

Save the Children

**PULANG KAMPUNG
The Coming Home Program**

Bi-Annual Report
January - June 2001

Submitted to:
Office of Population, Health and Nutrition
The United States Agency For International Development
(USAID) – Indonesia
July 2001

Grant Information

1. **Recipient's name:** **Save the Children Federation, Inc.**
2. **Total Grant Budget:** **US\$ 3,027,750**
3. **Total Obligated Amount:** **US\$ 1,500,000**
4. **Cost-sharing Amount:** **US\$ 30,000**
5. **Grant Title:** **Pulang Kampung "Coming Home"**
6. **Location:** **The Province of Aceh, Indonesia**
7. **Grant Number:** **497-G-00-00-00029-00**
8. **Project Number:** **4980001.11**
9. **USAID Project Office:** **Population, Health & Nutrition/Sp011**
10. **Reporting Period:** **January – June 2001**

Contact Persons

Golda El-Khoury
Field Office Director
Jakarta, Indonesia
E-mail: gkhoury@savechildren.or.id

I Acronyms and Abbreviations

GOI	Government of Indonesia
MoH	Ministry of Health- Jakarta
DoH	Department of Health-Aceh
Sekneg	State office (Sekreatiat Negeri)
BKSN	National Social Coordination Board (Social Welfare Department)
M&E	Monitoring and evaluation
AP	Action Plan (Program planning document for GOI approval of program)
NGO	Non-governmental organization
SC	Save the Children Federation, Inc.
SOAG	Strategic Objective Grant Agreement
SOW	Scope of work
USAID	United States Agency for International Development
MSF-H	Medicine San Frontiers-Holland
PMI	Palang Merah Indonesia (Indonesian Red Cross)
ICRC	International Committee of the Red Cross
IRC	International Rescue Committee
GAM	Gerakan Aceh Merdeka (Acehnese Freedom Movement)
PBI	Peace Brigades International

II Executive Summary

Since the early conception and development of the project in Aceh, it has been acknowledged that the volatile security situation needs to be closely monitored and the program interventions adjusted accordingly. The past 6-months is testimony to the importance of this statement, as staff and other stakeholders continually re-assessed the program as the political context and security situation continued to change.

Starting in Jakarta 2001 six months into program start up and implementation and following refusal of international staff work visas by Sekneg, SC temporarily relocated the two international staff (Inga Mephram and Daisy Tin Tin Saw) to Jakarta. The worsening security situation, confusion over program approval process and the relocation of senior management staff to Jakarta forced SC to take the decision to close the office in Aceh and suspend program operations temporarily. Communications between the international staff and national staff in Aceh was also suspended and all program communication was passed via the Field Office Director and the National Program Manager. Staff were asked not to come to the office in Aceh but remained in contact with each other, meeting frequently at the Finance Managers residence.

Save the Children in close collaboration with USAID and Government counterparts began what would become a 6-month process of re-instating the "Coming Home" program to its original operational status. The eventuating process that required countless consultation, negotiations and program revisions on the part of many people culminated in a gratifying success as the "Coming Home Program" Action Plan (AP) secured final approval from Sekneg on the 21st of June.

The security context in Aceh continued to fluctuate during this reporting period and in April 2001, Aceh faced the possibility of all out war. Both International and National NGOs were forced to restrict their movements outside the district capitol (Banda Aceh). As a direct result, SC decided to change the original impact areas from Tangse (Pidie) and Lam Teuba (Aceh Besar) to the Banda Aceh area thus reducing security threats for staff.

Due to program suspension significant progress towards program objectives was hampered, SC staff utilised their time for professional development, program planning and program implementation preparation. SC staff in Jakarta relentlessly set about consulting, negotiating, planning and re-planning program strategies as the scenarios for operation changed in parallel to the difficulties with the AP approval and security context. A revised 6-month implementation strategy was submitted to USAID in May 2001.

As frustrating and demoralising as this period of suspension and uncertainty has been for staff, the last 6-months of negotiating and lobbying has culminated in some long-term positive outcomes. Now more than ever the Coming Home program stands stronger, more supported and less susceptible to security fluctuations than before. The difficulties overcome in the last 6-months has built a strong solidarity around the program and cemented both authorities and stakeholders commitment to seeing the program succeed.

As staff in Jakarta re-locate back to Banda Aceh and program implementation commences in Banda Aceh, SC is confident that the issues and complications arising from the program approval and legitimacy process are now in the past. That challenges experienced over the last 6 months will not impact on the program in the future, to the extent they have so far. It is expected that the program will move steadily forward over the next 6-months particularly in the areas of health and psychosocial programming.

III Background

The Coming Home program falls under the Child Health and Nutrition component of the Strategic Objective Grant Agreement (SOAG) between USAID/Indonesia and the Government of Indonesia, *Protecting the Health of the Most Vulnerable Women and Children*. Save the Children Federation, Inc. (SC) manages the Program, which will cover activities in Aceh between 2000-2003.

The Program aims to improve the well-being of Acehnese children, women and their families. It a long-term community development program that seeks to re-vitalize, strengthen and mobilize local responses to meet the health, psychosocial, and welfare needs of Acehnese children and their families. The Program has four results areas:

- Result 1: Community based preventative health care systems revitalized
- Result 2: Psychosocial needs of children and their families addressed
- Result 3: Special needs of at risk women addressed
- Result 4: Youth participation in their own development and that of their communities enhanced

Coming Home Program is a three-year effort in Aceh that began in June 2000. Aceh province in Northern Sumatra has experienced internal conflict since the 1970s. In recent years, increasing numbers of people have been forced to leave their homes as a result of the conflict. The program will operate initially in 35 villages, targeting 35,000 people. By the end of the project, the goal is to reach 120,000 people in 115 villages.

The program is designed to assist target communities to maintain their well-being and health, both physical and mental. This program through a strong partnership with the Department of Health seeks to re-vitalize the community health outreach system, through the re-training of *kaders* and the re-establishment of *Posyandu activities*. The establishment of a *Peer Kader* system will achieve greater community participation in health and welfare issues, thus supporting the roles of Government Health Staff and traditional Community Health Kaders.

The program focuses strongly on the psychosocial wellbeing and development of children, youth and their families and will support training needs, research initiatives and community-based responses that address the long-term psychosocial needs of traumatized children, youth and their families. Provincial capacity to implement psychosocial activities will be improved through extensive training and practical technical assistance for Government, NGO and community partners.

Child and youth development and participation will be supported through community and NGOs activities that build life skills, improve self-esteem and raise educational levels. In cooperation with the Government Departments and local NGO's, the project also seeks to assist vulnerable women through income generating activities and community support networks.

Through this project, SC will participate actively at both the community level and the provincial level to influence planning, policy and awareness on key health and welfare issues. Provincial working groups on health, psychosocial and women's issues will be established and SC staff will support the development of strong community mobilization and psychosocial programming skills in all implementing partners.

SC is providing the technical assistance and financial support to organizations that will implement some of the program's activities. These include non-governmental organizations and local community development committees that will coordinate with provincial, district and sub-district representatives of The Department of Health and Social Welfare, the National Family Planning Coordinating Board, and the Department of Education.

The project while beginning strongly, began to experience start-up delays in late December 2000. By the end of last reporting period international staff visas had been refused by Sekneg, activities were suspended and confusion surrounding the process for obtaining re-approving of the program's Action Plan had not been clarified.

IV Operating Environment

National Context

During this reporting period the Government of Indonesia has been experiencing tremendous transition, which is entailing a lot of reshuffling and shifting of Ministries and Departments. This project comes at a time when the Ministry of Health and the Ministry of Social Affairs are being combined. At a National level there has been extensive public dialogue surrounding the future of Aceh, to the point that talk of all out war dominated in April and May. National Government uncertainty since April 2000 and frequent ministerial changes has disrupted normal activities in Aceh, as provincial and district authorities become uncertain of their role, responsibilities and future. It could be hypothesised that this heightened National attention and uncertainty regarding both the future of Indonesian leadership and Aceh as a special province had a significant affect on delaying the securement of the AP approval.

Aceh Context:

Since the early conception and development of the project in Aceh, it has been acknowledged that the volatile security situation needs to be closely monitored and the program interventions may need to be adjusted accordingly. The past 6-months is testimony to the importance of this statement, as staff and other stakeholders continually re-assessed the program implementation strategy as the political context and security situation continued to change in the province. The next 6-months will also require the same level of flexibility and tenacity show so far, so that this much needed hard fought for program will continue, despite the uncertain security environment.

Security situation in Aceh has remained unpredictable, socially and politically Aceh remains unstable. Ongoing peace talks over the last year between the Republic of Indonesia (RI) and GAM have not produced concrete actions for peace

and violence has increased steadily. Since April 2001, a build up of force was evident in the Province of Aceh leading to the speculation of an all out war, which did not eventuate. However, the level of apprehension that this build up has created still remains in Aceh, making future heightening of hostilities a very real possibility. As a consequence of the increased conflict Aceh has been routinely struck with market access difficulties as commodity transportation was disrupted between Medan, Central Aceh and Banda Aceh. Prices remain 2-3 times higher in Aceh compared to North Sumatra and essential items such as petrol, gas and kerosene are rationed. Aceh has also experienced considerable disruptions in support infrastructure as electricity, telephone and postal services are frequently disrupted.

Within the current political context, the safety and security of humanitarian workers is the major obstacle in the delivery and implementation of humanitarian assistance. So much so that SC took the action of changing the program location sites from the outer districts of Tangse and Lam Teuba, to areas around Banda Aceh. This action has significantly reduced the risk that SC staff faces in traveling long distances to location sites. In a consultation meeting with SC staff in March 2001, concluded that moving the original location sites from Tangse (Pidie) and Lam Teuba (Ache Besar) to the Banda Aceh area would reduce security threats and staff apprehension levels.

Through the various crises', SC's neutrality and commitment have been maintained. At two meetings with the DOH in Aceh, support was offered to SC. In February 2001, during a series of consultation meetings between the DOH, MOH, USAID and SC to schedule joint planning meetings in March in Jakarta. It was also agreed that a steering committee consisting of SC, DOH, Governors Office and Women's Empowerment would be developed to facilitate coordination, planning and allocation of resources. The DOH offered to help with the administration and support of international staff and consultants when required.

At the end of this reporting period, SC acknowledges that future program suspension will only arise if SC staff or impact areas become targeted for violent actions. This has not happened to any INGO's previously in Aceh and the risk of this happening seems unlikely. However, to prevent the possibility of this happening, SC is enforced strict security and neutrality guidelines with all staff. Key counterparts and authorities have been requested to assist SC by monitoring perspectives of others towards SC's program and staff, so as to reduce SC risk of breaching neutrality.

Humanitarian assistance context

In February ICRC, based on security reasons made a strategic decision to relocate their office of 8 years from Lhok Seumawe, North Aceh to Banda Aceh. They continue with a mandate of protection but have increased capacity building activities with PMI. In May, MSF-H who had retained a presence in Aceh for two years made the decision to withdraw from Aceh. Safe access to the IDP communities had become increasingly difficult to negotiate and MSF-H's capacity to respond therefore restricted. In March 2001, Peace Brigades International (PBI) started operations in Banda Aceh with a strong human rights mandate that attempts to provide international protection services to local humanitarian workers. So far PBI has encountered sensitivity and controversy in their attempts to provide protective accompaniment to local NGO leaders as the heightened security situation leaves their activities and intentions open to misunderstandings. Oxfam-GB and IRC remain in Banda Aceh but with restricted or no movement outside of the Banda Aceh area. All INGOs have experienced difficulty in reaching program objectives and increasingly have to review their implementation strategies.

Likewise, local NGO capacity to respond has decreased steadily as movement between districts becomes increasingly dangerous. Incidents involving humanitarian aid workers have paralyzed the Aceh community and leave vulnerable particularly IDP populations without assistance. PMI traditionally had the most open access to communities in need but they also are experiencing operation restrictions.

Government departments remain restricted also in the activities they can undertake. The Department of Health and Education appear to be able to maintain core programs but not with the quality that they were able to achieve this time last year. The January 1st 2001 move towards decentralization has understandable distracted government departments away from core activities at a time when services are already stretched. However the benefits of decentralization in Aceh are becoming apparent, as departments appear energized with a sense of ownership and creativity, which in the short term may appear institutionally chaotic, in the long-term assuming timely support should provide improved services to communities. SC Both SC and DoH feel that SC has a significant support role to offer DoH in this decentralization process and program activities will move fluidly to accommodate and actively support decentralization changes in Health service delivery.

V. Program Mobilization and Socialization

Program revision and Government approval

Starting the New Year, Save the Children in close collaboration with USAID and Government counterparts began what would become a 6-month process of re-instating the Pulang Kampung program to its original operational status. The eventuating process that required countless consultation, negotiations and program revisions on the part of many people culminated in a gratifying success as the “Coming Home Program” AP secured final approval from Sekneg on the 21st of June. What follows is a summary of this process:

In January 2001, the two international staff (Inga Mephram and Daisy Tin Tin Saw) were relocated to Jakarta. The office in Aceh was closed and program operations were suspended. Communications between these international staff and the team in Aceh was also suspended and all program communication was passed via the Field Office Director and the National Program Manager. David Classiness (SC Asia Area Director) and Nike Novell (SC Philippines Field Office Director) returned to Indonesia to follow up on previous meetings held when the program was initiation in June 2000. These meetings attempted to gain clarity on the approval processes that should be followed in the future to both secure international staff work visas and the approval of the program Action Plan. At the Ministry level there appeared to be considerable confusion regarding the process that SC should follow for approval however, SC was given assurances that the ambiguity of the process would be cleared up quickly.

Given the extensive orientation within Aceh to the project among partners, expectations have naturally been raised. There has been a tremendous amount of support and welcoming signs from Acehnese partners, since SC is a known agency with a fine reputation. Meetings with the Governor, Head of Police and the Head of Intelligence in Aceh (February) reaffirmed the support already shown to SC by the Head of Police in previous meetings (September, December). The Head of Police also approved the recommendation that international staff be able to visit Aceh for short-term consultancies. He offered to provide protection and supporting clearance letters.

Meetings have been held with the Deputy head of Social Affairs, and the head of Women’s Empowerment in Aceh to discuss the program. Other meetings to discuss linkages and cooperation opportunities included: Rector of the University of Darussalam and the Vice Rector for Institutional Cooperation.

After a series of meetings from January to March with BKSNI and MoH, it was agreed that the office in Aceh could be reopened and that National staff could return to active program duty. To commemorate this occasion the Vice Governor, Head of Health (Dinas and Kanwil), Indonesian Field Office Director and other dignitaries attended the official re-opening of the SC Office held on the 14th of March 2001(See attachment 1). The opening of the office provided staff with the opportunity to regroup, but more importantly provided the staff with the security to plan with confidence again. The BKSNI approval and subsequent opening of the office allowed the Project Director and Health/CIC specialist who were still based in Jakarta to re-establish direct contact with staff in Aceh. Previously all communications were passed via the FOD and PM. While the separation of the team still made management and communication difficult it was possible to regain some operational consistency.

Consultant Chris Szecsey arrived on the 17th of March, to facilitate action-planning workshops with DoH/Aceh and other partners in Aceh. However on the day of his arrival these workshops were cancelled on the request of MoH that Save the Children suspend program activities until a revised AP was submitted and approved by Sekneg.

A new AP was developed based on the results framework, experience in Aceh, and what the staff think could realistically be achieved during an interim period was presented to MoH, BKSNI and other authorities on April 5, 2001. The plan presented a framework for activities that would be undertaken in Aceh. It was assumed that this framework would be further detailed and quantified once program activities could resume in Aceh.

Chris Szecsey’s SOW was amended and he facilitated comprehensive team building and TOT participatory methods and staff development training in Medan (Attachment 2). Time in Medan (March 18-April 3) also provided the first opportunity for program staff to meet after 3 months of suspension. Critical debriefings were conducted and staff development schedules were developed. Future plans and role expectations were discussed and finalized and a sense of unity among the team was re-established.

Another consultant Donna Sillen was originally contracted to conduct a health training workshop for Bupati staff in Aceh on the 1st of April. When this was not possible her SOW was amended and she was requested to revise overall program strategy and develop a 6-month plan, to be implemented immediately on approval of the AP. This plan was submitted to USAID on the 9th of April, subsequently reviewed and resubmitted in May 2001. (Attachment 3)

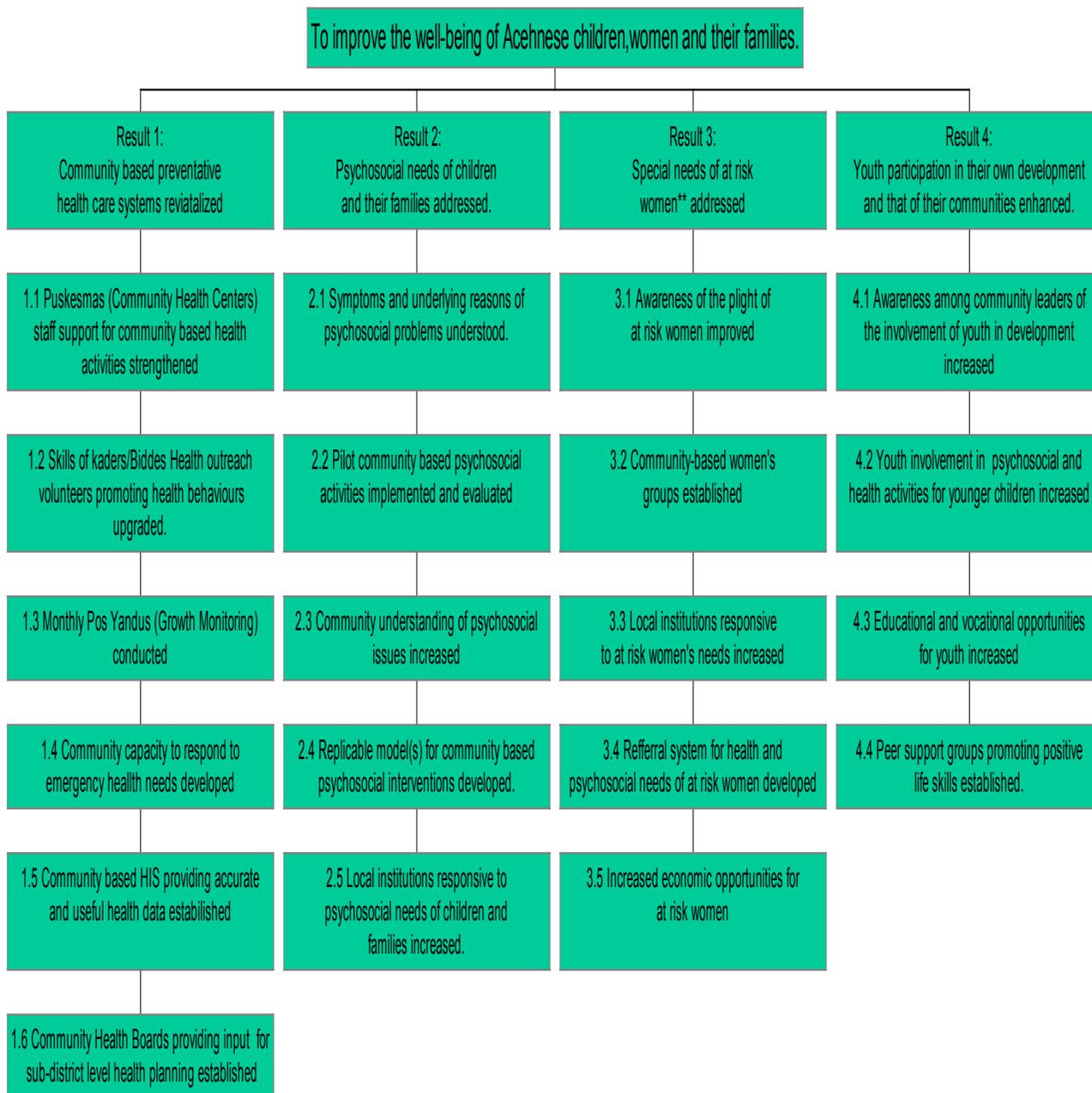
In light of the uncertainty of AP approval and external indicators that suggested that the program might never be approved due to worsening security situation in Aceh, staff began to seriously consider the possibility that the program in Aceh would not continue. Here began an intense period where staff and USAID identified the possibilities, risks and scenarios for SC continued presence in Aceh. SC also considered the possibility of work in other areas of Indonesia particularly North Sumatra where a continued relationship with Aceh could be pursued if the security situation allowed.

Program staff with input from Donna Sillen began to explore the opportunities for program interventions with IDPs and Acehese communities in Medan, in the event that approval for work in Aceh was not secured. In early April staff conducted a rapid assessment of IDPs and Acehese communities living in North Sumatra. Assessment findings suggested a high need for under 5 nutritional programs along the boarder between Aceh and North Sumatra as well as programs addressing the health and education needs of Acehese IDP children living in the Medan area. (See attachment 4) However, staff concluded that the program in Aceh should remain the priority and any expansion to Medan should be done only after all avenues have been exhausted to remain in Aceh.

On the 9th of April after considerable coordination with USAID, SC, MoH and Sekneg, the two international staff (Inga Mephram and Daisy Tin Tin Saw) were issued with a letter from Sekneg approving their work visas's until July 31st 2001, a period of 2 months after paperwork had been processed. Although permission to work in Aceh had been secured the staff were still prevented from returning to Aceh pending the final approval of the program's AP, which was still under consideration, with Sekneg.

Again many people based both in Jakarta and Aceh negotiated tirelessly at different levels to secure the approval of Save the Children's Action Plan (AP) and in the event that it wasn't approved came up with viable programming alternatives. Finally, on the 21st of June 2000, SC received confirmation in writing from Sekneg that the PA was approved (Attachment 5). After consultation with USAID and Home Office, SC made the decision that the re-establishment of full operational status in Aceh could be achieved by the 1st of July 2001.

Strategic Framework “Coming Home Program”



VI Accomplishment by result areas

Due to suspension very few accomplishments were made in the 4 result areas. Staff in Aceh withheld from developing their implementation networks. Staff made attempts to nurture the existing relationships by continuing informal contact with health counterparts and other stakeholders. For long periods of time staff were unable to access the office and speak with program management. It is testimony to their patience and commitment that through this frustrating, and uncertain time that all staff remained with SC to this day, tirelessly providing solutions and changing plans as new challenges arise.

In general there is a lot of support for SC continued presence and commitment to long-term community development in Aceh. While frustrated by the length of time it took to secure approval this period of time has produced a sense of solidarity towards SC and helped to strengthen the commitment that people have for SC's program rather than weaken it. Many organisations and counterparts had knowledge of SC and the work they did in the past and there is support for international assistance from all sectors of the Acehnese community including both sides of the armed conflict. The Governor's Office, Head of Police, Head of Education and the Head of Health were particularly supportive and interested in the initiatives being proposed by SC.

It is hoped that this level of support and commitment can be drawn on again in the coming months, as SC begins to focus on conducting activities that will begin to address the four result areas.

Result 1: Community based preventative health care system re-vitalized

- From the inception of the program the completion of a combined SC and DoH planning workshop was crucial to the formulation of achievable health activities. Plans to conduct action-planning workshops with DoH/Aceh and to bring the latter to Jakarta for planning with the Ministry of Health have been cancelled twice (December 2000 and March 2001). Staff had got to the stage of booking venues and sending invitations in both cases. On both occasions instances considerable staff time was taken up in planning these workshops.
- Although consultation with DoH counterparts routinely occurred during the period of suspension, the lack of opportunity for meaningful planning with the DoH has limited health program activities to planning and preparation activities that would be implemented if approval was secured. Most of the following activities conducted will require the input of DoH staff in the coming months before they can be finalized

These activities include:

- ⇒ **Assessments and assessment formulation:** As the situation continued to change staff were required to collect information and provide feedback into the planning process being done in Jakarta. Staff conducted assessments to identify new impact areas, collected information on community health attitudes, behaviors and knowledge in the potential impact areas and conducted a rapid assessment of IDP camps/communities in both Medan and Aceh as they appeared
 - ⇒ **Training and staff development:** Staff were involved in ongoing informal internal training that developed their knowledge of community health issues. Sessions were developed that will be conducted when the program is operational. Staff took responsibility for studying approaches and methodologies that they were likely to implement in the future. Training, community health and community mobilization skills were prioritized
 - ⇒ **Networking with potential international partners:** consultation meetings with Koalisi Sehat to request ToT training for staff and counterparts in Aceh, coordination with Helen Keller to bring into line SC's approach to Vit A with national and international standards, SC looked at the programs being done by Path to adapt lessons learned to the Aceh context.
 - ⇒ **Material and resource compilation:** computation of health IEC material and national guidelines used by MoH, DoH and other NGOs. Discussion on how these can be adapted and used in program implementation.
 - ⇒ **Kader training curriculum review:** Health staff began to look at the Kader training curriculums in preparation of their review when approval was secured.
 - ⇒ **Viability investigation for pilot activities** such as a peer kader system, Hearth technique and early start programs. As the situation continued to change staff were required to collect information and feed that into the planning process being done in Jakarta. Staff tried to provide feedback on the viability or need for activities and plans being put to them by Jakarta staff.
- In May staff in Aceh began to consult with the DoH to begin the process of identifying new impact areas in the Banda Aceh area. Staff developed criteria for selection that drew on national Health and welfare indicators as well

as community dynamics and neutrality. Currently staff are conducting field visits with DoH staff to finalize the new impact areas.

Result 2: Psychosocial needs of children and their families addressed

- In March, Neil Boothby, the Director of the Children in Crisis unit, worked with the Program team to provide both input into the implementation plan and clarity on the role of the CIC unit. He conducted a 2-day training with staff on key CIC/Psychosocial issues relating to children in war, trauma and community approaches to psychosocial needs. The Children in Crisis unit has agreed to send Home Office staff regularly to provide programming, research and evaluation support as the team begins to develop indicators for psychosocial initiative. (Training report see attachment 6)
- Collection of secondary data (ongoing): including collection of case studies, newspaper articles, and research findings. A compilation of the cases of children affected by war in Aceh is generated. (See attachment 7).
- In April, Laura Arnston, the M & E specialist from home office came to provide input on the research, monitoring and evaluation needs of the Street Children Program. She kindly gave up her personal time to help the Coming Home program to begin identifying and develop appropriate psychosocial research methodologies and assessment tools. Currently staff continue to work toward developing an assessment tool that can be used in Aceh. It is envisioned that this tool will:
 1. Provide a means of conducting a rapid psychosocial assessment in IDP camps and after episodes of mass violence both in Aceh and other parts of Indonesia. Outcome being to develop initiatives that meet the psychosocial needs of Communities
 2. Provide a means of measuring longitudinally psychosocial status and needs of children and youth living in Aceh, who are experiencing the effects of long-term conflict. This research will follow the life of the program with a process outcome being to provide input into program planning and direction.
 3. Be tested in other parts of Indonesia, that are experiencing different forms of conflict, displacement and psychological distress to provide input on the most appropriate interventions for different types of conflict and natural disasters.
- A children in Crisis consultancy will travel to Aceh on two occasions to work on the research design and methodology and provide input on the development of materials, modules and interventions for target groups. The consultant will also conduct training in October 2001 relating to children in armed conflict. An assessment done in Madura provided an opportunity to test the practical application of using this approach, which will be feedback into the process of development.
- The informal Psychosocial Working Group, which began in October and steadily began to form into a more structured body, has not been formally established due to suspension but the group remains active. This group has held one workshop in Jakarta and 2 planning workshops in Aceh supported by UNICEF. There is interest to assess the viability of using the psychotherapy approach "Eye Movement Desensitisation and Reprocessing Technique" with Acehnese children experiencing trauma. Both the Child Psychosocial Program Officer (Yeyen) and the Health Program Officer (Faisal) have participated in these training and report receiving valuable understanding of the long term affects of trauma and fear on communities and individual psychologies. Staff will continue to attend these trainings with the outcome being that are able to better plan community responses and when necessary provide individual consultations and referrals.

Result 3: Special needs of at risk women addressed (*women who as a result of Conflict are traumatized, sexually abused, have become single heads of households or are subject to domestic violence.*)

- Relationships previously established with other stakeholders were maintained
- Women's Support Program Officer was under the guidance of the Program Manager developed an individual staff development plan which included assessment of and networking with women's programs and organizations in other parts of Indonesia to develop support networks, draw from lessons learned and provide program recommendations.

Result 4: Youth participation in their own development and that of their communities enhanced

- Monitoring of on going youth activities and initiatives in Aceh, youth involvement in conflict and monitoring of the needs of street children.

VII Issues and Challenges in Achieving Results

There is an overriding agreement that the issues and complications arising from the program approval and legitimacy process are now in the past. Challenges that were experienced over the last 6 months will not impact on the program in the future, to the extent they have thus far. It is expected that any future challenges will be limited to those that are anticipatable in the normal course of program implementation.

Aside from the rapidly changing security context and the ever-present threat of war, Save the Children may encounter various challenges in achieving program results over the next 6-months:

- In order to operate in Aceh, SC must always maintain a neutral position with regards to the conflict. The conflict is very fluid. Relationships with others and perceptions towards SC must be closely monitored, for this reason SC has developed an External Liaison Manager position. This staff member will play a critical role in relations between SC and high level authorities and SC, communities and NGOs. (See Staff organigram Attachment 9)
- The DoH in Aceh is currently trying to implement decentralization. No new Head of Dinas has been appointed thus making concrete planning with health staff difficult. Health counterparts seem to be optimistic that after appointments are announced and a period of adjustment that there should be greater opportunities to build collaborative partnerships and initiatives with NGOs, communities and INGOs. Both SC and DoH feel that SC has a significant support role to offer DoH in this decentralization process and program activities will move fluidly to accommodate and actively support decentralization changes in Health. So that the program can move forward quickly. SC has arranged for a Dinas staff to consult to SC for the next 2 months. This consultant will be able to provide DOH capacity assessments as decentralization occurs and will be fundamental in securing support for SC's program despite the atmosphere of uncertainty.
- The identification and trust building process with the communities within the new impact areas will require special attention and while there is an urgency to start activities straight away, it is important that this relationship be solid and clear before implementation begins.

VIII Other Areas Supporting the Program

Training and Staff Development

- Between March 18th and April 3, 7 program staff from both Jakarta and Aceh travelled to Medan to participate in amongst other things a 5 day basic ToT training on participatory training and community mobilization techniques. This training included sections on community development, communication skills, partnership and capacity building, relationships with NGOs and Government and team building. (Report of this training is in attachment X)
- All staff have developed with their supervisor an individual professional development plan since March. This plan builds on the training done in Medan and is reviewed monthly by the program manager. Staff are encouraged to practice community consultation techniques such as focus group discussions and assessment formats with each other and neighbours. Resources were sent to Aceh and systematically translated to provide staff with the reading material they required to support professional development requirements.
- May 26-30 the child Psychosocial PO, Women's Support PO and the Office Admin Secretary were given the opportunity to travel to Jakarta to assist in developing the Program Operation Plan (POP/annual plan) for Indonesia Field Office. During this time these staff were supported to develop networks and broaden their field experience by visiting other NGOs in Jakarta. This time in Jakarta also provided senior management staff based in Jakarta with the opportunity to comprehensively plan future activities with the responsible PO.

- The Aceh Finance and Admin Manager received training from the SC Finance Manager on 2 occasions (March 13-16 & June 19-23).
- On the 11th of April 2000 Patricia Hammer from home office facilitated training on community mobilization that was attended by three Aceh staff in Jakarta.

Program Management and technical assistance

- In January, staff received financial management orientation training from Annie Lazaro, finance Manager of the SC Philippine Field Office. This was followed by another orientation training on grants management by Teshome Oli, who started as Finance Manager for both the Indonesia Field Office and the East Timor field office.
- In February, Rudy von Bernuth, SC Associate Vice President, spent time with the Senior Management team to familiarize himself with the program and to provide input on program strategies.
- In April, Inga Mepham resigned as the Project Director of the Program but will remain in this position until a new PD can be recruited.
- In June, Marc Nosbach from the Bosnia/ Montenegro field office was recruited with private funding so that if the AP was approved there would already be personnel in country, ready to immediately re-establish operations in Banda Aceh. Marc who is in Aceh from June till September will provide program development and implementation support.

Technical Assistance Schedule

Date	Consultant	Achievements
Jan 12-17	Annie Lazaro	Conducted training and provided TA in financial management
12-13 January	Mike Novell	Representation support with Ministries, USAID and Staff
29-31 January	David Claussinius	Representation support with Ministries, USAID and Staff
Feb 20-24	Rudy. Von Bernuth	Familiarized self with Pulang Kampung. Program provided input on program development
Mar 17-30	Christopher Szecsey	Conducted ToT participatory techniques training with staff and facilitated program planning sessions.
March 21-31	Neil Boothby	Familiarized self and provided input on Pulang Kampung program and provided CIC training to staff
March 28-06 April	Donna. Sillen	Met with donors and government authorities Developed a 6-month plan of action
13- 24 April	Laura.Arntson	Provided input into research and assessment methodology appropriate to psychosocial component
17 June- Present	Marc Nosbach	Offer program development support in Aceh and to provide managerial support in between Program Directors

- Annie. Lazaro is the Finance Manager of the SC Philippine Field Office.
- Mike Novell is the SC Field Office Director for the Philippines. Mike was the previous SC Director in Indonesia and conducted initial representation meetings when the program began.
- David Claussinius is the Asia Area Director and responsible for Indonesia Field Office
- Rudy von Bernuth is Associate Vice President / Division of Humanitarian Response, and is based in Save the Children's headquarters in Westport.
- Christopher Szecsey was the SC program Director in Aceh from 89-91. He is an accomplished trainer and has extensive experience in community mobilization and development. He is the founder of the "Appreciative Inquiry technique" which PATH is using in their program.
- Neil Boothby is the Director of SC's Children in Crisis unit.
- Donna Sillen has 9 years of public health experience in Indonesia with SC (1987-1996) She designed the original Pulang Kampung project in January 2000. She has extensive community health and nutrition experience in Indonesia.
- Laura Artson is the Monitoring, evaluation and training specialist of SC's Children in Crisis Unit.
- Marc Nosbach has come from the Montenegro field office.

IX Future plans

In the next 6-months, the program will::

- Select new impact areas
- Finalized action plan is developed with program partners (DoH)
 - Finalize areas and activities for intervention and prioritization given the change in impact areas.
 - Method of cooperation between SC, DoH, and stakeholders
 - Development of a plan of action and detailed implementation plan and timetable.
- Re-activate suspended psychosocial working group and re-assess opportunities for research collaboration and activity implementation.
- Assess the need to establish two working groups (Health and Women's issues) with relevant Government departments, NGOs and University Departments
- Start capacity building activities with the Department of Health
 - Consultation and work towards effective public health campaigns both through media sources and community initiatives; Immunization and Vitamin A (on-going activity)
 - Consultation and development of a psychosocial plan of action with the DoH that addresses their institutional needs in psychosocial programming and delivery.
 - ToT Training on participatory community approaches including: Participatory methods, community mobilization, communication and developing partnerships. This training will be repeated quarterly (50 participants).
 - Kader Training in impact areas: New, Re-fresher and advanced training depending on previous level of kader training. This will be an ongoing activity through the life of the program (Approx 25 participants).
- Puskesmas needs and resource assessment
- Commence Base line data collection in new impact areas and develop a monitoring and evaluation system
- Identification and training of Peer Kaders in impact areas: Peers will be trusted/respected people within their community and or peer group who will work vertically with their peer group to support the role of kaders and Puskesmas staff on key community health issues. (Approx 100 people).
- Facilitate community health activities in impact areas through the re-vitalization of the Posyandu system and establishment of Peer trainers with an initial focus on: Immunization awareness, growth monitoring, Psychosocial and Mother and child health.
- To meet the technical assistance needs of the Coming Home Program three consultancies have been planned in the next 3 months
 - Rudy von Bernuth is Associate Vice President / Division of Humanitarian Response, and is based in Save the Children's headquarters in Westport he will provide program management assistance.
 - Neil Boothby is the Director of SC's Children in Crisis unit will provide CIC program planning and implementation assistance.
 - Laura Artson is the Monitoring, evaluation and training specialist of SC's Children in Crisis Unit will provide monitoring, evaluation and research inputs to the program.

Refer to attachment 9 for the current action plan matrix (July 01-June 02)

Attachments

1. Office Opening Documentation
2. Report: ToT training techniques and staff development Training
3. Six-Month Action Plan: April – September
4. Rapid Assessment of IDPs and Acehese Communities in North Sumatra
5. Letter of Action Plan approval from Sekretaris Negara
6. CIC (Children in Crisis) Training
7. Case studies of children affected by war
8. 1 Year Activity Matrix (July 01- July 02)
9. Staff Organigram

