPA	Child Protection Bodies (Lembaga Perlindungan Anak)
LPMP	Office for Education Quality Monitoring
LTTE	Liberation Tigers of Tamil Eelam (Sri Lanka)
MCH	Maternal Child Health
MDGs	Millennium Development Goals
MIC	Middle Income Country
MICS	Multiple Indicator Cluster Survey
MOJHR	Ministry of Justice and Human Rights
MOH	Ministry of Health

MONE	Ministry of National Education
MORA	Ministry of Religious Affairs
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NAD	Nanggroe Aceh Darussalam
NADESP	NAD Education Strategic Plan
NER	Net Enrolment Rate
NGO	Non-Governmental Organisation
OECD/DAC	Organisation for Economic Co-operation and Development's Development Assistance Committee
OHCHR	UN Committee on the Rights of the Child
PDAM	Local government-owned water utility
PHAST	Participatory Hygiene and Sanitation Transformation
PHO	Public Health Office
PMTCT	Preventing Mother-to-Child Transmission
POE	Provincial Office of Education
PPA	Restorative justice programme
PPT	Integrated Service Centre (Pusat Pelayanan Terpadu)
RENSTRA	National Five-Year Education Plans
ROSA	UNICEF Regional Office for South Asia
RPJM	Indonesia Medium Term Development Plan
SBM	School-Based Management
SC	School Committee
TBA	Traditional Birth Attendant
TEC	Tsunami Evaluation Coalition
TKSK	Sub-district social workers
TLC	Temporary Living Centre
TNI	Tentara Nasional Indonesia (National military of Indonesia)
U5MR	Under-five Mortality Rate
UN	United Nations
UNDP	UN Development Programme
UNESCAP	UN Economic and Social Commission for Asia and the Pacific
UNESCO	UN Educational, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
UNIFEM	UN Development Fund for Women
UN OCHA	UN Office for the Coordination of Humanitarian Affairs
UNOPS	UN Office for Project Services
UNORC	UN Office for Recovery Coordination
UNORC-IAS	UN Office for Recovery Coordination—Information and Analysis Section
UPR	Universal Periodic Review
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WES	Water, Environment and Sanitation
WFP	World Food Programme
WSP	Water and Sanitation Program (World Bank)
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

This report is a synthesis of the evaluation of UNICEF's response to the 2004 Indian Ocean tsunami in Indonesia that was undertaken from August 2008 to July 2009. The evaluation assessed UNICEF's response in the four sectors where it had major involvement: child protection; basic education; water, sanitation and hygiene; and child and maternal health and nutrition. This report seeks to provide a larger picture of UNICEF's response from 2005-2008, with a main focus on the relief and early development phases. It does so by drawing on the findings and lessons obtained from each of the independent sector evaluations that constitute the evaluation in Indonesia. The report also examines cross-cutting issues related to recovery and transition, and asks whether appropriate strategic choices were made during UNICEF's efforts to help Indonesia "build back better", and how these were likely to impact the wellbeing and rights of children and women.

Overall Humanitarian Response to the Tsunami

Indonesia suffered the most severe effects of the December 2004 tsunami due to its coastal proximity to the centre of the quake. An estimated 167,000 people were killed in Aceh Province and northern Sumatra, approximately one-third of whom were children[1], and 500,000 were displaced. Apart from the horrendous loss of life and displacement, the tsunami overwhelmingly destroyed vast amounts of infrastructure and brought the normal working of government to a halt. Three months later, in March 2005, a substantial earthquake on the island of Nias further added to the displacement of 40,000 people and intensified suffering. The early estimated costs for rebuilding Aceh and neighbouring Nias were USD $4.9 billion.

Most of the disaster-affected people in Aceh were already vulnerable due to poverty, a lack of social services and inequality. In Aceh, nearly thirty years of armed conflict between the Government of Indonesia (GoI) and the separatist Free Aceh Movement, or Gerakan Aceh Merdeka (GAM), had displaced about twice as many people as had been displaced by the tsunami, close to one million. Few international aid agencies had any prior presence in Aceh. This was soon to change. An unprecedented international presence created coordination challenges, as well as a unique opportunity to bolster the peace process between the GoI and GAM. The Helsinki Agreement, a promising basis for peace, was signed in August 2005.

The government's own National Disaster Management Board (BAKORNAS) established an ad hoc disaster management structure to coordinate the relief effort. Working with the United Nations, they established a Joint Disaster Management Centre for day-to-day coordination. The transition from relief to recovery was fairly rapid; by April 2005 the Indonesian President established the Reconstruction and Rehabilitation Agency of Aceh and Nias (BRR), which would become the preeminent authority in NAD over the recovery and development period.

Prior to the tsunami, UNICEF had a limited presence in Aceh due to the conflict. The necessary scale up of staff and resources created delays in the initial response. Nonetheless, UNICEF's funding response to the tsunami was the largest in its history and in spite of myriad challenges, the agency made significant strides in each of its four programme areas over the last several years.

[1] The official figure was 130,000 dead and 37,000 missing.

The Evaluation

UNICEF commissioned an evaluation in 2008 to assess its humanitarian response to the three countries hardest hit by the 2004 Indian Ocean Tsunami: Indonesia (Aceh), Sri Lanka and the Maldives. The evaluation focused on the outcomes and impacts of the response in four keys sectors of UNICEF's involvement, and also on UNICEF's performance.

The purpose of the evaluation in Aceh, Indonesia, is to determine outcomes and impacts of UNICEF's response to the tsunami and draw lessons and recommendations – both for the UNICEF and the sectors as a whole - that will be useful for strengthening ongoing programmes or policies to improve the wellbeing and rights of children. In addition, the evaluation draws lessons for recovery/transition programming that will be useful for future response and emergencies.

Evaluation Scope

The evaluation was conducted between August 2008 and July 2009. The focus of the evaluation is on tsunami recovery and early development responses, and on UNICEF's interventions to the response in four major sectors of the agency's programme involvement within the country, namely, water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition. These sectors financially accounted for the majority (91%) of UNICEF's tsunami response in Indonesia.

The evaluation included an examination of the major determinants, so as to generate further evidence for use in improving policies and programmes aimed at children and women. It also addressed findings in relation to cross-cutting issues through the recovery to development transition, including: national and local capacity development; partnerships; disaster preparedness; targeting the disadvantaged; human rights-based approach to programming and gender issues.

Evaluation Findings

To inform pathways towards effective recovery/transition programming and strategic decision making in future responses, key findings from each of the sector studies are presented as critical components of this synthesis report. Detailed findings for each sector can be found in its respective sector evaluation report for Indonesia, available online at http://www.UNICEF.org.

Water, Sanitation and Hygiene (WASH)

The tsunami destroyed 85 percent of the already inadequate water and sanitation networks in the worst affected districts in Indonesia. It caused groundwater contamination from salt water, sewerage, and in some locations, chemical spill from broken reservoirs and industries. There were damages and losses of facilities for bathing, excreta and hand washing that worsened from population displacement. For the WASH sector in particular, the greatest challenges in the recovery and development phases have been land ownership, land availability and the geological stability of land remaining after the tsunami.

The rapid response by GoI, NGOs, and donors to provide emergency relief for water and sanitation helped avert outbreaks of disease. Through the BRR, GoI also began programming for longer-term reconstruction and infrastructure. There is no government department that is solely responsible for water and sanitation so UNICEF appropriately facilitated the establishment of the nationally supported Water, Sanitation and Hygiene Task Forces (AMPL) at the provincial level and in five districts to help ensure effective coordination among relevant government departments. Though it had no prior Water and Environmental Sanitation (WES) programme in Indonesia, UNICEF took the lead in sector coordination in the initial response phase, with support from Oxfam in rural areas. UNICEF also supported BRR and the District Development Planning Board (BAPPEDA) to monitor water and sanitation in both temporary living shelters and new

housing developments. It played a key role in the setting of standards, coordination and establishing guidelines for the WASH sector and its working groups.

Water supply and usage changed significantly due to both the disaster and the response. There was also an increase in the sources of drinking and non-drinking water. Almost all people in areas severely affected by the tsunami now have access to better facilities, such as piped water. This is a considerable achievement given the post-conflict context, available local institutional and human resources, the sheer scale of the challenge, and considering the level of saline incursion and groundwater contamination. People now also separate sources of water for drinking and other purposes. Community-managed sanitation systems have contributed to an improvement in sanitation for a larger number of people. The gap in access to sanitation between urban and rural areas has narrowed, but vast differences remain between districts, especially coastal and non-tsunami-affected inland areas.

There were challenges in hygiene in the emergency period in spite of efforts to promote good practice; it was found that although knowledge of good hygiene practice remained high, attitudes and practices for appropriate practice were low. This was, in part, due to inadequate supply of water and soap and insufficient training of government sanitarians. In some tsunami-affected areas people now source information on key hygiene practices from NGOs, thereby replacing the village health clinic as the preferred source of information. Further, WASH in school facilities has improved. However, the evaluation found that most children still do not drink school water or use school toilet facilities. Due to tsunami response efforts, there were no disease outbreaks in the early recovery and stabilisation phases.

A major constraint to sustainability includes the maintenance and repair of WASH infrastructure, which will require longer-term donor support. The convergence of hardware (infrastructure) and software (health practices) have yet to achieve greater coherence in the approaches adopted by a disparate number of actors. Nevertheless, despite having been stretched quite thinly across the sector, UNICEF has not only contributed to increasing access to improved water, but also has helped increase the capacity of communities and local government agents to manage their own water systems.

Education

The effects of the tsunami on the education sector were dramatic: approximately 41,000 students and 2,500 teachers died or went missing; over 1,500 (71 percent) of primary schools were damaged or destroyed; and significant professional and administrative capacity was lost. These, however, were losses incurred by a sector already reeling from the devastation of thirty years of armed conflict that had damaged or destroyed nearly 900 schools, precluded consistent implementation of system improvements happening in the country as a whole, traumatized families from sending children to school, and produced a very low base of professional capacity. For these reasons, post-tsunami responses in the education sector had to deal with social and systemic dislocations that were significantly more complex than those produced by the tsunami alone.

Following its Core Commitments to Children (CCCs), UNICEF and the Provincial Office of Education (POE) led the first “back-to-school” campaign after the tsunami. More than 800,000 children (90 percent of those at school age) were able to resume their schooling in semi-permanent and then permanent schools within weeks and months of the disaster. From the outset of the recovery phase the sector, influenced to a large degree by UNICEF, focused on school reconstruction. Additionally, a 2005 workshop organized by UNICEF set standards for the physical rebuilding of child-friendly schools expected to be applied by all, and directed attention to both the recruiting and training of teachers to address staff shortages, as well as to establishing information collection and management systems. With increasing consistency, all of these activities included reference to national Child-Friendly Schools (CFS) and Creating Learning

Communities for Children (CLCC) modalities based on child-centred, rights-based approaches and facilities.

Indicating the success of these approaches, gross enrolment rates were restored reasonably quickly and remained fairly stable, at levels slightly better than national rates. A function of the cessation of conflict as much as post-tsunami rebuilding, girls' enrolment has increased appreciably and has stayed high relative to boys' enrolment. Improvements have also been seen in increasing completion and declining dropout rates overall.

Importantly, with respect to the aim of building back sustainably better education quality, donor agencies collaborated with the POE to develop the 2007-2011 NAD Education Strategic Plan (NADESP), affirming the sector's commitment to children's rights through enhanced school governance, improved quality, and strengthened teaching capacity - especially through revitalized, teacher in-service education.

Important, too, in re-linking Aceh with the rest of the country, the NADESP has aligned itself with the CLCC, the flagship of basic education collaboration between the Ministry of National Education (MONE) and the wider donor community, especially UNICEF, since the mid-1990s. The approach is now acknowledged as national policy for advancing quality teaching and effective learning via core elements of AJEL (active, joyful and effective learning), and more accountable, transparent school management guided by School Committees and community participation.

In this sense, progress attributed to building a more child-friendly, policy-enabling environment has not been defined by the development of new policies, but rather by the provision of financial and technical resources to enhance the capacity to implement the already existing policies that Aceh had missed. From the recovery phase (2006) onwards, the POE, UNICEF and a range of other international doors and NGOs have provided CLCC training to administrators, teachers and supervisors in well over 1,000 schools.

A number of issues have yet to be resolved, including: persistent insufficiencies in qualified teachers, inequities in teacher and resource distribution between urban and remote areas, and poor school maintenance by communities. There are also still too-few measures that actively include children with special needs or seek out children not in school, especially in the more isolated areas. Although, the potential for progress is apparent in action taken to incorporate an educational dimension by the POE and UNICEF in developing an Early Childhood Development (ECD) outreach programme aimed at extending traditional community health and nutrition facilities (possyandu).

From the outset of the relief and recovery periods, a further area of weakness with respect to quality of education was the inadequate collection of evidence-based monitoring data for planning and policy. Education statistics in Aceh continue to be highly uncertain with respect to their validity, reliability and significance. UNICEF's support to the POE in first establishing the Education Management Information System (EMIS) and the province-wide, planning-oriented Aceh Education Database have been fundamental steps toward eventually creating a reflective, self-correcting, child-friendly education system.

Child Protection

The protection of children throughout the country has been an increasing priority evidenced by the 1990 ratification of the UN Convention on the Rights of Child (CRC) and the GoI's adoption of multiple laws and institutions that have improved the protective environment for children. However, these improvements at national level were not reflected in Aceh. The conflict created a volatile environment for children for almost thirty years, and limited humanitarian and development aid agencies from establishing much needed programmes.

It is even more notable that given this context, the evaluation found that rudimentary emergency responses launched in 2005 have evolved into substantial protective systems for children in tsunami-affected areas of NAD in 2008. The emergence of this substantial child protection system is in large part due to early linkage of the dual objectives of responding to immediate needs of vulnerable groups of children, with welfare and legal systems-building for all children.

Following the tsunami, UNICEF led coordination on child protection within the international community and chaired a number of working groups that also supported advocacy and policy. The response was anchored in three areas of concern, or 'work strands': children without family care; psychosocial support to vulnerable children; and prevention of abuse and exploitation. UNICEF promoted child-friendly judicial proceedings for children in all law enforcement institutions in Aceh, and developed a de-institutionalization strategy with the central government to improve alternative care policy for vulnerable children in Aceh, thereby raising the profile of child protection, building the government's capacity, training service providers in technical aspects of programmes, and contributing to systems development.

During relief, UNICEF contributed to the inter-agency Family Tracing and Reunification (FTR) programme that was successful in reuniting an estimated 83 percent of its caseload with families, identifying close to 3,000 separated and unaccompanied children, and reuniting nearly 2,500 of them with their families. However, due to the magnitude of need, the FTR programme was found to be limited in scope in that it only reached 17 percent of an estimated 15,000 separated children. The evaluation found that better outcomes for children's wellbeing are obtained when children are placed in family care, as opposed to placement in institutions. Notably, the evaluation found that the traditional "separated, unaccompanied and orphaned" categorisation employed globally was not a helpful guide to vulnerability in NAD because many separated or orphaned children were spontaneously fostered by extended family, and factors other than separation, such as income, shelter, and security also influenced children's exposure to protection risks.

Children's centres—now Social Welfare Service Centres—were established in both Aceh and Nias as coordination hubs for the FTR programme and provided vital rudimentary psychosocial support to some 17,000 girls and boys. Child protection coordination bodies are now operational in most districts, with village-level committees established in some districts in NAD. By contrast, the evaluation found comparatively poor outcome/impact results from stand-alone projects that were not adequately linked to traditional, community and/or sub-district/district mechanisms.

Further into the relief and recovery phases, UNICEF and NGO members of the Child Protection Working Group began to mainstream child protection as a key policy issue in the social agenda of the government. UNICEF's protective environment strategy was adopted to promote the social welfare and juvenile justice systems, and to also expand programmatic coverage to include children and youth in post-conflict areas. These efforts later resulted in the creation of the Child Protection Secretariat (CPS) under the Provincial Office of Social Welfare (Dinas Sosial) that helped to coordinate the many child protection actors working in Aceh.

Recovery and early development saw the exploitation and abuse work strand evolving into an innovative juvenile justice programme, and the victim of violence programme providing a higher standard of care than pre-tsunami efforts. Building off of initial emergency protection actions undertaken to strengthen the juvenile justice system in Aceh, a group of committed local officers emerged jointly with other key law enforcers, UNICEF and NGO staff to form a diversion and restorative justice programme "working group" to support this stellar programme exemplar. UNICEF promoted child-friendly judicial proceedings for children in all law enforcement institutions in Aceh and developed a de-institutionalisation strategy with the central government to improve alternative care policy for vulnerable children in Aceh. UNICEF raised the profile of child protection by building the government's capacity, training service providers in technical aspects of programmes, and contributing to systems development. Aceh Province now has one of the most innovative restorative justice programmes in Indonesia. And, with the development of the

integrated service centres, a programme to respond to victims of violence and abuse is evolving and achieving significant results.

Child protection systems advances are being achieved and sustained. Early response tracing and reunification and safe space programs paved the way for: new child care and placement policies and practices; a favourable shift in government policy away from financial support for orphanages to substantial support of livelihoods to prevent child-family separations; new government-civil society partnerships to provide integrated social services at the sub-district level; emerging professional social service staff that are paid under the provincial parliament budget; a new university-based school of social work; and passage and approval of the Child Protection Qanun by Parliament in 2008.

As critical components of continued development, the progression towards fulfilment of commitments to child rights has also continued. Provincial-level financial allocations to child protection and social welfare activities have increased in consecutive years – with dramatic increases since 2006 and, in addition to the abovementioned provincial Child Protection Qanun, a new Provincial Action Plan on Anti-Trafficking was approved. Progress in creating child protection networks at the district, sub-district, and village levels was also achieved—albeit with considerable variance and results. By the end of 2008, the technical capacity of government actors to inform and sustain these impressive gains was being debated as international agencies considered their final exit strategies.

Overall, evaluation findings suggest that child protection systems have been significantly advanced in tsunami-affected districts and less advanced in conflict-affected districts.

The tsunami garnered international and provincial-level support for increased child protection and, over the course of the four-year response, Aceh province has become one of the most advanced provinces in Indonesia. A Child Protection Secretariat was established within the Department of Social Welfare to provide a dedicated coordinating and oversight body for child protection. Appropriately, UNICEF's support has now shifted almost exclusively to technical and coordination advice as government funding becomes more readily available.

Health and Nutrition

The tsunami damaged or destroyed almost 20 percent of Aceh's health facilities, along with supportive infrastructure. Nearly 20 percent of provincial and district health staff also died as a result of the disaster. Available health care staff was low and in both Aceh and Nias absenteeism became a major issue. Thirty-five NGOs and international organisations worked in the health sector after the tsunami. Additionally, over 900 medical volunteers representing 85 international and local organisations were identified working in Aceh. Forty-two satellite health posts were built within eight weeks of the disaster, and the national Ministry of Health (MOH) sent 800 health workers to Aceh to serve in these health posts.

UNICEF became the health coordinating agency in the six affected districts in Aceh and Nias. By contrast, in districts where the public health infrastructure was intact, UNICEF provided technical and logistic support to assist the district health authorities and the World Health Organization (WHO).

UNICEF's early response activities were well focused on the country's emergent needs. UNICEF's Core Commitments for Children in Emergencies for health and nutrition were upheld in the initial period of emergency response through its immediate participation in a city-wide UN assessment to determine the magnitude of the devastation and inform health priorities. Its commitments were also expressed through its collaboration and leadership in conducting rapid coverage surveys and census surveys in camps, as well as by undertaking rapid nutrition assessments. These efforts were critical; in January 2005 the prevalence of global malnutrition in children in Aceh was reported to be 12.7 percent, and severe acute malnutrition 1.5 percent. The

prevalence of wasting was similar between internally displaced (IDP) and non-IDP children, indicating problems in access to food and feeding habits. Underweight, stunting and anemia were higher in IDP-children than non-IDP children. Although this information was relevant for the design of intervention programmes, it did not generate stepped-up actions, highlighting a problem in UNICEF's programme logic effectiveness.

An important policy shift resulted from the large-scale and widespread international participation in immunisation activities following the tsunami. From the outset, increased attention and tsunami funds were successful in convincing national counterparts to conduct a measles vaccination response per Sphere guidelines that targeted children six months to 15 years of age. UNICEF jointly collaborated with international agencies and the German and Hungarian army teams to address this top health priority and coordinated a measles vaccination and Vitamin A distribution campaign, which was later extended to cover all other districts.

Building on relief efforts, UNICEF focused the strategy for health and nutrition programming during recovery on the reconstruction of health facilities and training of new health personnel; on the development of administrative capacity among public health authorities; and on the management of the health system, with priorities to be derived from improving assessment information especially centred on the Demographic and Health Survey (DHS) of 2007. Training focused on immunisations, breastfeeding practices, the management of severe acute malnutrition, and child feeding practices, as well as on actively improving management and supervision of maternal and child health services.

In the early development phase, UNICEF continued to support the country in its efforts to build back strengthened health outcomes through the funding and monitoring of the 2007 DHS in Aceh, and by constructing the first of 227 mother-and-child health centres, some of which are yet to be completed.

The tsunami response improved coverage in conflict-affected areas. There has been considerable progress in reestablishing health facilities and replacing lost health personnel, and Aceh has now achieved near sufficient numbers for each. Immunisation coverage levels increased considerably and malaria parasite prevalence declined after the tsunami due to response efforts. Yet post-tsunami gains are offset by chronic underlying issues.

Aceh—and Indonesia overall—is not on track to achieve the infant mortality, maternal mortality and malnutrition goals set for the country with regard to the Millennium Development Goals (MDGs). Efforts to reduce maternal mortality and improve nutritional status amongst under-five children would further Indonesia's efforts to attain these goals. Evaluation findings showed that even though a higher percentage of all births are attended by health personnel in Aceh than in Indonesia overall, maternal mortality is also higher. A high rate of maternal deaths (60 percent) were found to occur prior to reaching health facilities as a result of two important delays: women hesitated to seek care from a midwife in the case of a perceived obstetric emergency, and they delayed being moved to a hospital for definitive care in the case of a true emergency. Improved coverage, improved transport, and quality of care might reduce mortality by half. This epidemiologic data should drive the health system, yet the training and coordination of midwifery and surgical services are not among the topics of major focus in training or supervision in the health system. This is a major area for improving the effectiveness.

Contributing to mortality, Aceh still has high levels of under-nutrition, poor health training, low health sector productivity and limited supervision. In January 2005, the prevalence of global acute malnutrition was 12.7% and severe acute malnutrition was 1.5%. The prevalence of wasting was shown to be similar between IDP and non-IDP children, indicating problems in access to food and feeding habits. Underweight, stunting and anemia were higher in IDP-children than non-IDP children. Importantly, this information was highly relevant for the design of intervention programs but did not generate stepped-up supplementary feeding program activities, highlighting a problem in UNICEF's program logic effectiveness.

While conflict areas and other remote areas had fewer health services before 2004, the reconstruction of infrastructure in these areas has suffered the most delays. Throughout the province, there is a need to increase the coverage and quality of health services provided, particularly for midwives. There is also a need for more attention to the development of district- and provincial-level capacity for planning and administration.

Structural weaknesses in government, apparent before the tsunami, persist. UNICEF's preoccupation with rebuilding infrastructure has to some extent diverted attention from this. More coherence in planning would have involved interim capacity development activities for health systems leaders, more investment in supervision and management, and the use of a small number of key indicators for administrative management rather than the design of comprehensive systems. Nevertheless, UNICEF has helped to build human resources capacity and management capacity through the training of health care workers, social workers and volunteers, especially in IDP communities. UNICEF's support to Indonesia's 2007 Demographic and Health Survey was critical to improving health service data collection systems in Aceh.

Conclusions

In focusing on UNICEF's recovery and early development response to the 2004 Indian Ocean Tsunami in Aceh, the evaluation examines linkages between post-tsunami international efforts, national government, and local civil society, and community capacities. The primary method of data collection, apart from reading existing documents, was to meet the personnel of organisations and public administration, and populations involved in the disaster and the response to it. Any attempt at a sector-wide evaluation is limited by inconsistencies and capacity constraints in the systematic collection of data by government and other partner agencies; the acutely low starting point in post-tsunami Aceh must always be borne in mind. Qualitative data thus assumes greater importance, and a 'theory of change' would look at incremental and/or predictive impacts that can be discerned from the process undertaken so far, including behavioural and attitudinal changes.

In each sector, then, we to some extent trace a return of the state and civil society, changes in the governance and participation that relate to development policy and social services, and the institutional dimensions that support this. More particularly, we outline the manner in which UNICEF programmes contribute towards improvements in improving livelihoods and wellbeing**,** with a particular focus on the immediately affected groups. Above all, this relates to the manner in which UNICEF programmes help rebuild **social fabric and community development,** and the **sustainability of social capital** at individual and community levels. We emphasise the centrality of **capacity development** at government at national and local levels, including issues of **risk reduction and management.**

The evaluation concluded that despite the overwhelming destruction caused by the tsunami, pre-existing contextual and developmental issues have been more important constraints on recovery. Decentralisation of administration, ineffective human resource policies, and a history of isolation and low productivity during the armed conflict meant that government and UN organisations alike were challenged to move beyond the "emergency mentality" of the immediate post-tsunami period.

UNICEF's Multi Year Plan 2006-2010, the Country Programme Action Plan 2006-2010, and the report on the meeting for the Mid Term Review (Aceh, October 2007) reflect a concerted effort to realign programme strategies with the shift from recovery and reconstruction to sustainable development. However, positive initiatives related to institutional capacity building, such as training of teachers and social workers, and capacity building of local government in the WASH sector, has not been matched with an overall capacity needs analysis. This was also seen in the health and nutrition sector. It is unclear what work is being done by other organisations at district levels, for instance. In the absence of such information, it was not clear just how strategic the

specific interventions have been, the extent to which they complement one another, and whether there was a logical sequencing of interventions.

UNICEF's overarching contributions in education, water and sanitation, health and nutrition, and child protection resulted in: the reestablishment and development of infrastructure that is of similar or higher quality than before the tsunami; improved capacity development that addressed critical relief and recovery to early development needs; new or developed policy and programmatic measures aimed at protecting the most vulnerable children and improving their wellbeing. All of these factors collectively contributed to Indonesia building back better after the tsunami.

Retrospective learning resulting from the evaluation identifies both successes and gaps that can positively contribute to strengthening of humanitarian response, and continue to inform Indonesia's development in each of these sectors. In the area of child protection, protective systems for children are national in scope and thus require active government involvement, ownership and responsibility. Further, linkages between different levels of the protective environment underpin sustainability and development. The education sector's rapid creation and progressive development of a better-built sector was possible in Aceh because decisions made and actions taken were relevant to context, and done in partnership with local resources and expertise. Moreover, efforts were made to establish clarity and agreement on goals and principles of action among major local and external stakeholders, which allowed fairly quick and coherent collaboration on adapting resources, approaches and actions. Major interventions were also reasonably flexible and responsive from the outset. In further contributing to the healthy development of the nation's children, UNICEF still has a vital role to play in training managers who supervise primary health care personnel, and in engaging in health policy actions at higher levels.

The magnitude of the devastation and the sudden onset of the disaster presented Aceh with an unusual anomaly: a huge proportion of funds were made available to a UNICEF sub-office in an effort to expedite resources in order to address large-scale programming needs. The extent to which this was to be integrated into country programming (and when), however, was not always clear. The education and child protection programmes included joint planning exercises between zonal and country office staff, but high turn-over of staff in key sectors meant there were problems in some sectors, whereby gaps in institutional memory and overlaps between field office and Country Office existed.

As a consequence of the "emergency mentality" and the demand for accountability and visibility to donors, emergency staff was unable to move beyond provision of assistance and towards a more strategic developmental approach to programming. For example, the huge school construction programme—larger than anything UNICEF had ever undertaken anywhere in the world due to the enormity of the tsunami funding—inevitably led to a lack of focus on programming; the same was true of the building of health facilities, which created a distraction from addressing more substantive health and nutrition needs. In the water and sanitation programme, there was a lack of exit strategy in the provision of water to barracks for displaced families, a programme that continued until mid-2007; in particular, this delayed GoI impetus to prioritise and move resources to the permanent housing sector, and to take ownership of this responsibility. UNICEF was not alone in facing the situation

Decentralisation of the government, with its attendant increase in GoI staffing and offices in new provinces and sub-districts throughout the country, has had several impacts in Aceh: an increase in administrative and personnel costs and the strain this puts on an already low capacity; and the substantial proportion of spending on infrastructure compared to relatively less investment in capacity development, policy formation, planning, effective resource allocation, accounting and reporting. Development results can be strengthened if the provincial government in Aceh takes full ownership of previous joint initiatives. At the same time, UNICEF can match the benefits accrued from technical assistance with an advocacy and communications strategy that

encourages informed demand for better services from the wider civil society. One notable step in this direction has been UNICEF's support to DevInfo—a database with MDG-related data, introduced in 23 districts—that identifies priority areas and strategies for development planning.

Conclusions and recommendations are provided for each of UNICEF's four sectors for recovery and transition programming related cross-cutting issues. The following are the overarching lessons for ongoing efforts and for future responses to humanitarian emergencies:

1) Planning for emergency response through recovery and early development should balance both longer-term capacity development with investments in assets and infrastructure, all of which should be reflective of local need.
2) Leverage the knowledge and encourage the commitment and meaningful participation of communities, CBOs and national NGOs to sustain and strengthen outcomes of tsunami interventions.
3) As part of recovery planning, the focus on vulnerable, disadvantaged and less reached children or population groups needs to be made more explicit for each programme area. Despite the appropriate strategic shift to cover non-tsunami affected conflict areas in Aceh, the need to improve inclusion was not evident in the education sector in Aceh.
4) Protect the investments made in the relief, recovery and development phases by planning for sustainability, such as maintenance support, and continuity of human resources capacity development.
5) There should be support for and maintenance of evidence-based systems of data collection and management to better inform policy, strategic planning and allow for strengthened monitoring and evaluation.
6) Disaster preparedness planning should include needs development assessment tools for each sector and trainings that have been pre-tested in various contexts.

1. BACKGROUND AND METHODOLOGY

1.1 Introduction

This report is a synthesis of the evaluation of UNICEF's response (2005-2008) to the 2004 Indian Ocean tsunami in Aceh (Nanggroe Aceh Darussalam - NAD), with focus on the recovery and early development phases. The synthesis is drawn from findings obtained from four sector evaluations that examined UNICEF's response in Aceh: water, sanitation and hygiene; basic education; child protection; and child and maternal health and nutrition.

This introductory section addresses the political, socioeconomic and development context for both Indonesia as a whole, with particular focus on Aceh. It looks at the affects of the tsunami and traces the relief and recovery response, highlighting challenges that emerged. It provides the background for the findings, conclusions and recommendations that follow in subsequent sections. Section 2 discusses the evaluation purpose, process, methodologies and focus on cross-cutting issues in the context of recovery/transition programming. Section 3 provides additional context for UNICEF's programme in Aceh, including staffing, funding and challenges.

Country Context

The Republic of Indonesia is the world's fourth largest nation, with a population of approximately 240 million people. Spanning 5,000 kilometres, the country is a vast archipelago of 17,800 islands, 6,000 of which are inhabited. The country is divided into 33 provinces and 440 districts. The number of people living in urban environments doubled between 1990 and 2006 from 56 to 112 million people. Although the national language is Indonesian, or Bahasa Indonesia, there are hundreds of languages native to the country; there are currently 737 living languages. Indonesia has the world's largest Muslim population, and 300 diverse ethnic groups. In 2006, 36 percent of the national population—approximately 80 million people—lived below the internationally accepted poverty measure of USD $1 per day.[2]

The Asian economic crisis that began in 1997 had long-lasting effects in Nanggroe Aceh Darussalam (NAD, hereafter referred to as Aceh). The twenty-nine year armed conflict between the GoI's national military (TNI) and the separatist Free Aceh Movement, or Gerakan Aceh Merdeka (GAM), has had a significant impact on the development of the province. Poverty levels doubled to 29.8 percent by 2002, investors withdrew from the conflict region in Aceh, and Aceh's contribution to the national GDP fell nearly 1.5 percent at the height of the conflict in 2001.[3] Yet from 1999, Aceh received a greater share of oil and gas revenues due to decentralisation, which yielded a windfall of public revenues in Aceh.[4] While in 2006 Aceh was the third richest province in the country in terms of public resources per capita, it was simultaneously the fourth poorest province in terms of the poverty headcount, demonstrating inadequate distribution of resources.[5]

Tsunami Context

The December 2004 tsunami was one of the deadliest natural disasters in recorded history. Due to Indonesia's close proximity to the centre of the earthquake, which occurred off the Western coast of Sumatra, the disaster had a more severe an impact on Indonesia than on other tsunami-affected countries. An estimated 167,000 people were killed in Aceh Province and northern Sumatra,[6] approximately one-third were children. Adult fatalities were much higher for women than men. More than 500,000 people were displaced. Eight hundred kilometres of coastline were

[2] UNICEF. *UNICEF Indonesia 2006 Annual Report*. 2006, p.2.
[3] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.
[4] Stipulated by the Decentralization Law 22/1999 and the Special Autonomy Status Law 18/2001.
[5] UNICEF. *Multi Year Plan for NAD and NIAS 2006-2010*. November 2006, p.7.
[6] The official figure was 130,000 dead and 37,000 missing.

in ruin, whole villages and 141,000 houses were destroyed. Approximately 35,000 children were orphaned or separated from their families. By May 2006, 120,000 internally displaced persons (IDPs) were still living in tents or transitional shelters in Aceh—with insufficient access to clean water and suitable sanitation facilities—with another 250,000 people living with host families, causing a strain on their resources. Tragically, on March 28, 2005, a substantial earthquake further impacted the country, killing nearly 900 people on the largely undeveloped island of Nias, displacing 40,000 people out of its population of 600,000, and damaging a great deal of infrastructure.

The two disasters caused overwhelming destruction to infrastructure, schools, the environment, health care facilities and hospitals, leaving profound losses for communities, their livelihoods, and the economy. The early estimated costs for rebuilding Aceh and Nias were USD $4.9 billion,[7] almost half of the total damage that affected all countries hit by the tsunami. In Aceh, the losses were nearly equivalent to the entire GDP of the province.[8] In Aceh, 600,000 people partially or completely lost their livelihoods, primarily in fisheries and agriculture. In the capital of Banda Aceh—the worst affected area in Indonesia the disaster amplified the pre-existing unemployment rate of 26 percent[9] among its population of four million. Additional challenges for the Government of Indonesia (GoI) and the humanitarian response of aid agencies in 2005 were a terrorist attack in Bali, outbreaks of measles, the avian influenza, and the introduction of polio into the country in April 2005, which caused a widespread outbreak that affected nearly 300 children in 41 districts. Most of the tsunami-affected people in Indonesia were already vulnerable due to poverty, lack of social services, environmental degradation, inequality, and for those in Aceh, ongoing armed conflict.

Conflict in Aceh

Compounding the effects of the tsunami in the province of Aceh was the nearly 30-year armed conflict between the GoI and GAM. GAM launched a rebellion in 1976 due to perceived unfairness and inequality among much of the Acehenese. Over the years, the conflict resulted in 15,000 deaths and the displacement of another 300,000;[10] prevented essential public services for conflict-affected populations; and led to the destruction of infrastructure, homes and public institutions.

At the time of the tsunami in Aceh, there were few existing aid agencies because of the violence and the institution of martial law[11] that restricted their access. The multiple needs of war-affected people in the region had gone largely unmet for many years. The devastation of the tsunami added to the dire conflict situation. The reconstruction effort presented a unique opportunity to facilitate the peace process between GoI and GAM by bringing entire communities together to plan for their future.[12] On August 15, 2005, the GoI and GAM signed the Helsinki peace agreement.

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[7] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.7.
[8] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.16.
[9] ILO. *Working out of Disaster: Improving Employment and Livelihood in Countries Affected by the Tsunami*. 2005, p.18.
[10] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.7.
[11] Scheper, Elisabeth. *Impact of the International Tsunami Response on National and Local Capacities in Aceh and Nias*. TEC Evaluation Report. January 2006, p.2.
[12] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.67. See also, World Bank and BRR. *Aceh Poverty Assessment 2008: The Impact of the Conflict, the Tsunami and Reconstruction on Poverty in Aceh*. January 2008, p.8.

From Emergency Response to Recovery to Early Development

The Government of Indonesia provided immediate financial, administrative and military support for the emergency response. Its capacity was severely affected since approximately half of the civil service in Aceh was either casualties or had left the area. More than 5,200 public sector employees were killed in the disaster[13] and this, coupled with the ongoing conflict, meant the remaining civil service, in general, was far below the capacity needed to deal with reconstruction activities.[14] The GoI's relief agency, the National Disaster Management Board (BAKORNAS), responded immediately, establishing an ad hoc disaster management structure with special boards at provincial and district levels. However, BAKORNAS lacked operational capacity because its disaster management structures at provincial and district levels were wiped out by the tsunami. Moreover, the national coordination procedures were unclear to both national and international actors, confounding the initial relief response. The GoI worked with the United Nations to establish a Joint Disaster Management Centre at the Office of the Vice-President, which ensured day-to-day coordination between the government and the international response community for planning and operations.[15]

The Presidential Secretariat initially coordinated the relief effort, and created the Centre for National Operations with staff from the public and private sectors to act as a de facto National Disaster Management Authority.[16] Since it already had a large presence of Indonesia National Army troops and BRIMOB (paramilitary police) in the region, the initial search and recovery work was heavily militarised by the GoI. As is often the case in disasters, it was primarily the spontaneous response from civilian groups that saved lives in the first two to three days, plus the Indonesian Red Crescent Society, the Indonesian Army and the GoI.[17] Villages and towns with strong leadership initiated rescue and relief efforts prior to the arrival of external assistance. They were aided by the Acehenese tradition of *gotong royong* (voluntary mutual assistance).[18] In a Fritz Institute survey, 91 percent of interviewees reported that they were rescued by community members.[19]

Due to the conflict, distance and logistical constraints, it was a challenge for UNICEF and other aid agencies to arrive quickly and offer assistance. Yet the disaster in Indonesia created an unprecedented humanitarian response from the international community: 500 organisations from 40 countries took part in the post-emergency recovery effort, with pledges of more than USD $7 billion.[20]

The transition from relief to recovery had occurred by March 2005. The UN reported:

> *On 4 March the President declared that the immediate life-sustaining phase of the relief operation was over and that the focus should shift to recovery and reconstruction activities. Systems and mechanisms are now in place to ensure that those who have been affected by the tsunami are able to gain access to basic services through either Government, international or non-governmental agencies, or a combination of the three.*

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[13] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.
[14] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.36. See also, United Nations. *Indian Ocean Earthquake-Tsunami: Mid-Term Review*. Consolidated Appeals Process (CAP). 14 September 2005, p.44.
[15] United Nations. *Indian Ocean Earthquake-Tsunami: Mid-Term Review*. Consolidated Appeals Process (CAP). 14 September 2005, p.43.
[16] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.45.
[17] Norwegian Refugee Council. *We Landed On Our Feet Again: NRC's Reaction to the Tsunami of December 26th 2004*. Evaluation Report, October 2005, p.38.
[18] Scheper, Elisabeth, op. cit., p.3.
[19] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.42.
[20] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.7.

> *Thus, by the end of February it was considered that the humanitarian situation had stabilised in most areas*.[21]

For the recovery phase, the Indonesian President established the Reconstruction and Rehabilitation Agency of Aceh and Nias (BRR) on April 30, 2005, in order to focus on community-driven restoration of livelihoods and infrastructure.[22] BRR was tasked to coordinate the response, handing over implementation to agencies and line ministries.[23] UNDP worked to build the capacity of BRR's reconstruction mandate in 2005 by providing technical and operational assistance.

The UN reported that the recovery process was well under way by September 2005, with local populations reopening micro-businesses or taking advantage of the employment opportunities created by the presence of international agencies.[24]

Governance Challenges

In the last decade there have been significant changes in *g*overnance in Indonesia. The 1997-1998 economic crisis, the end of the highly centralised Suharto presidency in 1998, widespread evidence of corruption, and insufficient public spending and provision of and access to public services prompted calls for greater accountability, particularly from civil society. Indonesia's shift to democracy saw the first free parliamentary election in 1999 and decentralisation of government from 2001. This shift brought greater public attention to persistent human development and service delivery problems, as well as to growing awareness of corruption, wastage of public resources, poor service quality, and inequality.[25] Even in 2005, Transparency International ranked Indonesia sixth—along with Liberia and Iraq—on the list of the world's most corrupt countries.[26]

Nationwide, decentralisation led to an increase of 300 to 420 districts,[27] and greatly increased local governments and sub-districts in Aceh by 2005. Aceh was granted Special Autonomy Status under Law 18/2001, which effectively implemented Shari'a—Islamic law—in the Province.[28] This allowed Aceh to manage its resources and governance functions and address its economic problems and inequality by granting it a larger share of oil and gas revenue.

Meanwhile, the World Bank reports that the decentralisation process has caused confusion over the roles, responsibilities and accountabilities of different levels of government and has resulted in some inefficiency:

> *The resource flows to districts—and from them to frontline service providers—remain diverse and fragmented, making it almost impossible for beneficiaries to know how much funding they are supposed to receive and whether the funds have been released….The problem is exacerbated by the lack of preparedness and capacity of many of the newly*

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[21] United Nations. *Indian Ocean Earthquake-Tsunami: Mid-Term Review*. Consolidated Appeals Process (CAP). 14 September 2005, p.46.
[22] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.7. See also, World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.84.
[23] Channel Research. *A Ripple in Development? Long-termPerspectives on the Response to the Indian Ocean Tsunami, 2004. A Joint Follow-up Evaluation of the Links Between Relief, Rehabilitation and Development (LRRD)*. Draft Report. May 5, 2009, p.29.
[24] United Nations. *Indian Ocean Earthquake-Tsunami: Mid-Term Review*. Consolidated Appeals Process (CAP). 14 September 2005, p.45.
[25] World Bank. *Making Services Work for the Poor in Indonesia: Focusing on Achieving Results on the Ground*. 2006, p.x.
[26] UNICEF. *UNICEF Indonesia 2005 Annual Report*. 2005, p.3.
[27] World Bank. *Making Services Work for the Poor in Indonesia: Focusing on Achieving Results on the Ground*. 2006, p.24.
[28] International Crisis Group. *Islamic Law and Criminal Justice In Aceh*, Asia Report No. 117 – 31 July 2006. http://www.ciaonet.org/pbei/icg/icg017/icg017.pdf

> *empowered local governments that has led to increased bureaucracy and personnel in an already overstaffed civil service*.[29]

While meant to improve responsiveness, decentralisation has heightened the lack of coordination and mistrust among the three tiers of government.[30] This was particularly challenging during the conflict period, which disrupted administrative functions. The provincial authorities are responsible for coordination, evaluation, accreditation and standardisation, but instead continue to prepare and implement programmes. As a result, central governments and districts view provincial authorities as competitors rather than possible partners.

Since 2005, Aceh Province has seen an increase from ten to 23 districts and a corresponding increase in civil service employment. The construction industry has thrived, with a huge proportion of provincial funds allocated. This has led to output-oriented data overriding all else; BAPPEDA has mechanisms for monitoring little other than completion of infrastructure. Indeed, the dialogue over data trends sent from district to provincial level is often influenced by budget allocation lobbying—with the comparative attraction of high-budget construction projects—and has little to do with actual needs in the districts.

In December 2006, Aceh had its first democratic elections. Their legitimacy was supported by UNDP, which worked with the Aceh Independent Elections Commission and provided support to the broader election process. Under the August 2005 Helsinki peace agreement, GAM had agreed to disarm and cease its demands for independence, while the GoI agreed to grant amnesty to GAM prisoners and withdraw non-local security forces. UNICEF reports:

> *The main point of the agreement is that Aceh has the right to establish local political parties that are in line with national regulations. The central government also agreed to provide Aceh with a larger share of revenue (70 percent) from natural resources, with joint management of oil and gas resources between the province and central government, and transparency in revenue-sharing allocation audited by independent auditors*.[31]

A major issue for all agencies, including UNICEF, was that the newly elected ex-GAM officials in several areas began levying taxes from construction companies, particularly from the end of 2006. This, combined with increased oil and steel prices, created enormous challenges for UNOPS (UN Office for Project Services, UNICEF's construction implementor) and the various sub-contracted agents.

Current Challenges

Emerging from the lengthy conflict and the effects of the tsunami has presented numerous challenges and opportunities for Aceh Province. The advent of peace in 2005 has encouraged the participation of civil society, and has enabled the vast resources for post-tsunami recovery to now be used to rebuild infrastructure and public services devastated by the conflict. The UN notes:

> *The introduction of direct elections for local heads of government, which brought former rebels into the political process and has given the new provincial governor a clear mandate for reform, have served as a positive legitimating device. However, the legislature, the executive and the civil service remain ill-equipped to deal with Aceh's complex post-conflict and post-tsunami development challenges. Sustainable development for the province will depend on the leadership's ability to strengthen*

[29] World Bank. *Making Services Work for the Poor in Indonesia: Focusing on Achieving Results on the Ground*. 2006, p.x.
[30] Ibid, p.24.
[31] UNICEF. *Provincial Profile: Aceh*. November 2007, p.3.

accountability, improve service delivery, protect human rights and promote equitable and sustainable economic development.[32]

UNICEF reports that the main constraint facing Indonesia in addressing the challenges and achieving its planned development outcomes is not the lack of financial resources but the need to translate the existing resources into better development outcomes as it moves closer to becoming a Middle Income Country (MIC).[33] The World Bank reports that the Indonesian economy has expanded by over six percent annually since 2007,[34] and the country is currently considered a lower-middle-income economy.[35] Despite Aceh's oil resources, the province is economically stagnant due to structural reasons, such as insufficient diversification of the economy, lack of modernisation, and the remoteness of many areas from markets.

Indonesia is still behind on critical human development indicators. Reductions in malnutrition have halted, maternal mortality rates remain high, and while there has been significant progress in water and sanitation, there continues to be some limited access to safe drinking water and sanitation services. In Aceh, insufficient and unequal provision of and access to public services continue. However, some progress appears to have been made with regard to poverty levels; in early 2008, Indonesia was gaining ground to eventually meet MDG targets.[36] Data from the World Bank and the Indonesian Census Bureau indicate that the effects of aid assistance on poverty levels have by and large been positive; there are fewer poor households after the tsunami in 2005 compared to 2004.[37]

Nearly three years after the disaster (November 2007), 15,000 to 20,000 families were still in tents and another 25,000 to 30,000 were living in barracks.[38] By August 2008, 10,000 families remained in barracks[39] and according to BRR, only 346 families remained in barracks by April 2009.[40]

[32] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.10.
[33] UNICEF. *UNICEF Indonesia 2008 Annual Report*. 2008, p.1.
[34] World Bank. "Indonesia and the World Bank." Accessed August 2009. http://go.worldbank.org/NSIOM0JBX0
[35] World Bank. Data & Statistics: Country Groups. http://go.worldbank.org/D7SN0B8YU0
[36] UNICEF. *UNICEF Indonesia 2008 Annual Report*. 2008, p.3.
[37] Channel Research, op. cit., p.45.
[38] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.
[39] UNICEF. *Aceh and Nias Programme Briefing: from Relief to Development*. August 2008, p.3.
[40] BRR NAD-Nias. Aceh-Nias Recovery Progress March 31, 2009. Accessed May 6, 2009. http://www.brr.go.id/brr/program.nsf/

2. THE EVALUATION

2.1 Evaluation Purpose

To examine its response to the tsunami from 2005 through 2008, UNICEF conducted evaluations in the three hardest hit countries (Indonesia, the Maldives and Sri Lanka) between August 2008 and July 2009. These evaluations focused mainly on results achieved through the recovery and early development phases, and assessed four key sectors of UNICEF involvement:

- ***Water, sanitation and hygiene (WASH):*** (re)construction of water supply facilities, including water treatment plans; and the provision of sanitation facilities and hygiene-related behaviour change communication.

- ***Basic education:*** provision for basic education (school construction, teacher training, school supplies); and access to quality child-friendly schools and curriculum.

- ***Child protection***: legal protection and development; psychosocial care and support; and monitoring and reporting of child rights' violations.

- ***Child and maternal health and nutrition***: immunisation; early child care and development; prevention of HIV/AIDS amongst mothers and children; and health system improvement, micronutrients.

The purpose of the evaluation was to draw lessons and recommendations that will be useful for strengthening both recovery/transition and ongoing development programming, and policies to improve the wellbeing and rights of children and women. It is intended that the evaluation findings, conclusions, lessons and recommendations will be of use to the government, and to other countries as well.

Although other evaluations have been conducted in the intervening years, this synthesis report draws on findings, conclusions, lessons and recommendations from the sector reports from Aceh with the aim of understanding the overall impact of UNICEF's tsunami response in the emergency relief to recovery to early development phases in Aceh. Where broader corporate lessons for UNICEF emerge, these will be highlighted.

2.2 Evaluations To-date

At the end of 2005 UNICEF conducted a major evaluation of the emergency response and initial phase (first six months after the tsunami) in Indonesia, Sri Lanka and Maldives.[41] UNICEF also actively participated in the Tsunami Evaluation Coalition (TEC), which produced a series of evaluations and reports covering thematic topics, including: coordination; needs assessment; the impact of the international response on local and national capacities; links between relief, rehabilitation and development; and the funding response. In addition to this, there were regional consultations and 'lessons learned' exercises that captured some of the key findings.[42] The recommendations and lessons from these evaluations have influenced adjustments in programme design and management, as well as the formulation of UNICEF's emergency/early recovery response policies and capacities. In 2007, an interim assessment of UNICEF's programme strategy and mid-year plan for the tsunami response was conducted in Aceh and Nias, evaluating performance from 2006-2007, to recommend a strategic plan integrating UNICEF's assistance to the tsunami affected area into the Programme of Cooperation 2006-

[41] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Maldives*. UNICEF Evaluation Office Evaluation Report, May 2006
[42] See list of UNICEF reports in the Documents Consulted portion of this report.

2010. More recently (end-2008), a follow-up Linking Relief Rehabilitation and Development (LRRD) study was undertaken by the Tsunami Evaluation Coalition.

In preparation to undertake the evaluation, the UNICEF Evaluation Office in New York commissioned an 'evaluability' study in Aceh that provided valuable learning to inform the development of a full-scale, three-country evaluation to assess the impact of UNICEF's response.[43]

2.3 Towards Impact Evaluation

Challenges across the humanitarian and development communities are how and when to examine the long-term impact of significant investments, usually made in the first three years after a disaster such as the tsunami. For UNICEF in Aceh, the challenge is deepened by the fact the each sector is at a different stage of the project cycle. In some cases, for example, construction was still underway. In others, capacity development began very late in the project cycle. Ideally, impact would be measured some years after project completion (though this varies for each sector), but because UNICEF's approach has been sector-wide and built into national planning priorities, it is important to identify the specificities of the programme now. A compromise over the parameters and definition of 'impact' has therefore been necessary.

There are some challenges to a strict interpretation of impact. The OECD/DAC definition defines the following:

- Outcome = short-term and medium-term effects of an intervention's outputs (usually expressed in socioeconomic consequences)
- Impact = long-term effects produced by a development intervention (effect on society)

The evaluation Terms of Reference expressly look for "*evidence of significant changes in the target population, as reflected in the indicators related to the MDGs or Human Rights*". Given the above caveats, emphasis is given to incremental and/or predictive impacts that can be discerned from the process undertaken so far. At host government level, this might include changes in perspectives, priorities and decisions within the policy-making environment. Relating this entirely to MDG baseline indicators may be premature (though easier within the health and nutrition sector). Therefore, greater emphasis has been given to a 'theory of change' that can discern **progress towards wider goals— indicators of the increasing capacity of the system as an enabling environment** to deliver the kind of services gradually able to realise longer-term goals. These indicators are around policy, access to services, quality and community outreach.

The evaluation ideal has been to find evidence for overriding impact per sector, and to 'work backwards' to discover the extent to which these changes can be attributed, wholly or partially, to UNICEF's interventions. Each sector report focuses on an analysis of change over time in impact/outcome indicators/processes and analysis of UNICEF's contribution to this change. Reference is made to measurable or predictive outcomes in relation to sector-wide MDGs.

It has been important to deduce behavioural and attitudinal changes over the five-year period, rather than the more limited input-output analysis that inevitably characterises early evaluations. There will also be less emphasis on institutional processes as such; rather, with the benefit of hindsight, the question is whether appropriate decisions were made in a timely fashion and how these decisions have ultimately impacted upon the sector and/or policy environment.

Within each sector study—and within the cross-cutting themes—there were essentially two lines of enquiry:

[43] UNICEF. *Limited Program Review and Evaluability Assessment: UNICEF Post Tsunami Recovery Response*. UNICEF Evaluation Office, May 2008.

a) To what extent has the tsunami response created opportunities for accelerated improvements in the sector? Did governments adequately use this opportunity and UNICEF's contribution to develop new approaches or enhance an existing agenda?
b) In terms of socioeconomic and demographic data, are we able to see significant changes pre- and post-tsunami that can be attributed to national/international responses? To what extent have UNICEF's interventions contributed to these overall changes?

Early relief and reconstruction efforts have already been well documented. Drawing on these initial observations, the evaluation is couched in terms of conclusions incorporating 'lessons learned' (Section 4), with findings related to a longer timeframe. There is less emphasis on institutional processes as such; rather, with the benefit of hindsight, the question is whether appropriate decisions were made in a timely fashion, and how these decisions have ultimately impacted upon the sector and/or policy environment.

The evaluation's 'cross-cutting' themes pertain to those recovery and transition programming issues that underlie all sector work. For example, we look at the extent to which UNICEF interventions have effectively supported the restoration of public service institutions (including their human resource capacity where this was depleted). Although each sector report tangentially discusses the cross-cutting issues, the synthesis report identifies the common and important findings obtained throughout all sectors and incorporates these in the synthesis Conclusions and Recommendations (Section 6). The themes are:

- **Conflict and tsunami response.** The extent to how UNICEF managed to deal with the differences and challenges between conflict-affected and tsunami-affected areas. In Indonesia, the sample areas include the coastal areas of NAD as well as inland areas affected mostly by conflict. It should be noted, though, that a demarcation of 'conflict-affected' and 'non-conflict-affected' is incorrect; the impact of the conflict was felt throughout the province. Moreover, to some extent the target populations have been a combination of tsunami displaced and (often longer-term) conflict displaced.
- **National/Local Capacity Development**. The extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity.
- **Partnerships.** The extent to which UNICEF's choice of, and relationship with, partners has contributed to positive (or negative) results and changes in the wellbeing of children.
- **Disaster preparedness**. The extent to which UNICEF contributed to disaster preparedness and risk mitigation, particularly in terms of enhanced capacity of national bodies.
- **Targeting the disadvantaged.** The extent to which marginalised populations—communities in remote areas with limited services, conflict-affected communities, women, including impoverished household heads and war widows—were identified and included in programmes, and evidence of improvements in this respect.
- **Human Rights-Based Approach to Programming (HRBAP).** Much of the programmatic approach to HRBAP is implicit or explicit in sector work. Here we add only the broader contextual analysis, asking how adequately the various elements of the human rights-based approach to programming were applied, especially in the shift from humanitarian relief to the recovery phase.
- **Gender issues.** The extent to how UNICEF has addressed gender inequities at sectoral and policy levels.

2.4 Methodology

Some sector studies employed field survey methods and all sectors used secondary data. Various methods were used for each sector evaluation:

1. A thorough **literature review**, including data not always in the public realm (e.g., country-level NGO reports and academic studies), comparing and contrasting approaches undertaken in the recovery phases.
2. **Extensive (or in-depth) interviews with senior and technical government ministry staff** to determine overall progress within each sector, and to assess the relative contribution UNICEF has made to developments in the country over a 4-5 year period.
3. **Interviews with previous and current UNICEF programme staff** to nuance existing documented lessons.
4. **Field surveys** (per sector, though in some cases combining sectoral questionnaires): teams were responsible for conducting primary, field-based data gathering that included focus group discussions, questionnaires and transect walk methods. Field survey teams were also responsible for collating the data.

A more detailed discussion over sources, data and methods is contained in each of the individual sector evaluation reports.[44]

The field teams were recruited from October 2008 onwards. The average duration of fieldwork was 2-3 weeks per sector, during which teams (usually two persons) undertook structured focus groups and/or household visits. Some sectors combined their teams and site visits (WASH/Health and Nutrition, and Education/Child protection).

In all sector evaluations the field data supplements and verifies a broader set of data; its samples, though representative, were purposive rather than random and were not intended to replace the more extensive periodic national data gathering undertaken by various ministries.

Each sector evaluation also looked at a number of important cross-sectoral issues. In each sector report, reference is made to UNICEF Core Commitments for Children in Emergencies, the extent to which UNICEF took part in inter-agency needs assessments and/or other surveys, and how it reported on the general situation of children and women. Likewise, for the recovery and early development phases, each evaluation refers to UNICEF's MTSP and issues related to human rights-based approach to programming, gender mainstreaming, and national/local capacity development. Finally, each examine the extent to which UNICEF has contributed to disaster preparedness and risk mitigation efforts. In Aceh, an issue of particular importance is how UNICEF managed to deal with the differences and challenges between conflict-affected and tsunami-affected areas, and what the experience was in working with various parties, including non-state entities.

2.5 Staffing

The evaluation was commissioned by UNICEF's Evaluation Office and managed by a Senior Evaluation Officer at UNICEF Headquarters in New York. The team comprised:

***Team Leader*:** responsible for team management and for collating and synthesising each country synthesis report, plus analysis on cross-cutting issues.

[44] Consult http://www.UNICEF.org for all sector reports. Sector reports were developed for each of the four sectors (WASH, Education, Child Protection, Health and Nutrition) within the hardest hit countries (Indonesia, the Maldives and Sri Lanka).

International Sector Consultants: (Water/Sanitation/Hygiene, Education, Child Protection, Health/Nutrition): responsible for the final sector reports per country and the overall management of all of their sectoral outputs.
National Sector Consultants: **(**one for each sector, though in some cases an individual may cover two sectors): responsible for collection of data under instruction from the international team. Also responsible for managing the Field Survey teams and analysing data obtained.
Field Survey Teams**:** responsible for gathering primary data from focus group discussions, questionnaires and observation.

2.6 Limitations

As with all evaluations, there are limitations that should be noted. Principally, since some changes that are likely to occur have not materialised as of yet, the evaluation could not measure a significant proportion of changes that will take place in people's lives that could be attributable to UNICEF's interventions. Some interventions remain in planning or pilot stages or may be under continued construction and/or distribution. Further, policy development and capacity building may be in process, which does not yet allow concrete results to be seen. The recovery and development environment includes ongoing adjustments, construction and development in order to allow for technical assistance. Thus, the evaluation can only provide indicative impacts at varying result levels. An additional constraint is the relatively brief time and limited intensity of inputs since recovery began.

Due to conflicts in two of the countries, there may have been difficulties in assessing some areas that were subject to the conflict, as well as challenges in attaining information related to the pre-tsunami situation due to a lack of documentation. In some cases, discussions are limited to potential changes based on comparisons with other interventions and an historical and contextual analysis. Evaluation teams used secondary data, participant recall and other retrospective techniques to recreate pre-intervention conditions, although different sources may have represented conflicting data. The evaluation necessarily relies upon accuracy of project documents, partner reports and existing monitoring and evaluation systems.

3. UNICEF'S PROGRAMME (2005-2008)

Prior to the tsunami UNICEF had a small presence in Aceh—a field office in Banda Aceh with one national officer and support staff—but had restricted travel to the districts due to the conflict. Many agencies, including UNICEF, did not gain further access to Aceh in the first week after the disaster. As a result, UNICEF's response was not fully up to scale until about three weeks later. UNICEF did, however, participate in a UN inter-agency rapid assessment on December 31, 2004. Due to the agency's increased in-country capacity that resulted from its response to the 2004 tsunami, UNICEF was then able to respond very swiftly to the March earthquake in Nias in 2005.

As lead or sub-lead in the coordination of the international response in various sectors, UNICEF decided to focus its coverage on the most devastated areas and where there were relatively fewer agencies, including urban areas in the severely affected West coast, in Simeuleu and Nias. Among its many contributions in the early response, UNICEF provided supplies for water, environmental sanitation, health and education; targeted mosquito net distribution; conducted nutrition surveys in former conflict areas; opened schools and learning spaces, including temporary learning spaces for children; along with other actors formed the Inter-Agency Tracing Network for family tracing and reunification; as well as worked with the government to develop policy against the adoption and institutionalisation of separated children.

UNICEF's funding response to the tsunami was the largest in its history. Out of the USD $474 million raised for Indonesia by the UN consolidated Flash Appeal,[45] more than USD $200 million was provided by donors and public contributions worldwide.[46] By 2006 UNICEF had spent just 27 percent of allocated funds (Table 2). Pressure to spend the funds resulted in unrealistic time frames for the completion of some development projects.[47] Increases in expenditure over 2007 and 2008 led to the cumulative spending of over USD $281 million through December 2008.[48]

Table 2. Expenditure by Sector, Indonesia (through end-December 2008)

	2004/2005	**2006**	**2007**	**2008**	**Total (2004-2008)**
Education	21,820,832	12,591,953	44,277,549	36,634,330	115,324,664
Health & Nutrition	35,981,380	6,817,548	8,017,701	12,247,949	63,064,578
Water, Sanitation and Hygiene	24,451,682	13,045,644	9,202,167	7,700,928	54,400,421
Child Protection	8,622,026	7,446,884	5,047,454	2,192,607	23,308,971
Other	-	8,722,684	9,023,550	7,396,572	25,142,806
Total Expenditures: Indonesia	**90,875,920**	**48,624,713**	**75,568,421**	**66,172,387**	**281,241,441**
Indonesia Allocations					**335,896,109**
Funds Remaining					**54,654,668**
% Remaining					**16%**

[45] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.3.
[46] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.iii. See also, UNICEF. *UNICEF Indonesia 2005 Annual Report*. 2005, p.2.
[47] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.iii.
[48] UNICEF. "The Governance of Tsunami Funding at UNICEF". July 2009, p.3.

Since UNICEF previously had a limited presence in Aceh during the conflict and prior to the tsunami, staffing levels in Aceh increased from two to 69 in the three months following the disaster, and the UNICEF Indonesia office expanded four-fold by May 2005.[49] By the end of 2005, UNICEF Indonesia staff numbered 263 and its budget experienced a 25-fold increase.[50]

UNICEF made a very positive contribution to the humanitarian effort, as described in detail in the sections that follow. In review, UNICEF found some shortcomings in its emergency response. By limiting its response to only a few selected sectors, there was a lack of a holistic approach to addressing the post-tsunami problems that children faced. Other shortcomings, not all in the hands of UNICEF, included poor data collection and few comprehensive assessments; slow placing of staff; and the weak capacity of some implementing partners. Since UNICEF is reliant on international partners to implement much of its programmes, the very limited presence of agencies in Aceh at the time of the disaster meant that it had limited abilities to meet its intended response. To some degree UNICEF's own limited capacity reduced its ability to build partner capacity and working with and through local government. In the recovery environment UNICEF, like other agencies, had to compete for qualified national staff, sites and partners. It also faced high staff turnover due to rotation, length of contracts and unqualified staff. While responding to the overwhelming needs on the ground, UNICEF Indonesia had to manage and account for large funds it had never before dealt with, fulfill donor requests, and attend to visits by donors and the media.

We look at some of these challenges in more detail in the findings below. It is important to recall, however, that UNICEF was one of many hundreds of agencies on the ground in the first months of the response. The initial chaotic environment demanded a rapid learning curve for all involved and was soon replaced by more 'regular' programming. The evaluation of the response to these shifts is the main thrust of this report. In the following chapters we summarise impact findings from the four sectors under review.

[49] UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.iv.
[50] UNICEF. *UNICEF Indonesia 2005 Annual Report*. 2005, p.2.

4. RESPONSE TO THE TSUNAMI BY SECTOR

This chapter provides an overview of the humanitarian response to the tsunami in each of the four key sectors of UNICEF's programming. It also addresses UNICEF's capacity levels and the challenges it faced. For each sector we examine the relevance, effectiveness, efficiency and impact of UNICEF's response, including how it was planned and coordinated, whether its objectives were met, and how challenges were overcome. We look at UNICEF's role and lessons learned for each sector. Each of UNICEF's four programme areas sought to mitigate the tsunami's impacts, attempt to build back better, to scale up, and develop new and previously developed programmes.

4.1 Water, Sanitation and Hygiene (WASH)

Context and Sector Response

Nationwide, significant disparities exist between provinces as well as between urban and rural populations in this rapidly urbanising country. The World Bank estimates that Indonesia loses annually about USD $28 per capita due to poor sanitation and hygiene practices (equivalent to 2.3 percent of its GDP) which cause at least 120 million disease episodes and 50,000 premature deaths annually**.**

The tsunami destroyed 85 percent of the already inadequate water and sanitation networks in the worst affected districts. Not only did the affected populations need immediate safe water and sanitation, as well as long-term provisions integrated into their renovated or new housing, the local infrastructure also needed a general overhaul—water supply, local streets and paths, road-related and other forms of drainage, plot access, sanitation, power distribution and solid waste management systems.[51] The tsunami caused groundwater contamination from a number of sources including salt water, sewerage and in some locations chemicals from broken reservoirs and industries. There were also losses of facilities for bathing, excreta and hand washing that were exacerbated by displacement.

Whereas previous access for development programmes had been very limited due to the conflict, approximately 250 NGOs were present in Aceh Province in the first three months. It was generally acknowledged that the rapid response by GoI, NGOs and donors to provide emergency relief for water and sanitation helped avert outbreaks of water and fecal-borne diseases. Through the BRR, the GoI also began programming for longer-term reconstruction and infrastructure.

One of the greatest challenges facing recovery and development—and the WASH sector in particular—was land ownership, which was further complicated as huge tracts of land were washed away by the tsunami. BRR reported that there was "extreme damage to property rights evidence and to the land administration system. In many areas, the destruction obliterated marks on the ground defining land boundaries".[52] Only one-fifth (60,000 out of 300,000) of land parcels were registered, as most landowners in Indonesia do not hold land title but secure their land rights through long and established occupation.[53] Opportunistic land grabbing was an immediate concern, particularly in urban areas where the communal traditions are comparatively weak. This issue needed to be addressed rapidly in order to begin the process of reconstruction, and a process for community-driven adjudication (CDA) was devised as a standardised approach to

[51] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.84.
[52] BRR NAD-NIAS. *Rebuilding a Better Aceh and Nias: Stocktaking of the Reconstruction Effort*. Brief for the Coordination Forum Aceh and Nias (CFAN) – October 2005, p.42.
[53] Ibid, p.42. See also, BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.32.

community land mapping.[54] An additional problem was the effect of the tsunami on land stability: "Due to the geological changes, large stretches of land sank by an average of 80cm and became unsuitable for permanent habitation without large infrastructural rehabilitation works, which are considered only in Banda Aceh".[55] This, coupled with limited availability of government land, has reduced the amount of usable land for reconstruction.

Decentralisation and the creation of new districts have left under-resourced and under-capacitated district authorities responsible for water and sanitation supply. Capacity building and local ownership over WASH is critical to the long-term health security of Aceh and Nias. However, there is no government department that is solely responsible for water and sanitation. As a result, UNICEF facilitated the establishment of the nationally supported Water, Sanitation and Hygiene Task Forces (AMPL; Air Minum Penyehatan Lingkungan, the Water Supply Working Group) at the provincial level and in five districts to help ensure effective coordination among relevant government departments.[56] UNICEF also introduced the Community-led Total Sanitation (CLTS) initiative, to engage communities in ensuring sanitation coverage for their villages and good hygiene promotion. In addition, as of 2008, WASH in Schools programming has trained 300 teachers and reached 278 schools in Aceh and Nias.[57]

UNICEF'S Response

Strategically, UNICEF's long-term goal was to support sustainable solutions for water security, basic sanitation and improved hygiene. UNICEF did not have a Water and Environmental Sanitation (WES) programme in Indonesia before the tsunami. This reduced the institutional knowledge of Aceh, and UNICEF found it difficult to recruit key staff with appropriate country or regional level experience. Local Achenese staff and national staff from different organisations often reported that inappropriate solutions from other parts of the world were imposed in Aceh's special context.

The stated objective of UNICEF interventions in the emergency phase was to ensure the availability of minimum safe water supply, safe excreta disposal and solid waste disposal for displaced populations, especially children and women. This was to prevent water-borne and sanitation-related diseases, with an emphasis on hygiene promotion. UNICEF's programme in Aceh soon comprised a large number of projects in different geographical and sub-sector areas. The thin spread caused challenges in scaling up, as well as in the provision of oversight and quality control.

The initial response was slow due to difficulties in identifying competent partners, damaged government capacity and challenges of working in coordination with a surplus of actors. Nevertheless, while UNICEF struggled to find sufficient human resources and suffered from high staff turnover, it was successful in providing a basis for leadership and coordination in a difficult environment. UNICEF took the lead in sector coordination in the initial response phase, with support from Oxfam in rural areas. UNICEF also supported BRR and BAPPEDA to monitor water and sanitation in both temporary living shelters and new housing developments.

UNICEF played a key role in the setting of standards, coordination and establishing guidelines for the WASH sector and its working groups. This was also true for the housing sector; the sheer volume of new housing required guidelines on water and sanitation provision. International standards, such as the Sphere standards, were widely used.

[54] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.46.
[55] Scheper, Elisabeth op. cit., p.35.
[56] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.12.
[57] UNICEF. *Aceh and Nias Programme Briefing: from Relief to Development*. August 2008, p.18.

UNICEF undertook significant efforts in rebuilding the capacity of the local government—such as the Ministry of Public Works in Banda Aceh and various PDAMs (local government-owned water utilities)—by providing them with vehicles, water treatment plants and other equipment. UNICEF also provided water testing training to sanitarians and later to partners. This support enabled the production, treatment and distribution of water and involved NGOs in the reconstruction of rural community water supply systems.

Outcomes and Impacts

- ***Restored water supply access and usage.***

As a result of both the disaster and the response, water supply and usage changed significantly. Fortunately, access to improved water sources has returned to the positive trend experienced before the tsunami. Severely tsunami-affected areas now have nearly 100 percent coverage, while once conflict-affected areas have 50-80 percent coverage. This is a considerable achievement given the post-conflict context, available local institutional and human resources, the sheer scale of the challenge, and considering the level of saline incursion and groundwater contamination. Though the province as a whole remains below the national average for access to improved water sources (77 percent), the trend is positive—also a considerable achievement after four decades of conflict. UNICEF has contributed to increasing access to improved water and to increasing the capacity of communities to manage their own water systems, as well as those of PDAMs and local government agencies. These gains are mainly due to continued reconstruction efforts, development initiatives and the increasing provincial government budget. Achievements are also attributable to the individual households, the GoI and the international community.

- ***Different sources of drinking and non-drinking water.***

An increased number of tsunami-affected households now have different sources of water for drinking and non-drinking purposes. The proportion of bottled and refill water used for drinking water has significantly increased due to contamination of other water sources (from salt water incursion), peace, economic gains and easier access—as well as a habits formed when water was trucked in after the tsunami. Before the tsunami less than one percent of households in rural areas and about three percent in urban areas used refill or bottled water. Tests show that refill water is highly contaminated and rarely treated at the household level. Before the use of bottled and refill water, 99 percent of people boiled water before drinking it. Now, people are less likely to treat refill water than water sourced from wells. UNICEF has contributed to the analysis of water quality and surveillance, which is an ongoing opportunity.

People often use separate sources of water for drinking/cooking and washing/cleaning. Households previously relied on a single water source, mainly on dug wells for all water supplies. These households now use dug wells for washing and cleaning and pipe-borne or refill water for drinking. There is now greater access to community water systems—such as springs and boreholes—piped to houses or a shared outlet. Evaluation findings show that households now spend more money on water than they did before the tsunami, noting that the fuel cost for boiling water is approximately the same as purchasing refill drinking water.

- ***More access to improved sanitation than before the tsunami due to community-managed sanitation systems.***

The evaluation reported that fifteen percent more people now have access to improved sanitation than before the tsunami. Aceh has shifted from household to community-managed WASH systems, which are assured for short- and medium-term sustainability. This upward trend in household access to improved sanitation is due to more people now owning their own sanitation facilities. The urban-rural divide is also narrowing. More people now have household sanitation of pre-tsunami quality and like Sri Lanka, the housing sector proved pivotal in improving sanitation coverage, particularly with high ownership of toilets. Though many people in rural areas continue to burn or bury their waste as before, there were some changes in behaviour that resulted from the tsunami response, such as fewer people throwing away garbage and more urban households

now benefiting from organised waste collection. A significant number of actors were active and continue to be active in promoting better ways of managing solid waste. Equipment used to clear the massive amounts of debris left by the tsunami has contributed to the government's capacity to provide organised waste collection supported by UNDP.

- ***Knowledge of key hygiene practices remains high but practice is low.***

Because of the tsunami's destruction of key hygiene facilities, open defecation and poor hygiene practices increased during the emergency and displacement period in camps. Despite high knowledge on critical moments for hand washing, the availability of soap near washbasins was low, at about 20 percent, and there was a reduction in the quantity of available water. There was also a decrease in the utilisation of latrines. Women remained responsible for the hygiene practices of children, while men made decisions about medical treatments such as cost and location.

Good hygiene practice during this period was lower than pre-tsunami levels. During this time the sector, including UNICEF, promoted good hygiene messages. These, however, were overdue and not linked with the provision of sufficient sanitation facilities in camps. A number of surveys showed that practices relating to the messages showed negative trends for specific reasons. The number of households boiling water was lower after the tsunami than before; this was initially due to lack of available fuel, and later due to changes in water source and refill water. The advocacy messages were appropriate. However, to be effective, promoters needed to link the messages with water testing and to raise awareness that trucked and refill water contained contaminants and needed treatment.

Indications also showed a negative trend with regard to hand washing practices that are linked to the convenient availability of hand washing technology, especially water and soap in appropriate places like latrines and places of food preparation and consumption. In some tsunami-affected areas, people now source information on key hygiene practices from NGOs, thereby replacing the village health clinic as the preferred source of information, which may have a negative impact on long-term development.

UNICEF provided 200 government sanitarians with a three-day training course in Participatory Hygiene and Sanitation Transformation (PHAST), which was not only overdue but also inappropriate since PHAST training normally requires two weeks. The participants appreciated this training, but the UNICEF six-month evaluation questions the appropriateness of providing this shortened course to IDPs. The PHAST system involves investments in time and participation that are more appropriate to less mobile populations. A more appropriate time to conduct the full training would have been when people returned home. The number of trainings provided to the sanitarians by the international community makes it difficult to attribute institutional capacity building solely to UNICEF.

- ***WASH facilities in schools are improved, but usage remains very low.***

While schools have more and better water supply and sanitation facilities than before the tsunami, use of drinking water and toilets remains very low. In almost all cases, children do not use school water sources for drinking but rather bring their own water or purchase it from local vendors. Schools use water facilities for washing and non-drinking purposes. The sustainability of the structures remains a significant problem. More schools have written plans to maintain the structures, but, as was the case before the tsunami, only one in five schools actually have a person responsible and even fewer have allocated a budget. This has resulted in pre-tsunami behaviour among children; although schools now have more facilities that separate boys, girls and teachers, more than three quarters of children still prefer to go home to use the toilet because toilets are dirty and smelly. Indications are that only one in five of the new sanitation facilities have soap.

- ***There were no disease outbreaks.***

There were no reported outbreaks of water-borne diseases during the early recovery and stabilisation phases due, in part, to the scale of the response. Additionally, there were no outbreaks of other diseases as well. The reduction in household water treatment for new sources of trucked and refill water, although contaminated, did not translate into reported outbreaks of diarrheal diseases. However, there was an increase in diarrheal diseases after the tsunami. A number of factors contributed to this. Survivors of the tsunami sought refuge in relatively small camps or with households, which reduced the possibility and extent of disease outbreaks; there was saline incursion into dug wells, which may otherwise have been infected; and, alternative and accessible water sources were shared by inland villages and urban neighbourhoods.

- ***Significant challenges were found in capacity.***

Missed opportunities demonstrate that more appropriate balance with capacity building is needed. UNICEF's projects are primarily capital-intensive, as are those of the government and other NGOs. This was driven by the large sums of money available. Longer-term, comprehensive capacity building and policy changing initiatives received less investment; these would have led to more effective programme choices to reach stated goals and objectives. In addition to institutional capacity, an additional challenge in Aceh was the under-availability of suitable qualified partners, which limited the effective and efficient use and management of equipment during the emergency and early recovery phases. In the future, donated equipment should be better aligned with existing institutional capacity and needs to ensure its potential to have a significant, long-term impact.

UNICEF Programme Performance

RELEVANCE

UNICEF's role as sector lead was appropriate and necessary to the needs on the ground. UNICEF intervened in IDP camps and provided much needed water supply and sanitation reducing health risks. It chose to have a wide geographic spread in its response, providing much needed support to non-urban and highway Acehnese, and reduced the inequalities between easily accessible populations and more remote communities. The evaluation found that the available financial resources both enabled, and, in part, drove this decision.

- ***Investing in Programme Design, Choosing and Balancing Strategies***

The WASH sector did not have a well defined strategic planning process based on formal stakeholder and problem analysis. Interviews with key stakeholders stated that needs and pressure to spend funds drove the programme**.** UNICEF did, however, have defined strategies and guidelines such as the CCCs and papers about linking relief and development. The evolving project-by-project approach was broad in scope and UNICEF, as the lead agency in the sector, was able to identify and prioritise needs and gaps though its coordination meetings and discussions with NGOs and the government.

The evaluation found that although UNICEF employed strategies to support government and community systems, like most other actors in this complex environment, it did not adequately take into account pre-existing systems of voluntary community work, often employed in the maintenance of water supply systems and solid waste management.

UNICEF became an actor in almost all sub-sectors and geographical regions. This led to significant challenges as management efforts focused on programme operations rather than strategic direction. UNICEF was stretched too thin and had reduced ability to provide needed oversight and quality control. However, considering that UNICEF did not have a pre-tsunami WASH programme in Indonesia, the rate of learning and adaptation demonstrated by its staff was as considerable as the challenges of such a large scale-up.

- ***Challenges with timely and appropriate hygiene interventions***

Good hygiene practice during the relief and recovery period was lower than pre-tsunami levels, largely due to the destruction of facilities and a reduction in the quantity of available water. In camps in particular, open defecation increased and water for hand washing was typically not available in camp latrines, but rather in nearby wells.

The evaluation findings show the importance of having conveniently available water and soap in appropriate places, including latrines and places of food preparation and consumption. The most effective method of promoting hygiene-related activities was found to be group discussion facilitated by a health worker, but these only reached small groups.

UNICEF's hygiene campaigns reached 264,000 people and UNICEF designed and produced posters with messages focused on boiling water, hand washing and smoking. The messages were appropriate, but in order to be effective promoters needed to link them with water testing and raising awareness about trucked and refill water, which contained contaminants and needed treatment. The posters also contained up to nine messages, which reduced their readability and impact. Further, hygiene messages were tardy and not linked with the provision of sufficient sanitation facilities in IDP camps. Moreover, the over-zealous activities of some partner NGOs resulted in them being the main trusted source of hygiene information, which replaced the local health centres and workers.

UNICEF provided hygiene kits to IDP communities, but not as quickly as several other actors. As a result, the sector used the belated UNICEF kits to fill gaps and replenish consumables. In 2005, UNICEF procured 480,000 hygiene kits, most of which were locally sourced, and these were available in most local markets within months. In 2008, UNICEF shifted its focus to work in hygiene education, operation, maintenance and advocacy with institutions such as schools and health centres.

EFFECTIVENESS AND EFFICIENCY

- ***Short- and medium-term benefits and drawbacks of equipment donations***

UNICEF procured and donated a significant amount of equipment for all sub-sectors, especially in water supply and trucking. This was done largely at the request of the GoI, with the equipment serving both as a replacement to address serious shortfalls for debris clearance, as well as the rehabilitation of critical water supply and sanitation systems. The government extensively used these vehicles during the emergency and early recovery phases. Importantly, the Public Works Department now rents out some of these vehicles and other equipment for service provision and cost recovery, which contributes to about 30 percent of its budget, in a more flexible form. Yet, poor decision making, errors caused by a rapid turnover of key staff and pressure to spend expiring budgets led to UNICEF's procurement of over USD $2 million worth of underused materials. More positively, UNICEF bought seven mobile water treatment plants and General Electric donated two desalinisation plants that have been used numerous times over the last four years. Overall, the effectiveness and efficiency of this equipment was significantly constrained by lack of basic UNICEF support and competent operators.

- ***Insufficient sanitation facilities in the emergency and early recovery phases***

Three months after the tsunami nearly 75 percent of people had access to improved sanitation facilities, about half of these being public facilities. Almost all urban communities had access to latrines, half of which were private. However, in rural areas about two-thirds had access to latrines but only seven percent were private. Of greater concern was the fact that the majority of IDP camps did not have suitable sanitation facilities. By mid-January 2005, the ratio of latrines to people in camps was 1,000:1 and by early February 80 percent of camps still did not meet international standards. A large number of NGOs would not work in IDP temporary living centres (TLCs) or barracks in the conflict area since they feared a repeat of human rights abuses that occurred in barracks in Timor Leste.

Designing appropriate latrines in areas with high water tables was among the many challenges faced by the WASH sector. Important guidelines on the construction of latrines to address these challenges came in March 2005. High staff turnover and capacity constraints experienced by UNICEF and other actors impeded them from dealing with the scale of the challenge.

- ***Challenges to the provision of safe drinking water in the emergency phase***

The situation for IDP children, communities and other tsunami-affected people during the emergency and early recovery periods varied significantly in terms of the duration of displacement and the coping mechanisms used. According to UNICEF's six-month evaluation of the initial response to the tsunami and IDP camp monitoring reports, the water supply to IDP camps was both uneven and too late. This is understandable given not only the scale of the needed response and the complex conflict environment, but also available human and institutional resources in the sector. Camps near urban centres had good water supply, often above international standards, while this was not the case for more remote locations. Trucking and distribution of water was required to support displaced people who congregated in IDP camps, as well as those who returned to their land where well and groundwater was salinated and contaminated. UNICEF provided nine trucks and water tanks but due to administrative delays, this support only started in May 2005. The mobile water treatment plants were another important intervention although they have not been supported by adequate training, spare parts or long-term funding. This was an opportunity cost and a lesson identified for learning.

Tests show that about half of the trucked water was contaminated—it tested positive for fecal coli-form and 26 percent tested positive for E. coli—yet recipients who previously boiled water did not truck boil it since they assumed it was safe to drink and of high quality. UNICEF ordered 97 water testing kits that arrived after the urgent early stage, over a period of ten months. However, the water testing kits were not accompanied by sufficient training or the establishment of a system for water quality assurance—an opportunity cost and lesson identified for learning. INGOs and other actors also had the capacity for testing, but both testing was uncoordinated with water quality assurance. The WASH sector, including UNICEF and the GoI, advocated boiling water as the safest option. In 2006 and 2008, procurement of Wagtech was supported with training on the operation of water testing kits; Wagtech water quality training on the operation of water testing kits was conducted, covering all 23 districts in Aceh Province. Well into the recovery period, the GoI continued its established policy of promoting water boiling due to a lack of institutional capacity to ensure the sustainability of other water treatment methods. This is also a lesson the government has learned from other relief and development initiatives.

- ***Gradual increase in sanitation facilities but challenges in quality and sustainability***

The housing sector was the most significant driver of change, improving household access to sanitation. UNICEF contributed to these achievements by directly building some latrines and more importantly, by providing the housing sector with guidelines, standards and advocating for houses to be built with sanitation facilities. Both housing and WASH stakeholders provided safe water supply parallel to housing construction. The evaluation findings support government estimates that prior to the tsunami, approximately 60 percent of households in Aceh had access to improved sanitation. The figures show that there was a significant urban-rural divide, as well as disparities between districts and geographic areas. Our field survey indicates that post-tsunami, people in affected areas have significantly increased levels of access to improved sanitation. Almost all surveyed urban households now have sanitation facilities. This represents an increase of about 15 percent. Approximately 80 percent of surveyed rural households now have sanitation facilities, an increase of 20 percent.

Throughout the response the quality of sanitation facilities in new houses, along with the location of poor-quality septic tanks and pits, were a big concern and highlighted the importance of UNICEF's approach in establishing guidelines and promoting quality. The International Organization for Migration (IOM) estimates that more than 40 percent of facilities in new houses

were broken or unsuitable, and some homeowners do not use their facilities.[58] While many NGOs built large numbers of much needed housing, it was sometimes the case that they provided rudimentary—or zero—sanitation for constructed houses in their quest to quickly resolve housing needs.[59]

By 2008, though 100,000 new homes had been constructed, the UN reported that "donor support has insufficiently and inadequately responded to household needs for access to potable water and improved sanitation".[60] However, as sector leader, UNICEF played a key role in advocating for the repair and replacement of poor quality septic tanks and setting standards for installing septic tanks in houses, which is an ongoing issue.

SUSTAINABILITY

- ***Sustainability of the water supply and sanitation infrastructure is a major concern***

In 2005, lack of maintenance had caused more damage to physical infrastructure than the tsunami.[61] Contributing factors include: insufficient support to the systems' longevity by donors; the lack of ability for people to pay for repairs; lack of clear policy guidelines; and a sense in the community that water management is the responsibility of the government.[62] Indications are that committees established by external organisations to build and maintain community water infrastructure disbanded after external donors and other organisations left. Linkages between committees and learning were found to be poor, as was sharing of lessons between successful and unsuccessful committees.

District government and national NGOs interviewed for this evaluation indicated that there are more difficulties maintaining community systems in Aceh than other parts of Indonesia. There are lower levels of community participation and organisation due to years of isolation and a lack of trust in government and public provisions that persisted during decades of conflict. However, for communities to sustain these committees, external donors need to maintain support over a longer period, albeit at a lower level of intensity. In addition, the involvement of government water supply systems (PDAMs) and local government support structures requires greater facilitation. UNICEF support to the AMPL will contribute in part, but to sustain these costly investments significant direct support in all districts will be needed to improve the proportion of water systems to be sustained as government capacity grows.

From the beginning of 2009 UNICEF, with the Public Works Department of local government, reached an agreement to repair and sustain sanitation facilities and to increase human resources. UNICEF, through the AMPL working group, is addressing sustainability of WASH infrastructure constructed in rural communities, schools and health centres.

- ***Sector-wide sustainable development issues***

Household reinvestment in water supply and sanitation is dependent on both attitudes and household economics. For the gains—such as emptying septic tanks, water quality and usage patterns—to be sustained, a development rather than reconstruction framework and timeframe are required.

Indications are that PDAMs are more sustainable than community-based systems, though they are not appropriate to the most isolated communities where there is less institutional technical capacity and systems for management and cost recovery. Some communities viewed the

[58] IOM Baseline Report, 2008.
[59] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.86.
[60] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.13.
[61] Ministry of Home Affairs, KDP Aceh and World Bank. An Assessment of Village Infrastructure and Social Conditions. 2006.
[62] CARE. Survey report - KAP on water and sanitation. 2007.

UNICEF water supply system as a stop-gap until the PDAM system is established, thereby providing improved access to sanitation for a number of years before a government PDAM system is installed. This will mean that the distribution infrastructure of the UNICEF-supported system may be used in a future PDAM-managed system with a change in the water source. The PDAM infrastructure still requires significant capacity building by both its government overseers and external agencies.

Political will and policy frameworks are evolving to improve effectiveness and sustainability. The GoI has started to increase its investment in sanitation. For example, it has recently allocated non-tsunami funds for building WASH facilities in schools. It also used UNICEF equipment for de-sludging sanitation facilities in schools and hospitals, as well as in fee-paying households. The response to the tsunami has given momentum to build this system and its institutional capacity. To leverage this momentum the sector needs further investment within a development framework. If this is not forthcoming, there is a real risk that these investments will be lost.

Even though the early establishment of the Water Supply Working Group (PDAM) will increase district knowledge and policy capacity to invest effectively in improving the sustainability of WASH systems, government investments in water supply and sanitation remain low and capital-intensive with a stated need for emphasis on capacity building, sustainability and the development of core technical skills. Poor community knowledge and awareness persist, as does low financial and political priority, and an absence of cross-sector policies.

Addressing sustainability for the whole sector is a development issue and an opportunity to protect the significant investment the sector has made in Aceh. UNICEF has initiated support to the government in establishing AMPL, and is well placed to provide further support.

UNICEF'S Role and Contribution

UNICEF played a significant role as sector coordinator in both providing a link between government and key information, as well as providing a platform to solve problems and identify gaps. This role was particularly difficult considering the sheer number of actors, scale of the response, change in funding relations, and significant capacity differences among actors. The forum played a large role in influencing quality issues related to water supply and sanitation in the housing sector.

Within Aceh's conflict context and following the tsunami, there was a lack of accurate and reliable information to form both programme and provincial policies and strategies, which posed serious challenges to programme decision making. This was especially so in the hygiene and WASH in Schools programmes. Most investments in the WASH in Schools programme were infrastructure-based. Indications are that systemic issues in relation to the use and maintenance of both water and sanitation facilities in schools led to a low impact of these facilities. UNICEF, the government and other actors have now collected significant amounts of information that need to be analysed and then used.

Lessons

- ***The housing sector was pivotal in improving household access to improved sanitation, especially in areas with high ownership of toilets.***

UNICEF provided the housing sector with guidelines and standards and advocated for houses to be built with sanitation facilities. However, results were varied. UNICEF should improve its support to the existing collaboration between the clusters to ensure consistency between approaches in the WASH and housing/shelter clusters.

- ***The role of sector coordinator provides an opportunity to address systemic challenges, especially when aligned with government structures.***

As sector coordinator, UNICEF should identify and address gaps during emergencies rather than implement direct interventions, especially where partners have large funds.

- ***Sustainable development requires a development framework and timeframe.***

Lack of accurate information and analysis for policy formulation and strategy development limited potential impact, especially in hygiene, and WASH in schools.

- ***UNICEF and most international actors pursued strategies associated with natural disasters in this post-conflict environment, which led, in part, to poor relations with communities.***

Until 2006, the response to the tsunami did not include non-tsunami affected conflict actors and most actors did not work within a conflict framework. This led to difficult relations between humanitarian actors and communities. More awareness of the conflict situation would have increased programme effectiveness, reduced problems with communities, and contributed toward accelerated recovery from conflict.

- ***UNICEF spread the programme too thinly, geographically and programmatically. This led to challenges in quality control, in transitioning and in bringing aspects of the programme to scale.***

The programme was active in all sub-sectors, which required higher caliber staff to provide quality assurance. Transitioning the programme or bringing key initiatives to scale is more difficult in a complex and diverse programme.

- ***The availability of suitable partners and institutional capacity limited the effective and efficient use of equipment during the emergency and early recovery phases.***

The programme invested heavily in supplying a diverse array of equipment. However, the capacity to properly manage and operate some of the equipment was lacking.

- ***Donated equipment, where aligned with existing institutional capacity and needs, has the potential to have a significant long-term impact.***

Mobile water treatment plants, vehicles and trucks can be essential equipment items. High levels of investment in equipment can serve a second use after the recovery period and contribute to development, if supported by institutional capacity.

- ***Strategies employed by some NGOs have undermined long-term local health workers' capacities to operate as a source for hygiene information and other local systems.***

This manifested itself in tsunami areas where the advocacy campaigns of transient NGOs resulted in these organizations assuming the role of main trusted source of hygiene information, replacing the role traditionally held by local health centres and workers. Similarly, employed strategies have undermined the pre-existing systems of voluntary community work that are often employed in the maintenance of WASH systems, which may have a negative impact on long-term development.

4.2 Education

Context and Sector Response

Indonesia has had a long history of education development, reform and innovation. In the 1980s, large-scale school construction was adopted to increase access for primary education in line with a compulsory six years of education. Learning-oriented delivery models were developed to overcome a lack of teachers, district disparities and poor access. Nine years of basic education became compulsory in 1994.

The economic downturn and "Reformation Order" of the late 1990s affected all aspects of Indonesian life, including education. Local responsibility for education became untenable for most districts with limited budgets and weak human resources. Data collection by schools declined by an estimated 75 percent and was almost fully taken over by the Ministry of National Education (MONE) and the Office for Education Quality Monitoring (LPMP).[63] However, in an effort to reduce discrepancies between districts, a series of regulations from 2000 continued to provide guidance for local education systems. Actions extending into the new century aimed at improving the quality of the primary sector through initiatives such as school block grants (BOS) for infrastructure development and maintenance; School-Based Management (SBM) and School Committees (SCs) for enabling local control and community involvement in school quality; and school clusters for in-service teacher training.

For Aceh, the 30-year armed conflict precluded consistent implementation and influences on the education sector from the benefit of much of this reform and support of the international community, and resulted in a very low base of professionally capable human resources prior to the tsunami. Years of conflict and general inattention to the sector had further produced a situation of poor school infrastructure;[64] nearly 900 schools had already been damaged or destroyed prior to the disaster due to the armed conflict in 2003.[65] The tsunami then dealt the system a further devastating blow: about 41,000 students and 2,500 teaching and non-teaching staff were killed or missing, and about 150,000 children lost their education facilities.[66] Seventy-one percent of primary schools (over 1,500) were damaged or destroyed. Much of the administrative and professional capacity of the education system was lost, and destroyed infrastructure of roads and telephone lines caused the interruption of communication among national, provincial, district and sub-district government offices.

The GoI, UNICEF, IOM and other agencies moved quickly to meet the Core Commitments for Children in Emergencies (CCCs) and immediately began to revive the policy and practice mechanisms not yet attained in Aceh, as tools for building back better post-tsunami. This included targeted interventions that reestablished physical infrastructure and provided emergency-trained teachers sensitised to child-centred, rights-based approaches. In the response immediately following the tsunami, children were enrolled in neighbouring schools without bureaucratic delays or fees; temporary, tented schools were established in IDP camps for approximately 90 percent of IDP children; School-in-a-Box kits were distributed;[67] and scholarships were granted to promote attendance.[68] More than 800,000 children (90 percent of those at school age) were able to resume their schooling in temporary and permanent schools within weeks of the disaster.[69]

By early 2005, the Agency and Master Plan of Rehabilitation and Reconstruction was giving substantial, increasingly well organised focus to semi-permanent building construction as a bridge to eventually permanent schools. This was emphasised by UNICEF as a means of enabling land claims and school location to be settled through legal and community-based means, and giving time for the sector to adopt child-friendly building standards.

Pockets of endemic exclusion—for children affected by poverty, civil unrest and socio-cultural discrimination—and poor teaching/learning quality remained serious national challenges.

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[63] Lembaga Pemantauan Mutu Pendidikan (Education Quality Monitoring Office); interview with Head of Education Information Center, OECRD, MONE.
[64] BRR and International Partners. *Aceh and Nias One Year After the Tsunami: The Recovery Effort and Way Forward*. Joint Report. December 2005, p.71.
[65] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.
[66] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.99.
[67] See Norwegian Refugee Council. *We Landed On Our Feet Again: NRC's Reaction to the Tsunami of December 26th 2004*. Evaluation Report, October 2005, p.37.
[68] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, pp.99-100.
[69] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.

Significant domestic and donor resources had continued to be invested in pilot projects that included vulnerable children in better learning opportunities in both formal and non-formal systems. UNICEF, with UNESCO, had been particularly active in these pilot projects to develop and implement, along with the Ministry of National Education (MONE), a local version of the Child-Friendly Schools (CFS) framework: Creating Learning Communities for Children (CLCC). This, too, was then activated in Aceh as the quality dimension of building back better.

UNICEF'S Response

Along with the government and the international community, UNICEF primarily focused on school reconstruction. Following the CCCs to provide child-friendly learning spaces within the first few days of the emergency, the first "back to school" campaign was mobilised. The campaign was led principally by UNICEF and the Provincial Office of Education (POE), but with collaboration from other agencies and NGOs. It broadly distributed information materials across communities affected by the tsunami, providing tents, meals, teaching and learning supplies.

In early 2005, UNICEF Jakarta supported MONE and the province to reestablish the Education Management Information System (EMIS) with equipment, training and technical assistance aimed at promoting better planning and more effective policy decisions. EMIS was later complemented with the development of a more planning-oriented Aceh Education Database that had been started with UNICEF encouragement in late 2007.

UNICEF "recruited and trained more than 1,500 teachers to start teaching in July 2005"[70] and subsidised their salaries for the first six months, after which the GoI covered their salaries.[71] UNICEF also undertook a Rapid Assessment of Learning Spaces exercise at the end of January 2005 and had completed part of it in late March. Critically, as early as 2005, UNICEF and other organisations began the transition from infrastructure to quality education, reconfirming the commitment of both the POE and agencies to implement national policy directives on using the CLCC approach. CLCC aimed at improving education quality and increasing community participation through school-based management; active, joyful and effective learning (AJEL); and School Committees (SC). Also as part of the CCCs, UNICEF and actors like World Vision, Save the Children and Plan International focused on the provision of learning spaces and play materials for young children through Early Childhood Development (ECD) centres/kindergartens and the training of teachers. This included building and/or extending traditional community health and nutrition facilities (possyandu) to incorporate a more educational dimension. Thus, the concept of possyandu-plus was developed.

By the end of 2007, UNICEF had completed 235 semi-permanent schools that were gradually converted to ECD, women-in-development and community learning centres. By the end of 2009, UNICEF expected to have completed 345 permanent schools, equivalent to 375 school units, and the sector as a whole expected to have built/repaired close to 1,000. The UNICEF target has not, however, been reached, and construction is now extended into 2010. UNICEF, the POE and other actors have provided training to teachers, principals, SC members and supervisors in well over 1,000 schools.

Outcomes and Impacts

- ***Outcomes resulting from the tsunami response:***

Educational policy changes that can be tied directly to the tsunami and its aftermath have been few and not especially significant. Funding and attention had, to a certain extent, energised society as a whole toward modernisation, and education had been influenced within that realm. The push of the international community, explicitly and by example, had also been influential in

[70] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.99.
[71] Ibid, p.100.

obtaining broader participation, transparency and accountability. However, the financial and technical resources have been most influential in enabling the implementation of already existing policies, which had previously lacked support and attention due to the conflict.

- ***Outcomes resulting from the end of the conflict in Aceh*:**

The 2005 Peace Accord was much more important than the tsunami in actually changing the dynamics of policymaking and with it, the reiteration and legitimisation of Aceh's autonomy with respect to policymaking and control over its revenue. The recovery process as a whole has contributed to maintaining the peace and creating an uninterrupted and enabling environment that is needed to develop new regulations and the NAD Education Strategic Plan (NADESP).

Overall, UNICEF's response in the education sector was found to influence children's access and enrolment; quality of education: teaching and learning; as well as contribute to the development of healthy and protective schools.

Access and Enrolment

- ***Improved education access and reestablished enrolment levels:***

Improved access has been a major outcome of the building back period. While gross enrolment rates have not been restored to expected pre-tsunami levels, and appear to have fallen back slightly further in 2007, they have remained fairly stable and are somewhat better than national rates. According to one World Bank report,[72] the net enrolment rate (NER) in Aceh for 2004-06 was the same or slightly higher than national figures: 94.6, 93.1 and 95.5 over the three years, compared to 93.0, 93.2 and 93.5 nationally. This suggests that Aceh is making reasonable progress in keeping on track, despite setbacks.

- ***Progress on girls' enrolment:***

The rate of girls' enrolment went up appreciably following the tsunami and has stayed high relative to boys. This, however, may be more attributable to the end of the conflict than to the tsunami. Parents had greater confidence in sending girls to school after the end of the conflict than during it. Overall in Aceh, the participation rate of girls in primary school has risen since 2004 and remains high. Interestingly, girls in rural areas appear to be doing somewhat better than those in urban areas.

- ***Learning spaces and school reconstruction contribute to access:***

Linked directly to improved enrolment, post-tsunami rebuilding in education by government and international agencies has mostly occurred in primary schools. While these activities initially proved to be a serious challenge, under the oversight of the BRR and using UNICEF/UNOPS criteria for Child-Friendly Schools, the provision of access to well-built, permanent learning spaces has been a significant outcome of both building back phases.

The first construction phase of semi-permanent schools was meant to cease once permanent schools were built, with the former being converted for use as community centres, literacy clubs, and women's resource units. Built by a number of different agencies, these schools proved to be an important and viable stop-gap in enabling families to stay in their communities and keep their children in school. The schools also served as reference points for the government to allow for more accurate accounting of where people were and what support they required. Documents and field data confirmed that permanent schools built in the second construction phase have mostly been of good quality, well located in terms of access and safety, and seen as welcoming by both children and communities. BRR reports that more than 1,750 school facilities had been built by end-March 2009.[73]

[72] World Bank, 2008: 59. NADESP, however, puts 2004 NER for Aceh at 94.2 and 2005 at 94.5 - both sets rather higher than the reported BPS figures used in the table.
[73] BRR NAD-Nias. Aceh-Nias Recovery Progress March 31, 2009. Accessed May 6, 2009. http://www.brr.go.id/brr/program.nsf/

- ***Education Policy Developments in Aceh***:

While the newest Qanun (policy) on education (No. 5/2008) was described by the Governor of Aceh as "the reference for Aceh to recover from its setbacks in education"[74], it was nonetheless considered by most policy-level respondents as similar in implication to the 2002 version. It was aligned with national regulations/policies, the Acehnese Islamic and cultural framework and unique in giving local government autonomy to the provincial rather than district level. The one noted change was the extension of free education up to age twelve from age six, but this was seen more as a matter of available resources than of principle since twelve years of age is also the national target (although age nine is the norm). Most respondents at district and school levels had not read the new Qanun and saw little change in practical terms.

On the other hand, the 2007-11 NADESP can be considered a critical output. Finalised in late 2006 and proclaimed in 2007, it is significant as the collaborative product of many in the education sector and an agreed confirmation of its direction with respect to children's education rights:

> *a phased and rolling programme of priority education policy and strategy reforms for the next five years…guided by the Government of Indonesia's RENSTRA policy [National Five-Year Education Plans] and strategic objectives, alongside Education for All and [the] Millennium Development Goals…[intended] to provide expanded and easily accessed, quality education…for all Acehnese [and] preliminary strategies and financing plans for ensuring increased authority and capacity to districts, schools and communities for planning and running education affairs*.[75]

Examples of policy elements under the NADESP that have been especially important include: School-Based Management and use of School Committees as a means of realising good school governance; capacity building and quality development through school clusters; and the CLCC approach to bringing together under one umbrella the three crucial education reforms of transparency, community participation and AJEL.

Quality of Education: Learning and Teaching

- ***There is gradual progress toward MDG/Education for All (EFA) targets:***

Education statistics in Aceh continue to be highly suspect in their reliability and consistency, fully justifying the attention UNICEF is giving to support EMIS and the Database. With that caveat, however, **s**tatistics do suggest improvements in the quality aspects of MDG/EFA targets. An important comparative ranking was made by MONE in 2008 that placed Aceh 13th among 19 provinces seen as effectively balancing quality (National Exam averages) and access (NER).

Completion rates have been increasing from a reported 89.7 percent in 2003-04, to 96.6 percent in 2004-05, and 97.9 percent by 2008-09.[76] Literacy rates have improved slightly for the population 15-19 years of age whose schooling would have been directly affected by the tsunami. Between 2005 and 2007 a two percent positive change was reported for urban children/youth, and a 1.9 percent change was reported for rural and for rural-urban children/youth combined. Dropout rates are declining for children ages 7-15 in all grades, and both urban and rural girls ages 7-12 are reported to have better rates than boys.

- ***Slower progress on substance in academic quality:***

Education statistics in Aceh are also uncertain with respect to their significance. Field data show that action on and changes in academic quality have continued to be fairly modest. By 2007 the sector was still considered to have significant gaps in quality that was indicated by poor school

[74] International Development Law Organization. 2008. "A brief accounting of the Qanun on Education in Aceh" (web version; no pages)
[75] Governor of Aceh introducing the NADESP.
[76] Source: 2001-2005 MONE and 2008 Aceh Data Base configured by the national team leader.

management; communities that did not "feel the ownership of their children's education"; and children who were "passive" and lacked confidence in their teachers' "traditional teaching methods of 'chalk and talk' with focus on memorisation".[77]

Outcomes on learning remain uncertain, and probably limited, in part because outcomes with respect to changed teaching behaviour also appear limited; this reflects a rather mixed picture. According to most supervisors in the focus groups consulted by the evaluation, all schools in their areas were beginning to implement active, joyful and effective learning (AJEL). Yet, according to most principals fewer than half of the teachers in their schools were implementing AJEL due to difficulties in getting relevant resources; teaching-learning media and technical aids; and a need for more teacher training.

In discussion groups with School Committees, about half had heard about AJEL and only a very small number had been involved in CLCC training, although these were all considered to be CLCC pilot clusters. Nevertheless, almost all SCs supported the use of AJEL in principle, whatever it may have meant in terms of actual classroom practice. They saw that students were more active in their learning and happier with the school as a whole, with efforts made to engage the students and the new materials increasing numbers of schools. Students' focus groups were highly convinced of the merits of AJEL and of their schools more generally. In both rural and urban districts, children noted that they were "happier to go to school" because of significant reasons: teachers came on time; their school was "the best" in the area despite "giving more homework than others"; and because of new buildings and the way teachers taught.

A persistent area of weakness in respect to quality is that of evidence-based monitoring. The evidence from evaluation focus groups was mostly anecdotal. Neither supervisors nor principals appeared to do much monitoring of actual teaching behaviours or linked teachers' AJEL training with the learning outcomes of their students. No formal classroom-based assessment of the effects of AJEL teaching methods on learning outcomes has been done by the POE or partner agencies, including UNICEF.

- ***Continued challenges in increasing qualified and effective teachers:***

One critical outcome defining progress toward a better-built sector would be the adequate numbers of qualified and effective teachers. Overall, this outcome has not yet been realised. Teacher qualifications in Aceh's primary schools continue to be poor. In only about 55 percent of the schools surveyed, more than half of the teachers reported to be qualified and in only 34 percent of the schools were the staff described as being mostly qualified. It is not possible to assess whether these rates are better than pre-tsunami, although it might be assumed that they were at least as low at that time. In 2003-04, UNICEF was delivering School-in-a-Box training on a sporadic basis to relatively small numbers of teachers that attended workshops in Banda Aceh. However, there were apparently few other such initiatives.

Healthy and Protective Schools

- ***Disappointing outcomes:***

The initially good output of well-built school facilities appears to have suffered a decline with respect to maintenance. Only 70 percent of surveyed schools were considered to have enough latrines (84 percent UNICEF-built; 57 percent those built by "others"); and 66 percent were considered only moderately clean. Important in terms of possibly impeding girls' participation and protection, the evaluation found that only 62 percent of UNICEF-built schools and 32 percent of other schools had separate facilities for boys and girls. Findings showed that only 27 percent and 32 percent, respectively, separated teachers and students' facilities. However, the UNICEF Country Office expressed surprise at these findings since all schools built by UNICEF were expected and understood to have had latrines based on child-friendly criteria (i.e., sufficient and

[77] UNICEF. "Quality of Education Workshop". 2007, p.5.

separate facilities for girls and boys, and similarly separate facilities for students and teachers). The evaluation noted that further field-based assessments are warranted due to the incongruous nature of these outcomes; it may well be the case that the facilities were, in fact, suitably provided by UNICEF at the outset, but that in some of the cases of this sample, they were not being used in the intended manner or had been left to deteriorate.

Related to schools' care for the immediate healthiness of children, 74 percent of the surveyed schools reported being without a school nurse, and more than 50 percent of those that did lacked several important items such as a bed, emergency kit, weighing scales and blood pressure kit.

The regulations for school buildings in Aceh require them to apply earthquake-resistance criteria. While it could be assumed that all schools built by UNICEF followed this code, from the focal sample, only 62 percent confirmed this, as did 32 percent of other schools. Somewhat surprising, however, was the relatively high percentage of respondents (22 percent in UNICEF-built and 32 percent in other schools, including principals and supervisors) who were unaware of the situation of their school in this regard. It was not clear why, for example, so many key decision-makers and guardians of children's safety did not seem to have taken steps to confirm compliance with safety and protection standards.

- ***Reaching vulnerable children remains a challenge:***

The system's ability to reach vulnerable children has remained a challenge, and meaningful change required to enhance inclusion will require schools and communities to assume a strong child-seeking mandate. Overall, a greater number of children are enrolling and staying in school, and increases in public education spending have helped poor families with out-of-pocket expenses. However, there was little evidence at district level indicating that the most vulnerable, poverty-affected children were actively being sought out and enabled to come to school.

With respect to marginalised children, the apparent lack of advocacy and community mobilisation suggests a critical gap in the building back better agenda. A central theme of the CFS, and by extension the CLCC, is that schools cannot just welcome children who appear at the door, but need to actively seek out those children who do not come to school. However, this does not appear to have been strongly articulated or applied in the CLCC framework.

- ***Children with disabilities and/or special needs***:

Especially at risk within the population of excluded children are those with physical, intellectual or emotional conditions which make it difficult for them to attend and learn in traditional classroom settings. A serious gap in policy follow-through in Aceh since the tsunami has been the inability of the system to fully implement the National Education Law ensuring the right of these children to participate—a commitment made also by Qanun No. 5/2008 in allowing free education for those with mental disabilities. Unfortunately, parents continue to withhold their affected children from public exposure in schools. Only five percent of schools noted ever having children with special needs enrolled.

- ***Early Childhood Development (ECD/PAUD[78])****:*

UNICEF's development of ECD has established the potential for better reach to rural and vulnerable children. Small steps toward outcomes were beginning to be realised. The majority of respondents agreed that interest and participation in early childhood education has grown since the tsunami, especially in urban areas. Statistics and field data tended to support this. No assessment has been done of actual programme outcomes in terms of changes to the rate or nature of children's development or better learning-oriented readiness for school as a result of their participation. Primary school principals and Grade 1 teachers in the focus groups did report their own preference for children with ECD experience, perceiving them as brighter and more ready to engage in the teaching-learning processes of the classroom—although not as having a head start with respect to knowledge or skills.

[78] PAUD is the acronym in Bahasa for Early Childhood Development.

UNICEF Programme Performance

RELEVANCE

- ***Appropriateness and Quality of Education Activities***

The decision by UNICEF to pursue CLCC activities in Aceh was fully consistent with national policy and immediately established a foothold with the POE. In the early part of 2005 UNICEF helped organise a workshop on standards for child-friendly schools.[79] Such standards were expected to be applied to all schools rebuilt in Aceh and Nias, and were to include the following specifications: 30-year durability and earthquake resistant; boy/girl and age-appropriate toilets that are easy to maintain; an adequate number and size of classrooms for enrolment levels that are well lit and ventilated; the provision of a teachers' room; and a library, disability access ramp and safe play area.

The CLCC has been the flagship of MONE/UNICEF basic education collaboration in Indonesia for a decade and is now acknowledged as national policy for advancing quality teaching and effective learning. For this reason, there were capacities in place in UNICEF, as well as among other major donor/NGO partners, and to some extent in the POE when it was introduced in Aceh following the tsunami. For this reason, it has been an appropriate core of the building back better strategy, with buy-in from senior policy makers, and a well-grounded and shared understanding with teachers, parents and children of its concepts and the actions involved. It has been appropriate, too, to extend the reach of CLCC in the transition from recovery to development.

CLCC delivery aims at facilitating both coordination and sustainability of training at provincial, district and school levels. This includes the alignment of theory and practice; it tries to build systematically the collaboration between education policy makers, managers and teachers at each level.[80] From 2006, UNICEF, the POE and others have provided training to teachers, principals, SC members and supervisors in well over 1,000 schools. Unfortunately, most of this has followed the traditional cascade model: inputs at the top are expected to be consolidated and passed down to the next levels, but insufficient follow-up does not ensure that either happens effectively.

- ***Information Management and Use***

Intended to complement EMIS, in early 2008 UNICEF—together with MONE, the Ministry of Religious Affairs (MORA), the District Development Planning Board (BAPPEDA), the Central Bureau of Statistics (BPS) and the UNICEF/UN Office of Recovery Coordination-Information and Analysis Section (UNORC-IAS)—initiated the development of an education database based on a census of all primary schools in the province. It was built around the elements of a child-friendly school and expected to serve as the new "baseline" for province-wide planning and monitoring. Data was collected over several months through a jointly agreed and implemented programme that included the training of sub-district enumerators. Each school was expected to be able to input data through an impending interactive computerised system. Both the approach and format of the database were expected to be presented to MONE/Jakarta as a way to strengthen national-level school data collection and management. For Aceh, they are a key ingredient to building back an evidence-based, self-correcting, child-friendly system.

EFFECTIVENESS AND EFFICIENCY

- ***Coherence Within the Sector***

Overall, coordination within and among government offices and with donor agencies/NGOs in the education sector is considered to be good. It is also considered to be improved in large measure from the initial relief period through the BRR-led recovery period. Yet, cooperation in terms of the regular sharing of responsibility between provincial and district levels continues to prove

[79] UNICEF. "Child-friendly Schools in Ache and Nias". Workshop Report, 2006.
[80] UNICEF Officer.

problematic. Although Aceh was given greater authority at the provincial rather than district level under Autonomy Law No. 11, districts nonetheless claim to retain authority under the earlier Law No. 20. This authority includes the right to make decisions on education services such as creating new structures, deploying staff and managing schools. There are outstanding disagreements over key issues, such as budget allocations between the District Office of Education (DOE) and the POE, which risk impairing the implementation of the NAD Education Strategic Plan. However, efforts to promote the plan's principles by UNICEF and other agencies might yet facilitate greater cooperation.

Weakness in communicating the content and processes of NADESP and CLCC appears to be impeding personnel appointments in the sector. According to school supervisors, for example, frequent changes in senior DOE personnel were typically followed by changes in policies and sub-unit managers, jeopardising efforts for principals and teachers to carry out planned, cumulative and continuous activities of the NADESP and CLCC.

- ***Logic of the Transition from Relief to Recovery and Development***

For the majority of tsunami-affected children, a secure and reasonably normal school environment was established within six months of the disaster; government, the international community and communities themselves had effectively "seized the moment" to ensure that the emerging education system both served the needs of children and maintained its own viability.

The relief to recovery transition moved reasonably quickly as the provision of tents changed to building semi-permanent classrooms, an appropriate strategy led principally by UNICEF to reduce pressures for, and growing chaos surrounding, the steep contracting and building of permanent schools. Crucially, the creation of the BRR, in close conjunction with key education development partners like UNICEF, promoted longer-term plans and funding throughout the sector.

The successful transition to development was characterised by the construction of permanent schools that followed child-friendly standards formulated under the auspices of UNICEF and UNOPS. They were built in locations, for the most part, approved by communities. They were earthquake resistant. They had partial disability access and physical qualities appreciated by children: pleasant, sufficient and reasonably sized classrooms; textbooks for almost every student; and secure play areas.

SUSTAINABILITY

- ***Building institutions and mechanisms****:*

An important step being planned by the POE and UNICEF to facilitate stronger, more sustainable CLCC outcomes will be to maintain continuity in training. Specifically, the current District Development Teams will soon become District CLCC Secretariats, staffed on a regular basis with technical expertise, and with greater emphasis on training supervisors as a group of CLCC-mentoring specialists. Equally important will be introducing the principles and practices of CLCC into pre-service teacher education programmes.

- ***Challenges of local ownership of schools:***

School maintenance is a critical issue not yet fully resolved. There appears to be a limited sense of community ownership of the schools, including the responsibility for their upkeep. Even School Committees confirmed their unwillingness to assume the functions of proactive oversight and management, and are no longer willing to pay for what is perceived as a government function.

The establishment of a School Operational Assistance Fund (school block grants) in 2010 for school infrastructure and upkeep might address the challenge. Some districts noted the intention to create inventories of education infrastructure assets and develop plans for allocating funds

toward maintenance of the schools and other buildings left by donors and BRR. Again, though, it reinforces the notion that school care is a government function.

- ***Persistent limits in evidence-based corrective action:***

Data sources in Aceh have not yet started to function well; most numbers remain uncertain and many are contradictory. Evidence from the evaluation fieldwork suggests that serious management and annual updating of all databases is needed. Without this, effective assessment of Millennium Development Goals (MDG) progress and impacts will continue to be problematic.

In almost every education office, especially at the district level, the collection and management of core school efficiency data were fraught. Data was typically incomplete and unreliable, kept by individual staff rather than available to staff as a whole. Few reported having any training in using data searches as a planning or monitoring tool. Planning continues to be notional and idiosyncratic, and the value of observed action and results has not yet been established. Feedback remains ad hoc; according to one focus group of supervisors, “the Director makes the decisions no matter what we suggest”.

UNICEF’s early support for the Education Management Information System (EMIS) has to some extent helped the sector to organise school-based data. Although it was only being launched during the evaluation, the Education Database being developed by the POE and UNICEF is generating critical interest, especially among younger POE and BAPPEDA staff. In some cases, Data Section officers are making use of EMIS data with greater enthusiasm now that they feel the data are more reliable and valid. A threat to its success, however, is the limited availability of computers and peripheral facilities.

UNICEF’S Role and Contribution

The Core Commitments for Children in Emergencies pertaining to education were effectively met by GoI most immediately after the tsunami, with the support of UNICEF and other agencies, including targeted interventions that reestablished physical infrastructure and provided trained teachers aware of child-centred, rights-based approaches. A baseline was set for the later development of child-friendly approaches to building back the sector. UNICEF and the POE led the first “back-to-school” campaign, with over 800,000 children resuming their schooling within weeks of the disaster. UNICEF focused on school reconstruction, reestablishing an information management system for Aceh, and recruiting and training teachers to address staff shortages.

Additionally, there was good coordination within and among government offices and with donor agencies/NGOs. As a whole, the sector was able to quickly begin, and consistently improve, collaborative assessments of the situation and coordinate planning of interventions within a broad education framework that stakeholders had agreed was relevant to their shared priorities for child-centred and child rights-based action. Most particularly, the education sector was able to respond to overtures of interventions aimed at moving from relief through to development because peace was declared, communities were ready to engage, and the province established a viable, constructive level of autonomy. As a result, it was both appropriate and possible to establish effective institutional and delivery mechanisms of coordinated action. The Education Sector Working Group, established early on under the authority of MONE and with UNICEF assigned as secretary, served both to mitigate competition with respect to a quality-related agenda and strategy through agreement on the CLCC umbrella; and to provide accurate information and open communication on process, progress and constraints to good practice. In the process, it established a basis for the transition from recovery to development in the form of an increasingly coherent network of in-service teacher and management training activities, and a potentially self-correcting and evidence-based “data friendly” system.

LESSONS

- ***Decisions made and actions taken were relevant to context.***

Decisions were made largely through partnership with available local expertise and resources, and contributed external support in ways that furthered, rather than replaced, indigenous commitments, capacities and experience.

- ***Efforts were made to establish clarity and agreement on goals and principles of action among major local and external stakeholders.***

This occurred most especially with respect to the concept of child-friendly learning spaces and teaching practices. This allowed fairly quick and coherent collaboration on tailoring and adapting respective resources, approaches and actions.

- ***Major interventions were, from the outset, reasonably flexible and responsive; there was little indication of imposed "fixed" agendas.***

By delivering products like School-in-a-Box in an interactive way to recipients, UNICEF avoided setting them down "as is". POE and agency interactions emphasised transparent collaboration and open information sharing. Further, the Education Sector Working Group and BRR proved to be effective mechanisms for mitigating much of the negative impact of large-scale, external intervention by building mutual trust and a common vocabulary.

4.3 Child Protection

Context and Sector Response

Improving the protection of children throughout Indonesia has been an increasing priority for the GoI in recent years. In 1990, the GoI ratified the UN Convention on the Rights of Child (CRC). In 2004, the UN Committee on the Rights of the Child (OHCHR) received Indonesia's second periodic report. In its concluding remarks, the Committee commended the GoI's adoption of an array of laws and institutions that improved the protective environment for children. These advances included: 1) the inclusion of child rights in the 2002 Constitution's Bill of Rights; 2) Law No. 23 on Child Protection (2002); 3) Law No. 20 on the National Education System (2003); 4) the National Programme of Action for Children; 5) the Child Protection Agency (1998); 6) the Indonesian Commission for Child Protection; and 7) Law No. 3 on Juvenile Courts (1997). Conversely, the Committee also expressed its concern on issues such as the high number of children placed in institutions, societal discrimination of girls, the high numbers of children affected by violence, abuse and neglect, and the large number of children sent to prisons, often for petty crimes.

The Department of Social Welfare has estimated that 100,000 women and children are victims of sexual exploitation or trafficking every year. On a national and provincial level, UNICEF has supported the establishment and capacity of independent Child Protection Bodies (Lembaga Perlindungan Anak, or LPAs). The National Commission for Child Protection (Komisi Nasional Perlindungan Anak – Komnas Anak) was established by 2001 and by 2004 seven independent provincial LPAs[81] were being supported.

The overarching Indonesian 2004-2009 Medium Term Development Plan (RPJM) specifically includes a strategic plan for advancing child protection and welfare; a new RPJM for 2010-2014 is currently under development. Adding to this, the 2006-2010 GoI-UNICEF Child Protection Programme: Country Programme Action Plan aims to strengthen the protective environment for Indonesian children.

[81] South Sulawesi, North Sumatra, East Java, Central Java, West Java, East Nusa Tenggara and Nusa Tengara Barat.

While the GoI has been moving towards a more comprehensive framework of child protection legislation and policies, the situation in Aceh is in many ways considerably different from the rest of Indonesia. The conflict created a volatile environment for the children of NAD for approximately 30 years. It also limited humanitarian space, preventing much needed humanitarian and development aid agencies from establishing programmes. Prior to the tsunami, although UNICEF initiated a child protection seminar series with governmental and non-governmental partners in Aceh, child protection and child welfare were not dedicated areas of government focus, and its capacity in this respect was negligible.

The tsunami garnered support for increased child protection. Cash assistance and livelihood support were given to foster families of separated children.[82] For example, Save the Children, in conjunction with the Provincial Department of Social Welfare, led an inter-agency group on the formation of a common database, so far registering nearly 3,000 children.[83] In 2006, this was handed over to the Department of Social Welfare with secondments of staff from Save the Children.[84] Several international agencies established safe play areas for settled and IDP children and youth. There are 19 children's centres that "provide registration, tracing and reunification of separated children, psycho-social support activities for adolescents and younger children, legal protection from abuse and exploitation, and child participation activities that include children's committees".[85] Hundreds of staff, teachers, school counselors and school principals have been trained in basic counseling skills. By 2008, the children's centres established in the emergency phase of the tsunami response had played an important role in referring cases of abuse and exploitation; delivering integrated child protection services; targeting vulnerable families for livelihood interventions; and providing legal advice and protection.[86] The UN reports that while children's centres were "useful for registration, tracing and reunification of separated children during the emergency phase", it questions their ability to provide a sustainable protective environment for children unless they take on a new role.[87]

UNICEF'S RESPONSE

UNICEF assumed the lead coordination role on protection and chaired a number of working groups, including one on psychosocial support. UNICEF's emergency child protection response to the tsunami was anchored in three areas of concern: children without family care; psychosocial support to vulnerable children; and prevention of abuse and exploitation. Along with crafting and financing government-issued public awareness announcements, UNICEF offered technical support for governmental decrees on child protection, including a prohibition on any child leaving NAD without a biological parent. While the conflict in Aceh continued until August 2005, UNICEF's response, with the exception of limited programming with children affected by fighting forces, focused overwhelmingly on ameliorating the impact of the tsunami. In addition to UNICEF's three areas of concern, it also supported advocacy, policy and coordination.

An Inter-Agency Tracing Network—comprised of UNICEF, Save the Children and International Committee of the Red Cross and local actors—issued inter agency principles and guidelines on separated children. The Family Tracing and Reunification Network, consisting of many agencies, established 21 children's centres (19 in NAD and 2 in Nias) during the first six months (January-June 2005) to facilitate child protection responses. The centres helped to identify close to 3,000 separated and unaccompanied children, and reunite nearly 2,500 of them with family relatives. The centres were also used to provide rudimentary psychosocial support to some 17,000 girls

[82] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.37.
[83] Ibid.
[84] Ibid.
[85] Ibid.
[86] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.14.
[87] Ibid.

and boys. By September 2005, 1,200 teachers were trained to ensure psychosocial activities were conducted systematically in schools throughout Aceh.

UNICEF has promoted child-friendly judicial proceedings for children in contact with the law in all law enforcement institutions in Aceh.[88] UNICEF has also developed a de-institutionalisation strategy with the central government to improve alternative care policy for vulnerable children in Aceh.

Outcomes and Impacts

- ***The Family Tracing and Reunification programme was effective but limited in scope:***

The inter-agency Family Tracing and Reunification (FTR) programme successfully reunited over 80 percent of its caseload with families. However, it only reached 17 percent of the estimated total number of separated children. The evaluation found that the traditional "separated, unaccompanied and orphaned" categorisation employed globally was not a helpful guide to vulnerability in Aceh. Many separated or orphaned children were spontaneously fostered by extended family and factors other than separation, such as income, shelter and security were also important in children's exposure to protection risks.

The evaluation found comparatively poor outcome/impact results from stand-alone projects that were not adequately linked to traditional, community and/or sub-district/district mechanisms. This is most apparent in comparisons of the evolving protective environment systems in Aceh Barat (with significant agency and donor involvement) with the ad hoc, non-systems grounded projects implemented for children in Bireun (a mainly conflict-affected district with less NGO and donor involvement). Overall, protective systems for children in conflict-only affected districts of NAD are less advanced than those in tsunami-affected districts.

- ***Children's wellbeing is better in family care rather than in institutions:***

Examination of the wellbeing outcomes of separated children placed through the FTR system found that, generally speaking, children in family care fare better than children in orphanages (pantis). Findings from this evaluation suggest that children in orphanages, especially girls aged six to twelve years, are generally worse-off in terms of having access to nutritious foods, being comfortable in groups, or having their basic needs well met. The girls in orphanages, along with boys in the same age group, showed poor sociability indicators; they were also less likely to share concerns and negative experiences.

Though the education system in government schools (where children living in families attend), Islamic boarding schools and orphanages are different, the grading scale is common. A survey of grades for children of all examined age groups in each of the three care settings revealed that most children are merely passing their classes. Very few children appeared to be receiving grades in the good or excellent range of the grading scale, and a significant proportion of children are failing some of their core classes. Findings suggested that children in orphanages were more likely to fail one of more of three subjects than children in other care settings. Furthermore, although girls in family care performed better than girls in institutional care, there was no significant difference in the performance of boys (ages 13-18 years) in families or Islamic boarding schools (dayahs).

- ***The important role of children's centres:***

In the immediate aftermath of the tsunami, UNICEF and partners quickly created safe shelters—children's centres—for children to stay, play and receive basic aid in the IDP barracks. The centres were situated near the barracks in order to facilitate the FTR system, provide psychosocial assistance, and prevent trafficking. Over time, children's centres became more formal service provision centres, and today have transformed into Puspelkesos, or Social Welfare Service Centres, officially overseen by Dinas Sosial (Ministry of Social Affairs). Pulpelkesos are

[88] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.14.

now staffed by more specialised personnel and Dinas Sosial plans to employ social workers in each sub-district to formally liaise with Pulpelkesos. NGOs also work closely with Pulpelkesos to ensure integrated programming. In addition, kindergartens, formally organised through children's centres in the early stages of recovery, have now been officially handed over to Dinas Sosial. Now more children are able to begin school at a younger age due to the existence of early childhood education close to where families live.

- ***The exploitation and abuse work strand evolved into an innovative juvenile justice programme:***

During the emergency phase, police helped to protect children by patrolling exit points and crowded living areas such as camps. Subsequent interactions between child protection actors and police created new entry points to strengthen the juvenile justice system in NAD, including the establishment of women and children police units in all district police offices. A group of committed local officers emerged jointly with other key law enforcers and together with UNICEF and NGO staff, formed a diversion and restorative justice programme "working group" to support this stellar exemplar. NAD now has one of the most innovative restorative justice programmes in Indonesia.

- ***The Victim of Violence Programme is providing a higher standard of care than previous efforts:***

A programme to respond to victims of violence and abuse is evolving and achieving significant results. Before the existence of the Integrated Service Centre (Pusat Pelayanan Terpadu - PPT), 80 percent of incidents were documented by an officer-in-charge; after the PPT only seven percent of incidents were not documented, a 13 percent improvement. Other improvements substantiating a higher level of care received as a result of the PPT include: 100 percent of all victims now receive a medical report that is submitted to the court (a 13 percent increase post-PPT); there was a 46 percent increase in the purpose of the interview being explained; and there was a radical improvement (67 percent) in follow-up monitoring of cases, up from zero percent pre-PPT. Privacy was also shown to continue to be maintained during the interview at 100 percent.

- ***Improved service provision through hospital-based Integrated Service Centres (PPT):***

The first integrated crisis centre, PPT, was established at the police provincial hospital in Banda Aceh. This programme strives to provide integrated services to victims of violence, abuse and exploitation. The hospital provides medical care to victims, and providers are trained to detect cases and make referrals for counselling and legal services to victims of abuse. With the adoption of the National Anti-Trafficking Law and the Law on the Elimination of Domestic Violence—which are the legal basis for the allocation of the budget, combined with the standard operating procedures that will be legally adopted, as well—mechanisms for the sustainability of the services have been put in place. By 2008, PPTs have been established in four districts (Aceh Barat, Nagan Raya, Aceh Jaya and Bireuen), as well as at the provincial level.

The PPT programme in NAD is aligned with national policy support for care and treatment of victims of violence. The evaluation found that provided services are more consistent and of a higher standard than the previous programmes. The most striking difference is in the area of follow-up monitoring: there was no follow-up visitation reported among clients serviced through the old programme, as compared to 67 percent serviced through the new programme. Service uptake has also increased since the advent of the PPT programme. Thirty-five people accessed these services during the year prior to PPT, and 75 the year after.

- ***There is a need for better implementation of referral mechanisms for children in need:***

Fourteen policies were enacted to ensure child protection services for victims of abuse from January 2005 through January 2009.[89] Child protection coordination bodies are operational in

[89] UNICEF. *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia (2005-2008),Child Protection* (sector report). UNICEF. 2009.

most districts, and village-level committees are established in some districts in NAD. The identification of abused, neglected and exploited children is taking place in some villages in Aceh Barat, for example. Referrals are being made to social workers and other actors. The children's centres, PPA (restorative justice programme) and PPT programmes, especially, stress integrated service provision. These are significant accomplishments. However, fast-paced transition has resulted in insufficient attention to strengthening village-level committees and ensuring their linkage to sub-district and district-level actors. Village-level capacity building does not appear, at present, to be high on the agenda of the new Pulpelkesos initiative. GoI engagement with village committees and strengthening child protection awareness, detection and referral capacities are also limited. It is unlikely that village committees will be enhanced or village-to-service provider links maintained and strengthened without considerable reorientation of the Pulpelkesos systems towards community engagement and capacity building.

- ***Achievements of the GoI's New Diversion Programme for Children in Conflict with the Law***

Prior to the tsunami no rehabilitation or correctional institutions existed for children. Detention, prosecution and trial of children followed the same procedures as those for adults. NAD's recent emphasis on diversion of children in conflict with the law, through its restorative justice programme (PPA), has proven very successful in a short period of time. Training on child-friendly procedures is being incorporated into police training curricula as a result of these trainings, and diversion and probation are becoming more widely embraced than child detention. Evidence shows that UNICEF's active provision of technical support for this programme has contributed to these gains.

UNICEF PROGRAMME PERFORMANCE

RELEVANCE

Child protection systems advances are being achieved and sustained. Early response tracing and reunification and safe space programmes paved the way for new child care and placement policies and practices. They have also led to a favourable shift in government policy, away from financial support for just orphanages to substantial support of livelihoods to prevent child-family separations; and new government-civil society partnerships to provide integrated social services at sub-district level. Emerging professional sub-district social workers (TKSK) covering 215 sub-districts are paid under the provincial parliament budget, and there is a new university-based school of social work. Another success has been the passage of the Child Protection Qanun.

UNICEF's global CCCs served as a comprehensive framework for the structuring of the initial emergency and early recovery responses of its child protection programme after the tsunami. In Aceh, it was determined that nine of the ten CCCs for child protection were relevant. However, it proved difficult to implement all commitments simultaneously and do them well. Though a rapid assessment and subsequent assessments were conducted, findings were not well grounded in the local socio-cultural context. As a result, much more was learned through ongoing assessment of children's protection and wellbeing needs while implementing programmes.

Despite shortcomings, rudimentary activities during the emergency phase—such as placement of police women in front of barracks; organising safe play areas for children; supporting family tracing and reunification, as well as advocacy and coordination functions—enabled valuable protection and assistance to be delivered. By building upon a limited number of activities in three key work strands (children without family care, psychosocial support, and exploitation and abuse), UNICEF was able to create an evolving "building back better" protection systems approach that is still progressing in NAD and showing great progress.

EFFECTIVENESS AND EFFICIENCY

The evaluation found that rudimentary emergency responses launched in 2005 have evolved into substantial protective systems for children in tsunami-affected areas of Aceh in 2008. The emergence of this substantial child protection system is in large part due to early linkage of the dual objectives of responding to immediate needs of vulnerable groups of children and welfare, and legal systems-building for all children.

- ***Lack of a systematic protection response for conflict-affected children:***

The evaluation found that the Child Protection Program's response to conflict-affected children represents its largest shortcoming. There was a near complete lack of a systems approach to child protection in conflict-affected areas. Instead, agencies have mainly developed palliative approaches and one-off projects than fall far short of a systematic protection response and have little sustaining impact on protective enhancement in the long term. A human rights-based approach to child protection programming would demand that a wider range of interventions and systems development must be considered.

- ***The effectiveness of the Inter-Agency Tracing Network on FTR and family-based care:***

Informal child placements far out-number formal placements, in many, if not most emergencies. In Aceh it was determined that approximately 83 percent of children were informally reunited with family, while 17 percent were formally reunited with family through the family tracing and reunification process. To date, the child protection community has not developed or employed assessment methodologies that yield reliable prevalence estimates of the number of separated and unaccompanied children. Instead, passive surveillance mechanisms, which often greatly under-represent the extent of separation, are used. Though children in NAD's FTR database (2,853) represent a fraction of children in need of support, the FTR system was successful in placing enrolled children in family-based care. Eighty-two percent (2,311) of enrolled children were placed in family or foster family care; only ten percent (295) were placed in institutions (orphanages and Islamic boarding schools). This accomplishment further underscores the potential benefits of rethinking FTR efforts to better account for recurring realities in humanitarian emergencies that lead to the undermining of family unity and child care.

- ***The effectiveness of action taken to avert and respond to causes of abuse, exploitation and trafficking (AET) of children post-tsunami:***

While it is nearly impossible to assess the impact of prevention efforts, it is clear that UNICEF and the GoI acted swiftly to stem systematic abuse of children in Aceh. UNICEF advocated action to prevent trafficking activity and ensure children's safety in IDP barracks in the early stages of the emergency. The GoI responded by stationing police at key transit points, including airports and other transit hubs, to ensure that unaccompanied children and those without proper documentation could not leave Aceh. Social workers were also deployed throughout the province to monitor the movement of children. In order to ensure child safety in IDP settings, 50 legal officers from the Indonesian Army were trained in child protection and child rights. Not long after, policewomen were also trained and dispatched to monitor IDP camps and children's centres at all times. In 2005, a total of 78 cases of abuse and exploitation were reported. Fifteen cases were reported to 19 children's centres and 63 cases were reported to the police. Given the sensitive and often stigmatised nature of abuse and exploitation, it is likely that many cases went unreported.

Several policies to stem abuse of children emerged from this early, robust response. Eight provincial and several district policies were identified that laid the framework for the creation of a more protective environment for children. Dinas Sosial led the Provincial Focal Point Team on Child Protection and coordinated child protection initiatives in 2005. In 2006, all relevant line ministries and the police, Islamic boarding schools, hospitals and other stakeholders signed an MOU to ensure the rights of child victims of abuse and children in conflict with the law. The PPT policy, which calls for integrated services for victims of abuse, was first passed at the national level in 2006, and later adopted in Aceh, and is evidence that the Victims of Violence Programme is providing a higher standard of care than previous efforts. Subsequently, district-level policies were enacted in order to operationalise and fund this policy.

- ***The effectiveness of the response to psychosocial concerns:***

Prior to the tsunami mental health services were essentially non-existent in Aceh. There were only two psychiatrists and one overcrowded and under-resourced mental health care treatment facility located in Banda Aceh. There were no mental health facilities or expertise at the district level. Medications for psychiatric conditions were only available in Banda Aceh and there was no community support for individuals with serious psychological disorders or their families.

The sheer scale of the disaster and global financial contributions enabled an unprecedented number of agencies to engage in psychosocial interventions. Since the tsunami, significant progress has been made to establish an effective, professional mental health system in Aceh Besar: an intensive acute mental health unit was established, a volunteer village-level psychosocial/mental health cadre was created, and community mental health nurses received training. The development of an effective household-to-hospital continuum of care in the district of Aceh Besar was a major accomplishment of the response. A 2007 assessment of the outcome of these achievements found that the system is working effectively in three of the four sub-districts in Aceh Besar.

In 2007, the Italian University L'Aquila conducted a cross-sectional study to estimate the effectiveness of UNICEF's Children's Centre psychosocial programme. The study found that overall, UNICEF-supported children's centres effectively targeted the most vulnerable children—the more tsunami-affected, underprivileged and displaced children. Further, children experienced less stress, anxiety or depression than children without such support.

SUSTAINABILITY

Government budgetary commitments to child protection programmes have greatly increased following the tsunami, and continue to grow. The NAD budget for child protection and social welfare programmes has increased by 912 percent since 2006. Part of this increase can be explained by government decentralisation, which allowed NAD to directly benefit from oil proceeds in 2007.

In addition to increased financial commitments, the GoI is also partnering with NGOs to deliver social protection services. The Pspelkesos Initiative, overseen by Dinas Sosial, works in this manner. NGOs implement programmes through the Pspelkesos with financial support from the government. Notably, staff positions at these centres were once voluntary but now the government intends to employ 240 newly trained social workers to facilitate this initiative. The Indonesian Child Protection Commission (KPAID) in NAD similarly receives joint support from the government and NGOs.

Provincial-level financial allocations to child protection and social welfare activities have increased in consecutive years. The dramatic increases in national, provincial and district-level policy and coordinating mechanisms that have emerged since 2005 also provide testament to GoI's commitment to this issue: a new Provincial Action Plan on Anti-Trafficking was approved, and new provincial child protection legislation has been presented to Parliament. Aceh is also supporting human resource development through a new university-based social work training programme that has been developed in partnership with McGill University in Canada. More than sixty students began their studies in July 2008, who are expected to graduate in 2011. The addition of this new university venture will go a long way toward ensuring a steady stream of competent social workers for years to come. There has been some progress in creating child protection networks at the district, sub-district and village levels, albeit with considerable variance and results. The technical capacities of government actors to inform and sustain these impressive gains are being debated as international agencies consider their respective exit strategies.

Remarkably, child protection efforts have resulted in Aceh becoming one of "the most advanced in all Indonesia with respect to the legal protection of children".[90] A Child Protection Secretariat was established within the Department of Social Welfare,[91] which will help to ensure ongoing capacity development and institutional ownership at the provincial level.

UNICEF'S Role and Contribution

UNICEF's early response activities enabled valuable protection and assistance to be delivered to children. By building upon a limited number of activities in three key work strands (children without family care, psychosocial support, and exploitation and abuse), UNICEF was able to create an evolving building back better protection systems approach that is still progressing in Aceh and showing great progress. A broader response may not have yielded a similarly strong systems environment.

During the recovery and early development phases, UNICEF played a leading role in raising the profile of child protection, building the government's capacity, training service providers in technical aspects of programmes, and contributing to systems development over time. Due to UNICEF's support over the past four years, child protection systems have begun to evolve and key actors have prioritised funds for child protection programmes.

Lessons

- ***Child protection actors are able to promote rudimentary elements of a child protective system by ensuring ongoing service provision is built around approaches that are already in place or under-developed.***

The dual objectives of responding to immediate needs and systems-building can be seen as two work strands which are complementary and where work on the second systems-building objective can be seen as an incremental process running simultaneously to emergency assistance provision.

- ***Capacity building became more essential as child protection agencies reoriented themselves towards systems-building.***

During this transition, the need to push for systemic-level changes and policy development in a concerted way and, at the same time, working on changing traditional attitudes and practices that were note supportive or even harmful to children, became increasingly important. Capacity building of the people and institutions that play key roles in a protective environment for children—including parents, community and social workers, policy makers, and government officials—is essential to systems-building but represents an under-developed area of child protection in emergencies.

- ***An effective protection programme must be a shared priority between emergency and development actors, including the government, UN, NGO and donor communities, and dialogues on transitions to development need to take place during the emergency phase.***

- ***Protective systems for children are national in scope and require active government involvement, ownership and responsibility.***

In Aceh, protective systems are composed of essential elements, processes and activities at the levels of the child, family and community on the one hand, and at the sub-district/district and provincial levels on the other. Building linkages between these different levels of the protective environment is key.

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[90] United Nations. *The United Nations in Aceh: 2005 to 2008 and beyond*. Draft. October 2008, p.14.
[91] UNICEF. *Aceh and Nias Programme Briefing: from Relief to Development*. August 2008, p.16. See also, BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.37.

4.4 Health and Nutrition

Context and Sector Response

In spite of rapid declines in the last four decades, Indonesia still has higher maternal mortality rates than its neighbouring countries. Aceh has historically had higher utilisation of midwife services and lower infant mortality rates than Indonesia as a whole. Conflict prevented the application of the 2002 Demographic and Health Survey (DHS) or the 2003 Multiple Indicator Cluster Survey (MICS) in much of Aceh, leaving us without reliable information on mortality prior to the tsunami. In Indonesia overall, health facilities declined after the financial and economic crisis in 1997. These have since increased, but remain below the 1997 national level. As the main primary health care service in Indonesia, the Puskesmas (community health centres at the sub-district level) are key to the hierarchical structure of health services.

In the wake of the tsunami, 41 of Aceh's 244 health facilities—16 percent—were damaged or destroyed.[92] Most of the destruction was in Aceh Jaya, Banda Aceh City, Aceh Barat, Aceh Besar and Meulaboh. The Provincial Health Office (PHO), hospital and public health laboratory were also either badly damaged or flooded. Apart from destroying basic health service facilities, the tsunami also damaged and led to the relocation of 12 of the 43 Puskesmas. Provincial and Aceh Jaya district pharmacy warehouses, the health training centre at Jantho, the PHO building, and the district health offices at Aceh Jaya and Simelue were also damaged or destroyed.

Many surviving health care staff lost family members in the disaster and were under considerable stress to return under the existing conditions. In Nias, the earthquake caused the flight of many skilled health workers, whose health care system was already under-resourced. However, the resources allocated in 2005 were ample and potentially problematic; for example, "the level of resources may overwhelm the management and implementation capacity of provincial and district level health offices with a large number of NGOs and other donors' supported projects and activities added to government programs".[93] BRR found that the optimal use of these resources and medical equipment needed to be allocated to areas where the health infrastructure and skilled workforce were available to use it.[94]

Thirty-five NGOs and international organisations worked in the health sector after the tsunami. Field hospitals were set up in Aceh by Australia, Germany, Belgium, Singapore, China, Malaysia, ICRC Denmark, Russia, Pakistan, Portugal and the United States. There were 908 medical volunteers representing 85 international and local organisations in Aceh. Forty-two satellite health posts were built within eight weeks of the disaster. Islamic Relief developed another four satellite clinics, and MEDCO one clinic. World Vision and Médecins Sans Frontières (MSF) provided mobile clinics for IDPs while the GoI, mainly supported by UNICEF and WHO, trained and equipped staff for 63 health centres in IDP camps. The national Ministry of Health (MOH) sent 800 health workers to Aceh to serve in satellite health posts in 126 temporary camps that accommodated 120,000 displaced people.

Essential medicines, supplied by WHO, NGOs and the IFRC, were distributed throughout Aceh. Post-tsunami risk of malnutrition was worsened by health risks related to loss of infrastructure and crowding, lack of food security and disruption of normal living conditions. Large-scale food relief supplies and Vitamin A capsule distribution programmes were rapidly instituted. Breastfeeding promotion was instituted or strengthened, especially among displaced people and primary health care workers. Around 225,000 mosquito nets were distributed by various NGOs, WHO and UNICEF. UNICEF and WHO assisted health authorities in immunising more than one

[92] Indonesia Health and Nutrition Sector Report, p.10.
[93] World Bank. *Rebuilding a Better Aceh and Nias: Preliminary Stocktaking of the Reconstruction Effort Six Months After the Earthquake and Tsunami*. Draft, 2005, p.106.
[94] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.40.

million children under age 15 against measles in March 2005. UNICEF and UNFPA provided thousands of midwifery kits in collaboration with the PHO and the Indonesian Midwives Association (IBI).

In the recovery phase, UN agencies have sought to build the capacity of government agencies and health care providers and to improve the quality of service provision. BRR provided scholarships for 221 health workers to attend advanced training, including 116 specialist surgeons, paediatricians, gynaecologists, internists and anaesthesists. All of whom were meant to serve as permanent specialists in general hospitals throughout the Aceh Province.[95]

UNICEF'S Response

UNICEF became the health coordinating agency in the districts where the public health infrastructure had been completely destroyed: Banda Aceh, Aceh Besar, Aceh Jaya and Aceh Barat in Aceh; and Nias and Nias Selatan in Nias. In districts where the public health infrastructure was intact, UNICEF provided technical and logistic support to assist the district health authorities and WHO, which was the health coordinating agency in those areas.

On December 31, 2004, a one-day joint United Nations assessment of Banda Aceh was conducted. Further ongoing assessments ran parallel to response actions, which were initially focused at very basic stabilisation activities. UNICEF helped organise and participated in a joint assessment that took place in mid-January—along with the GoI, military, donor agencies, the UN and NGOs—that focused on three districts along Aceh's west coast—Aceh Besar, Aceh Jaya and Aceh Barat. In January and early February, UNICEF carried out rapid coverage surveys of the measles campaign and a census of camps in and around Banda Aceh. In collaboration with the Nutrition Research Institute, UNICEF conducted nutrition assessments in the early months that were mainly focused on four of the thirteen tsunami-affected districts with the largest concentration of IDPs, but only half of the total.

In order to scale up capacity for the provision of health care necessary to address the tsunami impact and also remedy insufficient pre-tsunami services, training of health care staff was a priority. UNICEF trained more than 6,500 health care staff and midwives in the management of common childhood illnesses, reproductive health and clinical site preparation.[96] Over 270 health care providers were trained on breastfeeding practices in two districts and two main hospitals; nutrition training was provided to more than 6,000 volunteers; and approximately 650 religious counselors were oriented on HIV/AIDS.[97]

UNICEF supported the GoI in coordinating a large-scale vaccination campaign in early January with the partnership of IOM, and Japanese, German, Hungarian and Russian army units. Vitamin A and de-worming reached 300,000 children aged 2-5 years—90 percent of children in that age group in Aceh and Nias—in all districts. Capacity building to establish community-based therapeutic care (CTC) for severely malnourished children was supported in three pilot districts. Forty-two districts' health offices were provided with cold chain equipment by UNICEF.

To build government and local capacity, UNICEF trained health workers on immunisations, breastfeeding practices, the management of severe acute malnutrition, and child feeding practices. UNICEF conducted two trainings on maternal and child health for health authorities in June 2005, and provided training on management and supervision of maternal and child health services, as well as financial and technical assistance to the maternal and child health section of Aceh's PHO. Guidelines for infant feeding in emergencies were co-produced with WHO and distributed to health partners. UNICEF also supported the revision, printing and delivery to health authorities of 400,000 maternal and child health care handbooks. UNICEF supported a

[95] Ibid.
[96] UNICEF. *Aceh and Nias Programme Briefing: from Relief to Development*. August 2008, p.14.
[97] UNICEF. *Aceh and Nias Programme Briefing: from Relief to Development*. August 2008, p.15.

counselling programme for children and their families. After six months, a network of trained social workers was able to provide individual counselling and follow-up sessions for about 920 children.

In the development phase UNICEF funded and monitored the 2007 DHS in Aceh. UNICEF is currently coordinating analysis and publication of an Aceh-specific edition of the DHS results. UNICEF completed construction of the first of the 227 mother-and-child health centres in 2007. It had been anticipated that the last of these health centres would be completed in 2007, yet the evaluation observes that completion is likely to take additional years.

Outcomes and Impacts

Aceh, along with Indonesia overall, is not on track to achieve the infant mortality, maternal mortality and malnutrition goals set for the country with regard to the MDGs. Aceh currently faces the same issues that were priorities in the pre-tsunami period, including under-nutrition, poor health training, low productivity and limited supervision. Strong data on mortality are hard to locate in Aceh because the DHS is only capable of comparing rates for a ten-year period for Aceh. Because many districts in Aceh did not collect mortality data systematically until after the tsunami and peace agreement, the system cannot currently be used to monitor mortality or coverage trends, thus limiting the effectiveness and connectedness of recovery and development actions. This will require improved supervision, stronger management, and the improved collection and analysis of health service data.

- ***Access to and Provision of Health Services:***

There has been considerable progress in reestablishing health facilities and replacing lost health personnel, primarily in coastal, urban, and/or tsunami-affected areas. Aceh now has achieved near sufficient numbers of health workers and facilities. The challenge is to increase the coverage and quality of services provided. This, in turn, will require better supervision, better collection of health services information, and better priority setting at the district and provincial levels.

The training of new nurses and midwives following the tsunami was a strategy to rapidly increase the effectiveness of the health care workforce. However, when they began to graduate in large numbers in 2007, they had limited skills and experience and training did not give them confidence to perform key services. New inexperienced graduates were sent to rural primary health centres, where they tended to refer most emergencies to hospitals. Such delays in care and treatment result in increased mortality. Ambivalence exists towards traditional birth attendants (TBAs); District Health Offices are hesitant to train them, instead putting their hopes in midwives. But there is a need to use TBAs for pre- and postnatal care, and to have them coordinate care with midwives at the time of delivery. It is important to note the value of TBAs: while midwives deliver an average of ten babies per year, some TBAs deliver that many in a month. Yet there is nothing in midwives' training to orient them to teamwork with TBAs, and little to facilitate the referral of those in obstetric emergencies to needed care. This should be added to basic and in-service training for midwives.

Among those returned back to their villages by 2006, the proportion of respondents reporting health problems declined (37 percent). Difficulty in access to care facilities remained the most prominent problem (30 percent). Most respondents in conflict- and tsunami-affected areas said that health care facilities were better (64 percent and 44 percent, respectively) or the same (34 percent and 44 percent, respectively) as before the tsunami. While conflict areas and other remote areas had fewer health services before 2004, the reconstruction of infrastructure is most delayed in these areas. Following the tsunami, UNICEF and other members of the international community provided considerable direct support to temporary clinics in the emergency response. UNICEF has since focused its efforts, along with other international agencies and the government, in training health workers and building new health facilities. Yet delays in the building of health facilities has preoccupied far too many of UNICEF's efforts.

- ***Child and Maternal Mortality:***

Child mortality is declining, but not at the pace required to achieve MDG objectives in Aceh. According to World Bank data, under-five mortality rates (U5MR) continued to be among the highest in the region, overall. In 2007, the Demographic Health Survey found that nationally, infant and child mortality rates are now 15 percent lower than their ten-year average. Mortality rates in Aceh may have declined similarly over the last decade, but data that is good enough to track this secular change does not exist. Many districts did not collect mortality data systematically until after the tsunami and the peace agreement, making comparisons over time unreliable. It is believed that about one-sixth of infant deaths and a third of maternal deaths get reported through the routine information system. The system thus cannot be used to monitor mortality or coverage trends at present, thus limiting the effectiveness and connectedness of recovery and development actions.

In 2004, data from the Provincial Health Office showed the maternal mortality ratio in Aceh province to be 373 per 100,000 live births. Their records indicate a decline in 2005 to 354 per 100,000 live births, and a further decline in 2006 to 237 per 100,000 live births. However, this reported decline may be the result of poor data collection. It is estimated that maternal mortality is now 307 per 100,000 live births,[98] one of the highest ratios among ASEAN countries, with a slow decline that makes it unlikely to reach the MDG target of 110. In 2004, only two-thirds of delivering mothers were attended by health professionals. A higher percentage of all births are attended by health personnel in Aceh than in Indonesia overall, but maternal mortality is also higher. Sixty percent of reported maternal deaths occurred prior to reaching health facilities. Most service sites are not equipped, and most nurses and midwives are not trained in the management of serious birthing complications. The case fatality rate among women with complications was reduced by half, from 36 percent in 2005 to 17 percent in 2006, where such training and equipment was provided. Improved coverage, improved transport, and quality of care might reduce mortality by half. These epidemiologic data should drive the health system, yet the training and coordination of midwifery and surgical services are not among the topics of major focus in training or supervision in the health system. This is a major area for improving the effectiveness of midwifery services.

- ***Nutrition:***

There is stagnation with regards to reductions in malnutrition—Aceh is ten points above the MDG target of 18 percent. Importantly, declines in malnutrition in recent years appear to be mainly the result of a rise in purchasing power rather than targeted health interventions. There are continuing high levels of malnutrition in Aceh, especially in remote areas of the province, rather than only in tsunami-affected areas. In January 2005, the prevalence of global acute malnutrition in children in Aceh was 12.7 percent, and severe acute malnutrition was 1.5 percent. The larger-scale nutrition survey conducted within a few months later in thirteen Aceh districts showed the prevalence of wasting for all under-five children still high at 11.4 percent.[99] In February 2005, the overall prevalence of underweight children was 43 percent. The prevalence of wasting was similar between IDP and non-IDP children, indicating problems in access to food and feeding habits. Underweight, stunting and anemia were higher in IDP-children than non-IDP children. This information was highly relevant for the design of intervention programmes, but did not generate stepped-up actions, highlighting a problem in UNICEF's programme logic effectiveness.

The highest prevalence of both wasting and global acute malnutrition is among children aged 12 and 24 months. The prevalence in this group was almost 50 percent higher than observed in any other age group, reflecting the need for child care promotion and nutrition education to mothers for increased effectiveness.

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[98] Aceh Provincial Health Office data, 2006. See also *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia, Health and Nutrition* (sector report), p. 23.

[99] UN System Standing Committee on Nutrition. Nutrition Information in Crisis Situations. Report No. 6 – Summary. May 2005, p.10. http://www.who.int/hac/crises/eth/sitreps/NICS%206%20summary%20.pdf

- ***Breastfeeding***:

The Demographic Health Survey (DHS) showed that breastfeeding practices are similar, but slightly poorer, in Aceh than in Indonesia overall. Pre-lacteal feeding and breastfeeding within an hour of birth are promoted by UNICEF, but have not been adopted as widely in Aceh where cultural beliefs impede these behaviours. The duration of exclusive breastfeeding increased from 2.45 months in 2004 to 3.88 months in 2005, yet in 2007, only 32 percent of infants under six months were exclusively breastfed. By six to nine months, 14 percent of infants are no longer being breastfed. The evaluation survey found that just 22 percent of mothers discontinued breastfeeding before their babies were six months of age. Breastfeeding duration was longer in rural areas and in conflict-affected areas. Only 24 percent of respondents reported exclusive breastfeeding, but most health personnel believe that exclusive breastfeeding has risen modestly during the last several years. This disconnect, again, shows an ineffective policy focus and poor use of health service data in management.

The early introduction of solid foods is most common in urban areas. The survey carried out for this evaluation showed that the median age when children are introduced to semi-solid or solid food is three months of age, and 71 percent of children received solid foods before six months of age. The survey found that the majority of urban mothers (94 percent) bought breast milk substitutes. Midwives and traditional birth attendants (TBAs) are reported to sell or promote the sales of breast milk substitutes. The evaluation findings raise questions about the coverage and efficiency of breastfeeding promotion activities. Overcoming these challenges will require the training of new health workers and policy and legal projects to limit the marketing of breast milk substitutes.

- ***Immunisation:***

After the tsunami, immunisation among under-fives increased, and all of the immunisation coverage levels increased considerably, but still lagged national levels (59 percent), demonstrating continuing problems in achieving high coverage. The DHS showed the proportion of mothers with an immunisation card in 2006 at 37 percent, increased from the 31 percent recorded in the 2002-03 DHS. Fifty-nine percent of children have received all of the recommended vaccinations, moderately higher than 51 percent in 2002-03.

Before the tsunami, the measles coverage was especially low, at 28 percent. Measles vaccination, according to a February 2005 survey in Aceh, was much higher on the north coast (63 percent) than on the east or west coasts (30 percent). It was higher among IDPs (49 percent) than among host households (46 percent) or non-IDP households (31 percent). This was highly relevant data, as IDP crowding and poor nutrition created a major new threat. Some measles did occur in the early months after the tsunami. These were quickly contained by ring vaccinations, demonstrating the coherence of this adaptation to problems of coverage. Concentrating on tsunami-affected areas, the number of measles cases in children was halved in four months.

An important policy shift resulted from the widespread international participation in immunisation activities. Prior to the tsunami, GoI had been reluctant to conduct wide age-range campaigns that were proposed in the global measles mortality reduction strategy. Instead, they preferred to conduct selective campaigns in high-risk areas. Yet their surveillance of these areas was suboptimal, and as a result, outbreaks were experience in areas they were not targeting. The increased attention and funds post-tsunami were successful in convincing national counterparts to conduct a measles vaccination per Sphere guidelines for children six months to 15 years. The international community had tried unsuccessfully for years to convince leaders to adopt this strategy, yet because of its success in post-tsunami Aceh, GoI was convinced of its efficacy and it became a national norm, with the result of reduced measles transmission nationally.[100]

[100] Information provided in interview by Robin Nandy and also noted in Indonesia Tsunami Situation Report. February 14, 2005, Number 39.

- ***Malaria***:

Where bednets treated with insecticide were widely distributed, the prevalence of malaria parasites declined. IDPs have higher rates of immunisation and higher rates of sleeping under bednets than others. The distribution of bednets started a wider bednet distribution programme integrated with maternal child health (MCH) programmes. About 90 percent of children are reported by DHS to sleep under a bednet.

UNICEF Programme Performance

RELEVANCE

Relevance was critical in UNICEF's handling emergency needs in the immediate post-tsunami period. Yet the relevance of programmatic focus on facilities, and the training of health workers outside of improved managerial skill and epidemiologic monitoring for long-term recovery were poor. More coherence in planning would have involved interim capacity development activities for health systems leaders, more investment in supervision and management, and the use of a small number of key indicators for administrative management rather than the design of comprehensive systems.

UNICEF had an important role in developing assessments that assisted nutrition and immunisation programmes. Further, UNICEF helped to build institutional capacity by providing critical training to health care workers, social workers as well as volunteers to meet the health, nutrition and psychosocial needs of displaced and other affected communities. UNICEF's supported the 2007 Demographic and Health Survey, which was critical as health service data collection systems in Aceh are incomplete.

UNICEF took a lead in prioritising and leading the coordination of measles vaccination efforts, as well as to support a nation-wide campaign of National Polio Immunisation days which also covered Aceh. They targeted 1.1 million children as vulnerable in light of low immunisation levels pre-tsunami and from the start mobilised attention to seek full population coverage among under-five children. As the capacity was not in place to do this all at once, district-specific, rolling campaigns utilising local health workers wherever possible, were organised.
In the relief phase, UNICEF provided extensive leadership in carrying out and coordinating assessments. At that time no common needs assessment tool was available, and many of efforts, while useful, suffered from a lack of a systematic and repeatable (and therefore comparable) approach. The exception to this was in UNICEF-led nutrition surveys. Yet even in this area, nutrition surveys led by UNICEF did not trigger a programmatic response, even from UNICEF. This shows a lack of coordination within the organisation, and among humanitarian agencies more widely.

Procurement of cold-chain equipment was also surely important. Some of this purchase has been criticised as being too extensive and expensive. In general, though, the equipping of facilities and central warehouse with equipment has worked better than the construction of new primary health facilities.

EFFECTIVENESS AND EFFICIENCY

UNICEF's early relief and recovery activities were well focused on emergent needs. However, health services offered during recovery provided well for the emergent physical needs of families, but were generally less prepared to address social and psychological needs; develop health policy; improve supervision; or to improve the quality and productivity of health workers that is necessary to move from emergency response to recovery and development. Programming from the recovery stage has focused heavily on the building of health facilities. However, this role has been less effective, and would have been better left to others or handled by the creation of a discrete, dedicated engineering/architecture unit. UNICEF's efforts were primarily taken up with

the bricks and mortar work of building health facilities. This preoccupation precluded more effective and extensive attention to capacity development in the health sector.

The loss of facilities and staff due to the tsunami were an overwhelming obstacle during the early stages of recovery. But a lack of more thorough attention to pre-existing weaknesses in the government's health and administrative systems has led, to date, to a system still exhibiting the key weaknesses that existed prior to the tsunami.

UNICEF's inadequate capacity issues were found to be driven by exogenous factors influencing the health system that are related to weak governance, excessive decentralisation, and limited administrative capacity throughout Aceh. The limitations imposed by these three interrelated problems are great. In retrospect, it is clear that ambitious programme goals could not be achieved due to these limitations. Furthermore, a revised strategy that focused increasingly on capacity development for management of the health system and policy advocacy with provincial and district authorities would have been necessary to more adequately utilise the opportunities presented under reconstruction. Instead, a more one-size-fits-all recovery strategy was pursued with limited capacity for effective implementation.

The transition from emergency response to recovery faltered under the weight of reconstruction needs and rapid programming expansion. More specifically, the training of new health workers, especially nurses and midwives, was not adequately articulated with the reconstruction of health facilities.

The decentralisation of administration, ineffective human resource policies, and a history of isolation and low productivity during the armed conflict meant that neither the government nor UN agencies were able to move beyond the emergency mentality of the immediate post-tsunami period. What was lacking in all of the successful emergency actions was a substantive articulation of how these actions should contribute to a staged development of the health system. Strategic planning for a multi-year programme never replaced emergency response approaches; this would have required the coming together of facilities construction, the training of personnel, and the emergence of an administrative system. Plans and programming never effectively took into consideration Aceh's weak government structures that were mired with limited reach, resources and capacity. These government weaknesses were the result of a confluence of three primary factors: 1) the 30-year conflict; 2) the loss in human capacities following the tsunami; and 3) the proliferation of new government structures at the district and local level in response to decentralisation.

In many cases, these shortcomings were further exacerbated by the isolation of villages and sub-districts, poor transportation, and weak capacity to manage public finances. They prevented the effective movement from emergency to recovery and development programming by UNICEF.

SUSTAINABILITY

During the early stages of the tsunami recovery, international staff was more engaged in programmatic activity than in strengthening local planning and management ability. In retrospect, it is clear that programme actions worked to rapidly reestablish at least a minimal system of care. More attention to the development of district- and provincial-level capacity for planning and administration would have helped to further advance programmes and integrate them into normal country programmes when tsunami-related funding was to end. Aceh is in a favorable position with a high focus on public funding of the health system, and continued expectations for relatively good financing from provincial and national sources. To gain the full advantage of these opportunities, however, problems in planning and coordinating the training and employment of health personnel in primary care must be addressed more effectively. Management training is a key to realising desired increases in coverage and effectiveness.

UNICEF'S Role and Contribution

UNICEF has played a key role in every area of progress in health and nutrition since the tsunami. UNICEF's programming since the emergency and early recovery phases has been preoccupied on the building and equipping of health facilities and training of health workers. This meant that the organisation focused little on developing health information systems, setting better provincial health policies, or training for management and supervision of the health system. In retrospect, far more effort should have gone into these critical areas. A focus on health policy, and the development of good quality information systems to influence policy development, is an alternative approach that UNICEF is now pursuing. Further attention to the training of health leaders for policy, and health administrators for management, is also indicated.

Lessons

- ***Substantive articulation of how actions should contribute to the staged, subsequent development of the health system was missing.***

Pre-existing contextual and developmental issues were the greatest constraints on recovery. Decentralisation of administration, ineffective human resource policies, and a history of isolation and low productivity during the conflict meant that government and UN organisations alike were never able to move beyond the "emergency mentality" of the immediate post-tsunami period. Although emergency actions were largely appropriate and successful, they lacked articulation of how they linked to subsequent development of the health system. In part, this points to the lack of analysis of longer-term needs in a chronically under-resourced sector.

- ***Post-tsunami systematic weaknesses and major causes of mortality should inform training and equipping of health facilities post-tsunami.***

- ***UNICEF has a vital role to play in the training of health workers who supervise primary care personnel and in engaging health policy actions at higher levels.***

The coordination of actions in construction of facilities, training of personnel, management and policy, would be a recovery strategy distinct from an extension of a programme of emergency response.

5. CROSS-CUTTING ISSUES

The 'overview' elements of the evaluation relate to the relevance and appropriateness of strategic decisions made in the transition between emergency relief and the period when programmes became more embedded in government-led priorities in the recovery/development phase. Put simply, what was done during the initial phase of response should lead to strengthening recovery efforts. Following a relatively brief relief phase, the question of alignment with national development plans becomes central. The following section examines some of the key themes around this issue.

UNICEF's Multi Year Plan 2006-2010, the Country Programme Action Plan 2006-2010, and the report on the meeting for the Mid Term Review (Aceh, October 2007) reflect **a concerted effort to realign programme strategies with the shift from recovery and reconstruction to sustainable development**. Absolute priority was to be given to capacity building, particularly in light of the expected increase in the government budget. However, although the evaluation noted positive initiatives related to institutional capacity building, such as training of teachers and social workers, and capacity building of local government in the WASH sector, **little overall capacity needs analysis had been undertaken**. It was also unclear what work was being done by other organisations at district or provincial levels. In the absence of such information, **it was not clear just how strategic the specific interventions have been, the extent to which they complement one another, and whether there was a logical sequencing of interventions**.

Aceh presented an unusual anomaly: the huge disparity of funds available to a UNICEF sub-office. The extent to which this was to be integrated into country programming (and when) was not always clear. The education and child protection programmes included joint planning exercises between zonal and country office staff, but there were problems in other sectors over institutional memory via handovers and overlap between field office and Country Office.

A related issue was the extent of 'stove pipe' thinking whereby **emergency staff were unable to move beyond provision of assistance and towards a more strategic developmental approach to programming**. We note, for example, the huge construction programme to build new schools—larger than anything UNICEF had ever undertaken anywhere in the world—that inevitably led to a lack of focus on programming. The same was true of the building of health facilities that created a distraction from more substantive health and nutrition needs. Likewise, the WES section continued to deliver water to barracks for displaced families until mid-2007, more than two-and-a-half years after the tsunami. The preoccupation in maintaining this programme was at the expense of developing a strategy to move to the next stage. This lack of exit strategy had several effects: 1) it stimulated a competing market of NGO implementers with a vested interest in continuing the programme; 2) it opened UNICEF up to criticism of perpetuating a dependency syndrome because families continued to live in the barracks;[101] and 3) it delayed the GoI impetus to prioritise and move resources to the permanent housing sector, and to take ownership of this responsibility.

Underlying all aspects of UNICEF's work is staff quantity and quality. The evaluation notes that normal working hours did not resume until early 2007, putting huge personal strain on individuals. Also, hand-over periods were often too brief. Staff numbers peaked at 350 by the end of 2005, but the vast majority was temporary staff drawn from other country programmes, or new staff not familiar with UNICEF procedures. Recruitment and motivation was sometimes impaired by ambiguity; for instance, whether one's permanent post was in jeopardy by taking a short-term job in Aceh. Above all, the evaluation notes that **despite strong technical skills demonstrated by staff at all levels, a lack of continuity was most evident at the level of strategic management thinking and decision making**.

[101] Albeit "on paper", for many.

UNICEF itself will downsize its staff numbers in Aceh to about 15 by 2010, with a corresponding drop in budget. Since they will not be able to work in all 23 districts, the strategic priority in the coming two years will be on creating a demand for services at district level, matched by evidence on issues such as nutrition. At a policy level, UNICEF will also be working to help make government more accountable by, for example, bringing such evidence to the attention of Parliament. There are challenges here in the approach that UNICEF has adopted. For instance, in 2008 UNICEF produced a report demonstrating the economic consequences of malnutrition over the next 10 years; the government was highly receptive to the findings, but the reverted to the traditional response of asking UNICEF to address the challenge. The conversion of evidence to policy change and implementation remains at the heart of UNICEF's current strategy.

5.1 Conflict and Tsunami Response

The tsunami is widely thought to have enabled the peace process in Aceh, as the government worked with GAM and the Acehenese in its relief and reconstruction efforts. Further, the presence of large numbers of international aid agencies may have facilitated peace, and the Tsunami Evaluation Coalition found that it also exposed "the hitherto closed region to new participatory development approaches and good governance concepts, which may have a positive impact on the downward accountability and inclusive, rights based development processes in the new autonomous region of Aceh".[102] This progress is in contrast to Sri Lanka, where the tsunami and the Government of Sri Lanka's response raised questions among the LTTE about inequalities in coverage and increased violence in the conflict region.

The international linkages between the aid effort and the peace process were confirmed in a recent European Commission evaluation,[103] with the interplay between peacebuilding and aid allowing a complex cooperation alignment evolving around development cooperation, the BRR frameworks, the Multi-Donor Fund and comprehensive assessments influencing key players. Yet, the years of conflict caused Aceh to be isolated and with little UN and INGO support, limited development and ongoing need for social services, primarily for the conflict-affected population. Following the tsunami UNICEF had to dramatically scale-upits local human resources and institutional capacity with the institution's substantial funding response. Beyond its effort to address immediate needs following the tsunami, **in the recovery and development phases, UNICEF focused largely on capital investment, which, in the post-conflict context, was critical for both long-needed and post-tsunami infrastructure development, but precluded strategic planning long-term systems-building and capacity development**.

5.2 National/Local Capacity Development

An important question for the evaluation was the extent to which UNICEF interventions effectively supported the restoration of public service institutions and their human resource capacity. This would imply recognition of the limitations on sustainable public expenditure; matching the support to infrastructure with appropriate attention to human resource and institutional constraints; and taking account of the varied structural nature of social and economic exclusion in the affected areas, attempting to reverse patterns of social exclusion.

Losses in leadership, local knowledge and institutional memory accompanied the deaths of 5,266 civil servants[104] in Aceh. The depletion of human resource capacity added to chronic problems caused by decades-long armed conflict. Moreover, government agencies and community-based organisations lost critical infrastructure, telecommunications, organisational records, legal documents, and protocols. Under these formidable circumstances, **agencies did not merely have to scale up local capacity but rather had to develop it, in some cases, from the ground up**.

[102] Scheper, Elisabeth, op. cit., p.5.
[103] "Aceh Peace Process Support Programme", Matveeva and Jansen for Channel Research, 2009, Draft.
[104] UNICEF. *Provincial Profile: Aceh*. November 2007, p.2.

While in the emergency relief phase the local government was largely incapacitated, the national government was unable to provide all needed support:

> *The national government was ill equipped to address the immediate relief needs in Aceh province effectively because of its remote location, weak local government capacity and scale and scope of the tsunami disaster. The BAKORNAS disaster management secretariat was unable to provide the much needed operational capacity and coordination for the national and international responses. The official disaster management structures at provincial and district levels were literally wiped out by the tsunami, while the national coordination procedures were unclear to both national and international actors, making the initial relief response ineffective*.[105]

The GoI relief agency BAKORNAS produced 43 situation reports about the tsunami impact and relief efforts by the end of February 2005, yet the Tsunami Evaluation Coalition found that the situation reports had less to do with serving the needs of potential beneficiaries than with the interests and mandate of the assessing agencies.[106] **The lack of inter-agency coordination among the multitude of international agencies arriving in Aceh to some extent hampered local relief and development efforts, under-using local development knowledge, and undermining capacities for local ownership of programmes**.[107]

An additional constraint on provincial capacity has been the doubling of local governments from 10 to 23, and the increase of sub-districts from 140 to 235 from 1999 to 2005 due to decentralisation.[108] The result of this is increased administrative and personnel costs, which have reduced the already low capacity of local governments. UNICEF has concerns that the larger share and absolute volume of spending on a growing local government apparatus goes to buildings, equipment and vehicles, rather than to investing in sustainable development needs, such as trained staff, capacity building, policy formation, planning, effective resource allocation, accounting and reporting. These needs are fundamental to Aceh's long-term development and must be prioritised.

To assist with local capacity development, UNICEF provides training for a human rights-based approach to situation analysis of women and children using DevInfo—a database with MDG-related data, introduced in 23 districts—to identify priority areas and strategies for development planning.[109] Mention should also be made of the Tsunami Recovery Impact Assessment and Monitoring System (TRIAMS), a project initiated by IFRC and WHO and supported by other UN agencies, including UNICEF. TRIAMS was set up in 2005 and was effectively online by 2006. Through a common analytical framework, it is designed to assist governments, aid agencies and affected populations to assess and monitor the rate and direction of tsunami recovery. **Effective use and analysis of these information systems should be highly instrumental in identifying various sectors' priorities, gaps and achievements.**

BRR was mandated to hand over its responsibilities to the Aceh government in April 2009, following its five-year rehabilitation and reconstruction programme. The process of transition began in 2007, when its mandate was first transferred following the establishment of a joint secretariat in all districts in the province. However, a recent joint evaluation found that "the operations and maintenance phase for many of the projects is only just beginning. The Governor and his administration acknowledge that the government is ill prepared to manage the transfer of large public assets as well as recovery projects created by BRR".[110] Further,

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[105] Scheper, Elisabeth, op. cit., p.43.
[106] Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.47.
[107] Scheper, Elisabeth, op. cit., p.43.
[108] UNICEF. *Provincial Profile: Aceh*. November 2007, p.3.
[109] Ibid. See also, United Nations. *United Nations in Aceh: 2005 to 2008 and Beyond*. Draft. October 2008, p.11.
[110] Channel Research, op. cit., p.29.

> *At the request of the Governor of Aceh and the director of the BRR, the Aceh Recovery Framework has been developed to provide inter-linkages between vital areas of Aceh's transition: ongoing peace processes and reintegration efforts, rule of law, good governance and democratic decentralization, economic development, infrastructure and housing reconstruction and basic social services – as well as cross-cutting issues, such as environment and gender. This framework led by provincial government chairs and supported by the Agency and international partners, attempts to provide capacity-building and asset management to support the handover from the BRR Agency to the local government in April 2009*.[111]

By 2009 there remained approximately USD $1 billion unspent external funds in the BRR, though carry-overs are frequent due to the fact that the approval of annual provincial budgets by Parliament can often be delayed until the third quarter of the year.[112] There is concern over whether the Aceh government will follow the development mandate left by BRR and effectively utilise the public resources from oil profits to provide much needed public services, and to develop capacity and accountability.

Capacity development is more than simply training; it includes attitude changes, empowerment and ownership and the reflection of this in regular public sector budgets. UNICEF staff often noted that government had not taken full ownership of programmes, and continued coming to UNICEF whenever a problem arose. At the same time, however, UNICEF—and, indeed, most other agencies—have not matched the benefits accrued from technical assistance with an advocacy and communications strategy that encourages informed demand for better services from the wider civil society. UNICEF's Water and Environmental Sanitation (WES) workplan, for example, includes providing technical support to the government to identify gaps, improve monitoring and evaluation, and set targets. Other than a passive reliance and expectation of government services, community ownership and demand has yet to show significant attitude changes.

5.3 Partnerships

In Indonesia, perhaps more than any other tsunami-affected country, cooperation and collaboration among agencies was hampered largely due to the overwhelming numbers of agencies from abroad and the peculiar manner in which unusual amounts of funding led to competition over 'clients' (i.e. the population), rather than resources.[113] Prior to the tsunami, there were just twelve national and international NGOs operating in Aceh due to a restrictive defence policy because of the conflict, whereas it skyrocketed to 300 organisations following the disaster because of tremendous need.[114] **Coupled with their lack of local knowledge and distinct mandates and agendas that were sometimes more donor-centred than focused on actual needs, the relief phase was characterised by repetitive initiatives while significant gaps or delays became apparent**. Replete with funds, NGOs often proceeded without seeking partnerships or coordinating their responses. Enforcing common standards and practices, and ensuring the proper spread of donors across sectors and regions, was a major challenge.[115]

In addition, the independent nature of funding in some agencies led to a reduced need and willingness for agencies to work with local organisations:

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[111] Ibid, p.37.
[112] For example, Aceh's 2008 provincial budget of $1.5 billion was not approved until September.
[113] Jon Bennett et al. *Coordination of International Humanitarian Assistance in Tsunami-affected Countries*. London: Tsunami Evaluation Coalition. 2006.
[114] Channel Research, op. cit., p.30.
[115] UNICEF. *Provincial Profile: Aceh*. November 2007, p.4. See also, BRR NAD-NIAS. *Rebuilding a Better Aceh and Nias: Stocktaking of the Reconstruction Effort*. Brief for the Coordination Forum Aceh and Nias (CFAN) – October 2005, p.33.

> *Under severe domestic pressure to deliver swift relief assistance international actors flew in large numbers of humanitarian sector specialists to assess and address the immediate needs. While this decision facilitated a speeded up response in the immediate recovery phase, it proved an inappropriate and unsustainable approach to transition to the recovery and reconstruction process, as it tends to overlook local capacities and issues of local ownership*.[116]

There was insufficient knowledge of the local context, particularly regarding the political complexities of the conflict situation. International agencies hired Acehenese staff from local organisations by offering them higher salaries, further weakened the capacity of local CSOs, which had already incurred dramatic human and physical losses in the tsunami disaster. The negative impact on local organisations resulted in a lack of efficiency and ownership of the recovery programmes and slowed down the commencement of transition from the recovery phase to reconstruction and development.

Needs assessments were varied, often rushed or did not occur at all, and while some areas had a surplus of agencies such Banda Aceh, other more remote areas did not have enough coverage. While there was a devastating four percent loss of the Acehenese population, the Tsunami Evaluation Coalition points out that Indonesia's massive international tsunami response exposed structural weaknesses in the humanitarian aid systems that provide valuable lessons for future crises.[117]

In health and nutrition, much coordination fell on the shoulders of UNICEF, with limited leadership in a newly developing and abruptly decentralised public health system. Broadly speaking, challenges in the initial emergency phase were met, but the systems' needs for capacity development in the context of radical decentralisation, physical isolation, labor migration, and the lack of effective prioritisation and supervision was greater than UNICEF had recognised, resourced or budgeted for. As a result, the plans on paper that UNICEF organised for recovery went largely unrealised.

However, many partnership opportunities were seized. As demonstrated above, **UNICEF Indonesia worked with various NGOs and CBOs in each of the four sectors in both Aceh and Nias, in addition to dozens of national line ministries and local government agencies.** UNICEF relies upon implementing partners for much of its work:

> *UNICEF's major partners and alliances in the earlier tsunami and earthquake relief response revolved around the newly-formed BRR, its coordination forum (CFAN), interactions with the line ministries and over 400 development agencies working on various aspects of relief and reconstruction. Of particular importance are its key partnerships with other UN development agencies*.[118]

Within the UN, the Office of Recovery Coordination for Aceh and Nias (UNORC) was established to facilitate a unified UN approach for coordination and cooperation among UN agencies. UN agencies involved in the Indonesia tsunami response were numerous: UNICEF, WFP, UNESCO, UNFPA, UNIFEM, UNDP, WHO, OCHA, and UNHCR, among others.

Some key lessons emerged from UNICEF's partnership with UNOPS for what was to be the largest school construction programme in its history. The initial phase was uninspiring: of 22 sites, not a single one was completed 13 months after signing the contract in January 2005. By all accounts, the UNOPS field supervisors were too junior and the local contractors were sub-standard. The contract with UNOPS had been signed at New York level with little consultation with UNICEF Aceh, and no prior review was made of UNOPS capacity. By contrast, Save the Children and World Vision had brought in external contractors and greater progress was made.

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[116] Scheper, Elisabeth, op. cit., p.3.
[117] Jon Bennett et al, op. cit., 2006.
[118] UNICEF. *Multi Year Plan for NAD and NIAS 2006-2010*. November 2006, p.18.

Despite UNICEF's adequate knowledge at country and regional levels, the technical team in UNICEF was also ill-equipped to undertake the management and oversight of such a rapid scaling up of outputs.

The situation was to improve from September 2006 when a new contract with UNOPS was accompanied by new contractors and enhanced capacity in UNOPS. By December 2006, seven schools were completed; by December 2007, 107; and by the end of 2008 170 permanent schools from a projected total of 367 were completed. Of these, UNOPS was responsible for 133 schools; and the remainder was outsourced to two supervisory groups managed by UNICEF itself.

The broader lesson here is one of over-ambition and mandate. UNICEF was not unique in being overwhelmed by the administration and management of a massive construction workload that was to divert staff attention from pressing 'software' issues of capacity building, and community preparedness and participation. Strategically, these latter issues were foremost in UNICEF's literature throughout the response; in reality, though, unforeseen transaction costs of managing a construction programme of such complexity dominated the programme, drawing valuable staff energies away from other pressing needs.

5.4 Disaster Preparedness

Aceh's tsunami response efforts have spurred the government to take disaster preparedness more seriously. Lessons learned from NAD have contributed to more effective responses to subsequent earthquakes, volcano eruptions and mudslides throughout the country. In 2007 a mechanism was established to maintain an online database of who-what-where information on the activities of the UN agencies, and international and national NGOs under the Hyogo Framework of Action for Disaster Risk Reduction.[119]

Gaps in practice persist, though. As earlier noted, there is evidence that in newly built schools in Aceh, builders may not have adequately addressed construction criteria for earthquake preparedness and education administrators in various schools were unaware of the current or planned state of safety and protection standards. In the health sector, preparedness planning has not yet been addressed in the curriculum for health science students; in practice drills or supervision in the health system; or in the equipping and training of health facilities. Landline telephones are available in only two of 43 Puskesmas, while another three have a radio call system with the Disrict Health Office (DHO) in place. Difficulties in gaining cellular phone signals have the effect of five Puskesmas' being cut-off from any contact. Connectivity is a requirement for regular programme supervision, as well as for emergency preparedness.

Community early-warning systems have increased a great deal in recent years, including formal and informal mobile phone networks. The Indonesian Red Crescent provides training to interested communities; it has initiated a new community based risk reduction programme that seeks to increase communities' capacities to deal with disasters and reduce risk.[120]

At a national level UNICEF has stockpiled appropriate amounts of non-perishable essential emergency supplies for rapid distribution, aiming to provide an affected population of at least 30,000 people with two weeks' of essential supplies. The contingency stock was built up in 2006, is sufficient for 5,000 families and is stored in the UNICEF distribution centre in Medan; it was crucial in ensuring swift responses throughout 2007. Nationwide, 53,240 families benefited from UNICEF emergency assistance in 2007 and 20,000 children were able to continue studying due to the provision of emergency school tents after their schools had been destroyed by earthquakes. UNICEF's large investment in WASH assets for the emergency response period—

[119] International Strategy for Disaster Reduction: www.unisdr.org/eng/hfa/hfa.htm.
[120] Channel Research, op. cit., p.75.

such as vehicles, and water treatment and desalination plants—continues to be used by the government for development purposes, it is also meant to address future needs for disaster preparedness.

UNICEF also supports the capacity building of counterparts and communities in emergency preparedness and response, including peacebuilding training and community resilience planning. In 2007, UNICEF further enhanced its internal capacity by establishing trained zonal Emergency Response Teams and, with, UN sister agencies, the Indonesian Institute for Disaster Management and the National Coordinating Agency for Disaster Management UNICEF has jointly developed a new basic disaster management training module. In response to the new Disaster Management Law (adopted in April 2007), UNICEF worked closely with its main GoI implementing partners: National Coordination Agency for Disaster Management (BAKORNAS), Disaster Management Coordination body at the Provincial level (SATKORLAK), Disaster Management body at the district level (SATLAK), BAPPENAS, BAPPEDA, Line Ministries of Planning, Health, Peoples Welfare, Water, Public Works, Science and Technology, Urban Planning/Development and State Secretariat (Home Affairs).

5.5 Targeting the Disadvantaged

Most aid providers initially concentrated on providing assistance to those directly affected by the tsunami, as opposed to a pro-poor focus. However, the category of 'tsunami-affected' became more and more artificial over time and tended to disappear in practice in programming. Nevertheless, marginalised populations—displaced children, persons with disabilities, communities in remote areas with limited services, conflict-affected communities, and women, including impoverished household heads and war widows—were possibly overlooked in the first eight months of the relief and recovery response:

> *the prime focus was on asset replacement rather than asset creation for the poorest. Absence of partnership arrangements with local NGOs and CBOs made it harder for international agencies to reach vulnerable groups; especially those located in remote and under developed zones like Nias and Aceh Jaya and initial attempts were soon aborted, leaving marginal communities without any recovery support*.[121]

As seen in Table 3, the apparent positive effects of aid assistance can be seen in fewer poor households in 2005 (after the tsunami) compared to 2004 (before the tsunami), especially in rural areas. Some caution is required in interpreting these figures, though. Based on World Bank figures, in 2005 funds disbursed were much larger in the capital city of Banda Aceh, presumably because of the ease of access. And yet Banda Aceh had the lowest percentage of poor households in its local population in 2004.

Table 3: Percentage of Poor Households in Aceh Province 2004 - 2006

	2004	2005	2006
	%	%	%
Aceh Province	28.4	32.6	26.5
Urban	17.6	20.4	14.7
Rural	32.6	36.2	30.1
Indonesia	16.7	16.0	17.8

Source: BPS data and World Bank staff calculations.

From 2004 to 2009 there has been improved geographical coverage of aid across Aceh Province. Significantly, external funding is increasingly on-budget (i.e. through GoI treasury/ministry budgets), leading to better government-led livelihood prevention strategies, and consistent with meeting the principles of the Paris Declaration and reinforced at the Accra High Level Forum on Aid Effectiveness.

[121] Scheper, Elisabeth, op. cit., p.44. See also, Tsunami Evaluation Coalition. *Joint evaluation of the international response to the Indian Ocean tsunami: Synthesis Report*. July 2006, p.75.

In practice, however, **social protection systems remain rudimentary and depend largely on family and community networks**. The recent Tsunami Evaluation Coalition summary report on linking relief, recovery and development[122] found that 38 percent of survey respondents in Aceh reported that although local government is most likely to provide access to services such as medical assistance, food, schooling and safe water, friends and family are still the most vital safety net.

It was reported in 2007 that UNICEF did not conduct a comprehensive vulnerability analysis, arguing that due to time and staff constraints, a "numbers-oriented" and "one-size-fits-all" approach was initially inevitable.[123] The education sector evaluation findings showed that there needed to be a proactive approach for seeking out children not in school, including those with physical disabilities or special needs. However, as noted in the sector findings, **each of UNICEF's four sectors targeted the most disadvantaged and vulnerable populations in their tsunami response programming, where conflict did not prevent them from doing so otherwise**. This was seen, for example, in the education sector, where child-friendly spaces and schools were established and built; in child protection, with programming for family tracing and reunification, psychosocial assistance, and targeting abused and exploited children; and in WASH, with household-level assistance in areas of greatest disadvantage.

In September 2005, UNESCAP organised a national workshop in Jakarta on the Impact of the Tsunami on Vulnerable Groups and Women. The participating CBOs compiled recommendations such as the need for increased participation and access to decision making of deprived groups, greater coordination among agencies, and greater transparency and accountability.[124] It further recommended incorporating local values and culture in the reconstruction and rehabilitation process, while also eliminating stigma and discrimination; providing government and donor assistance grants to widows, youth, older persons and people with disabilities; developing land, housing and property policies for vulnerable groups; disaggregating data according to gender, age and ability; and developing "qualitative and quantitative indicators in accordance with human rights laws, sphere standards and Humanitarian Accountability Principals (HAP) to monitor and evaluate progress in a participatory manner".[125]

5.6 Human Rights-based Approach to Programming (HRBAP)

The UN Programme for Reform launched in 1997 included a call by the UN Secretary-General for all entities of the UN system to mainstream human rights into their various activities and programmes within the framework of their respective mandates. A subsequent May 2003 Interagency Workshop identified three areas of common understanding for all agencies:

Common Understanding

1. All programmes of development co-operation, policies and technical assistance should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments.
2. Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process.
3. Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.[126]

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[122] Channel Research. *Joint Evaluation of LRRD in Response to the Tsunami*. February 2009.
[123] UNICEF. *Provincial Profile: Aceh*. November 2007, p.1. See also, UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.12.
[124] Scheper, Elisabeth, op. cit., p.40.
[125] Ibid.
[126] See Stamford Inter-Agency Workshop. "The Human Rights Based Approach to Development Cooperation Towards a Common Understanding Among the UN Agencies." 2003, p.1.

Since 2006, UNICEF Indonesia has strengthened its efforts to enhance staff understanding on the principles of the Human Rights-based Approach to Programming (HRBAP). In 2008, with UNICEF technical assistance, district government staff in 24 pilot districts throughout Indonesia learnt to conduct the district situation analysis (ASIA) using the human rights-based approach. Selected UNICEF staff also participated in training sessions on human rights organised by the UN Human Rights Advisor and donors. In December 2008, UNICEF began updating the guidelines for ASIA to make them more in line with HRBAP. They will be accompanied by guidelines on how to use data from ASIA for human rights-based planning.

In 2006, UNICEF reported that human rights are still under-realised in Indonesia, especially for the marginalised living in rural areas.[127] In Aceh, human rights are of particular concern, given the 30-year armed conflict between GAM and the TNI and the civilian casualties that resulted from the war. Current violations include female genital mutilation, lack of birth registration, child marriage and child pregnancy. Following the 2005 peace agreement in the recovery phase, UNICEF partnered with the Ministry of Justice and Human Rights (MOJHR) to assist children affected by armed conflict.[128] Yet the evaluation found that in child protection, UNICEF's response to conflict-affected children was inadequate due to its lack of a systematic protection response and dedicated human rights-based approach in protection programming. Developing HRBAP in this area would help to ensure that interventions have a sustainable impact for children's wellbeing and security.

Developments for human rights are increasingly encouraging in Indonesia. The 2006-2010 UN Development Assistance Framework (UNDAF) for Indonesia reports the GoI's commitment to "delivering socio-economic, civil, political and environmental rights as a signatory to key United Nations governance standards".[129] The UN is supporting the GoI with the implementation of international treaties, conventions and protocols and the 2003 National Action Plan on Human Rights.[130] In 2007, Indonesia joined the UN Human Rights Council, after which the GoI became open to Universal Periodic Review (UPR), which focuses on analysing the human rights situation on the ground and putting forward strategies for its improvement.[131]

However, inadequate capacity development is limiting the use of HRBAP in Indonesia, as has been addressed in previous parts of this report.

5.7 Gender Issues

In Aceh, gender equality for women and young girls is still an area of concern. It is common for girls to marry by the age of 15, interrupting their education. Almost 90 percent of women work in agriculture in rural areas without access to services and facilities that could assist them in establishing greater economic security for themselves and their families. In 2004 the UN found that women were generally poorer than men, being often denied equal rights and opportunities.[132] Gender-based violence is widespread, reportedly having increased during the conflict, and under-age marriage, dowry-related violence, trafficking of women and girls, and forced prostitution remain real problems. In schools, gender stereotypes "reinforce social, cultural and religious attitudes that diminish women's status and rights".[133]

The conflict in Aceh has further stifled women's opportunity, particularly in the Eastern and Central parts of Aceh. Although they had traditionally been important traders and community leaders, women found their lives increasingly curtailed following the introduction of a form of

[127] UNICEF. *UNICEF Indonesia 2006 Annual Report*. 2006, p.2.
[128] Ibid, p.42.
[129] United Nations. *United Nations Development Assistance Framework: Indonesia 2006-2010*. p.11.
[130] Ibid.
[131] UNICEF. *UNICEF Indonesia 2007 Annual Report*. 2007, pp.2-3.
[132] United Nations. *Common Country Assessment: Indonesia*. 30 November 2004, p.10.
[133] Ibid, p.19.

Shari'a law in 2003.[134] In the post-tsunami relief and recovery period BRR reports that "conditions in temporary living centres have been hard for women and children due to lack of security, inadequate facilities, lack of privacy and limited financial resources".[135] Land tenure, inheritance and guardianship disputes are further complicated by traditional Shari'a law interpretations, lack of access to sustainable livelihoods and limited access to economic recovery programmes. To a large extent, this is due to limited access to information which remains male-dominated. In the recovery period, many agencies reported limited opportunities, capacity and leadership of women's grassroots and advocacy organisations to influence mainstream relief and reconstruction efforts in Aceh.[136]

In 2006, BRR launched its policy and strategy paper on 'Promoting Gender Equality in the Rehabilitation and Reconstruction Process'.[137] The paper has been developed in partnership with other stakeholders, including the Gender Working Group (a coalition of women's organisations), and others supporting the development of gender-sensitive progress indicators and monitoring systems.[138] The outcome of this paper was not identified in the evaluation.

UNICEF found that in its post-tsunami response, it did not adequately address gender-related concerns, including consultations with women about their specific health and protection needs; the gathering of gender-disaggregated data; or the promotion of "greater inclusion of women in leadership and decision making structures and appreciation of their capacity in child protection".[139] In 2007, UNICEF set up a gender working group to orient staff on gender equality and mainstreaming during the quarterly programme meetings, development of a gender-mainstreaming checklist and priorities for the country programme.[140] UNICEF reported that its country programme would make shifts towards social policy and strategic development, while **mainstreaming gender and HRBAP will have more of a focus, along with increased and more systematic support towards decentralisation in an effort to fulfill the rights of children and women with equity**. UNICEF and GoI agreed to adjust the programme structure of the country programme to better operationalise those changes.[141]

Following the tsunami, UNFPA trained IDP camp coordinators, community and religious leaders, as well as provincial, district and sub district officials in how to incorporate gender into the post-disaster development process.[142] UNFPA has also taken a lead in addressing gender-based violence by building the capacity of the police, public health centres and psychosocial services; facilitating the development of Gender Based Violence (GBV) action plans; and advocating for local governments to provide free services to victims of GBV.[143]

UNIFEM has supported the newly created Aceh Women's Empowerment Bureau and its strategic planning process,[144] and has an ongoing project aimed at strengthening women's legal rights in Aceh, ensuring that gender equality is integrated in the legal drafting of local legislation (Qanuns), increasing leadership and capacity among gender equality advocates.[145] UNIFEM also

[134] Scheper, Elisabeth, op. cit., p.2.
[135] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.88.
[136] Jon Bennett et al, op. cit., 2006.
[137] BRR NAD-Nias. *Aceh and Nias: Two Years After the Tsunami*. 2006 Progress Report, Advance Release Version. December 2006, p.12.
[138] Ibid, p.88.
[139] UNICEF. *Provincial Profile: Aceh*. November 2007, p.1. See also, UNICEF. *The 2004 Indian Ocean Tsunami Disaster: Evaluation of UNICEF's Response (Emergency and Initial Recovery Phase) – Indonesia*. UNICEF Evaluation Office Evaluation Report, May 2006, p.23.
[140] UNICEF. *UNICEF Indonesia 2007 Annual Report*. 2007, p.5.
[141] UNICEF. *UNICEF Indonesia 2008 Annual Report*. 2008, p.1.
[142] United Nations. *United Nations in Aceh: 2005 to 2008 and Beyond*. Draft. October 2008, p.16.
[143] Ibid.
[144] Ibid, pp.10-11
[145] Ibid, p.11.

established a Gender Rights Watch mechanism that serves as a province-wide sustainable network to monitor and ensure that recovery and peacebuilding policies, plans and programmes take into account women's needs, concerns and rights.[146]

[146] United Nations. *United Nations in Aceh: 2005 to 2008 and Beyond*. Draft. October 2008, p.16.

6. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In the four sector analyses summarised here, and in the discussion of accompanying cross-cutting issues, we see early development is very much 'work in progress'. In returning to a regular—and much reduced— programme after four years of unusually high financial inputs, a key question is the extent to which UNICEF's strategic approach complements, enhances and influences efforts of both the GoI and of development agencies which, like UNICEF, will remain in Aceh in the foreseeable future. One clear finding from the evaluation is that UNICEF's construction programme (**health and education** facilities) entailed high transaction costs in terms of staff and was ultimately a distraction from wider developmental concerns of capacity development and addressing chronic concerns such as malnutrition.

At this stage in the recovery process, UNICEF programme outcomes in **the education sector** are the most positive in terms of impact data. Unusually large funding in the wake of the tsunami allowed previously dormant policies in education to be reinvigorated while also drawing international attention to issues of quality. Optimistically, one can assume some of these changes to be permanent; for example, the extension of free education up to age 12, in line with national targets. The revitalisation of School-Based Management and use of School Committees as a means of realising good school governance—each underpinned by policy under NADESP—would be another example. Outcomes on learning are more difficult to ascertain, not least because measurement methods are still poor. However, UNICEF's support to EMIS school-based data has shown some early promise.

In **the health sector**, a successful emergency phase was not matched by strategic multi-year planning in the recovery phase. More attention should have been paid to the development of district- and provincial-level capacity for planning and administration. Structural weaknesses in government, apparent before the tsunami, persist; UNICEF's preoccupation with bricks and mortar has prevented appropriate attention to this. Nevertheless, UNICEF has helped to build institutional capacity through training of health care workers, social workers and volunteers, especially in IDP communities. UNICEF's support to the 2007 Demographic and Health Survey was critical to improving health service data collection systems in Aceh.

In **child protection**, there are promising trends towards recognising and institutionalising approaches that are still very new in Indonesia but for which government and communities have an increasing awareness and concern. UNICEF's support has now appropriately shifted almost exclusively to technical and coordination advice as government funding becomes more readily available. Two other positive developments have come from the tsunami response: first, a dramatic increase in human resource development at provincial and district-levels, coupled with policy and coordinating mechanisms; and secondly, an increasing recognition of the role to be played by NGOs in child protection services.

Evidence from **the WASH sector** suggests there is still some way to go before attitudes and practices change, not least because the convergence of hardware (infrastructure) and software (health practices) have yet to achieve greater coherence in the approaches adopted by a disparate number of actors. Nevertheless, despite being stretched quite thinly across the sector, UNICEF has contributed to increasing access to improved water as well as increasing the capacity of communities to manage their own water systems as well as that of PDAMs and local government agencies.

Attributing change to any one agency would be dishonest, but UNICEF's sizeable interventions over four years, and the encouraging manner in which it has assimilated lessons from these interventions, have given it a unique opportunity to guide and influence a provincial government whose resources are equal to that of a small country and which, in a short period of time, has

demonstrated a willingness to accommodate and adapt international standards after many years of isolation. The recommendations from this evaluation are offered as part of this process; they relate both to government practice and to UNICEF itself. Some are generic—yet to be translated into policy and practice on the ground. Others are more specific, and could be instigated in the immediate future.

Recommendations

1) ***Capacity needs assessment should be undertaken very early in the recovery phase*.**

In particular, this should include analysis of capacities at provincial and district levels, cross-referenced with an understanding of work being undertaken by other agencies in relevant sectors. This is important not only for intervention strategy, but also for sequencing of priorities in UNICEF's capacity work.

2) The management of large-scale construction programmes in all sectors should not be undertaken by UNICEF – it should be outsourced.

Capital-intensive projects, such as construction and the purchase of significant assets entails high transaction costs for materials as well as staff, and can distract from wider development concerns. However, new facilities present unique opportunities to develop and promote quality issues, for example, in the education sector.

3) *Continuity of senior staff over the transition period should be assured*.

Effective exit strategies for emergency programmes are unlikely to occur unless more development-oriented staff are in place at an early stage of the recovery.

4) *UNICEF should ensure that technical assistance offered to government ministries is complemented by a public communications strategy that increases demand and community ownership of any new services being offered*.

5) *UNICEF should promote the collection and analysis of disaggregated data on vulnerability—both qualitative and quantitative*.

Although domestic and local safety nets will always be of paramount importance, adherence to human rights principles and international standards will only be assured through institutionalising participatory methods of recognising and measuring inclusion and exclusion.

6) UNICEF should positively discriminate in favour of women's grassroots and advocacy organisations as implementers, and provide appropriate capacity assistance to enable this.

This would counter inherent cultural and gender bias in the selection of partners. Resource commitments should, however, recognise that capacity provision as well as capacity development is appropriate in some cases, in order to get programmes underway.

7) *Protecting the many investments made in the relief, recovery and development phases includes greater attention given to maintenance issues.*

Plan for sustainable programming, support, maintenance, continuity and human resources development in order to support the interventions, systems and infrastructure implemented post-tsunami. This would include anticipating needs after agencies and donors exit.

8) Support evidence-based systems to inform planning, implementation and monitoring and evaluation.

It is critical to ensure information management and data collection systems. This involves supporting existing data collective processes and establishing new approaches to ensure consistency, reliability and data access across agencies. Relevant staff should be trained in the usage, search and analysis of such data, which should be used to strengthen monitoring and evaluation, and inform decision making and strategic planning.

9) Support and develop guidelines for the provision of needed items, equipment and materials during emergencies.

Such guidance should include criteria for implementation capacity and decision making of expensive items in an environment with high staff turnover and competing priorities. Given the context and stress of disaster environments and complex emergencies, accounting for the need to decentralise fast decision making, supportive guidelines should address materials and equipment and materials sourcing. These could be included in preparedness plans and incorporated into existing long-term agreements.

10) Ensure that programme efforts, including emergency response and assessment tools, are inclusive and include the most vulnerable children or population groups.

Pre-determined plans that identify the most vulnerable children, include strategies for reaching them and incorporate them into programming will help ensure that the needs of these most vulnerable populations are not excluded.

7. SECTOR RECOMMENDATIONS

The recommendations provided in this section cover areas for improvement in each of the four sectors, directed at the Government of Indonesia, UNICEF Indonesia, and UNICEF at the global level. These are only a selection of a more extensive number of recommendations available in the individual sector reports.

7.1 Water, Sanitation and Hygiene (WASH)

Recommendations for the Government of Indonesia, Aceh and Partners

1. **Air Minum Penyehatan Lingkungan (AMPL), the water supply working group, should facilitate a programme supported by local regulation or ordinance to test, monitor and ensure the quality of refill water. AMPL should pilot this in tsunami-affected districts and municipalities with high refill water use, such as Banda Aceh and Aceh Jaya.**

As people purchase refill water, the law should regulate it. Currently, no one agency shares responsibility for water testing and regulation enforcement. Local ordinances or regulations can explicitly indicate which agency is responsible while also providing a basis to ensure that refill water is safe when sold. Water testing equipment donated in response to the tsunami is available in most districts. The regulation should focus on quality but be designed to motivate the treatment of water before selling it, or promote household water treatment of refill water. For example, the ordinance could cite that cheap and easy-to-use H_2S water testing kits are available at refill water's points of sale.

2. **AMPL should facilitate support to new districts to develop policies along with human resource capacity in water supply and sanitation.**

New districts lack both human and institutional resources, as well as knowledge relating to water and sanitation. This is both a challenge and an opportunity. AMPL should facilitate support to new districts to develop policies and systems to address key water supply and environmental sanitation issues. AMPL should start the development of these policies based on an analysis of the current district situation, and the potential economic gains from improving water and sanitation systems. Current policy at the national level supports this recommendation.

3. **AMPL should facilitate a technical consensus between public works and PDAM (local government-owned water utilities). This should focus on documenting potential economic gains in both capital expenditure and current expenditure.**

The Department of Public Works builds and makes technical decisions in relation to water supply systems, and PDAM sells that water. This process separates the responsibility and learning in relation to the management of efficient and reliable water systems from the building and repair of good water systems. This is a national issue. However, local ordinance and collaboration at the district level can provide significant gains. The starting point should be an analysis of potential economic gains from better collaboration and regulation, including an analysis on capital expenditure, operations and maintenance, as well as current expenditure and potential gains. The AMPL should facilitate this process, ensuring clarity and openness. This recommendation supports current national directives in investing in the effectiveness and efficiency of existing water supply systems.

4. **AMPL should facilitate the development of district-level plans to sustain small town and rural communities' water supply systems. The main organisations that funded the systems, as well as PDAM and representatives from the communities, should develop these plans, which should then be legitimised though local ordinance.**

Findings show that the sustainability of small town water supply systems is challenging in Indonesia, especially in Aceh. Sustainability challenges damaged and rendered unusable more water systems than the tsunami. New systems were often replaced or were built alongside abandoned systems after the tsunami. Yet water committees and other sustainability measures put in place by the builders of the water systems do not function after the donors or builders leave. The AMPL should facilitate plans among stakeholders to have a transition strategy for sustaining water supply. This should involve international donors, UN agencies and INGOs, before they exit. Further, relatively small investments will be required to ensure increased sustainability of these expensive investments. PDAM manages the most effective systems in Indonesia but currently has neither the mandate nor the human and financial resources to ensure the continuance of these systems. This recommendation supports current national directives.

5. **Provincial and district-level education units should establish a system for the management and sustainability of existing WASH facilities in schools, including clarity on budget responsibilities.**

In spite of the large investment by UNICEF and other organisations in building schools and WASH facilities, schoolchildren often choose not to use these facilities. Most schools have not budgeted to sustain these facilities, and cleaning and sustainability initiatives have had a limited effect on this situation. The provincial and district-level education units should prioritise the development of plans to sustain and increase the use of these facilities over the construction of new facilities.

6. **The province should evoke different strategies in different districts to improve and sustain household access to sanitation.**

Districts with low sanitation coverage and isolated communities, such as those found in the central mountainous areas, should focus on Community-led Total Sanitation (CLTS) methodologies as piloted with UNICEF funding. The CLTS initiative demands greater involvement from district-level government and partnership with the private sector. This should draw from UNICEF's experience in other parts of Indonesia, and include a focus on local ordinance and monitoring capacity to develop appropriate quality and priced sanitation solutions. In districts with high coverage of household sanitation, greater involvement of the local government and private sector is necessary. This should focus on quality control of septic tanks in the marketplace as well as existing tanks, with a maintained focus on groundwater protection. The private sector should be involved in quality control of available sanitation facilities, construction and economic opportunities available in de-sludging. In addition to the rehabilitated sludge treatment plant in Banda Aceh, districts and the province should facilitate a strengthening of the regulatory and monitoring environment of sludge disposal.

WASH Recommendations for UNICEF Indonesia and Partners

1. **UNICEF should consider additional direct technical support to AMPL including evidence-based learning from other parts of Indonesia, concentrating on new districts.**

UNICEF should invest further in Aceh to harness learning from the country programme and help facilitate the AMPL's progression, especially in relation to the above recommendations. This would require a relatively small investment, primarily in human resources and time. This investment would help ensure the continuance of the large investments already made by the sector, retaining some of UNICEF's positioning and learning derived from the last four years of its post-tsunami programming.

2. **UNICEF should work with the government to address the issue of sustainability for all new rural water supply systems before a significant proportion of them fail.**

UNICEF should prioritise a relatively small investment in supporting the GoI address the issue of sustainability for all of the post-tsunami water supply systems. This is critical in areas where aquifers remain salty, negating the possibility for households to return to sourcing drinking water from household wells. The sector has invested millions of dollars in small town and rural water

supply systems, yet the sustainability measures that were promoted are failing. To avoid losing this investment, UNICEF needs to continue its leadership and help the GoI address this issue.

3. **UNICEF should prioritise the promotion of a sustained investment in CLTS in Aceh and Nias. This should build upon evidence-based programming from other parts of Indonesia. It should focus on new districts with high levels of open defecation.**

UNICEF should support the government and partners in investing in Community-led Total Sanitation and/or market-based strategies to improve sanitation coverage and quality. UNICEF should apply its learning from other parts of Indonesia.

4. **UNICEF should invest in building the capacity of schools to maintain existing WASH facilities, before investing in new facilities.**

UNICEF should increase its support to the local education department in developing further usage and sustainability plans for WASH in school facilities. UNICEF should prioritise this support over the current school building WASH programme.

WASH Recommendations for UNICEF – Global

1. **UNICEF should further support and develop guidelines for the provision of equipment and materials during emergencies. These guidelines should include criteria for implementation capacity and decision making of high-value items in an environment with high staff turnover.**

Significant amounts of expensive equipment ordered in 2005 were unused or underused. Some decisions on procurement were estimates and not based on project plans. UNICEF made these decisions when budget lines were expiring, and the WES teams made decisions in an environment of high staff turnover with little emphasis on hand-over. Given the context and stress of emergency environments, coupled with the need to decentralise fast decision making, UNICEF should develop supportive guidelines for large-scale equipment and materials souring. These could be included in preparedness plans and incorporated into existing long-term agreements.

2. **UNICEF needs to ensure investment in programme design and processes, especially during transition.**

The evaluation found that UNICEF did not fully invest in programme design based on appropriate levels of analysis. UNICEF participated in a number of assessments in the first six months, but did not invest the same in transitioning and later stages. Separate sub-sector pieces of analysis were undertaken, but field teams do not have the time and space to lead a programme development process during emergencies and early recovery. In addition, emergency teams rarely have the development background to analyse and undertake development programming. Thus, leadership and support for this process should be parallel to the field team. UNICEF should use a sustainable development process and timeframe to ensure impact. This requires considerable investment. If UNICEF does not envision a sustainable development impact, then emphasis should be placed on exit strategies.

3. **UNICEF should continue to work closely with the shelter sector and housing providers, ensuring suitable sanitation and hand washing facilities in shelters and reconstructed housing.**

In countries or regions with high household-managed sanitation systems, the housing sector is pivotal in rehabilitating and improving household sanitation after disasters. Opportunities exist to work closely with shelter and long-term housing actors to improve household hand washing technology. UNICEF should reinforce its support to the existing collaboration between the clusters. The housing sector and shelter cluster should mainstream these into their response. This is especially important for long-term housing, as it builds upon the current collaboration, providing guidelines and technical assistance. The cluster should also look at closer ties with the private sector and government regulators to improve the quality and availability of materials, especially septic tanks and hand washing facilities. The existing systems for emptying and disposing of sewerage should be analysed as a priority to inform solutions.

4. **In similar emergencies, UNICEF should work with its donors to increase the timeframe of WES programmes. UNICEF should prioritise its resources in cluster leadership, and provide longer-term support in transition and sustainability.**

In spite of the WASH sector's large investment in infrastructure, it has not invested enough in time, money or human resources to sustain those changes. Significant issues and opportunities for change still exist. These include supporting national directives in Aceh to evoke long-term systemic change.

UNICEF's processes do not allow it to be a fast-responding operational organisation. UNICEF has invested significantly in the WASH sector's cluster leadership, including in the concept of donor of last resort. UNICEF should reduce its focus on emergency response, focusing its investments in: 1) cluster leadership to leverage sector investments, thus improving quality; and 2) proactively providing solutions to longer-term systemic issues arising out of emergencies. This change in emphasis from emergency output to leadership and impact would involve a change in timeframe and programmes, requiring discussions and agreements with key donors.

7.2 Education

Recommendations for the Government of Indonesia, Provincial Office of Education and Partners

1. **Maintain high public expenditures on education, with more affirmative support to areas of poverty and isolation.**

Progress in realising high enrolment rates, especially at the Primary school level, has been possible in part through "relatively high education spending" that enabled "relatively high enrolments of lower [versus upper] income groups" by helping to keep family spending on education low.[147] Maintaining and improving this pattern, and increasing enrolment in higher grades—a key condition for eventually increasing teacher quality and lowering poverty levels—will depend on continuing to apply the required 30 percent of gas revenues to education, and seeking ways to spend it efficiently on encouraging poor families/children to participate in education.

2. **Improve allocation and use of teachers in poor and remote areas.**

Incentives for teachers to accept deployment to less desirable locations—such as support for housing, opportunities for extra training, options for higher certification and salary compensation—are essential to realising equity and effectiveness in education. The World Bank poverty report's suggestion that schools be given their own budget for hiring teachers[148] may serve as a way to encourage principals and more engaged and responsible School Committees to look critically at the kind of teachers they need and create "packages" of in-kind and salary support to attract them. Further, the NAD Education Strategic Plan recommendation for innovative "organisational models" to make more efficient use of those teachers who are available remains sound. School consolidation, multi-subject teachers and multi-grade teaching are all sound in principle, but will require systematic trialing in collaboration with the affected schools, teachers, SCs/parents and students.

3. **Build permanent mechanisms for teacher professional development.**

The development of the education sector is dependent upon teacher training. Thousands of under-qualified and untrained teachers have been given short courses in basic pedagogical practice and psychosocial support for children. In the process, practising teachers were used as mentors, materials were developed, and the conception of school clusters revivified. All of these actions represent significant human resource and delivery system potential that needs to be consolidated and institutionalised as quickly as possible in ways that will make the continuing

[147] World Bank 2008: 46.
[148] Ibid, 47.

professional development of teachers a core of the system. Particularly important will be continuing to strengthen the use of school clusters as channels for all teacher professional development; and the plan to revive and link Teacher Resource Centres to the clusters. These actions are very promising and will need to be coupled with focused support to: 1) strengthening the quality of pre-service teacher education; 2) building on the capacities already in the Faculties of Education through their involvement with CLCC/AJEL; and 3) incorporating those principles and practices into the teacher training curriculum. Using the CLCC pilot cluster network as a base for student-teacher practicums is also recommended as a way to consolidate key AJEL child-centred methods.

4. **Enhance the capacity of SCs by developing on-site support to SCs, linking training specifically to the application of functions.**

School Committee tasks are critical to effective schools: ensuring teachers work effectively; organising school-community communication; and discussing and monitoring school plans and their application. Significantly more work will be required within the system and through donor partner support to address the gap between expected and actual SC action and outcomes.

5. **Review the content and intensity of CLCC/SC training and provide support by linking them to action.**

The focus here in particular should be to ensure that: 1) training on issues of ongoing school maintenance and upgrading is action-based; 2) the SCs are able to increase the number and strengthen the role of women, and rural and marginalised members; and 3) they are better integrated into schools by having in-school space and engaging in "vision" issues, not simply paying for supplies and repairs. Field data also noted the association between a well functioning SC and its members' level of education. This suggests both the need to tailor training approaches to the specific readiness of different SC groups and the potential of networking among groups for peer mentoring.

Education Recommendations for UNICEF Indonesia—Aceh and Jakarta—and Partners

1. **Move away from "piloting" the CLCC in a few targeted areas and "expecting" automatic scale-up, toward a strategy that supports scaling-up.**

Such an action suggests reconsidering the plan to significantly cut back on-the-ground staff and following an expressly development agenda through a critical mass of professional staff able to engage policy and programme officers, teacher educators and database/EMIS managers in long-term organisational change.

2. **Consolidate and institutionalise an "information culture" in the education sector.**

The UNICEF-Provincial Office of Education collaboration on generating, managing and using information in the sector has been among the most important of building back strategies. Further, data packs, support to EMIS, and building the database have created an embryonic data-friendly information culture from schools through to policy levels. It will be crucial to consolidate these efforts through providing sufficient hardware and systematic delivery of in-service training and informal on-the-job mentoring at all levels, in how to manage, manipulate and use data; and to institutionalise it through procedures for ensuring that the results of all data processing activities are fed continuously back into the system as a means of upgrading and renewing it. There is promise that this proactive approach will take hold; in BAPPEDA, younger officers in particular appear energised, curious and committed. Keeping them involved, while simultaneously encouraging senior policy and programme levels to ask for and use the results of their services, will be key.

3. **Work with the POE and the Faculties of Education in Aceh to create a professional development programme for supervisors.**

Development of active, joyful and effective learning (AJEL) thinking and practice is still preliminary. While the numbers of teachers trained are growing, quality remains fragile without greater attention to shoring up the weaknesses inherent in the cascade model. In-service

arrangements should aim at consolidating teachers' learning through: 1) facilitating in-class application of the new ideas and skills; and 2) institutionalising AJEL through a comprehensive, system-wide programme to upgrade supervisors in capacities for mentoring and monitoring these consolidation efforts. Further, there should be development of a certification programme that would include a comprehensive analysis of the current status of supervision and supervisors: their current knowledge and skills*;* capacities they need now and will need in the next five to ten years as NADESP moves into a second phase; the quality and relevance of their current training; and financial and technical resources needed for professional development.

Key questions to be answered by the analysis: 1) what is expected of the supervisory function over the long-termfor monitoring, mentoring and training teachers in AJEL; and 2) what is expected of the supervisory function for generating policy and programming input on issues like appointment and professional development of teachers, the primary school curriculum and its application in schools, and the progress and challenges of meeting MDG targets.

4. **Identify and engage local CLCC "champions" in a best practice network.**

CLCC champions are the individuals in any system who, irrespective of their official authority or resources, engage with an innovation quickly, commit to it, and take the initiative to move it forward. The fieldwork identified several such people. They need to be sought out and supported with opportunities to spread their enthusiasm and develop their capabilities—e.g., helping them set up networks, mentor peers, participate in exchange visits, contribute to policy making, and strategic planning.

5. **Expand the concept of peace education in primary schools.**

The inclusion of a peace education and conflict resolution component into the primary curriculum is appropriate. However, it is recommended that the concept and focus of teacher/student training be widened to include issues such as: corporal punishment, bullying and sexual harassment; children's capacity to explore, test, negotiate and adapt ideas; and linking with parents and the community through SCs as a means of ensuring both on- and off-campus protection of children. These are integral components of the CFS concept, recognising that in any school and community, children can be at risk, especially those marginalised by gender, disability or socio-cultural differences.

Education Recommendations for UNICEF – Global

1. **Actively promote and support action research on the innovations introduced by Country Offices and partners, especially as these relate to the transition from recovery to development.**

Significant value could be added to the building back better effort by capturing what is being done, how it is being done, and to what effect, through the systematic collection and analysis of data, use of case studies, or action research. Supporting local stakeholders to find the best approach to promulgating policies like NADESP and innovations like CLCC, and drawing generalised lessons for inclusion in UNICEF's global "good practices" references, could add important value to emergency interventions in general. Doing so in partnership with government, universities or NGOs would extend this value further by promoting durable knowledge-practice linkages.

2. **Develop a training programme for Country Office professional staff in the theory and practice of mentoring, and legitimise it by formally encouraging its use with partners.**

Based variously on comments from respondents and informal observation, the informal mentoring of policy makers, education officers and teachers by UNICEF and other international agency staff has probably had a more significant and lasting influence on the substance and viability of building back a better education sector than direct, typically cascaded training. Making more effective use of mentoring as a way of leveraging the knowledge and skills of UNICEF's local and international staff could be done by more explicit planning, resource allocation and, most critically,

creating an in-house culture that officially recognises the time and effort made by staff to engage as mentors.

7.3 Child Protection

Recommendations for the Government of Indonesia

1. **Continue the professionalisation of Dinas Sosial, and leadership and capacity development of the Women Empowerment and Child Protection Bureau.**

Building upon the progress by provincial and national government actors towards the creation of a protective environment for children in NAD, further professionalisation of the sector would be to ensure that the Pulpelkesos (Social Service Welfare Centres) initiative concept becomes fully operational. This will require Pulpelkesos to establish standard operation procedures, including formal plans that outline how they will engage communities. Community engagement and referral mechanisms should be prioritised and sufficiently funded in order for Pulpelkesos to reach their full potential and not remain centre-based. Work descriptions and personnel performance reviews should include an assessment of time spent engaged with communities. Identifying and training community cadres is also a key performance requirement as well as a critical step in the continued decentralisation of social protection services. Logistical support and transportation allowances should be sufficient to enable this important community outreach work to take place.

2. **Continue the development of the PPT Integrated Service Centre and Restorative Justice Programme (PPA).**

Continued support and expansion the PPT programme is needed. It is important to consult national standards, and ensure that the current programme moves beyond its legal focus to include important health components. Health workers in Puskesmas need to be trained and supported to identify and refer victims of violence, abuse and neglect during clinical intakes and health screenings.

The same is true for the PPA programme. Lessons learned from the Banda Aceh and Aceh Berat programmes should be shared with actors in other districts. Successful rollout appears to be tied to active technical assistance; government actors and UNICEF should ensure this critical function takes place. In this regard, the Working Group on Restorative Justice should be supported to engage in this important process, especially at the district and sub-district levels.

3. **Translate the 2009 National Child Protection Qanun into a plan of action.**

The 2009 National Child Protection Qanun is a remarkable achievement. In order to ensure that this piece of legislation becomes fully operational, the provincial government needs to ensure that this Qanun is translated into action plans with appropriate district-level budgets. High-level technical support for this critical process is a key requirement, along with civil society involvement.

4. **Initiate universal birth registration procedures.**

While there is a high level of commitment to universal birth registration by 2011 at the national level, NAD has been slow to initiate programmes to comply with this important policy directive. To realise this child right, the GoI may want to review two important pilot projects launched in other provinces—one in an urban area and one in a rural area—that shifted birth registration compliance from 25 percent to 75 percent in one year. The pilot projects combine a blend of incentives (free birth registration services available at the local level) and deterrents (60-day registration requirement backed by fines for non-compliance). Village midwives may also play important roles in the registration process by linking newborn parents to civil servants response for birth registration.

Child Protection Recommendations for UNICEF Indonesia

1. **Provide the NAD government with critically needed technical support for the next three years.**

UNICEF raised the profile of child protection by successfully advising the government, providing technical support, and funding programmes. Due to significant strides made in the child protection sector over the past four years, systems have emerged and continue to evolve. The GoI has taken ownership of these programmes, as is evident by its strengthened coordinating structures, new policy developments, and increasing budget allocation. UNICEF no longer needs to play a major funding role in NAD. Nonetheless, while capacity in the child protection sector is improving, it is still nascent and vulnerable to setbacks.

UNICEF should strongly reconsider its significant downsizing of the child protection sector in NAD. The current staffing level and staffing numbers are inadequate to meet the technical assistance requested by the head of Dinas Sosial for continued professionalisation of this key child protection actor; and the critical tasks of translating the Qanun into pragmatic action plans, budgets and standard operational procedures. UNICEF should maintain strong support for the protection sector in Aceh for the next three years—when the current cohort of social workers are scheduled to graduate from the new university programme. Anything short of this increased support runs the risk of undermining important achievements to date, while also missing important new opportunities to promote a protective environment for children.

2. **Ensure that the protection sector is included in future programme planning and policy development activities.**

The 2007 UNICEF evaluation that led to recommendations to downsize all sectors in NAD failed to carefully consider key protection achievements or to consult with key government protection actors. The protection sector has in fact achieved something quite unique in the annuals of disaster response to systems development. A more restrained approach to “downsizing” would have been more appropriate. To avoid misjudgments in the future, it is recommended that UNICEF’s protection unit be fully engaged in subsequent decision making activities, and that senior protection officers be included in subsequent “all sector” assessments and evaluations.

Child Protection Recommendations for UNICEF – Global

1. **Study and disseminate key lessons learned.**

Tsunami responses in both Indonesia and Sri Lanka offer important insights into how rudimentary emergency response activities evolved into substantial protective systems over a relatively brief period of time. These experiences help to dispel a prevailing belief that UNICEF must choose either to promote discrete projects for vulnerable groups of children, or promote systems development. The work in Aceh has been particularly remarkable. The protection work in both of these tsunami-affected countries offers guidance on: 1) how early government action to prevent exploitation and abuse evolved into large-scale policy reform and public awareness campaigns; 2) how safe space activities evolved into community surveillance mechanisms; 3) how work on separated and unaccompanied children evolved into integrated social service programmes; and, 4) how early engagement with police evolved into child-friendly (Sri Lanka) and restorative justice (Aceh) programmes. By entering the protective paradigm through the narrow focus on emergency response, it appears to be possible to jumpstart protective systems advances.

2. **Stay focused on keeping the emergency response rooted in the Core Commitments for Children guidance.**

UNICEF’s Core Commitments provided important guidance to the disaster responses in Aceh. Critical to this guidance is the phased nature of the commitments that link a limited number of key priorities to achievable start-up activities, such as safe spaces and family tracing and reunification procedures. It was this early “on-the-ground traction” that enabled the momentum required to engage meaningfully in the build back better strategy. This simplicity stands in stark contrast, for example, to the “inter-agency assessment tool” that is emerging from Global Protection Cluster’s

Working Group on Child Protection. Currently, this tool is too cumbersome and too guidance-laden to be of true use to the field. UNICEF would be wise to keep its own child protection emergency response focused and pragmatic.

Early child protection responses in Aceh suffered from a dearth of senior child protection professionals capable of coordinating multi-agency activities and making pragmatic programme decisions. In future, UNICEF should use an expanded roster of senior professionals who enhance protection responses.

3. **Provide methods training for all UNICEF protection staff to build capacity.**

New methods have been identified and/or are emerging to establish prevalence rates on key child protection concerns and also deepen understanding of local concepts and perceptions of child risk and resilience. A consistent finding across all three tsunami responses, however, is that UNICEF child protection is not equipped to use or promote these kinds of methodologies. One of the results of this deficit is a one-size-fits-all approach to Core Commitment applications. It is therefore recommended that UNICEF promote a skills-based initiative for all its protection staff as a key next step in agency capacity building.

7.4 Health and Nutrition

Health and Nutrition Recommendations for the Government of Indonesia and Partners

1. **Develop policy to more effectively recruit and retain midwives to work in remote or isolated areas.**

A serious constraint for the health and nutrition sector is the lack of adequate training among midwives for working with traditional birth attendants, and for managing obstetric emergencies. Together with nurses, midwives need to focus much more on maternal and child nutrition if mortality rates are to fall. Career advancement schemes—where health care workers do not need to leave rural primary care and Aceh to seek career advancement—are needed. Further, few midwife-TBA collaborations work well. These dynamics should be studied and shared to establish better teamwork. Trainees should be sought from local rural areas where health care demand exists; this is the best way to assure continuity of staffing and retain investments in health care training.

2. **Develop a policy for training district and provincial health authorities in the management of the public health system and the promotion of more effective health policies.**

District and provincial authorities should be responsible for and promote health-related communication to patients and communities. In coordination with political leaders, these authorities must push through legislation to limit the marketing of breast milk substitutes, in order to benefit from primary health care promotion activities now underway.

3. **Target health programmes more modestly based upon measurable criteria in order to manage the health system.**

The biggest weakness in the health system is in the supervision of primary care providers. The high number of health workers present in Aceh can improve coverage and quality of services, thus reducing mortality and malnutrition—if training, information systems, and supervision are improved. Further, there is a need to better target a limited number of actions by primary health personnel. This will be possible as a result of improved supervision, stronger management, and the improved collection and analysis of health service information recommended above.

4. **Develop a stronger system of direct supervision by more extensively using quantitative indicators from the administrative and surveillance systems at the district level.**

The global, integrated goals for primary health institutions in Aceh appear to be over-ambitious relative to the level of skill, coordination, and coverage currently available. More modest global goals should be specified for the health system, and political leaders should become involved in helping to focus local leadership and budgetary participation in: 1) ensuring good delivery care; 2) promoting universal immunisations; and 3) supporting improved nutrition for children and women. Until these objectives are achieved, other goals of the health system should become second in priority.

Health and Nutrition Recommendations for UNICEF Indonesia

1. **Develop simple, core information management systems with consistent, periodic data in order to improve management and facilitate evaluation.**

The health sector will need to establish a consistent information base from which to plan and monitor services, including routine information systems, periodic surveys, sentinel sites and effective surveillance systems. It will be important for BRR to draw on existing resources for monitoring and evaluation rather than set up duplicate systems, while also ensuring that information is available to those who provide the data. This will require sustained training and support of expert consultants. This can probably best be done in coordination with the World Bank and UNDP.

While many agencies were engaged in reconstruction of facilities and service provision, few concentrated on developing the capacity of district and provincial health offices, and hospital management. There was little planning for maintenance and sustainability of what is being built. This is a coordination role for which UNICEF can provide leadership.

2. **Train an officer in communications for improved policy and coordination during future emergencies. Stress this role to promote in-country communication to potentially disempowered groups.**

The magnitude of the disaster, and the limited capacity of staff on the ground, made the response more technical than social, more reactive than proactive, and more of a supply and construction operation than one focusing on social development and human rights. A key aspect of this was the weakness in creating an effective communications programme in the tsunami response. These communications activities included health promotion and reconstruction, coordination with other agencies, and characterisation of the key issues in each stage of recovery.

3. **Scale up human resource capacity to meet the need for epidemiologic skills in the health system.**

In Indonesia, the coverage of clinical services has been decentralised and quality and coverage is inadequate. Expertise in management and epidemiology is needed to connect the current and evolving epidemiologic burden to its organised health service and finance systems. This requires expertise to train government and assistance to do this better. The World Bank is known for having more of this expertise, and its recent review of programmes suggests that even they have far less skill or experience in this than is needed. There is an opportunity for UNICEF to assist.

4. **Consulting with national authorities, prepare the basic elements of an inter-sectoral assessment tool to facilitate future emergency assessments.**

A rapid needs assessment carried out in the first 72 hours of an emergency is too soon and too superficial to guide actions for the entire recovery period. An initial assessment in the first weeks is necessary to guide the very first call for mobilising resources and personnel, and should be used to guide a more comprehensive inter-sectoral assessment to be carried out with other partners. Good assessment activities will require such a two-stage activity to be more effective for major disasters. This division into initial and comprehensive assessment activities, carried out in the first weeks after an emergency and then 6-8 months later, may assist in developing a more substantive strategy to move from emergency actions to recovery and development. In the tool, be sure to include the ability to identify local needs in affected areas, highlight existing capacity, and the capacities that need strengthening.

5. **Leverage UNICEF's programming strengths by leaving intensive projects such as construction to dedicated units or contracted agencies.**

UNICEF is not the ideal agency to build health facilities and doing so limited the organisation's ability to contribute more substantively in areas of its expertise. Building should either be carried out by a separately developed unit or contracted out to other agencies.

6. **Adapt recovery goals to the particular underlying and current conditions of the area. Integrate reconstruction and recovery efforts into relief programmes.**

Relief and reconstruction and rehabilitation efforts do, and must overlap. The identification of phases must be understood to constitute the major current focus, but be involved in the continuing resolution of issues from a prior phase and the emergence of issues for the coming stages. General recovery plans are a good guide for first steps, but should not act as a one-size-fits-all guide. UNICEF relief programme activities are most successful when they take into consideration health issues that were in place prior to the tsunami and are implemented in a way that facilitates both the short- and longer-term responses needed. Prepare funding requests that provide flexibility to modify focus areas as needs change during recovery, which address not only the new emergency-related needs, but also underlying needs, especially those resulting from exclusion or social inequities.

7. **Promote legislation or administrative rules to encourage the use of exclusive breastfeeding, consistent with the International Code of Marketing of Breast-Milk Substitutes.**

Efforts to promote exclusive breastfeeding cannot be realised solely through health education and village midwifes alone, particularly as the legislative environment does not limit the distribution or sale (by these same health workers) of formula. This is where national and provincial legislation is needed to support effective decentralised health care.

8. **Disaster risk reduction goals that were not achieved during recovery should be part of the ongoing work agenda.**

There is still important work to do to improve preparedness in Aceh and other parts of Indonesia. Unless and until these are done, they remain priority goals in this natural disaster-prone country.

Health and Nutrition Recommendations for UNICEF – Global

1. **A cadre of personnel skilled in psychosocial aspects of maternal child care, and elaboration of key priorities in this area, would be of great aide to Country Offices where specialised expertise is lacking in order to support the government in addressing this concern. UNICEF should focus on developing such specialised staff.**

By contrast, we know far better how to assess and intervene to address the adequacy of foods and the effectiveness of health services. A similar need exists for specialised staff in emergency preparedness, which still is lacking in the health system in Aceh.

2. **It is recommended that the staffing approaches to emergencies be revised.**

It is recommended that those contracted to respond to emergencies be brought in for a longer period to facilitate the transition and to assist in trust-building, communications, and institutional memory. It is additionally recommended that regular staff be given priority for mobilisation, and that short-term staff brought in be considered to assume the regular tasks of those mobilised from the ranks of UNICEF regular staff in the countries from which they came. Among those recruited to take part in the emergency response, be sure to include regular members of UNICEF staff, contracts and posts that will last for at least one year in duration.

3. **Build on the innovations developed in recovery in Aceh, including revision of the national immunisation strategy and piggybacking bednet distribution on the MCH programme.**

The large-scale funding and international presence that may occur following a large disaster present opportunities not just in recovery but also to improve health strategies nationally or internationally.

4. **Align service delivery models with training and workforce policies.**

The dissonance between service delivery models and the training and workforce policies in many countries is widely out of sync. Here, again, UNICEF has an opportunity, with its historical role as promoter of primary care and community participation, to help countries develop a health strategy that more fully utilises its own main development resource, its largely female health workforce, and training cadre.

5. **Engage the meaningful participation of communities so that they can make well informed decisions, and develop the human resources capacity to respond to disasters not solely in the early response phases, but over the long-term.**

Implementing this effectively is far more difficult than previously thought. More attention to continuous, multi-stage training and policy development for communication and community participation appears to be needed to bring this important area to full benefit for beneficiaries. When a major disaster occurs, planning from day one for the early recovery stage of the response should include an understanding that the entire period of recovery will take five years. This may encourage better strategic choices to develop a long-range human resources plan, decentralise and develop capacity among local and regional government, and elaborate short-term responses that can be used to train and develop more skill among local health workers who will become key in longer-term actions when they arise.

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