

Evaluation of UNICEF Indonesia Country Programme 2021- 2025

VOLUME I: MAIN REPORT

FINAL INCEPTION REPORT | DECEMBER 2024





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Acronyms

ASEAN	Association of Southeast Asian Nations
CPE	Country Programme Evaluation
COVID-19	Coronavirus
DAC	Development Assistance Committee
EAPRO	East Asia and Pacific Region Office
ECE	Early Childhood Education
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
GoI	Government of Indonesia
GPR	Gender Programmatic Review
ICO	Indonesia Country Office
ICP	Indonesia Country Programme
IR	Inception Report
JPS	National Social Safety Net/ Jaring Pengaman Sosial
MPSR	Mid-Point Strategic Reflection
RPJMN	National Medium Term Development Plan
RPJP	Long-Term Development Plan
RPJPN	National Long-Term Development Plan
OECD	Organization of Economic Cooperation and Development
SJSN	National Social Security System/Sistem Jaminan Sosial Nasional
TB	Tuberculosis
TBA	Theory-Based Approach
ToC	Theory of Change
ToR	Terms of Reference
UDB	Unified Database
UFA	Utilization-Focused Approach
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation, and Hygiene

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1. Introduction

The Evaluation of the Government of Indonesia (GoI) and UNICEF Country Programme of Cooperation (2021 – 2025) was commissioned by the UNICEF Indonesia Country Office (ICO) as per the Terms of Reference (ToR) in Appendix I and is being conducted by the Universalialia Management Group.

This Inception Report (IR) is a working document which informs the agreement between the United Nations Children’s Fund (UNICEF) and Universalialia’s Evaluation Team on the operational plan to implement the Country Programme Evaluation (CPE).

This IR builds on the ToR, describes the methodology and organization of the evaluation in greater detail and serves as a reference for UNICEF, the Evaluation Reference Group (ERG), and the Evaluation Team. Once approved, the IR guides the subsequent evaluation and reporting phases according to the timeline in Section 7.

The Inception Phase started on 4 June and will end on 23 August 2024. Activities during the Inception Phase have included:

- A launch meeting between the Evaluation Managers from the UNICEF East Asia and Pacific Region Office (EAPRO) and the Evaluation Team;
- Preliminary document review which informed the overall evaluation methodology and the data collection instruments; and
- A six-week virtual inception mission, involving consultations with UNICEF ICO Senior Management and staff members, UNICEF EAPRO staff, and representatives of some key stakeholders (including national government, and representatives of the youth). The Evaluation Team also engaged with other consultants supporting UNICEF ICO on other assignments, including the scalability analysis and the Gender Programmatic Review (GPR). Altogether, these consultations allowed the team to gain a better understanding of: (a) UNICEF’s work in Indonesia; and (b) stakeholder needs and expectations with regards to the evaluation. Finally, the mission helped the Evaluation Team to gather information on significant developments in the country office and country context during the UNICEF Indonesia Country Programme (ICP) implementation period.

The evaluation objectives, criteria, scope, and the priority areas identified in the ToR document were validated by consulted stakeholders during inception interviews. No major changes in the evaluation framework, approach and methodology resulted from the Inception Phase.

This document consists of eight sections. Following the introduction: Section 2 summarizes the object of the evaluation and its context; Section 3 describes the purpose, objectives, and scope of the evaluation; Section 4 presents the evaluation framework; Section 5 describes the evaluation approach and methodology; Section 6 presents the evaluation limitations; Section 7 presents the evaluation work plan and deliverables; and Section 8 presents the roles and responsibilities of the Evaluation Team and UNICEF. The report also includes several appendices (see Volume II), which complement the information provided in the present main report.

2. Context and Object of the Evaluation

2.1 Country Context

2.1.1 Geographic and Demographic Context

The Republic of Indonesia is an archipelago nation in South-East Asia comprising of over 17,00 islands, of which over 7,000 are inhabited.¹ Given the vast size of the country, Indonesia consists of 38 provinces, including four newly created provinces in the region of Papua.² As of 2023, there are a total of 7,288 districts in Indonesia, subdivided into 83,971 administrative villages.³

With a total area of 1,904,569 sq. km, Indonesia is a vast country that is host to a very diverse population, including over 1,300 ethnic groups and 7000 languages.⁴ With a majority Muslim population, the country ranks as the 4th most populous nation in the world and the 15th largest economy in the world.⁵ The majority of the nearly 277 million population (70.72%) is of productive age (15 to 64) which underscores the unique moment Indonesia has to benefit from its demographic composition.⁶ It is believed that Indonesia may become soon one of the countries with the largest workforce in Asia.⁷ According to data from UNICEF, 82 million Indonesians, roughly 30% of the total population, are below the age of 18, which constitute a large share of future entrants to the economic workforce.⁸

The population density in Indonesia exceeds 145 people per square kilometre, with most of the population residing on Java Island, making it the world's most populous island.

2.1.2 Socio-Economic Context

In July 2023, Indonesia regained upper-middle income status, as per the World Bank classification, after a brief economic deterioration in 2020 due to the Coronavirus (COVID-19) pandemic.⁹ Underpinning the Indonesia economy is a robust export sector. The country is well endowed with national resources, particularly nickel, palm oil, petroleum, coal, rubber, etc.¹⁰ To this end, Indonesia recently signalled intent to support value added

¹ Legge, J. D., Wolters, O. W. (2024). Britannica – Indonesia. <https://www.britannica.com/place/Indonesia#ref22833>.

² United Nations Group of Experts on Geographical Names. (2023). Naming process of new provinces in Papua Region, Indonesia. https://unstats.un.org/unsd/ungegn/sessions/3rd_session_2023/documents/GEGN.2_2023_50_CRP.50_revised.pdf.

³ Statistik Indonesia (2024) Statistical Yearbook of Indonesia 2024. Statistics Indonesia. 28 February 2024. p. 80. ISSN 0126-2912.

⁴ World Bank. (2024). World Bank Country Overview – Indonesia. <https://www.worldbank.org/en/country/indonesia/overview>.

⁵ Legge, J. D., Wolters, O. W. (2024). Britannica – Indonesia. <https://www.britannica.com/place/Indonesia#ref22833>.

⁶ IDN Research Institute. (2024). Indonesia Gen Z Report 2024. <https://cdn.idntimes.com/content-documents/indonesia-gen-z-report-2024.pdf>.

⁷ Ipsos Flair. (2024). Indonesia Unstoppable?. <https://www.ipsos.com/sites/default/files/ct/publication/documents/2024-04/FlairIndonesia2024.pdf>

⁸ UNICEF. (2023). How many children are there in Indonesia?. <https://data.unicef.org/how-many/how-many-children-under-18-are-there-in-indonesia/>.

⁹ Nada, H., Eric, M., Catherine, V. R. (2024). World Bank Group country classifications by income level for FY24 (July 1, 2023 – June 30, 2024). <https://blogs.worldbank.org/en/opendata/new-world-bank-group-country-classifications-income-level-fy24>.

¹⁰ Harvard University. (2024). The Atlas of Economic Complexity – Indonesia. <https://atlas.cid.harvard.edu/countries/103/summary>.

production of export commodities, driven by investments in the nickel sector.¹¹ Harvard University's Atlas of Economic Complexity database ranks Indonesia's export sector 30th out of 133 countries in terms of economic complexity of their export sector, underscoring the robustness of the Indonesian economy.¹² As an influential member of the G20 and the Association of Southeast Asian Nations (ASEAN), Indonesia is an increasingly important regional and global power. With a post-pandemic recovery underway, poverty reduction has received a boost. As of March 2023, Indonesia's poverty rate is at 9.36%.¹³ The country is experiencing higher lending rates to control inflation and ongoing capital relocation fuelling infrastructure projects.

Since 2016, the outgoing administration of Joko Widodo committed to an infrastructure development agenda guided by National Strategic Projects (PSN) comprised of 200 projects and 12 programs across the country worth around USD 351.2 bn as of 2022.¹⁴ The PSN covers a wide range of infrastructure projects, including new airports, dam construction, train networks, clean water facilities, waste management programs, etc. Indeed, the PSN will involve investments from the Gol, state-owned enterprises, and private sector actors. However, the PSN faces several challenges, including difficulties in land acquisition for several projects as well as the questions related to the need for equitable access to the benefits of these projects, particularly related to digital solutions.¹⁵ Indeed, to ensure the long-term success of the PSN, consultation with stakeholders, especially local communities and civil society organisations will be crucial.¹⁶

Despite these economic headwinds, Indonesia has a high degree of variation in several key socioeconomic indicators across its provinces, districts and cities (kabupaten/kota). Presently, the overall poverty rate in Indonesia is at 9.36 per cent, and child poverty at 11.5 per cent, implying that there remain substantial efforts to be made in this and other relevant socio-economic dimensions.¹⁷ Also, the country is cyclically vulnerable to external shocks, particularly natural disasters. The nation is situated along the Pacific Ring of Fire, exposing it to regular climate risks such as water availability, health and nutrition vulnerabilities, disaster risk, and precarious urban development around coastal zones.¹⁸ In the past, Indonesia has faced challenges related to flooding, droughts, tsunamis, earthquakes, volcanoes, and forest fires, which requires interventions that are shock-responsive and resilient.¹⁹ In 2021, Indonesia recorded nearly 2,900 disaster events that affected or displaced nearly 8 million people, particularly children and marginalized groups.²⁰ An emerging concern related to environmental degradation is air pollution, which is considered one of the top ten causes of death in Indonesia, contributing to respiratory illness and dire consequences for young children.²¹

¹¹ Tracy, A., Arafat, J.P., Joe, W. (2024). Odd Lots – How Indonesia Became the Biggest Player in the Nickel Market. Bloomberg. <https://www.bloomberg.com/news/articles/2024-06-13/how-indonesia-became-the-biggest-player-in-the-nickel-market>

¹² Ibid.

¹³ National Bureau of Statistics. (2023). Profil Kemiskinan di Indonesia Maret 2023. <https://www.bps.go.id/id/pressrelease/2023/07/17/2016/profil-kemiskinan-di-indonesia-maret-2023.html>.

¹⁴ Utomo, W. (2023). Indonesia's bold infrastructure plan. <https://kpmg.com/xx/en/home/insights/2019/10/indonesia-bold-infrastructure-plan.html>.

¹⁵ Kevandra, M. (2023). Equity and progress: Indonesia's 2024 infrastructure plan. <https://www.thejakartapost.com/business/2023/11/28/equity-and-progress-indonesias-2024-infrastructure-plan.html>.

¹⁶ Djajawinata, D.T., A.Permana and M.H. Yudhistira. (2023). 'The Challenges of Infrastructure Development in Indonesia', in Indrawati, S.M., T.Anas, C.F.Ananda and F. Zen (eds.), Infrastructure for Inclusive Economic Development Vol.1: Lessons Learnt from Indonesia. Jakarta: ERIA and Ministry of Finance, pp. 53-78..

¹⁷ UNICEF Indonesia (2024). Evaluation of UNICEF Indonesia Country Programme 2021-2025. Terms of Reference.

¹⁸ World Bank. (2024). World Bank Country Overview – Indonesia. <https://www.worldbank.org/en/country/indonesia/overview>.

¹⁹ Ibid.

²⁰ UNICEF Indonesia. (2024). Gender Programme Review.

²¹ Ibid.

2.1.3 Political and Governance Context

The country operates as a Presidential Republic, with a Cabinet that is appointed by the President. The country contains the largest Muslim population in the world, but it is not an Islamic Republic, although Islamic principles and values play a significant role in political decision-making processes. In terms of governance, the GoI enacted reforms to institute a decentralized governance system in 2001, including devolution of decision-making to sub-national level structures. As such, provinces, districts and municipalities have become the key administrative units responsible for providing most government services. Indonesia comprises of 38 provinces, including one autonomous province hosting the capital city (Special Province of Ibukota Jakarta), two special regions (Aceh and Yogyakarta provinces), and six special autonomy provinces in Papua.²² The special autonomy provinces receive compensation from the central government in terms of special budget provisions to maintain their speciality. In 2022, the GoI enacted a new policy that will see the capital city moved from Jakarta to Nusantara, an archipelago in Kalimantan Island due to challenges faced by Jakarta's rapid urban development.

Although, in principle, the sub-national governments are granted larger decision-making abilities, there are still disparities and gaps in local government capacity to deliver quality services in the key service sectors.^{23,24}

2.1.4 Key Development Issues in Indonesia

Health

The overall outlook for the Indonesian health sector is positive, underpinned by strategic investments by the GoI in improving health outcomes for citizens, including in the response to the COVID-19 pandemic. Budget allocation for the health sector in the five years has continued to increase, from IDR 119.9 tn in 2020 to IDR 186.4 tn in 2024, representing 5.6% of the national budget.²⁵

More broadly, over the last decades, investments in the health sector have contributed to improvements in key health indicators, including the decrease in infant mortality rate which was 26 deaths per 1000 live birth in 2010 to 16.5 in 2020.²⁶ In 2020, the under-five mortality rate was 19.83 per 1000 live births and maternal mortality rate was 189 per 100.000 live births.²⁷ Life expectancy has risen from 69.81 years in 2010 to 74.39 years in 2023.²⁸ In addition, the country has achieved a consistent reduction in malaria cases over the past decade.

²² Sekretariat Kabinet Republik Indonesia. (2022). Pembentukan Tiga Provinsi Baru Di Papua. .

²³ Nasution A (2016) Government decentralization program in Indonesia. ADBI working paper. ADB, Tokyo

²⁴ Alfada A (2019) Does Fiscal decentralization encourage corruption in local governments? Evidence from Indonesia. J Risk Financ Manag. <https://doi.org/10.3390/Jrfm12030118>

²⁵ Rokom. (2023). Anggaran Kesehatan 2024 Ditetapkan Sebesar 5.6% dari APBN, naik 8.1% dibanding 2023. <https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230816/0643661/anggaran-kesehatan-2024-ditetapkan-sebesar-5-6-dari-apbn-naik-8-1-dibanding-2023/>

²⁶ National Statistical Bureau. (2020). Infant Mortality Rate. Badan Pusat Statistik. <https://www.bps.go.id/id/statistics-table/1/MjlxNiMx/angka-kematian-bayi-akb--infant-mortality-rate-imr--menurut-provinsi---1971-2020.html>

²⁷ National Statistical Bureau. (2020). Maternal Mortality Rate 2020. Badan Pusat Statistik. <https://www.bps.go.id/id/statistics-table/1/MjlxQSMx/angka-kematian-ibu-aki--maternal-mortality-rate-mmr---hasil-long-form-sp2020--menurut-provinsi--2020.html>

²⁸ National Statistical Bureau. (2020). Life Expectancy Rate. Badan Pusat Statistik. <https://www.bps.go.id/id/statistics-table/2/NDE0Izl=-metode-baru--umur-harapan-hidup-saat-lahir--uhh-.html>

Despite these positive macro-level trends, there remains disparities across income and geographic areas. The vast geographic, diverse culture and unequal distribution of wealth which resulted in unequal health system capacity and resources present key challenges for the health sector. For example, infant mortality is low in Central Jakarta at 9.18 deaths per 1,000 live births compared to 56.69 deaths per 1,000 live births in Nduga district in Papua.²⁹ Similar trends are observed across other key health indicators.

Moreover, despite the increasing commitment toward the health sector, recent legislative changes to health laws shifted the mandatory health spending requirements and emphasized the health budget should refer to the Parent Plan for Health, including health programs and health needs.³⁰ This creates a new set of challenges for capacity building to optimize the utilization of health budget to deliver quality and equity focused health services at sub national level.³¹ The latest National Health Survey in 2023 identified that access to a community health centre is considered to be difficult by 21.3% of respondents and very difficult by 28.9% of respondents. Similar to observed trends in health inequalities, access across regions is divergent. In Jakarta, 69% of respondents stated that access is easy and in Papua Pegunungan 75.1% of respondents stated access is very difficult. There remains room of improvement through strengthening decentralized governance structures through district and provincial level health provisions, in terms of expanding the limited fiscal and human resources capacity. The Gol has launched the national health insurance scheme, but about 27.8% of the population remain without health insurance, whilst 45.3% of the population receive health insurance through government subsidies.³²

In addition, Indonesia is still facing old health problems such as infectious diseases, both the classic and emerging ones such as COVID-19 and Avian flu, as well as maternal and child mortality which is comparatively higher than its neighbouring countries in Southeast Asia. The country has the second largest tuberculosis (TB) burden in the world and accounts for roughly 33 deaths per 100,000 lives. The latest health survey showed that 34.3% of patients who received TB medication were unable to adhere to it because the drug is not available at the health care facilities. Finally, Indonesia faces the problem of increasing prevalence of non-communicable diseases, leading to high incidences of stroke, ischaemic heart disease, and diabetes mellitus, which accounts for 132, 96, and 41 deaths per 100,000 lives respectively.^{33 34}

In view of the above challenges and as Indonesia emerges from the COVID-19 pandemic, the Gol has placed renewed emphasis in developing a robust and inclusive health system. Bappenas recently published a series of documents for the next National Medium Term Development Plan (RPJMN) 2025-2029, which identifies “health for all” as a strategic issue to be addressed to realize social transformation.³⁵ The goals set for this “health for all” transformation in 2029 is to increase life expectancy to 75.4, lower maternal mortality to 77 deaths per 100,000 live births, reduce stunting prevalence to 11%, reduce TB incidence to 190 per 100,000 of

²⁹ National Statistical Bureau. (2020). Infant Mortality Rate 2020 Provincial and District Level. Badan Pusat Statistik. <https://www.bps.go.id/id/statistics-table/1/MjlyMCMx/angka-kematian-bayi-akb--infant-mortality-rate-imr--hasil-long-form-sp2020-menurut-provinsi-kabupaten-kota--2020.html>

³⁰ Sutarsa, I. N. (2023). Indonesian health system reform no simple fix for inequity. East Asia Forum. <https://eastasiaforum.org/2023/09/28/indonesian-health-system-reform-no-simple-fix-for-inequity/>

³² Badan Kebijakan Pembangunan. (2023). Survei Kesehatan Indonesia (SKI) 2023. <https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/>

³³ World Health Organization. (2024). Health data overview for the Republic of Indonesia. <https://data.who.int/countries/360>.

³⁴ Badan Nasional Penanggulangan Bencana. (2023). The National Disaster Management Agency Buku Data Bencana Indonesia 2023 Badan Nasional Penanggulangan Bencana. <https://bnpb.go.id/buku/buku-data-bencana-indonesia-tahun-2023>

³⁵ Bappenas. (2023). Konsep Rancangan Teknokratik RPJMN 2025 – 2029; Kementerian Perencanaan Pembangunan Nasional.

the population and the national insurance coverage to 98%.¹¹ A key roadblock to realizing these outcomes is addressing equitable access to quality health services across regions in Indonesia through adequate human resource and fiscal provisions. To this end, such an approach will also ensure that Indonesia's health system is resilient to external shocks moving forwards, including national disasters.

The COVID-19 pandemic exacerbated existing inequalities along gender, income, and disability lines, particularly the most vulnerable in society including children. By September 2022, the COVID-19 pandemic infected over six million people and resulted in more than 150,000 deaths in Indonesia.³⁶ The GoI enacted strict public health measures to curb the spread of COVID-19 named Community Activities Restrictions Enforcement. To support households during the pandemic, the GoI increased social protection spending by USD 376 mn (IDR 5.6 tn) from USD 9.9 bn (IDR 148.3 tn) in early 2021 to USD 10.3 bn (IDR 153.4 tn) in July 2021.³⁷

At the request of the Ministry of Finance, UNICEF Indonesia along with UNDP, Prospera, and the SMERU Research Institute conducted a series of household surveys to appraise the socioeconomic impact of COVID-19.³⁸ The key findings from the second survey highlighted an uneven recovery from the COVID-19 pandemic across income levels. The wealthiest recovered quickly whilst stagnation or even deterioration of socioeconomic conditions was observed among lower income groups and the most vulnerable. The survey also found that in the labour market, women were worst affected by the COVID-19 pandemic but remained resilient in their recovery by reopening micro and small businesses in a timely manner. Whilst expanded social assistance coverage was crucial in supporting households, negative coping strategies were observed among households including increased indebtedness and forgoing of assets.

Nutrition

Indonesia, like many developing countries, face a “triple burden of malnutrition” related to the coexistence of undernutrition (stunting and wasting), micronutrient deficiencies (often termed hidden hunger), and overnutrition (overweight and obesity). The country has made considerable progress in improving key nutrition indicators in recent years, although disparities between provinces persist.³⁹ The prevalence of stunting decreased from 30.8% in 2018 to 21.5% in 2023 but both rates are classified in the ‘high public health significance’ category. The prevalence of wasting decreased from 10.2% in 2018 to 7.1% in 2021 but climbed back to 8.5% in 2023 and remains in the ‘medium public health significance category’.^{40 41 42} The latest national survey in 2023 also highlighted that anaemia prevalence among children aged 0–4 years is 23.8% and among children aged 5-14 years old is 16.3%.

Food security is also an issue for various districts across Indonesia, 68 districts are still food insecure, which is an underlying cause of malnutrition.⁴³ The improvement in under nutrition is largely driven by improvement in coverage of basic health and nutrition services, with stunting reduction as the locomotive to drive changes

³⁶ UNICEF, UNDP, Prospera, and SMERU (2022). The Social and Economic Impact of COVID-19 on Households in Indonesia: A Second Round of Surveys in 2022, Jakarta, Indonesia.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Kementerian Kesehatan. (2018). Laporan Riskesdas 2018. doi:10.1017/CBO9781107415324.004.

⁴¹ Kementerian Kesehatan Republik Indonesia. (2022). Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) 2021. doi:10.36805/bi.v2i1.301

⁴² BADAN KEBIJAKAN PEMBANGUNAN KESEHATAN. (2023). Dalam Angka Dalam Angka. <https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/>

⁴³ National Food Agency. (2023). Food Security and Vulnerability Atlas 2023. <https://fsva.badanpangan.go.id/>

across sectors. The latest national commitment realized by the Presidential Decree No. 72/2021 on National Strategy for Acceleration of Stunting Reduction.⁴⁴

The country is currently not on track to meet the global nutrition targets endorsed as part of the United Nations Decade of Action on Nutrition 2016–2025.⁴⁵ Therefore, stunting reduction is still high on the political agenda of the next presidency and the RPJMN 2025-2029. Child undernutrition, including stunting as a chronic manifestation of undernutrition, is determined by inadequate feeding practices and utilization of health care service where disparities is also palpable. This can be exemplified by the prevalence of complete basic vaccination, which is only 35.8% of the population, including 73.5% of children under five years old who receive complete vaccination in Bali compared to 70% of children under five years old in Papua who are not vaccinated.⁴⁶ Across Indonesia, only 24% of children under five years old receive standard growth and development monitoring from health facilities. As low as 7.5% of children receive proper early initiation of breastfeeding, 48.2% of children receive complementary feeding at 6 months old, while 60.36% of children do not meet the minimum acceptable diet (MAD) for their complementary feeding. While 21.6% of children consume animal protein in their complementary feeding, only 55.5% of children receive exclusive breastfeeding for 6 months, and 21.5% children under the age of 5 months old routinely receive formula milk.⁴⁷

Referring to the first 1000 days of life approach adopted in the GoI strategy, it is worth noting that anaemia prevalence among pregnant women is currently at 25.5% in urban areas and 31.3% in rural areas. Also, chronic energy deficiencies in pregnant women is 16.9% and reaches 28% in East Nusa Tenggara, 28.2% in Papua Selatan, and 44.7% in Papua Pegunungan.³ There is room to accelerate the improvement in key nutrition indicators to achieve both the global targets and the ambitious national goals by targeting in regions with lowest nutrition outcomes.

Overweight and obesity is also an important issue in Indonesia. Although the prevalence of overweight and obesity is relatively low for children under 5 years old, the prevalence among children aged 5-12 years old is as high as 19.7% which is categorized in the 'high public health significance' category. More than one third (33.7%) of the population aged over 10 years old consume sweet food at least once a day, nearly half (47.5%) consume sweetened beverages at least one a day, while more than 96.7% do not consume enough fruit and vegetables.³ The current obesity control program in Indonesia has not received equal investment compared to undernutrition with the lack of national commitment and clear strategy, the targets for obesity control currently are off-track across all age groups. Inadequate response to this issue will have serious economic and health impacts in the future, as reflected by increasing prevalence of obesity related non communicable diseases.

Despite the presence of several policy instruments aiming at adolescent obesity such as The Guideline for Prevention and Management of Overweight and Obesity among School Children aged 6 to 19 years (issued in 2012) , as well as The National Action Plan for adolescent and school age children health and wellbeing (issued

⁴⁴ Presiden Republik Indonesia. (2021). PERATURAN PRESIDEN REPUBLIK INDONESIA NOMOR 72 TAHUN 2021 TENTANG PERCEPATAN PENURUNAN STUNTING.

⁴⁵ BAPPENAS, UNICEF. (2019). Achieving the SDGs for Children in Indonesia: Emerging Findings for Reaching the Targets.

[https://www.unicef.org/indonesia/media/1641/file/Achieving the SDGs for children in Indonesia: Emerging findings for reaching the targets.pdf](https://www.unicef.org/indonesia/media/1641/file/Achieving%20the%20SDGs%20for%20children%20in%20Indonesia%3A%20Emerging%20findings%20for%20reaching%20the%20targets.pdf)

⁴⁶ BADAN KEBIJAKAN PEMBANGUNAN KESEHATAN. (2023). Dalam Angka Dalam Angka. <https://www.badankebijakan.kemkes.go.id/hasil-ski-2023/>

⁴⁷ Ibid.

in 2022)^{48,49}, Indonesia is lacking in clear high level strategy for delivering programs about healthy weight in a healthy way as well as creating healthy environment for school age children and adolescent and across other age groups.

It is worth noting that the current government efforts to tackle malnutrition in Indonesia have been less explicit in their food system approach (production, processing, distribution, and consumption). For example, the national strategy to reduce the prevalence of childhood stunting as manifested in the Presidential Decree number 72/2021 is heavily focused on food consumption.⁵⁰ Although it has, in some way, embraced elements of food system such as production of homegrown food and quality control over food fortification, it has gaps in addressing many critical points within the food system to ensure better access to and utilization of diverse and nutritious food. This includes the dearth of overseeing for processing and distribution of food. Given the increasing consumption of processed food in Indonesia parallel to the rate of urbanization, economic growth, women participation in the workforce, and market liberalization⁵¹, developing food trade policy with nutrition lens is key to combat triple burden of malnutrition.

Taking the example of marketing of breastmilk substitute, multiple province study highlighted that violation of international code of marketing of breastmilk substitute is common in all provinces studied.⁵² These violations were exacerbated during the COVID 19 pandemics.⁵³ The latest government regulation number 28/2024 (as regards implementing regulation of the health law number 17/2023) offers a breath of fresh air by tightening the regulation on marketing of breastmilk substitute under the maternal and child health section. The government regulation under the section of non communicable disease control also explicitly stated that the government will regulate the limits for sugar, salt, and fat content in processed food including its import and marketing as well as the possibility for applying sin tax for products with high sugar, salt, and fat content. However, it is to soon to evaluate the effectiveness of this new regulation.⁵⁴

Education

The GoI has improved educational outcomes significantly in recent years, through interventions aimed to strengthen national and subnational systems, expand quality early childhood education, improve teaching and learning on basic education, and deliver inclusive, quality education services for the most vulnerable, through

⁴⁸ Kementerian Kesehatan. (2012). Pedoman Pencegahan Dan Penanggulangan Kegemukan Dan Obesitas Pada Anak Sekolah. [http://gizi.depkes.go.id/download/Pedoman Gizi/Obesitas.pdf](http://gizi.depkes.go.id/download/Pedoman%20Gizi/Obesitas.pdf)

⁴⁹ Kemenko PMK RI. (2022). Permenko No 1 Tahun 2022 Tentang Rencana Aksi Nasional Peningkatan Kesejahteraan Anak Usia Sekolah Dan Remaja. www.peraturan.go.id

⁵⁰ Presiden Republik Indonesia. (2021). PERATURAN PRESIDEN REPUBLIK INDONESIA NOMOR 72 TAHUN 2021 TENTANG PERCEPATAN PENURUNAN STUNTING.

⁵¹ William Bellotti, Esta Lestari, Karen Fukofuka, Chapter One - A Food Systems Perspective on Food and Nutrition Security in Australia, Indonesia, and Vanuatu, Editor(s): David Barling, Jessica Fanzo, *Advances in Food Security and Sustainability*, Elsevier, Volume 3, 2018, Pages 1-51, ISSN 2452-2635, ISBN 9780128151976, <https://doi.org/10.1016/bs.af2s.2018.10.001>. (<https://www.sciencedirect.com/science/article/pii/S2452263518300090>)

⁵² Hidayana I, Februhartanty J, Parady VA. Violations of the International Code of Marketing of Breast-milk Substitutes: Indonesia context. *Public Health Nutr.* 2017 Jan;20(1):165-173. doi: 10.1017/S1368980016001567. Epub 2016 Jun 21. PMID: 27323845; PMCID: PMC10261563.

⁵³ <http://www.babymilkaction.org/wp-content/uploads/2021/06/Breaking-the-Code-AIMI-Final.pdf>

⁵⁴ <https://peraturan.bpk.go.id/Details/294077/pp-no-28-tahun-2024> Peraturan Pemerintah (PP) Nomor 28 Tahun 2024 tentang Peraturan Pelaksanaan Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan

the inclusion of out-of-school children and children with disabilities.⁵⁵ More specifically, the country has seen increases in school access rates, funding, and a high rate of school enrolment that is in line with the GoI's policy of 12 years of compulsory education. The GoI prioritises Early Childhood Education (ECE) programmes to close learning gaps and promote basic skills because it recognises early development's essential role.⁵⁶

The key guiding document for the education system in Indonesia is the Education Roadmap 2020-2035.⁵⁷ The Roadmap was launched with the aim of establishing a set of long-term objectives to realize quality education services in Indonesia through equitable and inclusive provisions across regions. It is a comprehensive document comprised of 10 national education policies that define implementation strategies related to quality of educational learning, quality of teachers, national curriculum, collaboration between national, subnational, and local governments, collaboration with private sector, alignment with labour market needs, and accreditation.

The GoI adopted an innovative approach to ensure continued relevance of educational outcomes through the Merdeka Learning which outlines four steps to education transformation through: improvements to infrastructure and technology; improvement of policies, procedures, and funding; improvement of leadership, society, and culture; and improvements to curriculum, pedagogy and assessments.⁵⁸

The GoI enacted several education reforms in recent years, including the replacement of the national testing system. The National Examination has been replaced with a new assessment system focusing on a broader range of competencies and skills⁵⁹. This new system aims to provide a more comprehensive evaluation of student's abilities and learning outcomes. Initiatives for teacher training have also been implemented to improve pedagogical abilities and the use of technology in the classroom. Furthermore, curriculum changes have been implemented, emphasizing digital literacy and critical thinking, two 21st-century competencies that better equip graduates for the changing demands of the labour market, as well as standardised testing.

Despite its significant advancements, Indonesia's education system still faces several obstacles, including the decline in education quality⁶⁰. Maintaining equal access and quality remains a top priority, and there remains room for improvement in terms of allocating adequate resources to ensure equitable response among regions. Allocation of resources for adequate training of teachers is crucial in ensuring equality delivery of education services.⁶¹

Water, Sanitation, and Hygiene (WASH)

Over the past two decades, Indonesia has made impressive progress in accelerating access to WASH services across the country. The National Statistics Bureau estimates indicate that since 2000, Indonesia has expanded access to improved water sources to about 110 million people, and improved sanitation facilities to 148 million

⁵⁵ United Nations Economic and Social Council. (2020). UNICEF Country Programme Document Indonesia.

⁵⁶ World Bank. (2024). Indonesia - Education sector policy note.

⁵⁷ Rayhana, & Tjalla, A. (2021). THE CHALLENGES OF THE 2020 – 2035 INDONESIAN EDUCATION ROADMAP TOWARDS ACHIEVING WORLD-CLASS HIGHER: A REVIEW. *Jurnal Evaluasi Pendidikan*, 12(2), 65 - 68.

⁵⁸ Ibid.

⁵⁹ Ministry of Education and Culture, Republic of Indonesia. (2020). Education Roadmap 2020-2035. https://eng.unila.ac.id/wp-content/uploads/2020/06/5.a-Peta-Jalan-Sistem-Pendidikan-2020-2035_Kemendikbud.pdf

⁶⁰ Abbas, H. (2020). "Quo Vadis" Indonesian Education Roadmap 2020-2035. <https://www.kompas.id/baca/english/2020/11/27/quo-vadis-indonesian-education-roadmap-2020-2035>.

⁶¹ World Bank. (2024). Indonesia - Education sector policy note.

citizens⁶². As of 2021, 90.7% of Indonesia's population had access to improved drinking water (a significant increase from 61.29% drinking water access in 2018), while 80.29% of the country's population had access to improved sanitation.⁶³ At the same time, Indonesia significantly reduced its open defecation rate from 30% in 2000 to 5.6 % in 2021.⁶⁴ According to the UNICEF's estimates⁶⁵, as of 2023, the country recorded an increase in the coverage of improved drinking water to 91.72%, yet challenges remained as about 8.3% of households have no access to improved drinking water. Similarly, despite efforts to provide millions of Indonesians with access to basic sanitation, 11 million people (4.2%) still practiced open defecation in 2023.⁶⁶ Thus, ending open defecation and providing safely managed sanitation have become key targets in the RPJMN 2025-2029 and RPJPN 2025- 2045.⁶⁷

Despite the above results, Indonesia still needs more accelerated efforts to achieve the upcoming national WASH ambition, which targets 90% of population with access to improved sanitation, zero open defecation, 15% access to safely managed sanitation, 100% households with access to improved drinking water, and 30% households have access to piped-water network by 2024.⁶⁸ Against this background, Indonesia has been deploying various strategies towards achieving this goal. Notably, the GoI has embarked on mobilizing alternative financing sources including through development partners and private sector for the WASH sector to make WASH facilities accessible and affordable for all, particularly the low-income communities⁶⁹.

Moreover, Indonesia is actively tapping into innovation to find unconventional solutions to WASH challenges. This is notably done through the WASH Innovation hub which brings together the GoI, development partners, academia, and the private sector in fostering innovative solutions to WASH challenges in Indonesia. There are also efforts to include WASH more broadly as a key sector contributing to Nationally Determined Contributions and National Adaptation Plan. In that regard, the National Development Planning Agency (Bappenas) has developed a climate-risk assessment framework for WASH access and service provision. The framework provides methodologies to mainstream climate-actions into WASH policies, programs, and plans.⁷⁰

Overall, the GoI remains committed to improving the WASH sector and adjusting investments to the changing environment. It has been reported that in response to the socio-economic impacts of COVID-19, the GoI through the National Sanitation Program increased the budget for community-based sanitation from USD 32.9 mn in 2020 to USD 67.7 mn in 2021.⁷¹ The country has a strong policy framework and well-defined roles and responsibilities for the WASH subsector. However, some key challenges will need to be addressed for Indonesia to achieve Sustainable Development Goal 6 by 2030. These challenges include population growth and urbanization, insufficient funding, inadequate infrastructure and capacities, natural disasters, deteriorating

⁶² National Statistics Bureau, National Socio-Economy Survey. (SUSENAS), 2000-2020

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ UNICEF Indonesia. (2024). WASHActs. Volume XIV. January-March 2024.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ The National WASH Plan

⁶⁹ Examples include: effort to mobilize Zakat, Infaq, and Sadaqah or ZIS (Islamic Alms); Private sector engagement, such as through Corporate Social Responsibility, Public-Private Partnerships, and Philanthropy; and stimulate WASH innovations through WASH start-ups and entrepreneurship involving local communities, innovators, and investors.

⁷⁰ Republic of Indonesia. (2022). Country Overview – SMM 2022

⁷¹ Republic of Indonesia. (2022). Country Overview – SMM 2022

water quality, and climate change.⁷² Sustained investments are required to accelerate higher levels of WASH services and reduce disparities in access to WASH services between regions, urban/rural areas and among the wealth quintiles (richest households are 2.15 times more likely to have sanitation access than the poorest households).⁷³ Efforts are equally needed to advance drinking water quality agenda, strengthen WASH resilience to climate change⁷⁴.

Child Protection

In Indonesia, the child protection sector grapples with several significant challenges affecting the well-being and protection of children. Chief among these challenges is the pervasive issue of violence against children, encompassing physical, sexual, and emotional abuse, which persists due to factors such as poverty and cultural norms.⁷⁵ According to 2021 Indonesian Violence Against Children Survey, 3 out of 10 boys and 4 out of 10 girls aged 13-17 years had experienced one or more forms of violence (e.g. sexual violence, physical violence, online violence).⁷⁶ Additionally, child labor remains prevalent, with many children engaged in hazardous work, which exposes them to exploitation and denies them educational opportunities, and low rates of birth registration (91.79% of children under 18 and 83.44% of children under 5 have birth certificates) hinder children's access to critical social services.⁷⁷ The practice of child marriage also persists in some regions (with 1 in 9 women married before the age of 18 years and 1.2 million girls married in 2018), contributing to early pregnancies, limited educational attainment, and increased vulnerability to abuse.⁷⁸ However, the number has been in steady decrease in percentage terms, being 9.23 in 2021, 8.06 in 2022, and 6.92 in 2023. Specialized justice systems for children in conflict with the law remains a challenge, with limited access to appropriate legal aid with child advocates and child protection services.⁷⁹ Children's vulnerabilities are exacerbated by factors such as poverty, cultural norms, and limited awareness,⁸⁰ and worsened by Indonesia's susceptibility to natural disasters (such as the recent earthquake), placing children at risk for family separation with an increased risk of exploitation.⁸¹

Recent policy developments reflect Indonesia's efforts to address these challenges, with the established National Strategy for Child Protection, focusing on prevention, intervention, and recovery for child victims of abuse, exploitation, and neglect.⁸² Legislative measures, such as the Child Protection Act (Law No. 35/2014), the Law of Sexual Violence Crime (Law No. 12/2022), Law No. 1/2024 on the Second Amendment to Law Number 11 of 2008 concerning Information and Electronic Transactions, as well as amendments to the Marriage Act, provide a legal foundation for safeguarding children with mandated protections against various forms of abuse, exploitation, and neglect.⁸³

⁷² USAID. (2022). Indonesia High-Priority Country Plan.

⁷³ Republic of Indonesia. (2022). Country Overview – SMM 2022

⁷⁴ UNICEF Indonesia. (2024). WASHActs. Volume XIV. January-March 2024.

⁷⁵ United Nations. (2019). Situation Analysis of Children in Indonesia.

⁷⁶ <https://kemenpppa.go.id/index.php/page/view/NDMyMg==>

⁷⁷ Ibid.; UNICEF Indonesia PSN.

⁷⁸ Ibid.; UNICEF Indonesia: Child Protection <https://www.unicef.org/indonesia/child-protection>

⁷⁹ UNICEF. (2020). Programme Strategy Note.

⁸⁰ UNICEF (2020). Child Protection in Indonesia: Developing strong policy and regulations for every child.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ministry of Women Empowerment and Child Protection of Indonesia. (2014). Child Protection Act (Law No. 35/2014).

Social Policy

In the aftermath of the Asian Financial Crisis, the GoI placed renewed effort to reduce income inequalities across regions and improve living standards for its citizens. Indeed, poverty among children in Indonesia is a major challenge, 1 in 8 children face monetary poverty and 2 in 3 children live in multi-dimensional poverty.⁸⁴ Equity dimensions are also a concern, particularly persons with disabilities. Households with a person with disabilities are 2.4 times higher than other households to be poor. Similar trends are observed with female-headed households, which are 34 times more likely to experience poverty than male-headed households.⁸⁵

To address these challenges, the GoI focused on developing social protection systems based on three pillars: equity, opportunity, and resilience.⁸⁶ The National Social Safety Net (Jaring Pengaman Sosial or JPS) policy launched in 2004, included open market operations in rice, support to education, health, village development, and employment creation.⁸⁷ The JPS which is the foundation for the current social protection system was reformed into the new National Social Security System (Sistem Jaminan Sosial Nasional or SJSN) launched in 2014.⁸⁸ In addition to the SJSN, the GoI extended subsidy reforms in 2015 to fuel and electricity, as well as enacted labour reforms.

Under the SJSN, the GoI implements various social assistance programs at the national level. Underpinning the social protection system in Indonesia is the Unified Database (UDB), a common targeting instrument for all social assistance programmes that links beneficiaries to complementary interventions.⁸⁹ The following key social assistance programmes are currently implemented by the GoI.⁹⁰

- The Sembako Program, formerly known as Raskin/Rastra or Rice for the Poor, served as a national food emergency response during the 1997 Asian Financial Crisis. It functioned as a subsidy for rice purchases and subsequently merged into the national social protection system. The Sembako Program currently provides rice and other foods, including fruits and vegetables, to the poor and vulnerable families.
- Programme Indonesia Pintar (Assistance for Poor Students), which began in 2008 as Bantuan Siswa Miskin or Cash Assistance to Poor Students. It is a school fee waiver for poor children, including cost of additional costs such as books, uniforms, transportation costs, etc. but has since undergone several reforms due to moderate performance.
- Penerima Bayaran Iuran (Social Health Insurance for the Poor and Near Poor), is a mandatory contributory scheme aimed at reducing the high out-of-pocket expenditure paid by the poor for health services. It targeted the poor and vulnerable members of Jaminan Kesehatan Nasional, the National Health Insurance programme. PBI replaced Jaskemas, a tax-funded health care fee-waiver programmer.

⁸⁴ UNICEF Indonesia. (2024). Gender Programme Review.

⁸⁵ Ibid.

⁸⁶ Holmeno, C., Pinxten, J., Palacios, R. J., Acosta, P., Sen, S., Tiwari, S., George, T. (2020). Investing in People: Social Protection for Indonesia's 2045 Vision. World Bank, Jakarta.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ OECD. (2019). Social Protection System Review of Indonesia, OECD Development Pathways, OECD Publishing, Paris.

⁹⁰ Ibid.

- Program Keluarga Harapan (Family of Hope Programme), is a conditional cash transfer programme launched in 2007, initially targeting the poorest of the households having children aged 0-21 years, pregnant, and lactating women identified in the UDB. PKH has now expanded to the poor and vulnerable, and it has been successful in reducing poverty and improving health and education outcomes for beneficiaries, particularly babies, children, and pregnant and lactating women

Despite these interventions, the social protection system is fragmented due to the governance challenges. Indonesia's decentralized governance system implies that many of the planning and budget decision-making authorities are at the subnational level, including at the district and village levels. There are challenges with service delivery at this level, including bureaucratic processes and access to data and information at subnational levels, as well as challenges with implementation of national level planning.⁹¹ As a result, mobilizing public financing and planning for children in social protection is constrained in addition to existing limited fiscal space due to low tax revenue. There remains significant room to improve fund management at the subnational level and optimal allocation of financial and non-financial resources to ensure a comprehensive social protection system is delivered for vulnerable groups, especially children at all levels of government. Additionally, resolving these constraints would allow for the GoI to provide timely and effective shock-responsive social protection interventions, including emergency cash-based assistance operations.⁹²

2.1.5 National Response to Development Issues

In response to the above key development issues, the GoI has developed several developmental policies and implementation strategies, underpinned by the Golden Indonesia 2045 Vision which sets the goal for the country to become a high-income economy by 2045.⁹³ Most importantly, the RPJMN articulates medium-term milestones of the vision. This five-year policy instrument is used to provide national level guidance for multi-sectoral developmental agendas that is overseen by the Ministry of National Development and Planning. The current RPJMN 2020-2024 is the fourth iteration and focuses on “independent, advanced, fair and prosperous society through accelerating development in various fields by emphasizing the solid economic structure based on competitive advantages in various regions supported by qualified and competitive human resources”.⁹⁴

The RPJMN 2020-2024 consists of seven developmental agendas: strengthening economic resilience for quality and equitable growth, developing regions to reduce inequality and ensure equity, improving quality and competitiveness of human resources, mental revolution and cultural development, strengthening infrastructure to support economic development and basic services, building the environment, improving resilience towards disaster and climate change, strengthening stability in the politic, law, defense and security aspect, and strengthening public service transformation.

⁹¹ UNICEF Indonesia (2020). Programme Strategy Note.

⁹² Ibid.

⁹³ Bappenas. (2024). Bappenas Launches Regsosek Data System to Accelerate Golden Indonesia 2045 Achievement.

⁹⁴ AHRP Law Firm (2024). Indonesia's Development Plan.

<https://www.ahrplaw.com/indonesiasdevelopmentplan#:~:text=In%20accordance%20with%20RPJPN%202020,by%20qualified%20and%20competitive%20human.>

The RPJMN is part of a broader Long-Term Development Plan (RPJP), a 20-year planning document, regulated under Law No. 17/007.⁹⁵ The RPJP lays a strong emphasis on prioritizing development of human capital. With the significant numbers of children and productive age population available in Indonesia, investment in the universal access to essential quality services in education, healthcare, social protection, WASH, and child protection is seen as a critical precondition to ensure human capital development at pace with the planned economic growth.⁹⁶ Accordingly, the GoI has developed several sectoral policies and plans that aim to contribute to the achievement of the country's development objectives.

2.2 The UNICEF Indonesia Country Programme 2021-2025

2.2.1 Presentation and Objectives

According to the ToR⁹⁷, the 2021-2025 Country Programme of Cooperation between the GoI and UNICEF is aligned with national priorities (i.e., Medium-Term National Development Plan 2020-2024). It is also aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021-2025 and supports the GoI's efforts to achieve the 2030 Agenda for Sustainable Development. The current ICP is operationalized through the Country Programme Action Plan which was signed by the GoI and UNICEF on 23rd December 2020.⁹⁸

As identified in the Country Programme Document⁹⁹, the overall Theory of Change for the ICP is that the fulfilment of children's rights is protected and accelerated in Indonesia if: solutions prioritize the most vulnerable and furthest left-behind; design, financing and delivery of social service-related policies replicate and scale-up evidence-based solutions; cooperation for results promotes integration and builds systems and capacities that are resilient to multiple shocks and stresses, including emerging threats, and mobilizes all parts of national and subnational governments, civil society, the private sector and other duty bearers in creating and meeting demand for increased service standards; positive social norms and the participation of children and young people, including those with disabilities, are promoted through communication-based strategies.¹⁰⁰ This approach aligns with the RPJMN¹⁰¹ vision to improve human capital as well as the UNSDCF pillar for inclusive human development.¹⁰²

The ICP comprises of six programme components as described in [Table 2.1](#) Country Programme Components. To support the effective and efficient delivery of results, the ICP adopted the following implementation strategies: data and evidence generation, advocacy and communication, social and behaviour change communication, systems strengthening, cross-sectoral integration, programming at scale, empowerment of children and adolescents, innovation with and for children and adolescents, partnerships and

⁹⁵ Ibid.

⁹⁶ UNICEF (2024). Terms of Reference – Evaluation of UNICEF Indonesia Country Programme 2021-2025.

⁹⁷ Ibid.

⁹⁸ United Nations Economic and Social Council. (2020). UNICEF Country Programme Document Indonesia.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Republic of Indonesia. (2020). RPJMN (2020-2024)

¹⁰² United Nations. (2021). United Nations Sustainable Development Cooperation Framework (UNSDCF) Indonesia 2021-2025.

private sector engagement, and south-south triangular cooperation. These strategies are complemented by the following overarching approaches: national and subnational engagement, equity-focused and gender-responsive programming, gender integrated and targeted priorities, humanitarian-development nexus, and cross-sectoral integration and collaboration.¹⁰³

Table 2.1 Country Programme Components

PROGRAMME COMPONENTS	FOCUS
Health	Quality newborn care, prevention of childhood illnesses, healthy environments, health systems strengthening.
Nutrition	Reducing the triple burden of malnutrition throughout the lifecycle, including support to maternal nutrition, prevention of stunting and wasting in children under-5, nutrition for school-age children and adolescents and obesity prevention.
Education	A quality and inclusive learning environment, including out-of-school children, early childhood education, basic literacy and numeracy and 21 st century skills.
WASH	Safely managed sanitation, elimination of open defecation, safely managed water supply and climate resilient WASH services.
Child Protection	Capacity building and systems strengthening, adolescent empowerment, promoting positive social norms, and strengthening child protection services.
Social Policy	Planning and public financial management for poor and vulnerable groups, including children, people with disabilities, and the older population; data analysis and innovation for decision making, social protection systems, environmental risk in urban area.
Programme Effectiveness	Programme coordination, external relations, programme planning monitoring and evaluation, communications advocacy and partnerships, cross-sectoral approaches ¹⁰⁴ (including strategies and functions), disaster risk reduction/disaster management, and environment and climate action.

Source: United Nations Economic and Social Council (2020). UNICEF Country Programme Document Indonesia.

2.2.2 Strategic Shifts in the UNICEF ICP

A Mid-Point Strategic Reflection (MPSR) was conducted between June and September 2023 to determine if adjustments were necessary to enhance the efficiency and effectiveness of the CP.¹⁰⁵ The MPSR resulted in six strategic shifts to help sharpen the focus of the ICP strategies and approaches for the remaining period and to guide the transition to the next CP. These six strategic shifts are as follows:

- **Differentiated business model:** to ensure national impact, systematically apply a context-specific programme support model to different provinces and geographic regions. This includes a shift towards

¹⁰³ UNICEF. (2020). Programme Strategy Note.

¹⁰⁴ Cross-sectoral approaches refer to the integration of the following themes across all programme components; integration of disaster risk reduction, environmental degradation and climate change mitigation, urbanization, disability inclusion, gender and adolescent development and meaningful participation, private sector partnerships, social and behaviour change (SBC), planning and data, and communication.

¹⁰⁵ UNICEF. (2023). Government of Indonesia and UNICEF Country Programme of Cooperation (2021 – 2025). Mid-Point Strategic Reflection Report.

three interlinked levels of engagement with government at the i) national, ii) nationwide, iii) targeted sub-national level.

- **Structured approach to pilots-to-scale strategy:** more rigorously apply a structured approach for all intended 'Pilots to Scale' efforts.
- **Digital transformation:** position UNICEF as a catalyst to drive use of digital technology for accelerated results for children.
- **Knowledge management/thought leadership:** strengthen UNICEF's position as a thought leader to influence action and change (at scale) on child rights.
- **Private sector engagement:** maximize potential, scale, resources, influence and reach of private sector. The latter was identified as a potential source of financial and non-financial support for the implementation of the CP.
- **The 6 Papua Provinces:** the formation of four new provinces in Papua provides UNICEF an opportunity to further strengthen advocacy and strategic support to advance children's agenda at the subnational level.

2.2.3 Country Programme Budget

The ICP budget and funds utilization by programme component are presented in [Table 2.2](#) Country Programme Budget and Funds Utilized (USD and %) (2021-2025) below.

Table 2.2 Country Programme Budget and Funds Utilized (USD and %) (2021-2025)

PROGRAMME COMPONENTS	COUNTRY PROGRAMME BUDGET ALLOCATION				ACTUAL EXPENSES (AS OF JUNE 2024)	
	REGULAR RESOURCES	OTHER RESOURCES	TOTAL	%	UTILIZED	%
Nutrition	2,159,000	11,741,000	13,900,000	9.4%	11,278,362	81%
WASH	2,159,000	11,341,000	13,500,000	9.2%	12,185,482	90%
Health	2,159,000	24,734,000	26,893,000	18.3%	39,675,451	148%
Education	2,159,000	23,341,000	25,500,000	17.3%	16,175,992	63%
Child Protection	2,159,000	13,841,000	16,000,000	10.9%	12,362,944	77%
Social Policy	2,059,000	13,276,000	15,335,000	10.4%	7,654,873	50%
Programme Effectiveness	9,756,000	26,229,000	35,985,000	24.5%	39,712,998	110%
TOTAL	22,610,000	124,503,000	147,113,000		139,046,102	95%

Source: UNICEF. (2024). *ICO Funding Situation - CPD 2021-2025.*, UNICEF. (2020). *Country Programme Action Plan 2021-2025.*

2.2.4 Programme Intervention Areas

The UNICEF Country Programme is being implemented in thirteen priority provinces¹⁰⁶, which were selected based on a combination of an in-house SDGs- aligned child deprivation index, weighted by the number of children below the poverty line, accounting for ongoing programme commitments, and risk analysis.¹⁰⁷ In all provinces, implementation is facilitated through a network of UNICEF field offices¹⁰⁸, supported by the Jakarta head office. Field offices assume responsibility for planning, monitoring, implementation, and review processes based on consultations with colleagues at the head office in Jakarta. **Table 2.3** Programmatic Coverage by UNICEF Field Offices shows the ICP coverage by each of the five field offices. Details on the geographic distribution of the ICP interventions are provided in Appendix II.

¹⁰⁶ Of note: Initially, the CP was implemented in nine focus provinces. After creation of four new provinces in Papua, an addendum to the General Operating Guidelines governing GoI and UNICEF CPAP implementation was developed in 2023 to formalize their status as focus provinces, bringing the total of focus provinces to thirteen.

¹⁰⁷ UNICEF Indonesia (2020). Programme Strategy Note.

¹⁰⁸ There are five field offices located in the cities of Jayapura, Kupang, Makassar, Surabaya and Banda Aceh, with two satellite offices in Ambon and Manokwari that are focused exclusively on the health sector and report to Makassar and Jayapura respectively.

Table 2.3 Programmatic Coverage by UNICEF Field Offices

Field Office	Nutrition	WASH	Health	Education	Child Protection	Social Policy
Jayapura						
Papua	x	x	x	x	x	x
West Papua	-	-	x	x	-	-
Central Papua						
Southwest Papua						
Mountrain Papua						
South Papua						
Kupang						
NTT	x	x	x	x	-	-
NTB	x	x	x	-	x	x
Makassar						
South Sulawesi	x	x	x	x	x	-
Surabaya						
East Java	x	x	x	x	x	-
Central Java	x	x	x	x	x	
Banda Aceh	x	x	x	-	x	x

Source: UNICEF Indonesia (2020). Programme Strategy Note.

2.2.5 Key Implementing Partners

The ICP is jointly executed with the GoI and other national partners (e.g., academia, civil society and private sector organisations, business associations), United Nations (UN) partners (such as UNFPA, WHO, UNAIDS, OCHA, WFP, UNDP UN Women), and other international partners such as the World Bank. **Table 2.4**

UNICEF’s Key Government Partners presents the key government partners for UNICEF ICO by programme component. As illustrated, the level of engagement with government stakeholders is multifaceted and at all levels of government, including national and subnational levels.

Table 2.4 UNICEF’s Key Government Partners

PROGRAMME COMPONENT	KEY GOVERNMENT PARTNERS
Health	Ministry of Health , Provincial Health Office, District Health Office, National Development Planning Agency (Bappenas), Ministry of Home Affairs, Ministry of Education and Culture, Ministry of Environment and Forestry
Nutrition	Ministry of Health , National Development Planning Agency (Bappenas), the Ministry of Education, the Ministry of Religious Affairs, the National Team for the Acceleration of Poverty Reduction (TNP2K), KSP
Education	Ministry of Education and Culture , National Development Planning Agency (Bappenas), National Bureau of Statistics (BPS), President’s Office, Ministry of Youth and Sports, Ministry of Home Affairs, Ministry of Finance, Ministry of Villages (and Development of Disadvantaged Regions, and Transmigration), Ministry of Religious Affairs, district government
WASH	Ministry of Health, Ministry of Public Works and Housing, National Development Planning Agency (Bappenas), National Disaster Management Agency (BNPB) , private sector, National Bureau of Statistics (BPS), Ministry of Education and Culture, Ministry of Home Affairs, Ministry of Environment and Forestry, Ministry of Social Affairs

Child Protection	Ministry of Social Affairs, Ministry of Home Affairs, Ministry of Women’s Empowerment and Child Protection , National Development Planning Agency (Bappenas), Coordinating Ministry for Human Development and Cultural Affairs, Ministry of Education and Culture, Ministry of Environment and Forestry, local authorities, Child Protection Sub-Cluster, National Police Service
Social Policy	National Development Planning Agency (Bappenas), National Bureau of Statistics (BPS), Ministry of Finance, Ministry of Home Affairs, Ministry of Villages (and Development of Disadvantaged Regions, and Transmigration), Ministry of Social Affairs , Finance Committee, Ministry of Labour, National Disaster Management Agency (BNPB), Bappeda, Coordinating Ministry of Human Development, Subnational Governments, Vice President Office, Pulse Lab, Municipal authorities, APKASI, Ministry of Women’s Empowerment and Child Protection, Subnational Government
Cross-Sectoral Approaches¹⁰⁹	National Development Planning Agency (Bappenas), National Disaster Management Agency (BNPB), Ministry of Environment and Forestry, Ministry of Women’s Empowerment and Child Protection , Ministry of Social Affairs, Ministry of Home Affairs

Source: UNICEF. (2020). Country Programme Action Plan 2021-2025., UNICEF. (2020). UNICEF Country Programme Document Indonesia., UNICEF Indonesia. (2020). Programme Strategy Note.

Note: Main stakeholders are identified in bold as mentioned in UNICEF. (2020). Country Programme Action Plan 2021-2025.

2.2.6 Theory of Change

The UNICEF Indonesia Country Office developed a Theory of Change (ToC) for the entire ICP and specific ToCs for each programme component. These ToCs describe the pathways through which UNICEF intends to achieve the results and clarifies the assumptions that determine success. The Programme Strategy Note includes both narrative and schematic descriptions of the ToC developed for different programme components. These descriptions provide in-depth understanding of the choice of activities, cause-effect relations, and how all the building blocks of the ToC interact to achieve the expected changes at different levels. As per the Programme Strategy Note, the current Country Programme (2021 – 2025) built on the previous ICP’s ToC “by taking demonstrated effective models, and catalysing GOI at national, provincial and district levels to take these proven interventions to scale through child-focused legislation and policy, sufficient budgetary allocations, and enhanced technical capacity where it is needed”.¹¹⁰ Underlying the ToC is the idea that through the application of effective, locally-owned and proven interventions, scale up can be accelerated and spread more widely geographically.

The vision to which the current ICP seeks to contribute is in line with the 2030 Agenda: “By 2030, all children and adolescents in Indonesia, especially the most vulnerable outlined in the snapshot above, develop to their full potential and live in environments that are safe, protective and conducive to the fulfilment of their rights”. Altogether, the linked programme components are expected to help address key deprivations and the

¹⁰⁹ Cross-sectoral themes refers to the following cross-sectoral approaches; integration of disaster risk reduction, environmental degradation and climate change mitigation, and social and behaviour change.

¹¹⁰ UNICEF. (2020). Programme Strategy Note. p.20

realization of this vision. The narrative of the ToC for the entire ICP is summarized in the Programme Strategy Note as follows:

- **If** children, adolescents, families and communities, especially the most vulnerable and disadvantaged, are empowered to demand essential social services, practice safe behaviours and promote positive social norms, and
- **If** high level government commitment to financial and human resources, at national and subnational levels, for evidence-based policy implementation for the most vulnerable and disadvantaged children are maintained, and
- **If** the quality, relevance, coverage, resilience and inclusiveness of essential social services is scaled-up, and
- **If** appropriate focus across these areas is maintained on disaster risk reduction and disaster management, environment and climate action, and children in urban areas.

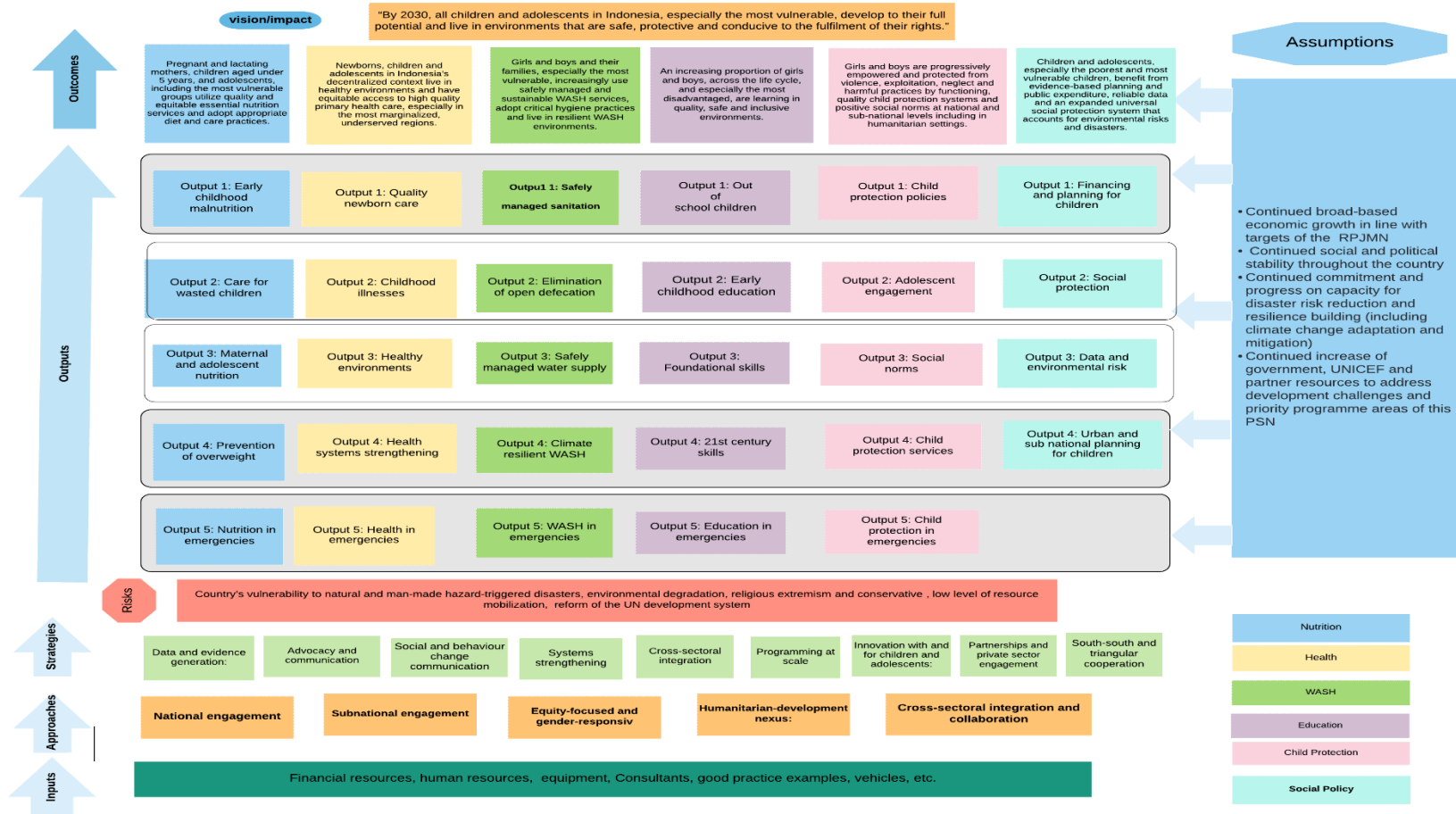
Then the vision statement outlined above will be realized.

The success of this theory-of-change is based on the following assumptions:

- Continued broad-based economic growth in line with targets of the RPJMN;
- Continued social and political stability throughout the country;
- Continued commitment and progress on capacity for disaster risk reduction and resilience building (including climate change adaptation and mitigation); and
- Continued increase of government, UNICEF and partner resources to address development challenges and priority programme areas of this PSN.

The Evaluation Team notes that, unlike programme components' strategy notes, the ICP Strategy Note does not include a schematic representation of the ICP's ToC. Therefore, the Evaluation Team has reconstructed it to serve the purpose of this evaluation (see [Figure 2.1](#) Theory of Change). The reconstructed ToC diagram outlines the following key elements: the overall vision that the ICP intends to contribute to, expected changes at outcome level, expected inputs, key implementation strategies and approaches, key assumptions, or the necessary conditions for the planned changes to occur at the output, outcome and vision levels. The diagram also speaks to the major risks that may block the pathways to change.

Figure 2.1 Theory of Change



Source: Evaluation Team

3. Evaluation Purpose, Objectives & Scope

3.1 Purpose and Objectives of the Evaluation

The broad purpose of this evaluation, as per the ToR, is two-fold and can be summarized as follows:

- To **support decision-making** in the current ICP (i.e., make course corrections, if needed) and inform the design of the next Country Programme Document (CPD); especially in terms of UNICEF’s strategic positioning in Indonesia, in line with the key strategic shifts made following the Mid-Point Strategic Reflection (MPSR) and the CP’s implementation strategies and approaches;
- To support **organisational and local learning** about what works and does not work; especially in terms of UNICEF Indonesia Country Office’s strategic ability to implement the core strategies and approaches and shifts to achieve the expected results in the current ICP and next programming cycle; and

Derived from this purpose, the specific objectives of the CPE are as follows:

- To assess the **relevance, coherence, effectiveness, efficiency, and sustainability of the implementation strategies and approaches**, with a formative and forward-looking focus on the current and future programming;
- To assess the **relevance, coherence, effectiveness, efficiency, and sustainability of the country office’s business model for scale and national impact** (that is, engagement at the national and sub-national level) with a formative and forward-looking focus on the current and future programming. Where data is available to also **assess the impact of the sub-national partnership strategy**;
- To provide an **assessment of UNICEF’s strategic positioning** (UNICEF’s added value and comparative advantages) within the development community and national partners, in view of its ability to respond to the needs of children in Indonesia; and
- To **identify lessons learned** about what works and does not work and provide a set of **forward-looking and actionable recommendations** on how UNICEF can most effectively position itself and build on its comparative advantage to deliver with strength the expected results in the current ICP and next programming cycle, including in systemic disaster risk reduction assistance and preparedness and humanitarian response to natural disasters and health emergencies.

3.2 Users and Use of the Evaluation

The main users, as well as the intended or possible use of the results of this evaluation by each group of users, are presented in **Table 3.5** Users and Possible Uses of the Evaluation below.

Table 3.5 Users and Possible Uses of the Evaluation

USERS		POTENTIAL USES AND INTERESTS
Primary	UNICEF Indonesia Country Office	<ul style="list-style-type: none"> • Provide learning on how Indonesia CO can most effectively position itself and build on its comparative advantage to deliver the expected results (in current and next CP).

		<ul style="list-style-type: none"> • Inform the design and strategic approaches to programme, implementation and advocacy priorities for the next ICP (2026-2030). • Inform UNICEF on how to best position itself in Indonesia and how to most effectively work together with key stakeholders to improve the lives of children and adolescents in the next ICP and through the remainder of the current CP. • Inform Indonesia CO on how to most effectively support the GoI to improve the lives of children and adolescents, especially the most disadvantaged, progressively enjoy their rights to survival, development, protection and participation, in a sustained manner and including in emergencies.
	Government of the Republic of Indonesia	<ul style="list-style-type: none"> • Share insights about the anticipated improvements and refinements of the current ICP and the next 2026-2030 CP's strategies and implementation approaches, in particular efficiency and effectiveness of coordination between national and subnational institutions on planning, policy and programme guidance and monitoring and evaluation. • Inform Government policies, planning and programming on areas of collaboration with UNICEF for local capacity development and context specific programme implementation strategies.
Secondary	UN Country Team (UNCT), Key UNICEF Development Partners and Donors	<ul style="list-style-type: none"> • Coordinate with and provide inputs to the joint evaluation of the UNSDCF. • Share insights on UNICEF evolving comparative advantage and 2026-2030 value proposition for the development of the next UNSDCF. • Inform on areas that need support and improvements to better support results for children that can be used in prioritising joint resource mobilisation and advocacy. • Provide objective evidence on UNICEF's commitment to learning and improving.
	Implementing Partners	<ul style="list-style-type: none"> • Evidence of results achieved through the CP, of lessons learned and on promising strategies.
	UNICEF Headquarters and EAPRO	<ul style="list-style-type: none"> • Provide learning and insights on the effectiveness of UNICEF's strategies and approaches in Indonesia, and countries with similar socio-economic situation as Indonesia. • Inform the Regional Office's planning and areas of support to Indonesia CO.
	Rights holders (including young people) and duty bearers	<ul style="list-style-type: none"> • Increased awareness of UNICEF's areas of work and opportunities for meaningful participation in setting priorities for programming activities and initiatives that relate to them <ul style="list-style-type: none"> • Strengthen accountability to adolescents and young people • Share insights on the needs, concerns and priorities of young people in Indonesia to inform the design of the next ICP. • Bi-directional benefits from the meaningful participation of young people in the evaluation process (design, data collection, analysis, dissemination)

3.3 Scope of the Evaluation

Drawing on the ToR for this assignment, and as confirmed through inception consultations, three elements define the scope of the evaluation (see [Table 3.6](#) Scope of the UNICEF Indonesia Country Programme)

Table 3.6 Scope of the UNICEF Indonesia Country Programme Evaluation

SCOPE	DESCRIPTION
Temporal	<p>The CPE will examine UNICEF’s strategic positioning in Indonesia, particularly UNICEF’s value added in terms of:</p> <ul style="list-style-type: none"> • Strengthening systems; • Convening power, with the mandate and ability to bring together various partners to address persistent development challenges for children; • Differentiated Business Model’s ability to deliver results at scale for children with national impact, in particular those left farthest behind; • Promotion and application of innovation for children and adolescents; • Partnerships and private sector engagement; • Building and leveraging an evidence base to inform policy and programming efforts, drawing from its vast global network to share relevant knowledge for the Indonesian context; and • Promoting equity-driven investments for children and adolescents, including those with disabilities, and gender-responsive programming in all contexts. <p>This will be done through the lens of the Implementation Strategies and Programme Approaches.</p>
Geographic	The evaluation covers the CP’s work since January 2021 to 2024 (until the field work), taking into account the period of the COVID-19 pandemic.
Programmatic	The CPE covers the national and sub-national levels. At the sub-national level, specific provinces and districts will be targeted.
Organisational	Human and financial resource mobilization and use, programme structure, the office structure.

The CPE will have a **particular focus** on the following areas:

- UNICEF’s strategic positioning within the development community and ability to support national and sub-national partners in ensuring children and adolescents in Indonesia, especially the most vulnerable, develop to their full potential and live in environments that are safe, protective and conducive to the fulfilment of their rights;
- CP’s implementation strategies and programme approaches (i.e., their adequacy to deliver higher level results, and their contribution to expected results and higher-level impact on the lives of children); and
- Degree of adaptation of implementation strategies and approaches (by UNICEF Indonesia) to changing context; particularly with the impact of the COVID-19 pandemic and the needs of children throughout the pandemic.

3.4 Stakeholder Expectations

As part of the Inception Phase, the Evaluation Team conducted individual and/or group interviews (13 people in total) with the Country Office Senior Management and staff, as well as some external partners. The list of consulted stakeholders is presented in Appendix III. These consultations allowed the Evaluation Team to better understand the expectations of the main users of the evaluation, namely UNICEF ICO and the GoI.

The process also allowed the Evaluation Team to confirm in a participatory way the scope of the evaluation. Overall, the expectations and priorities outlined by consulted stakeholders are in line with the objectives and scope that were identified in the ToR document. The evaluation criteria (of relevance, coherence,

effectiveness, efficiency, and sustainability), the cross-cutting dimensions, and the areas of focus outlined in the ToR (see Section 3.3) were confirmed and validated during interviews. **Box 1** Sample of Stakeholder Expectations as Described During Interviews displays a sample of expectations and priorities for this CPE as described by stakeholders during inception interviews.

Box 1 Sample of Stakeholder Expectations as Described During Interviews

- To inform **UNICEF about whether the approaches and strategies will yield positive results**. Despite its beliefs, UNICEF must question whether its efforts are effective.
- To help **identify any areas UNICEF may have overlooked**, assess how UNICEF is currently performing, and suggest ways for UNICEF to improve.
- We need from the evaluation some **ideas on how to best move from evidence generated in our districts/provinces of focus to nation-wide interventions**, allowing to reach the most vulnerable children across the country. Has the dream to scale our pilot projects materialized, to what extent and how.
- The evaluation should tell us **where to focus our efforts and maximize our impact (...)** How relevant is/has been UNICEF at national and decentralized levels, given our business model. There is need to document **what has worked, what needs to be done differently, and the evaluation is a good opportunity for that**.
- I would like to know **how our partners view our work – what they expect from UNICEF in the coming years**.
- This evaluation will serve as a mirror, allowing UNICEF and partners to see if they effectively carry out their initial intentions. Have they fulfilled their promises? Are they truly focusing on the key areas? Are they strategically positioning themselves in their field? Are they achieving the results they promised to deliver?
- To **determine whether UNICEF's country office is well strategically positioned (...)** need to **dig deeper into the different strategies and approaches** that have been adopted and implemented to **determine whether they have worked or not**, to what extent, and whether some could be discontinued or continued as they head into the next country program.
- **Ensuring effectiveness of UNICEF's approach**: The evaluation is expected to help UNICEF in ensuring that its program approach in targeted provinces is the most effective in achieving its goals.
- The biggest challenge is unsustainable fund, **actionable recommendation for better business model** allowing unicef to achieve results for children in Indonesia
- In my view, the objective is to **assess the implementation of UNICEF programs**, while the secondary goal is to **identify any issues or successful initiatives** and propose specific actions for UNICEF's upcoming program in the country.
- The decrease in UNICEF funding for Indonesia (...) has worsened the current challenges (...) even though communities still require assistance. It is crucial to develop a business strategy that tackles this issue, and the evaluation should provide insights into that. In particular, **shedding light on UNICEF's efforts to engage with and mobilize private sector funding** and other innovative financing instruments have paid off.

4. Evaluation Framework

4.1 Criteria and Questions

In line with the ToR and inception interviews, the CPE will structure its assessment around the Organization of Economic Cooperation and Development-Development Assistance Committee (OECD-DAC) evaluation criteria.¹¹¹ The criteria considered are **relevance, coherence, effectiveness, efficiency, and sustainability**. The ToR emphasize the need to evaluate the extent of **integration of the cross-cutting priorities** such as gender, disability inclusion, meaningful participation of adolescents and young people, equity and human rights across evaluation criteria and questions. To that end, the Evaluation Team will draw on the United Nations Evaluation Group (UNEG) guidance document on Integrating Human Rights and Gender Equality Perspectives in Evaluations.¹¹² Finally, the CPE will be guided by the UNEG Norms and Standards for Evaluation in the UN System,^{113 114} and the UNEG Ethical Guidelines and Code of Conduct for Evaluation in the UN System.^{115 116}

The main evaluation questions that will guide the evaluation process, identified in relation to the criteria, are shown in **Table 4.7** Main Evaluation Questions

Table 4.7 Main Evaluation Questions

CRITERIA	MAIN EVALUATION QUESTIONS
Relevance	To what extent and how has the GoI and UNICEF Country Programme of Cooperation (2021 -2025) been a relevant response to improve the situation of children in the country?
Coherence	To what extent is the GoI and UNICEF Country Programme of Cooperation (2021-2025) coherent internally and externally?
Effectiveness	To what extent and how has the GoI and UNICEF Country Programme of Cooperation (2021-2025) achieved the expected results?
Efficiency	To what extent and how has the GoI and UNICEF Country Programme of Cooperation (2021-2025) used resources optimally to achieve its objectives?
Sustainability	To what extent are the results achieved by the GoI and UNICEF Country Programme of Cooperation likely to be sustained over time?
Cross-cutting dimensions	To what extent have the UNICEF CP’s strategies addressed the cross-cutting issues of gender, meaningful participation of adolescents and young people, equity, and human rights?

¹¹¹ OECD. (2010). DAC Guidelines and Reference Series Quality Standards for Development Evaluation.

¹¹² UNEG. (2011). Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. <http://www.uneval.org/document/detail/980>

¹¹³ UNEG. (2005). 2005 Norms for Evaluation in the UN System (updated 2016 Norms and Standards are available). <http://www.uneval.org/document/detail/21>

¹¹⁴ UNEG. (2005). 2005 Standards for Evaluation in the UN System (updated 2016 Norms and Standards are available). <http://www.uneval.org/document/detail/22>

¹¹⁵ UNEG. (2008). UNEG Ethical Guidelines. <http://www.uneval.org/document/detail/102>

¹¹⁶ UNEG. (2008). UNEG Code of Conduct for Evaluation in the UN system. <http://www.unevaluation.org/document/detail/100>

4.2 Evaluation Matrix

Based on the evaluation questions suggested in the ToR, the Evaluation Team developed an evaluation matrix that provides the overall analytical framework for the evaluation, guiding the development of all data collection tools and framing the analysis and recommendations to be delivered. The evaluation matrix also reflects the main evaluation criteria and includes, for each evaluation question, indicators, data sources and proposed data collection methods (see Appendix IV). Worth noting is that, as a first step, the Evaluation Team added a main evaluation question for each evaluation criterion (see [Table 4.7](#) Main Evaluation Questions

Table 4.7 Main Evaluation Questions). A second effort was to organise the questions provided in the ToR under the main evaluation questions, as sub-questions operationalizing the main ones.

5. Approach and Methodology

5.1 Evaluation Approach

The evaluation will be guided by the UNEG Norms and Standards,¹¹⁷ UNEG Ethical Guidelines,¹¹⁸ UNEG Codes of Conduct for Evaluation¹¹⁹ as well as recent UNICEF Guidance provided on Country Programme Evaluations.¹²⁰ The Evaluation Team will draw on the following methodological approaches for undertaking this evaluation: (a) Theory-Based Approach (TBA), (b) Summative and formative approach, (c) Utilization-Focused Approach (UFA), (d) Participatory Approach, (e) Systems-based Approach, and (f) Gender, Equity, and Human Rights Approach. Each of these approaches is discussed below.

5.1.1 Theory-Based Approach

This approach will be used to assess the contribution that the CP's interventions have made towards achieving the desired changes (outcomes) with regard to ensuring the protection and acceleration of child rights in Indonesia. That is, ensuring that all children and adolescents in Indonesia, especially the most vulnerable, develop to their full potential and live in environments that are safe, protective and conducive to the fulfilment of their rights.

The Evaluation Team will use the ICP ToC to structure and undertake an analysis of the ICP's implementation over the evaluation period and draw conclusions about whether and how the ICP contributed to observed results. As the focus areas for the CPE refer to core implementation strategies, the TBA will set out a strong focus on pathways of change and whether the ICP's focus areas are enabling and accelerating the achievement of results as set out by the ToC, as well as understanding the risks and context that support or hinder the ToC from being manifested as observed outcomes. The ToC will be used to structure data collection and analysis and identify where the main contributions lie, which elements in the ToC do not seem to 'work,' and which key assumptions did or did not hold true. Put differently, applying the approach will enable the collection of empirical evidence showing whether the changes anticipated in the ToC have occurred or not (and why), while identifying the main factors shaping the pathways through which change was expected.

¹¹⁷ UNEG. (2017). Normes et règles d'évaluation.

¹¹⁸ UNEG. (2008). [UNEG Ethical Guidelines for Evaluation](#).

¹¹⁹ UNEG. (2008). [UNEG Code of Conduct for Evaluation in the UN System](#).

¹²⁰ UNICEF. (2020) Summary Guidance on CPE documents

5.1.2 Summative and Formative Approach

Given the implementation status of the UNICEF's ICP in Indonesia, the Evaluation Team will combine summative and formative approaches to the evaluation. As such, for the ICP's interventions that have been completed, a summative approach will be used to assess their performance towards achieving or not the expected results and under what conditions (did they work?). For the interventions that are ongoing, a formative approach will be used to determine the progress made towards achieving planned results, as well as course corrections, where needed.

5.1.3 Utilization-Focused Approach

This approach will ensure that the Evaluation Team pursues and prioritizes the usefulness of the CPE to its intended primary and secondary users. In adopting the UFA, the Evaluation Team aims to heighten the relevance, utility, and uptake of recommendations of the evaluation, towards informing the onward trajectory of the UNICEF work in Indonesia, in line with the evaluation's forward-looking objective.

5.1.4 Participatory Approach

This approach is intimately related to the UFA and will be pursued to ensure a meaningful involvement of the widest possible representation of stakeholders involved in the implementation of the current CP, with a particular focus on intended users of the evaluation. Throughout the evaluation process, the Evaluation Team will engage with all relevant stakeholders to ensure the evaluation responds to their needs and priorities. Ensuring participation of stakeholders is not only a matter of ethics but also of utility as it helps triangulate data while fostering the appropriation and buy-in of findings, conclusions, and recommendations among stakeholders. Thus, the Evaluation Team will closely work with the UNICEF Country and Regional Offices to mobilize the participation of key stakeholder representatives at regional, national and sub-national levels. More specifically, the Evaluation Team will:

- Work in close collaboration with the Evaluation Managers (i.e., the Multi-Country Evaluation Specialist in UNICEF Indonesia and the UNICEF Regional Evaluation Advisor), as well as the ERG to finalize the methodology and the workplan, and all deliverables;
- Meet periodically with the Evaluation Management Team during the evaluation. As per the ToR, this team will comprise of the Evaluation Managers, UNICEF Indonesia's Representative and Deputy Representative (Programmes), as well as the Chief of Planning;
- Consult with key stakeholders and beneficiaries¹²¹ through semi-structured interviews, group discussions, and field missions;

¹²¹ According to the CPD, all children, including adolescents in Indonesia are beneficiaries of UNICEF Indonesia's contributions to upstream and downstream results. It is assumed that girl and boy children, adolescents and women are direct beneficiaries of UNICEF efforts as rights holders. Indirect beneficiaries of UNICEF support (and duty bearers) include the GoI and its ministries and departments at national and sub-national levels, through which UNICEF supports capacity building and service delivery. Other indirect beneficiaries (and duty bearers) include community actors and community-based structures and organizations which UNICEF supports to promote and protect child rights. Finally, CSOs,

- Leverage the meaningful participation of young people across all phases of the evaluation (design, data collection, analysis, and dissemination) through participation in the ERG and the use of youth co-facilitators to enrich data collection and analysis;
- Maintain a flexible approach and adjust the trajectory of the work to be performed accordingly, if and as required; and
- Adopt a learning-oriented disposition throughout the assignment.

Preliminary findings, conclusions and recommendations will be presented to the Country and Regional Offices' staff and other relevant stakeholders, notably the Evaluation Management Team and ERG, with the aim to validate them and/or collect additional insights. As per the ToR, the ERG will be composed of key stakeholders of the CPE, including UNICEF staff from different sections of the Country Office, government officials, staff from the UNICEF Regional Office, and other UN agencies. The ERG will act in an advisory capacity and provide inputs on all main evaluation deliverables (including the Inception Report, the draft and final Evaluation Reports) that are expected to strengthen the quality and credibility of the evaluation. The distribution of responsibilities between the Evaluation Team and some of these other parties are outlined in section 8.

5.1.5 Systems-Based Approach

The CPE will follow a systems approach, i.e., an approach that is reflective not only of the complexity of the country reality, but also of the regional and global realities, and how this complex reality has influenced the performance of the ICP. By applying this approach, the evaluation team will assess not only the progress made towards achieving the results defined in the ICP's ToC and results framework but also the systemic factors influencing the results, including the limitations of the broader system, as well as an analysis of how the relationships among the different actors in the system promoted or inhibited the achievement of results.

5.1.6 Gender, Equity, and Human Rights Approach

As required by UNEG, the CPE design will integrate a focus on human-rights based principles of accountability, equality and non-discrimination, participation, and inclusion. This means that the evaluation will assess the extent to which these principles were mainstreamed in CPE design, delivery strategies and results achievement. To the extent that these principles can be mainstreamed in CPE methodology (given available time, resources, and logistic feasibility) efforts have been made to do so in lines of inquiry, sampling, data collection and analysis methods. The principles of equity, gender equality and human rights will also be treated as cross-cutting themes integrated across all areas of investigation and all phases of the evaluation, in order to assess the extent to which they have informed CPE design, implementation and results.

Specific steps to ensure these cross-cutting dimensions are integrated throughout the evaluation process comprise of, but are not limited to, the following:

- Gender-sensitive and disability-inclusive context analysis of equity and non-discrimination in the Indonesian context (e.g. disparities between boys and girls in access to essential services for children,

development partners and private sector organizations are targeted by ICO as indirect beneficiaries of UNICEF upstream work in policy dialogue and advocacy for child rights.

the specific situation of marginalized and minority communities in hard-to-reach areas. This will inform the design of the CPE, including the analysis of national and community-level characteristics and also give consideration to the partner landscape (e.g. women’s rights organizations, local and international partners with strong gender programming capacity, etc.);

- From disparity of girls/boys access to essential services to children in marginalized and minority communities or hard to reach areas.
- Including equity, human rights, social and behaviour change and gender in evaluation criteria and integrating gender, adolescent and youth participation, equity, and human rights considerations across evaluation question and indicators;
- Including budget that is inclusive and accountable to persons with disabilities, and factors in the costs for physical accessibility, accessible communications, reasonable accommodations and any assistive devices or mobility equipment needed to participate;
- The selection of data collection sources and methods, the approach to sampling, which support the involvement and engagement of children or adolescents, including those living with disability;
- Human rights principles, participation, inclusion and non-discrimination will be integrated in our methodology and sampling to ensure a gender-balanced sample wherever possible, particularly as part of the stakeholder mapping, the identification of key respondents, the design and use of any data collection tools;
- The selection of informants and site visits will ensure to the extent possible that all voices are heard;
- The evaluation methodology will aim to collect data disaggregated by sex, age, disability¹²², geographic location, or other characteristics as relevant and feasible, according to specific contexts; and
- The evaluation report will reflect disability, equity, and gender analysis in its findings, results, conclusions, and recommendations.
- The evaluation will draw on areas of overlap emerging from the Gender Programmatic Review (GPR) in an effort to streamline and avoid duplication.

5.1.7 Youth Participatory Approaches

In alignment with the UN Convention on the Rights of Children right to participate and the UNICEF Indonesia Adolescent Strategy 2024-2030¹²³ that aims to enhance meaningful participation of young people in all stages of programming, this evaluation will adopt an adolescent and youth-sensitive and participatory approach. This approach ensures that the voices and perspectives of young people (aged 10-24 years) are systematically included in the evaluation of the country programme, thereby making it more responsive to their needs and experiences in support of a utilization-focused approach. Ultimately, this enables the evaluation to gather more accurate and meaningful data on the experiences of young people, in support of a more inclusive and

¹²² This will draw on disability disaggregated data available through the six demographics questions from the Washington Group Questionnaire

¹²³ UNICEF. (2024). Building a better future with and for adolescents: UNICEF Indonesia Adolescent Strategy 2024-2030.

transformative evaluation with enhanced relevance and utility. The evaluation will address the meaningful participation of adolescents and young people through a layered approach that goes beyond traditional approaches that limit participation to data collection.

- **Participation in the evaluation process:** The evaluation will include meaningful participation of adolescents and young people across all phases of the evaluation, including informing the design of evaluation approaches and methodology during the inception phase, facilitating data collection, informing data analysis and reporting, as well as supporting the dissemination of evaluation findings. This involves the following key components:
- **Evaluation Reference Group (ERG) Youth:** The ERG for this evaluation will include two youth representatives as key stakeholders for the review, feedback and validation of evaluation products (e.g. presentation of Inception Report, presentation of preliminary findings, final Evaluation Report). During the inception phase, the evaluation consulted with the two selected youth representatives to inform the development of evaluation approaches, sampling, stakeholder analysis, methodology and tools, ethical considerations and risk mitigation strategies.
- **Youth Co-Facilitators:** The evaluation will also engage two young people to facilitate data collection activities with youth groups, with one Co-Facilitator based in each of the selected provinces to complement the Evaluation Team. Youth Co-Facilitators are critical in supporting an enabling environment for youth participants to feel more comfortable expressing themselves. These facilitators will contribute to the evaluation by adding their perspectives that lend a closer understanding of the experiences of young people to better ensure evaluation questions, methods and tools are youth-sensitive and age-appropriate. This also provides a valuable lens to interpreting data, initial sensemaking and inputs for data analysis. These facilitators will receive orientation and training on the purpose and objectives of the CPE, ethical considerations, and research methods.
- **Youth-sensitive data collection with adolescent and youth participants:** The evaluation will also utilize youth-sensitive methods for data collection with young people (see Section 5.2.6) for further details on methodology). This includes assessment and careful consideration of the specific needs and preferences of young people to create a safe, accessible and conducive environment to express themselves freely. The evaluation consulted with key stakeholders, including young people, to identify relevant considerations to inform the design of appropriate methods. In particular, data collection with young people will pay specific attention to the inclusion of girls and vulnerable groups to ensure sampling is representative of different lived experiences.

5.2 Methodology

The Evaluation Team will use several methods to collect and analyse data as detailed below.

5.2.1 Mixed Methods

The above approaches will be operationalized using a mixed-methods approach.¹²⁴ The purpose of this approach is to triangulate data from different lines of enquiry, drawing on quantitative and qualitative sources of data and techniques to ensure comprehensive, robust and evidence-based findings. These mechanisms will lead to logical conclusions, relevant lessons learned, and targeted recommendations. In what follows, we discuss the different methods (and related tools) that will be deployed by the Evaluation Team for data collection and analysis to maximize opportunities for triangulation and thus deliver rigorous findings. The methods include in-depth document review, semi-structured interviews, focus group discussions (FGDs), perception survey, field visits and direct observation, as well as sense-making presentations.

5.2.2 Sampling

The nature of this mandate and the short timeframe to collect data suggests the use of a nonprobability sampling strategy, and the Evaluation Team will follow a mix of convenience and purposive sampling, rather than a randomized stakeholder sampling approach. Such an approach will ensure that appropriate and useful data is collected efficiently and in a timely manner. Sampling has been considered at two levels as follows:

Stakeholder Sampling

During the Inception Phase, the UNICEF CO shared with the Evaluation Team a preliminary stakeholder list, which presents the stakeholder landscape as well as the basis for the selection of key informants to be consulted during the data collection phase (see Appendix V). This map/list is a work in progress that is evolving in real time, as agreed with the UNICEF evaluation managers. **Table 5.8 Stakeholder Sampling Snapshot** provides the key stakeholder types that will be consulted in this mandate, with a sampling snapshot. The selection of the specific informants will be purposeful; that is, targeting the representatives from targeted stakeholder institutions (government, donors, NGOs, private sector, etc.) at national and sub-national levels, who are directly involved in the delivery of the ICP results.

The selection of interviewees at national and sub-national levels will further be based on the following criteria:

- Familiarity with the ICP interventions and levels of interest in the evaluation, to ensure information richness;
- Likelihood of conducting interview (i.e., accessibility of stakeholders by the Evaluation Team);
- Gender, to ensure the mix of stakeholders represent gender diversity; and
- Diversity of stakeholder perspectives (example, ensuring a good mix of stakeholders at national and sub-national stakeholders).

¹²⁴ Mertens, D.M. (2017). *Mixed Methods Design in Evaluation*. SAGE Publications, Inc.

Table 5.8 Stakeholder Sampling Snapshot

STAKEHOLDER CATEGORIES	DESCRIPTION	ESTIMATED SAMPLING SIZE AND DATA COLLECTION METHODS
PHASE I: INCEPTION PHASE (INCEPTION CONSULTATIONS)		
UNICEF Indonesia Country Office	Representative, Deputy Representatives, Section Chiefs, relevant Specialists from different sections. Consultants supporting UNICEF ICO on other assignments	10 Key Informant Interviews
UNICEF EAPRO Staff	EAPRO’s relevant thematic experts.	1 Key Informant Interviews
Selected External Stakeholder	External key stakeholders such as Ministries, implementing partners, with a focus on projected members of the ERG, Representatives of Youth organisations, etc.	2 Key Informant Interviews
PHASE II: DATA COLLECTION (KEY INFORMANT INTERVIEWS AND FOCUS GROUP DISCUSSIONS)		
UNICEF Indonesia and EAPRO Staff	Representative, Deputy Representative, Section Chiefs, Various teams of national and international staff working in all UNICEF sections relevant to the ICP (national), Consultants, Volunteers, etc. Relevant UNICEF field office staff, responsible for UNICEF work in selected provinces and districts. EAPRO’s relevant thematic experts.	25 Key Informant Interviews
National Government	Representatives of all line sectoral Ministries working closely with UNICEF Indonesia at national level. Representatives of relevant government Agencies working closely with UNICEF Indonesia.	25 Key Informant Interviews
Sub-National Government	Representatives of relevant sub-national government institutions, including regional government, district and city level structures, that are implementing partners for the ICP.	15 Key Informant interviews
Other Implementing Partners	Private sector organisations, provincial level implementing partners, district level implementing partners, Civil Society Organizations (CSOs) (national, sub-national), academia, media organizations, local NGOs, etc.	15 Key Informant Interviews
Donors	Bilateral and non-bilateral donors, individual and corporate private donors (business owners such bankers, Food and beverage compagnies etc..).	5 Key Informant Interviews
International Development Partners	International NGOs, other UN Agencies, UN country team in Indonesia.	8 Key Informant Interviews
Community Level Beneficiaries	Adolescents and youth (including those living with disability), community leaders (head of villages), Children’s parents, and teachers, representatives of religious communities.	6 Focus Group Discussions

The selection of participants in Focus Group Discussions (FGDs) will be based on the same criteria, on practical inputs from field teams, and on the types of ICP interventions to be visited in selected provinces. Where relevant, FGDs will be carried out separately with women and men.

A gender lens will be applied in both sampling and involvement of youth and adolescents in this CPE because it is anticipated that gender-sensitive issues (such as menstrual hygiene) may be discussed by adolescent participants while discussing the support received from UNICEF. To this end, the Evaluation Team will separate girls from boys in all FGDs, thus allowing participants to express themselves openly. The Evaluation Team will be sure to visit both male and female youth activities supported by UNICEF in selected districts.

Geographic Sampling

This CPE has a national and sub-national scope and, as such, the Evaluation Team determined a geographic sampling strategy for field data collection, allowing for in-depth analysis of some of the ICP’s interventions at sub-national levels (province, district, community). As per the consultations held during the Inception Phase as well as a preliminary review of available documentation, the provinces of Jayapura and East Java have been estimated to constitute a purposeful sample to allow the Evaluation Team to collect primary data that will meaningfully contribute to answering the evaluation questions. The two provinces largely reflect the different country contexts and realities in which the ICP business model, change strategies and approaches have been implemented, while the interventions implemented there reflect the different programmatic components of UNICEF’s work in Indonesia.

More specifically, the criteria that have informed the selection of the two provinces are described below and selected districts are shown in **Table 5.9** Sampled Districts for Field Visits:

- **Convergence (programmatic and/geographic):** selection of provinces/districts where many ICP components have implemented interventions.
- **Degree of development of provinces:** inclusion of provinces with deferent levels of economic development (notably, those which have well-developed and capacitated social service systems and structures, yet have high rates/scale of child deprivations, versus those with lesser-developed and capacitated social service systems and structures).
- **Collaboration opportunities with other partners:** provinces/districts where more development partners have (joint) interventions, including other UN Agencies.
- **Availability of UNICEF support:** provinces/districts where UNICEF staff can easily provide support to the Evaluation Team, either through UNICEF regional staff or consultants on the ground.
- **Urban-rural context:** representation of rural and urban districts.

Table 5.9 Sampled Districts for Field Visits

PROVINCES	DISTRICTS	CRITERIA CONSIDERED
Papua	<ol style="list-style-type: none"> 1. Kabupaten Jayapura 2. Keerom 	Convergence (programmatic and/geographic) Urban-rural context Availability of UNICEF support Collaboration opportunities with other partners Less developed economically
East Java	<ol style="list-style-type: none"> 1. Kota Surabaya 2. Jember 	Convergence (programmatic and/geographic) Urban-rural context Availability of UNICEF support Collaboration opportunities with other partners More developed economically

The selection of the province of East Java has been further motivated by the need expressed by stakeholders to do an in-depth investigation of the UNICEF’s efforts to engage the private sector in Indonesia. For example, the

province of Est Java is one of the provinces that recommended to issue the municipal bonds. This is one of the provinces where, following the results of the Assessment of Municipal Bond Landscape in Indonesia, UNICEF supported initiatives aimed at fostering innovative finance for children. The work in East Java laid the groundwork for more effective municipal bonds issuance in the country, including the leveraging of Islamic bonds (sukuk) for children at the sub-national level. An in-depth investigation on these issues in East Java is likely to generate useful learnings about private sector engagement as an implementation strategy. Worth noting is that **Kupang is another area proposed as a potential candidate for field visits**. However, given resources constraints, the Evaluation Team will have to decide on two provinces.

5.2.3 In-Depth Document Review

A preliminary document review was conducted during the Inception Phase, focused on selected key UNICEF corporate documents, supporting the refinement of the evaluation methodology and the development of the evaluation matrix. The list of documents consulted during the Inception Phase can be found in Appendix VI. Throughout the Data Collection Phase, an in-depth review will be conducted, targeting all relevant documents to answer the key evaluation questions as outlined in the evaluation matrix. As relevant data and information is gathered, it will be coded and organized according to the evaluation criteria and associated questions. This will facilitate systematic sorting, analysis, and triangulation of data to inform report writing. This approach will also be used to organize the evaluation data and information collected from other sources. Worth mentioning is that, with the support of UNICEF, the evaluation team is exploring the use of Artificial Intelligence tool to facilitate the desk review.

Relevant secondary sources to be consulted during the Data Collection Phase include, but are not limited to, key ICP's documents (such as programme strategy notes, plans and frameworks, progress reports, monitoring self-assessments such as the UNICEF Country Office Annual Reports), previous assessments and evaluations conducted by the country office and partners (such as the formative evaluation of the national stunting reduction program, the evaluability assessment of the 2012-2025 CP, the MPSR, the 2024 GPR, and the UN in Indonesia Common Country Analysis), key national surveys, documents produced by Government counterparts and NGO partners and relevant literature. Additional secondary resources to be reviewed include background documents on the national context, documents prepared by international partners during the period under review and documents prepared by UN System Agencies, National Surveys (e.g. DHS, EICV, etc.), national reports (e.g. SitAn), etc. It is also expected that UNICEF Indonesia Country Office will provide data from its administrative information systems such as the Evidence Information Systems Integration and Results Assessment Module that are used for planning, monitoring, reporting and performance management for use in this CPE. Government administrative information systems will also be consulted. For aspects of the CPs that have been evaluated during the period, the Evaluation Team will harvest the outcomes and integrate these into the evaluation. Appendix XI displays the list of documents compiled.

5.2.4 Stakeholder Interviews and Focus Group Discussions

The Evaluation Team will carry out semi-structured interviews with key stakeholders during the country field visits, and through videoconference or phone/Skype as needed. A whole range of (internal and external) stakeholders involved in the design and implementation of the ICP will be consulted to gather their insights and

perspectives. Methodologically speaking, the Evaluation Team aims to target an appropriate number of key informants, ensuring a maximization of the collection of quality data, mindful of the time and resources available. The Evaluation Team will conduct consultations with a wide range of stakeholders including staff of the UNICEF Country Office in Indonesia, UNICEF EAPRO, Government representatives at national and sub-national levels, UNICEF field office staff, UNICEF's implementing partners (such as civil society organizations, private sector), Agencies from the UN country team in Indonesia, multilateral organizations, bilateral donors, and rights holders including adolescents and youth, and those living with disability. Overall, **a total of about 110 stakeholders** are expected to be consulted (see [Table 5.8 Stakeholder Sampling Snapshot](#)) provides a stakeholder sampling snapshot, which will be refined and finalised during Inception Phase.

FGDs will be used to engage with different groups of rights holders and duty bearers as appropriate. These will include, among others, beneficiaries of the ICP's interventions, including children, parents and caregivers, representative of religious communities, etc. The Evaluation Team will endeavor to organize meaningful discussions with adolescents and young people in selected intervention sites. This method will enable the Evaluation Team to engage with the group members and systematically collect their different opinions on clearly defined topics relevant for the evaluation. The strength of this qualitative data collection method lies in its convenience and its purposeful use of social interaction in generating speedy results.¹²⁵ A total of six FGDs are expected to be conducted. Where relevant, the Evaluation Team will separate male from female participants in FGDs, thus allowing them to express themselves openly.

All consultations will be guided by specific protocols organized around the main evaluation questions. These protocols are presented in Appendix VII.

5.2.5 Online Perception Survey

The Evaluation Team will conduct an online perception survey intended to gather comparable perceptual insights from key UNICEF external partners and stakeholders in Indonesia (including government, other UN agencies and development partners, implementing partners, academia, private sector organizations etc.) on how they perceive UNICEF's comparative advantage and what UNICEF Indonesia should do to strategically position itself within the development community and national partners in relation to its child rights mandate. The survey will complement key informant interviews in shedding light on the roles UNICEF is well or poorly positioned to play. The survey questionnaire (consisting of Likert-scale and open questions) that will be administered online during the Data Collection phase is presented in Appendix VIII. To accommodate respondents with disabilities, the Evaluation Team will use google forms, which are accessible for the blind through their screen readers. Where relevant, we will provide a Word version of the survey questionnaire that people can complete offline and share via email for those that had challenges.

5.2.6 Interactive Discussion Circles with Young People

In consultation with key stakeholders (including young people), the evaluation will conduct interactive activities with groups of young people (up to 10 maximum), for a total of four group discussions (2 hours total for each,

¹²⁵ Morgan, D. (1996). Focus groups. *Annual Review Sociology*, 22, 129–152. Annual review inc.

with 2 group discussions in each of the selected provinces). The methodology for these interactive discussions will draw on an adapted version of the Adolescent Circles Kit for Expression and Innovation (and the accompanying Activity Box¹²⁶ which has already been translated (in Bahasa), tested and positively received by Indonesian youth, with questions tailored to the purposes of the CPE. The 'Adolescent CPE Circles Activity Kit' will include step-by-step guidelines to conduct a brief energizer warm-up as an initial icebreaker, with instructions and guiding questions for activities to be used as springboards for interactive discussions. Based on feedback received, it was suggested to use the sticky-note method in particular as a form of affinity diagramming, whereby participants write responses to questions on anonymous sticky-notes which are then discussed to identify trends and relationships by grouping and categorizing commonalities.

5.2.7 Field Visits and Direct Observation

The Evaluation Team is expected to conduct site visits in select provinces and districts sampled for this evaluation (see **Table 5.9** Sampled Districts for Field Visits). As discussed, these represent areas in which the UNICEF Indonesia CO has a concentration of initiatives (in several programme components) and where critical projects have been or are being implemented. The purpose of these visits is to collect detailed information to conduct an in-depth analysis of the ICP contribution, in a diversity of contexts, across different interventions. As part of these visits, the Evaluation Team will collect visual evidence of the support received by beneficiaries (such as students in schools and communities). An informed consent form for observation and collection of visual evidence is presented in Appendix IX.

5.2.8 Sense Making Presentation and Validation Workshop

Sense-making presentations will be organised, in collaboration with the UNICEF Indonesia Country Office and EAPRO, to share, validate and further develop preliminary findings and conclusions, in preparation for the drafting of the draft and final evaluation reports. At the end of the fieldwork, the Evaluation Team will present the preliminary observations in a debrief meeting with UNICEF staff. The meeting will allow the Evaluation Team to identify gaps in the collected data, as well as areas that are particularly interesting and should be explored more in depth. Put differently, the debrief intends to orient the subsequent data analysis in a way that is relevant to key stakeholders in terms of use, learning and decision-making.

Later, a validation workshop will be organised. This will involve a presentation on preliminary findings and recommendations by the evaluation team to UNICEF teams and external stakeholders, followed by discussions with participants. The evaluation team expects participants to help identify gaps in the data gathered, provide additional information, as well as advise on additional sources of data. The results of the discussions held during the meeting will be analyzed and used to provide additional insights into the findings and to inform the conclusions, lessons learned, and recommendations that will be presented in the evaluation report.

¹²⁶ For full 'Activity Box', see: <https://www.adolescentkit.org/activity-box.html>

5.2.9 Data Analysis

Descriptive, Explanatory, Quantitative, and Qualitative Analyses

Data analysis will pursue descriptive, explanatory, qualitative and quantitative analytic approaches for this evaluation. Using this set of complementary approaches will ensure the reliability of information, allow for adequate validation and triangulation, and increase the quality and credibility of the evaluation findings and conclusions. Details on each of these approaches and how they will be used are provided below.

- **Descriptive and explanatory analysis:** will be used as a first step, to understand the context in which UNICEF Indonesia operates and the results achieved through the implementation of ICP before moving on to more interpretative approaches.
- **Quantitative analysis:** will be used to capture relevant information and trends related to the ICP's results. Additionally, quantitative analysis will be used to produce evidence based on data gathered through the document review, interviews, and survey.
- **Qualitative analysis:** will be used for content analysis applied to the material from different lines of inquiry (e.g., documents and interview data) to analyse and identify common trends, themes, and patterns in relation to the evaluation questions. Content analysis will further be used to flag diverging views or evidence on certain issues. Emerging issues and trends deriving from this analysis will constitute the raw material for crafting preliminary observations that will then be refined to feed into the draft evaluation report.

Triangulation

The Evaluation Team will undertake various levels of triangulation as follows: (a) triangulation across data collection methods (document review, key informant interviews, focus group discussions, survey); (b) triangulation across different types of data sets (quantitative and qualitative); (c) triangulation across data from different sources (documents, field visits, people, experts, global evidence and or knowledge). These mechanisms of triangulation will ensure the reliability of information and increase the quality, integrity and credibility of the evaluation findings and conclusions. Triangulation will allow the team to “filter” the analysis and focus on the most relevant and credible findings, before developing the conclusions, lessons learned and recommendations.

Contribution analysis

The evaluation will examine the contribution of the ICP to advancing national development results (e.g., RPJMN, 2020-2024). In so doing, the CPE must recognize the important roles that the GoI and other stakeholders have played in producing national level results. Hence, the Evaluation Team will assemble the contribution story – based on the evidence collected, and through the development of a coherent line of reasoning and elaborate on why it is reasonable to assume that the ICP's interventions have contributed to the observed national level results, while identifying the main factors shaping the pathways through which the ICP's targets were achieved.

5.3 Quality Assurance Mechanisms

Universalialia places significant emphasis on quality control during the execution of a consultancy mandate, from initial proposal development through to reporting and submission of the final deliverables. As such, the CPE will be subject to both internal and external quality assurance processes for all deliverables.

Internally, the Team Leader, Dr. Silas Mvulirwenande, will ensure a high level of conformity to these tools. He will ensure internal quality control by: (i) clarifying roles, responsibilities and tasks assigned to each team member; (ii) ensuring templates, guides, protocols and other data collection and analysis tools are coherent and harmonized; (iii) resolving questions regarding the application of the tools throughout the assignment by ensuring regular and open communication channels among team members; (iv) revising outputs and deliverables assigned to each team member; (v) being responsible for the delivery of the assignment's main deliverables (i.e., reports); (vi) maintaining regular and open communication channels with EAPRO to resolve any question and ensure the process follows the agreed plan and responds to evaluation objectives and uses.

During each phase of the evaluation, the team will be working with a dedicated Quality Assurance Advisor, Ms. Anne-Marie Dawson, who will review all major deliverables prior to submission to EAPRO. She has ample experience with the Global Evaluation Reports Oversight System (GEROS)¹²⁷ and with the Quality Assurance tool used by UNICEF ESARO and will thus ensure a high level of conformity to these tools.

Externally, CPE deliverables will be reviewed by ICO, EAPRO, and the ERG established for this evaluation process.

5.4 Ethical Considerations

The evaluation design for this CPE conforms to UNEG Evaluation Norms and Standards, the revised UNICEF Evaluation Policy of 2018, approved by its Board of Directors, as well as the UNICEF procedure for ethical standards in research. Accordingly, Universalialia's Evaluation Team will ensure safeguarding and ethics throughout the evaluation process including the inception and data collection phases (i.e., stakeholder interviews and focus group discussions). This includes, but is not limited to, ensuring informed consent, protecting privacy, confidentiality, and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.

More specifically:

- The informed consent of all participants in this evaluation will be obtained before engaging them: regardless of whether interviews will be conducted virtually or in-person, verbal consent will be sought prior to all interviews and FGDs. Verbal consent will also be sought to record interviews.
- Participants may feel peer pressure or a sense of coercion to participate in the evaluation, as they may think that participation will impact their access to services. The Evaluation Team will clearly explain to interviewees and participants in FGDs that their decision to participate (or not) will have no repercussions (positive or negative) for them. Participants will be informed that they can refuse to

¹²⁷ UNICEF Evaluation Office. (2017). GEROS. Handbook for UNICEF Staff & Independent Assessors.

answer any questions if they wish and that they can withdraw from the process at any moment. Participants will not be granted any benefit if they accept to participate in the evaluation.

- The Evaluation Team will conduct interviews with participants respecting their privacy to guarantee the confidentiality of participants and information. Notably, no other individuals will be present at individual interviews, unless specifically requested by the respondent. The name of interviewees will be captured in interview notes but will not be associated with anything specifically included in the evaluation report (names will be mentioned in the evaluation report only as part of the list of people consulted to inform the evaluation). No pictures of children or adolescents will be taken. Finally, all data collected will be transferred to the Evaluation Team Leader and stored in a secured server in Universalia’s office in Montreal. As such, data will be accessed only by the Evaluation Team members and will only be used for the evaluation purposes.
- The Evaluation Team does not foresee that participants in the interviews will be exposed to any risks (physical, psychological, social, etc.).
- The Inception Report, including data collection instruments in the appendices, will undergo a review by an Ethical Review Board. The Evaluation Team and the evaluation managers have identified that the ethical approval will be obtained from Satya Wacana Christian University.
- Finally, the Evaluation Team will ensure that it has the appropriate authorizations to conduct data collection in selected provinces and districts. They will ensure, with the support of the UNICEF Country Office, that national and local authorities are aware of and understand the objectives of the evaluation before starting data collection in Indonesia.

Involvement of Adolescents and Children

The involvement of children, including adolescents, in UNICEF’s evaluations should always be carefully considered. Thus, the Evaluation Team will consult youth aged 18 to 24 years, adolescents aged 15 to 17, and children aged 10 to 14. To obtain the consent of minors, the Evaluation Team plans to go through schools so that obtaining parental permission is facilitated through school principals and administrators. From our experience, this mechanism works well, especially since school officials are also part of the target groups that will participate in this evaluation. For unschooled minor adolescents, the Evaluation Team will identify, with the support of the Country Office, civil society organizations working closely with this category of adolescents which will facilitate the process of obtaining parental (or other guardian’s) permission. A parental permission form for minor adolescent participation is provided in Appendix X.

6. Evaluation Limitations

Table 6.1 Evaluation Limitations and Mitigation Strategies presents several important limitations to the evaluation emerging at the Inception phase, including the following:

Table 6.1 Evaluation Limitations and Mitigation Strategies

RISKS	RATIONALE	MITIGATION STRATEGY
Availability of Stakeholders	Given the very short window available for the bulk of data collection, some stakeholders to	This will be mitigated through two key strategies: first, the Evaluation Team will allocate more time

RISKS	RATIONALE	MITIGATION STRATEGY
	be interviewed will have to be available on relatively short notice and when the evaluation needs them. Due to their busy schedules, UNICEF Staff and representatives of some stakeholders may have limited availability to participate in interviews.	than usual to planning interviews and FGDs, and offer flexibility to respond (different time slots, response in writing by email when necessary). Second, multiple options for communication will be offered to key informants, such as calls via Zoom, WhatsApp, Skype, or over the phone.
Geographic Sampling	Although the ICP is being implemented in many UNICEF priority provinces (and districts), the Evaluation Team will conduct field visits in a limited number of those provinces and districts.	Consultations with national level stakeholders, UNICEF staff, and document review will aim to collect data on all provinces and districts and will not focus solely on visited ones.
Availability of Information/Data	Incomplete data or inability to access identified documents may impede the depth of analysis and triangulation for this CPE.	In the instance that the documents are not available, the Evaluation Team will make all necessary efforts to collect additional and sufficient data from primary sources.
Recall Bias	Some of the participants in the evaluation may have a distorted or inaccurate memory of experiences or exposures to the ICP work. As such the effects of the ICP may be under- or over-reported, leading to an inaccurate representation of the Country Programme performance.	The evaluation team will collect more information from alternative sources, notably document review.
Evaluation Management	Given the tight schedule of the evaluation, there could be potential delays in receiving feedback on submitted reports which may delay subsequent deliverables.	Should there be significant delays in acquiring or consolidating stakeholder feedback on deliverables, the Team Leader will work with the UNICEF Evaluation Managers as required to reschedule key milestones as required.

7. Work Plan and Deliverables

The Evaluation Team is committed to managing the CPE according to an approved workplan and agreed-upon timeline. Accordingly, the assignment will be structured and deployed as per the following three phases: (1) Phase I: Inception, (2) Phase II: Data Collection, and (3) Phase III: Data Analysis and Reporting. Each phase has a set of activities and key outputs delivered over a specific duration. Accordingly, this section presents the evaluation’s proposed timeline (see [Table 7.1](#) Methods, Deliverables, Sources, Description, and

Timeline, to be finalized in discussion with the UNICEF country and regional offices during the Inception Phase of this mandate.

Table 7.1 Methods, Deliverables, Sources, Description, and Timeline

METHODS / DELIVERABLES	DATA SOURCES	RATIONALE DESCRIPTION	TIMELINE (APPROXIMATE DATES)
PHASE I: INCEPTION			
Start-up meeting	UNICEF ICO and EAPRO, Evaluation team	Kick-off meeting, conducted remotely, based on a structured agenda, to inform and refine assignment scope, methodology, timeline, roles and responsibilities.	04 June 2023
Preliminary document review	All documents provided at contract signing	The Evaluation Team, in close collaboration with UNICEF ICO, created a document map and undertook a review of pertinent documents. Documents reviewed were tagged for relevance to specific components of the assignment. The Evaluation Team initiated research to inform the development of the annotated bibliography.	Weeks of 03 and 10 June 2024
Inception interviews and stakeholder mapping	Evaluation team, UNICEF ICO and EAPRO, (Senior management, relevant staff), UNICEF key external partners, including representatives of youth.	The Evaluation Team, in close collaboration with the UNICEF ICO and EAPRO, used a purposive sampling approach to identify key informants to engage with during the data collection phase. The Evaluation Team engaged with about 15 stakeholders during inception. These interviews targeted stakeholders well-positioned to inform the framing of the CPE, to identify key questions of the evaluation matrix, identify additional key informants, outline concerns about the evaluation, and identify opportunities for the Evaluation Team to pursue.	Weeks of 10 June to 15 July 2024
Inception Report – Draft and Final	All required resources	In addition to the present draft, a final Inception Report will be prepared, including approach and methodology, deliverables, the detailed workplan for this assignment, evaluation matrix, and data collection tools (including interview and focus group discussion protocols for stakeholder interviews and field visits, Dedoose templates, and online surveys), among others. UNICEF and ERG will have approximately 10 days to provide feedback.	Draft 1: 18 July 2024 Feedback: 21 August 2024 Final: 22 August 2024
Submission of ethical approval application(s) and respond to all comments	UNICEF Evaluation Office and Evaluation Team	UNICEF, in collaboration with Evaluation Team, will submit the Inception Report and all data collection tools for approval by the UNICEF Institutional Review Board or designated subsidiary.	Weeks of 22 and 29 July 2024
PHASE II – DATA COLLECTION			
Desk review of relevant	UNICEF Indonesia CP's, external	Document review will constitute a key dimension of the evaluation, undertaken based on the final	Weeks of 12 August to 02 September

METHODS / DELIVERABLES	DATA SOURCES	RATIONALE DESCRIPTION	TIMELINE (APPROXIMATE DATES)
documentation and literature	documents, relevant literature	evaluation matrix.	2024
Consultation with key stakeholders	Selected stakeholders	Interviews and focus group discussion will be conducted with a wide range of stakeholders at national and sub-national levels. This input will be paramount to this evaluation, providing an evaluative perspective building on insights from the document review.	Weeks of 26 August and 09 September 2024
End of mission debrief	UNICEF ICO and EAPRO, Evaluation team		06 September
Stakeholder Perception Survey	Selected stakeholders	A perception survey with quantitative and qualitative dimensions will be administered to different UNICEF's partners.	Weeks of 26 August to 16 September 2024
Data Management	All data collected for the assignment	The overall assessment will draw on multiple data sources, triangulated to ensure reliability of insights and conclusions. All data collected will be integrated into the Dedoose data management system.	Weeks of 12 August to 16 September 2024
PHASE III – DATA ANALYSIS AND REPORTING			
Analysis and Synthesis of data	All data collected for the assignment	The Evaluation Team will review and take stock of the data collected to ensure all required data has been collected and ensure sufficient and quality data is available to inform questions outlined in the evaluation matrix. The evaluation will draw on multiple data sources, triangulated to ensure reliability of insights and conclusions. A triangulated analysis of all available data, as matched to each evaluation question and sub-question, will be undertaken.	Weeks of 16 to 30 September 2024
PowerPoint presentation of “Advanced” Findings and Recommendations		The Evaluation Team will prepare and submitting to UNICEF Indonesia a Powerpoint document containing the preliminary results, conclusions and recommendations. These will serve as input in ICO's CPD process, while preparing the evaluation report.	09 October 2024
Evaluation Report – Draft and Final	All data collected for the assignment	Draft and final evaluation report will be prepared, comprising an introduction, brief evaluation methodology, findings, conclusions, lessons learned and recommendations. The report will include annexes. UNICEF and ERG will provide feedback within four weeks.	Draft 1: 15 November 2024 Feedback: 29 November 2024 Final: 13 December 2024

METHODS / DELIVERABLES	DATA SOURCES	RATIONALE DESCRIPTION	TIMELINE (APPROXIMATE DATES)
Perception survey Report – Draft and Final	All perception survey data	A perception survey report of major stakeholder groups [government, other UN agencies and development partners, implementing partners, academia, private sector organizations etc.,] will be prepared and submitted as a stand-alone deliverable.	Draft 1: 15 November 2024 Feedback: 29 November 2024 Final: 13 December 2024
Validation workshop	Evaluation team, UNICEF Staff, UNICEF partners.	The Evaluation Team will deliver a virtual presentation on the evaluation findings, conclusions and recommendations. This will be an opportunity for UNICEF and ERG members to provide feedback which will be used to finalize the conclusions and recommendations, and prepare the final report. This presentation intends to orient the drafting of the final report in a way that is relevant to key stakeholders in terms of use, learning and decision-making.	27 November 2024
Final PowerPoint presentation	All data collected for the assignment	The Evaluation Team will prepare and submitting to UNICEF Indonesia a final Powerpoint document containing the evaluation results, conclusions and recommendations.	20 December 2024
Evaluation Brief			20 December 2024

8. Roles and Responsibilities

8.1 Roles and Responsibilities

8.1.1 UNICEF's Responsibilities

The roles and responsibilities of UNICEF EAPRO and Indonesia CO are described as follows:

- Provide access to all the essential documents and all key contact information for the evaluation in a timely manner;
- Identify and list key development partners, implementing partners (including government), other UN Agencies and provide their current email contact information;
- Contact government representatives, donors and implementing partners as soon as possible to introduce the Evaluation Team, inform them about the evaluation and inquire about their availabilities to be interviewed starting in mid-June 2024;
- Provide support for the scheduling of individual and group meetings (virtual and in person);
- Provide advice and recommendations for the visit to Kigali by international consultants (accommodation, transportation, security issues, etc.), if applicable;
- Advise the Evaluation Team on logistics during the planning/preparation for the data collection mission, and introduce evaluators to selected interviewees;
- Provide timely input into, and review of, draft deliverables (including input on factual accuracy and utility of draft reports and other deliverables as required);
- Organize debriefing sessions, presentation of preliminary findings, conclusions and recommendations, and final presentation of evaluation results; and
- Advise the Evaluation Team to ensure it has access to the necessary resources to ensure its safety and security when travelling nationally and internationally. UNICEF should, to the extent possible: (a) inform the team of any change in the national context that could compromise the safety of its members (this may include an UNDSS security briefing); and (b) suggest or validate the itineraries proposed by the Evaluation Team, including the choice of accommodation (if applicable).

8.1.2 Universalia Responsibilities

These roles and responsibilities of the Evaluation Team Members are presented in the table below.

Table 8.2 Team Members' Roles and Responsibilities

TEAM MEMBER AND ROLE	KEY RESPONSIBILITIES
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Dr. Silas Mvulirwenande
(Team Leader and WASH
Expert)

- Overall responsibility and accountability for the management and conduct of the assignment, including oversight regarding the consultancy process and deliverables, team management and regular client and liaison with UNICEF Regional and Country Offices
- Leads the launch meeting and initial discussions with Regional Office and Country Office
- Leads the Inception Phase and drafting of the Inception Report
- Leads data collection, data analysis, report writing and debriefing sessions with the evaluation reference group
- Conducts document reviews, interviews, and FGDs
- Leads data aggregation, triangulation, analysis, and synthesis
- Leads development and delivery of the PPT Presentation of the emerging findings
- Oversees the conduct of the field missions
- Leads work of the Evaluation Team on WASH
- Leads the production of the draft and final Evaluation Reports
- Leads the production of Dissemination products

Ms. Novina Suprobo
(Education Expert and
Evaluation Coordinator)

- Supports the Team Leader and other team members in all phases of the assignment: inception, data collection, analysis and writing as required
- Conducts data collection, including interviews and FGDs
- Leads work of the Evaluation Team on Education
- Contributes to data analysis, aggregation, triangulation, and reporting as required
- Supports coordination, data collection, organizing and documentation of evaluation meetings, including the validation event, and all administrative support required to implement the evaluation
- Leads the logistical aspects of the evaluation including securing documents, scheduling interviews and organizing team meetings
- Provides support to country field missions
- Coordinates travel arrangements for team members

Dr. Yessi Crosita Octaria
(Health and Nutrition
Expert)

- Supports the Team Leader and other team members in all phases of the assignment: data collection, analysis and writing as required
- Conducts data collection including interviews and FGDs
- Leads work of the Evaluation Team on Nutrition and Health
- Contributes to data analysis, aggregation, triangulation, and reporting as required

Ms. Meaghan Carly Shevell
(Child Protection, Gender,
Equity, Inclusion, Human
Rights, and SBC Expert)

- Supports the Team Leader and other team members in all phases of the assignment: inception, data collection, analysis and writing as required
- Conducts data collection including, interviews and FGDs
- Leads work of the Evaluation Team on Child Protection, Gender, Equity, Human/Child Rights, (disability) Inclusion, and SBC
- Contributes to data analysis, aggregation, triangulation, and reporting as required
- Provides support with applying a gender lens and human right standards through all phases of the evaluation
- Ensuring gender-responsive and inclusive evaluation approaches and tools are used

Mr. Beement Alemayehu
(Social Policy and
Evaluation Expert)

- Supports the Team Leader and other team members in all phases of the assignment: inception, data collection, analysis and writing as required
- Leads work of the Evaluation Team on Social Policy
- Leads, coordinates, organizes, and supervises data and file management through a coherent system across the team
- Leads the online perception survey
- Conducts document review and interviews

- Contributes to data aggregation, triangulation, analysis and synthesis
 - Contributes to drafting and finalizing the analysis
 - Supports the team with data visualization, using graphic design platforms to develop infographics in an accessible format
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Mrs. Anne-Marie Dawson
(Quality Assurance Advisor)

- Provides Quality Assurance at all phases of reporting
 - Reviews all working documents produced by the team
 - Reviews all the deliverables, with particular attention to content
 - Discuss methodological and other Quality Assurance issues with the team
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