INNOCENTI WORKING PAPERS

No. 83

THE 'FAMILY-IN-FOCUS' APPROACH: DEVELOPING POLICY-ORIENTED MONITORING AND ANALYSIS OF HUMAN DEVELOPMENT IN INDONESIA

Friedhelm Betke

United Nations Children's Fund
Innocenti Research Centre
Florence, Italy

Innocenti Working Paper
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FRIEDHELM BETKE*

– January 2001 –

* Project Officer, UNICEF Jakarta

Acknowledgements
The author wishes to thank the UNICEF Innocenti Research Centre for the financial support and encouraging hospitality during the writing of this paper, and Dr. Santosh Mehrotra, Dr. G. A. Cornia, and Dr. John Micklewright in particular for their helpful comments on the various drafts of this paper. The author is also obliged for the sustained support by colleagues from the Indonesian Government and universities throughout the years of collaborative development of the approach presented in this paper. Dr.Soedarti Surbakti, Dr. Yulfita Rahardjo, Prof. Dr. Mely G. Tan, Dr. Meiwita B. Iskandar, Dr. Budi Utomo, and Dr. Irwanto have made particularly noteworthy contributions to the process. Last but not least, the ideas and constructive criticism from my colleagues at the UNICEF Indonesia country office, Ms. Ingrid Kolb-Hindarmanto, Dr. Samhari Baswedan, Dr. Roger Shrimpton, Ms. Khin-Sandi Lwin, Ms. Anne-Marie Fonseka, and Mr. Purwanta Iskandar need to be acknowledged as they have fundamentally influenced the shape of the eventual outcome as documented in this paper.

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Cover design: Miller, Craig and Cocking, Oxfordshire – UK
Layout and phototypsetting: Bernard & Co., Siena, Italy
Printed on recycled paper by: Tipografia Giuntina, Florence, Italy.
ISSN: 1014-7837

Readers citing this document are asked to use the following form of words:

Betke, Friedhelm (2001), "The 'Family-in-Focus' Approach: Developing Policy-Oriented Monitoring and Analysis of Human Development in Indonesia". Innocenti Working Paper No. 83. Florence: UNICEF Innocenti Research Centre.

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Abstract

Socio-economic and political turmoil in Indonesia has had an impact on the country's thirty years of progress in social development. However, it has also opened up new avenues for participation and region-specific policy formulation alongside growing demand for new approaches to the monitoring and analysis of social change. This paper examines the *Family in Focus* Approach – a comprehensive lifespan-based concept of human development. This joint initiative from UNCEF, the Government of Indonesia and others, sees families as participants in development rather than passive recipients of programmes. A family focus in the planning of multi-sectoral interventions could ensure better targeting, while building capacity for analysis at governmental and institutional levels.

The Approach is based on lifespan stages – infancy, childhood and adolescence – to address the needs of children and families in a cross-sectoral manner. Its introduction into situation analyses has exposed provincial development planners and programmers to crosscutting issues and has created a pool of decision-makers who apply a broad, lifespan-based view to social development.

It calls for agreed definitions of the most pressing social development issues across different sectors to create a better balance between single sector interventions in terms of timeliness and resources, resulting in synergy gains, such as greater effectiveness and efficiency. The *Family in Focus Approach* could, with the necessary resources, create networks for pluralistic policy formulation. Such dynamism and transparency in social sector data could support Indonesia's shift to democratic processes.

1. Introduction
Social Development Trends in Indonesia: Achievements and Challenges

In the two decades preceding its economic and social crises, Indonesia made enormous economic progress, which translated into widespread achievements in social development. Between 1976 and 1996 the percentage of households living in absolute poverty declined sharply from 40 per cent to 11 per cent. In the same period the proportion of average household expenditure on food fell from 77 per cent to 55 per cent, which indicates a substantive increase in the overall social welfare.[1]

Universal basic education had already been achieved in early 1990, and

1 Figures used in this section are taken from a recent recompilation of social indicators undertaken by the Indonesian Agency for Statistics (*BPS*) and from various reports on the Indonesian census reports, results from the annual National Socio-economic Survey, and the Indonesian Household Health Survey: Annex 1 based on Surbakti, Payung (2000), and BPS (1982), BPS (1998), BPS (1992), DEPKES (1995), DEPKES (1998).

net primary enrolment rates persistently remained above 90 per cent throughout the decade, while secondary net enrolment rose from 42 per cent to 59 per cent between 1992 and 1996. The number of girls attending primary schools is approximately the same as for boys, and seems to become increasingly higher than that for boys in secondary education (Annex 1). Parallel to this trend female illiteracy (9 years of age and over) was substantially reduced from 37 per cent in 1980 to 17 per cent in 1996, as compared to male illiteracy of 20 per cent and eight per cent respectively.

In addition to having gained better access to education, women began to have fewer children, as shown by the sharp reduction of total fertility rates between 1971-1975 and 1991-1994 from 5.2 to 2.8. Average annual population growth declined accordingly from 2.32 between 1971 and 1980 to 1.66 between 1990 and 1995, while contraceptive prevalence rates rose from 39 per cent to 54 per cent between 1985 and 1996.

In twenty years (1976 – 1996) child mortality also fell considerably from 109 to 56 infant deaths per 1,000 life births, and from 119 to 71 deaths among children under five years of age for the period 1983 to 1994. As a result of declining fertility and mortality Indonesia has entered a process of transition in age structure. Children under 15 years of age accounted for 44 per cent of the total population in 1971, but accounted for just 29 per cent in 2000. Today, adolescents (aged 10 to 19 years) represent one of the biggest (21 per cent) and fastest growing population cohorts in the Indonesian population pyramid.

In comparison to neighbouring countries in Southeast Asia,[2] however, Indonesia's performance in terms of social development has been less satisfying. Child mortality is still at disproportionately high levels, and maternal mortality has not fallen significantly in the last decade. Even today, 373 women die for every 100,000 births. The causes of these problems are complex and are the result of both poor access to many crucial public services as well as poor utilization of these services by families. In addition, care and protection behaviour at the family and the community level does not seem to reflect the needs and rights of women and children.

While the average age at marriage has declined over the past decades, in 1996 two thirds of all the women who had ever been married had done so before the age of 20 years. Furthermore, child marriage (before the age of 16 years) is still a common phenomenon, persisting to account for an average of roughly 15 per cent of all the women who have been married, rising to 56 and 60 per cent in the populous provinces of East and West Java.[3] While early pregnancies are associated with high risks during delivery, in 1996 half of all fami-

2 E.g. underfive and infant mortality level (1998), and maternal mortality level (reported between 1980-98) amount to 37 , 30, and 44 in Thailand, while the Philippines report 44, 32, and 170, and Malaysia's rates dropped to 10, 9, and 39 respectively (UNICEF 2000: Statistical Annex; Annex 1 of this paper for definitions).

3 Surbakti, Pajung (2000:Annex 2).

lies relied on traditional birth assistants, possibly exposing mother and baby to unhygienic methods during delivery.

Hygiene behaviour at the family and community level has changed little over the past decades, as the slow increase in access to sanitary means of excreta disposal indicates. This remained below 50 per cent in rural areas, and even declined in urban areas between 1980 and 1996. Access to safe water, on the other hand, increased during the same period, though still showing persistent differentials between urban (86 per cent) and rural (62 per cent) areas in 1996.[4]

Achieving universal immunization coverage would seem of paramount importance under these conditions, however, the glorious immunization achievements announced under the Soeharto administration have recently come under fire. Thus, coverage rates for major vaccination programmes reported by the Ministry of Health, which persistently exceeded 80 per cent since the early nineties, are now being replaced by community reported figures, which tell a different story. According to the Indonesian Household Health Survey, in sixteen years the percentage of fully immunized infants rose only by 17 per cent and had reached just 55 per cent by 1996.

A similarly alarming trend has recently been discovered, when nutrition data from the national socio-economic survey of recent years were re-analysed. This analysis revealed that while moderate and severe malnutrition among children under the age of five had declined on average from 51 to 36 per cent between 1986 and 1996, malnutrition rates for children aged six months to two years had not changed significantly, and severe malnutrition in this age group had risen continuously since 1992 (Jahari et al., 1999, as quoted in BAPPENAS/UNICEF 2000: 57).

With the onslaught of the economic crisis, beginning in the second half of 1997 and reaching its peak by end 1998, many of Indonesia's genuine achievements in social development appeared to be threatened. Poverty reduction trends were reversed and by 1998 some 50 million people were living in absolute poverty, almost as many as two decades ago. By February 1999 there had been little improvement.[5]

However, many of the social indicators that had shown signs of deterioration in 1998, seemed to recover and in some cases even bounced back to pre-crisis or improved levels by 1999 (Annex 1). This is particularly true for education, where the government's safety net programmes, consisting of block

4 Annual immunization coverage figures collected through the National Socio-economic Survey of *BPS*, are even lower. Considering the lower skills of *BPS* officials in relation to retrospect vaccine coverage assessment techniques, this paper does not use the *BPS* figures.

5 Surbakti, Pajung (2000) presents results of a special round of the annual socio-economic survey (Mini SUSENAS) conducted in February and August 1999. Poverty incidence rates calculated from these surveys by BPS amount to 24.2 per cent and 18.0 per cent respectively. Suryahadi et al. (1999) in their critical discussion of poverty calculation methodology arrived at a poverty incidence rate of 27.1 per cent for February 1999. It should be noted that East Timor, no longer belonging to Indonesia by the time of the surveys, was not covered.

grants for schools and scholarships for poor students, seem to have prevented major deterioration in enrolment and participation rates.

The impact on major demographic variables such as fertility, mortality and population growth has yet to be calculated from the 2000 census, currently under way. These rates may reflect a deteriorating situation, as the coping strategies of poor families may have compromised the health and nutrition requirements of children and women.

Further analysis of the various aspects and possible impacts of the crisis with regard to regional disparities, short- and long-term implications on human development are beyond the scope of this paper. However, a number of analysis reports are beginning to become available in the literature. Generally these reports point out the heterogeneous and complex nature of the crisis and raise many new questions. It is striking, however, that the government had not been able to lead this strategic process of assessment and analysis. UNDP and UNICEF,[6] and the World Bank,[7] together with the US-based RAND Corporation[8] were the first to start conceptualising, assessing and analysing the social impacts of the crisis. After the fall of Soeharto, the newly elected government in 1998 did not compile, quickly and comprehensively, the relevant social information so urgently required to define adequate policy toward economic and social recovery.

An explicit national policy on social information management is lacking. Such policy would need to assess and overcome constraints inherited from the long past of centralistic, single sector driven, and manipulative approaches to data collection, compilation, analysis and reporting. With the currently observable shift in power from central government to provincial and district parliaments and ultimately the community level,[9] an enormous demand arises for integrated, long-term, national social development planning, which could accommodate regional and community needs in a participatory process.

Open management of information across the public and private sectors, regions, and civil society, however, would need to establish procedures, where consensus on the meaning of data could be achieved, and regionally specific

6 For UNICEF and UNDP reports on the crisis see Rahardjo, Yulfita et al. (Eds.) (1998); Rahardjo, Yulfita and Ingrid Kolb-Hindarmanto (1998); Rusman, Roosmalawati et al. (1998); UNSFIR (1999); BAPPENAS/UNICEF (2000).

7 The recently installed multi-donor funded Social Monitoring and Early Response Unit (SMERU) produced a series of working papers and reports available at http://www.smeru.or.id. Most of these reports use data from the recently established 100 Villages Survey, initiated and funded by UNICEF. See e.g. Poppele, Jessica et al. (1998); Hardjono, Joan (1999); Sumarto, Sudarno et al. (1999); Suryahadi, Asep and Sudarno Sumarto (1999); Skoufias, Emmanuel et al. (1999); Suryahadi, Asep et al. (1999) .

8 A group of analysts from the RAND Corporation working on panel data of the recently established Indonesian Family Life Survey, was among the first to respond with social impact analysis reports. See e.g. Frankenberg, Elisabeth, et al. (1998): Frankenberg, Elisabeth et al. (1999a),:Frankenberg, Elisabeth, et al. (1999b) Thomas, Duncan et al. (1999). Most of these reports are available at http://www.rand.org/.

9 As reflected in Law No.22/1999 on Local Governance, and Law No. 25/1999 on Budgetary Balance Between Central and Regional Government.

approaches to human development interventions could be developed. This task would require management strategies aiming at better integration of social research into human development planning processes. This integration, however, would require the initiation of a continuous – yet focused – dialogue between public, private and civic forces on priority issues in human development

This paper argues for establishing a network among producers and users of information relevant to human development assessment and analysis in Indonesia. In the following section the paper analyses prevailing constraints to social information management in Indonesia and then proceeds to report on a recent GOI/UNICEF initiative conducted to strengthen sub-national human development assessment capacity. Evolving from a long and participatory process with central level as well as local government officials, representatives from professional organizations, local universities and government research institutes, an approach to cross-sectoral information management began to take shape – the Family in Focus Approach.

The Family in Focus Approach aims to unite the perceptions of different sectors and disciplines on the meaning of social development across the human lifespan and its effective assessment.

In this Approach, the facilitation of conceptual linkages between quantitative outcome measures and contextual, social, cultural and economic information is a major concern. Section 3 develops the vision of networked collaboration among all stakeholders in social information management through the application of modern information technology. Such a network could potentially facilitate the long-term process of production of more policy-relevant and better quality social research, which is so strikingly absent in present-day Indonesia.

In conclusion, the paper argues that many of the principles and logical steps of the reported process could potentially also be applied in other developing countries and serve as:

- an effective advocacy tool for seeking national and regional cross-sectoral consensus on social development issues;
- an empowerment mechanism for area-based and cross-sectoral development analysis and planning;
- an instrument for policy reform regarding national social information management.

2. Challenges of Contemporary Social Information Management in Indonesia: Data Abundance but Information Scarcity

More than 20 different government agencies, assisted by international and national donor agencies, as well as universities, are currently involved in collecting, processing, and publishing of data related to social development in Indonesia. As a result, data on many aspects of social life are in copious supply.

However, contrary to the carefully orchestrated flow of money along budget lines between and among these multiple actors, no coordinated information policy is yet in place that would turn the richness of data into a useful planning tool. In addition, at the sub-national level a dual command structure exists. In this structure, those representing ministries at the regional level work under the authority of the Ministry of Home Affairs but are under the technical auspices of their respective ministry. This introduces biases in focus and interpretation based on different political objectives and perspectives.

Under the auspices of the Offices of the Minister Coordinators[10] for People's Welfare and Poverty Alleviation, as well as the Minister Coordinator for Economics, Finance and Industry, the government routinely monitors trends in demographic, health, nutrition, environmental and socio-economic development. These monitoring data come from the National Statistics Agency (*Badan Pusat Statistik, BPS*), and the sectors carrying out the following activities:

a. *BPS*, through its census and sample survey activities,[11] monitors sectoral programme outcomes related to the promotion of social (including child-) welfare. *BPS* officials at the sub-district level usually conduct the bulk of routine data collection. In the case of censuses and other major surveys, they rely on assistance from educated villagers.
b. Line Ministries (or sectors) monitor their activities on a monthly and annual basis. Each programme division obtains data[12] from the respective implementation units at the sub-district or village level (e.g. local health centres, schools, field extentionists, etc.). Some of these systems also rely on collaboration with volunteers in the villages, referred to as 'development cadres'.
c. District level sectoral departments monitor and report on programme activities weekly, monthly, or annually as needed. Programme divisions at the provincial and the national level compile and analyse these reports.

10 In the current Indonesian government structure Minister Coordinators are responsible for central level policy coordination across the sectors. Unlike line ministries, the 'Super Ministries' are not represented through their own branch offices at the provincial or the district level. Minister Coordinators supervise all areas except social welfare and poverty alleviation, national defence and security and economic, financial and industrial development.

11 These comprise the 10-yearly population censuses (the latest conducted in 1990), the 10-yearly intercensal population survey (last conducted in 1995), and the annual National Socio-Economic Survey (*SUSENAS*). This household survey, now covering some 220,000 households all over Indonesia, has developed into the most important and comprehensive non-departmental source of child welfare data in Indonesia for the GOI indicator exercises, line departments, researchers, and international development agencies. Three different types of surveys in particular cover health and nutrition issues. These comprise (1) the triennial SUSENAS health module, (2) the National Household Health Survey (*SKRT*) now linked to the *SUSENAS* health module but being designed and analysed under the responsibility of the Ministry of Health (MoH), and (3) the Indonesian Demographic and Health Survey (*SDKI*), which follows its own three- to four-yearly schedule and involving BPS, MoH, the National Family Planning Agency, and Macro Int. Inc.

12 The various disease surveillance systems of the MoH and the school-based reporting system of the Ministry of Education provide the most relevant sectoral statistics.

d. The ministries are responsible for publication and dissemination and they undertake research and studies to measure the impact of programmes and the level of social welfare development. Central and provincial level agencies often commission studies to local universities.

In addition to these routine data collection activities, the international donor community has introduced various types of smaller household surveys and other special data collection exercises.[13] These efforts attempted to respond to the pressing need for more timely information on the social impact of government programmes as well as the impact of the currently still ongoing crisis in Indonesia.

▪ 2.1 *Lack of coordination in collection and analysis of quantitative data*

The constant flow of data within the above-outlined system is of enormous volume keeping in mind the sheer size of the country.[14] In addition, the number of data collection exercises continues to increase and data become available faster, in terms of collection frequency, data processing and transmission capacity. Unfortunately, this growing technical capacity is not matched by improved competence in analysis. While some central level agencies possess a few skilled analysts, such skills are rare at the provincial level and almost non-existent at the district or the sub-district level. Because of this bottleneck, data pile up at the central level and much of the available information is not used.

This discrepancy between centre and periphery reflects the highly centralized political power structures in Indonesia, where control over revenues, and decision-making authority tends to remain with small strategic groups of national level technocrats. On the other hand, the political power figures in the periphery, i.e. provincial governors (*Gubernur*), heads of district (*Bupati*), and sub-district (*Camat*), have vested interests in favourable programme performance reports concerning their respective areas, and in suppression of information perceived as a threat to security.

In practical terms, this means that government officials at the lowest levels of the bureaucratic hierarchy are very aware of regional sensitivities as they collect and process raw data for central requirements. In this situation accuracy and truthfulness in reporting suffer. The design of instruments and analysis of results remains in the hands of a few central level specialists in the various ministries. On the other hand, information demands from all relevant govern-

13 E.g., the Multiple Indicator Cluster Survey (MICS) developed by UNICEF/WHO in 1995; the USAID/Worldbank funded Indonesia Family Life Survey (IFLS) in 1996, 1998; the UNICEF supported 100 Villages longitudinal study in 1994, 1998, 1999; the ASEM funded Sub-district Rapid Poverty Survey in 1998; and various health and education related facility surveys and rapid assessments.

14 These data are generated in some 65,000 villages and over 4,000 sub-districts, subsequently compiled at over 300 districts, and 27 provinces of Indonesia, before reaching the central agencies in Jakarta.

ment programmes coincide at the level of lowly paid and lowly skilled front-line workers, and volunteers from the villages. A local health post official, for instance, assisted by wives of village notables, may have to complete more than 55 different statistical forms on a daily, weekly, and monthly basis, in addition to the actual function of providing medical services. Clearly, this burden results in a lack of accuracy of reported data.

Equally serious, however, is the remoteness and lack of coordination of central level demands for information vis-à-vis actual day-to-day data collection practices. Double work is unavoidable among the different front-line workers, since forms descending from Jakarta often aim at similar issues, on which the respective department wishes to possess its own report. With the application of different approaches and methodologies, these data do not yield the same results and are often biased in favour of programme requirements, or the pressure for proof of successful programme implementation. For example, the number of pregnancies in a given area reported by the Ministry of Health, which needs this information for immunization budget estimates, tends to be higher than the number of early pregnancies reported by the Family Planning Agency, which is calculating the ratio of family planning acceptance. Consequently, overlap of collection activities occurs and subsequently contradictory and redundant data sets are fed back to the central level. Low degrees of validity and reliability of data magnify the problem as the conceptual interpretation of the terminology used often becomes blurred along the line of command, and may appear irrelevant to locally perceived problems.

BPS, being immune to sectoral programme biases, has established professional standards and mechanisms for data collection that are generally less wasteful and more reliable. However, the discrepancy in analytic skills between centre and periphery and the issue of regional policy interests also applies here. In addition, progress in the development of greater conceptual consistency and more focused analysis across the sectors, especially in the field of social statistics, is slow since the agency depends on voluntary inputs and participation from sectoral analysts.

In the long run, these problems can only be addressed through strengthened cross-sectoral coordination and integration of data collection, processing, and analysis. These renewed processes should be based upon a general thrust for decentralization and local participation in research and analysis. Such an approach could more effectively call attention to priority problems across all sectors, promote problem-driven selection of indicators, and result in more cost-efficient and transparent procedures of data collection and analysis.

▪ 2.2 *Inappropriate application of rapid qualitative assessments*

Many government as well as non-governmental programmes, projects, and activities related to social development issues ultimately aim at raising public awareness of these issues, their knowledge of the basic facts for life, such as the

importance of immunization, hygiene, breastfeeding and so on, and subsequent behavioural change. Therefore, the programmers' knowledge about people's beliefs, their conceptual understanding of social development issues and related behavioural norms are crucial for the realistic assessment of people's (felt) needs, and subsequent development of communication and information strategies. In a multi-ethnic society, such as Indonesia, that is facing rapid socio-economic transition, this kind of information needs continuous adjustment to changing issues, changing trends, and changing inter-regional disparities.

In the past, much money was spent on studies covering target groups' "knowledge, attitudes, and practices" (KAP) related to various sectoral projects. The results were, however, often less than satisfactory. A basic problem lies in the prohibitive amount of time and the demanding level of skills required at the project management level to initiate and supervise this kind of qualitative investigation, which necessitates more methodological, theoretical, and analytical capacity than, for instance, coverage surveys. Subsequently, decisions on approaches, time frames, and ways of analysis have not always been appropriate. In addition, researchers contracted by government as well as donor agencies, often lacked adequate experience in the area of qualitative assessment. This area has not yet become a common part of the 'research tradition' in Indonesia. As a result, research presentations and reports rarely contain sufficient information on how the data were collected, and what methodological constraints need to be considered to evaluate the validity of these results.

In addition, a cross-sectoral documentation system on planned, ongoing, and completed applied social research, cross-referenced by geographic area and topic covered, and by methodology applied, does not exist. This results in unintended repetition and unnecessary overlaps. The extent to which the information already collected actually enhances planning and decision-making processes and advocacy strategies is still small.

In order to overcome these constraints, the processes of problem identification, research design, selection and supervision of researchers, evaluation and dissemination of study results, need to be institutionalised, streamlined, and co-ordinated across the sectors. This would ensure sustained high quality and improved accountability of researchers (and project staff) involved in socio-cultural studies providing background information on social development related behavioural issues.

▪ 2.3 *Ineffective dissemination and discussion of data collection and analysis results*

During the past two decades, government reports on social development often simply represented compilations of data tables, whose contents were narrated in the surrounding text. Little thought was given to underlying causes of trends shown, and even a graphic presentation (through charting or indicator mapping) of such trends was poor. Government reports did normally disclose rele-

vant data sources, however, the reliability of these sources, and the representativeness and validity of the respective data, was hardly ever discussed.

Recently, however, *BPS* and other government agencies have produced a number of profiles that represent comprehensive and in-depth analyses of demographic, health and socio-economic trends in Indonesia. Other *BPS* publications descriptively analyse consumption patterns, and people's perception of their own social welfare situation. Eventually, line ministries began to generate comparable analyses. Most recently, tabular presentations of time series and single year cross-tabulations appear at various government web sites. Thus, the need for in-depth examination of trends and inter-linkages in available data has begun to be recognized within the respective agencies. However, comprehensive analyses across the sectors focusing on priority development issues, such as poverty, ecological impacts of the crisis, and situation of women and children, are only available as the outcome of situation analyses orchestrated by international donor agencies, World Bank, UNDP, and UNICEF in particular (section 3.3).

Apart from analytical shortcomings, many reports authored in the Soeharto era represented a bureaucratic mentality, characterised by fear of admitting mistakes (even statistical error margins), and by a tendency to suppress contradictive or politically unfavourable data. Therefore, negotiation requirements within and across different government agencies that often preceded the final release of survey and research results, added to restrictions in scope, target audiences, and timeliness of the data eventually published. In short, political correctness in reporting superseded policy relevance and effectiveness in communication.

The pro-democracy thrust in the post-Soeharto era could possibly allow for a less restrictive information management policy. Such policy would take into account the information needs of the civic and the private sector in addition to the actual government planning requirements. Consequently, information marketing strategies could comprise efforts in consumer oriented packaging of information. This information would have to be available on a more timely and reliable basis, and would need to be provided flexibly in order to satisfy market requirements.

3. Evolving Solutions: Developing a Conceptual Tool for National Monitoring, Analysis and Advocacy

▪ 3.1 *Building capacity for social analysis within the UNICEF Indonesia country programme*

The many barriers to effective social analysis in Indonesia have long been a major concern throughout the collaboration between UNICEF and the Government of Indonesia. The definition of global goals at the 1990 World Sum-

mit for Children (WSC)[15] related to children's and women's welfare, to which Indonesia subscribed, drew more attention and more resources to the processes and indicators applied for monitoring these goals. At the same time, Indonesia was slowly moving towards decentralization, thus making the development of regionally specific approaches to monitoring and analysis necessary. Eventually, Indonesia's ratification of the UN Conventions on Elimination of All Forms of Discrimination Against Women (CEDAW)[16] and on the Rights of the Child (CRC)[17] instituted new reporting obligations regarding progress in implementation of these conventions. Simultaneously, Indonesia's overall social development policy framework put greater emphasis on human resource development. This required the development of more sophisticated and more holistic conceptual approaches to data collection and analysis than before.

Growing demands for assessment of human development at the national and the sub-national level and multiple goals for child survival, protection, and development.

Following the 1990 WSC and subsequent global instructions, UNICEF country offices around the world promoted and supported the observation of the '27 global goals' for child survival, protection, and development[18] for the year 2000. This was no easy task as background material, indicators selected and subsequent definitions appeared to change in the years immediately following the Summit. A sub-set of 13 of the 27 original WSC goals were later promoted as 'mid-decade goals',[19] as these were goals that could, perhaps, be reached more easily and more quickly. These goals were accompanied by differing background material and frequently updated indicator selections and definitions.

In Indonesia, however, the situation was further complicated by two factors:

(1) In contrast to most other countries signing the WSC declaration, Indonesia had not launched its own National Plan of Action for Implementing the World Declaration on the Survival, Protection, and Development of Children. Instead, the Government integrated all child-related planning into its national five-year development plans (*Rencana Pembangunan Lima Tahun,*

15 As a result of the summit, a "World Declaration on Child Survival, Protection, and Development of Children" was signed by the participating heads of state and other high-ranking officials. The Declaration contained list of 27 global goals to be achieved by the year 2000, and obliged the signatory countries to a Plan of Action spelling out major operational steps on the way to achieving the goals. For more information on the WSC see http://www.unicef.org/wsc/.

16 Indonesia ratified CEDAW in 1980 and eventually incorporated the Convention into national law by 1984. For more background information on CEDAW see http://www.un.org/womenwatch/daw/cedaw/index.html.

17 Ratified in 1990 with reservations. For more background information on CRC see http://www.unicef.org/crc/.

18 The 27 global goals consisted of 7 major and 20 supporting goals to be achieved by the year 2000. The major goals comprised the reduction of infant and maternal mortality, child malnutrition, adult literacy, as well as improved access to water, sanitation, basic education, and improved protection of children in difficult circumstances. More information on the WSC goals is provided at http://www.unicef.org/wsc/goals.htm.

19 The 13 mid-decade goals are listed at http://www.unicef.org/information/mdg/.

REPELITA). As a result, specific REPELITA targets existed in parallel to the UN goals, making it difficult to draw comparisons.

(2) During an official visit by James Grant, the late UNICEF Executive Director, to Indonesia, President Soeharto committed the Government to special efforts to reach 10 'early goals'[20] before the end of the decade. These goals overlapped in part with the UN mid- and end-decade goals, and with the REPELITA targets. Official UN material on these goals was not provided.

The multiplicity of goals and subsequent UNICEF generated monitoring indicators was not only difficult to track, but also difficult to promote vis-à-vis sectoral perspectives that in turn were influenced by other UN initiatives, such as the WHO 'Health For All (HFA)' goals[21] and the UNESCO promoted 'Education For All (EFA)' goals.[22] All of these monitoring requirements, from a country level perspective, had one common weakness. They were designed for the sake of international level comparison and focused on national level averages, concealing in-country differentials. This did not help a comprehensive analysis of the situation of human development in Indonesia. Monitoring guidelines rarely included explicit explanations of their conceptual basis; they appeared to be conceived at a global level of technical expertise and thus seemed to have little explanatory power in relation to underlying and root causes of national development constraints.

This explanatory power, however, was needed to support country specific analysis to determine and explain these constraints as the basis for programme strategy development. Such an in-depth analysis had to be prepared as part of routine arrangements for the new GOI/UNICEF country programme cycle (1995-2000). At the same time, the analysis had to identify priority social development issues and yield subsequent policy recommendations to support the ongoing government preparations for the next five-year development plan.

The multiplicity of goals in conjunction with differing sectoral views on social development, and on intervention targeting, posed major challenges to the organization of the 1994 'Situation Analysis of Children and Women in Indonesia'.[23] These challenges were addressed through the adoption of the conceptual framework for the analysis of malnutrition and death as recommended by the UNICEF Nutrition Programme Division.[24] In conforming to this

20 The 10 early goals comprised universal immunization, reduction of child malnutrition, promotion of baby-friendly hospitals, reduction of maternal mortality and iron deficiency, elimination of cretinism, vitamin A deficiency and neonatal tetanus, reduction of deaths due to acute respiratory infections, universal access to education.

21 For a description and more background information on the HFA goals see http://www.who.int/ism/mis/WHO-policy/hfadocs.en.htm.

22 For a description and more background information on the EFA goals see http://www.unesco.org/education/efa/index.htm.

23 Published in summary form as BAPPENAS/UNICEF Indonesia (1995).

24 'Conceptual framework for the analysis of the causes of malnutrition in a specific context' as endorsed in the 1990/19 UNICEF Executive Board Decision on the 'Strategy for improved nutrition of children and women in developing countries', (dated 04/08/99) and published in UNICEF (1990).

framework the situation analysis had introduced the conceptual differentiation among immediate, underlying and basic causes of maternal and child malnutrition and mortality (UNICEF 1990). This allowed greater emphasis on the need to link health and nutrition outcomes to contextual factors. Based on this new analytical approach the 1994 draft report indicated the need for more effective area specific interventions addressing the underlying and root causes of maternal mortality and child malnutrition.

The new thrust for human resource development and decentralization

In the Soeharto era, development planning in Indonesia had evolved into a complex, highly centralized and top-down process resembling the planning procedures established in communist countries. Based on guiding principles issued by Parliament, the National Development Planning Agency (*Badan Perencannan Pembangunan Nasional, BAPPENAS*) prepared a draft Five-Year Development Plan (*Rencana Pembangunan Lima Tahun, REPELITA*) in consultation with sectors and provincial governments, which was eventually approved by the President. All government programmes, and all area development plans were contained in REPELITA together with estimates of the respective budgetary requirements.

With the completion of the fifth REPELITA in 1994, a second 25-Year Development Plan (*Rencana Pembangunan Jangka Panjang, PJP*) began, which emphasized Indonesia's determination to respond to the challenges of globalization through dedicated development of Indonesia's human resources. The preparation of REPELITA VI (1994-1999) broke the previous emphasis on economic development in terms of industrial and infrastructure development. The new focus on **human resources development** (HRD) aimed to create a better educated and healthier generation, well equipped to meet the challenges of growing competitiveness in an increasingly globalized labour market.

GOI/UNICEF collaboration under REPELITA V (1989-1993) became known as the 'Child Survival and Development (CSD) Programme'. The bulk of activities were supply-driven and focused on the classic areas of UNICEF support, i.e. provision of basic services for health and nutrition, and of water supply and sanitation. Additional activities addressed adult illiteracy and income generation for women. Though progress in reduction of child mortality was notable as a result of universal immunization during REPELITA V, high levels of maternal mortality and child malnutrition persisted (see the evolution of social indicators discussed above).

The new country programme covering the end-millennium years of 1995-2000, in synchronization with the government's *REPELITA VI* (1994-1999) had a broader scope. The programme was soon referred to as 'M+CSD+P' or the 'Maternal and Child Survival, Development, and Protection Programme'. The expanded acronym reflected the strong emphasis on women in the WSC goals and REPELITA targets, and the obligation to address protection issues for both women and children as part of the implementation of the two related UN conventions, i.e. CEDAW and CRC respectively.

This new orientation called for fresh conceptual thinking. At this point an early draft situation analysis prepared by the UNICEF country office in collaboration with government in 1993 advocated the use of a 'goal driven' approach to human resource based development planning with special emphasis on the strategic linkages between maternal factors and on child growth and development.[25] Subsequently, most of the UN-defined global goals were adopted and adjusted by GOI as social development planning priorities for REPELITA VI. Maternal mortality reduction had thereby been acknowledged as a goal requiring the highest priority. In addition, a small UNICEF team developed a planning scenario as conceptual basis for the overall social development section of REPELITA VI and the PJP II. This internal government discussion paper reinforced the government's priority to strengthen the family by drawing attention to strategic phases within life cycle based family development.[26]

Apart from the new focus on family-based human development, decentralization became a major issue in REPELITA VI, which aimed to increase accountability and participation of the sub-national level government machinery, particularly at the district and sub-district level. This objective met with considerable constraints, as the bureaucratic top-down command structure had not nurtured bottom-up planning skills and related attitudes among policy makers at all levels.

Independent planning of interventions responsive to area specific requirements conducted directly at the province and the district level, however, would depend on direct access to area relevant and timely information. The generation of such information as local policy input would have required shared authority over data collection instruments as well as strong analytic skills. Both were in short supply at the sub-national level. Activities of the Regional Development Planning Agencies (*Badan Perencannan Pembangunan Daerah, BAPPEDA*), formally the regional representations of *BAPPENAS*, were largely restricted to fiscal and budgetary management aspects of regional development policy. Such policy took shape in a bargaining process between central level technocrats and local representatives of the Ministry of Home Affairs (Provincial Governors or District Heads respectively, cf. above) who generally gave priority to security aspects, rather than programme objectives.

Processes and products developed as support to capacity building for analysis

In support of the government's move towards decentralization, the new country programme aimed to establish direct collaboration with regional administrations in nine priority provinces.[27] Such collaboration required the prepara-

25 UNICEF Indonesia (1993).

26 Figure 12 in BAPPENAS/UNICEF Indonesia (1994), pointing out major elements of this approach. The original conceptual input was contained in BAPPENAS (1993).

27 These provinces comprised West, Central, and East Java, West and East Nusatenggara, South Sulawesi, Malacca, East Timor, and Irian Jaya.

tion of official provincial sub-agreements on priority issues to be addressed jointly during the current programme cycle. Compilation of these planning documents, however, required prior assessment and analysis of the situation of women and children in the respective provinces. Subsequently, the Programme for Planning and Social Statistics (PSS) prepared and technically supervised this effort, which was later commonly referred to as ASIA (Analisis Situasi Ibu dan Anak: Situation Analysis of Mothers and Children).

In pursuing this task, the objectives were: (1) Ownership of analysis results, (2) comprehensive analysis, and (3) sustained capacity building. Therefore, the entire analysis had to be authored by the respective provincial government officials and other local specialists. Teams of government officials from all sectors involved in respective intervention programmes needed to participate in the process of assessment, analysis, and formulation of conclusions and policy recommendations. Eventually, the training materials developed would need to enable these teams to build upon their experience in order to repeat and improve the analysis process in the course of routine local planning exercises.

Development of core training material

A central level support team, consisting of *BPS* officials, a multi-disciplinary team of specialists from the University of Indonesia, and UNICEF Indonesia professionals, worked together to develop Indonesian language core training material. The first of a three volume package provided an explanation of the conceptual analysis framework (PPK-UI 1995 and PPK-UI 1995a), while a second volume contained a compendium of suggested and commented indicators for data collection and compilation (PPK-UI 1995b). A third volume offered a generic outline for the eventual final analysis report (PPK-UI 1995c) indicating major tables and figures to be included in the report. Additional material visualised important framework components (UNICEF 1995).

Conventional Indonesian development planning, in common with that found in other developing countries, is still economy-centred, administratively conceived along the vertical chain of command, and sector-oriented. This is particularly true at the sub-national levels, where regional planning efforts tend to be based on application of technical guidelines and compliance to political instructions from the various central ministries. In addition, professional training and subsequent analytical skills are generally far weaker at this level.

The assessment of social development issues, however, requires a comprehensive approach. Such an approach would recognize the multi-dimensional nature of physical, mental, social, and cognitive human development, and would thus consider a broad range of interrelated determinants addressed by numerous fields of expertise such as health, nutrition, sanitation, psychology, education, demography, sociology, ethnology, and law. Hence assessment of social development issues is clearly a multi-disciplinary and multi-sector task. Such horizontal collaboration, however, faces severe constraints.

Apart from structural factors and the vested interests of different factions

within the local bureaucracy, the most important obstacle to joint cross-sectoral assessment can be seen in the absence of a common perspective across the sectors on what social development means and how progress in social development could be measured. A particular constraint is the phenomenon of mutual disregard between social and natural sciences, each of which offer segmented explanations of human development aspects, but pay little attention to the interrelatedness of, e.g. social-economic and medical, or nutritional and educational, determinants of human development.

Based on the above considerations, and as a most elementary step, the central support team began to develop a conceptual framework that could be used to guide a process of consensus building across the sectors and disciplines regarding the meaning of human development, and on respective strategies for data collection and analysis.

The framework had two major purposes: on the one hand it would establish the basis for operational development of an inter-sectorally agreeable procedure for the technical process of indicator selection and definition. In addiction, and first and foremost, the framework had to become a platform of effective advocacy for the intended assessment and analysis of needs and rights of women and children. This called for a less technical and more policy-oriented presentation. The latter's development thus returned to the above-mentioned framework originally created by the UNICEF nutrition programme (UNICEF 1990). The idea of a hierarchy of causal relationships working at and between different levels in society was maintained, and the need for measurement and data collection strategies specifically addressing each level was emphasised. Contrary to the UNICEF nutrition framework, however, the new MCSDP framework positively aimed to identify multiple-level determinants of human resources development, the overall REPELITA objective. Thus, rather than indicating causes of death and malnutrition, the model attempted to define factors leading to the survival, development, and care and protection of women and children within the family and community context.

The family had been declared "the fundamental unit of national development" (“*wahana pembangunan bangsa”*) in 1993 by President Soeharto, who launched a national ‘Movement for Development of Prosperous Families’ in 1994.[28] The term "prosperous family" (*keluarga sejahtera*) originated from the successful national family planning programme, which had, in turn, evolved from the straightforward provision of contraceptive services into an increasingly comprehensive approach to family empowerment and poverty alleviation.[29] "Prosperous families" were seen as the ultimate outcome of coordinated government policy encompassing material, physical and spiritual aspects of

28 In accordance with Law No. 10/1992 on “Population Development and the Development of Prosperous Families” and the “Family Principle” (*Azas Kekeluargaan*) announced in the 1945 Constitution as the fundamental principle characterizing Indonesian social life.

29 An official description of the programme of “development of prosperous families in the context of intensified poverty alleviation” is provided in Kantor MENPENDUDUKAN / BKKBN 1996.

human development. Thus, in referring to "prosperous families" as the final objective of the MCSDP planning process, the conceptual framework attained a 'politically correct' appearance, and at the same time emphasized the comprehensiveness of the process of 'family empowerment'.

Inspired by the 'Women's Equality and Empowerment Framework' developed by UNICEF's Women's Development Programmes, the MCSDP approach saw family empowerment as a multi-stage process of human development from welfare to self-reliance (UNICEF 1994: Reading #3: page 3). This process sees families as participants in development, who should not passively benefit from programme outcomes, but should improve their own capacity to recognize and overcome their own problems. Family empowerment policy in support of this process had to ensure the long-term sustainability of basic services and self-reliance at the community, household and individual levels through capacity building, awareness-raising and greater family participation in such efforts.

The framework views family empowerment policy as part of a long-term strategy to maximize the process of 'social reproduction',[30] which comprises human reproduction, socialization of norms, the long-term changing of social institutions and related power structures, and even longer-term processes within society corresponding to universal trends in cross-national systems (Annex 1). However, emphasis on the contextual, societal and behavioural determinants of family-based human development constituted only one side of the new MCSDP framework. The changing patterns of risks (defined as unmet needs and unrecognized rights) at the various developmental stages of individual family members, children and women in particular, across the lifespan had to be taken into account as well in order to operationalize the measurement of progress towards 'family prosperity' and future employability.

In collaboration with government specialists from the various sectoral social development programmes, distinct lifespan stages were defined, most of which were identical to major sectoral 'target groups' for operational planning of interventions regarding health, nutrition, sanitation, education requirements. Within the specific context of family and community, the cycle began with female adolescence as a crucial stage in preparation for women's reproductive life span. Emphasis then shifted towards the outcome of the reproductive process and followed the newborns' development through infancy, pre-school, and school age.

For each stage, the need for specific priority interventions was emphasized in order to address distinctive risks related to survival, development, and protection of the respective population segment. Since development along the MCSDP life cycle stages is sequential and cumulative, deficits also cumulate. Thus, 'strategic' interventions address stage-specific "windows of opportunity", which – when missed – would hardly be compensated for at a subsequent developmental stage (cf. Annex 2).

30 See e.g. Robertson (1992), and Piecho (1992).

In general, most of these interventions could be subsumed under two major internationally established intervention programme clusters, i.e. those advocated by the "safe motherhood initiative"[31] and by "early childhood development (ECD)"[32] programme designs. Both programme clusters emphasize the necessity of acting 'early', in terms of developmental stages, and comprehensively in terms of attention to the social and societal contexts of specific 'target groups'. In bringing these two programmes together conceptually in the context of the family life cycle, however, the MCSDP approach accentuated the importance of interventions across the generations. Thus, interventions directed at reduction of maternal mortality and morbidity risks would need to begin as early as during the stage of female adolescence and would have an impact on the pregnancy outcome. Interventions directed at the early stages of child development would eventually be the foundation for better learning achievements at school age. These achievements would – in turn – have an impact on the overall performance in the next 'round' within the life cycle (see also Figure 2 in Annex 2).

This new approach had several advantages. Firstly, the MCSDP framework offered a comprehensive and innovative policy orientation regarding human development planning without challenging prevailing Indonesian political ideology. At the same time, through integrating existing programme clusters (Safe Motherhood and ECD) and respective established target group definitions, sectoral programmers found familiar territory. In systematically emphasizing linkages across target groups and across different social and societal levels, however, the framework became a tool for intersectoral conceptualisation of crosscutting social development issues. These issues could now be identified across the sectors, and new standards for measurement could be jointly defined in a systematic fashion.

31 Safe Motherhood is a global effort to increase maternal safety and reduce the number of deaths and illnesses associated with pregnancy and childbirth. In 1987 a coalition of the world's leaders in maternal and child health, the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the World Bank, the International Planned Parenthood Federation (IPPF) and the Population Council, joined forces and developed the Inter-Agency Group for Safe Motherhood to assess this problem and recommend solutions (http://www.safemotherhood.org).
32 International attention to Early Childhood Development (ECD) arose from the recognition that many elements interact within a young child's life. ECD as a relatively new field thus combines elements from the fields of early childhood education, infant stimulation, health and nutrition, community development, parent education, sociology, anthropology, child development, and economics. Early efforts in promoting a comprehensive approach to ECD are e.g. reflected in UNICEF (1988) and UNICEF (1993). However, following a major World Bank organized international conference on ECD held in Atlanta in 1996, the importance of ECD interventions as fundamental investments into the formation of human capital began to be widely recognized (cf. Young, 1996). Today more than twenty international organizations have joined forces as the Consultative Group on Early Childhood Care and Development (see: http://www.ecdgroup.com/index.html) and have established an active Knowledge Network that presently incorporates researchers and institutions in some 120 countries, crossing disciplinary and sectoral lines. Major supporters of this group comprise UNICEF, UNESCO's Early Childhood and Family Education Unit (http://www.unesco.org/education/educprog/ecf/html/eng.htm); and the World Bank (http://www.worldbank.org/children/ecd/intro.htm)

▪ 3.2 *Proliferation and operationalization of the MCSDP approach*

The new MCSDP framework was introduced to a wider circle of government officials from major sectors, related professional organizations, and major non-governmental organizations through a series of workshops at the central[33] and the provincial level. These events had two main functions: (1) to test the acceptability of concepts and implicit hypotheses used, and (2) to jointly develop a catalogue of life cycle stage-specific risk factors, and subsequently agree upon appropriate indicators for risk assessment. This participatory process proved to be crucial in adjusting and completing the material developed so far. Adjustments comprised better integration of sectoral jargon for the sake of acceptability as well as changes in form and order of presentation of the essential framework presentation moduls (UNICEF 1995).

The most important outcome of this consultative process was, however, the construction of the above-mentioned comprehensive catalogue of lifespan-stage specific risk factors and respective indicators for their assessment. For each of the established lifespan stages, characteristic priority issues were discussed and eventually defined as factors potentially threatening its members' survival, development, protection and participation and empowerment chances. These stage-specific risk factors were further differentiated by causality level, i.e. whether they depicted immediate, underlying, or basic determinants of family prosperity (Annex 3). In a second step, for each risk factor one or more assessment indicators were defined. This process of operationalization included an inventory of existing relevant social indicators by source as well as recommendations for new indicators.[34] As an immediate result, the necessity of qualitative rapid assessments and studies was noted, as not all indicators could be assessed with quantitative methods, such as the application of surveys. Due to limited local as well as national capacities in terms of experienced rapid assessment teams, and individual Indonesian researchers experienced in qualitative research, these qualitative aspects could neither be appropriately defined, nor could the respective data be collected in a satisfactory way.

Conduct of the provincial level analyses and presentation of results

The actual Situation Analyses (*Analisis Situasi Ibu dan Anak, ASIA*) were conducted by provincial multi-sector analysis teams.[35] These teams were established by provincial government decree and had the full support of all provin-

33 E.g., results of a high profile national workshop conducted in collaboration with the Indonesian Institute of Sciences are published in Rahardjo, Rusman, and Yogaswara (1997).

34 A revised list of collaboratively defined risk factors is provided in Annex 3.

35 These teams consisted of provincial level officials from the Regional Development Planning Agency (*Bappeda)*, the Central Bureau of Statistics (BPS), the Ministry of Health, the Ministry of Education, the Ministry of Agriculture, the Directorate General of Village Development of the Ministry of Home Affairs (*Bangdes*), the Ministry of Social Affairs (*Depsos*), the National Family Planning Agency (BKKBN) and the Provincial Women Studies Centre (PSW).

cial and district agencies as deemed necessary. Although core members of each team had participated in the above-mentioned workshops, all teams were trained by a national training and supervision team, which comprised members of the central level support team and additional central level sectoral government specialists. After approximately one week of training and familiarization with the above-mentioned three-volume training package, those ASIA teams facing most constraints in terms of analytical capacity and writing skills, or data availability, were visited again by selected support team members in order to work together to tackle any crucial problems. While analytical skills and capacity of the provincial teams varied notably, motivation was generally high, partly because of the competitive situation among teams, and partly because of the group dynamics among team participants from different sectors. The latter were obliged to learn from each other in order to jointly assess women's and children's risks across the lifespan. This experience differed substantially from routine intersectoral collaboration efforts.

After approximately three months of data compilation, processing, and analyses, a national ASIA seminar was held at the National Development Planning Agency (*BAPPENAS*) where representatives from all participating provinces presented major findings and recommendations. This was done just in time to stimulate the budgetary discussions between BAPPENAS, sectors, and provinces, preceding the new fiscal year, which traditionally begins in April. In addition, provincial governments issued comprehensive analysis reports, which were circulated among the agencies involved at the national and sub-national levels and a wider audience of professional and non-governmental organizations as well as donor representations at the national level.[36] Later in the year, provincial sub-agreements for collaboration with UNICEF in nine provinces were completed and signed officially, some of which reflected conclusions drawn from the ASIA exercise.

Extended application and further development of the MCSDP approach

The Central Bureau of Statistics (*Badan Pusat Statistik, BPS*) had been one of the leading technical supporters of ASIA, both at the central level as a compassionate member of the support team, and at the provincial level as a major source of data and analysis expertise. This was largely because of the agency's realization of the usefulness of the MCSDP approach as a conceptual tool promoting more comprehensive social sector analysis. The provision of meaningful data on human resources development that could be translated into programme interventions had gained high political significance.

Thus, it is not surprising that BPS adopted the MCSDP framework and the related analysis outline format as basis of a national level replication of the

36 Reports of comparatively higher quality published by the respective provincial governments comprise: PEMDA TK I JABAR (1995), PEMDA TK I JATIM (1995), PEMDA TK I NTB (1995), and PEMDA TK I NTT (1995).

ASIA exercise in 1996. A first draft of this in-house effort became a main data source for the 1998 GOI/UNICEF Situation Analysis of Women and Children in Indonesia.[37] At the sub-national level, however, the effort was even more substantial. A simplified format of the ASIA outline became the official reference for a standard analytical report on the situation of women and children, published annually by all 27 Indonesian provincial governments, and on an experimental basis also by 27 selected districts and municipalities.

Apart from this new regional social statistics series, the above-mentioned risk factor and indicator suggestions were further refined and simplified in order to be applied at the district level. This task was carried out by an intersectoral technical team of government specialists established in the course of the UNICEF country programme under the auspices of BAPPENAS and technical guidance of BPS.

A set of recommended district level indicators was compiled in support of the Directorate General for Regional Development (*BANGDA*) of the Ministry of Home Affairs. The Ministry planned to expand the ASIA exercise to other selected districts with the final objective of institutionalizing routine situation analyses in all of the more than 350 districts and municipalities in Indonesia. The listings provided came in two versions, an extended list for comprehensive technical analysis and a condensed list focusing on advocacy and mobilization requirements. Both were based on a review of data availability at the sub-provincial level, and indicated the respective sources and potential modifications needed for lifespan-specific analysis. In addition to existing indicators, data gaps were also identified and new indicators and collection methods were recommended. In addition, the listings clearly indicated respective government agencies responsible for data collection of each indicator, and in addition, pointed out linkages to existing government programmes. Overall, the list could be used as a tool for advocacy and mobilization directed at district and municipal governments in order to better support social sector programmes in accordance with priority needs of programme target populations.

In the course of application of the MCSDP assessment and analysis materials for various tasks such as those described above, the conceptual framework and modes of its presentation and dissemination kept changing. These changes occurred in response to users' critiques and suggestions and in order to accommodate lessons learnt during the long participatory process of development. Eventually, the essence of the MCSDP material was transferred into a collection of hypertexts accessible through the Internet. This new medium had the advantage of quickly reflecting and disseminating changes and new developments at less cost, and at the same time offered a field for experimenting with new features of information technology. Finally a dynamic and interactive pro-

37 The draft report features five chapters, which were written by independent – though closely co-ordinated – analysis teams consisting of eminent Indonesian scholars from various disciplines, who had previously contributed to the development of the MCSDP framework (Irwanto et al. (1998); Iskandar, Meiwita B. (1998); Utomo, Budi and Laila Fitria (1998); Tan, Mely G. (1998a); Tan, Mely G. (1998b).

totype Government website was designed to promote and facilitate proactive cross-sectoral management of social development information.[38] Prospects for the further development of this effort are discussed in more detail in Part Four.

▪ 3.3 *Development of cross-sectoral analysis: lessons learnt, constraints and challenges*

Assessment of the overall impact

At the provincial level, the introduction of a comprehensive lifespan-based concept of human development (and resources) in conjunction with an intensive cross-sectoral discussion process of family-related issues was a new experience for provincial development planners and programmers. Thus the advocacy effect in terms of children's and women's needs and rights was remarkable. This process exposed local decision-makers to crosscutting issues (the issue of gender versus sex roles and human rights in particular), which they had tended to neglect. After the exercise was completed, most Governors and District Heads of the areas participating in the analysis exercise had a more differentiated picture of vulnerable groups and appeared to be more open to respective reformed intervention requirements. Overall, this made it easier for local advocacy efforts to mobilise political support for "overlooked target groups", such as girl children and female adolescents, husbands, and fathers in particular.

At the national level, the process of development of the new analysis approach obliged the participating organizations and individuals to adhere to interdisciplinary perspectives in day-to-day collaboration. The intersectoral technical team of specialists established under the auspices of BPS, persisted beyond the life of the GOI/UNICEF programme on social statistics. Eventually the team became a well-established advisory board and institutional interface for more conceptually sound collaboration of BPS with sectors. This team and many individuals from central and regional government and non-government institutions and universities together form a pool of specialists and decision-makers accustomed to applying a broader, yet lifespan focused, view to social development problems.

Lessons learned in the application of guiding principles

From a more general perspective, the multi-year, multi-stage process of development of the MCSDP approach and related material, offered a range of valuable lessons. These lessons can be applied in the course of ongoing development and promotion of strategies for policy-responsive, family-focused, information management.

Reduce complexity – regularly

The wealth of material developed, tested, reviewed, and modified into various

38 See http://202.152.17.66/shd1/index.htm.

subsequent versions grew into a variety of conceptual tools over time that looked overly complicated to the uninitiated. More time for systematic 'weeding' of unnecessary jargon, and better documentation of the meaning of, and relationship between, different concepts became crucial to make the approach more appealing to a broader, non-specialist, audience.

Put economic and social (including rights) aspects upfront rather than bio-medical ones.

Traditionally, most UNICEF programme activities were focused on promoting child survival, growth, and development, as well as reducing maternal morbidity and mortality. This focus of attention naturally comes with a concentration of knowledge on the 'immediate' – and mostly universal – bio-medical determinants of these objectives. Contextual factors, such as behavioural patterns, cultural norms, or specific policies, however, vary from one country or area to the other, and thus do not belong to the core knowledge of the organization. These 'underlying'and 'basic' factors, however, are those primarily dealt with by national and international policies, including UNICEF's own recent human rights orientation. Consequently, the emphasis on human reproduction as a fundamental family function from which the MCSDP approach had evolved caused disagreement among supporters of rights-based programming. Similarly, for development planners the prominence of pregnancy, delivery, and infancy among the initial MCSDP intervention targets was too narrowly confined to the medical sector. These criticisms eventually led to the conclusion that economic and social outcomes of family-focused development programming had to be presented more prominently. Turning around the order of presentation of the life cycle was one way to achieve this. Presenting youths as a future quality workforce upfront, and then following the spiral of previous developmental stages down to the root determinants of such quality, would attract the interest of a wider and non-medical audience.

Widen the scope of target groups to include relevant vulnerable groups within the family context.

The traditional exclusive UNICEF focus on children and women, and women as mothers in particular, was another reason why development planners and rights-based programmers felt uneasy with the MCSDP approach as a general social sector analysis tool. Two major population segments were found to be missing from the lifespan scenario: (male) adolescents and the elderly. In the course of demographic transition of the Indonesian populace, both groups had gained increasing significance in terms of relative size as well as magnitude of problems faced. Exploitation, abuse, and neglect are most common in the transitory phase between child and adulthood. Urban migration and massive unemployment and underemployment among youths have augmented these problems. At the same time, the elderly have increased in numbers and have therefore added to the care requirements family and society had previously

devoted almost exclusively to children. A life cycle that did not embrace these groups would obviously exclude some of the biggest issues in contemporary Indonesian social development.

Emphasize the functional relationship between long-term political objectives and short-term programme targets in accordance with local bureaucratic culture.
Development planning in Indonesia, as mentioned before, is a process confined by long-term political objectives set up in the 25-year Master Plan, and the respective Five-Year Development Plans. Selection, prioritization and wording of these objectives, however, do not only follow subject-matter requirements but are subjugated by many ideological factors, seemingly indisputable political principles, and sophisticated semi-traditional lingo.[39] Advocacy for new targets and new approaches must recognize these factors in order to achieve legitimacy, particularly among officials at the sub-national levels of state bureaucracy. Ideas not presented in form and formats compatible with the subtlety of Indonesian bureaucratic culture are more easily rejected as foreign, western, or non-governmental. This attention to established form as a major vehicle for promoting new ideas throughout the development of MCSDP materials, went well beyond adoption and adaptation of government jargon. Eventually, the entire MCSDP framework presentation became encoded with established symbols of Indonesian bureaucratic culture, including the use of acronyms, colour schemes, and modes of numeric classification.[40]

Replace hierarchies of causality levels with progressively widening scopes of assessment.
The introduction of causality levels adopted from the UNICEF Nutrition Framework (UNICEF 1990) as essential components of the MCSDP analysis framework caused major difficulties in the process of identification of risk factors and their subsequent operationalization. This was mainly due to a widespread 'mechanical' interpretation of the relationship between these levels among participants of the various analysis teams. Whereas the association of 'immediate causes' of child and maternal well-being with bio-medical and psychological variables was relatively undisputed, associations with 'underlying' and 'basic' causes varied wildly among subject matter specialists across sectors and disciplines involved in the definition process. This inconsistency was even more problematic, as the authority over selection and definition of many of these determinants had to be delegated to the regional analysis teams in order to maintain a high degree of area specificity in the analysis process. Apparently, the image of a hierarchy of causality levels tempted many specialists to resort

39 This lingo often comprises Sanskrit terms and Sanskrit derived acronyms that may be used to associate political objectives with the mystified glory of the pre-colonial past. Anderson (1966), Anderson (1972), Anderson and Kahin (1982), and Betke (1988).

40 These presentation materials are contained in UNICEF Indonesia (1995); a more elaborate description of contemporary political symbolism in Indonesian development planning is given by Betke (1992a).

to constructing one-dimensional paths of relationships between certain factors whose hierarchic interaction could explain a certain degree of change in variables such as child morbidity. This was, however, contrary to the original intention of introducing such hierarchy of causality levels. These levels made sense only in recognition of their association with different social units and the respective attributes of these units. For instance, children, women, and mother-and-child form a unit of analysis where survival and development can be measured. Care-related social relations and behaviour, however, could be observed within the unit of family, household and community. Analysis of the wider unit of state and society would focus on empowerment and protection related social norms and policy processes. Consequently, the characteristics of indicators selected for each unit differ fundamentally and require different data collection methods and analysis techniques. Thus, whether care requirements are 'underlying' factors and empowerment policy is 'basic' to family prosperity is relatively unimportant in comparison to logical and methodological consequences associated with each respective analysis unit. Therefore, in order to overcome this confusion of causality relationships and measurement requirements, eventually levels of causality were not emphasized further in the course of MCSDP analysis promotion and development. Contrarily, the above progressively widening analysis units became the basic frame of reference for operationalization efforts.

▪ 3.4 *Future Requirements*

Previous sections of this paper have elaborated on the various constraints impeding cross-sectoral assessment and analysis of human development related information. In response to these the idea of risk analysis across the human lifespan had been introduced which served to create a common perspective on strategies for assessment and analysis of risk factors at different social levels.

The latest GOI/UNICEF Situation Analysis of Women and Children[41] largely followed these principles with remarkable results. However, while scope and quality of statistical assessment of individual survival and development for specific lifespan stages has been progressing among and across the sectors, significant data gaps were stressed. The absence of vital registration data still impedes the assessment of small-area specific mortality levels, and jeopardizes civil rights. Measurement of child development, comprising the achievement of recently established country-specific milestones for child development, as well as psychosocial and cognitive development has also not yet been implemented on a national scale.

In addition, research-based comprehensive information on the family and community level dynamics of mutual social support is still lacking. For instance, little knowledge exists on discriminative patterns of resource allocation within

41 BAPPENAS/UNICEF Indonesia 2000.

households and communities regarding time, food, and health expenditures. The same is true for data on physical violence within families and communities, the social functions of marriage and their implications for early marriage, and for vulnerability of families to disintegration, such as frequent divorce and male polygamy as well as male promiscuity, women's discrimination in terms of ownership of productive assets, landownership and heritage, women's dependency on husbands' consent in terms of mobility, legal and financial transactions, etc.

Similarly, social, political and economic opportunities for mobilization of family resilience and self-reliance are not well understood due to the weak integration of social science concepts and methodologies into lifespan specific research. Many government programmes so far addressed communities as amorphous entities, with little regard to local power structures and subsequent interest differentials. For instance, it was no secret in the Soeharto era, that village-based facilities, such as *Posyandu*, the renowned integrated service posts, and other village level outlets of government services are in the hands of government co-opted village elites. Similarly, the government co-opted village level development cadres, and the associations of government servants' wives were addressed by government as representatives of 'people's movements', rather than 'people being moved' according to government plans. Such ideological remoteness from day-to-day reality at the community level did not foster critical institutional research and resulted in stagnant and opportunistic development of Indonesian social sciences. This situation led to a deterioration of quality and professionalism, which must now be redressed.

To overcome the above constraints inherited from the authoritarian regime, the new government needs to adopt an information policy geared to generate factual instead of ideological information. Considering the desolate condition of social research orientation, capacity and quality, this policy needs to become more proactive and supportive rather than merely administrative.[42]

A national plan of action regarding statistics and social research priorities would be a first step towards better management of information. This plan would mean spelling out the coordinative mechanisms for priority data collection through government agencies as well as policy guidance and support to local national researchers.

Implementing such a policy will, however, require a long-term innovative strategy in social information management. This strategy could make use of the principles and lessons learnt in the course of development of the Family in Focus approach to social information management. This approach aims at facilitating the development of improved conceptual and institutional linkages between lifespan specific information requirements and ongoing social, political and economic research. This process would necessitate the initiation and

42 This administrative approach is e.g. reflected in the thesaurus-like structure of government research directories issued by the Ministry for Research and Technology, Kantor MENRISTEK (1996a), Kantor MENRISTEK (1996b), Kantor MENRISTEK (1996c).

institutionalisation of a dynamic dialogue among and between sectors and civic society, which would focus on assessing and integrating family and community perspectives and aspirations into human development planning.

Experimental evidence from a recently constructed GOI/UNICEF web site prototype seems to point out options for implementation of such a long-term strategy. The prototype, which is described further below, was designed to demonstrate technical feasibility of networked social information management facilitated through modern information technology.

4. Opportunities for Further Development: Prospects of Developing a New Approach to Social Information Management

■ 4.1 *Applying information and communication technology for social information networking*

The rapid advance of new information technology in recent years seems to support this strategy. Intra- and inter-agency networks (intranet) and the globally accessible World Wide Web (internet) provide new, faster, if not 'instant' ways of providing access to numerical, textual, and multi-media information. This information can be stored, retrieved, and categorized faster, cheaper and in greater volume than ever before. This offers new opportunities for increased synergy in data exchange, distributed processing and distributed database maintenance across networks. In countries as large as Indonesia efficiency gains could be enormous.

While existing government networks in Indonesia simply provide linkages among home-pages of government organizations and their respective administrative/sectoral structures, a human development information network would synthesize information from different agencies according to the structure of the family life cycle. This approach would break up the sectoral perspective and provide gateways for cross-sectoral and trans-disciplinary data collection, processing, presentation and discussion.

Eventually, the network would allow participating agencies, universities, and civic and private sector institutions, to jointly identify knowledge gaps and focus on assessment and analysis of social and societal constraints to human development. In recent years, the Indonesian government has established various single- and multi-sector networks linking different administrative levels from the central ministries to province and district representations and sub-national administration. In addition, electronic mail has recently been declared legitimate for official government communication. In the near future, substantive investments are planned to continuously increase and improve speed and volume of data exchange within the country.[43]

43 Dharmawan (1998) describes current government strategy on country-wide information technology development.

Many universities have also developed their own web sites and respective home pages. The same is true for the civic and the private sectors. Private internet service providers have begun to offer internet access services at increasingly competitive prices.

Considering these favourable conditions, the establishment of an interagency network for human development information management would seem feasible. Such a network would facilitate the integration of monitoring, evaluation, assessment and analysis related planning requirements across key government agencies. In addition the network would have a jointly managed interface for communication with universities and the civic and private sectors, as well as the donor community.

▪ 4.2 *Developing strategies for networked social information management*

As a first step towards the creation of a nation-wide network for human development assessment and analysis, a GOI/UNICEF team developed a website prototype in collaboration with the Indonesian Central Bureau of Statistics (*BPS*) and the Indonesian Institute of Sciences (*LIPI*) under the auspices of the Minister Coordinator for People's Welfare and Poverty Alleviation, and the National Development Planning Agency. This pilot activity was designed to experiment with, and demonstrate and advocate for, the establishment, development and maintenance of a larger system through sustained government funding. Because of constraints in time, budget and manpower skills, only core features were implemented as dynamic, interactive and real-time functions. Other features would require the support of a wider network of specialized institutions. These features have therefore only been indicated as options for future development.[44]

Information presented in the website prototype is principally structured in line with major stages of human development across the human lifespan and related lifespan-specific risks affecting survival and development, protection, participation and empowerment of women and children. For each of these stages general background information can be assessed that emphasizes stage-specific patterns of needs and rights. This innovative feature brings together the views on development challenges of specialists and decision-makers from all concerned governmental sectors, disciplines, and the private and civil sector.

Three different – though interlinked – website modules reflect the major strategies for networked information management around which the site was constructed:

44 The prototype – as developed by GOI/UNICEF until December 1998 – can be assessed at http://202.152.17.66/shd1/index.htm. Since that time – the peak of the economic crises and subsequent substantive shifts and changes of government policy and structure – no further development has occurred, though options for doing so given the new circumstances are currently being assessed.

- A first module aims to build a comprehensive national collection of quantitative and qualitative information associated with risks to development across the human lifecycle. Core functions of this module have been implemented in the prototype to demonstrate options of interactive use.
- A second module demonstrates the intended integration of a research support feature into the information system. This module aims to improve the quality of applied and rapid assessment through local research institutions. Actual implementation of the envisaged function would require institutionalized support ensuring the transfer of up-to-date knowledge and skills on appropriate qualitative research methodology.
- A third module assumes full accessibility and secured operation of the overall system, which could then become a major means for timely exchange of information across sectors, researchers, civic society and the donor community of human development related information. At the same time, this module would serve as a major gateway for dynamic communication on a huge range of issues, ranging from crosscutting human development problems, specific research methodology problems, data quality and related validity and reliability issues.

Underlying strategic considerations of the above modules are further elaborated below while details on the construction of the operational core are provided in Annex 4.

Promoting new types of assessment of risks to human development

The web site prototype has an operational core using existing quantitative and qualitative information provided by BPS and LIPI task forces.[45] This core section presents information on indicators and studies on potential risks (understood as unmet needs and unrecognized rights) faced by children and women in Indonesia across the lifespan. By doing so, the system maintains the conceptual linkages between indicators and lifespan stages[46] and also between lifespan stages and accessible research reports. In practical terms this is achieved through the lifespan-driven structure of indicator and study listings provided, where comprehensive descriptions of the respective lifespan specific needs, rights, and risks can be easily accessed. Thus, the relevance of indicators or studies selected in relation to the changing patterns of risk across the human lifespan remains in focus.

In addition, users are always alerted to the availability of contextual information, when looking at quantitative information regarding the status of well-being of selected sub-populations. And, when they are looking for contextual information from qualitative, social, political or economic studies, linkages point to statistical information related to the topic studied, if available for the area (national, province, district, village level) reported.

45 See Annex 4 for more details.

46 As explained in Annex 1.

The purpose of this procedure is to help synthesize quantitative and qualitative information across the sectors and disciplines, while keeping the focus of analysis on the situation of the most vulnerable groups within families and communities. In addition, information gaps in terms of status as well as contextual understanding can be more clearly identified and addressed.

Supporting applied research on human development

Apart from pointing out linkages between and among quantitative and qualitative information, the intended system also aims to influence and improve the development of knowledge on the family and community context. Mechanisms should therefore be provided that could stimulate local researchers to improve both policy-relevance and quality of their work. The first objective requires innovative funding strategies focusing on knowledge gaps regarding social and societal human development. These strategies could be based on the catalogue of lifespan-specific risk factors, especially those related to social and societal aspects. This catalogue, while being in the operational core of the intended information system, needs to dynamically reflect the knowledge gains the system would generate over time and would thus require the institutionalization of a routine review system. Once such a review mechanism was established, specific social research efforts could be attracted – through contests and other incentives – to explore contextual information on priority constraints to human development.

Another feature of the prototype allows for examination of cross-linkages between research institutions and lifespan stages targeted in their respective research projects, as well as risk factors addressed, and methodologies applied. This option introduces an element of social control over, and among, researchers.[47] Institutes with (human development) policy-relevant research tradition and specialization could be easily traced, and the development of experience with appropriate research methodology would be reflected online in instantly compiled institutional profiles.

Eventually the system could proactively offer quality support features such as online access to reference information providing state-of-the-art training modules on appropriate qualitative assessment methods and techniques, and specialized reference literature related to human needs and rights across the lifespan. In the light of growing demands for decentralized planning and decision-making, and considering national and local budgetary constraints due to the crisis, such a method of sharing knowledge would seem to be a timely, efficient and feasible solution.

Stimulating rapid dissemination and critical discussion of results

Once the main features of the intended information system were implemented, it would be crucial to provide communication facilities to allow the rapid

47 The need for such control has been elaborated in section 2.1 of this paper.

pulling together of comprehensive conclusions on priority research results stemming from multiple and dispersed analysis agents, including the sectors, universities, non-governmental organizations, professional organizations and also the Central Statistics Agency. This most up-to-date information could – once finally approved – be instantly published in various types of online newsletters through the World Wide Web and/or an inter-agency network (intranet). Since the system would be database-driven, all submitted articles would remain accessible in the system and could be linked to respective lifespan stages and risk factors, or methodology issues discussed through automatic search functions.

In addition to this formal channel of timely exchange and dissemination of analysis results, the system should also support and maintain an ongoing and mostly informal process of networked discussion among the various concerned parties of social sector analysts and planners. This discussion could cover a vast range of topics, such as priority research issues, interim research results, data validity and reliability, as well as policy implications of new findings published within the system, and last but not least, suggestions for enlisting new evolving issues in the priority catalogue. All information entering this informal discussion channel would be accessible through free format search, or through automatic queries focusing searches for information on the various lifespan stages and respective risk factors.

Both communication channels would have the potential of contributing to increased accountability of researchers and data collecting institutions, due to more transparency in methodology and quality issues. Distributed discussion of analysis results and data quality could eventually increase participation and collaboration across sectoral boundaries and beyond the realm of bureaucratic rank and command. This would be a first step towards a knowledge driven civil society.

5. Conclusions

Based on the experience gained throughout the multi-year effort of development of the GOI/UNICEF MCSDP analysis approach, a simplified set of general tools and guiding principles for social sector analysis eventually emerged. These strategic and methodological considerations have been called the Family-in-Focus approach.[48] This title is, as yet, a promise rather than a reflection of actual achievements in analytical refinement. In the course of collaborative assessment of the situation of women and children in Indonesia with partners from many sectors and disciplines, the lack of knowledge and understanding of contextual factors determining the life of families in Indonesia has been a strikingly persistent phenomenon. Apparently, while the goal of achieving ‘prosperous families’ (cf. section 3.1) is a central political concern, the present

48 Annex 2 provides a more detailed description of these principles.

focus of analysis remains on outcome indicators, which measure change at the individual level. Understanding the processes of social and institutional change at the level of the family and community in the wider context of society and state, however, relies on mobilization of more than a few central level specialists, and the awakening of a critical mass of social scientists, who were kept in an artificial 'coma' under the authoritarian Soeharto regime.

Shifting the focus of assessment and analysis toward the family context will require enormous efforts owing to Indonesia's size and ethnic and cultural diversity. These efforts need a proactive policy of social information management facilitating nationwide processes of consensus building on the meaning of human development. Knowledge on the changing patterns of human development and human rights requirements across the lifespan seems to be a good starting point for this discussion process. However, knowledge on universal needs and rights must be matched with the specific interests, aspirations and perceptions of the many stakeholders at multiple levels of the family context. Applied social research could help to bridge this knowledge gap. The question is, however, how to provide orientation to researchers in selecting policy-relevant topics and in applying appropriate methodologies that yield quick – yet valid and reliable – results. These results and lessons learnt in the research process would also need to be shared among the users and producers in a timely and transparent fashion.

Application of modern information technology appears to offer a feasible and efficient solution to these challenges in social information management. Establishing a network for collaboration and distributed assessment and analysis across sectors and disciplines could result in enhanced availability, accessibility, applicability, and quality of information on human development. This networked approach could build upon principles developed in the Family-in -Focus approach that this paper attempts to document.

The approach aims at advocating for a common view of human development and at supporting and strengthening cross-sectoral processes of social development planning at the national and especially at the sub-national level. If a common definition of the most pressing social development issues could be achieved across the sectors, single sector interventions could be better matched with each other in terms of timeliness and resources required, which would in turn result in synergy gains, such as greater effectiveness and efficiency. Achieving this is no easy task and requires a carefully orchestrated process of capacity building among members of the central and local institutions, as well as the initiation of linkages with national and local experts and knowledgeable representatives of the civic sector. On the other hand, once a structured dialogue between and across the sectors had been initiated, human development requirements could be effectively linked with human rights issues, the provisions of CRC and CEDAW in particular.

Because many of the constraints addressed by the approach are not Indonesia specific, but typical weaknesses in the social information manage-

ment of many developing countries, the Family in Focus principles have potential benefits for the work of many UNICEF country offices, other international and bilateral agencies, as well as national and regional institutions concerned with social development planning and analysis. These institutions could use the approach as:

- An effective **advocacy tool** for seeking national and regional cross-sectoral consensus on people-centred, rights-based and regionally-specific social development issues, and respective financial commitments targeted at the most vulnerable members of society;
- An **empowerment mechanism** for area-based, cross-sectoral, lifespan specific, and action-oriented social development analysis and planning;
- An **instrument for management policy reform** regarding national social development information.

Annex 1: Social Indicators

Table 1: Pre-crisis development and crisis impact as reflected in selected social indicators in Indonesia

Indicator	Pre-crisis period covered	Pre-crisis development		1997	1998	1999
Population living in absolute poverty (p/c expenditures insufficient to purchase food containing at least 2,100 calories plus a minimum requirement of non-food items)	1976,1996	54.2 mil. 40.1%	22.5 mil. 11.3%	n.a. n.a.	49.5 mil. 24.2%	48 mil. 23.4%
Proportion of household food expenditure: total	1976,1996	77%	55.3%	n.a.	n.a.	63%
urban/rural		n.a.	48%/63%	n.a.	n.a.	56%/70%
Total fertility rate	1971-1975, 1991-1994	5.2	2.8	To be calculated from census 2000 results		
Average annual population growth rate	1971-1980, 1990-1995	2.32	1.66	To be calculated from census 2000 results		
Contraceptive prevalence rate	1985,1996	38.6%	54.3%	55.3%	55.4%	55.4%
Adult literature rate (above 9 years of age): total	1980, 1996	71%	87%	89%	89.4%	89.8
male/female	80%/63%	92%/83%	93%/85%	93%/86%		94%/86%
Net primary school enrolment rate: total	1992, 1996	91.1%	91.5%	92.3%	92.1%	92.7%
male/female		91.1%/91.1%	91.5%/91.4%	92.5%/92.2%	92.1%/92.1%	92.7%/92.7%
Net secondary school enrolment rate: total	1992,1996	42.0%	55.0%	57.8%	57.0%	59.2%
male/female		41.6%/42.3%	53.7%/55.5%	57.4%/58.3%	56.1%/57.9%	58.5%/60.0%
Number of infant deaths per 1000 live births	1976-1996	109	56	To be calculated from census 2000 results		
Number of underfive deaths per 1000 live births	1983, 1994	114	71	To be calculated from census 2000 results		
Percentage of children under two years of age having received full immunisation course	1991, 1996	48.3%*	54.8%**	To be calculated from next household health survey		
Percentage of households with access to safe water: total	1980, 1996	42.0%***	71.4%	75.1%	76.4%	77.1%
urban/rural		59.0%/37.0%	89.1%/61.5%	90.8%/65.7%	91.8%/67.3%	91.7%/67.7%
Percentage of households with access to sanitary means of excreta disposal total	1980, 1996	52.0%***	56.3%	59.4%****	64.9%	61.1%
urban/rural		77.0%/46.0%	73.5%/46.8%	76.9%/49.0%	80.4%/55.6%	77.0%/50.8%
Percentage of households consuming inadequately iodised salt	1995, 1996	49.8%	58.1%	62.1%	65.2%	63.6%
Percentage of underfives with moderate and severe underweight	1986, 1996	51.3%*****	36.2%	n.a.	35.4%	30.2%
Number of maternal deaths per 100,000 live births	1986, 1995	450	373	To be calculated from next household health survey		
Percentage of births attended by trained health personnel	1992, 1996	38.5%	50.1%	53.9%	51.8%	55.8%
Early Marriage: Percentage of ever married women who married below 20 years of age	1980, 1996	74.4%	66.2%	64.9%	63.5%	62.9%
Child Marriage: Percentage of ever married women who married below 16 years of age	1980, 1996	31.2%	16.0%	14.1%	15.1%	14.5%

Sources: Surbakti, Pajung (2000); *DEPKES (1995); **DEPKES (1998);*** BPS (1982); ****BPS (1989); *****BPS (1992)

Annex 2: Guiding Principles and Analytical Tools Developed

This section provides a condensed overview of core elements and main arguments of the approach to social development data assessment, analysis and management originally developed to facilitate the conduct of cross-sectoral situation analyses at the province level (cf. section 3.3). The material was developed in collaboration with the Central Statistics Agency (*Badan Pusat Statistik, BPS*), the Centre for Health Research at the University of Indonesia, and teams of professionals from key sectors, including government research institutes and local universities, provincial and district officials involved in data assessment, analysis and regional development planning. In applying the logical framework further explained below, a catalogue of risk factors has been defined in the participatory process that served as a basis for indicator selection and the search for contextual and qualitative information. This list (provided in Annex 3) became the operational core for a prototype web site on social information management, and also for managing the year 2000 GOI/UNICEF analysis of the situation of women and children in Indonesia (see BAPPENAS/UNICEF 2000).

In the course of its development over a period of six years, the analytical framework of the Family-in-Focus approach went through many rather substantive changes and adaptations. Three major principles, however, survived all adjustments. These principles comprise (a) the perception of human development as a long-term intergenerational process; (b) conceptual considerations for cross-sectoral assessment and analysis of human development risks; and (c) employment of progressively widening assessment units in support of integrated multiple-level research on human development.

Conceiving human development as a long-term planning perspective

In the light of an increasingly globalised labour market, however, human development appears to have gained utmost priority ultimately aiming at creating a better quality, and thus internationally competitive, work force. Development planning processes adjusted to this new priority need to be conceptualised within a long-term planning perspective. People's development means empowering the realisation of their full genetic and cultural potential.

Interventions directed at improving people's capacity and self-reliance need to be seen in the context of the multiple-level and multi-generational nature of social development as ‘social reproduction’. This process is based on an accumulated impact of mutually interdependent mechanisms working simultaneously – but at differential pace – at the level of family, community, and society. These mechanisms comprise human reproduction, socialization of social norms, the long-term changing of social institutions and related power structures, and even longer-term processes within society corresponding with universal trends in cross-national systems.

In this regard, social development planning would ultimately aim at empowering families – and primary care providers in general – as the funda-

mental units of social reproduction. Analytically, the lifespan stages of individual family members represent the fundamental scenario for effective government planning aiming at improved social reproduction, while offering opportunities for efficient short-term, medium range, and long-term interventions. These interventions need to be directed at specific needs, risks, and rights attributed to strategic stages in the processes of human reproduction and child development. This means that social sector planning would need to address key issues around the mother-and-child link (dyad) as the centre of the family life cycle. These issues would cover a wide range of problems to address comprising the promotion of special attention to girl children, striving for greater safety during pregnancy and delivery, and eventually ensuring the development of children according to their full genetic potential in accordance with the prevailing cultural norms and basic human rights. Only the combined effect of these strategic interventions over a 25-year time-span could result in significantly improved quality of life and productivity of the future generation. Ultimately, these efforts would achieve improved 'employability' in the globalised labour market, increase skills and awareness for the requirements of responsible parenthood, and more meaningful participation in the nations civic affairs.

Conceptual considerations for cross-sectoral assessment and analysis of human development risks

Optimal human long-term development is 'at risk' when at critical stages across the human lifespan needs remain unmet, and rights remain unrecognised. Assessment and analysis of lifespan-stage specific human development risks, however, must take into account that these risks vary across the lifespan and can accumulate from stage to stage and reproduce across the generations, if not prevented or compensated for.

Analysis of the specific patterns of risk that individuals face throughout crucial stages of development therefore relies on assessment of the chronological linkages between variables describing the survival and development status of three main stages in human development comprising youth, (including adolescence and school-age), early childhood (including pre-school age and infancy), and womanhood (including pregnancy, reproductive and productive age, female adolescence and girlhood). Insufficient capacity development at each stage would thus be explained in retrospective trough deficiencies carried over from past development stages, whereas the possible impact of current insufficiencies would prospectively determine restrictions in future development opportunities.

In addition to the impact of vertical (chronological) linkages across the stages, the magnitude of new risks faced at each of these stages depends on contextual factors working simultaneously, though at different pace, and interactively at different societal levels. These levels comprise the individual, the dyad (husband-wife, mother-child link), family, community, state and society.

Assessment of these contextual factors would need to progressively (hori-

zontically) widen its scope in order to facilitate analysis of linkages between the following variables: survival and development status of the individual and the extent and appropriateness to which mothers, parents, families, and the community interact (in caring and protecting) with the individual in relation to its stage specific needs and rights.

Individual survival and development status, as well as care and protection behaviour patterns observable in the immediate social context are influenced by, and interact with, external factors of opportunity. These opportunity patterns determine available options for protection of individual needs and rights, and for individual, family, and community participation in civic and cultural affairs, as well as in economic progress, and the options for self-reliant development. These factors are complex and vary between regions, ethnic groups, degree of urbanisation, and economic status. They comprise prevailing socio-cultural perceptions and belief-systems, respective social norms and values, customary and formal laws and respective enforcement effort, government policies and respective programme implementation, as well as general economic development opportunities in relation to topographic and resource base conditions.

Comprehensive and holistic analysis of risks to overall human development across the lifespan would thus have to use a matrix approach thereby following contextual as well as chronological linkages among risk determinants. Table 2 shows the linkages between the major lifespan stages and the respective widening scopes and shifting foci for risk assessment and subsequent analysis.

In addition, the table indicates major areas for support of integrated research efforts on different – though interlinked – dimensions of human development risks. These dimensions comprise:

- processes of human reproduction and of child growth and development assessed as bio-medical, psychological, and educational status of the individual;
- dynamics of dyadic interaction and of social support within family and community assessed as social behaviour, including socio-economic decision making;
- societal mechanisms determining equity and equality, which are assessed as cultural and politico-economic opportunities.

The following section provides further detailed explanation on important conceptual elements of the above research dimensions and assessment foci.

Employment of progressively widening assessment units in support of integrated multiple-level research on human development

Assessment of contextual factors needs to accommodate the multiple-level relationship of determinants affecting each human lifespan stage through systematic widening of the scope of assessment. This widening should not, however, result in an inflationary increase of the number of indicators required for analysis. On the contrary, in the Family-in-Focus approach each unit of assessment

Table 2: *Relationship between strategic stages and different dimensions of integrated research across the lifespan*

<table>
<tr><th rowspan="2">Major and respective strategic lifespan stages</th><th colspan="5">Assessment units and respective integrated research dimensions</th></tr>
<tr><th colspan="2">Individual</th><th colspan="2">Dyad/Family/Community</th><th>Family/Community/Society</th></tr>
<tr><td>1. Youth, comprising
● Adolescence (13-18 years)
● School age (7-12 years)</td><td></td><td rowspan="2">Processes of child growth and development</td><td></td><td rowspan="3">Dynamics of social support to primary care givers</td><td rowspan="3">Societal mechanisms determining equity and equality</td></tr>
<tr><td>2. Early childhood, comprising
● Pre-school age (3 - 6 years)
● Infancy (0 - 2 years)</td><td></td><td rowspan="2">Dynamics of dyadic interaction</td></tr>
<tr><td>3. Womanhood[49], comprising
● Pregnant and parturient women (15-49 years)
● Reproductive and productive age (15-49 years)
● Girlhood and female adolescence (10-18 years)</td><td>Processes of human repro-duction</td><td></td></tr>
<tr><td>Assessment Foci</td><td colspan="2">Survival and DevelopmentStatus</td><td colspan="2">Care and Protection Behaviour</td><td>Protection, Participation and Empowerment Opportunities</td></tr>
</table>

is associated with a specific assessment focus that guides the eventual selection of appropriate indicators, and also draws attention to methodological implications that often correspond with the level of data collection. Three major foci have been identified as follows:[50]

(1) Survival and development status assessed at the individual/dyadic level

Assessment within this unit addresses needs and risks and respective universal

49 The term 'Womanhood' indicates women's multiple and complementary roles in human reproduction (in pregnancy, giving birth, and breast-feeding) and in productive life.

50 The choice of these foci associated with analysis units, was made to avoid the association of social levels with causal relationships as introduced in the UNICEF nutrition framework (see UNICEF 1990). Experience has shown that the association of the level of the individual, of family/household and community, and of state and society with 'immediate', 'underlying', and 'basic' determinants of sustainable human development respectively was often misunderstood (see chapter III, B, 2: lessons learned).

rights of individuals/dyads in relation to survival, growth, and development. Life expectancy at birth, age-specific mortality rates, disease prevalence, and nutritional status, as well as cognitive, emotional, and mental and social capacity of individuals and dyads at different lifespan stages are the key indicators of individual development in the context of human resources development.

As a precondition of survival and development, nutritional and health needs have to be satisfied. These needs vary corresponding to each individual's stage in life and the corresponding risks. Safe water available in adequate quantity is the most basic need. Malnutrition and susceptibility to diseases mutually reinforce each other (malnutrition-infections syndrome).

Physical and non-physical condition of the individual and dyad are interdependent (like sickness and psychological stress, growth and appetite); development of individual cognitive and emotional capacity rely on timely availability of appropriate nutritional inputs during early stages of childhood as much as on appropriate early attention and stimulation from the immediate social environment.

Fulfilment of individual/dyadic needs and rights depends on appropriate recognition and protection within the wider social context. Research related to individual survival and development would focus on the following interrelated processes:

- **Processes of human reproduction**

Special care and protection requirements of women rise from the age of girlhood and adolescence (10 years) throughout their reproductive life. These needs increase with marriage and associated reproductive behaviour risks. They are highest during pregnancy and delivery associated with risks of maternal mortality and morbidity.

Socio-cultural and economic pressure also often increase the biological maternal risks due an unfavourable pattern of parental reproductive and care behaviours (including early marriage), and lack of special health and nutritional requirements of women throughout their reproductive lives. Low awareness and conflicting interests within families and communities result in insufficient mobilization of resources and social support.

- **Child growth and development**

Survival and development of new-borns, infants, and pre-schoolers is the product of care and protection available to women during their reproductive life as well as the provision of adequate care and attention to their own individual special developmental requirements. High-quality responsive care at these early stages in childhood will reduce potential physical and non-physical risks during school-age and adolescence which in turn results in higher learning capacity and social responsibility of these future constituents of the Indonesian workforce. Eventually, the accumulated effect of increased care and protection that these children enjoyed throughout strategic lifespan stages will result in lower survival and development risks for their own off-spring due to improved health, nutritional, and psycho-social security, knowledge and awareness of these 'parents-to-be'.

(2) Care and protection behaviour assessed at the individuals/dyads and family, household, community levels

Assessment of this wider social unit addresses currently prevailing regionally specific patterns of social behaviour affecting the needs and rights of individuals and dyads at specific lifespan stages. These behavioural patterns would comprise social interaction among individuals and dyads, and between households and community institutions as well as the management and utilization of resources and public services.

Appropriate care and protection behaviour is based on suitable knowledge and skills enabling parents/families/households to address individual/dyadic needs and risks appropriately.[51]

Recognition of women's sex role and related special needs and related rights in the course of their reproductive life (pregnancy, delivery, lactation) is a precondition of optimal human development. This optimal performance can be impeded by socially defined roles associated with allocation of resources (knowledge and education, food, workload, time availability) among women and men (gender roles).

Adequate care and protection of women and children depends on sufficiency, sustainability and distribution of resources at the household level (household food security) and on promotion of appropriate understanding of women's and children's special needs within family/household and community. Research related to care and protection behaviour would focus on the following interrelated dynamic relationships:

- **Dynamics of dyadic (husband/wife; mother/child) relationships**

Maternal and child survival and development risks are closely inter-linked during lifespan stages that are attributed by dyadic relationships. Hence, analysis and planning concerning these stages require simultaneous attention to both individuals within these relationships.

Parental decision-making in family planning and subsequent reproductive behaviour is associated with risks of complications during pregnancy and birth (cf. mother's age at delivery, parity, and birth interval). These complications determine maternal mortality and morbidity risks as well as the child's constitution at birth and might result in peri- or neonatal death, or low birth weight, a condition associated with high survival and development risks during the early stages of life. In addition, parental decisions need to consider the resources available for care of an additional child. Couples at reproductive age need to make these decisions together in full awareness of, and shared responsibility for, the respective potential survival and development risks for mother and child.

Maternal health, maternal nutrition and psycho-social status are critical for

51 Major types of care behaviour would comprise (1) health seeking behaviour and care for pregnant, parturient, and lactating women and sick children; (2) psycho-social behaviour such as responsiveness, attention and affection; (3) feeding and breastfeeding behaviour; (4) food preparation related behaviour; (5) hygiene behaviour.

children's growth and development. Care and protection for pregnant and lactating women includes providing extra rest time, higher priority for appropriate food, and emotional support. These efforts directly affect the development of foetuses (intra-uterine nutrition and growth), neonates (safer delivery, including special care for prematurely born babies and appropriate initiation of breastfeeding), and infants (exclusive and appropriately supplemented breastfeeding).

- **Dynamics of social support within the family and community**

Women's special protection needs must be recognized and respected by the immediate social environment, males in particular, as well as state and society in general. Women also face widespread discrimination of their basic human rights, such the right of equal access to food, access to health services, self-determination of marriage-age and pregnancy, and the right of equal access to paid labour, and to education.

Children need the attention, care and affection of males as role models. In addition, males' active role as partners and as caregivers would increase the availability of time to women for education and paid labour. The possibilities for improving the contribution of men to care giving are enormous. Men could be encouraged to share more of the workload, reduce work burdens for their wives, and have input into feeding decisions. Fathers and other relatives can have a major effect on care giving by supporting caregivers' decisions, such as breastfeeding and receiving immunizations.

The care and attention needs of the elderly and respective medical requirements that rise with decreasing strengths must not be seen as competing with the requirements of children and adults of working age. Optimal integration of their skills and experience into the improvement of family-based care-taking practices could significantly contribute to family empowerment.

In summary, research on social support issues would have to observe whether and how the following social obligations are observed within family and community:

- Support to women's sex-role related needs during pregnancy, delivery, breast-feeding, and family planning;
- Participation in parenting and caring from infancy through adolescence;
- Recognition of women as equals at all stages of life.

(3) Protection, participation, and empowerment opportunities derived from information at all levels, including those on processes in state and society

Assessment of this large and fundamental social unit addresses the prevailing cultural norms and values influencing social behaviour, which in turn affects the satisfaction of needs and the recognition of rights of individuals at specific lifespan stages. These locally specific belief systems govern the family, household and community level management, and the distribution of, and control over, available resources. They need to be understood in relation to contemporary socio-economic processes and laws, regulations and political and ideological superstructures. These, in turn, can be seen as results of long-term histori-

cal processes within the parameters of existing regional resource-bases and the overall topographic situation.

Access to applicable knowledge and life-skills constitutes probably the single most important factor to help achieve better utilization of existing resources and their benefits, and better caring and nurturing practices. Promotion of these practices at the community level depends on formal and informal leaders appropriate orientations towards care and protection requirements in order to mobilize their respective moral and managerial support.

Appropriate access to food and water, sanitation and means of health care, as well as education, depends on sufficient household level control over economic resources, comprising assets for subsistence production, trade, and access to paid labour. Coping strategies of poor households may not always focus on satisfaction of the special needs of women, children, and the elderly, but on economic survival of the household through prioritization of short-term requirements of adults at working age. Equity in access to, and distribution and control of, resources within and among households is a precondition for human development.[52] Research related to protection, participation and empowerment opportunities would therefore need to focus on:

- **Societal mechanisms determining equity and equality**

The wide-spread socio-cultural perception of women's 'destiny' (gender stereotypes) as mothers and primary care givers still contradicts their civil, political, economic, and cultural rights, and restricts women's equity in public life (in the realms of legal status and political participation), in private life, and the family in particular. On the other hand, women's special sex-role related needs are often disregarded and contribute to women's exclusion from long-term paid employment.

Change and instability of traditional institutions of primary care (including nuclear and extended families) contribute to restricted access to employment opportunities for women due to the unavailability of alternate caregivers. In addition, these conditions of social and economic stress lead to inadequate childcare and protection and eventually to child neglect.

Poverty – though considerably declining during recent decades – is still a major factor impeding family empowerment through education, training, and access to safer and more productive occupations. Ultimately these constraints affect the availability and distribution of resources for high quality human and social reproduction.

52 Resources at the household and community level comprise: the overall size of households and communities, the number and condition (physical and mental health) of persons at productive age in relation to the number of children and the elderly; access to and distribution of productive assets, such as land and capital (including credit); access to and distribution of income from paid labour, proceeds of subsistence production, and net-transfers in cash or kind; the distribution of time for work and care, and leisure within and among households.

Annex 3: Risk Factors Associated with Strategic Lifespan Stages

As introduced in Section 3.2 of this paper, this annex documents core results of the process of operationalisation of the Family-in-Focus approach. Tables 3, 4, and 5 below present a revised collection of factors determining risks in the process of human development across the lifespan stages of youth, early childhood, and womanhood. These 'risk factors' have been defined as a result of a long and iterative process of collaboration and consultation with provincial and central level cross-sectoral teams of professionals from key sectors, universities and government research institutes. Risk factors have been differentiated for each lifespan stage in accordance with the 'assessment foci' introduced above, which comprise survival and development status information at the individual level, information on care and protection related behaviour at the family and community level, and societal opportunities for communities, families and individuals facilitating better mutual support and participation in economic development and civic affairs. These multi-level and multi-stage risk factors are the operational core of cross-sectoral social analysis and social information management.

Table 3: *Relationship between lifespan stages, different assessment foci, and respective hypothetical risk factors affecting youth*

Youth and respective lifespan stages	**Assessment foci and a comprehensive collection of respective risk factors**		
	Survival and Development Status	Care and Protection Behaviour	Protection, Participation and Empowerment Opportunities
• Adolescence (13-18 years)	• Low/no educational attainment • Low learning achievement, school drop-out • Low level of life skills, low mental and cognitive/learning capacity and creativity • Lack of self-esteem, smoking, drug abuse, suicide, violent behaviour, victim of political unrest and related violence, injuries, juvenile delinquency • Sexually transmitted diseases, HIV/AIDS • Un-/underemployment, unskilled worker (in formal/ informal sector or as street child)	• Expected to contribute to household income, poor parents prevent girls from participation in JSS and SSS level • Lacking communication with adults on facts for life and other adolescent needs • Peer pressure for unhealthy life-style choices • Divorce, remarriage and subsequent lack of parental affection push children on to the street • Child abuse, sexual exploitation	• Lacking opportunities to express own views and ideas, expected to respect parents at all costs • Diminishing opportunities for social learning through traditional institutions • Diminishing opportunities for meaningful leisure activities due to commercialisation of public sphere • Unethical youth targeted life-style advertisements (smoking, consumerism) • School-based health services out of reach for majority • Lacking access to reproductive health information • No laws and regulation on public health and safety (including food production)
• School age (7-12 years)	• Low/ no school attendance • Low/no school readiness, insufficient mental and cognitive capacity, low learning achievement, class repetition, drop-out • Chronic energy deficiency, micro-nutrient deficiencies, parasite infestation, multiple-infections • Low endurance, low creativity, low mental and cognitive capacity • Smoking, drug abuse, juvenile delinquency • Injuries, malformations • Working (home-based or as street child)	• Expected to contribute to household income, economic exploitation • Delayed entry to primary schools • Poor support for learning at home • Poor intellectual stimulation at home (no newspapers, books, no reading habits) • Poor attention to children's views within family and community • Parental education style (permissiveness, violence, distance) • Family disintegration (divorce/ remarriage) lessens affection for the child • Child abuse, sexual exploitation	• Low public spending on education system • Poor quality of schools at the ES and JSS level, including quality and motivation of teachers, high cost education system (bribes) • Perceived high opportunity cost of education for poor households • Poor access for children with special needs • Curricula not reflecting need for life-skills • Increasingly commercial and global orientation in children's toys and games (promoting gender stereotypes and violence) • In the past no legal instruments preventing economic exploitation of children
Assessment units:	**Individual**	**Dyad/Family/Community**	**Family/Community/Society**

Table 4: *Relationship between lifespan stages, different assessment foci, and respective hypothetical risk factors affecting early childhood*

Early childhood and respective lifespan stages	**Assessment foci and a comprehensive collection of respective risk factors**		
	Survival and Development Status	Care and Protection Behaviour	Protection, Participation and Empowerment Opportunities
• Pre-school age (3 - 6 years)	• Underfive mortality • Acute respiratory tract infections, diarrhoea, multiple-infections • Chronic energy deficiency, micro-nutrient deficiency • Lack of mental alertness and cognitive capacity (resulting in lack of school readiness)	• Low utilisation of pre-primary education services by poor families • Low and decreasing parental utilisation of health and nutrition services • Poor parental knowledge and practices regarding early stimulation and education • Parental education style (permissiveness, violence, distance) • Insufficient male participation in child care and nurturing • Poor knowledge about childhood disease management (ARI, CDD) • Inappropriate knowledge and practices regarding personal and food hygiene, proper sanitation and safe water facilities to prevent environmental contamination	• Lacking awareness on benefits of pre-primary education • Insufficient mobilization of family/community resources for child care and nutrition and for early child development • Facilities and trained personnel for quality early childhood development programmes are lacking • Lack of access to pre-primary education (high costs, scarcity of facilities) • Poor quality and accessibility of health, nutrition and child care services • Lacking availability of, and access to, day-care centres for pre-schoolers while more women enter the work force • Low coverage of parent orientation groups (BKB) • Poor environmental conditions (waste water, solid waste management, smoke) • Supply-driven sanitation programme approach focusing on technical rather than social aspects • Sharp increase in food prices due to economic crisis
• Infancy (0 - 2 years)	• Peri/neonatal and infant mortality • Intra-uterine malnutrition, low birth weight, congenital malformations, HIV/AIDS • Low immunity status, multiple infections, diarrhoea • Chronic energy deficiency, undernutrition, micro-nutrient deficiency • Growth faltering • Retarded brain development	• Inappropriate knowledge and subsequent practises regarding breastfeeding and supplementary feeding • No/low participation in growth monitoring • Timely immunisation not completed • Poor investment in healthy housing • Inappropriate knowledge and practices regarding personal and food hygiene • Poor knowledge and practices regarding early stimulation and education • Low quality of care, if older siblings are given responsibility	• No provision of time and facilities for breastfeeding at the work place • Lacking availability of, and access to, child care institutions allowing mothers to stay in the work force • Insufficient mobilization of family/community resources for child care and nutrition and for early child development • Poor quality and accessibility of health, nutrition and child care services • Poor environmental conditions (waste water, solid waste management, smoke)
Assessment units:	**Individual**	**Dyad/Family/Community**	**Family/Community/Society**

Table 5: Relationship between lifespan stages, different assessment foci, and respective hypothetical risk factors affecting womanhood

Womenhood and respective lifespan stages	**Assessment foci and a comprehensive collection of respective risk factors:** Survival and Development Status	Care and Protection Behaviour	Protection, Participation and Empowerment Opportunities
• Pregnant and parturient women (15-49 years)	• Maternal mortality • Obstetric complications and aggravating diseases • Sexually transmitted diseases, HIV/AIDS • Malnutrition (protein deficiency, chronic energy deficiency, micro-nutrient deficiencies) • Literacy and knowledge on reproductive health • Low psycho-social security • Low mental and cognitive capacity	• Inappropriate/insufficient provision of food • Inappropriate attention to antenatal care requirements • Unhygienic home delivery and use of TBA • Slow decision making on use of obstetric emergency • No/insufficient utilisation of pre-natal tetanus toxoid immunisation services • Lacking knowledge and awareness of women's special needs during pregnancy • Self-induced abortion	• No provision of pregnancy/maternity leave • Low access to basic preventive health care services • Low quality and accessibility of obstetric emergency services • Lack of supportive financing mechanisms to help poor families gain adequate obstetric care and referral • Food taboos for pregnant women • Harmful traditional practices during delivery • Lacking recognition of women's special needs during pregnancy • Abortion illegal for all but health-related reasons • Reproductive and productive age (15-49 years)
	• Un-/underemployment • Unwanted pregnancies, abortion • Too many pregnancies • Too frequent pregnancies • Chronic energy deficiency, chronic micro-nutrient deficiency • Depletion syndrome • Sexually transmitted diseases, HIV/AIDS • Low psycho-social security • Low mental and cognitive capacity	• Male promiscuity, unprotected (pre-) marital sex • Abuse • Family planning efforts dependant on male consent • Poor communication between spouses on reproductive health issues • Low knowledge on reproductive health requirements	• Poor quality of family planning information and poor access to family planning services • Women's perceived sole responsibility for reproductive health issues including contraception • Family planning programmes do not specifically address males • No integrated screening of STD/HIV/AIDS by family planning services • Higher value ascribed to male offspring (resulting in increased number of birth/women) • Girlhood and female adolescence (10-18 years)
• Infancy (0 - 2 years)	• Low educational attainment / school drop-out • Early/ unwanted pregnancy • Sexually transmitted diseases, HIV/AIDS • Low immunity • Micro-nutrient deficiency, chronic energy deficiency, stunted • Emotionally, physically, and mentally unprepared for motherhood • Low psycho-social security • Low mental and cognitive capacity	• Required to help care for younger siblings, high household chores • Expected to participate in hard agricultural work, contribute to household income • Inappropriate allocation of household resources regarding female nutrition and education requirements • Early marriage, arranged marriage, early pregnancy, early divorce • Child trafficking • Male promiscuity, unprotected (pre-) marital sex • Abuse	• Lack of access to secondary and tertiary education and appropriately paid labour • Low/no access to family planning information and reproductive health and family planning services • Perceived requirement of early marriage to prevent pregnancy out of wed-lock • No legal protection from early marriage due to inconsistency of Marriage Law with CRC
Assessment units:	**Individual**	**Dyad/Family/Community**	**Family/Community/Society**

Annex 4: Construction of the 'Family-in-Focus' Web Site Prototype

This annex serves to present further technical details of the process of constructing a prototype web site designed to demonstrate major features of an intended networked national information management system. Whereas the overall purpose and general features of the constructed as well as the intended system are explained in Section 4, this annex describes the structure and kind of information used to set up the prototype.[53]

Taking the jointly developed 'Family-in-Focus' framework as a basis for the overall structural design of the system, special working groups reviewed selected quantitative and qualitative information describing the situation of major lifespan stages and the respective sub-populations in Indonesia. The above-described lifespan-specific risk factors were used as the operational core guiding the processes of selection, categorization, and linking of this information.

In a first phase, an intersectoral working group established under the GOI/UNICEF cooperation (cf. above) reviewed the risk factors ascribed to each lifespan stage. These were then matched with existing quantitative indicators stemming from major national surveys and routine sectoral data collection efforts. In a second phase, a BPS task force compiled quantitative data in collaboration with sectors. Representativeness of these data varies and covers either the national level, the national and provincial level, or the national, provincial, and district level.[54]

For each of these levels the data available can be displayed interactively as tables and charts, either at a single point in time, or as time series.[55] Based on availability and applicability, the data for each indicator are broken down by sex, type of settlement (urban/rural) and by economic status (poor/non-poor). In addition, all data can be mapped. This feature aims at supporting better targeting of risk factor related interventions, since differentials among the geographic areas become instantly obvious. In principle, the mapping system is capable of displaying provincial and district level data. Comprehensive documentation of each data source (e.g. survey name, data collection year, sample size, etc.) can be linked to each indicator and the year of data collection.

In a third step, a LIPI-based task force compiled information on research reports accessible through major Indonesian documentation centres. Only those reports were selected whose topics could be linked to the above-defined lifespan stages and respective risk factors.[56] Each report record contained the

53 It should be noted that due to the rapidly changing characteristics of information technology and related software, no specific reference has been made to the actual software applications integrated into the prototype. More specific technical information is available from the author upon request.

54 Eventually data stemming from the recently established 100 Villages Sentinel Survey could be included, thereby allowing the extension of data presentation to the village level.

55 For the purpose of prototype development, time series templates accommodate data covering the range from 1990 to 2000.

56 These assessment results were presented during a national workshop in 1997 and subsequently published as Djohan, Eniarti (1997), Djohan, Eniarti et al. (1997), Handayani, Titik (1997), Noveria, Mita (1997), Yogaswara, Herry (1997).

respective bibliographic reference information, as well as information on the institution responsible for the project. In addition the availability of studies associated with certain risk factors can be mapped by geographic region. This feature aims at better targeting of research funds. Eventually, each study could be linked with information on the research methodology applied.[57]

The most unique feature of the information system, can be seen in the dynamic linkages among quantitative indicators, qualitative, multi-level studies, and respective institutions through lifespan specific risk factors. In displaying statistics on, for example, numbers of adolescent school-dropouts, the system would simultaneously flag the existence of studies on child labour. On the other hand, when displaying a local study record, a link to available sub-national statistics would indicate the availability of relevant data at the respective level.

Another feature concerns institutions conducting data collection and research related to human development issues in Indonesia. These institutions can be listed in various ways, which would reveal information on a single institution's research experience in relation to either specific risk factors and related lifespan stages, or methodologies applied.

Once fully implemented, this database would thus contain information about completed, ongoing, and currently prepared research projects reported by any of the network member institutions. Users would then be able to find respective terms of reference, abstracts and executive summaries of preliminary and final research reports.

57 In a later stage this additional information could be provided in order to inform on proper conduct of rapid (qualitative) assessment techniques. Once fully implemented, this database would thus contain information about completed, ongoing, and currently prepared research projects reported by any of the network member institutions. Users would then be able to find respective terms of reference, abstracts and executive summaries of preliminary and final research reports.

List of Abbreviations and Indonesian Acronyms

ASEM: Asia-Europe Meeting
ASIA: *Analisis Situasi Ibu dan Anak* (Analysis of the Situation of Mothers and Children)
BANGDES: *Direktorat Jenderal Pembangugan Desa* (Directorate General for Village Development of the Ministry of Home Affairs)
BAPPEDA: *Badan Perencannan Pembangunan Daerah* (Regional Development Planning Agency)
BAPPENAS: *Badan Perencanaan Pembangunan Nasional* (National Development Planning Agency)
BKKBN: *Badan Koordinasi Keluarga Berencana* (National Family Planning Agency)
BPS: *Badan Pusat Statistik* (Central Statistics Agency); before 1998:*Biro Pusat Statistik* (Central Bureau of Statistics)
CEDAW: Convention on the Elimination of All Forms of Discrimination Against Women
CRC: Convention on the Rights of the Child
CSD: Child Survival and Development
DEPKES: *Departemen Kesehatan* (Ministry of Health)
DEPSOS: Ministry of Social Affairs
ECD: Early childhood development
EFA: Education For All
GOI: Government of Indonesia
HFA: Health For All
HRD: Human Resources Development
IFLS: Indonesia Family Life Survey
IMR: Infant Mortality Rate (number of infant deaths per 1,000 live births)
IPPF: International Planned Parenthood Federation
Kantor MENPENDUDUKAN: *Kantor Menteri Kependudukan* (The office of the Minister for Population)
Kantor MENRISTEK : *Kantor Menteri Riset dan Teknologi* (Ministry for Research and Technology)
KAP survey: Survey on knowledge, attitudes and practices
LIPI: *Lembaga Ilmu Pengetahuan* (Indonesian Institute of Sciences)
MCSDP: Maternal and Child Survival, Development, and Protection
MICS: Multiple Indicator Cluster Survey
MMR: Maternal Mortality Ratio (number of maternal deaths per 100,000 live births)
MoH: Ministry of Health

PEMDA: *Pemerintah Daerah* (Regional Government)
PJP: *Rencana Pembangunan Jangka Panjang* (25-Year Development Plan)
Posyandu: *Pos Pelayanan Terpadu* (Integrated Services Post)
PPK-UI: *Pusat Penelitian Kesehatan, Universitas Indonesia* (Centre for Health Research at the University of Indonesia)
PSS: Programme for Planning and Social Statistics
PSW: *Pusat Studi Wanita* (Provincial Women Studies Centre)
REPELITA: *Rencana Pembangunan Lima Tahun* (Five-year Development Plan)
SDKI: *Survei Demografi dan Kesehatan Indonesia* (Indonesian Demographic and Health Survey)
SKRT: *Survei Kesehatan Rumah Tangga* (National Household Health Survey)
SMERU: Social Monitoring and Early Response Unit
SUSENAS: *Survei Sosial Ekonomi Nasional* (National Socio-economic Survey)
U5MR: Underfive Mortality Rate (number of deaths among children under five years of age per 1,000 live births)
UNDP: United Nations Development Programme
UNESCO: United Nations Education, Scientific and Cultural Organization
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
UNSFIR: United Nations Support Facility for Indonesian Recovery
WHO: World Health Organization of the United Nations
WSC: World Summit for Children

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THE 'FAMILY-IN-FOCUS' APPROACH: DEVELOPING POLICY-ORIENTED MONITORING AND ANALYSIS OF HUMAN DEVELOPMENT IN INDONESIA

Socio-economic and political turmoil in Indonesia has had an impact on the country's thirty years of progress in social development. However, it has also opened up new avenues for participation and region-specific policy formulation alongside growing demand for new approaches to the monitoring and analysis of social change. This paper examines the Family-in-Focus Approach – a comprehensive lifespan-based concept of human development. This joint initiative from UNICEF, the Government of Indonesia and others, sees families as participants in development rather than passive recipients of programmes. A family focus in the planning of multi-sectoral interventions could ensure better targeting, while building capacity for analysis at Governmental and institutional levels.

UNICEF Innocenti Research Centre
Piazza SS. Annunziata, 12
50122 Florence, Italy

Tel.: +39 055 203 30
Fax: +39 055 244 817
E-mail (general information): florence@unicef.org
E-mail (publication orders): florence.orders@unicef.org

Website: **www.unicef-icdc.org**