

**CHILDREN AND THE 2004
INDIAN OCEAN TSUNAMI:
UNICEF's Response in
Indonesia (2005-2008)**

CHILD PROTECTION

**EVALUATION
REPORT**

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**EVALUATION OFFICE
October 2009**

Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Programmes in Aceh, Indonesia. Child Protection Report.

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3 UN Plaza, NY, NY 10017

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The independent evaluation of UNICEF's tsunami programmes in Indonesia was commissioned by the Evaluation Office at UNICEF Headquarters in New York to assess the overall impact and outcomes of the response (humanitarian and recovery/transition) on children and to draw lessons related to recovery and transition issues. An international consultant (Neil Boothy) and national consultants (Retno Setyowati, Lifwardi, Asih Marmiati, Wawan Setiawan, Maureen Murphy and Braedon Rogers) conducted the evaluation. Krishna Belbase, Senior Evaluation Officer in the Evaluation Office at UNICEF New York Headquarters, managed the evaluation with the involvement of the Aceh Country Office.

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

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For further information, please contact:

Evaluation Office
United Nations Children's Fund
Three United Nations Plaza
New York, New York 10017, United States

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ACRONYMS

AET	Abuse, Exploitation and Trafficking
CAFF	Children Affected by Fighting Forces
CBO	Community-based Organization
CC	Children Center
CCF	Christian Children's Fund
CPS	Child Protection Secretariat
DAC	Development Assistance Committee – Organization for Economic Co-Operation and Development
DEPSOS	Department of Social Affairs
DINAS SOSIAL	Provincial Office of Social Welfare
FTR	Family Tracing and Reunification
GAM	Free Aceh Movement
GoI	Government of Indonesia
ICRC	International Committee of the Red Cross
IDLO	International Development Law Organization
IDP	Internally Displaced Person
KPAID	Indonesian Child Protection Commission at Provincial Level
LPA	Child Protection Body
MOU	Memorandum of Understanding
NAD	Nanggroe Aceh Darussalam
NGO	Non-Governmental Organization
OHCHR	UN Committee on the Rights of the Child
PEF	Protective Environment Framework
PPA	Pelayanan Perempuan dan Anak – Service Unit for Women and Children
PPT	Pusat Pelayanan Terpadu - Integrated Service Center
RPK	Children and Women's Desks
RPJM	Medium-Term Development Plan
TKSK	Sub-District Social Workers
WHO	World Health Organization
UN	United Nations
UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

Child Protection Program overview

In the aftermath of the tsunami, the Child Protection Program in Nanggroe Aceh Darussalam (NAD) focused on registration and reunification of separated children, psychosocial activities, and protection from abuse, violence, and exploitation. These program components were initially implemented through 19 children's centers that were established in NAD during the first six months of the emergency response (January-June 2005) and 2 in Nias to facilitate child protection responses. An Inter-Agency Tracing Network composed of non-governmental organizations (NGOs), UNICEF and the NAD Office of Social Welfare (DINAS SOSIAL) used the centers to help identify close to 3,000 separated and unaccompanied children, and reunite nearly 2,500 of them with relatives and known neighbors. The centers were also used to provide rudimentary psychosocial support—play, sports, cultural activities, and peer exchanges—to some 17,000 girls and boys. Following the Aceh Peace Agreement of August 2005 between the Indonesian government and the Free Aceh Movement (GAM), the Child Protection Program broadened its scope to include support for children and youth previously affected by the 29 year conflict. This proved difficult as the majority of emergency funding was dedicated by donors for tsunami-affected areas.

By mid-2005, UNICEF and NGO members of the Child Protection Working Group began to mainstream child protection as a key policy issue in the social agenda of the Government. UNICEF's protective environment strategy¹ was adopted to promote the social welfare and juvenile justice systems, and to also expand programmatic coverage to include children and youth in post-conflict areas. These efforts resulted in the creation of the Child Protection Secretariat (CPS), under the Provincial Office of Social Welfare (DINAS SOSIAL), to help to coordinate the many child protection actors working in NAD, including: the progressive placement of 240 social workers in sub-districts; the evolution of children's centers to social service welfare centers (Puspelkessos) in sub-districts to provide a wider array of services; the establishment of new child protection bodies (LPA) in sub districts; youth forums in all districts and a youth coordinating council at the provincial level to promote peace building; psychosocial support and peace building programs in 90 schools (in both elementary and senior high); integrated service centers (PPT) for abuse and exploitation victims in the province as well as scaling up at district level; children's desks in all district police offices; child-friendly legal procedures and "diversion" programs throughout the province; and a separate children's court in three districts (Banda Aceh, Aceh Tengah and Locksewuame).

In 2008, the progression towards fulfilment of commitments to child rights continued: provincial-level financial allocations to child protection and social welfare activities have increased in consecutive years; a new government supported university social work program was launched in July 2008; a new Provincial Action Plan on Anti-Trafficking was approved, and new provincial Child Protection Legislation was approved by Parliament. Progress in creating child protection networks at the district, sub-district, and village levels was also achieved—albeit with considerable variance and results. By the end of 2008, the technical capacities of government actors to inform and sustain these impressive gains were being debated as international agencies considered their final exit strategies.

More than three years after the tsunami, there is now a need to examine the overall impact of the response on children.

¹ UNICEF's Protective Environment for Children Framework was introduced in 1995. An enhanced Child Protection Strategy was adopted in 2008 and advocates for placing its efforts and resources where they will have the broadest impact in securing a protective environment for children -- through building national protection systems, supporting social change and strengthening child protection in armed conflict and natural disasters.

Evaluation methodology

The evaluation aimed at determining the impact of UNICEF response to the tsunami within the child protection sector and draw lessons learned and recommendations that will be useful for both the recovery/transition and on-going development programming and policies to improve the well-being and rights of children and women.

It seeks to achieve three inter-related objectives:

- Provide an outcome-impact analysis of the child protection program (2005-2008) in NAD
- Examine DAC evaluation criteria as applied to the child protection sector
- Provide evidence-based conclusions, lessons learned and recommendations.

This independent evaluation commissioned by UNICEF follows the evolution of three child protection work strands—children without family care, psychosocial support, and exploitation and abuse—through the different phases of their development and examines the extent to which child protection results were achieved. Six cross-cutting issues such as advocacy, policy, and coordination and capacity development of the child protection system, are examined.

A major evaluation design component was to compare different interventions with one another—or, where a similar program did not exist, to groups of children who did not receive the intervention. One key comparison focused on **children without family care** and examined their well-being outcomes as per different kinds of placements. A second key comparison focused **on abuse and exploitation**. It examined the experiences of children in conflict with the law who were served through “new” (PPA) and “old” law enforcement-justice models and child and female victims of violence and abuse served through new (PPT) and old service models. A third area of comparison focused on **mental health and psychosocial programs**. The mental health evaluation compared patient and caretaker outcomes before and after programmatic interventions. The psychosocial evaluation compared the psychosocial well-being of children who received program-sponsored psychosocial assistance with children who did not.

The evaluation employed a sequential mixed methods approach in an effort to combine comprehensive coverage with in-depth analysis. It focused on three districts—Banda Aceh, Aceh Barat and Bireun—to enable for comparison of results between tsunami and conflict (mainly) affected districts, which allowed for comparisons between those areas with a strong operational UNICEF presence and those areas with less.

Main findings

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

Child Protection systems advances are being achieved and sustained

Early response tracing and reunification and safe space programs paved the way for:

- New child care and placement policies and practices
- Favorable shift in government policy away from financial support for orphanages only to substantial support of livelihoods to prevent child-family separations
- New government-civil society partnerships to provide integrated social services at sub-district level
- Emerging professional social service staff: 240 TKSK covering 215 sub-districts paid under the provincial parliament budget
- New university-based school of social work—human resource development
- Passage of the Child Protection Qanun

Government budgetary commitments to child protection programs greatly increased after the tsunami and continue to grow. The NAD budget for child protection and social welfare programs has increased by 912 percent, from around 2.5 million Rp in 2006 to just over 20 million Rp in 2009. Part of this increase can be explained by government decentralization, which allowed NAD to directly benefit from oil proceeds in 2007.

The exploitation and abuse work strand evolved into an innovative Juvenile Justice Program

Basic steps taken in the aftermath of the tsunami to prevent exploitation and abuse were especially fruitful. They not only provided immediate protection but also have evolved into a much needed justice program. During the emergency phase, police helped to protect children by patrolling exit points (airports, ports) and in crowded living areas such as camps. Subsequent interactions between child protection actors and police created new entry points to strengthen the juvenile justice system in NAD, including the establishment of women and children police units in all district police offices. A group of committed local officers emerged jointly with other key law enforcers and together with UNICEF and NGO staff formed a diversion and restorative justice program “working group” to support this stellar program exemplar. NAD now has one of the most innovative restorative justice programs in Indonesia.

Considerable advances are evident in a comparison of results from before and after the Pelayanan Perempuan dan Anak-Service Unit for Women and Children (PPA). There was proven to be a 16 percent improvement in the professional treatment of the child (84 to 100 percent); a remarkable 80 percent improvement in the use of a private room for questioning (0 to 80 percent); 66 percent more children have a lawyer or NGO representative present during questioning (8 to 76 percent); and there has been 92 percent greater uptake in use of a non-formal justice means to resolve a problem (4 to 96 percent).

The Victim of Violence Program is providing a higher standard of care than previous efforts

A program to respond to victims of violence and abuse is evolving and achieving significant results. Before the existence of the Pusat Pelayanan Terpadu-Integrated Service Center (PPT) 80 percent of incidents were documented by an officer in charge, after the PPT only 7 percent of incidents were not documented, a 13 percent improvement. Other improvements substantiating a higher level of care is being received as a result of the PPT include: 100 percent of all victims now receive a medical report that is submitted to the court (a 13 percent increase post-PPT); there was a 46 percent increase in the purpose of the interview being explained (7 to 53 percent post-PPT); and there was radical improvement (67 percent) in follow-up monitoring of cases, up from 0 percent pre-PPT. Privacy was also shown to continue to be maintained during the interview at 100 percent.

The Family tracing and reunification program was effective but limited in scope

The interagency FTR program successfully reunited over 80 percent of its caseload with families. However, it only reached 17 percent of the estimated² total number of separated children. The evaluation found that the traditional “separated, unaccompanied, and orphaned” categorization employed globally was not a helpful guide to vulnerability in NAD. Many separated or orphaned children were spontaneously fostered by extended family and factors other than separation, such as income, shelter, and security were also important in children’s exposure to protection risks.

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

² UNICEF Aceh provided estimates, which also accord to the global 3-5 percent separated children per crisis-affected population estimation.

Lessons learned and conclusions

The tsunami experience suggests that child protection actors are able to promote rudimentary elements of a child protective system by ensuring that ongoing service provision is built on approaches and elements already in place or under developed. The dual objectives of responding to immediate needs and systems-building can be seen as two work strands which are complementary and where work on the second systems-building objective can be seen as an incremental process running simultaneously to emergency assistance provision.

A significant challenge is to navigate the balance in investment between these two work strands so that attention to the immediate and pressing protection needs of especially vulnerable children is not diminished. In NAD, putting clear parameters around emergency response objectives—and building upon these objectives with child, family welfare, and legal systems in mind—were two key sequential steps in keeping a clear focus and achievable goals as the child protection sector progressed through emergency-to-early recovery-to re-development phases.

Capacity building became more essential as child protection agencies reoriented themselves towards systems building. During this transition, the need to push for systemic level changes and policy development in a concerted way and, at the same time, working on changing traditional attitudes and practices that were not supportive or even harmful to children, became increasingly apparent. Capacity building of the people and institutions who play key roles in a protective environment for children—including parents, community and social workers, policy makers, and government officials—is essential to systems building but represent an under-developed area of child protection in emergencies.

Protective systems for children are national in scope and thus require active government involvement, ownership, and responsibility. In NAD, protective systems are composed of essential elements, processes, and activities at the levels of the child, family, and community on the one hand and at the sub-district-district and provincial on the other. Building linkages between these different levels of the protective environment is a key objective.

A key lesson learned is that an effective protection environment program must be a shared priority between emergency and development actors, including the government, UN, NGO, and donor communities and dialogues on transitions to development need to take place during the emergency phase.

Recommendations

To the Government of Indonesia and Partners

Ensure that all components of the child protective systems continue to develop: Provincial and national government actors should take pride in the notable progress achieved towards the creation of a protective environment for children in NAD. A further step towards professionalization of this field of practice would be to promote effective regulation and oversight to ensure standards are upheld at all levels and across all sectors. Currently, DINAS may be the only agency with the means, authority and responsibility to ensure the overall working of the child protective system.

Strengthen Public-Civil Society Partnerships: DINAS SOSIAL should ensure that the Puspelkessos initiative (public and civil society partnership) concept becomes fully operational. In order for this to occur, Puspelkessos must establish standard operation procedures including formal plans that outline how they will engage communities. Subdistrict level social workers (employed by the government) are critical to this process. Community engagement and referral mechanisms should be prioritized and sufficiently funded in order for Puspelkessos to reach their full potential and not remain center-based.

Strengthen the PPT and PPA Programs: Continued support and expansion of the PPT program is clearly warranted. It is important to consult with national standards in this field and determine how the current program can include important health components. Specifically, all health workers based in Puskesmas need to be trained and supported to identify and refer victims of violence, abuse and neglect during clinical intakes and health screenings. The inclusion of health clinics and health workers in efforts to combat domestic violence and abuse would be an important addition to this emerging good practice exemplar. And, last but not least, is the importance of properly linking to not only health workers, but to the rest of service providers (social workers, teachers and police officers) as well.

The same is true for the PPA program. Lessons learned from the Banda Aceh and Aceh Barat programs could usefully be shared with actors in other districts. Successful rollout appears to be tied to active technical assistance—and government actors and UNICEF should ensure this critical function takes place. In this regards, the Working Group on Restorative Justice should be supported to engage in this important process, especially at the district and sub-district levels. The roll-out program should both strengthen existing programs and also build a continuum of prevention and responsive services, including early intervention, child protective services, and family based alternative care for child victims of violence and children in conflict with the law.

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

Initiate universal birth registration procedures: While there is high level commitment to universal birth registration by 2011 at the national level, NAD has been slow to initiate programs to comply with this important policy directive. In moving forward to realize this important child right the government may want to review two important pilot projects launched in other provinces—one in an urban area and one in a rural area—that moved birth registration compliance from 25 percent to 75 percent in one year.

Improve child protection data collection, analysis and dissemination: NAD does not possess a data collection system capable of providing accurate and timely information on key child protection and social welfare concerns. The lack of timely and accurate data undermines efforts to effectively target child protection funding and assistance; keep abreast of child rights trends; promote informed advocacy; and establish evidence regarding successful interventions. As a first step towards the development of a comprehensive child protection information system, it would be useful to engage a competent agency to undertake a comprehensive mapping exercise of the existing information system.

To UNICEF-Indonesia and Partners

Upgrade child protection capacity in NAD in order to continue to provide the NAD government with critically needed technical support for the next three years: The government's evolving ownership of the Child Protection Program is evident by its strengthened coordinating structures, new policy developments and increasing budget allocation for child protection activities. Nonetheless, the Child Protection Program is still nascent and vulnerable to set backs. UNICEF should strongly reconsider its serious downsizing of the protection sector in NAD as current staffing is inadequate to meet technical assistance needs required to continue to strengthen the child protection systems in NAD. Secondment of technical staff within DINAS SOSIAL should also be considered.

Ensure the protection sector is included in future program planning and policy development activities: To avoid child protection support misjudgments in the future, it is recommended that the protection unit be fully engaged in subsequent decision-making activities and that senior protection officers be included in subsequent "all sector" assessments and evaluations.

Promote a systems-building approach to emergency preparedness nationally: There is considerable evidence to suggest that countries with well established child protective systems are better able to respond to the stressors that accompany sudden onset emergencies, such as earthquakes,

floods, and, volcanic eruptions, and UNICEF-Jakarta is well positioned to champion disaster preparedness through the lens of child protection systems development. Use of lessons learned in NAD would be most helpful.

To UNICEF-Global and Partners

Promote child protection systems as a key concept in the humanitarian sector: The tsunami responses in both Indonesia and Sri Lanka offer important insights into how rudimentary emergency response activities evolved into substantial protective systems over a relatively brief period of time. These experiences suggest that by entering the protective environment paradigm through the narrow focus of an emergency response it appears to be possible to jump start protective system's advances. UNICEF could study these lessons critically and increase its global commitment to building or strengthening child protection systems in emergencies.

Commitment to child protection systems building will require rethinking emergency policies and practices: Increased commitment to strengthening child protection systems in emergencies will be accompanied by the need to rethink emergency response policy and practices, including how UNICEF and other child protection agencies: 1) understand core commitments to child protection in emergencies, 2) design and implement emergency assessments, 3) plan and implement emergency programs, 4) anticipate required funding from amount and duration perspectives, 5) use advocacy in humanitarian emergencies, 6) train and orient emergency staff, 7) approach early recovery and re-development work, and 8) approach child protection research and evaluations.

Promote a skills-based capacity building initiative for child protection actors: New methodologies are now being employed to both establish prevalence rates on key child protection concerns, as well as engage affected populations in identifying what risk and resilience means in a given culture and a given crisis. UNICEF could usefully engage with competent methodologists to promote a skills-based initiative for child protection officers and staff. Emergency standby roster workshops could be arranged, regional learning initiatives promoted, and distance training packages developed.

1. INTRODUCTION

1.1 Country context

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

In 2002, the GoI passed the Child Protection Law codifying the principles of child protection into the national legislation. This overarching document made important strides forward by defining a child as anyone under the age of 18, expressly requiring a birth certificate for every child and calling for the establishment of an Indonesian Commission on Child Protection. Additionally, this legislation governs practices for adoption, guardianship, and economic and sexual exploitation as well as placing responsibility for the protection of children in the hands of the State, governments, communities, families and parents. This legislation built on the Indonesian Constitution which formally gave responsibility for impoverished or abandoned children to the State in 1945. Since 1945, a variety of legislation and policies have been established to standardize the care of children without family care. These include policies and guidelines on adoptions (Decree No 41/HUK/KEP/VII/1984: Guidelines on the Issuance of Adoption Authorizations, Circular No 4 on Child Adoption, Decision No 2/HUK/1995 Implementation Guide of Child Adoptions) and care of neglected children (Guidelines for the Provision of Non-Institutional Social Services to Neglected/Abandoned Children and Guidelines for the Care of children in Need of Special Protection).

In the sectors of juvenile justice and prevention of and response to acts of abuse and exploitation, the GoI has established a number of laws providing a legal framework for these issues. These include the Human Rights Law No. 39 of 1999 and the Juvenile Court Act of 1997. The Law 23/2004 on the Elimination of Domestic Violence clearly mandates the establishment of recovery and rehabilitation services for victims. In 2007, the GoI adopted the Anti-Trafficking law that criminalizes trafficking and requires that both national and provincial levels of government contribute funding towards prevention of trafficking. In UNICEF-supported provinces, local district and provincial regulations on the prevention and response of abuse, violence, and exploitation were also established in line with the Indonesian movement towards decentralization of government. Furthermore, in 2006, the Law on Population Administration (Law 23/2006) was established providing for birth registration free of charge for all Indonesians.

On a national and provincial level the Child Protection Program supported the establishment and capacity of independent Child Protection Bodies (Lembaga Perlindungan Anak or LPA). The National Commission for Child Protection (Komisi Nasional Perlindungan Anak – Komnas Anak) was established by 2001 and by 2004 seven independent provincial LPAs (South Sulawesi, North Sumatra, East Java, Central Java, West Java, East Nusa Tenggara and Nusa Tenggara Barat) were being supported. These bodies work to increase awareness, advocate for improved child protection legislation, monitor the implementation of child rights, represent the interests of children in conflict with the law, work to develop referral systems for rehabilitation and reintegration, conduct research, and offer hotline and counseling services. In the aftermath of the tsunami, this ideal of community-based child protection bodies, in collaboration with the Child Protection Secretariat, child centers, etc, has been applied to communities within NAD increasing participation of the beneficiary communities themselves within the sector of child protection.

The overarching Indonesian 2004-2009 Medium-Term Development Plan (RPJM) specifically includes a strategic plan for advancing child protection and welfare. It is through this plan that clear targets for decreasing violence, abuse, and exploitation of children and improving child welfare and protection were established. A new Medium-Term Development Plan (2010-2014) is currently under development. Additionally, the 2006-2010 Government of Indonesia-UNICEF Child Protection Programme: Country Programme Action Plan aims to strengthen the protective environment for Indonesian children. This program strives to feed into UNICEF's global Medium-Term Strategic Plan 2006-2009's focus area on child protection. Key goals laid out in the plan include: 1) ensure government decisions are influenced by improved data and knowledge; 2) ensure effective legislation and enforcement and improve protection and response capacity; 3) improve protection for children affected by conflict or natural disasters; 4) improve child friendly judicial systems; 5) identify and reduce marginalization of vulnerable children and families.

While overall, the Government of Indonesia has been moving towards a more comprehensive framework of child protection legislation and policies, the situation in NAD is considerably different than in the rest of Indonesia. In particular, for nearly 30 years the conflict between the Government of Indonesia and the Free Aceh Movement (GAM) created a volatile environment for the children of NAD. The conflict disrupted traditional support structures, interrupted education, and damaged the Acehese economy. It also limited the humanitarian space of the province and prevented much needed humanitarian and development aid agencies from establishing programs during the conflict. The use of children associated with fighting forces was also a significant challenge to the establishment of a protective environment for children. The signing of the MOU to end the conflict by the Government of Indonesia and the Free Aceh Movement in August 2005 was an important milestone for the progress of improving child protection in the NAD. Moving forward from this period, rehabilitation of children associated with fighting forces by the program has been a crucial step towards moving beyond the years of conflict.

1.2 Tsunami context

Prior to the tsunami, it is estimated that over 3,000 women were widowed and 16,735 children orphaned as a result of the conflict that had been ongoing for nearly 30 years (UNICEF and ISS, 2005). The Norwegian Refugee Council and the global IDP Monitoring project estimate that 123,000 people were displaced by the military operations in NAD from May 2003 through June 2004 (Global IDP Database, 2004). While there were documented cases of child labor, early marriage and exploitation and abuse violations prior to the tsunami, the most vulnerable children were mostly those from families in conflict areas. Indeed, conflict and poverty drove many families to towns to seek shelter near mosques and stores. The provincial DINAS SOSIAL estimated the total number of 'neglected' children before the tsunami to have been between 53,000–63,000, and the number of street children at 680 (Save the Children, 2006).

Martial law severely restricted humanitarian operations in NAD and only a handful of agencies, including Muhammadiyah, PULIH and Save the Children, were focused on child protection before the tsunami. UNICEF involvement in NAD was also minimal. It began in 2004 by initiating a child protection seminar series with governmental and non-governmental partners and promoting a small child protection pilot project with Muhammadiyah. Child protection was not a governmental priority and, when the tsunami struck, there was no effective social welfare presence at sub-district level or below.

On 26 December 2004, the epicenter of the earthquake that created the tsunami was just off the coast of the province of Nanggroe Aceh Darussalam in western Sumatra. Measuring between 9.1 and 9.3, the earthquake was the world's second deadliest quake. Its subsequent tsunami was the deadliest in recorded history. The wave rose from 20 to perhaps 40 meters in height and the strength of this wall of water is illustrated by the fact that it lifted a 10,000-ton boat from Banda Aceh harbor over rooftops and dropped it 3km into the town. One-quarter of Banda Aceh's population were killed by the tsunami. The majority of those who died came from the municipality of Banda Aceh and the surrounding district of Aceh Besar. The two western coastal provinces of Aceh Jaya and Aceh Barat also took the direct brunt of the tsunami and suffered very high death tolls (Save the Children, 2006).

Family loss and separation was a significant concern in the immediate aftermath of the tsunami. While prevalence studies were never initiated, UNICEF estimated that there were up to 15,000 separated or unaccompanied children (UNICEFj). Many deaths remained unconfirmed for several weeks and during this time surviving family members were hastily trying to locate lost loved ones. Many photocopied photographs of missing relatives and placed them in prominent locations throughout Banda Aceh and district towns with contact details. Cell phones and text messages were also employed in efforts to trace missing relatives.

More than one-third of NAD's homes - some 270,000 of its 820,000 dwellings - were destroyed or badly damaged and, in some cases, entire villages had to seek alternative shelter in neighboring communities or newly constructed tents and barracks (Save the Children, 2006). Host communities offered the most protective environment for women and children, with thousands of the community's men and boys sleeping in mosques, thereby affording displaced girls and women a safe place to spend their nights. Barracks, however, presented more urgent protection problems, especially for unaccompanied girls and boys. Given the regions pre-existing vulnerability to outside traffickers and pedophilia, preventing removal, exploitation, and abuse of girls and boys in camps and barracks was a priority.

The sudden onset of the tsunami and the massive loss of extended family and neighbors resulted in significant psychological and social distress amongst adults and children alike. Surviving spouses, often suffering from profound grief and depression, found it difficult to continue to meet family responsibilities, including caring for their daughters and sons. Caretaking roles were further challenged by the large number of children suffering from fears and anxieties related to their tsunami experiences. Many parents reported their children were afraid to sleep alone, go outside, or play with friends. The absence of normal childhood routines, such as going to school and playing with friends, further exacerbated psychosocial distress.

2. CHILD PROTECTION RESPONSE TO TSUNAMI

2.1 Child Protection sector overview

In the aftermath of the tsunami, the Child Protection Program in NAD and Northern Sumatra focused on:

- registration and reunification of separated children,
- psychosocial activities, and
- protection from abuse, violence, and exploitation.

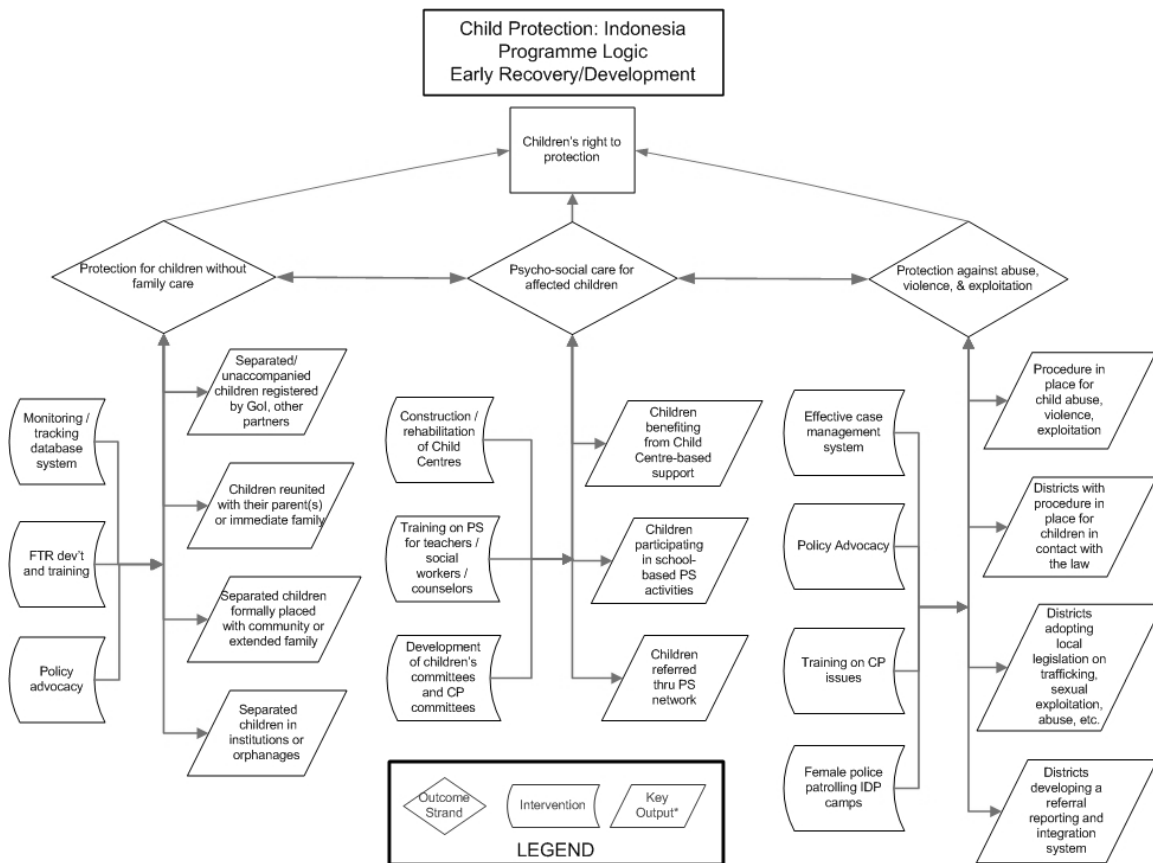
These program components were initially implemented through 19 children's centers that were established in NAD during the first six months of the emergency response (January-June 2005) to facilitate child protection responses. An Inter-Agency Tracing Network (composed of NGOs, UNICEF, and DINAS SOSIAL) used the centers to help to identify close to 3,000 separated and unaccompanied children and reunite nearly 2,500 of them with relatives and known neighbors. The centers were also used to provide rudimentary psychosocial support—play, sports, cultural activities, and peer exchanges—to some 17,000 girls and boys. In addition, by September 2005, 1,200 teachers were trained to ensure psychosocial activities were conducted systematically in schools throughout NAD (UNICEF, 2008f). Following the Aceh Peace Agreement of August 2005 between the Indonesian government and the Free Aceh Movement (GAM), the Child Protection Program also broadened its scope to include support for children and youth previously affected by the 29-year conflict. This proved difficult, however, as the majority of emergency funding was dedicated by donors for tsunami-affected areas.

Prior to the tsunami there was no systematic government led child protection program and much of the emergency phase child protection focused on direct service delivery. By mid-2005, however, strengthening the government's capacity to respond to child protection concerns became an explicit Child Protection Program goal. By mid-2005, UNICEF and NGO members of the Child Protection Working Group began to mainstream child protection as a key policy issue in the social agenda of the Government. UNICEF's protective environment strategy was adopted to promote the social welfare and

juvenile justice systems and to also expand programmatic coverage to include children and youth in post-conflict areas as well. These efforts resulted in the creation of the Child Protection Secretariat (CPS), under DINAS SOSIAL, to help coordinate the many child protection actors working in NAD, including: the progressive training and eventual placement of 240 social workers at the sub-district level and the evolution of children’s centers into integrated social service welfare centers (Puspelkessos) to provide a wider array of services and the establishment of new child protection bodies (LPA) at the sub-district level; youth forums established at the district levels and a youth coordinating council at the provincial level to promote peace building; psychosocial support and peace building programs in 90 schools (in both elementary and senior high); integrated service centers (PPT) for abuse and exploitation victims in the province as well as scaling up at district level; children’s desks in all district police offices; child friendly legal procedures and “diversion” programs throughout the province; and a separate children’s court in three districts (Banda Aceh supported by UNICEF; Aceh Tengah and Locksewuame supported by the Supreme Court triggered from the Banda Aceh experience). An overview of the entire program logic of the Child Protection Program can be found in Figure 1.

In 2008, the progression towards fulfilment of commitments to child rights continues: provincial-level financial allocations to child protection and social welfare activities have increased in consecutive years; a new government supported university social work program was launched in July 2008; new Provincial Action Plan on Anti- Trafficking was approved and new provincial Child Protection Legislation has been approved by the Parliament. Progress in creating child protection networks at the district, sub-district and village levels is also being achieved—albeit with considerable variance and results. By the end of 2008, the technical capacities of government actors to inform and sustain these impressive gains are being debated as international agencies consider their final exit strategies.

Figure 1: Indonesia Programme Logic



*Key outputs do not exactly mirror outputs in the programme log frame, but attempt to capture the programme logic essence.

2.2 UNICEF Programme

UNICEF assumed the lead coordination role for protection activities in NAD in 2005, and operationally supported three priority concerns: children without family care; psychosocial support to vulnerable children; and prevention of abuse and exploitation. It also chaired a number of working groups, including one on psychosocial support.

UNICEF's emergency response was guided by the global core commitments for child protection in emergencies. In total, nine of these guidelines were deemed relevant for the post-tsunami situation in NAD. Four of these commitments were applied to the emergency phase (first 8 weeks) and six applied thereafter. One commitment was disregarded because it is specific to situations of armed conflict. Activities that were implemented to correspond with UNICEF's child protection emergency commitments are identified in Annex V³.

UNICEF's emergency response strategy to address exploitation and abuse concerns was to provide support directly to the relevant government actors. Along with crafting and financing government issued public awareness announcements, UNICEF offered technical support for governmental decrees on child protection, including a prohibition on any child leaving NAD without a biological parent. It also supported the training and deployment of 195 police women in displaced persons camps and barracks to prevent trafficking and other forms of exploitation and abuse (UNICEF, 2008f). In contrast, UNICEF's emergency strategy for children without family care and psychosocial support focused largely on NGO partnerships and application of global inter-agency guidelines to the tsunami-Aceh contexts. While DINAS SOSIAL was kept abreast of children's centers, tracing procedures, the inter-agency database, and psychosocial programs, these activities were largely driven by international agencies, with the involvement of national NGOs as well.

As UNICEF pursued its tsunami response program, it also worked to identify longstanding child protection challenges that remained under-addressed during the conflict. Key social-economic related challenges included the low status of girls and early marriage; community silence around domestic violence and abuse and exploitation of children; the non child friendly tradition of using child institutions (orphanages and religious schools) for educational purposes; and the use of corporal punishment in these institutions. Because the tsunami disaster triggered an unprecedented global aid response, UNICEF was able to embark on an early recovery program to strengthen the government's capacity to respond to both the challenges that resulted from the emergency and, at the same time, to embark on a recovery and reintegration pathway to address these longstanding social-economic challenges. As noted above, child protection was a new issue in NAD. Prior to the tsunami, there was no systematic government-led child protection program. Thus institutional strengthening and capacity building efforts focused on increasing government understanding of a "protective environment concept" and measures that can protect at-risk children. Much of this work involved strengthening the social welfare and juvenile justice systems through awareness raising and training to government counterparts, including DINAS SOSIAL, the Provincial Police (POLDA) and the Bureau for Women's Empowerment (BIRO PP). UNICEF also financed the improvement of child protection infrastructures, including the government's upgrading of the children centers to social service centers at the sub-district level, women and children's desks at all district police stations, a child friendly court in Banda Aceh district, and integrated services for women and child victims of abuse and violence at provincial and district levels.

On August 15, 2005, the Government of Indonesia and the Free Aceh Movement signed a Memorandum of Understanding (MOU) ending the conflict, thereby paving the way for UNICEF to assist in the rehabilitation and reconstruction of conflict-affected areas. While tsunami and emergency tied donor funds limited the scope of these activities, UNICEF's strategy for its post-conflict program not only focused on children directly affected by armed forces (an emergency core commitment) but also on

³ Data on activities obtained from interviews and focus group discussions with UNICEF-Aceh, Child Centers, Pusaka, Muhammadiyahs, DINAS SOSIAL and the local Police Department.

children affected by conflict indirectly. UNICEF supported activities aimed at strengthening the protective environment by building the capacity of both duty bearers and affected children.⁴

In 2006, UNICEF invested considerable resources in building the Child Protection Secretariat within the provincial Office of Social Welfare (DINAS SOSIAL). The intention was that the Secretariat would be increasingly sustained by DINAS SOSIAL and would reach financial independence from UNICEF by 2009. The initial role of the Secretariat was to help coordinate the many child protection actors working in NAD and monitor child protection activities funded by UNICEF and other child protection agencies. By 2009, the role of the Secretariat proposed by UNICEF—to be agreed upon by the government—would include: collection, analysis and management of data from child centers and their successors the integrated social service centers (Puspelkessos), PPTs, and district-level DINAS SOSIAL; capacity development of social workers at district and sub-district levels; and ensuring referral systems were established and functioning. In 2007 and 2008, the Child Protection Program continued to focus on the overall concepts of: 1) a protective environment for all children and 2) support for the most vulnerable. Particular attention was paid to policy development related to the development of the Aceh Governance Law (LoGa 2007) and the local Qanuns. While UNICEF continued to work with NGOs to provide direct services to vulnerable children through children's centers, it also increased its support for government involvement in both the social welfare system and integrated services for victims (health, social welfare, police and judiciary).

More than three years after the tsunami, there is now a need to examine the overall impact of the response on children.

⁴ Many of these activities including, for example, "Art in a bag" vocational training and incorporation of peace education into school curriculums, involved educational initiatives and reforms which are dealt with in the Education Sector evaluation.

3. APPROACH AND METHODOLOGY

The evaluation aimed at determining the impact of UNICEF response to the tsunami within the child protection sector and draw lessons learned and recommendations that will be useful for both the recovery/transition and on-going development programming and policies to improve the well-being and rights of children and women.

3.1 Objectives and approach

The evaluation seeks to achieve three inter-related objectives:

- Provide an outcome-impact analysis of the child protection program (2005-2008) in NAD
- Examine DAC evaluation criteria as applied to the child protection sector
- Provide evidence-based conclusions, lessons learned, and recommendations.

It follows the evolution of the three child protection work strands – children without family care, psychosocial support, and exploitation and abuse - through the different phases of their development and examines the extent to which child protection results were achieved in each phase and are likely to be sustained. Given that the Child Protection Program continues to utilize residual tsunami funding to support portions of child protection programming, the evaluation focused on a blend of immediate results (numbers of children reached, people trained, etc), program outcomes (changes in the behavior, relationships, activities, or actions of the people, groups, and organizations with whom a program works directly), and program impacts (overall change in the lives of children and their families and communities that results from a project.) This blend of immediate, outcome, and long-term impact measures is further deemed to be appropriate as much of the Child Protection Program's work focused on government capacity building and sustainability, which impact evaluations alone find difficult to track. The evaluation also attempted to identify results that can be logically linked to the Child Protection Program's activities, although they may not have necessarily been directly caused only by them.

3.2 Outcome/impact evaluation methodologies

In the area of protection in emergencies, there is insufficient clarity as to which approach is more effective in work with children—and a key objective of this evaluation was to learn what worked best. A major evaluation design component was to compare different interventions with one another—or where a similar program did not exist to groups of children who did not receive the intervention. A third area of comparison was between “new” and “old” (pre-intervention) approaches, using the latter as a baseline to gauge the results of the former.

The evaluation employed a sequential mixed methods approach to combine more comprehensive coverage with in-depth analysis. A mixed methods approach was selected for four reasons: strengthening validity through triangulation, using the results of one method to help develop the instrument of the other; extending the comprehensiveness of the findings, and generating new insights. The composition of the national research team was determined accordingly.

Specifically, the evaluation examined program outcomes-impacts in three work strands:

- **Children without family care** research examined children's well-being and school performance outcomes. A rapid ethnographic method was employed to establish socially and culturally relevant child well-being criteria, which was then used to compare the outcomes of three different placement options for separated-unaccompanied children: children placed in families, orphanages (panti) and religious boarding schools (dayah). This technique involves using a brief semi-structured interview, framed around a question, to systematically collect information on a specific topic of interest from a community or population. The collected responses were then

summarized through a variety of means to identify common underlying themes. Children in the three placement options were randomly selected from project lists of “placed” children.

- A second key comparison focused on the **abuse and exploitation** work strand—and examined the experiences of children in conflict with the law who were served through “new” and “old” law enforcement-justice models. Simple child rights and safety criteria were established and used with a random sample of children who went through a child court and an adult court. A second comparison focused on child and female victims of violence and abuse served through the new (PPT) and old service models, using human rights and safety criteria as well. Given the small number of beneficiaries of the new PPT program, purposive sampling was employed.
- A third area of comparison focused on **mental health and psychosocial programs**. This comparison was based on previous evaluations of these two complementary programs. The mental health evaluation compares patient and caretaker outcomes before and after programmatic interventions (Boothby and Veatch, 2007). The psychosocial evaluation used standardized questionnaires to compare the psychosocial well-being of children who received program sponsored psychosocial assistance with children who did not (DINAS SOSIAL, L’Aquila University and UNICEF, 2008).

A 2004 qualitative study helped establish a protective environment systems baseline. In some cases, however, it was necessary to use other baselines retrospectively. Good practice examples of both types of baseline determinations are provided in UNICEF’s Guide to Evaluation of Psychosocial Programs in Emergencies (UNICEF, 2008c).

To address time and resource constraints, the evaluation focused on two tsunami-affected districts where the Child Protection Program was active (Banda Aceh and Aceh Barat) and one conflict (and less tsunami) affected district (Bireun) where there was less activity. Thereafter, random sampling determined the sub-district and village involvement required.

3.3 Sector-specific questions and issues

The evaluation was informed by the DAC Criteria for Evaluating Development Assistance— Relevance, Effectiveness, Efficiency, Impact, and Sustainability (OECD, 1991). Specific questions were crafted to examine these criteria in the context of the Child Protection Program during the post-tsunami situation in NAD. These questions examined within the three main activity strands: 1) children without family care; 2) psychosocial support; and 3) abuse and exploitation. As previously mentioned, outcome-impact and sustainability questions were also used to examine broader child protection systems development. The list of adapted DAC criteria questions are found in Annex I.

3.4 Cross-cutting issues

Six cross-cutting issues were examined:

- advocacy, policy, and coordination
- reaching the most vulnerable
- gender
- conflict
- emergency, recovery, and early development linkages, and
- child protection systems capacity development

Advocacy, policy and coordination analysis focused on the timeliness and appropriateness of early response advocacy and subsequent policy developments; relationships between provincial and national policy initiatives; the extent to which policy developments have contributed to the evolution of a child protection system; and, the effectiveness of coordination and inter-agency partnerships.

Reaching the most vulnerable analysis examined outreach efforts in the psychosocial work strand to reach children in marginalized tsunami-affected camps and communities.

Gender analysis focused on the extent to which a gender perspective was mainstreamed across the three work strands. It also focused on broader programmatic efforts to address gender equity and power dynamics.

Conflict concerns were examined as part of the capacity development exercise described immediately below. Previous evaluations and additional stakeholder interviews (Government, UN, NGO, and Affected Children) also were employed to explore the Child Protection Program's response to children affected by armed conflict.

Early response, recovery and early development linkages are examined within each of the three works strands, as well as across the broader child protection system. The focus is on timeliness and appropriateness of the transition from vulnerable groups to a systems development approach.

Capacity development is examined through the use of a Protective Environment Framework for Children in Emergencies Indicator Checklist (UNICEF, 2007). The checklist was used to engage 60 child protection stakeholders in three districts to examine child protection networks in their respective locations.

3.5 Cost expenditure analysis

Preliminary research into budgetary issues resulted in the conclusion that a cost-effectiveness evaluation would not be possible. The decision to not pursue this aspect of the evaluation was further augmented by the ethical argument that it is not possible (or desirable) to attach a monetary value to—or compare the costs of—a protected versus non-protected child. Instead, the evaluation sought to determine trends in governmental support for child protection, focusing on DINAS SOSIAL as the most significant government provider of protection and welfare services.

Records of DINAS SOSIAL financing prior to 2005 were destroyed during the tsunami, while ad hoc records kept in 2005 were deemed to be too uneven and unreliable to include. Budgetary trend analysis is thus only for years 2006, 2007, and 2008.

There was considerable debate and controversy over the potential extension of tsunami funding to also provide assistance to people in conflict-affected areas. Budgetary allocations for conflict affected areas were also examined.

3.6 Data resources and research team

In addition to findings generated through original field research, this evaluation also utilized secondary reports; provincial, district and sub-district records and court cases; interviews with government and NGO stakeholders (See Annex IV for a list of interviews conducted), and interviews with service recipients who interfaced with the following programs: family tracing and reunification, services for victims of abuse and exploitation and children in conflict with the law. Additionally, government policy makers, government implementers, NGOs, and social workers were consulted in a modified focus group format to evaluate child protection systems at-large.

A four person national research team was identified and employed (October-January 2009) to implement the evaluation described above. A methods expert based in Solo made frequent trips to NAD to support data collection and analysis. Three NAD-based researchers—including one specifically for social services and one for restorative justice worked to complete the research on the ground. Government social workers also engaged in data collection under the supervision of the national research team. The

global advisor, who developed the initial research plan in August 2008, continued to provide guidance and support on methodologies and evaluation design during the field work stage and also returned in January 2009 to consolidate findings. The national methods consultant and field researchers also provided the global advisor with weekly email progress reports and bi-monthly phone consultations throughout the project. Two Columbia University research associates spent several weeks each in NAD and/or Solo and assisted with data collection and analysis as well.

3.7 Limitations

Several constraints limit the validity and adequacy of the evaluation's conclusions. First, the evaluation design does not control for economic, political, or other events that occurred during the life of the Child Protection Program and it is not possible to determine if and how they may have affected outcomes. Second, explanations are affected by the inter-agency nature of the Child Protection Program and the corresponding lack of a precise program theory, missing variables, and unclear implementation steps. Third, while many participating agencies initiated single agency project assessments per relevant work strands, an overall aggregate baseline was never developed. Hence the evaluation team relied on secondary data, participant recall, and other retrospective techniques to recreate pre-intervention conditions. Finally, the small sample sizes for the victims of violence (PPT) and children in conflict with the law (PPA) programs limited statistical analyses.

Several challenges also emerged during the data collection phase. UNICEF's Senior Protection Officer in Banda Aceh played a key linkage role between researchers and service providers and programs in NAD. When she departed in early December 2008, however, research progress in NAD stagnated and communication between field, Jakarta, and New York based researchers became problematic. One field-based researcher failed to fulfill his contractual obligation and Jakarta and New York-based researchers had to "pick up the pieces" in January 2009. Even so, early data collection tools were not properly developed—and data collection on certain issues suffered accordingly.

4. EVALUATION FINDINGS

4.1 Overview: outcome/impact assessment

The Child Protection Program's early response focused on children without family care, psychosocial support, and prevention of sexual exploitation and abuse. Active advocacy and government decrees aimed at preventing exploitation and abuse and supporting family care augmented these early response programs.

19 children's centers were established during the first six months and employed by the Inter-Agency Tracing Network to identify close to 3,000 separated and unaccompanied children and reunite nearly 2,500 of them with relatives and known neighbors. The centers also enabled the delivery of rudimentary psychosocial support—play, sports, cultural activities, and peer exchanges—to some 17,000 girls and boys. By September 2005, 1,200 teachers were trained to conduct psychosocial activities in schools. 195 police women also were trained and deployed in displaced persons camps and barracks to prevent trafficking and other forms of exploitation and abuse.

The Inter-Agency Family Tracing Network effectively reunited more than 80 percent of its caseload. However, the Network only reached approximately 20 percent of the estimated 15,000 total separated children's population in NAD through quick, spontaneous, informal reunifications done by communities days after the tsunami. In the aftermath of the tsunami, poverty, harsh temporary living conditions and traditional reliance on orphanages (pantis) and Islamic boarding schools (dayahs) to meet education and care needs led to significant increases in children entering institutions. The tracing program was able to prevent these secondary separations with 20 percent formally reunited by the Network.

Well-being and school performance outcomes of separated children placed in families, pantis (orphanages) and dayahs (Islamic boarding schools) were examined. Findings suggest that girls in family care are better off than girls in institutional care; while there is no significant difference between 13-18 year-old males' outcomes in family or in dayah (Islamic boarding school) care. However, it appears that boys of this age are better off in families and dayahs settings than in pantis (orphanages).

Recovery and early development programs addressed pre-tsunami child protection concerns through a child protection systems development approach. Evaluation findings suggest that child protection systems have been significantly advanced in tsunami-affected districts and less advanced in conflict-affected districts.

In some districts, identification of abused, neglected, and exploited children is now taking place at the village level and referrals are being made to formal service providers. However, fast-paced transition has resulted in insufficient attention to strengthening village-level committees and ensuring their linkage to sub-district and district level actors. Village-level capacity building does not appear, at present, to be high on the agenda of the government's new Puspelkessos initiative.

The new PPT program for victims of violence is providing more consistent and a higher standard care and treatment than the previous programs. The most striking difference is in the area of follow-up monitoring: there was no follow-up visitation reported amongst clients serviced through the old program compared to 67 percent serviced through the new program.

Support to the PPA system has been accompanied by an increase in the number of RPK desks (21 by 2007) and children—whether as suspects, victims, or witnesses—processed through these desks. Data from five districts in NAD indicates a 186 percent increase in children being progressed through these desks since the PPA system was activated. Moreover, 71 percent of children serviced through the reactivated PPA program were diverted from jail as compared to 33 percent before reactivation of RPK desks.

There has been an increase in both national, provincial, and district-level policy and coordinating mechanisms. Provincial government investment in child protection activities has risen by 684 percent since 2006. Notably social service staff positions were once voluntary but since 2006 the government is progressively employing 240 newly trained social workers. NAD is also supporting human resource development through a new university-based social work program developed in partnership with McGill University in Canada. More than 60 students began their studies in July 2008—with an eye towards graduation in 2011.

4.2 Overview: Child Protection sector-specific questions and issues

Relevance

The Child Protection Program addressed urgent protection needs and did so in accordance with international standards and policies. UNICEF's Core Commitments to Children in Emergencies provided relevant guidance to the early protection response. Objectives and activities were reasonably consistent with intended program outputs and outcomes. Recovery and early development transitions appropriately relied on government partnerships and used capacity building to strengthen protective systems to address longstanding child protection concerns.

Early response assessments did not adequately focus on social and economic conditions that impact on child protection programming. These shortcomings are evident in the limited scope of the formal tracing and reunification program and response to secondary child-family separation as noted below (see Family Tracing and Reunification section below). This evaluation found that the "separated, unaccompanied, and orphaned" categorization employed globally was not relevant to vulnerability in NAD. Given that the

Islamic religion is a predominant characteristic of Acehese society, besides partnering with a strong religious local organization such as Muhammadiyah, a reliable connection with the relevant religious authorities also would have helped to facilitate child protection programming as well.

Effectiveness

Early response to prevent exploitation and abuse were especially effective. They not only provided immediate protection, but also have evolved into a much needed juvenile justice program. Early response interactions between child protection actors and provincial and district level police created new entry points to strengthen juvenile justice system in NAD, including the establishment of women and children police units in all district police offices. NAD now has one of the most innovative juvenile justice programs in Indonesia.

In contrast, the evaluation found comparatively poor outcomes for projects that were not linked to traditional, community and/or sub-district/district mechanisms. This is most apparent in comparisons of the evolving protective environment systems in Aceh Barat (tsunami-affected) with ad hoc, non-systems grounded projects in Bireun (a mostly conflict-affected) districts. Overall, due to a strong donor tsunami focus, protective systems for children in conflict affected districts of NAD are less advanced than those in tsunami-affected districts.

Efficiency

Comparisons of “new” and “old” programs suggest that significant child protection system development has occurred in tsunami-affected districts of NAD. The timely emergence of a child protection system is in large part due to UNICEF’s early linkage of its dual objectives of responding to immediate needs of vulnerable groups of children and welfare and legal systems-building for all children. UNICEF also efficiently balanced its financial investment between immediate and pressing protection needs and systems development.

Capacity building of the people and institutions who play key roles in a protective environment for children—including parents, community and social workers, policy makers, and government officials—was essential to systems building. Agency staff capable of transitioning from early response (direct service delivery) to “build back better” (capacity building), however, were an under-developed human resource amongst child protection agencies.

4.3 Children without family care

Early response

One immediate consequence of the tsunami was the separation of family members from each other and an increase in the number of orphans. As the international community moved to respond to the disaster, the early response focused on family tracing and reunification for separated and unaccompanied children with various agencies beginning to identify and register these children independently. During the first few weeks of the response these organizations, including UNICEF, Save the Children, and the International Committee of the Red Cross, came together with other local actors to form the Inter-Agency Tracing Network to standardize the tracing and reunification effort. Save the Children created a centralized database to facilitate reunification while the network developed uniform registration forms and provided basic on the job training for staff and volunteers. By April 2005 over 1,000 separated and unaccompanied children had been registered in the system and, of these, 29 had been reunited with their families (United Nations, 2005a).

To emphasize the commitment of the government to prioritizing family-based solutions for separated children, the Child Protection Program worked with the Government of Indonesia to develop a policy directive on this issue early on in the response. To this end, on February 11, 2005, the Gol adopted the

“Indonesian Government Policy on Separated Children, Unaccompanied Children and Children Left with One Parent in Emergency Situations”. In addition to this policy, the government placed a moratorium on adoptions of Acehese children to allow for community-based solutions to take precedence. A national publicity campaign was created to sensitize communities on the importance of the registration of separated children, inform the public about ways to prevent further separation, and promote family and community-based solutions for separated children.

Physically, the Family Tracing and Reunification (FTR) project was housed in the temporary children centers established adjacent to IDP camps throughout the province. These centers were central to the tracing and reunification process. In each community, centers served as the focal point where parents could register in the database as searching for their children and from where separated children’s cases could be entered into the system and monitored by staff. During the early response period, UNICEF, in collaboration with their partners including Pusaka, Muhammadiyah, ME-KPP, DINAS SOSIAL NAD, Save the Children, LCCO, ICRC, IRC and Childfund, established 10 person tracing teams for each of the 19 Child Centers (UNICEF, 2008f).

Recovery

As the immediate emergency situation was mitigated and recovery began, separated and unaccompanied children continued to register with the FTR system, albeit at a slower pace. By the end of 2005, 2,494 cases of separated, unaccompanied and single parent households had been registered by the network (UNICEF, 2005f).

For children whose parents had died in the initial disaster and were unable to return to their homes, alternative care solutions were sought. The first priority was given to fostering relationships with extended family or community members. Orphanages or other institutions were only to be used as matters of last resort. Still increases in the numbers of orphanages and religious institutions were reported. Save the Children and DEPSOS’s Assessment of Children’s Homes (2006) found 15 new children’s homes (Panti) were established or under construction by 2006.

In addition to registration and family reunification, this process served as a centralized tool to monitor the situation of both separated children who were still living in temporary situations and those who had been reunited with family members. In August 2005, DINAS SOSIAL, with technical support from Save the Children and financial support from UNICEF, formally took over administration of the FTR process including database maintenance and case management (UNICEF, 2008f).

Early development

By the end of 2005, identification and registration of new cases of separated and unaccompanied children had by and large come to an end. The Child Protection Program’s pilot project of legal advice and advocacy in two districts (15 villages of the most affected areas) led to the establishment of legal guardianship for 173 children (International Development Law Organization, 2007b) and trained 500 government officials and civil society members to replicate the initiative. However, the International Development Law Organization’s (IDLO) 2007 assessment on protecting and promoting the legal rights of tsunami-affected children without primary caregivers found that formal guardianships are largely considered unnecessary throughout the province and that guardianship is usually assumed by a male relative on an informal basis. Therefore, more technical support and advocacy is needed to reach legal guardianship for the rest of the children fostered by extended family or members of the community.

Another concern during this period of early development was secondary separation due to the financial strains placed on families fostering children and the generally poor economic conditions of most families in the immediate aftermath of the tsunami. In terms of secondary separations, the Department of Social Affairs (DEPSOS) and Save the Children (2006) found that 98 percent of the 2,345 tsunami-affected children their study examined were placed in orphanages (panti) by their families. Additionally, according to the Save the Children and DINAS SOSIAL DEPSOS Dayah Assessment of 2007, it is estimated that over 15,000 children placed in dayahs (Islamic boarding schools) were victims of the tsunami. According

to the research, only 6 percent of examined cases had lost both parents in the tsunami while 92 percent had lost only one.⁵

To ensure the quality of care of children placed in foster families and to prevent further secondary separation, the program provided monetary support to assist these foster families with the financial burdens of taking care of vulnerable children. Monetary support was provided for 3 months for approximately 1,700 children who were placed in 1,300 foster families through the FTR process. After a review of these 1,700 cases, further livelihoods support, including access to credit and vocational training, was provided to 461 caregivers, through 35 self help groups, to start new businesses and to 122 caretakers to support existing businesses (CCF, 2008).

Family tracing and reunification

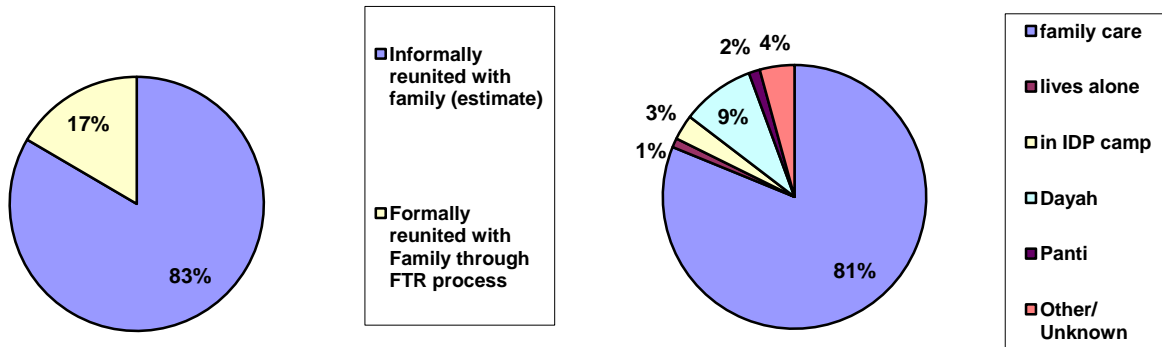
Based on an historical analysis of unaccompanied children in emergencies, approximately 83 percent of separated children were “informally placed” in care, whereas the Inter-Agency Family Tracing and Reunification system “formally placed” approximately 17 percent of all separated children into care settings. While this analysis should only be considered “indicative” in NAD, it does highlight a critical reality: the percentage of children dealt with through formal FTR programs represents only a small percentage of separated and unaccompanied children.

Informal child placements far outnumber formal placements, in many, if not most emergencies. To date, the child protection community has not developed (or employed) assessment methodologies that yield reliable prevalence estimates of the number of separated and unaccompanied children. Instead, a case management database approach, which can grossly under-represent the extent of child-family separation, is used. Though children in NAD’s FTR database (2,853) represent a fraction of children in need of support, the FTR system was successful in placing enrolled children in family-based care. 82 percent (2,311) of enrolled children were placed in family or foster family care and only 10 percent (295) were placed in institutions (dayahs & pantis). This accomplishment further underscores the potential benefits of rethinking FTR efforts to better account for recurring realities in humanitarian emergencies that lead to the undermining of family unity and child care.

Secondary separation in the aftermath of the tsunami proved to be a challenge in NAD. The FTR system was not designed to adequately address the causes (often limited household income and poverty) and consequences (often orphanages and religious boarding schools) of “secondary separation.” Given increased household support, it is likely that fewer children would have been placed in institutions by their parents. Though the program provided quite effective financial and livelihood support to foster families, it only reached those registered through FTR Network (approximately 20 percent of victims); therefore, more could have been done to advocate for vulnerable family support programs implemented through district/sub-district government level, to attempt to have a wider reach to the rest of not registered families (approximately 80 percent of victims). Prevention of secondary separation is a key national and global program learning need.

Figure 2: Formal and informal reunification **Figure 3: Child placements through the FTR system**

⁵ Historically, poverty and domestic turmoil were the main reasons why children were placed in orphanages (pantis). In contrast, the desire for a religious education was the main reason children entered Dayahs (Islamic boarding schools). In the aftermath of the tsunami, however, the lines between religious and child care functions became blurred, leading to a sharp rise in children entering dayahs.



Psychosocial wellbeing

The evaluation sought to examine the well-being outcomes of separated children placed through the FTR system. Of children identified through the family tracing and reunification system, did those placed in family care demonstrate a higher level of wellbeing than those placed in orphanages (panti) and Islamic boarding schools (dayah)?

An ethnographic participatory method was used to determine what child wellbeing meant in NAD for the following groups of children: boys ages 6-12, girls ages 6-12, boys ages 13-18, and girls ages 13-18. NAD child protection specialists were asked to identify key well-being indicators. Based on this exercise, four questionnaires—one for each child group—were created to reflect these key indicators and were administered to children in three care settings: family care, dayahs (Islamic boarding schools) and pantis (orphanages). Questions varied across the four child groups but could be generally grouped into the following categories: 1) sociability, 2) good behavior, and 3) basic needs.

Findings from this exercise suggest that children, especially girls, in pantis (orphanages) are generally worse-off. Girls age 6-12 in family care are more likely to report that they eat nutritious food and have pocket money than girls in residential care. Girls in this age group who live in pantis (orphanages) were the least likely to report that their basic needs are well met.

Older girls in pantis (orphanages) also reported that they do not do their homework or obey the instructions of their caregivers as often as children in other care settings. While children in dayahs (Islamic boarding schools) did not have any “poor” scores on this category, responses from children in family care indicate that more girls had “good” behavior than children in dayahs.

Figure 4: Girls 6-12 Basic Needs

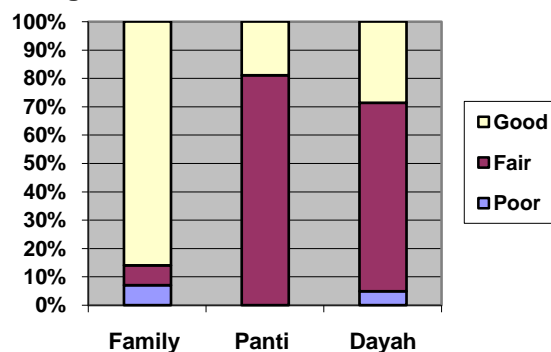
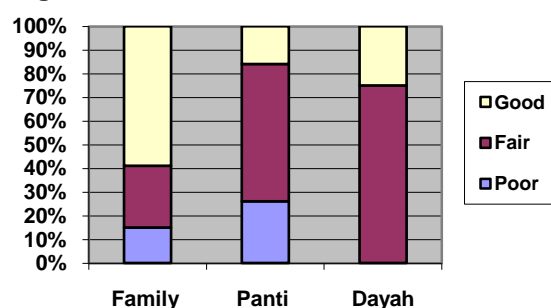


Figure 4: Girls 13-18 Good Behavior



In addition, only young girls and boys (ages 6-12) in pantis (orphanages) received poor scores concerning sociability. No children in families or dayahs (Islamic boarding schools) received poor sociability scores, as measured by participation in activities, having friends, enjoying playing with peers and feeling comfortable in a group. See Figures 5 and 6.

Figure 5: Boys 6-12 Sociability

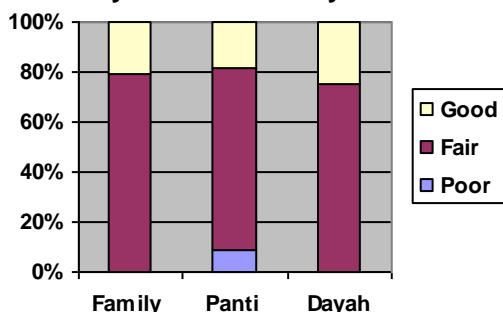
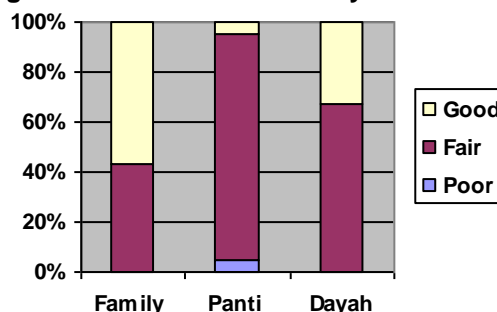


Figure 6: Girls 6-12 Sociability



Further, while older children report less sociable behavior in general, boys and girls ages 13-18 who live in pantis (orphanages) also register the most “poor” marks in this category. See Figures 7 and 8 below.

Figure 7: Boys 13-18 Sociability

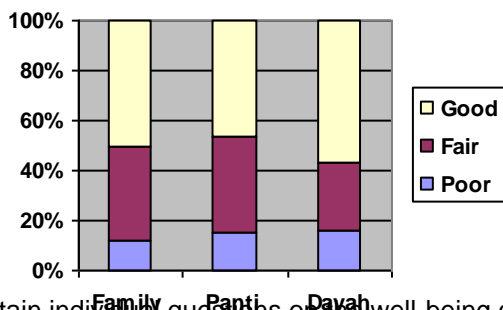
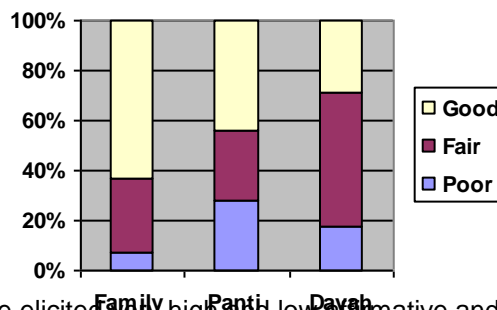


Figure 8: Girls 13-18 Sociability



Certain individual questions on the well-being questionnaire elicited very high and low affirmative and negative response for certain child groups. For boys age 6-12, 95 percent indicated that they have friends and 93 percent said that they pray on a regular basis –a sign of good behavior in the NAD context. However, 62 percent of boys in this group said that they do not play frequently. Boys in pantis (orphanages) were the most likely, of boys in the three care settings, to answer this question negatively. Older boys (age 13-18) reported high affirmative response rates to questions regarding liking school, praying, having friends, and obeying caregivers.

Young girls (age 6-13) reported noteworthy negative response levels for questions concerning adequate food access, comfort in groups, and willingness to talk about sadness. 76 percent of young girls in pantis (orphanages), 62 percent of young girls in dayahs (Islamic boarding schools) reported inadequate food intake. Only 14 percent of young girls in families responded negatively concerning this matter. Girls in pantis (orphanages) and families were more likely to report that they do not share their sad experiences than children in dayahs (Islamic boarding schools). Older girls (ages 13-18) reported high positive response rates to questions concerning comfort with one’s appearance, obedience, and having friends. However, commitment to studies received more negative response – 76 percent of older girls in pantis (orphanages) and 75 percent in dayahs (Islamic boarding schools) responded negatively to this question. Only 37 percent of older girls in families responded negatively. See Annex III: Table A.

School Performance

The evaluation also sought to compare school performance per placement option. Recent report cards from a sample of children interviewed were collected for each age group and care setting. Though the

education system in government schools (where children living in families attend), dayahs (Islamic boarding schools), and pantis (orphanages) are different, the grading scale is common. Three principal subjects –Indonesian, math, and civics—are taught across all schooling systems for all ages. In Indonesia, these subjects are generally considered to be the most important. As such, grades for these courses were examined for all sampled students.

A survey of grades for children of all examined age groups in each of the three care settings revealed that most children are merely passing their classes. Very few children appeared to be receiving grades in the good or excellent range of the grading scale. A significant proportion of children are failing some of their core classes. Table 1 represents the percent of sampled children (both sexes, ages 6-18) who have failed at least one of their three major courses in the last grading cycle in 2008. Findings suggest that children in pantis (orphanages) were more likely to fail one of more of three subjects than children in other care settings. See Table 1 below.

Table 1: Percent of all children sampled who failed one or more subject by care setting

	Family	Dayah (Islamic boarding school)	Panti (orphanage)
Percent failed 1 of 3 major subjects	19%	15%	29%

Mean grades for the three selected subjects were also calculated. Grades were either given on a scale of 1 to 10 or 1 to 100. In order to compare across scale, grades given on a 1 to 100 scale were simplified. Only the first digit was considered. As such, average grades depicted in Table 2 should not be considered exact. They are merely indicative of the level of performance. Grades of 9 or 10 are very good, grades of 7 or 8 are good and a 6 is a passing grade. Grades below 6 are failing grades.

Table 2: Average grades for three main courses

	Family	Dayah (Islamic boarding school)	Panti (orphanage)
BOYS 6-12	5.7	-	6.3
GIRLS 6-12	7.3	-	6.5
BOYS 13 -18	6.4	6.4	6.1
GIRLS 13-18	7	6.5	6.9

In general, findings suggest that girls in family care perform better than girls in institutional care; while there is no significant difference between 13-18 year-old males' performance in family or in dayah care. However, it appears that boys of this age perform better in families and dayahs (Islamic boarding school) settings than in pantis (orphanages).

Evaluation findings on child well-being and school performance are indicative of how children in the three care settings are faring in NAD. More in-depth assessment should be conducted to further and more reliably examine these issues.

4.4 Psychosocial care

Early response

Children centers also were used to provide safe spaces for vulnerable, disaster-affected children throughout NAD. By the end of January 2005, 14 temporary children centers had been established with 3 more centers operational by the end of February. By April, this number had increased to 21 (UNICEF, 2008k) including 2 centers established on the nearby island of Nias after another earthquake hit the island in March. UNICEF provided tents and 20 basic staff for the temporary children centers. During this time it was difficult to find trained staff for these centers as many people were primarily concerned with focusing on the recovery of their own families. In response to this reality, initial staff in these centers was primarily resourced from other areas of Indonesia. During the first three months following the tsunami, children's centers primarily functioned as safe play spaces for children and concentrated on providing recreational opportunities for children in addition to facilitating the FTR process within the community.

Recovery

As part of the recovery transition, services at the community centers were upgraded to provide more comprehensive services to children in the communities. At this time, training also was developed to improve the psychosocial support skills of UNICEF-supported child center staff. Child center staff who had a background in psychology received training on facilitating individual and group counseling sessions within the centers. In each child center two staff members were trained on how to set up child/youth support groups (UNICEF, 2008f). By the end of 2005, a total of 1,698 teachers, social workers and counselors were trained in the provision of psychosocial support (UNICEF, 2006c). In addition to the UNICEF-funded centers, the Government of Indonesia, NGOs, and other private sources founded additional centers throughout the province. By the end of 2005, there were approximately 100 of these centers, or similar structures, in operation throughout NAD that were run by a number of different organizations (UNICEF, 2008f). In addition, by mid 2005 the decision was made to centralize the administration of all UNICEF-supported children's centers under DINAS SOSIAL's management. Beginning in August, the management of the 21 UNICEF-supported centers slowly began to be shifted into the purview of DINAS SOSIAL (UNICEF, 2008f).

Early development

As the situation in NAD stabilized throughout the course of 2005 and 2006, IDPs began to return to their communities of origin. With this movement the need for children centers adjacent to IDP camps lessened. During this process, DINAS SOSIAL - in cooperation with UNICEF - made plans to adapt these centers into sustainable community-based structures that would become the central hub for child protection activities and social services at the community-level. These re-designed, permanent children's centers would be relocated and upgraded with sub-district level coverage to ensure increased presence on the local level and improve the ability of all Acehnese to access these facilities. Tents were replaced by permanent structures and locally-based Acehnese staff was trained to take over for emergency workers from other provinces that had filled the gap during the relief phase. By mid 2006, approximately 80 percent of children center staff was Acehnese (UNICEF, 2008g). Through 2007, approximately 17,000 children continued to benefit from children center activities on a weekly basis (UNICEF, 2008k).

The evolution of these temporary children's play areas into sub-district centers for child welfare (Puspelkessos) continued throughout the early development period. These centers evolved into referral mechanisms for community cases of child abuse and exploitation and served a base for social workers to conduct community outreach including identification and monitoring of vulnerable children, case management, and advocacy for children in need of support. Starting mid 2006 and progressively until 2008, 240 sub district social workers (TKSK) based in 215 sub-districts were recruited by the government to be based in these centers (UNICEF c) and paid for under the provincial budget (APBD). Initially, the Child Protection Program piloted 9 months of capacity building including daily supervision and teaching to 60 TKSK in 10 sub-districts. Since that time, lessons and training modules have been replicated with

DINAS SOSIAL leadership and budget support from UNICEF. DINAS SOSIAL is coordinating and providing technical support for children's centers and the community social services stemming from the centers. In May 2008, the Acehese Parliament approved the Puspelkessos strategy that is meant to provide a centralized place for child welfare services by providing village outreach and referral services to vulnerable community members. By the end of 2008, ten Puspelkessos, including six which absorbed UNICEF children's centers, were piloted in ten sub-districts of NAD (UNICEF, 2008g).

In order to ensure the continued focus on vulnerable children within this new integrated child center model, community committees including Child Protection Committees (LPAs) and Children's Committees were established throughout 2006 and 2007. The objective is to increase community ownership of the child protection process and raise awareness on protection efforts within the community. 19 Children Protection Committees attached to Children Centers and 50 Children Committees were established in 2006 and 2007 (UNICEF f). Child Protection Committees were comprised of local community leaders and non-governmental and community-based organizations. Children's Committees are established by and for children themselves to provide a forum to express their concerns and understand their rights. Youth forums were formally established at the district-level and are coordinated by a formally established provincial level Youth Council under the Child Protection Secretariat. KPAID was established under the Governor's Office at the provincial level to monitor implementation of the Child Protection Law (2002). In addition, kindergartens, formally organized through children's centers in the early stages of recovery, have now been officially handed over to DINAS SOSIAL. More children are able to begin school at a younger age due to the existence of early childhood education close to where families live.

Specialized services and basic support programs

The sheer scale of the disaster and global financial contributions enabled an unprecedented number of agencies to engage in psychosocial interventions; an often comparatively sidelined sector in emergencies. The Inter-Agency Standing Committee guidelines on mental health and psychosocial support in emergencies stress responding proportionately to both the comparatively small percentage of individuals requiring specialized clinical services as well as to the disaster-affected population at-large requiring basic psychosocial support.

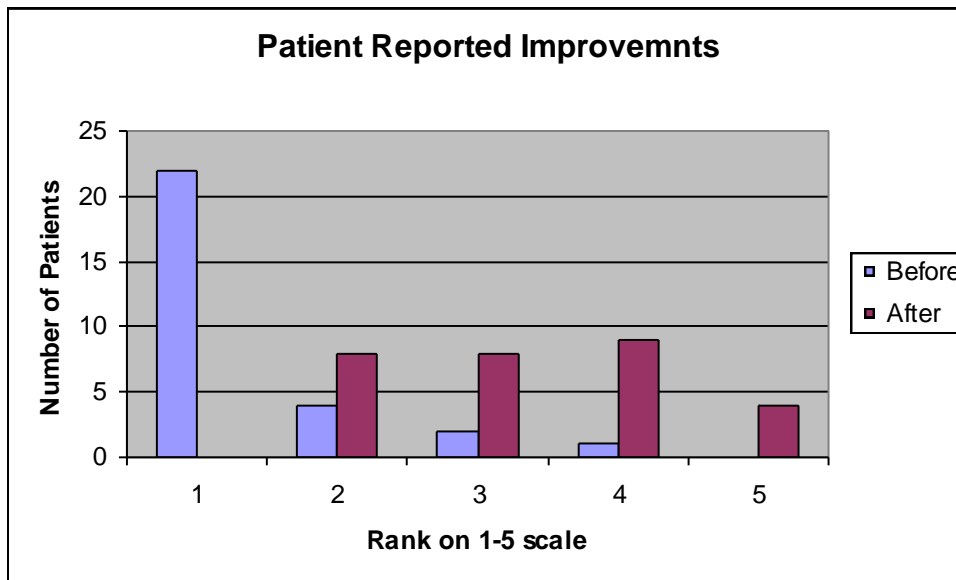
Specialized services (mental health)⁶

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

Since the tsunami, significant progress has been made to establish an effective, professional mental system in NAD. In Aceh Besar, an intensive acute mental health unit was established, a volunteer village level psychosocial -mental health cadre was created, and community mental health nurses received training on mental health care. A 2007 assessment of the outcome of these achievements interviewed 44 households including 38 patients and 36 caretakers (Boothby & Veatch, 2007). A one-to-five ranking exercise documented patient and caretakers perceptions of the patient's mental health and social functioning. Patients and caretakers were asked to rank the severity of their conditions before and after receiving treatment through the new decentralized mental health care program, with 1 being the worst problem ever imagined and 5 being no problem at all. The assessment found that in 3 of the 4 sub-districts in Aceh Besar the system is working effectively—and that 90 percent of the patients and caretakers surveyed reported improvements, with an average improvement of 1.85 on a scale of one-to-five. None of the patients or caretakers in the three functioning sub-districts reported a worsening of mental health or social functioning.

⁶ UNICEF and its partners did not engage in specialized mental health services. Yet, such services are a smaller subset of the broader psychosocial sector which UNICEF coordinated.

Figure 9: Reported mental health improvement



This development of an effective household-to-hospital continuum of care in the district of Aceh Besar was a major accomplishment of the post tsunami response. This program enabled three new levels of mental health and psychosocial care and support: 1) Puskesmas; 2) village; and 3) district. At the Puskesmas-level, community-mental health nurses (CMHNs) attend rigorous, highly structured and sequential training programs on case management, community outreach, home visitations, and referral procedures. At the village-level, a cadre of psychosocial/mental health volunteers worked to provide support for women and children through the establishment of community-based support groups. In addition, they assist CMHNs in identifying villagers with mental health issues; raise awareness and reduce stigma about mental illness; provide referral advice to CMHN services; and conduct home visitation and outreach to families that require extra support for mentally-ill members. Finally, at the district-level, an intensive acute care unit was created to provide inpatient care to mentally ill patients.

The development of this multi-level approach was important as many villagers were unaware of science-based explanations of mental illness or of the benefits of medications. Families typically hid mentally-ill members from the wider community, sometimes by locking them in home or even chaining them to beds. Community outreach and home visitation were found to be important factors in the improved mental health status of patients in the three functioning sub-districts. For patients who reported the most improvements, volunteer cadres had played key support roles, including the provision of mental health and referral information and home visits.

Basic support (child centers) programs

In 2007, the Italian University L'Aquila conducted a cross sectional study that strove to estimate the effectiveness of UNICEF's child center psychosocial program. The study used stratified random samples of children from each of the 19 UNICEF-supported centers compared to a matched group who did not receive any psychosocial assistance. Children were randomly sampled from a sampling frame that combined population data from UNHCR's 2006 database, the World Bank's 2006 database and UNICEF's children centers. The study looked at children of both sexes, between the ages of 10-14 and from both rural and urban areas. IDP's who moved among districts with different conflict intensity and children accompanied by an adult who did not live with them permanently were excluded from the sample. The matched group was selected from schools in areas within or adjacent to the children centers.

Key outcomes investigated included children's cognitive competencies, mental health well-being, and post-traumatic memory. Overall, both UNICEF and non-UNICEF supported children have experienced psychosocial effects of the tsunami through 2007. Some findings from the study support the hypothesis that children centers improve the psychosocial outcomes of children in times of emergencies, while others do not demonstrate statistically significant differences between the two groups. Key findings from this study include:

1. Overall, UNICEF-supported children centers supported more tsunami-affected, underprivileged, and displaced children than the comparison group therefore the UNICEF program correctly targeted the most vulnerable children.
2. 41.5 percent of the comparison group of children was found to have experienced stress, anxiety or depression, compared to 24.2 percent of children in UNICEF-supported programs.
3. 17 percent of parents of the comparison group reported their children had significant social and behavioral problems as compared to 14 percent of parents of children in UNICEF-supported programs.

4.5 Abuse and exploitation

Early response

The early response program mobilized quickly to address the protection needs of the estimated 500,000 people relocated to temporary IDP barracks. Female police women were trained to patrol the IDP camp barracks and to take a prominent role on cases in which children come into conflict with the law. By April 2005, 50 policewomen had been trained by the program and deployed to children centers around the province (UNICEF, 2008). These policewomen formed community-based patrolling mechanisms to prevent exploitation, abuse, and violence against children within the IDP camps. Female police officers also managed cases of children in conflict with the law.

The early response also launched a province wide initiative to prevent trafficking activity and ensure children's safety. To address this concern, social workers were deployed by DEPSOS to monitor the movement of children out of the province. Additionally, police were stationed at key transit points and ensured that children traveling without their parents and without proper documentation were returned to NAD. No formal cases of child trafficking were reported during the emergency response period.

Recovery

Training and deployment of female police officers continued during the recovery period with 195 policewomen trained and deployed to sites around NAD by October 2005 (UNICEF, 2008). Additionally, as the initial relief period stabilized, immediate concerns about child trafficking and IDP barrack safety gave way to more systematic reforms. Guidelines on preventing the abuse and exploitation of children were distributed to children center staff to assist in community-level identification of cases. Police development for Abuse, Exploitation and Trafficking (AET) had two important follow up initiatives during this period: 1) strengthening of juvenile justice and 2) establishment of services for victims of AET. Children's desks (known then as Children and Women's Desks or RPK) within police stations had existed before the tsunami. However, the tsunami provided an opportunity to re-establish and improve these services throughout Nanggroe Aceh Darussalam.

Early development

By 2007, the creation of children's desks in every district in Indonesia was agreed to by the national police. A component on child friendly procedures was also incorporated into the police training curriculum. By 2008, 22 children's desks had been re-established in all districts of NAD; one child courtroom established in Banda Aceh district; instructions on diversion adopted by the police; standard procedures

and guidelines for restorative justice for police officers developed; and, case management database under piloting (UNICEF, 2008). In addition, the program supported training for almost 600 law enforcement officials on child-friendly judicial proceedings. These trainings--which aimed to improve understanding of the restorative justice program that promotes diversion and probation in lieu of detention for children--were offered to the Heads of the Crime and Investigation Unit of each district police station as well as the representatives of 14 children's desks. In 2007, 83 cases and in 2008, 58 cases with child victims were reported to 22 children's desks. Cases that involve child perpetrators reported to children's desks included 40 in 2007 and 22 in 2008 (UNICEF, 2008).

In 2007, a process to bring about formalized, standard case management operating procedures was begun. This process entailed a series of workshops and trainings that strove to standardize the procedures of all law enforcers within the Children in Conflict with the Law Program (PPA) across the provinces. A total of 50 law enforcement officers have been specifically trained on the PPA Minimum Standard of Services through mid 2008 and another additional 190 have been trained on child-friendly judicial proceedings. Additionally, from 2005 through 2007, 43 Judges, 18 Prosecutors, and 25 Probation Officers were trained on child protection and child-friendly judicial proceedings (UNICEF, 2008). To continue the process of improving the outcomes of children in conflict with the law in 2007 a working group for restorative justice was formed in NAD.

The establishment of a referral system in NAD was facilitated by the program's financial and technical support. A working group on the topic comprised of DINAS SOSIAL, the Provincial Office for Education, police, Shariya Office, and local and international NGOs developed guidance on the referral system for women and children survivors of violence of disaster. In 2007, the program set up an integrated service center (pusat pelayanan terpadu or PPT) by providing technical support, supplies, equipment and initial operational costs for the PPT in RS Polri/Bhayangkari. These centers were mandated by the National Anti-Trafficking Law as well as the Law on the Elimination of Domestic Violence and provide integrated legal services, medical treatment, and counseling for victims. Initially, 35 medical service providers were trained on early detection, referral and reporting violence, abuse and exploitation. 45 cases were served by this center in its first year of operation. Presently, PPTs have been established in four districts (Aceh Barat, Nagan Raya, Aceh Jaya, and Bireuen) as well as on the provincial-level (UNICEF, 2008f).

Children in conflict with the law

Though children and women's desks (RPK) existed within police stations prior to the tsunami, post-tsunami efforts to prevent child abuse, exploitation, and trafficking (AET) expanded this program's breadth and quality, not only within law enforcement settings but also within communities. During this time, no rehabilitation or correctional institutions existed for children. Detention, prosecution, and trial of children followed the same procedures as those used for adults. After the tsunami, children center staff was trained to prevent, detect, refer, and report cases of child AET. In 2005, 15 child cases were serviced through this mechanism. The program also worked with the police to re-establish children's desks and five such desks were put in place during the early recovery period. In 2005, 63 AET cases were reported through these desks.

The standardization and institutionalization of the Service Unit for Women and Children (PPA) system has been accompanied by a steady increase in the number of RPK desks (21 by 2007) and children whether as suspects, victims, or witnesses are being processed through these desks. Data from five districts in NAD indicates that before the PPA system, 29 children were processed; after the program the number increased to 83, representing a 186 percent increase. Qualitatively, the PPA program is also ensuring that children's best interests are being better served. As part of the program, training for law enforcement officials (police, lawyers, judges) on child-friendly judicial proceedings and restorative justice has been undertaken. As a result of these trainings, diversion and probation are becoming more widely embraced than child detention.

NAD's recent emphasis on diversion of children who are in conflict with the law, through its restorative justice program, has proven very successful in a short period of time. After the PPA, 71 percent (5 of 7) of children were diverted from jail in UNICEF program areas sampled; whereas before the PPA program,

only 33 percent (1 of 3) were diverted. Only 21 percent (8 of 39) of children were diverted from jail after the PPA in non-UNICEF program areas (Aceh Barat, Bireun & Pidie courts). This data suggests that when well supported through trainings and technical assistance, PPA services yield significant outcomes for children in conflict with the law. However, in the absence of this support, fewer children may benefit from this program.

Table 3: Results of PPA program, in UNICEF & non-UNICEF program areas

	Children in Jail		Children Diverted	
	before PPA	after PPA	before PPA	after PPA
UNICEF program area (Banda Aceh & Aceh Barat)	2	2	1	5
Non-UNICEF program area (Pidie & Bireun)	9	31	4	8

In order to determine the quality of service provided through the PPA unit, 25 children who were in conflict with the law pre-PPA and 25 other children who came in contact with the law after the PPA program began were interviewed. A structured questionnaire was used for all interviews. In general, children benefited from the PPA unit and reported significantly improved practice as a result of this program. Notably, while only 8 percent of sampled children reported that a lawyer or NGO representative accompanied them during questioning before the program, 76 percent reported the presence of one of these figures after the program. Key findings are summarized in Table 4 below.

Table 4: Percentage of affirmative responses from 25 children interviewed about their experience before PPA and 25 who interfaced with the legal system after PPA

Question	Before PPA	After PPA
Professional treatment of child.	84%	100%
Use of private room for questioning.	0%	80%
Presence of a lawyer or NGO representative during questioning.	8%	76%
Use of non-formal justice means to resolve the problem	4%	96%

Victims of abuse and exploitation

Abuse and exploitation of children, especially separated children, is always a concern in the aftermath of a disaster. Indonesia's geographic location, close to child trafficking sex routes in the region, especially through Malaysia, heightened this concern. While it is nearly impossible to assess the impact of prevention efforts, it is clear that the Child Protection Program acted swiftly to stem systematic AET of children in NAD.

In 2005, a total of 78 cases of abuse and exploitation were reported (15 cases to children's centers and 63 cases to the police). Given the sensitive and often stigmatized nature of abuse and exploitation, many other cases likely went unreported. Isolated cases of trafficking and pedophilia were also discovered, though these crimes were not a systematic problem.

Several policies to stem abuse of children emerged from this early, robust response. Eight provincial and several district policies that laid the framework for the creation of a more protective environment for children were identified. DINAS SOSIAL was officially charged with leading the Provincial Focal Point Team on Child Protection and coordinating child protection initiatives in June 2005. DINAS SOSIAL later created a Child Protection Secretariat within its infrastructure. In 2006, all relevant line-ministries, the police, dayahs (Islamic boarding schools), hospitals, and others signed a memorandum of understanding to ensure the rights of child victims of abuse and children in conflict with the law. The PPT program, which calls for integrated services for victims of abuse, was adopted in 2006 through Governor's Decree n°260/322/2006. Subsequently, district-level policies were enacted in order to operationalize and fund this policy.

Table 5: Policies enacted to ensure child protection and services for victims of abuse

	Policies/rules/intervention⁷	Jurisdiction	Date
1	No. 01/1/2005 “The Handling of Child Refugees who Lost Parents”: Policy issued to support FTR system and help prevent trafficking.	NAD	January, 2005
2	No. 050/800/2005 NAD Child Protection Focal Point Team (Authorized DINAS SOSIAL to coordinate Child Protection initiatives in NAD)	NAD	June, 2005
3	No. 050/12/2005 “Collecting data and Fetching Arrested Children” DINAS SOSIAL policy in NAD to collect data and tend to arrested children in orphanages before they engage with the formal legal system.	NAD	August, 2005
4	Note of Understanding Between DINA SOSIAL of Social Affairs, Health, Migration & Labor, Education, Women’s Empowerment, Hospitals, Police and Islamic Institutions (MPU), Custom (MAA), and the Dayahs. All institutions are to support child victims of AET and children-in-conflict-with-law to ensure child protection and child rights are fulfilled.	NAD	2006
6	No. 606/CP/VIII/06. DINAS SOSIAL policy to create a Child Protection Secretariat in NAD to coordinate governmental and non-governmental initiatives.	NAD	August, 2006
7	No 198/CP/VI/06. DINAS SOSIAL decision to manage all of the Children’s Centers in NAD.	NAD	June, 2006
8	14/Men PP/ Dep V/X/2002, 1329/Menkes/SKB/X/2002, 75/HUK/2002. MOU between Ministries of Women’s Empowerment, Health, Social Affairs and the National Police to support the PPT policy addressing victims of abuse, exploitation and trafficking.	National	April 2006
9	Decree n°260/322/2006. issued by the Governor of NAD. The establishment of a Centralized Service Center (PPT) for child and women abuse victims in NAD	NAD	2006
10	No. 386/2008. The head of Bireun municipality issued a letter to establish a service center for women and children’s empowerment, in support of the PPT policy.	Bireun	June, 2008
11	No 227/2008. The head of Bireun municipality issued a letter supporting a psychiatrist, psychological staff and administrative staff for a trauma center in Bireun to support the PPT policy.	Bireun	May, 2008
12	No 228/2008. The head of Bireun municipality issued a letter to establishment a trauma center in support of the PPT policy.	Bireun	May, 2008
13	“Qanun Perlindungan Anak” Child Protection Law – Aceh Barat	Aceh Barat	December, 2008
14	“Qanun Perlindungan Anak” Child Protection Law – NAD Province. Addresses a range of child protection concerns including AET.	NAD	January, 2009

PPT offices provide integrated legal services, police, medical treatment, and counseling for victims of violence and abuse. The centers provide legal protection, medical treatment, counseling, and shelter for victims, free of charge. With the adoption of the National Anti-Trafficking Law and the Law on the Elimination of Domestic Violence, which are the legal basis for the allocation of the budget, combined with the standard operating procedures that will be legally adopted as well, mechanisms for the sustainability of the services have been put in place. However, while cases of abuse detected at hospitals are referred to PPT desks, community outreach has yet to develop.

⁷ Policy data was gleaned from interviews in Banda Aceh, Aceh Barat and Bireun. UNICEF, DINAS SOSIAL, the Department of Women’s Empowerment and the provincial Police Department were consulted.

The first integrated crisis centre (pusat pelayanan terpadu or PPT) was established at the provincial hospital in Banda Aceh. This program strives to provide integrated services to victims of violence, abuse, and exploitation. The hospital provides medical care to victims and providers are trained to detect cases. In addition to medical care, the referral system helps provide access to counseling and legal services to victims of abuse. By 2008, PPTs have been established in four districts (Aceh Barat, Nagan Raya, Aceh Jaya, and Bireun) as well as on the provincial-level.

The PPT program in NAD is aligned with national policy support for care and treatment of victims of violence, and benefited from visiting some of the strong programs in other parts of Indonesia. The services being provided are more consistent and of a higher standard than the previous programs. Service uptake has also increased since the advent of the PPT program. 35 people accessed these services during the year prior to PPT and 75 during the year after.

In order to determine whether the quality of service has changed as a result of the PPT program, 15 women who received service before the PPT program was standardized and 15 who received service once the program had commenced were interviewed. A structured interview guide was used. Based on findings, it is evident that services being provided are more consistent and of a higher standard than the previous programs. The most striking difference is in the area of follow-up monitoring: there was no follow visitation reported among clients serviced through the old program compared to 67 percent serviced through the new program. Key findings are summarized in the Table 6 below.

Table 6: Percentage of women reporting affirmative answers regarding questions concerning PPT services

Questions	Before PPT	After PPT
The incident was documented by the officer in charge.	80%	93%
The victim received a medical report to be submitted to the court.	73%	100%
The purpose of the interview was explained.	7%	53%
Privacy was maintained during the interview.	100%	100%
There was follow-up monitoring of the case.	0%	67%

* 30 women surveyed in total from: Aceh Besar, Bireun, Pidie, Banda Aceh, Aceh Barat Districts.

A more recent initiative to encourage the growth of child protective systems has formed with the development of the government's Puspelkessos Strategy. When formalizing the exit strategy for UNICEF-supported child centers, the concept of community-based child centers was developed. These centers would serve as integrated social welfare centers at the sub-district levels. While currently only a pilot project being implemented in 10 sites, the Puspelkessos strategy is unique to NAD and could provide a viable community-based approach to providing integrated social welfare services throughout Indonesia. However, further action should be taken to ensure that social workers at the Puspelkessos are trained to detect and refer cases of abuse to PPTs and improve the integration of services through this mechanism.

Referral mechanisms

Child protection coordination bodies are operational in most districts, sub-district level social workers are in place and being trained, and village-level committees are established in some districts in NAD. Identification of abused, neglected, and exploited children is taking place in some villages in Aceh Barat, for example. Referrals are being made to social workers and other actors. The Children Centers-future Puspelkessos, PPA, and PPT programs, especially, stress integrated service provision. These are significant accomplishments. However, fast-paced transition has resulted in insufficient attention to strengthening village-level committees and ensuring their linkage to sub-district and district level actors.

Village-level capacity building does not appear, at present, to be high on the agenda of the new Puspelkessos initiative. Government engagement with village committees and strengthening of child protection awareness, detection, and referral capacities is also limited. It is unlikely that village committees will be enhanced and village-to-service provider links maintained and strengthened without considerable reorientation of the Puspelkessos systems towards community engagement and capacity building.

4.6 Cross-cutting issues

Advocacy, policy, and coordination

The Child Protection Program was immediately involved in the advocacy, policy, and coordination efforts at both the Nanggroe Aceh Darussalam and Jakarta levels. Beginning in the first weeks after the initial disaster, UNICEF coordinated child protection meetings in Jakarta, Banda Aceh, and Meulaboh providing a communication platform for the government, non-governmental organizations, the ICRC, and other UN agencies. In the policy realm, the program initially worked closely with the Government of Indonesia to develop the “Indonesian Government policy on separated children, unaccompanied children and children left with one parent in emergency situations” issued in early February 2005. During the early response the program was active in advocating for protection of women and children within the IDP barracks. Through the Shelter Coordination Working Group, members of the child protection sector worked to ensure appropriate physical protection mechanisms were put in place during the early response period.

Members of the child protection sector also participated in the psychosocial coordination meetings in Banda Aceh. One of the outcomes of these series of meetings within the first few weeks of the crisis was a set of psychosocial guidelines for distribution among NGOs and CBOs working in the sector. The Child Protection Program coordinated with the GoI to designate a focal point for mental health and psychosocial support under the Ministry of Health. In coordination with the WHO and the Ministry of Health as lead focal points for mental health assistance, UNICEF and DINAS SOSIAL took the lead on issues of psychosocial support (UNICEF, 2008f).

During late 2005, the program worked to improve the capacity of government staff and social workers by presenting training sessions on financial monitoring, resource allocation, etc. During this period, capacity building and hand over of activities to local government agencies began in earnest. For example, in August 2005 DINAS SOSIAL took over the management of the separated children database from the Save the Children (UNICEF, 2008g).

To formalize DINAS SOSIAL’s role within child protection a Child Protection Secretariat (CPS) was established in 2006 to coordinate all child protection activities within NAD supported by a program secondment. The CPS falls under the direct responsibility and supervision of the Head of DINAS SOSIAL. It is the executive body that manages, coordinates, and monitors child protection activities of the government, local, and international organizations in NAD. Inter-agency coordination meetings in both child protection and psychosocial support continued on a monthly basis through 2008 with approximately 25-30 agencies attending the monthly meetings. The Child Protection Secretariat, rather than the international community, now leads the child protection coordination meetings. Likewise, the psychosocial assistance and mental health meeting is now led by the Provincial Office for Health. These meetings have also led to the establishment of topic-specific working groups when necessary.

During NAD’s recovery in the aftermath of the tsunami, a larger political opening was occurring. The process of provincial devolution and recovery of political stability following the signing of the 2005 Aceh Peace Agreement between the GoI and GAM contributed to the development of the 2006 Law on the Governance of Aceh. This law codified NAD’s status as a legal social unit and it was “granted with a special authority to manage and administer its local governance and social interests...”. This process led to the development of unique local laws or Qanun specific to NAD. UNICEF, DINAS SOSIAL and BPP took the lead on advocating for and developing a specific child protection Qanun. By the end of 2006, the first inter-agency meetings of child protection organizations to develop the Qanun began under Child

Protection Secretariat coordination. By 30 December 2008, the child protection Qanun was approved by Acehne Parliament (UNICEF, 2008f).

Since the tsunami, NAD has made major strides in strengthening the protective environment for children. Child protection, a once neglected sector, now commands the attention of a diverse group of government departments and operations. DINAS SOSIAL's work during the tsunami has evolved into a strong child protection section within this agency. What was once a staff of four has grown to a group of 20 employees. In addition, DINAS SOSIAL has taken the lead in promoting a child protection focus among many stakeholders.

Budget allocation for child protection programming in NAD testifies to increasing attention to this sector. The NAD budget for child protection and social welfare programs has increased by 684 percent since 2006. There is no available budget data available from 2004 and 2005. The Child Protection coordination offices under DINAS SOSIAL and KPAID (the Indonesian Child Protection Commission) have each registered budget increases of 1,130 percent and 151 percent respectively. While most agencies with child protection mandates have experienced sharp budget increases in recent years, it was noted that the line-ministry office for Women's Empowerment in NAD, which has a mandate to do child protection work, has received little increased funding. See Table 7 below.

Table 7: Child protection budgets for NAD by year

	NAD Budget for Children Protection and Social Welfare Program⁸	KPAID (Indonesian Child Protection Commission-NAD)	Secretaris Bersama -NAD (Child Protection Coordination Office under DINAS SOSIAL)	Woman Empowerment Department-NAD - budget for PPA (Children's Service Centers)
2004	No data	Not in existence	Not in existence	no data
2005	No data	Not in existence	no data	no data
2006	Rp 1,998,372,075	Not in existence	no data	no data
2007	Rp 7,960,876,000	478,000,000	30,000,000	no data
2008	Rp 12,892,419,000	1,200,000,000	186,000,000	386,000,000
2009	Rp 20,233,521,400	no data	370,000,000	400,000,000
% change	912%	151%	1,130%	3.6%

Source: As reported in interviews or from DINAS SOSIAL.

NAD's restorative justice program for children in conflict with the law has made significant progress and has become a model program looked to by other provinces. NAD's Restorative Justice Working Group, comprised of key actors from all relevant government departments, shifted national attitudes regarding this program during an influential presentation given at the national-level. After evidence of positive outcomes was shared, other provinces have given restorative justice systems more serious consideration. In addition, the evidence of the impact of trainings on child protection for law enforcers in NAD has also been a part of the advocacy for the establishment of the women and children's unit in each district in Indonesia. Training on child-friendly procedures is being incorporated into police training curricula. Recently, NAD's Restorative Justice Working Group has transformed itself into a registered NGO that monitors government progress and offers technical guidance on this issue, ensuring that the program continues to thrive and further develop.

⁸ DINAS SOSIAL Budget was obtained from files provided to UNICEF. Other budget lines were reported by the programs in interviews.

NAD's tsunami response efforts have also spurred the government to take disaster preparedness more seriously. Lessons learned from NAD have contributed to more effective responses to subsequent earthquakes, volcano eruptions, and mudslides throughout the country. Finally, DINAS SOSIAL's post-tsunami commitment to assisting vulnerable families in order to prevent child separation is considered unique and there is an emerging interest at the national and provincial-levels to apply this strategy elsewhere.

National-level policy has also been developed in response to events in NAD. In the wake of the tsunami the Government of Indonesia took a strong stand to fortify the protective environment for children. Five policies that originated at the national-level have been identified as influencing NAD's child protection environment post-tsunami.

Acting early on, through the "Indonesian Government Policy on Separated Children, Unaccompanied Children and Children Left with One Parent in Emergency Situations", the Government-supported family reunification and trafficking prevention activities in NAD. Thereafter, various government ministries collaboratively passed ordinances to create regional child protection committees and improve the formal justice system for children. The Aceh Governance Law (LoGa 2007) and Child Protection interagency efforts have recently culminated in the provincial child protection qanun, codified in January 2009. While provincial legislation now exists, implementing regulations such as action plans are still necessary to ensure budgetary allocation and that standardized procedures and mechanisms are being used to adopt this legislation at the provincial and district-levels. The Provincial Body of Women's Empowerment and Child Protection has been charged with ensuring that all twenty-three districts in NAD adopt and implement the qanun. Through the provision of technical assistance to the Provincial Body of Women's Empowerment in its target districts, minimum standards for the qanun's implementation, and an analysis of associated district costs may be developed. These tools can serve as a model to other districts as they adopt action plans for this law's adoption and implementation.

Table 8: National policies that have influenced the child protection response in NAD

No.	Initiatives	Output
1	“Priority on Family Reunification and Family-based Care for Earthquake and Tsunami-caused Separated Children”	FTR System
2	“SKB 3 Menteri”: A joint MOU between the Ministry of Health, National Police Department and the Ministry of Law & Human Rights that calls for the establishment of child protection centers in every district.	PPA (children in conflict with the law program, whether as suspects, victims or witnesses)
		PPT (child and women victims of abuse, exploitation and trafficking program)
3	“UU Pengadilan Anak”/Juvenile Court Law: An Ordinance for Child Jurisdiction issued by the Ministry of Law and Human Rights. Called for child-specific formal justice procedures in each municipality.	4 trained Children’s judges in NAD (previous, 1)
		Children’s investigators
		Children’s policepersons
		Children’s attorneys
4	“RUU Peradilan Anak” The government of Indonesia initiated the revision of the Juvenile Court Law into a more comprehensive Juvenile Justice Law. The current draft indicates that children in conflict with the law should be dealt with through diversion and community-based dispute resolution mechanisms. In NAD, the traditional “Pseujeuk” system has been identified as one example of that community-based mechanism.	More children diverted from the formal legal system. Child cases are handled by a traditional system led by elders and other prominent community members.
5	CP National Law: “UU 23/2002”: Ordinance no 23/2002 issued by the Ministry of Women’s Empowerment	Creation of the Indonesian Commission for Child Protection (Komisi Perlindungan Anak Indonesia Daerah/KPAID) of NAD
6	National Anti-Trafficking Law 2007	Implementation of the PPT program
7	Law on the Elimination of Domestic Violence RS POLRI/BHANYANGKARA	Implementation of the PPT program
8	“Program Keluarga Harapan”: The Ministry of Social Welfare called for the Hope Aimed at Families Program to be implemented in each municipality.	Programs for children needing special protection
		Emphasis on child participation
		Child special talent training (dance, singing, vocational training etc).

Reaching the most vulnerable

Children’s Centers—and safe space programs—were developed in displaced persons camps throughout NAD. This basic psychosocial response was the most direct—and rapid—of the three early response work strands. NGO partners consulted and involved community leaders from the onset, and also worked to engage other community members in these efforts as well. Over time, Child Center staff reached out to displaced communities to sensitize them on child protection issues and work to raise awareness of child care practices and exploitation and abuse. Community mobilization in these vulnerable communities was challenging, in part because of the ramifications of a decades long conflict that was still ongoing when the tsunami struck.

Community outreach efforts proved to be effective. A 2007 evaluation found that the 19 UNICEF-supported children centers reached more tsunami-affected, underprivileged, and displaced children than the comparison programs. Evaluation results also found that children benefited from the basic psychosocial program (see section 4.4 above).

In 2008, there is visible disparity between child protection systems progress in tsunami-affected and conflict-affected districts in NAD. Most funds were earmarked for tsunami-affected districts and reaching the most vulnerable children in conflict-affected districts has not taken place.

Gender

Gender mainstreaming is a key UNICEF commitment and a female gender perspective was evident in all phases of UNICEF's Child Protection Program. It does not appear, however, that gender disparities, inequities, and abuses of power were systematically addressed through broader UNICEF efforts or sector programs. Addressing these inequities would de facto enhance the protection and welfare of children.

Integration of male gender issues into the child protection strategy, in contrast, was not sufficiently evident. While programs addressed the victims of violence (mainly females), for example, they rarely addressed the primary perpetrators of violence (mainly males). Awareness raising, counseling, and men-to-men programs on male violence were not part of a strategy to address violence at its root.

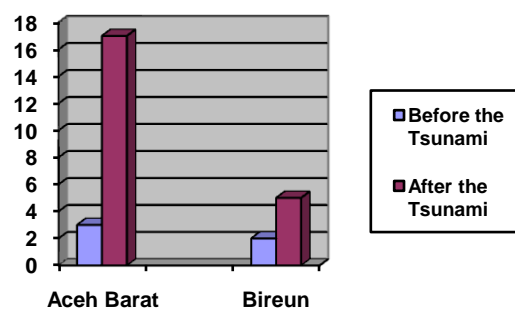
Conflict

Throughout 2005, it was debated at all levels of the United Nations whether the international community should provide assistance only to tsunami-affected populations or also to conflict-affected populations. While the challenges to reach consensus were enormous, the general consensus now amongst the Child Protection Program actors in NAD is that more should have been done to argue for inclusion of conflict-affected districts. Even several years after the tsunami, when operational agencies requested no-cost extension of funds from donors, more rigorous efforts to expand the use of these funds to conflict-affected districts could have been undertaken. A formal evaluation of the UNICEF child protection programme in 2008 came to the conclusion that "a more robust set of initiatives aimed at creating a culture of peace and peaceful conflict resolution need to be urgently identified and implemented, particularly aiming at the youth population" (UNICEF i, 2008.)

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

The adjacent figure depicts the number of organizations engaged in child protection work before and after the tsunami in two districts. Aceh Barat district was heavily tsunami-affected and thus had a significant UNICEF and international NGO presence whereas Bireun was more modestly affected and did not. Bireun was also more directly affected by conflict pre-tsunami. It is evident that Aceh Barat district has experienced a surge in the number of government and non-governmental organizations participating in child welfare and protection activities. The number of actors in Aceh Barat has increased by 466 percent since 2005 compared to a 150 percent increase in Bireun.

Figure 10: Number of CP actors before and after the tsunami



Emergency, recovery, and early development linkages

A key finding is that early response programs served as rudimentary building blocks in what is now a significantly enhanced child protection system in tsunami-affected districts of NAD. The progress of

protection programming built upon (and did not undermine) existing informal protective structures (such as cultural or social resources for protection). Putting clear parameters around emergency response objectives—and building upon these objectives with child, family welfare, and legal systems in mind—were two key sequential steps in keeping a clear focus and achievable goals as the child protection sector progressed through emergency-to-early recovery-to-re-development phases.

Child protection systems capacity development

To what extent did the Child Protection Program’s response to the tsunami contribute to protective systems capacity building over time? In order to answer this question, the evaluation employed UNICEF’s Protective Environment Framework to assess the January 2009 status of the child protective environment in NAD. Feedback from approximately 20 government policymakers, government implementers, NGOs, and social workers was solicited in each of three districts: Banda Aceh, Aceh Barat and Bireun. It is noted that Banda Aceh and Aceh Barat districts received considerably more Child Protection Program assistance than Bireun. Stakeholders were asked to assign high, medium, or low scores for each indicator. See results in Table 9 below.

Table 9: Stakeholders scores regarding the child protection environment in 3 districts in NAD

Framework Element	Banda Aceh			Aceh Barat			Bireun		
	GOVT	NGO	Social Worker	GOVT	NGO	Social Worker	GOVT	NGO	Social worker
Monitoring & Reporting			v						
	v			V	v	v	v		
Govt Commitment to Fulfilling Protection Rights		v						V	V
	v	v	v	v	v		v		
Protective Legislation & Enforcement						v			
	v	v	v	v	v	v	v	v	V
Attitudes, Traditions, Customs, Behaviors & Practices									
	v	v	v	v	v	v		v	V
Open Discussion, Child Participation, Media Attention & Community Commitment to Child Protection					v				
	v	v	v	v		v			
Children's Life skills, Knowledge & Participation									
	v	v	v	v	v	v	v	v	V
Capacity to Protect Among Those Around Children									
	v	v	v	v	v	v	v	v	V
Child Victims of Abuse, Exploitation and Trafficking Receive Good Service									
	v	v	v	v	v	v	v	v	V
key:	high	medium	low						

In general, all stakeholder groups in Banda Aceh and Aceh Barat assigned medium scores for most indicators. Given that formal child protection activities were virtually non-existent prior to the tsunami, these medium ratings suggests that protective systems developments have made impressive progress—and that there is room for continued improvement. It was noted that NGOs also work well together in these districts, creating linkages and making referrals. In Bireun indicators were by and large given low scores by all stakeholder groups. Tsunami funding and NGO activity in Bireun was significant lower than funding and activity in Banda Aceh and Aceh Barat.

4.7 UNICEF Contribution

By many accounts UNICEF had a limited presence in NAD prior to the tsunami and got off to a slow start in the early emergency phase. By March 2005, UNICEF began to ramp-up its staff in the area and by June, it had begun to play a significant role. Initially, it collaborated closely with the Save the Children Federation on family tracing and reunification for separated and unaccompanied children. It chaired the Child Protection and Psychosocial Inter-Agency Working Groups and played an active advocacy and advisory role at the national-level on issues relevant to the prevention of child abuse, exploitation, and trafficking.

Though a rapid assessment and subsequent assessments were conducted, findings were not well grounded in the local socio-cultural context. As a result, much more was learned through on-going assessment of children's protection and well-being needs while implementing programs. Though "learning by doing" eventually allowed the program to respond to children's evolving needs, the immediate response was not adequately tailored to the NAD environment. Formal assessments also did not utilize population-based methodologies capable of yielding prevalence data on key child protection concerns, nor ethnographic approaches that focus on local definitions of child protection and well-being. One of the negative results of the absence of a rigorous situational analysis may have been the lack of adequate attention to pre-existing child care practices that lead to a large number of secondary child-family separations in favor of institutional care arrangements. A lack of nuanced assessments also led to a generic approach to the safe space programs sponsored. Initially, these programs had limited reach and problematic incentives that undermined community ownership.

Despite shortcomings, UNICEF early response activities—placing policewomen in front of barracks; organizing safe play areas for children; supporting family tracing and reunification (FTR), and advocacy and coordination functions—enabled valuable protection and assistance to be delivered. By building upon a limited number of activities in three key work strands, UNICEF was able to create an evolving "building back better" protection systems approach that is still progressing in NAD and showing great progress. A broader response may not have yielded a similarly strong systems environment.

During the recovery and early development phases, UNICEF played a leading role in raising the profile of child protection, building the government's capacity, training service providers in technical aspects of programs, and contributing to systems development over time. The Head of Social Rehabilitation at DINAS SOSIAL in NAD credited UNICEF with helping to build DINAS SOSIAL-NAD's capacity and systems. Before 2005, it only had four staff in the Child Protection Division; now it has 20. The Head of the PPT-NAD said that UNICEF helped develop a strong coordination system between key governmental agencies working on child protection. As a result, staff from different agencies worked very closely on child protection cases. Several government informants also indicated that UNICEF raised awareness of child protection and child rights within the government through trainings. Consequently, policy related to child protection has proliferated. A judge with the NAD court also reported that she had benefited from UNICEF trainings on these issues. She lamented that before the training she had sentenced a child to a six-year term but now realizes that it was a grave mistake and has changed her methods. She said, sadly, that if judges are not aware of child rights, they will punish them as adults.

Due to UNICEF's support over the past four years, child protection systems have begun to evolve and key actors have prioritized funds for child protection programs. According to the Head of DINAS SOSIAL for NAD, external funding from UNICEF is no longer necessary. However, continued technical advising to

help nurture and more fully develop nascent programs and coordination mechanisms is needed. He saw an important role for UNICEF in this regard over the next two-to-three years, until social workers in-training graduate from the university and can provide skills and leadership to child protection programming in NAD.

While stakeholders in UNICEF-supported areas were consistently positive about UNICEF's contribution, at least one government stakeholder from the Department of Women's Empowerment in Bireun noted that this district has been somewhat overlooked and would greatly benefit from UNICEF support. It should be noted that the Department of Women's Empowerment is not as operational as DINAS SOSIAL. Despite a child protection mandate its role in this area is ambiguous and not well funded.

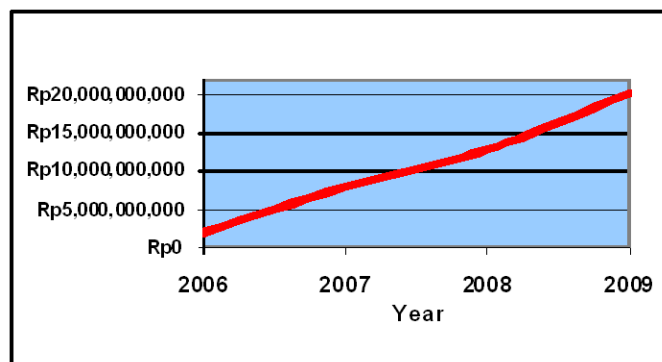
4.8 Sustainability

In order to gauge the extent to which the child protection program launched after the tsunami is likely to be sustained in the long term, the evaluation examined government commitment to four key areas of child protection concern: funding, policy development, NGO partnerships and human resource development.

Decentralization and oil revenue sharing has enabled NAD budget increases for child protection and social welfare concerns over the past four years.

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

Figure 11: NAD Child Welfare & Protection Budget 2006-2009



Source: Government of Indonesia data, 2006-2009.

In addition to increased financial commitments, the government is also partnering with NGOs in order to deliver social protection services. The Puspelkessos Initiative works in this manner: NGOs implement social service programs through the Puspelkessos with financial support from the government. Notably social service staff positions were once voluntary but since 2006 the government has been progressively employing 240 newly trained social workers to facilitate this and other social welfare initiatives. The Indonesian Child Protection Commission in NAD (KPAID) similarly receives joint support from the government and NGOs.

Since 2005, there also has been a dramatic increase in both national, provincial and district-level policy and coordinating mechanisms. These policy and compliance improvements are further evidence to the government's commitment to child protection in NAD.

Importantly, NAD is also supporting human resource development through a new university-based social work training program that has been developed in partnership with McGill University in Canada. More

than 60 students began their studies in July 2008—with an eye towards graduation in 2011. The addition of this new university venture is a key to ensuring a steady stream of competent social workers for the years to come.

4.9 Summary of the main evaluation findings

Evaluation findings provide ample evidence to suggest that rudimentary emergency responses have evolved into substantial protective systems for children in tsunami-affected areas of NAD. International agencies' support for children's centers—and tracing and reunification and safe space programs—helped to pave the way for new child care and placement policies and practices, including a shift in governmental policy away from sole support for orphanages as a child care option in favor of substantial support for vulnerable families in order to prevent child-family separations. New government-civil society partnerships and integrated social service centers have emerged through positive interactions with international actors. There is an emerging professional social service staff and a new university-based school of social work program to support human resource development in NAD.

Basic steps taken in the aftermath of the tsunami to prevent exploitation and abuse were especially fruitful as they not only provided immediate protection but also have evolved into a much needed justice program. During the emergency phase, police helped to protect children by patrolling at exit points (airports, ports) and in crowded living areas such as camps. Subsequent interaction between child protection actors and police created new entry points to strengthen the juvenile justice system in NAD, including the establishment of women and children's police units in all district police offices. A small group of committed local officers emerged jointly with other key law enforcers and together with UNICEF and NGO staff formed the diversion and restorative justice program's "working group" to support this stellar program exemplar. NAD now has one of the most innovative restorative justice programs in Indonesia. A recent sharing of lessons learned in Jakarta by members of the working group also has helped to raise awareness and promote interest in similar efforts in other provinces.

At the same time, a number of questionable practices were evident in this evaluation. The tendency to only assess the impact of the tsunami crisis on children and their immediate environment was apparent. Good practice suggests that an assessment of potential protective mechanisms should not only focus on risks and vulnerabilities that result from the given crisis, but also take into account wider concerns that interact with crisis-related risks. Primary among these are social and economic conditions that risk the commoditization of children as economic units at a young age, lead to extreme gender division and inequity, and shape childhood and adolescence in other harsh and exploitative ways. These methodological limitations are readily evident most in the limited scope of the formal tracing and reunification program and response to secondary child-family separation.

This evaluation found that the traditional "separated, unaccompanied, and orphaned" categorization employed globally was not a helpful guide to vulnerability in NAD. Many separated or orphaned children were spontaneously fostered by extended family, and factors other than separation, such as income, shelter and security, were also important in children's exposure to protection risks. Another missed opportunity is that the Child Protection Program did not sufficiently link itself with the Government Office for Religious Affairs. Given that the Islamic religion is the predominant characteristic of Acehese society, besides partnering with a strong religious local organization such as Muhammadiyah, a reliable connection with the relevant authorities would have further facilitated child protection programming.

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

5. THE WAY FORWARD: LESSONS AND RECOMMENDATIONS

The following section highlights broader lessons learned as they relate to child protection systems building work in NAD following the 2004 tsunami.

5.1 Lessons and conclusions

Setting a higher standard

A longstanding question in the field of child protection has been whether or not it is possible to ensure rapid responses to discrete groups of vulnerable children in major emergencies—and at the same time—leverage commitments, capacities, and actions required to strengthen a protective environment for all children in the long run. The Child Protection Program in NAD has helped to answer this question in the affirmative: it is possible to address the needs of vulnerable groups of children in ways that also jump-start a protection and welfare systems for all children. In so doing, the NAD Child Protection Program has also contributed to setting higher global standards for what distinguishes a stellar child protection emergency program from a merely adequate one.

External factors contributed to this good child protection practice exemplar. Principal amongst these factors is the cessation of armed conflict which enabled early recovery and re-development activities to take place in a meaningful manner. Without peace, it is much more difficult to get child protection systems development back on track. Generous financial contributions from the international community were a second key factor. This generosity enabled forward thinking amongst child protection actors long before this is “normally” the case. And, at the same time, government reform and revenue sharing has helped fortify and promises to sustain these impressive child protection systems gains. Short of this government commitment, the likelihood of child protection systems atrophying, instead of progressing, would be higher. Within this favorable policy environment, the Child Protection Program in NAD has made remarkable progress.

Continued obstacles

At the same time, some of the familiar constraints that have hampered other child protection programs were also present in NAD. Emergency donations were often earmarked and inflexibly tied to donor priorities rather than to protective environment realities. This constraint worked against a robust response to children in conflict-affected areas, a neglected area of human rights equity that continues to this day. The short term nature of funding also had to be surmounted to promote a protective environment for children over the longer term. It takes years to develop an earnest child protection system—a reality that donors and policy makers will need to take into account if protective systems are to emerge from humanitarian crises in the future.

While emergency situations are never the same and different types of emergencies present different challenges and opportunities, the identification of the following lessons learned from the tsunami Child Protection Program in NAD may help to inform future efforts.

Balancing emergency response and systems building

First, a word of caution is in order. In sudden significant onset emergencies like the tsunami, the initial stages of the response are likely to be very fast moving, with considerable emphasis on meeting the immediate child protection needs. It is important to keep the emergency response focused on relevant and achievable objectives and not unduly prioritize systems building before pressing child protection needs are addressed. If the child protection emergency program is under-funded or if human resources or agency resources are limited, there is a risk that a systems approach to vulnerability, as opposed to a focus on separated or displaced children or other vulnerable groups, may lead to identification of a larger

caseload of 'vulnerable children', for whom there is then no adequate response. A focus on structural, generalized concerns might be at the expense of focus and progress within a defined area of work.

With this caution in mind, the tsunami experience suggests that child protection actors may be able to promote rudimentary elements of a child protective system by ensuring that ongoing service provision builds on approaches and elements already in place or under developed. It does not have to either undermine existing informal protective structures (such as cultural or social resources for protection) or jeopardize chances of eventually building a formal child protection system. The dual objectives of responding to immediate needs and system-building can be seen as two work strands which are complementary, and where work on the second system-building objective can be seen as an incremental process running simultaneously to emergency assistance provision. A significant challenge is to navigate the balance in investment between these two work strands, so that attention to the immediate and pressing protection needs of especially vulnerable children is not diminished. In NAD, putting clear parameters around emergency response objectives—and building upon these objectives with child, family welfare, and legal systems in mind—were two key sequential steps in keeping a clear focus and achievable goals as the child protection sector progressed through emergency-to-early recovery-to-redevelopment phases.

Capacity building

Capacity building became more essential as child protection agencies reoriented themselves towards child protection systems. During this transition, the need to push for systemic level changes and policy development in a concerted way and, at the same time, work on changing traditional attitudes and practices that were not supportive or even harmful to children became increasingly apparent. Capacity building of the people and institutions who play key roles in a protective environment for children, including parents, community and social workers, policy makers and government officials, is essential to systems building but represented an under-developed area of child protection in emergencies.

Protective environment systems

Protective systems for children are national in scope and thus require active government involvement, ownership and responsibility. In NAD, protective systems are composed of essential elements, processes and activities at the levels of the child, family, and community on the one hand, and sub-district and provincial actors, on the other. Building linkages between the different levels of the protective environment is a key objective. It is also important to note that while external agencies may enhance the development of a protective environment through projects aimed at one or more elements of this system, they cannot, as short term actors, build a protective environment system by themselves.

Building or strengthening a protective environment system is a long term venture. It cannot be achieved in a matter of one or two years. The short term nature of emergency funding is normally a major obstacle to emergency-to-early recovery-to re-development transitions—which in the tsunami context—was overcome to a large extent by the long term engagement of child protection agencies during and following the emergency phase. A lesson learned here is that an effective protection environment building program must be a shared priority between emergency and development actors, including the government, UN, NGO and donor communities, and dialogue on transitions to a national development track needs to take place during the emergency phase.

5.2 Recommendations

This final section offers a select number of recommendations for follow-up by different actors, including the Government of Indonesia, UNICEF in Indonesia, and UNICEF globally.

To the Government of Indonesia and Partners

Ensure that all components of the child protective systems continue to develop

Provincial and national government actors should take pride in the notable progress achieved towards the creation of a protective environment for children in NAD. A further step towards professionalization of this field of practice would be to promote effective regulation and oversight to ensure standards are upheld at all levels and across all sectors. Currently, DINAS SOSIAL may be the only agency with the means, authority and responsibility to ensure the overall working of the child protective system. Key areas of systems development oversight include:

- Legal and policy framework
- Effective regulation and oversight
- Preventative and remedial services
- Coordination
- Knowledge and data collection
- Human resource development
- Children's participation
- Public awareness and support
- Adequate funding within and across relevant actors

Strengthen public-civil society partnerships: DINAS SOSIAL should ensure that the Puspelkessos initiative (public and civil society partnership) concept becomes fully operational. In order for this to occur, Puspelkessos must establish standard operation procedures including formal plans that outline how they will engage communities. Sub district level social workers (employed by the government) are critical to this process. Community engagement and referral mechanisms should be prioritized and sufficiently funded in order for Puspelkessos to reach their full potential and not remain center-based.

Strengthen and extend the PPT and PPA programs: Continued support and expansion of the PPT program is clearly warranted. It is important to consult with national standards in this field and determine how the current program can include important health components. Specifically, all health workers based in Puskesmas need to be trained and supported to identify and refer victims of violence, abuse and neglect during clinical intakes and health screenings. The inclusion of health clinics and health workers in efforts to combat domestic violence and abuse would be an important addition to this emerging good practice exemplar. And, last but not least, is the importance of properly linking to not only health workers, but to the rest of service providers (social workers, teachers and police officers) as well.

The same is true for the PPA program. Lessons learned from the Banda Aceh and Aceh Barat programs could usefully be shared with actors in other districts. Successful rollout appears to be tied to active technical assistance—and government actors and UNICEF should ensure this critical function takes place. In this regards, the Working Group on Restorative Justice should be supported to engage in this important process, especially at the district and sub-district levels. The roll-out program should both strengthen existing programs and also build a continuum of prevention and responsive services, including early intervention, child protective services, and family based alternative care for child victims of violence and children in conflict with the law.

Translate the provincial Child Protection Qanun into a plan of action

Significant progress has been achieved in the promotion of a legal and policy framework, including most recently the adoption of the 2009 Child Protection Qanun. In order to ensure that this important provincial

legislation becomes fully operational, the government needs to ensure that the Child Protection Qanun is translated into action plans with appropriate district level budgets. High level technical support for this critical process is a key requirement, along with civil society involvement as well.

Initiate universal birth registration procedures

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

Improve child protection data collection, analysis and dissemination

Currently, NAD does not possess a data collection system capable of providing accurate and timely information on key child protection and social welfare concerns—including the magnitude of these problems (based on geographic spread, different societal groups, isolated/at risk communities and groups as well as gender and age disaggregation), causality analysis and pattern, and impact of programs and interventions. The lack of timely and accurate data undermines efforts to effectively target child protection funding and assistance; keep abreast of child rights trends; promote informed advocacy; and, establish evidence regarding successful interventions. Strengthening the quality and coordination of data collection and dissemination is an important means of bolstering a protective environment for children in NAD.

A minimal standard should be the establishment of a child protection monitoring and reporting system capable of capturing short-term changes and long-term trends. Key operational challenges to developing such a system include how to:

- Capture the breath of information required
- Ensure proper trend analyses
- Feed back effectively what has been captured for both program and policy action purposes
- Ensure coverage within community and beyond sub-district levels
- Determine the appropriate use of technology
- Appropriately train and deploy personnel
- Ensure confidentiality and minimize possible risks to victims
- Determine the roles of government, civil society and other responsible parties

A first step towards the development of a comprehensive child protection information system would be to obtain a clear understanding of the current child protection information system in NAD. It may therefore be useful to engage a competent agency to undertake a comprehensive exercise of mapping and analysis of the existing information system, including the availability, analysis and use of key child protection and social welfare data. This effort could be usefully tied to national efforts to improve and strengthen child protection information systems throughout the country.

To UNICEF-Indonesia and Partners

Upgrade child protection capacity in NAD in order to continue to provide the NAD government with critically needed technical support for the next three years

Few protective programs were in place prior to the tsunami and awareness of child rights was low among government agencies and local organizations. UNICEF raised the profile of child protection by successfully advising the government, providing technical support and funding programs. Due to significant strides made in this sector over the past four years, systems have emerged and continue to evolve. The government has taken ownership of these programs, as is evident by its strengthened coordinating structures, new policy developments, and increasing budget allocation for child protection activities. UNICEF no longer needs to play a major funding role in NAD. Nonetheless, while capacity in the child protection sector is improving, it is still nascent and vulnerable to set backs.

UNICEF should strongly reconsider its extensive downsizing of the protection sector in NAD. The current staffing levels (and staffing numbers) are inadequate to meet technical assistance requested by the Head of DINAS SOSIAL to continue professionalization of this key child protection actor, and the critical tasks of translating the Qanun into pragmatic action plans, budgets and standard operational procedures. UNICEF should maintain strong support for the protection sector in NAD for the next three years—when the current cohort of social workers are scheduled to graduate from the new university studies program. Anything short of this increased support runs the risk of undermining important achievements to date, while also missing important new opportunities to promote a protective environment for children. A new senior protection officer position and one-to-two support staff are required.

UNICEF and Save the Children both seconded staff members to the Provincial Office for Social Welfare on a full time basis with positive results. In addition to enhancing its own internal child protection competence in NAD, this secondment arrangement should be considered for the next several years as well. While UNICEF can train government staff, a full-time secondment would also help to convert new ideas to action in day to day implementation and policy making. A strong relationship between the Government and UNICEF now exists resulting from the trust built over several years time. A full-time presence would also serve to continue this trust, while supporting the Government's strategic targeting of its resources and assistance. Short of enhanced support, unprecedented opportunities to promote a protective environment for children in NAD may be missed.

Ensure the protection sector is included in future program planning and policy development activities

The 2007 UNICEF evaluation that led to recommendations to downsize all sectors in NAD failed to carefully consider the key protection achievements or to consult with key government protection actors. Had it done so, it may have realized that the protection sector has achieved something quite unique in the annals of disaster response to systems development—and that a scalpel rather than a hatchet approach to “downsizing” would have been more appropriate. To avoid misjudgments in the future, it is recommended that the protection unit be fully engaged in subsequent decision-making activities, and that senior protection officers be included in subsequent “all sector” assessment and evaluations.

Promote a systems-building approach to emergency preparedness nationally

There is considerable evidence to suggest that countries with well established child protective systems are better able to respond to the stressors that accompany sudden onset emergencies, such as earthquakes, floods, and volcanic eruptions, and UNICEF Jakarta is well positioned to champion disaster preparedness through the lens of child protective systems development. Ongoing development work on child protective systems, prior to a crisis but with specific emergency provisions, may be especially important in the Indonesia context. Use of lessons learned in NAD would be most helpful. Another key would be to encourage relevant agencies and their staff to put less emphasis on national emergency response mechanisms for use in exceptional circumstances, and more emphasis on building solid policy and practices at all levels, so that the overall national systems are better able to respond to episodic disasters.

To UNICEF - Global and Partners

Promote child protection systems as a key concept in the humanitarian sector

The attainment of sustainable systems and solutions is often an explicit goal in development contexts; hence the child protection systems approach has gained momentum amongst development agencies and practitioners over the past several years. However, thinking and guidance on how emergency responses could usefully seek to build or strengthen child protection systems has yet to be developed. The tsunami responses in both Indonesia and Sri Lanka thus offer important insights into how rudimentary emergency response activities evolved into substantial protective systems over a relatively brief period of time. These experiences help dispel a prevailing belief that emergency actors must choose to either promote discrete projects for vulnerable groups of children—or to promote systems development—because both are not possible. The protection work in both of these tsunami-affected countries offer important operational guidance on how early government action to prevent exploitation and abuse evolve into large scale policy reform and public awareness campaigns; how safe space activities evolve into community surveillance mechanisms; how work on separated and unaccompanied children evolve into integrated social service programs; and, how early engagement with police evolve into child friendly legal and restorative justice reform programs. By entering the protective paradigm through the narrow focus on an emergency response it appears to be possible to jump start protective systems advances. UNICEF could usefully study these lessons critically and increase its global commitment to building or strengthening child protection systems in emergencies.

Commitment to child protection systems building will require revisiting emergency policies and practices

Increased commitment to strengthening child protection systems in emergencies will be accompanied by the need to rethink emergency response policy and practices, including how UNICEF and other child protection agencies:

- Understand core commitments to child protection in emergencies
- Design and implement emergency assessments
- Plan and implement emergency programs
- Anticipate required funding from amount and duration perspectives
- Use advocacy in humanitarian emergencies
- Train and orient emergency staff
- Approach early recovery and re-development work
- Approach child protection research and evaluations

Promote a skills based capacity building initiative for child protection actors

New descriptive epidemiology methodologies are now being employed to establish prevalence rates on key child protection concerns, including separated children, exploitation and abuse, children associated with fighting forces, amongst other concerns. Prevalence data is critical for understanding the scope of a given problem and to guide appropriate programming and funding levels. Ethnographic methodologies have also been developed to engage affected populations in identifying what risk and resilience means in a given culture and a given crisis. The dangers and opportunities afforded to Acehese children in aftermath of the tsunami, for instance, are different than those afforded Palestinian children in the Occupied Territories of Palestine or Sri Lankan children in conflict-affected communities. Understanding local definitions of risk, resilience and childhood is thus an important antidote to a one-size-fits-all approach to core commitment applications. UNICEF could usefully engage with competent methodologists to promote a skills-based initiative for child protection officers and staff. Emergency standby roster workshops could be arranged; regional learning initiatives promoted, and distance training packages developed to ensure the critical skills are promoted in a timely and relevant manner.

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7. ANNEXES

7.1 Annex 1: OECD/DAC criteria and questions/issues

UNICEF Global Evaluation Criteria as it Pertains to Child Protection	Specific Questions and Issues to be Addressed
<p>Relevance – The extent to which the Child Protection Program is suited to the priorities and policies, recipient and donor.</p>	<p>Were global core commitments to child protection in emergencies relevant to the tsunami and Indonesian contexts? Where there other concerns that were not adequately addressed through these standards? Were assessments and response tailored to the tsunami disaster and local Aceh context?</p>
<p>Effectiveness- The measure of the extent to which the Child Protection Program attained its objectives.</p>	<p>Did early responses address vulnerable groups and also build back better objectives? Did protection responses build on existing family, community and service providers’ capacities and strengths?</p>
<p>Efficiency- The measure of the outputs-qualitative and quantitative-in relation to the inputs.</p>	<p>How rapid and how comprehensive was inter-agency response to psychosocial concerns? How effective is the new service delivery model (FCSC) compared to the “old” model of service delivery?</p>
<p>Impact- The positive and negative changes produced by a development intervention, directly or indirectly, intended or unintended.</p>	<p>How did the child protection program influence government policy and program development over time? Where child protection systems built? Were positive child outcomes achieved?</p>
<p>Sustainability- Measuring if the benefits of an activity are likely to continue after donor funding has been withdrawn.</p>	<p>What is the government’s policy, financial and human resource development commitments to child protection?</p>

7.2 Annex 2: Evaluation tools

Child Well-being Questionnaires

Boys 6-12	
1	Do you have good friends?
2	Do you participate in after school activities?
3	Do you do your homework?
4	Do you read the Koran?
5	Do you listen to your parents/caregivers' advice?
6	Do you fight with other children?
7	Are you hopeful for the future?
8	Do you feel uncomfortable in a group of people?
9	Do you take pride in your appearance?

Boys 13-17	
1	Do you listen to your parents/caregivers' advice?
2	Do you have good friends?
3	Do you participate in after school activities?
4	Do you study most days after school?
5	Do you think you are stubborn?
6	Do you feel uncomfortable in a group of people?
7	Do you go out at night?
8	Do you read the Koran?
9	Do you like to go to school?

Girls 6-12	
1	Do you study most days after school?
2	Do you spend time with your friends?
3	Do you listen to your parents/caregivers' advice?
4	Do you participate in after school activities?
5	Do you eat healthy foods most of the time?
6	Do you feel uncomfortable in a group of people?
7	When you are feeling sad or upset, do you tell someone about your
8	Do you find school difficult?
9	Do you have someone to support you financially?

Girls 13-17	
1	Do you study most days after school?
2	Do you have close friends?
3	Do you eat healthy foods most of the time?
4	Do you participate in after school activities?
5	Do you feel uncomfortable in a group of people?
6	Do you listen to your parents/caregivers' advice?

7	Do you find school difficult?
8	Do you go out at night?
9	Do you take pride in your appearance?

Implementation Checklists

Tool III-3B

Children in Conflict with the Law – PPA services		
1	Did the police treat the victim properly?	1. Yes 2. No
2	During the interview, was the victim accompanied by a family member, friend, mentor or lawyer?	1. Yes 2. No
3	Was the victim placed in the special room?	1. Yes 2. No
4	During the interview process, was the CCL given the opportunity to express	1. Yes 2. No
5	During the investigation process, the needs of the victims related to counseling, law advocacy, safe home, were properly fulfilled?	1. Yes 2. No
6	Was the victim's information kept confidential?	1. Yes 2. No
7	After the investigation process, did the victim sent home, refer to, or detained?	1. Sent Home 2. Referral 3. Detained
8	During the process, were there any meals or beverages provided?	1. Yes 2. No
9	Was the CCL's case handled by policewomen?	1. Yes 2. No
10	During the process, did the CCL have to leave school?	1. Yes 2. No
11	Did the police coordinate with or involve other stakeholders when handling	1. Yes 2. No
12	Is there any advantage for the CCL from Unicef Child Protection program	1. Yes 2. No

Tool III 5B

PPT Services		
1	Did the victim/family come by themselves to the PPT?	1. Yes 2. No
2	Did the victim come to the PPT because of a recommendation by the LBH, social workers, or police?	1. Yes 2. No
3	Did the PPT officer record the victim's ID and the ID of any person assisting them?	1. Yes 2. No
4	Did the officer in charge of PPT write up a report with details of the accident?	1. Yes 2. No
5	Did the officer in charge check the health of and note health conditions of	1. Yes 2. No
6	Was there any coordination with the hospital if the victim was	1. Yes

	unconsciousness or had an open wound?	2. No
7	Did the PPA office write up a report if the victim suffered from the condition mentioned on point 6?	1. Yes 2. No
8	Did the victim receive inpatient treatment if treatment was required?	1. Yes 2. No
9	Was the victim's privacy kept during the treatment period?	1. Yes 2. No
10	Was the victim accompanied by family, mentors or advisors during the interview process?	1. Yes 2. No
11	Did the investigation process keep going while the victim sought treatment?	1. Yes 2. No
12	Did the victim receive a report on medical conditions for submission in court?	1. Yes 2. No
13	Before the interview conducted, did the officer explain the objective, principle and procedure of the investigation?	1. Yes 2. No
14	During the interview process, was privacy and confidentiality properly kept?	1. Yes 2. No
15	Did the victim and family receive a progress report on the case from the PPA staff?	1. Yes 2. No
16	During the investigation and treatment period, did the victim and family receive progress report on the case?	1. Yes 2. No
17	During this process, did the victim and family receive progress reports on	1. Yes 2. No
18	Did an officer from PPT or others conduct monitoring after the victim was	1. Yes 2. No
19	Did the victim receive rehabilitation and social reintegration services?	1. Yes 2. No

PROTECTIVE ENVIRONMENT INDICATORS CHECKLIST						
Respondents were asked to rank the following pieces of a child's protective environment on a scale of 1-5 with 1 being very poor to 5 being very good.						
<i>I. Monitoring</i>						
1	How would you describe the government's ability in monitoring and reporting?	1	2	3	4	5
2	How would you describe the inter agency activities in supporting monitoring and reporting?	1	2	3	4	5
3	How would you describe the coordination between government institutions and non government	1	2	3	4	5
4	How would you describe the tendencies of the government in terms of making changes in the monitoring system	1	2	3	4	5
5	How would you describe the effectiveness of the monitoring system?	1	2	3	4	5
<i>II. Governmental commitment to fulfilling protection rights</i>						
1	How would you describe the government's commitment to	1	2	3	4	5
	in the Child's Right Convention?					

2	How would you describe the implementation of Child's Right Convention within the child protection programs implemented by government?	1	2	3	4	5
III. Protective legislation and enforcement						
1	How would you describe the norms within community in	1	2	3	4	5
2	How would you describe the functioning of the existing	1	2	3	4	5
3	How would you describe the application of physical detention for child protection perpetrators?	1	2	3	4	5
4	How would you describe the law's protection of child's rights to physical, mental and social welfare?	1	2	3	4	5
5	How would you describe the level of understanding of government officers on child protection issues?	1	2	3	4	5
6	How would you describe the mechanisms in recording all	1	2	3	4	5
IV. Services for recovery and reintegration						
1	How would you describe the tradition, culture and behavior of the community regarding child protection principles?	1	2	3	4	5
2	How would you describe the level of social destruction against tradition, culture and behavior that is related to child protection principles?	1	2	3	4	5
3	How would you describe the community's response to child protection values?	1	2	3	4	5
4	How would you describe existing traditions as a threat for child protection?	1	2	3	4	5
V. Open discussion and engagement with child protection issues						
1	How would you describe the media's coverage of child protection issues as compared to other news?	1	2	3	4	5
2	How would you describe the possibly that threats will happen when the children use their rights to speak their	1	2	3	4	5
3	How would you describe the local context within the community that contributes to the child's right to speak their mind?	1	2	3	4	5
4	How would you describe the efforts made by local government to provide child protection with a children well being approach?	1	2	3	4	5
5	How would you describe the media coverage on the child	1	2	3	4	5
VI. Children's life skills, knowledge and participation						
1	How would you describe how well the school environment provides knowledge for the children and make them aware of their rights?	1	2	3	4	5
2	How would you describe related stakeholders involvement	1	2	3	4	5
3	How would you describe children's capacity to face external conditions that can jeopardize their rights?	1	2	3	4	5

4	How would you describe the quality of programs and activities implemented to raise the participatory children rights campaign?	1	2	3	4	5
5	How would you describe the ability of existing children	1	2	3	4	5
VII The capacity to protect among those around children						
1	How would you describe the emotional support for child	1	2	3	4	5
2	What are the chances that those who are working with children have skills in responding to children?	1	2	3	4	5
3	How does livelihoods influence the quality of child protection?	1	2	3	4	5
4	How would you describe the support from teachers in the	1	2	3	4	5
5	How would you describe the support from religious persons in improving quality of child protection?	1	2	3	4	5
6	How would you describe the impact of humanitarian aid organizations against the family abilities in	1	2	3	4	5
VIII Protective legislation and enforcement						
1	How would you describe the knowledge and service for children victims' recovery?	1	2	3	4	5
2	How would you describe the coverage of service provided for reintegration and recovery for children	1	2	3	4	5
3	How would you describe the relationship among stakeholders on children victims' recovery	1	2	3	4	5

Interview Guides

Tool I-1 – UNICEF & Non-Government Agencies

Post Tsunami Activities		
6-9 weeks		
1	Was there an inter-agency rapid assessment conducted that included information on the conditions for women and children?	1. Yes 2. No
2	Did the assessment cover needs, mechanisms and monitoring?	1. Yes 2. No
3	Did the assessment cover advocacy needs?	1. Yes 2. No
4	Did the assessment cover violence and exploitation?	1. Yes 2. No
5	Was there any identification of children who were separated from their family?	1. Yes 2. No
6	Was there any medical check up and recording of health conditions of children?	1. Yes 2. No
7	Was the Family Tracing Reunification conducted properly?	1. Yes 2. No
8	Did any actions prevent violence against children and women through monitoring, reporting and advocacy?	1. Yes 2. No

9	Did the activities conducted support post rape health and psychosocial treatment?	1. Yes 2. No
10	Did any organizations implement activities to prevent violence and exploitation against women and children?	1. Yes 2. No
11	Did Unicef and partners sign a Code of Conduct?	1. Yes 2. No
12	Are there any activities that support the care and protection for tsunami affected children?	1. Yes 2. No
13	Are there safe spaces available with psychosocial support within the educational system?	1. Yes 2. No
Transition Period		
1	Is there any guarantee that children separated from their parent will receive a	1. Yes 2. No
2	Is the reunification effort still occurring?	1. Yes 2. No
3	Do you think the service and facilities provided are in accordance to children's needs based on their age?	1. Yes 2. No
4	Did children have the right to participate in the deciding about their futures?	1. Yes 2. No
5	Is the FTR program still active and monitoring cases?	1. Yes 2. No
6	Is there any programming to decrease the abuse, exploitation and trafficking?	1. Yes 2. No
7	Are there any advocacy or mentoring programs for abused children through	1. Yes 2. No
8	Are there any programs that provide facilities for abused children?	1. Yes 2. No
9	Is there any advocacy program for children in conflict with the law?	1. Yes 2. No
10	Is there any special facility for children in conflict with the law?	1. Yes 2. No

Tool I – 3: Interview Guide – Government Stakeholders

Government Stakeholders		
Legal Aspects		
1	Are there any regulations at the district level regarding child protection and child wellbeing for vulnerable families and tsunami	1. Yes 2. No
2	If the answer is yes, does that regulation cover the principle of universal child protection and well being for vulnerable families and tsunami affected children?	1. Yes 2. No
3	Do you have any MOUs with other agencies regarding the implementation of the child protection and well being for vulnerable family and	1. Yes 2. No
Institutional		
1	Is there a working unit in charge of FTR (Family Tracing Reunification)?	
2	What are the main tasks and functions of this Unit?	

3	Please mention any institutions that the FTR unit coordinates with?	
4	Is monitoring and updates of FTR data still occurring?	
5	Which institutions currently have close coordination with the FTR data process?	
Service Mechanisms		
1	Are there any specific units available for Child Protection services and vulnerable family and affected children?	1. Yes 2. No
2	Is this unit equipped with computerized facilities for services?	3. Yes 4. No
3	Are there any new innovations done by the unit to improve the service quality related to child protection and wellbeing?	3. Yes 4. No
Human Resources		
1	How many officers are in charge within this unit?	
2	How would you describe the composition of the officers within the overall structure?	1. Good 2. Enough 3. Poor
3	Do they implement the standard services required?	3. Yes 4. No
4	What percentage of officers received trainings?	
Policies		
1	Are decisions made based on the inter-agency initiatives and existing networking?	
2	Are the regulations regarding vulnerable families and tsunami affected children implemented?	
3	Based on that data collected in the field have there been any changes to planning and developing regulations?	
4	How have stakeholders influenced data collection, the accuracy of the data	
5	Have there been any changes in terms of coordination at sub district and district level that affected access and service quality for vulnerable families and affected children? If YES, please explain.	
6	What might have influenced these changes?	
7	How did the government facilitate programs for vulnerable families and affected children?	
8	Are there any local ideas adopted by government that are still in use now?	1. Yes 2. No 3. Don't know
9	Since the tsunami, has NAD provincial budget changed? If yes, please explain when the budget for child protection program changed and if it still changing.	
10	How much has been budgeted for child protection? Is this amount enough to	
11	What child protection and well being programs are funded through this mechanism?	
12	Did any local (Acehnese) ideas influence the regulations on budget and	

	emergency assistance for vulnerable families? If yes, what kind of format? Regulation, program or else?	
13	What kind of partnerships or networks have been formed by the government and NGOs in the sector of child protection and children wellbeing?	
14	Can we get the copy of the MOUs?	

Tool III-2: Open Ended Interview Guide – Children Centers

Children Centers	
1	How do the Children Centers work since emergency to date?
2	How did the government and NGOs try to improve or change children's
3	What programs were conducted by the government and NGO in Child Centers after the
4	What kind of services provided for tsunami effected children?
5	How were the services provided for tsunami effected children implemented?
6	What Child Center initiatives or reforms do you think came about because of Unicef or
7	Specifically, what government initiatives or reforms contributed to changes or improvements at the CC?
8	What percentage of center improvements or changes do you think were caused by government initiatives or reforms?
9	What percentage of center improvements or changes do you think were caused by NGO or Unicef programs?

Tool III-3A: Open Ended Interview Guide – Stakeholders

Stakeholders	
1	Can you explain the changes of in child protection regulations since the tsunami?
2	Are there any changes in term of human resources, amount, qualifications, quality,
3	Are there any changes in institutions related to child protection issues?
4	How is interagency coordination in child protection issues?
5	How are the inter village, sub district, and district in child protection issues?
6	How have different units been able to develop a coordination system for child protection?
7	Do you think there are any differences in the child protection system in districts with a

Tool III -4: Open Ended Interview Guide – Stakeholders

Stakeholders

1	What are the government regulations related to diversion program for children in conflict with the law?
2	Do government regulations meet the 14 criteria of quality of services for children who are in conflict with law?
3	How many cases received services as per the standard mentioned in the
4	How do the regulations assist the children who are in conflict with the law?
5	Are there any cases where the children were arrested more than once? How many times? Why?
6	What are the constraints/challenges faced for the implementation of this
7	Any suggestions, feedback for the improvement of the implementation of the regulation?

Tool III-5A: Open Ended Interview Guide - Government Stakeholders

Government Stakeholders	
1	How did the officers treat the abused child before the PPT existed?
2	What were the services provided for abused children during the investigation process
3	Were the services provided in accordance to the 7 components of standard
4	What was experienced by the children before and after PPT exist?
5	What assistance can abused children get from Unicef's CP program?
6	Any feedback to improve the services for abused children?

VI – 1: Open Ended Interview Guide – UNICEF Staff

UNICEF Staff	
1	What are the achievements has Unicef's CP program made from 2004 to 2008? Physically? Regulation? Services (health, psychological, education, nutrition, inc)? Trainings? Advocacy?
2	What are the weaknesses in the implementation of CP program and children well-being?
3	What feedback do you have to improve the above mentioned weaknesses?
4	What kind of program is needed for the protection and wellbeing of tsunami affected

7.3 Annex 3: Data tables

BOYS 6-12	code	response	notes:
Best Indicators	FRIENDS	95% yes	
	PRAY	93% yes	
Worst Indicators	PLAY	62% no	no: 45% panti; 39% family; 25% dayah
	EXTRACURIC	39% no	no: 75% dayah (N=4); 64% family; 54% panti

BOYS 13- 18	code	response	notes:
Best Indicators	SCHOOL	97% yes	
	PRAY	96% yes	
	FRIENDS	95% yes	
	OBEY	95% yes	
Worst Indicators	HOMEWORK	56% no	similar across care setting
	CROWD	31% no	similar across care setting

GIRLS 6 -12	code	response	notes:
Best Indicators	OBEY	95% yes	
	MONEY	95% yes	
Worst Indicator	CROWD	72% no	no: 80% panti; 71% dayah; 57% family.
	SAD	68% no	no: 86% panti; 79% family; 43% dayah.
	HOMEWORK	68% no	no: 81% dayah; 71% panti; 42% family
	FOOD	55% no	no: 76% panti; 62% dayah; 14% family

GIRLS 13-18	code	response	notes:
Best Indicators	APPEARANCE	91% yes	
	FRIENDS	89% yes	
	OBEY	88% yes	
Worst Indicators	HOMEWORK	69% no	no: 76% panti; 75% dayah; 37% family
	CROWD	44% no	no: 54% dayah; 36% panti; 22% family

7.4 Annex 4: Interviews conducted

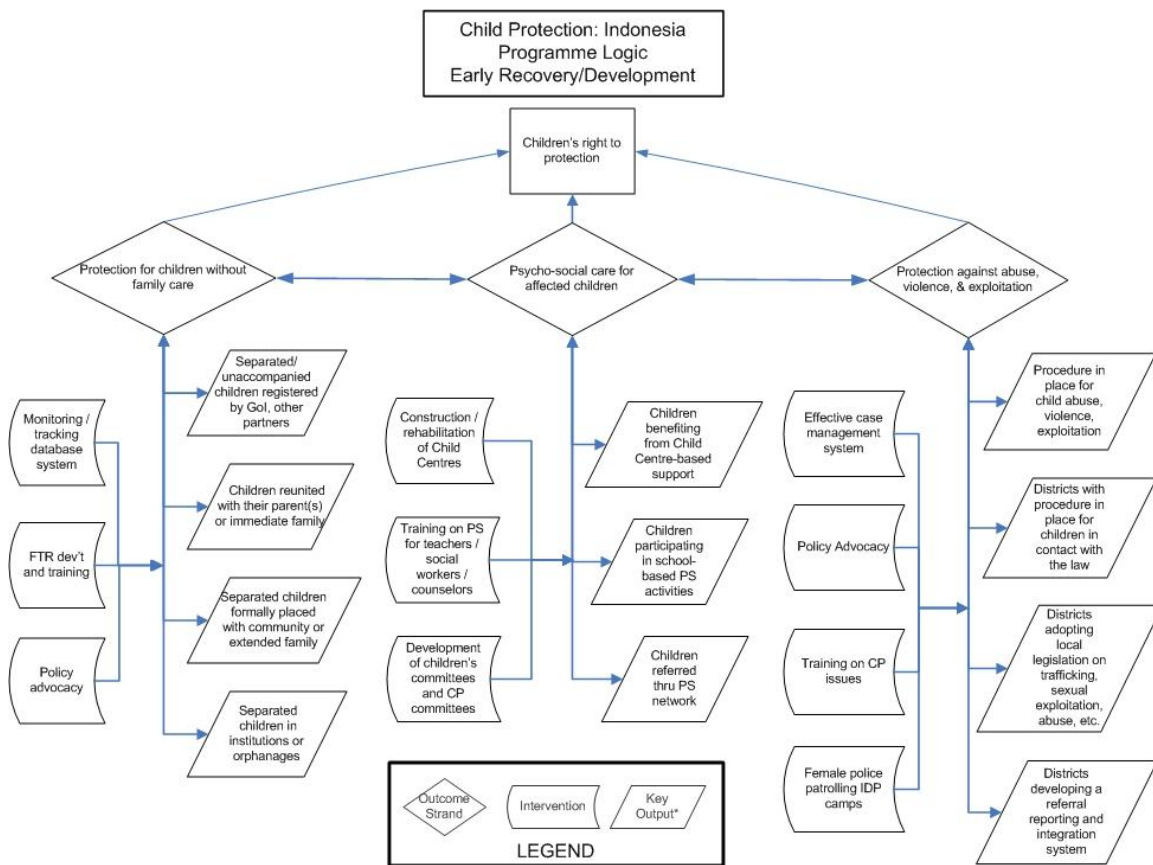
INSTITUTION
Head of Women Empowerment Body NAD
Head of PPT NAD
Meuraxa Hospital
Head of Rehabilitation and Service Dinsos NAD
Head of NGO Pusaka
Meuraxa Hospital
Head of PPA Pidie
Head of Dinsos Bireun
Head of Law Government Institution Aceh Barat
Head of PPA Poltabes Banda Aceh
Head of Women Empowerment Body Bireun
Head of Panti Rumah Sejahtera Darussaadah Aceh Besar
Head of FTR division Dinsos NAD
Head of Court NAD
NGO CEPA Bireun
Head of PPA Aceh Barat
RJWG NAD
Head of Police District Baiturahman NAD
Polda NAD
NGO LBH Anak Banda Aceh
Bapas NAD
Prosecutor NAD
Child judge NAD
Police Banda Aceh
DPR Commision E NAD
Dinsos Banda Aceh
Secretary of Women Empowerment Body NAD
Police District Pidie
Former Head of Dinsos Aceh Barat
Secretary of LPA Aceh Barat
Head of CC Kaway XVI
Former Head of Women empowerment Body NAD
Judge Aceh Barat
DPRD Kab. Aceh Barat
P2TP2A
PPA Polres Aceh Barat
PPT A. Barat
Head of Law Government Institution Aceh Barat
BP3A
Pengacara Anak
Dinsos
LBH Anak
Mantan Kanit PPA Polda NAD
Law Government Institution Aceh Barat

7.5 Annex 5: UNICEF'S CCC'S in emergencies and outputs

No	UNICEF CP Core Commitment	Emergency Activities	Outputs	Status
1	Conduct a rapid assessment of the situation of children and women. Within the appropriate mechanisms, monitor, advocate against, report and communicate on severe, systematic abuse, violence and exploitation.	Rapid assessment. Subsequent assessments.	Needs identified; however, assessment lacked local nuance.	complete
2	Assist in preventing the separation of children from caregivers, and facilitate the identification, registration and medical screening of separated children, particularly those under five years of age and adolescent girls.	1. Built 19 children centers in IDP camps in 7 districts. Erected temporary shelters for families in IDP camps. Provision of food and supplies to families. 2. GoI acted swiftly to deploy the police and army and instate policy to prevent trafficking.	1. Approximately 18,000 children benefited from CCs on a weekly basis.	Handed over to DINAS SOSIAL
3	Ensure that family-tracing systems are implemented, with appropriate care and protection facilities	1. Supported creation of FTR system through coordination support, Child Center (CC) staff support and supplies (computers etc). 2. Worked with the GoI to develop a national policy to support FTR. 3. National publicity campaign about importance of FTR and prevention of separation undertaken by the government.	1. 10 –person tracing teams set-up in 19 CCs. 1,000 children registered by April 2005; 29 reunited. In total, 2,852 children registered, of which 2,311 were in family care by July 2007 ¹ . 2. A national policy on family reunification and family-based care passed in Feb, 2005. Awareness campaign rolled out.	Ended in July 2008
4	Prevent sexual abuse and exploitation of children and women.	1. Trained Indonesian Army on child protection issues. 2. Facilitated Jakarta-	1. 50 Legal Officers from the Indonesian Army trained. 2. 60 Aceh police	Ended Jan 2006
		based training of 60 police women from NAD province on child protection, trafficking and child abuse. Facilitated 20 police women from Jakarta Police Department to staff Aceh IDP camps.	women trained; 2 police women present in each IDP camp at all times.	

5	Within established mechanisms, support the establishment of initial monitoring systems, including on severe or systematic abuse, violence and exploitation.	<p>1. Established weekly coordination meetings between DINAS SOSIAL, Police, CC and NGOs. Established Child Abuse and Exploitation Divisions within each CC.</p> <p>2. Trained PPT staff on early detection, reporting & referral of violence and AET cases.</p>	<p>1. Weekly coordination meetings held. 15 abuse cases handled by CCs in 2005.</p> <p>2. 35 staff from 4 districts trained on PPT program. 45 cases handled through program during the first year.</p>	Handed over to DINAS SOSIAL
6	Support for separated children and children vulnerable to separation.	Trained CCs staff on psycho-social support for children	150 CC staff trained. 17,000 children reached.	Ended
7	Provide support for the care and protection of orphans and other vulnerable children.	<p>1. Facilitated deployment of police women in IDP camps to prevent abuse, exploitation and trafficking of children.</p> <p>2. Provision of psycho-social support.</p> <p>3. Livelihoods support to prevent secondary separation.</p> <p>4. Formalization of Guardianship for orphans.</p>	<p>1. 195 trained police women deployed.</p> <p>2. 17,000 children reached.</p> <p>3. 1,700 children reached.</p> <p>4. 173 children</p>	Ended
8	Support the establishment of safe environments for children and women, including child-friendly spaces, and integrate psychosocial support in education and protection responses.	<p>1. Facilitated deployment of police women in IDP camps to prevent abuse, exploitation and trafficking of children.</p> <p>2. Established CCs in IDP camps. Established children's desks at police departments in NAD.</p> <p>3. Worked with the GoI to establish child protection legislation.</p>	<p>1. 195 trained police women deployed.</p> <p>2. 19 child centers established in IDP camps and 5 children's desks established in police offices. 21 desks and 1 child court established by 2007.</p> <p>3. Child Protection Qanun codified as national law in Jan, 2009.</p>	Handed over to DINAS SOSIAL.
9	Monitor the recruitment of children and negotiate the release of child combatants.	Children Affected by Fighting Forces (CAFF) monitored.	Children Affected by Fighting Forces (CAFF) assisted	
10	Advocate against the use of landmines and other indiscriminate weapons. Coordinate mine-risk education.	Not applicable	Not applicable	Not applicable

7.6 Annex 6: Child Protection Programme Logic



*Key outputs do not exactly mirror outputs in the programme log frame, but attempt to capture the programme logic essence.