UNFPA COUNTRY PROGRAMME EVALUATION: INDONESIA

2011 – 2015

FINAL EVALUATION

OCTOBER –DECEMBER 2014

Figure 1 Map of Indonesia

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The team members, listed alphabetically in line with Indonesian convention in first name order, were Mr. Arie Rahadi, Dr. Astrid Sulistomo, Ms Ellen Themmen, Mr. Ghazy Mujahid, Mr. Keith Hargreaves, Ms Lily Purba, and Mr. Sukamdi.

This Evaluation Report draws on the findings and recommendations of the technical reports written by each of the team members, interviews with many relevant stakeholders from the UN system, GOI, Civil Society, Academia and the Private Sector as well as an extensive document research.

Any mistakes or misunderstandings are the responsibility of the CP Evaluation Team alone.

CPE Evaluation Team
October - December 2014

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EXECUTIVE SUMMARY

Background

The 2014 Country Programme Evaluation (CPE) evaluation serves 2 main purposes and has three main objectives. These purposes are to demonstrate accountability to stakeholders on performance in achieving development results under the United Nations Population Fund (UNFPA)-Government of Indonesia (GOI) Eighth Country Programme Action Plan; and to provide the evidence base for decision-making, particularly in the development of the new UNFPA-GOI country programme strategic planning documents as well as for the development of a new United Nations (UN) framework of assistance through the United Nations Partnership for Development Framework (UNPDF),2016-2020.

The objectives of the evaluation are: to provide an independent assessment of the progress and performance of the Eighth Country Programme (CP8) towards the expected outputs and outcomes set forth in the results framework of the country programme, incorporating findings from reviews and assessments carried out prior to the CPE; to provide an assessment of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results; and to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

The Government of Indonesia (GOI) and the UNFPA Indonesia Country Office are the two main audiences. Both agencies are interested in assessing the relevance, responsiveness, effectiveness, efficiency and sustainability of Country Programme 8 (CP8) for the four years 2011-2014 and in capturing lessons learned and ways to improve some aspects of programme performance and collaboration. This evaluation will also be used by collaborating partners and funding sponsors of UNFPA as a means towards demonstrating accountability and transparency with respect to their respective financial support. Other potential users of findings include Development Partners and actors, other UN agencies and Civil Society. The CPE will be useful for UNFPA's Asia and Pacific Regional Office (APRO) and UNFPA's Head Quarters (HQ) as a way to pass on independent feedback on CP8 in Indonesia to inform future regional and headquarter programmes.

Country Programme

The CPE evaluated the two iterations of the CP8 in Indonesia. The initial iteration was designed to reflect the 7th Country Programme (CP7) recommendations to have only a limited number of core programme areas and a small number of related outcomes and outputs and only had three outcomes. In 2012, realignment was undertaken as a result of the Mid-Term Review of the UNFPA Strategic Programme 2011-2013. As a consequence CP8 was realigned to seven outcomes and nine outputs. The seven outcomes focused on (1) Population Dynamics, with two outputs, one on capacity building for population and one on capacity building for advocacy, (2) Reproductive health, with one output on improved capacity to establish policies for access to reproductive health and one on implementing Minimum Initial Service Package in humanitarian settings, 3)Family Planning with an output on increased national capacity for comprehensive family planning services, 4) Human Immunodeficiency Virus/Sexually Transmitted Diseases (HIV/ STD) services with an output on improved national capacity to reduce sexual transmissions of HIV, 5) Gender equality with an output on increased capacity to address Gender based violence (GBV), 6) Adolescent Sexual and Reproductive Health (ASRH) with an output on increased programming for ASRH services and 7) Population Data with an output on Improved national capacity on quality statistical data being

incorporated into UNFPA mandated programme areas. The total budget for CP8 was US$29m, US$25m core funds and US$4 million of non-core funds.

Methodology

To undertake a systematic and thorough evaluation of CP8 firstly the CPE team developed a clear understanding of the intervention logic behind the country programme. A stake holder analysis was undertaken by the Indonesia Country Office before the evaluation team arrived. Both quantitative and qualitative data was gathered during the in country evaluation process.

To gather the qualitative data the CPE team undertook more than 30 site visits to various GOI, UN, Civil Society and project related partners, all but one in Jakarta. The visit outside of Jakarta was to Jogjakarta in the province of Central Java to visit an ongoing project, Unala where four separate visits and FGD were undertaken. These site visits consisted of face-to-face semi structured and structured interviews with stakeholders, consultation with relevant national and international experts. The CPE team also undertook two phone interviews, three focus group discussions, desk-based research and reviews of existing reports, documents and secondary data. In total, the CPE team undertook 81interviews (4 of which were emailed responses) during the course of the Evaluation with a range of stakeholders. To catch different levels of UNFPA input within Government counterparts, the team selected some stakeholders who had been recipients of capacity development, some managers of UNFPA supported programmes and some senior managers who managed the directorates in which these programmes were housed.

The quantitative data was gathered through a discussion with the PMU section of UNFPA, from various reports and through a mini internet search which formed a press analysis undertaken in three newspapers in Indonesia, the Jakarta Post, the Jakarta Globe and the Indonesian language newspaper Kompas from 2011 to 2014, the period covered by the evaluation.

The CPE Team used several methods to ensure the validity of the data collected. These were systematic triangulation of data between and among stakeholders, appreciative enquiry techniques where the CPE team tried to elicit successes and positive experiences in dialogue with individuals and groups and selected cross checking of consistency between what was said and what was written in the quarterly and annual reports. Progress of the CPE was regularly fed back to the stakeholders to ensure their input was acknowledged. Two meetings, one with UNFPA only, and one with other stakeholders were held to accomplish this. A first draft of the report was cleared by UNFPA management, a second by the Asia Pacific Regional Office (APRO) of UNFPA before a final version being submitted to UNFPA HQ.

To better address the expectations of the GOI and the County Office team in Indonesia, who were interested in knowing both how well each core programme performed and how well the Country Programme overall performed, the CPE team decided to write up the sections on findings broken down by Core Programmes. The evaluation criteria (relevance, responsiveness, effectiveness and efficiency, sustainability, as well as coordination with UNCT (this was more broadly interpreted to coordination with all stakeholders) and finally Added Value), as well as the evaluation questions, was then applied to each of them.

For the sections on Conclusions the CPE team decided to write up a generic section at the beginning of this section and then give conclusions by sector. Recommendations were written up by core programme sector.

Evaluation Criteria and Evaluation Questions

The CPE team used the UNFPA mandated evaluation criteria and evaluation questions set out in the TOR for this evaluation which can be seen in full in Annex 1. In summary the evaluation criteria used to evaluate the CP8 were used to measure the degree of relevance, responsiveness, effectiveness, efficiency, and sustainability of the CP8, its degree of coordination with the UNCT, (which the CPE team expanded to include broader stakeholder coordination) and overall what was the added value of the CP8 to Indonesia's development efforts. The exact wording of the relevant evaluation questions is written up in full in the main body of this report.

Main Conclusions

Overall the CPE team concluded all core programme sectors described in CP8 are in line with GOI priorities and needs and therefore have **kept the CP8 relevant** in Indonesia.

Eight out of the nine CPAP outputs had stakeholder capacity building for GOI counterparts as their expected achievement and the CPE team heard several times from GOI counterparts that there was a continued need for further individual and institutional capacity building meaning that CP8 can be seen as **responsive**. The expansion of outcomes also allowed UNFPA to be involved in more programme areas, including sharpening their focus on adolescence and youth and developing some strategic advocacy interventions helping to improve **relevance** and **responsiveness** even further.

The corollary of this expansion, without the resources for a major increase in staff numbers, came at the level of **efficiency** of delivery. Frequent changes made programme management and administration and Monitoring and Evaluation (M&E) much more challenging for UNFPA staff.

The increase to seven outcomes and nine outputs contributed to an increased silo effect, even though some outputs targeted the same stakeholder group, youth for example, which affected **efficiency** negatively. Examples where better coordination might have led to better efficiency are noted in the sections on humanitarian inputs and population data below. Developing one or two crosscutting themes for CP9, to which each core programme component can contribute should reduce this silo effect but might need new ways of working. One such theme might be youth or adolescence in which UNFPA already has a comparative advantage.

The CPE team concluded that programme finance is being managed well but access to financial information was not easily to hand for the CPE team to analyse and had to be specially generated which was **not very efficient**.

As noted above eight out of the nine outputs for CP8 were pitched at the capacity building level and certainly some respondents in each of the core programme sectors concluded that some capacity building had taken place, implying that core programmes had achieved some level of **effectiveness.** Given that no skills assessment baseline was undertaken it was difficult to conclude to what degree new skills were developed, though different core programmes did include different forms of capacity building ranging from 'on the job' skills enhancement, (for most core programmes), better stakeholder coordination skills (in family planning for instance), as well as developing higher level skills in policy development in HIV/STD prevention and in advocacy for better youth services and involvement, to mention just a few.

The 9th Country Programme (CP9) inputs will be restricted to advocacy, knowledge management and upstream inputs supporting new policy initiatives. While noting some in-house capacity building in these areas for UNFPA staff has taken place, to keep CP **effectiveness** high further capacity building for the UNFPA office and new ways of working with GOI will need to be developed to accomplish this, especially if capacity building of GOI counterparts in these areas is be undertaken.

To increase **UNCT and broader strategic cooperation** further the CPE team concluded it would be better to undertake more joint programming, on core programme areas of UNFPA's mandate which abut those of other UN organisations such as UNICEF, WHO and UNIFEM (now UNWOMEN) as part of the United Nations Partnership for Development Framework (UNPDF) process. The CPE team concluded that delivering as one could be further strengthened using joint UNCT advocacy. Many of the recently launched knowledge products were excellent but potential strategic cooperation opportunities were missed by doing agency specific advocacy. Making further use of new forms of advocacy, such as of social media has begun but needs to be further explored for CP9. This can also be done jointly with other UN agencies to develop a UN agency-wide response. The team further concluded joint monitoring of potentially harmful laws (known as undang-undang in Indonesian) and provincial and district level regulations (known as perda in Indonesian) that might move Indonesia's overall trajectory further away from full compliance with ICPD principles, from timely achievement of MDGs and away from Indonesia's other international obligations might also help to deliver as one and positively affect the enabling environment.

The CPE team concluded that the CP8 had provided opportunities for good engagement with conventional partners such as academics and civil society organisations (CSOs) which UNFPA have used well. The team also concluded that other parts of GOI yet to be engaged fully (such as the Ministry of Home Affairs who have their own population movement data base and the Ministry of Foreign Affairs who are at the table negotiating new and revised international conventions) have yet to be fully engaged. Non-conventional partners such as parliamentarians and the private sector are mentioned in the CP8 but the CPE team concluded there was room to do more here. This type of engagement will enhance networks, help to increase the number of knowledge products and opportunities for advocacy for UNCT initiatives in the public domain, but will also help to strengthen relations when the main focus of the programmes are at the upstream policy level. All of these changes, the CPE Team concluded, would increase the added value of CP9.

Overall the CPE team concluded that each of the core programme sectors had **added some value in its field of influence.** When taken together the CP8 can be seen to have added value to Indonesia's development process. This added value was supported by continued good relations with GOI counterparts and other stakeholders, close alignment of UNFPA and GOI programmes, and the trust and freedom being given UNFPA to open up new areas of programming, especially in youth, humanitarian, advocacy and population data. Even though the overall UNFPA contribution, in monetary terms is not as significant as that of the GOI itself, the GOI puts in a lot of effort to ensure maximum value for itself from each successive UNFPA CP.

Recommendations

General

- Indonesia is a big, diverse, important country full of inequities and to ensure maximum relevance for CP9, the CPE team recommends that Indonesia needs to be seen as an exception to UNFPA's country categorization as a yellow country.
- Further collaboration among UNCT members, in particular in joint fund raising, programming, advocacy and data gathering needs to be enhanced if the UNCT is to deliver successfully as one.

Core Programme specific

- UNFPA should put an emphasis on, and assist Government in highlighting the issues of demographic dividend and of ageing in the next National Mid Term National Development Plan (RPJMN) (2015-2019). It should expedite the recruitment process to bring on board

experts to ensure the preparation of the remaining Monographs envisaged under CP8 – Urbanization; Population Mobility; and Gender by June 2015.

- Within the goal for increased Advocacy within UNFPA mandated areas, in particular for movement towards full adoption of International Conference on Population and Development (ICPD) principles it is recommended to expand the number of Ministries engaged in this concern, in particular with the Ministry of Youth and Sports, while ensuring that the commitments do not stay in writing alone by further engagement of youth through social media and other youth friendly activities.

- UNFPA should continue working at the upstream level in maternal health and taking advantage of its close relationship to the MOH and its national leadership role to support the MOH in developing comprehensive strategies for improving MH in Indonesia with a particular focus on ensuring equity for marginalized populations, including paying specific attention to youth.

- UNFPA should continue working with professional organizations and in particular with the Indonesian Midwives Association (IBI) to advance the midwifery profession and follow-up on the recommendations from the UNFPA-funded midwifery workforce study

- UNFPA is encouraged to continue strengthening and mainstreaming the Gender Based Violence (GBV) component in its humanitarian programme in coordination with relevant partners, for example through the women-friendly spaces component by supporting the GOI in ensuring their disaster preparedness and early warning messages are gender sensitive.

- UNFPA should further strengthen and continue its innovative work involving youth in humanitarian situations as a beneficiary and as possible volunteers, using the concept note that will be developed to outline plans for CP9 in this regard.

- Given the importance of repositioning the National Population and Family Planning Agency (BKKBN) for continued Family Planning (FP) leadership in coordination with other stakeholders, it is recommended that UNFPA assess opportunities for broad-based change-management within BKKBN as recommended in earlier studies and use the opportunity of the new rights-based FP strategy to ensure greater involvement of the Ministry of Health (MOH) in the FP sector and enhance coordination between BKKBN and MOH. This would involve working closely with both MOH and BKKBN in operationalizing the strategy as well as encouraging greater coordinated private sector involvement in this context.

- UNFPA should support the National Aids Commission (NAC) in further strengthening its Monitoring and Evaluation Plan to enhance its capacity for robust monitoring and to ensure that the decentralized translation of national policies into district regulations (perda) is in accordance with the national and international guidelines and best practices.

- UNFPA has undertaken an innovative advocacy initiative against Gender Based Violence (GBV) and on male involvement in HIV programmes. UNFPA is encouraged to thoroughly evaluate these approaches to assess their effectiveness and use this information as a basis for scale-up or replication.

- In relation to gender for the remainder of CP8 it is recommended to look into the specific focus of its gender equality and GBV programme to ensure alignment to the new UNFPA strategic plan.

- The gender outcome in the new UNFPA Global Strategic Plan explicitly mentions reproductive rights and a focus on vulnerable groups. It is recommended to assess how these two areas can be more clearly addressed in CP9 within the focus on GBV in SRH.

- With regard to Adolescent Sexual and Reproductive Health (ASRH), given the emphasis on youth in the new UNFPA Global Strategic Plan, it is recommended that UNFPA re-assess how to frame its youth and ASRH programmes in Indonesia, in view of the importance of the country and the size of its overall youth population.

- UNFPA should contribute to improving the Civil Registration and Vital Statistics (CRVS) database by encouraging collaboration between the Ministry of Health (MOH) and Ministry of Home Affairs. It should make provision for technical assistance, particularly to promote cooperation among agencies at the local (district/city) level, that may be needed to improve the quality and coverage of mortality and Cause of Death (COD) data as well as advocate for the collection of quality data on Violence against Women (VAW) and Disability by using existing data such as the National Socio Economic Survey (SUSENAS).

1. INTRODUCTION

1.1 Purpose, objectives and audience of the Country Programme Evaluation

1.1.1. Purpose

The 2014 Country Programme Evaluation (CPE) serves two main purposes and has three main objectives. These are:

a. To demonstrate accountability to stakeholders on performance in achieving development results under the UNFPA-GOI Eighth Country Programme Action Plan.
b. To provide the evidence base for decision-making, particularly in the development of the new UNFPA-GOI country programme strategic planning documents as well as for the development of a new UN framework through the UNPDF 2016-2020.

1.1.2. Objectives

The ***specific*** objectives of the evaluation are:

a. To provide an independent assessment of the progress and performance of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme, incorporating findings from reviews and assessments carried out prior to the CPE.
b. To provide an assessment of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results;
c. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

1.1.3. Audience

The UNFPA Indonesia Country Office is the main audience. They will use this evaluation as a way of assessing the relevance, responsiveness, effectiveness, efficiency and sustainabilityof their programmes and systems for the four years 2011-2014.

They will also use the evaluation report as a tool to better guide them through the fifth and final year of their country programme. Finally the report will be used as an input for the UNFPA Indonesia's Country Office into their 9th Country Programme (CP9).

A second audience is the GOI counterparts with whom UNFPA Indonesia have partnering agreements. For them too this evaluation will act as a document capturing lessons learned and ways to improve some aspects of programme performance.

Thirdly this evaluation will be useful for any collaborating partners and funding sponsors of UNFPA, as the evaluation will serve as part of UNFPA's accountability and transparency with respect to these partners' financial support. Other potential users of findings include Development Partners and actors, other UN agencies and civil society organisations.

Finally this is a document written with UNFPA APRO and HQ in mind. It is a way to pass on independent feedback on UNFPA Indonesia Country Office performance that might inform regional and headquarter programmes in the future.

1.2 Scope of the evaluation

The evaluation will evaluate performance and results from the following thematic areas of both the original and reformulated Country Programme Action Plans from 2011 to 2014: Population and development/population dynamics, advocacy, reproductive health, family planning, HIV/AIDS prevention, gender-based violence and harmful practices, adolescent sexual reproductive health and youth, and data availability and utilization.

The above thematic areas will be evaluated from the work that began in 2011 until mid-2014. Since the country programme experienced a realignment as a result of UNFPA's 2012 Revised Strategic Plan, this means that the evaluation will look at how the Country Programme Action Plans (CPAPs) before the realignment exercise (2011-2012) when the programme framework was broken down into three outcomes, and after the realignment exercise (2012-current) when the programme framework was broken down into the seven outcomes and nine outputs mentioned in the previous section on context.

Prior to this evaluation, independent and thematically specific assessments have been carried out, namely on (a) South-South Cooperation (under the output on advocacy and south-south cooperation or Atlas Project ID U123), and (b) Male Involvement (under the output on Gender Equality or Atlas Project ID U513). The CPE team has been required to incorporate the findings and recommendations resulting from these assessments in the overall evaluation findings and report.

This report will also be used to feed into the development of the Ninth Country Programme (CP9).

1.3 Methodology and Process

1.3.1 Methodology

The Country Programme Evaluation was undertaken using the following steps.

a. Developing an understanding of the Intervention logic

Firstly the evaluation team developed a thorough understanding of the intervention logic behind a country programme which is set out in the UNFPA handbook[1] on evaluations, under the section on the elements of theory.

While the CPE team accepts the intervention logic and the elements therein, they also took note of the country context in which the evaluation is taking place and the UNFPA corporate goals, policies

[1]See 'Handbook: How to design and conduct a country programme evaluation at unfpa', 2013, UNFPA independent Evaluation Office, New York, pp 223

and norms, both of which are understood to actively influence the context in which the UNFPA programme interventions are designed and implemented.

b. Evaluation Criteria and evaluation questions

The CPE team used the UNFPA mandated evaluation criteria and evaluation questions set out in the Terms of Reference (TOR) for this evaluation (which can be seen in full in Annex 1)

The evaluation criteria used to evaluate the degree to which CP8 was fit-for-purpose were; relevance, responsiveness, effectiveness, efficiency, and sustainability. To analyze its strategic positioning the CPE Team used two other evaluation criteria, its Coordination with the UNCT, (which the CPE team expanded to include broader stakeholder coordination) and finally the added value of the CP8 to Indonesia's development efforts.

The more detailed questions that relate to each of these evaluation criteria used by the CPE Team were as follows:

Relevance, including responsiveness:

1. To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?
2. To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

Effectiveness:

1. To what extent have the expected results of the programme been achieved or are likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results?
2. Issues to be covered:
    - Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?
    - Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);
    - UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.

Efficiency:

1. To what extent were programme resources (funds, expertise, time, etc.) converted into results?
2. To what extent have UNFPA capacities provided financial, administrative, and technical backstopping *efficiently* to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

3. To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Sustainability:

1. To what extent are the results of UNFPA supported activities likely to last after their termination?
2. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

UNCT Coordination:

1. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
2. To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
3. To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

Added value:

1. What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
2. What is UNFPA's added value as perceived by national stakeholders?
3. What is UNFPA's role in the global positioning of Indonesia *vis a vis* the MDGs and the Post-2015 Development Agenda?

4. What could be extracted from the current modes of engagement that could be lessons learned for the upstream engagement for the next country programme?

Other information including sources of information, means of verification etc are included in the Evaluation Matrix; (see Annex 4 of this report).

c. Stakeholder analysis

The stakeholder analysis was undertaken by the Indonesia Country Office before the CPE team arrived in country. It was clear that the stakeholder list drawn up from this analysis by UNFPA was relevant for the later reiteration of the CP programmes, but missed out some of the stakeholders for programmes that had already finished or had been brought to a halt because of a new rule preventing UNFPA to disburse funds directly to regional GOI institutions which had been UNFPA partners up to that point.

Given funds were tight the team agreed that it was better to accept this limitation and prioritize as many current partner institutions as possible and only, if time and money permitted, meet others later.

That being said as time went on the CPE team did add some new institutions such as the Indonesian Midwives Association, some USAID funded projects working in the same area as UNFPA and other institutions/individuals that the CPE team had met on previous consultancy work and thought their contributions would be relevant.

Once a list was drawn up, agreed to and added to, the CPE team insisted on meeting all of them to ensure as large a sample of respondents as possible.

d. Data Collection

Data collection was both qualitative and quantitative. The **qualitative** data was gathered through a variety of methods. These comprised a mix of site visits, face-to-face semi structured and structured interviews with stakeholders, consultation with relevant national and international experts, two phone interviews, three focus group discussions, desk-based research as well as a review of existing reports, documents and secondary data. In more details these can be described as follows:

Site Visits: Of the institutions and project sites that were met on the site visits, more than 85% took place in the capital Jakarta. This made sense as much of UNFPA's assistance was targeted at increased national GOI capacity, and their GOI offices are in Jakarta. There had been plans to visit three on-going field project sites, two in Indonesia's furthest eastly province of Papua, and one field visit to Jogjakarta in the province of Central Java. But for reasons of cost and time only the one visit to Jogjakarta in Central Java was undertaken but time was used effectively as four meetings and two focus group discussions took place there.

Face to face semi-structured and structured interviews: These were undertaken with GOI, UN, Private Sector representatives, CSO members and academics. Within GOI different types and levels of GOI direct counterparts were interviewed. These included some **recipients of capacity building** from UNFPA programmes in Ministries like the National Population and Family Planning Board (BKKBN), the National Agency for Disaster Management (BNPB), The Ministry of Health (MOH), some **people who managed UNFPA supported programmes** in the National Development Planning Agency (BAPPENAS), BKKBN, MOH, the National Aids Commission etc , and **some senior managers** from the key ministries working with UNFPA (BAPPENAS, BKKBN, MOH, Statistics Indonesia ("BPS") who managed departments in which these programmes were housed. More senior managers tended to insist on knowing the questions beforehand so these were sent in writing to them. Within the UN agencies interviewed individuals were from different levels. These included the Resident Coordinator, through to agency heads when available, senior international and national technical experts. CSO members included the head of the Indonesian Planned Parenthood Association, and head of a CSO working in Urban Development, URDI. Private sector and academics were also interviewed. A full list of those interviewed is included in Annex 2 to this report.

Consultation with international and national experts: The CPE team was able to meet experts like Professor Hull from ANU University in Australia, Ms Ann Hyre, from Johns Hopkins University in USA, and Mr. Simplexious Asa, an Indonesian legal expert on District Regulations, just to name a selection. Some of these experts were in Jakarta for a UNFPA-sponsored Consultative Expert Group Meeting that covered similar ground to some parts of the CPE.

Phone interviews and Emailed responses: Two phone interviews were conducted with the Heads of the Regional AIDS Commission in Jayapura and Merauke in Indonesia's furthest easterly province of Papua. The flight time from Jakarta is a minimum of 8 hours and as the programmes were coming to an end there it did not seem like a good use of time. The CPE team could have used this methodology to discuss with senior heads of already completed projects in the province of NTT, also in Eastern Indonesia, but time did not allow it. Four emailed responses to questions put to members of Focus Group Discussions who were not in Jakarta were also received.

Focus group discussions (FGDs): Three FGDs were conducted, including 17 young people in total, of which ten were female and seven were male. The FGD members were selected by UNFPA's Youth advocacy group for those in Jakarta and by the UNFPA supported project, Unala, in Jogjakarta.

Desk-based research: The CPE team undertook an extensive review of existing reports, documents and secondary data within the UNFPA office with the assistance of relevant UNFPA staff.

In total, the CPE team undertook 81 interviews (4 of which were emailed responses) during the course of the Evaluation with a range of stakeholders. These are grouped in Table 1 below.

Table 1. Stakeholder groups interviewed with total interviewees per group

Stakeholder Institutions/Groups	Number of People Interviewed
UNFPA	19
Other UN agencies	5
Central Government	22
Regional Government	2
CSOs/Academia	29
Private Sector	4
Total	81

Further breakdown of these numbers by name and institution can be seen in Annex 2 at the end of this report.

As noted above the sampling methodology put a clear emphasis on interviewing stakeholders at the national level. While this was in line with the national focus and upstream activities of the Indonesia programme after the realignment, it meant that few of the stakeholders from programmes already completed or halted were interviewed which might the CPE team wondered might have thrown up some more issues on programme management.

The **quantitative** data was gathered from three separate sources. Firstly from the UNFPA PMU who gave the CPE team the most up to date data on delivery and implementation rates they had. Secondly some quantitative information was taken from quarterly and annual reports as needed. Thirdly statistics were compiled by the CPE team themselves if needed. Examples included information like the number of people interviewed as well as a mini Internet search on the frequency that UNFPA is mentioned in local newspapers that formed the basis for a press analysis.

e. Validation mechanisms

The Evaluation Team used several methods to ensure the validity of the data collected.

The CPE team tried to undertake a systematic triangulation of data between and among stakeholders, in particular where opposite views were held. One example was in relation to a perceived trend of the Youth Advisory Panel (YAP) to be drawn more recently only from middle class participants. The CPE team felt that the majority of the members were middle class Indonesians at University. This was confirmed by one UNFPA staff but challenged by another. The CPE team decided to ask some of the members of the Panel if they were middle class or not, which they all felt they were, which of course may not have invalidated the information gathered through YAP.

This experience reminded the team about the need for striving for non-biased samples, which was achieved. The range of FGD members in Jogja seemed to be noticeably from a wide range of institutions and backgrounds bolstering the validity of the range of their experience in Adolescent Sexual and Reproductive Health. Respondents were female and male in equal numbers.

Using appreciative enquiry techniques the team tried to elicit successes and positive experiences in dialogue with individuals and groups of people to better understand why something worked well, and how success might be replicated. Cross checking between what was said and what was written in the quarterly and annual reports for consistency and trends also helped the CPE team to better validate findings.

The CPE team also used cross-reference as a way of testing assertions in reports. For example, a claim in an annual report noted that more than 100 references to UNFPA's programmes were made in the Indonesian based press, which seemed high to the team, so a limited press analysis was undertaken through a Google search for the word 'UNFPA Indonesia' of editions of two of the biggest English Language newspapers in Indonesia, the Jakarta Post and the Jakarta Globe for articles referring to UNFPA Indonesia from 2011 to 2014, the period covered by the evaluation. This was also carried out for the Indonesian language newspaper Kompas which is the major source of news for Indonesians.

Towards the end of the evaluation process the team presented the preliminary findings to the UNFPA office and then to non-UNFPA partners, including UN agencies, GOI and CSOs. This was where it became clear that the format for the findings sections needed to be broken down **not by evaluation questions but by CP8 core programme** if they were to be easily accessible to the majority of the CP partners. The evaluation questions were then applied to each of the core programmes. Despite this being very word and labor- intensive to ensure the two main audiences for this evaluation were satisfied the CPE team decided to comply with this. The conclusions and recommendations sections of this report, however, have both core programme level and aggregated CP level sections.

f. Stakeholder participation

UNFPA identified a wide range of stakeholders to be interviewed but no stakeholders were involved in the development of the data gathering process, rather they were selected and interviewed. No one who was asked refused to answer questions, but at the same time no one who was not on the list came forward to ensure their voice was heard in the evaluation process.

As the evaluation evolved, new potentially interesting sources of information were identified either recommended by people already interviewed or as a result of the team coming across a report that had not yet been made available to the team at that point. Sometimes these people were not technically UNFPA stakeholders, such as the Ministry of Home Affairs, but the CPE team thought they might be involved with future UNFPA programmes and thought it useful to interview them.

As noted above, to keep stakeholders in the loop, the preliminary findings were presented to the non-UNFPA stakeholders, while preliminary findings and recommendations were presented to UNFPA. Any comments from these meetings have been addressed in this final report.

g. **Limitations**.

One serious weakness identified by the team was that there was no participation of partners who no longer worked with UNFPA because their programmes had finished or had been closed earlier in the CP cycle. This might have been a rich source of data about managing stakeholder expectations and managing sudden programmatic change.

Issues of the validity of the data did appear. In most cases sample sizes were small, and not always comparable. For example different Ministries have different capacities and different budgets therefore issues of sustainability of UNFPA/GOI joint programmes were difficult to call, even if they expressed an interest in keeping on initiatives developed with UNFPA collaboration. Ministry of health officials stated their interest in further embracing ICPD and MDG health-related goals but knew that cultural and religious sensitivities on ASRH for example made it unlikely that these would be achieved, despite their personal and institutional avowed wishes.

Issues of timing were noted. The evaluation took place as always at the end of year four in a five year cycle and those outputs achieved in year five will not be recorded in this evaluation. This evaluation also took place a few weeks before a Presidential Election was to be held in Indonesia, and so some GOI respondents were not available during the work day, or only for a short while, so interviews were undertaken whenever possible. That being said, overall, the CPE team was pleased at the level of engagement of respondents and the senior levels to which the team had access.

Issues relating to late deployment of evaluation staff were also noted. The late arrival of some of the CPE team members resulted in some key meetings being missed by core CPE members.

While all of the team members were expert in their technical competencies some of the team had limited experience in undertaking evaluations. As a result some of their technical reports and analytical skills had gaps that more senior evaluators were obliged to fill in.

Information on some of the core programmes came after a site visit had taken place and a second field visit was needed to ensure all relevant respondents were met.

1.3.2. Evaluation Process

1.3.2.1. Evaluation Phases

The evaluation was divided into the design phase, the field phase, and the synthesis delineated in this report as noted below.

i. **The Design phase** – (output: design report) included the following activities:
    a. Entry meeting with the Representative/senior management.
    b. Document review of relevant documents for the CPE, including previously conducted evaluations, i.e. the three independent and thematically-specific assessments (on South-South Cooperation, Male Involvement, and Strategic Management Review) of the Indonesia country programme
    c. Stakeholder mapping – mapping exercise that includes state and civil society stakeholders relevant to the evaluation (stakeholder map was provided by the evaluation manager to the team during design phase so the team was not involved in this).
    d. Analysis of the intervention logic of the programme.
    e. Finalization of list of questions in the form of an evaluation matrix which forms Annex 4 here. Where is the matrix?
    f. Data collection and analysis strategy, and concrete work plan (see Table 2 below).
    g. Provision of input from the Evaluation Reference Group and senior management on the Design Report.
    h. Finalization of agenda (CPE Agenda template was provided to evaluation team during design phase).
    i. Inception workshop to the country office.

ii. **The Field phase** – (output: debriefing presentation on the preliminary results of the evaluation and testing conclusions) included the following activities:
    a. A six week in-country mission to collect and analyze data, mainly at the national level (in Jakarta).
    b. The agenda for consultations was continually updated during the in country mission
    c. Presentation to country office on preliminary findings.
    d. Presentation to National Coordination Team on preliminary findings. This involved government partners and other stakeholders that were relevant to the country programme.

iii. Synthesis phase – (output: first draft final report).
    a. CPE team participated in an Expert Group Meeting, where high level international and national experts provided an overview of emerging issues and how these can be addressed given the political, economic, and cultural changes underway. This meeting provided the evaluation team with a greater understanding of what the Eighth country programme was designed for and what the next CP, CP9, will be working on after 2015.
    b. Incorporate input from debriefing meeting and expert group meeting to develop the **first draft**.

c. Comments from the evaluation reference group (consolidated by the evaluation manager) and from senior management will be used to develop the **second draft**.
d. A second draft will be used for the in-country dissemination seminar (UNFPA, and other CP stakeholders). Comments from this seminar will be used to develop a third draft for consideration by APRO, UNFPA's Asia and Pacific Regional Office, and comments included to develop the **final report**.

The Work Plan, showing the length of each phase, is described in Table 2 below.

Table 2. Work Plan for CPE 2014

Details of Activities	Month One				Month Two				Oct				Nov				Dec				Jan	
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2
Prepare TOR																						
Feedback from ERG																						
Feedback from APRO and EO																						
Request for Proposal processes (advertise)																						
Recruitment of institution																						
Delivery of design report																						
Presentation of design report at inception seminar																						
Approval of design report																						
Completion of agenda for in-country meetings and interviews																						
Preparation for interviews and adjustment in agenda																						
Review of AWPs, previous evaluations and reviews, and other secondary sources																						
Data collection																						
Data analysis, triangulation (teamwork)																						
Presentation of preliminary results to CO																						
Presentation of preliminary results to National Partners																						
Expert Group Meeting (evaluation team to participate in)																						
Delivery of first draft of evaluation report																						
Comments from CO and ERG																						
Delivery of Second Draft																						
Comments from APRO																						
Delivery of final evaluation report																						

Source: Adapted from Work Plan in TOR

1.3.3. Ethical Considerations

Given the sensitivity of some of the issues raised in the evaluation all respondents were asked if they were over 18 or older and therefore legally adults. They were also told that they need not reply to any of the questions asked if they felt uncomfortable.

They were informed that no responses would be attributable to individuals and that they could be as honest as they wished because the CPE team was independent of UNFPA, the GOI and all related programmes.

While no consent forms were written up the CPE team genuinely believed that people were put at ease by these assurances.

2. COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

Geography, Topography, Ethnicity and Religion
Indonesia is an enormous archipelago which straddles the equator, and which from east to west stretches a distance wider than continental United States. Indonesia's more than 17,000 islands are geographically north of Australia and the most southerly of all of the countries of South East Asia.

Indonesia's population is made up of hundreds of ethnic groups, who speak hundreds of local languages but is united by one, Indonesian, which is a variant of its northern sister-language, Malay. This unity has saved Indonesia from the divisiveness of language, experienced in India for example, and ensured that all Indonesians can speak to each other in a common language.

Indonesia is a majority Islamic country with the largest number of Muslims in the world, but with small pockets of Christian, Buddhist, Hindu and Confucian worshippers. Often cited as one of the most tolerant Islamic countries, Indonesia's national philosophy of 'Pancasila', or five principles of government, ensures equality of worship for all recognized religions. While there have been occasionally significant incidences of conflict that have been serious enough to affect local development, Indonesia's strategies of promulgating ethnic tolerance at all levels has been broadly remarkably successful.

Indonesia is part of the 'ring of fire', a string of volcanoes along tectonic plates from Asia through to the Pacific which are frequent causes of natural disasters. In recent times Indonesia has experienced earthquakes, volcanic eruptions, frequent flooding and droughts as well as a devastating tsunami.

Population and Population dynamics

The 2010 census in Indonesia recorded a total population of 237 million people, making it the world's fourth largest country by population. In 2012 the population density was calculated at 129.2 per square kilometre[2], though this figure hides huge disparities.

Of this total population In Indonesia in 2010 more than 65 million of them were defined as young people (defined as those between 10 and 30 years of age),[3] representing about 28% of the population.

For many demographers Indonesian population dynamics over the last 40 years has been a success story. However after thirty years of a well managed total fertility rate, over the last two decades the total total fertility rate is now climbing again, and it has now reached 2.6. This, combined with an annual rate of increase of 1.2[4] per cent, means that total populations are projected to reach 255 million in 2015 and 269 million in 2020.[5] The development challenges for this rate of increase will put further pressure on Indonesia to address this rate of increase.

The Government's response to these population issues has been rather varied in success. With the help of the international community, the GOI Ministry responsible, the National Population and Family Planning Agency (BKKBN), is trying to bring down the Total Fertility Rate by encouraging married families to increase their use of Family Planning techniques while also trying to increase the supply and range of family planning equipment to keep up with demand. There is still room for much improvement here however. Further education on the developmental, family and personal benefits of small families is also being used with some information targeted at young and unmarried Indonesians, chiefly on the values of abstinence. Many FP practitioners are very critical of the state of these youth and non-youth targeted services as not being fit for purpose. Furthermore counter information from followers of a more strict interpretation of Islam, who are encouraging larger families as more Islamic, may also be starting to have some impact on views on the benefits of small families, further exacerbating the situation.

While FP activities may have had some positive effect on bringing down future population numbers, broader increases in development are starting to see many more people living longer, so the Government is also starting to plan for an ageing population and the pressures that this will bring on national natural resources and services.

For the present day population the increased number of young people growing up has already put pressure on education systems as Indonesia has struggled to build schools and train enough teachers. Furthermore finding work for the increasing number of students graduating secondary and tertiary school has also been an issue. In 2012, the total unemployment rate(expressed as a percentage of the labour force)was 6.2%. For younger cohorts it is likely to be much higher than that if Indonesia's economy does not grow even faster to absorb them.

Democratic Reform

[2]UNData Website see https://data.un.org/CountryProfile.aspx?crName=Indonesia

[3] The UN describes adolescents as persons aged 10-19 years and youth as those between 15 – 24 years. gether, adolescents and youth are referred to as young people, encompassing the ages of 10-30 years.

[4]Ibid

[5]See UN, Department of Economic and Social affairs, Population Division http://esa.un.org/wpp/unpp/p2k0data.asp

During the last decade Indonesia has achieved much in the way of institutionalized democratic reform. Indeed governance specialists themselves point to this sector as **the** sector in which many of the successes in Indonesia have taken place, with trends towards political robustness, increased decentralization, better accountability, greater freedom of speech and an increased understanding of the rule of law leading the way.

National and local level parliaments have come into their own too, grabbing the democratic freedoms they now work within, and developing their role at a pace. Not all of these changes have been for the good however. Many laws, and sub-national equivalents have taken their constituencies in what many see as the wrong direction. For example the lives of many women in the province of Banten have become more restricitve as religious overtones to civil legal instruments have taken a toll on their freedoms. Hidden by rapid decentralisation, and with little central control over the contents of new provincial and district regulations it is likely that many similar regulations are in force throughout many parts of Indonesia.

Furthermore massive corruption in parliamentary dealings is a daily news item and many senior parliamentarians and ministry employees have lost their jobs as a result. This still needs to be tackled throughout Indonesia.

Despite some issues with parliaments, and taking note of serious issues of corruption, however, for many Indonesia watchers, overall, Indonesia's political and democratic development is heading in a positive direction.

Economic and work issues

Indonesia is presently one of the world's largest economies – by some measures it is the 9th largest. The IMF/World Bank estimates by 2050 it may well be the 6th largest. Indonesia is now classified as a lower middle-income country and has experience recent sustained high economic growth.

Indonesia is rich in natural resources. It has considerable oil and gas reserves, significant forestry and agriculture resources, significant supplies of coal and other minerals and a strong tourism industry. While there is a notable gap in its economy, its manufacturing sector, there are some glimmers of hope even here, in the garments industry for example.

One of Indonesia's biggest challenges however is its chronic low level of infrastructure and there is a need to invest huge sums of money to bring much of provincial and district infrastructure in Indonesia up to even its own national standards. The island geography of Indonesia means that travel and supply systems rely on sea and air travel. As these modes of transport are often very expensive to develop and upkeep, compared at least to land-based methods, human travel and goods supply are sometimes unreliable and/or are prohibitively expensive. Finding sufficient funding for repairing existing, and building new infrastructure to overcome these issues is presently moving at too slow a pace to keep up with economic and population demand.

Corruption is a widespread challenge in Indonesia and in particular in business. Examples include the numbers of businesses who do not pay their taxes and corruption within the business process. This leads to issues of business confidence, problems with the legal status for foreign businesses in Indonesia and ownership of assets by foreign businesses. While political and civil service corruption is being dealt with, corruption in business is a thorn in the side of many new businesses and some businesses choose to set themselves up elsewhere, where business rules are clearer. The Government has tried to set up 'one-stop-shops' and make it easier to set up businesses but day to day transactional corruption is still rampant.

While Indonesia's economy is still growing, appropriate labor supply is still an issue. Many of the young people coming in to today's labor market have minimum qualifications and many more skilled workers are still needed, all over Indonesia. Significant economic migration exists and semi-skilled and skilled labor still comes into urban areas to find work. More recently, the Indonesian Government has tried to designate Indonesia into six economic corridors, emphasizing different industries in different corridors, with a view to managing a programme of equal economic development across Indonesia. It is too early to know if this policy will be successful.

Furthermore in all parts of Indonesia unemployment rates are an issue and vary significantly[6]. As noted above, in 2012, the total unemployment rate (expressed as a percentage of the labour force) was 6.2% and would be significantly higher than this in some cohorts.

Poverty and Human Development

Indonesia's HDI value for 2012 is 0.629—in the medium human development category—positioning the country at 121 out of 187 countries and territories and sharing a ranking with South Africa[7].

While Indonesia's overall human development and HD ranking has slowly increased, inequalities in Indonesia are deep. Their middle-income country status hides big divides not just between the rich and the poor, but the urban and the rural, the male and the female, the centre and the periphery.

It is remarkable that Indonesia, today, is home to a few of the world's richest individuals. The number of high earners has skewed figures for average per capita annual income for Indonesia, which, in 2013 was reported at $3,475[8]. Meanwhile half the country still survives on less than two dollars a day. In Indonesia the Gini coefficient rose from 0.37 in 2012 to 0.41 in 2013[9] (a coefficient of zero expresses perfect equality, while one implies maximal inequality) showing the trend to inequality is still on the rise.

Furthermore while the poverty rate in Indonesia may have fallen from 23.4 % in 1999 to 12.5% in 2011[10] for many people small economic or health related shocks can quickly knock them back into poverty. Many Indonesian government programmes have tried to tackle significant levels of poverty in the rural areas with its World Bank Loan-funded Sub-District Development Programme (known locally as the KDP) being a noticeable success, but much still remains to be done.

Life expectancies for both sexes have continued to increase over the recent decades to present day levels (Men 69/ Women 73 in 2012[11]). But contrarily, in the health sector Indonesia might miss its reproductive health related MDG targets. In the reproductive health sector it is very unlikely that Indonesia will meet its MDG target on maternal health. Indeed maternal mortality has not decreased in recent years as hoped for, and remains too high. There has been an increase in MMR from 228 per

[6]UNData Website see https://data.un.org/CountryProfile.aspx?crName=Indonesia

[7]See 'Human Development Report 2013 : The Rise of the South: Human Progress in a Diverse World Explanatory note on 2013 HDR composite indices: Indonesia

[8]See World Bank Data , http://data.worldbank.org/indicator/NY.GDP.PCAP.CD

[9]See website Indonesia Investments: 'Higher Gini Ratio Shows Indonesia's Widening Income Distribution Inequality', 16 Jan 2014

[10]'Targeting poor and vulnerable households in Indonesia', 2012, World Bank Indonesia, Jakarta, P12

[11]See World Health Organisation Website at: http://www.who.int/countries/idn/en/

100,000 live births in 2007 to 359 per 100, 000 live births in 2012[12]. It is not clear how government programmes in this area are going to come up with the required solution to this problem in the near future.

Furthermore there are other aspects of RH servicesthat need to be improved. The quality of maternal health services, particularly the quality of midwifery services, which plays an important role in the country's deteriorating MMR, needs attention. Revitalization of family planning services is also an issue. Stagnation of the level of modern methods of contraception uptake has kept the figure at 60%[13]. Indonesia is among the top 10 countries with the highest new cases and AIDS and mortality is on the increase[14].

Pervasive gender inequality and widespread Gender Based Violence (GBV), reversing the increasing trend in some provinces for child marriage, which is both a violation of human rights and a deterrent to development[15] are still issues in Indonesia that need addressing.

Supporting adolescent sexual and reproductive health (ASRH) needs, as well as encouraging higher levels of youth participation more broadly, is also critical. For some ministries, the only ASRH measure promoted is abstinence. The Ministry of Youth and Sports (MOYS) tends to promote programmes which make youth better citizens, or help to fill their time with sports and hobby related activities.

The reality in Indonesia is that the GOI is not a monolith. Skill levels vary significantly and capacity building is still an issue. Some ministries welcome capacity building assistance and some believe they do not need foreign assistance in this regard. At the request of those ministries that have expressed an need for assistance, UNFPA works with several key government ministries and agencies including the National Development Planning Agency (BAPPENAS), The National Population and Family Planning Agency (BKKBN), The Central Statistics Agency (BPS), The National Agency for Disaster Management (BNPB), and The Ministry of Health (MOH), The Ministry of Women's Empowerment and Child Protection (MOWECP), to try to overcome some of these capacity gaps. While UNFPA has been a major source of external assistance in the area of capacity building, much more needs to take place, and is way beyond UNFPA's financial resources.

Indonesia's CSO sector, and increasingly Indonesia's private sector, are both playing a part in Indonesia's development. While much still needs to be explored, the GOI is trying to work more closely with both groups to quicken up development throughout Indonesia. UNFPA has developed significant collaboration with both of these sectors to support this collaboration.

2.2 The Role of external assistance

As Indonesia consolidates its recent transition from a developing country to a lower middle income country, development assistance has taken on a very different role. Moving away from budget support, way from delivering a wide range of technical assistance, with some vestiges of capacity building, the role of external assistance is tending to move upstream. Donors now entrust

[12]See Indonesian and Demographic Health Survey (IDHS), 2012

[13]See Indonesian and Demographic Health Survey (IDHS), 2012

[14]UNAIDS The Gap Report, 2014

[15]See Marrying Too Young, 2012, UNFPA New York

government, civil society and private sector partners to deliver most development related inputs, while donor assistance moves gradually into playing more of an enabling role.

Providing upstream support, in the form of expertise on policy, advocacy, legislation, knowledge management, and sources of best practices looks set to continue to be a bigger part of many donors' assistance. Some doubt however that this is the time to be withdrawing completely from more typical forms of development assistance.

While aggregate income figures suggest donor support is increasingly not needed in Indonesia, the reality of Indonesia's wide inequalities show that income disparities still exist and are mirrored by access to services, opportunities for skills and educational attainment, health related services, the world of work and of course broader life chances.

In some parts of its territories Indonesia is surely not yet a lower middle income country. For much of the eastern part of Indonesia, for example, development challenges still abound and more traditional forms of donor development assistance may still be applicable. Unfortunately, without a special case being made, Indonesia's lower middle income status may prevent these types of assistance being considered, more broadly, by donors in their future programmes. Certainly, UNFPA's categorization of Indonesia as a 'yellow' status country will limit the types of assistance Indonesia can expect to receive through its ninth Country Programme (CP9), if this remains the case.

Indonesia's push to decentralization has made central and local governments more accountable but for some observers this process has further exacerbated economic and social inequality. Some parts of Indonesia have larger budgets and are more capable of governing their provinces than others. Budget allocation rules, overlaid with political overtones, have allowed some sub-national governments to keep a large percentage of income generated at the provincial level (in some cases as much as 80%) which could be used for local development expenditures. So this means that some provinces are substantially wealthier than others but not all use these resources wisely, nor do these provinces necessarily have all the other resources needed, such as the best skilled workers and service provision, to make the most of these resources. Many observers have noted that more resources have equated to more corruption.

The global development financial resources squeeze which is affecting many UN offices throughout the world is evident in Indonesia too, the consequences of which were confirmed with a meeting with the Resident Coordinator. Resources are likely to be further squeezed as national aggregate gains in Indonesia tend to push Indonesia even higher up the middle income status scale, despite already noted widespread inequalities.

Despite this squeeze, many of the UN's sister agencies are still represented in Indonesia. These include UNDP, UNICEF, WHO, UNESCO, UNOCHA, UNHCR, ILO, WFP, IOM, and UNAIDS (just to name the biggest). This may well be because they recognize there is still a sizeable unmet need for their services.

They also must recognize that even combined, their contributions to Indonesia's development, in terms of financial resoures at least, is still relatively small, with by far the biggest source of resources coming from the GOI's own coffers, raised through taxes and through development focused loans. Multilateral loans and grants from the World Bank, loans from the Asian Development Bank, and bilateral infrastructure low interest loans, still make up by far the majority of development related financial resources.

The UNCT is trying to live up to the principles of delivering as one. But UN agencies do not deliver equally. Different levels of funding, varying programme focuses and the strength of human resources in country have all led to sharp differences in the type, relevance, and extensiveness of inputs delivered by the UN system. The development of a jointly owned GOI/UN system document known as the UNPDF, however, has ensured consistency and minimised overlap in their programme efforts.

Major bilateral supporters to development in Indonesia still include Australia, EU, Japan and the United States, with a string of smaller donors such as The Netherlands, and the UK, to mention just some, contributing smaller amounts.

3. UN/UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1. UN and UNFPA Strategic Response

The Government of Indonesia's development priorities, and the economic, social and cultural contexts in which the broader UN system works in Indonesia, continue to be the main influencing framework determining both the UN and more specifically UNFPA's work to support Indonesia's development agenda.

A significant part of this context is acknowledgement that Indonesia is beginning to consolidate its lower-middle income country status. This designation can be seen both positively and as a challenge.

The designation is positive because Indonesia's new country status implies a certain degree of progress towards improved levels of development. Indeed Indonesia is a significantly different country since its independence in 1945, its early development within the cold war years, its move to a centralised capitalist state consolidated in the 1980's and 1990's and the spectacular changes in the late 1990's that brought about many of the changes that are significant today.

On the other hand a move towards middle income status has started to affect the programme content and focus of many of the UN system response. The Resident Coordinator rued the lack of clear guidance for the UN system on how to programme UN type assistance for lower middle income countries like Indonesia. South American models, where large amounts of government funds are given to the United Nations system to programme on the Government's behalf, such as in Brazil, do not apply in Indonesia. Indeed the CPE team was not able to find an example where the GOI handed over funds to the UN system, not even as cost-sharing. The GOI prefers to developed counterpart budgeting, which government controls directly, and keeps national resources spending within house.

Furthermore, the total level of resources to middle income countries is decreasing at an alarming rate, leaving the total level of resources available to programme by the UN system ever more diminished. This means that raising funds for the next CP, CP9, can only get more challenging. The UN system may well find the need to look for non-traditional sources of funds, such as from the private sector, to fund some of its programmes.

Within CP8, Indonesia was still designated as a 'regular' developing country and the programme was still quite diverse. This diversity was stymied by the GOI regulation preventing donor funds being channelled directly to non central GOI agencies. This curtailed some ongoing UNFPA programmes, and prevented UNFPA from supporting some harder hit regions in a variety of health related programmes.

The 9th UNFPA CP (CP9) will be a different story. Within UNFPA's quadrant matrix of countries, which is part of UNFPA's new Strategic Plan Business Model and which uses two criteria (development needs and by ability to finance these needs) Indonesia has been designated as a lower middle income country and has been assigned a 'yellow country' ranking. In the Asia/Pacific region Indonesia is grouped along with only two other countries, Bhutan and the Pacific Islands.
Within UNFPA's framework of assistance lower middle income countries are only expected to programme advocacy, policy dialogue and Knowledge Management modes of engagement, though this matrix only 'provides guidance'.[16]

Needs are assessed through rates of 6 indicators[17]. These are: the proportion of births attended by skilled health personel for the poorest quintile of the population;maternal mortality ratio;adolescent birth rate;proportion of demand for modern contraception satisfied; HIV prevalence among population aged 15-24 years and;gender equality index. Two supplemental factors are to be added though the strategic plan does not say when; these are risk for humanitarian crises and income inequality.

Using this new categorization it is hard to see how Indonesia counts as a 'yellow country'. Indonesia fares poorly in so many of the criteria, that for some Indonesia watchers this type of categorization, at best obfuscates Indonesia's real situation while for others the designation is downright incorrect.

Programming for CP9 might be a good time to look at Indonesia as a special case 'yellow 'country.

3.2 UNFPA response through the country programme

3.2.1 Brief description of UNFPA previous cycle strategy, goals, and achievements

The Country Programme CP7 was fully aligned with and contributed to the Government's National Medium Term Development Plan (RPJMN) from 2004- 2009. It was also aligned with the original spirit of the ICPD conference and the goals in each of the follow up meetings. It was also developed in line with the relevant UN conferences of platforms for action. As such it could be generally seen asrelevant.

The original CP7 consisted of six outcomes and 10 outputs, each with their own indicators. Indonesia's stated intention to move quickly to more and more decentralisation lead the Country Office to spread resources between both central and sub-national beneficiaries. The CP7 targeted 21 districts in six provinces, with six major national partners and as the report 'What we have learned'[18] notes, a 'score of local partners'. This lead to an unmanageable load of annual work plans to manage.

[16]See UNFPA Strategic Plan , 2014 -2017, UNFPA,pp 13

[17]See UNFPA Strategic Plan , 2014 -2017, UNFPA, pp20

[18]What we have learned, Best practices and lessons learned from UNFPA 7th Country Programme, 2011, UNFPA Jakarta

From early 2007 onwards a series of intensive workshops with programme partners rationalised the programme down to three outcomes under Reproductive Health and one for Population and Development and one for Gender. This showed that CP7 remained responsive to the needs of the GOI.

The newly-rationalised goals under reproductive health included 1) the need to strengthen the policy environment and commitment at the national and subnational levels to support reproductive rights and comprehensive reproductive healthservices 2) an increased demand creation for reproductive health services and 3) increased access by all segments of society to high-quality, integrated client oriented services.

For Population and Development Strategies the goal was to support the need for better understanding at the national and sub-national levels by policy makers and planners of the relationships between population, reproductive health,gender, poverty alleviation and economic and social development. This was to be brought about through the improved availability and increased utilisation of data.

For Gender, while still striving to mainstream gender sensitivity, the gender component payed particular attention to gender based violence.

The primary input for UNFPA for the CP7 was 'capacity building of policy makers, programme managers, representative receipients of programme inputs as well as other key influentials and organisations.

CP7 had a total allocation of $25 million. Achievements realized under the CP7 included: (a) establishing a national budget line and an international training programme for reproductive health commodity security; (b) including a maternal mortality module in the 2010 census; (c) conducting policy research to support the revitalization of family planning, including a re-estimation of total fertility rates; (d) developing a standard service package for survivors of gender-based violence; (e) developing a reproductive health costing module for advocacy work at national and sub-national levels; (f) strengthening the capacity of non-governmental organizations in the areas of adolescent reproductive health and HIV, with a focus on community capacity; (g) introducing an integrated package of essential reproductive health services in 21 districts; (h) integrating national adolescent reproductive health guidelines into local regulations and school education; (i) integrating a minimum initial service package in emergency situations into the training programme of the Ministry of Health; (j) enacting four national and 21 local regulations to support population, reproductive health, family planning, and gender-related programmes through advocacy activities with Parliament; and (k) establishing partnerships with religious and leaders to support reproductive health and gender programme.

3.2.2.The Present UNFPA Country Programme, CP8

The present country progamme has had two iterations. The initial iteration reflected CP7 recommendations to select only three core programme areas and have a small number of related outcomes and outputs.

In 2012, realignment was undertaken as a result of the Mid-Term Review of the SP 2011-2013. As a consequence the programme was realigned to seven outcomes and nine outputs. One respondent

noted that the rationale for realignment was to reflect the commitments already made with Government in the context of the CPAP signed in February 2011. It was therefore not politically feasible to reduce programme commitments which were reflected across 7 outcome areas in the realigned Strategic Plan 2011-2013.

Not surprisingly the number of annual work plans for core programme activities and projects funded from other resources such as UNTFVAW, Empower and Disability, that staff then had to manage, ballooned. No further resources were added however, except those mobilized under co-financing, so as the pressures mounted on NPOs to manage an evergrowing portfolio, in one sense the issues under CP7 repeated themselves; while responsiveness increased, efficiency in delivering inputs decreased.

3.2.2.1. The Country Programme before realignment

The eighth Country Programme (CP8) allocation was slightly higher than that of CP7 at $29m, due to an increase in co-financing resources.The original breakdown of these fund allocations was as per Table 3 below:

Table 3. Division of resources allocated per core programme area in the original CP document for Indonesia, CP8, 2011 – 2015, in Millions of US$

	Regular resources	Other	Total
Reproductive health and rights	12	2	14
Population and development	6	1	7
Gender equality	6	1	7
Programme coordination and assistance	1	-	1
Total	25	4	29

Source: UNFPA Country Programme Document presented to UNFPA board in October 2010

While financially constrained, programmatically the CP8 was very relevant as improvements in all three core programme areas were still very critical for Indonesia's development.

The evaluation of CP7 brought out lessons learned that were to be applied to CP8 indicated the need to: (a) align and synchronize country programme annual work plans with the annual work plans of partners at local and national levels; (b) provide high-quality technical assistance on strategic policy and programme issues to local and national institutions; (c) upstream policy work at national and sub-national levels and replicate good practices from pilot interventions; (d) strengthen local ownership through cost-sharing mechanisms; and (e) simplify the country programme operations structure.

Overall CP8 was successful in aligning and synchronizing country programme annual work plans with the annual work plans of partners at local and national levels, to some degree was successful in providing high-quality technical assistance on strategic policy and programme issues to local and national institutions and in upstream policy work at national and sub-national levels and replicating good practices from pilot interventions, was less sucessful with strengthening local ownership through cost-sharing mechanisms, as this is not a modality favoured by the GOI and as for simplifying the country programme operations structure, much more work needed to be done.

3.2.2.2. Realignment changes to the Country Programme

As noted above, in 2012, one year after the CP8 document was signed a new Global UNFPA Strategic Plan obliged UNFPA Indonesia to undertake a significant realignment exercise. This resulted in an increase in programme outcomes from the original three to seven and to nine related outputs. This process included significant renegotiations with the GOI and the development of a new CPAP to reflect these changes. The new outcomes and outputs are summarized in Table 4 below.

Table 4: Revised CP8 Outcomes and Outputs after the 2012 Realignment

Outcome	Outputs
1. Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.	1. Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in other relevant national plans and programmes
	2. Strengthened national capacity to advocate ICPD principles and MDGs including South-South Cooperation
2. Increased access to and utilization of quality maternal and newborn health services	3. Strengthened national capacity in establishing policies for improving universal access to reproductive health
	4. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings
3. Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	5. Strengthened national capacity for a comprehensive national family planning programme that addresses unmet needs.
4. Increased access to and utilization of quality HIV- and STD-prevention services especially for young people (including adolescents) and other key populations at risk	6. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV

5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy	7. Strengthened national and sub-national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings
6. Improved access to SRH services and sexuality education for young people (including adolescents)	8. Improved programming for essential sexual and reproductive health services to adolescents and young people
7. Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality	9. Enhanced national and sub-national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings

While the CP8 document itself did not need to change, the CPAP was realigned to show these changes. Several outcomes were 'unpacked'. Sexual Health was further delineated into Adolescent Sexual and Reproductive Health, HIV/AIDS, and Reproductive Health into maternal health in normal and humanitarian settings as well as issues surrounding Family Planning. Population and Development was divided into two separate outcomes; population dynamics and population data. While there was no obligation to do so, in Indonesia programmes were developed in all of these core programme areas which meant that the CP8 finance in Indonesia was spread even more thinly over many sectors, ending up in small very focused, mostly project-oriented inputs.

Secondly, further changes were necessitated when in January 2013 the Ministry of Finance passed a regulation[19]on foreign aid accountability, assurance and management which insisted that foreign donors no longer work directly with regional and district governments without funds from donors, including UN agencies, being directed through central ministries.

This new requirement had a direct effect not so much on what UNFPA could work on, but on how UNFPA operated in Indonesia. As a result of these changes, the CP core programmes needed to be refocused again, as several of the programmes included delivering assistance directly to sub-national government entities.

In 2013 project documents were written, delineating UNFPA's assistance to GOI in a results based format familiar to government1) with a view to monitoring and measuring CPAP outputs more easily, and 2) to show responsiveness to GOI wishes, including the Ministry of Finance, who requested for both UNFPA and UNICEF to undertake this exercise.

While the UNFPA CPD remained relevant the arrival of new players in several of UNFPA's mandated sectors diluted its programmatic influence somewhat, 'crowding out' some of its more traditional contributions and brought significant new resources to the table.

[19]Based on the enactment of the Government of Indonesia Government Regulations No.2 and No.10 on foreign aid management in early 2013, foreign/multilateral development agencies are no longer allowed to transfer funds directly to sub-national partners, but must channel the funds to a central ministry/government institution, where sub-national partners are considered as beneficiaries instead of implementing partners—which was the initial mode of engagement with district partners when the CPAP 2011-2015 was first signed. After the 2013 MTR, a number of UNFPA activities at the district level are managed by central IPs. A number of initiatives had to come to a halt, as there were accountability challenges due to capacity limitations foreseen by central IPs to carry out work in the districts.

This precipitated UNFPA to up its game on coordination, both with the GOI and these new and traditional partners, to ensure streamlined sector coordination. Technical working groups like the FP2020 working group and the Inter-Agency Network on Youth Development (IANYD), to mention but two, were formed to strengthen this. These types of coordination and cooperation have been quite successful and help to keep UNFPA at the heart of the core programme sectors.

UNFPA continues to stress the need for accurate and targeted data to be used in their own, and in Government owned, programme and project initiatives. Frequent joint projects with Indonesian academic institutions, such as Universitas Indonesia and Universitas Gajah Mada have supported this need. Other knowledge products such as one-off documents like the Youth Monograph, initially developed by University of Indonesia, and developed further by ANU, have also helped in this regard.

The CP8 has provided UNFPA staffmembers with work challenges, including major shifts in programme direction. Workloads have been high and staffmembers have had to spread themselves very thinly, managing many programmes within their respective programme sector, while at the same time developing new skills.

Despite all of the above challenges, many in the UNFPA Indonesia Country Office continue to see the UNFPA response through the CP8 as very relevant.

4. FINDINGS

The Eighth Country Programme (CP8) was developed to be relevant, responsive and effective, to be delivered in an efficient way, with a view to achieving sustainability of its inputs/programmes. Furthermore through the quality of these programmes and through good collaboration with other stakeholders, in particular the GOI and other UN organizations, the CP8 was expected to add value.

The findings section will go through each of the core programmes of CP8 to assess each of their individual contributions to the overall successes/failings of CP8.

4.1. Findings from Population Dynamics

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

In general, Population Dynamics core programme is consistent with UNPDF priorities as well as UNFPA globally and regionally. UNFPA Indonesia now gives a much higher priority to population dynamics work which is in response to the increasing issues related to population realities in Indonesia. The support of UNFPA for the development of the technical document for the National Mid-term Development plan (RPJMN) for 2015-2019 as well as review of papers on three issues, reproductive health, population and development, and the development of population data, are significant contributions for the GOI. These were all strengthened by statements from parties (BPS, BAPPENAS, and BKKBN) saying that support from UNFPA meets their needs and provides a significant contribution to their activities.

The MTR report also mentioned an important issue concerning UNFPA's positive role in policy dialogue.

UNFPA has contributed greatly to understanding the present population realities in Indonesia through CP8 population dynamics core programme. A number of knowledge products related to emerging population dynamics issues have been produced. These include the draft of the 2015-2019 Medium Term National Development Plan (2015-2019 RPJMN), the Background Study for 2015-2019 Medium Term Development Plan (2015-2019 RPJMN) in the area of Population and Family Planning; the 2010-2035 Indonesia Population Projections; the estimation of MMR from the 2010 population census; an Analysis of Adolescent Pregnancy based on IDHS 2012 and the 2010 Population Census; Monographs on Ageing and on Youth based on the 2010 Population Census; a Provincial Analysis of 2012 IDHS (2012 Indonesia Demographic and Health Survey). All of these and a study on Climate Vulnerability and adaptation in the Semarang Metropolitan Area as well as spatial and demographic analyses, are important and relevant to understand the present situation as well as to provide input for GOI in developing related policies. However, the usage of these documents by GOI and stakeholders is not yet optimal. The continuation of the work on population and climate change by URDI, done support of UNFPA for research and publication of the report will be continued in 2015. Support of UNFPA in the development of the Indonesian case study on the population dynamics and the post-2015 development agenda during the Fourth High Level Panel of Eminent Persons (HLPEP) meeting in Bali is highly relevant. The case study became a key input for the government in developing the agenda.

At least two Population Studies Centres (PSC/PSK) have received some technical support from UNFPA during the CP8. An Assessment of these two centres, one in Jakarta (LD-UI) and one in Jogjakarta (PSKK-UGM) has been done by Gavin Jones to prepare for developing capacity building for them. The programme will increase the capacity of these two centres, to become Centres of Excellence so they, in turn, can support other population studies centres at the provincial level. This newly developed capacity with other population Studies Centres will also help the local government to understand and deal with population issues providing critical capacity development..

In the assessment report of LD-UI, Gavin Jones (2012) clearly described the relevancy (p. 2) "*with devolution of many planning functions to the lower levels of administration (the almost 500 kabupaten and kotamadya) through the policy of otonomi daerah (regional autonomy), now in play for more than a decade, it is crucial that the understanding of demography and its role in planning be better developed at the sub-national level. So far, there appear to be serious shortcomings in this regard. The PSKs have a key role to play in this new era, and one of the key roles of the Demographic Institute, as the center of excellence in demography for Indonesia, should be to assist in strengthening the PSKs, and through them to influence the understanding of the role of population at the provincial and district level. There are reasons to believe, too, that a good training program in demography for staff of regional universities would be viewed positively by Indonesia's central planners though much less certainty that funding for such training would be readily forthcoming*". This assertion was reiterated in the assessment report of PSKK-UGM (Jones, 2014:13) which stated "*The need for the strengthening of Population Studies Centres (PSKs) in Indonesian universities is urgent, I believe… Yet the need for them is arguably even greater today because of the crucial need for population and development issues to be understood at the provincial and kabupaten/kotamadya level because of regional autonomy, and the key role the PSKs could potentially play in this"*. These findings from desk reviews were validated in interviews by BKKBN persons responsible for these activities. In the case of the importance of PSKs in helping the local government in developing population policy, the findings were validated by personnel of regional development planning

agencies (Bappedas) who also reported discussing the issue with IPADI (Indonesian Demographer Association).

Effectiveness

To what extent have the expected results of the programme been achieved or are likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

Several reports have mentioned the success of the upstream engagement in this core programme. The MTR report found that almost all targets in 2012 had been met (see the 2011 and 2012 Country Office Annual Reports) in this regard. The 2013 annual report for this core programme also shows evidence based policy document have been accomplished i.e. the 2015-2019 Medium Term National Development Plan (2015-2019 RPJMN). A series of evidence based papers, such as the Background Study for 2015-2019 Medium Term Development Plan (2015-2019 RPJMN) in the area of Population and Family Planning; 2010-2035 Indonesia Population Projections; Estimation of MMR from the 2010 population census; Monograph on Ageing based on the 2010 Population Census; Provincial Analysis of 2012 IDHS (2012 Indonesia Demographic and Health Survey); and study on Climate Vulnerability and adaptation in the Semarang Metropolitan Area: a spatial and demographic analysis, to name but some have also been accomplished. However, though there has been an increase in knowledge of GOI and stakeholders, usage of the knowledge has as yet not been optimal.

It is important to mention that the publication of the 2010-2035 Population Projections was postponed. That was not the result of any shortfall on the UNFPA side but rather because of the delay within GOI to agree on assumptions relating to the key demographic parameters: fertility, mortality and migration. This was because the assumptions are considered as performance indicators (targets) of the relevant ministries/institutions during the period of the projection.

Support from UNFPA in the development of an Indonesian case study on the population dynamics and the post-2015 development agenda, during the Fourth High Level Panel of Eminent Persons meeting in Bali, was able to strengthen, according to the opinion of BKKBN and BAPPENAS personnel interviewed, the capacity of the Government in addressing the national population dynamics and development issues into the local context.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Some examples of inefficient use of programme resources were noted in this core programme area. As mentioned in the AWP Progress Report (APR) second quarter of 2014, the Monograph on Urbanization and Population Mobility, was postponed to 2015 and the budget has been reallocated to fund a workshop with IPADI (Indonesian Demographers Association) in the third quarter. The reason of the postponement was because the Team Leader of the consultants withdrew. This was the only activity to be postponed but this hardly seemed enough justification for reallocation of the budget for a different activity.

Several issues of inefficient backstopping have also emerged. Some were mentioned in the MTR report and were also confirmed in interviews with stakeholders. These are the development of interesting knowledge papers which then get little usage and/or not using them to support a clear strategic direction; BKKBN's capacity to build up effective population policy work and support for PSCs is still questionable; and the BAPPENAS policy dialogue forum while underway still faces delays. These three areas need to be highlighted to improve the effectiveness of the programmes in the next CP.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The UNFPA activities are in response to the needs of the GOI, as well as making up UNFPA's mandate. This bottom-up mechanism has enhanced GOI ownership. Sustainability of the programmes can be further secured through matching grants provided by the GOI. However, several issues will have to be considered in this regard. First, experience shows that the emergence of regulations can get in the way. For example the regulation on channeling funds has forced the DIS and DDF programmes to stop, even though both programmes were highly relevant to the needs of data for planning at the local level. UNFPA's ability to work directly at the district level has therefore been blocked. The solutions proposed, e.g. channeling funds through agencies or ministries at the central level, does not guarantee sustainability of the programme. Second the willingness of agencies or ministries at the central level to implement these programmes is not guaranteed. Related to the above, the implementation of a new initiative to replace or develop DDF and DIS, with a new initiative called CBDIS, is a clear example. The Central Bureau of Statistics (CBS), which initially committed to implement the CBDIS, later changed their mind because of an already heavy workload. Although in the end the agency committed themselves to carrying it out, to date no official

statement on the matter has been forthcoming[20]. This example shows that the continuation of an activity can be blocked because it depends on the commitment of partner agencies.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

Strategic Coordination in this core programme is good. Some UNCT cooperation is needed at the technical level but UNFPA/GOI cooperation is more critical. UNFPA works with BAPPENAS, BKKBN, and BPS at central level and Bappeda and BPS at district level especially for DDF and DIS initiatives. UNFPA has also worked with an NGO – URDI. UNFPA, BAPPENAS, BKKBN, and BPS have been working hand in hand in planning as well as implementation of the programme. Communication among the parties has been well established. Programme Managers in agencies such as BAPPENAS, BPS, and BKKBN, have helped in improving coordination between these institutions and UNFPA. The head of URDI confirmed that there are no problems of coordination. However, coordination within one partner agency, BPS, has influenced activities between UNFPA and BPS. The delay of the CBDIS development as a new initiative, after DDF and DIS was withdrawn, can be attributed to a lack of coordination within BPS.

Added Value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

In general, UNFPA adds value through the degree to which it responds to GOI needs on Population Dynamics' related issues. Furthermore it also adds value by fostering a good relationship/working environment with GOI (BAPPENAS, BPS, BKKBN, BNPB). This was enhanced by the way UNFPA involved its GOI partners right from the beginning when developing the CP. The Country Office developed the programme by gathering inputs from the GOI through a series of discussion so that UNFPA is well informed about GOI priorities. This is used as a basis to develop the Country Programme. UNFPA does not therefore work in isolation but ensures that its programme complements that of the government.

UNFPA has contributed to increasing awareness of both the benefits of the demographic dividend and emerging issues related to population by producing knowledge products and sharing them with stakeholders through workshops and seminars. UNFPA has also motivated the Government to utilize research results and findings for policy formulation. A case in point is the development of Population Projections which were used as an input in the RPJMN. In summary therefore the GOI is very much aware of UNFPA's added value in this core programme.

[20]Results of interviews with BPS and also from the workshop with GOI show that this problem stems from the existence of an internal communication problem in BPS.

4.2. Findings from Advocacy for ICPD principles and MDGs including South-South Cooperation

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

Central to the focus of UNFPA's efforts in this core programme has been its support to the National Population and Family Planning Board (BKKBN), who, since 2009 have been given the mandate for both population and family development through Law number 52/2009[21]. The selection of this agency for assistance means that the assistance in this core programme is highly relevant.

BKKBN's most recent vision for Indonesia is achievement of a "Balanced Population Growth by 2015"[22]. BKKBN's main mission is 'to realize population-centred development as well as small, happy and prosperous families'[23]. As a result BKKBN has asked for a lot of assistance from UNFPA, recognising that this vision and mission falls directly within UNFPA's mandate. Through its support to BKKBN UNFPA has helped to contribute to the effectiveness of the national mid-term development plan (RPJMN) by strengthening those aspects of the plan that come under BKKBN's mandate, and by pointing out areas of weakness and need for change, such as BKKBN's reluctance/inability to support non-married couples in accessing contraception.

The Government of Indonesia is a signatory to both the ICPD Programme of Action and the MDGs and UNFPA continues to assist the GOI to move more fully towards full adoption of the ICPD PoA, despite some push back from cultural and religious norms, that challenge some of the more sensitive rights-based changes being advocated under the PoA, and to help Indonesia reach all relevant MDGs. While UNFPA's support to BKKBN in this regards has been most notable, other parts of GOI, such as BAPPENAS, MOH, BPS, MOWECP are also actively involved with issues central to ICPD and MDG's and many references to these issues are made in Indonesia's Mid-Term Development Plan (RPMJN 2010-2014).

Through relevant capacity building in advocacy, UNFPA has increased the skill levels of counterpart staff and directorates in several of these agencies, most particularly BKKBN and BAPPENAS. Areas once thought to be impossible to broach are now possible through good collaboration. For example, in Indonesia there has been a change in the degree of influence of some more conservative Islamic beliefs, which have been challenging issues of family planning and small families and designating both as un-Islamic. Through strengthening BKKBN's resolve and broadening the range of programmes under their mandate UNFPA have been able to address this sensitive issues indirectly, but with some success.

[21] Indonesia Demographic and Health Survey, 2012, pp xvii

[22] BkkbN Preface in Indonesia Demographic and Health Survey, 2012, pp xvii

[23] Ibid

Successes more explicitly mentioned in the CPAP, included the signing of a Memorandum of Understanding (MoU) on bilateral South-South Cooperation between the Government of Indonesia and the Philippines, along with the concept note for the bilateral exchange. Scoping missions of delegates between the two countries were also carried out to achieve this goal. The work on a training opportunity for Mindanao based (ARMM) religious leaders and an LGU on family planning, reproductive health, and gender equality has the possibility of being ground breaking for FP in conflict prone areas.

A well-managed programme of advocacy for population dynamics through family planning and better education about the developmental benefits is likely to indirectly positively affect the next UNPDF by allowing for more accurate statistics and increasing the likelihood of success of well understood GOI programmes but also allows for better use of limited national resources and services.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation*.

Results in this core programme as written up in the 2012 and 2013 annual Standard Progress Reports (SPR) show that much has been achieved. Understanding of the need for ICPD has been improved through involvement by GOI counterparts in putting together a programme to conduct a 20 year review of the ICPD programme in Indonesia and the development of the 'ICPD beyond 2014' review. Respondents from the National Population and Planning Board noted that by taking part in the Global survey, which involved managing managing questionnaires and interviewing, organising three thematic meetings on population and development, reproductive health, and gender, undertaking two consultative meetings with young people and NGOs, conducting technical advisory group meetings, conducting steering committe meetings and hosting the Global Survey national validation meeting, they understood more about ICPD and , through learning by doing, developed better skills.

Assistance in upstream engagement was further enhanced when, in 2013, the ICPD beyond 2014 Review was completed and was used as the evidence base for the Government of Indonesia (BKKBN) to prepare for their participation in the Asia Pacific Population Conference. This enhances Indonesia's reputation and may lead on to further South/South Cooperation with Indonesia taking the lead as a source of new expertise rather than as a recipient.

Successes related to South/South cooperation included the development of training materials for BKKBN's International Training Programme (ITP), which exposes GOI ministries to relevant issues and how other countries have resolved them.

But a lack of English language and presentation skills within BKKBN reduced the effectiveness of these initiatives. The range of countries with which BKKBN cooperated was significantly increased over this evaluation period and included, the Rajasthani Government's, visit from India to Indonesia, a study visit of religious leaders on family planning, reproductive health and gender equality to Egypt, and visits from religious leaders from Burundi.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

In part this core programme has had a very practical impact on converting programme resources into results, though this was not fully successful. Having signed up to ICPD and its PoA in 1994, 20 years have now passed and there is a need to assess Indonesia's involvement and achievements in this context. UNFPA's advocacy support has helped Indonesia to do this more effectively and achieve some of its obligations, even if some correspondents believed that the report written on this had issues of quality, consistency and timing. As noted above the global survey was completed but not all of the background technical papers were fit for purpose and were of varying qualities to fully inform the sector discussions needed, but each opportunity for hands on learning enriched BKKBN.

A great deal of financial, administrative and technical backstopping was provided during the period of the evaluation; in great part efficiently. Much learning was achieved through involvement in the Post-2015 Development Agenda, through attendance at Human Rights, and Women Health Conferences.

Overall these funds were disbursed efficiently if measured by implementation rates, which were close to what was expected.

Furthermore when budgets were saved funding was efficiently reprogrammed. Supporting these core funds, counterpart funds from BKKBN had also been made available and some form of joint financing had taken place for some advocacy events.

On the negative side some respondents found the pace at which UNFPA expected turnaround on papers and reports was unrealistic given the way the GOI hierarchies work. Funding for many programmes experienced occasional delays, especially at the beginning of a new programme as UNFPA bureaucratic issues sometimes also need time to be resolved.

Missed opportunities to present papers in sensitive areas and to consolidate programme efficiency and to further articulate the range of views in Indonesia on sensitive topics, such as LGBT issues were also missed.

Networking with non-traditional partners, such as media, private sector, and faith-based organizations, (FBOs) was meant to improve conversion of resources into results by extending networks for advocacy but this has not happened at all.

The UNFPA programme on advocacy cannot be seen as very effective at self promotion if we look at the number of times the UNFPA programme is mentioned in the press in Indonesia. One SPR noted that for 2012 alone UNFPA had been mentioned ' a hundred times'. The results of the CPE Press Analysis showed differently. It showed that UNFPA Indonesia was mentioned in the two main English language, and the main Indonesian language newspapers only in 63 separate articles in the period of this evaluation (2011 – 2014 to date). This is not efficient way to raise the UNFPA profile. Table 5 below shows the breakdown of these references by year and by source

Table 5. The frequency of UNFPA Indonesia being mentioned in three major newspapers in Indonesia (Jakarta Post, Jakarta Globe and Kompas) as reported on their respective websites

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News paper/medium	2011	2012	2013	2014 (to date)	Total
Jakarta Post/ English	6	5	9	5	25
Jakarta Globe/English	2	3	4	6	15
Kompas/Indonesian	9	8	5	1	23

Source: CPE Press Analysis through Google search

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

In terms of sustainability the work was appreciated by BKKBN and as noted above counterpart funds for many of the activities were made available, implying there was the possibility of carrying these activities later.

That being said the SPR for 2012 noted that 'Stronger ownership, or better yet, leadership, of BKKBN in administering and closely monitoring the ITP would be critical to ensure sustainability of the programme. This should also apply for the bilateral South-South Cooperation initiatives.'

This implies issues of sustainability were already being identified. As more and more activities are undertaken collaboratively between BKKBN and UNFPA, then the possibility that advocacy becomes a regular part of BKKBN work, and a skill available in BKKBN for other programmes, should be increased.

UNFPA does have the comparative advantage for south/south cooperation in the RH sector and is building on this well. National stakeholders are aware of the added value in this field and the evaluation report on South/South Cooperation recently finished stated as such.

Strategic Cooperation

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

Very little explicit joint UNCT advocacy has taken place within UNFPA's mandate. Indeed the CPE team found sometimes there was a tendency to clash over mandates in areas where funds were slim. Several Government respondents noted that UNICEF and UNFPA occasionally visit the same agency on separate days asking for support in the same area. The programmes relating to youth and adolescence were quoted as examples.

While the celebrations for World Population Day and the State of the World's Population (SWOP) could have provided some innovative opportunities for inter-UN agency advocacy initiatives, as well as those with academia and the private sector, these opportunities were not maximized in the period of the evaluation.

Some credit should be given however, to the decision to take the main focus of these celebrations occasionally to a venue outside of Jakarta.

Strong cooperation with the GOI, especially with BKKBN and BAPPENAS is a feature of this sector, in particular through the South/South Cooperation.

Value Added

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

This core programme on advocacy has added some value according to the national stakeholders, but as they also mentioned there is still a great need to develop awareness of ICPD principles, as well as a need to give one final push in the last year before the target for the MDGs.

Respondents noted that advocacy is a never ending set of activities given new generations grow up without access to key messages of their parents and need to be reminded of the values of family Planning for instance.

UNFPA's work on South/South Cooperation has been very pertinent and the joint Indonesia/Philippines work especially so.

But as noted in the MTR, this sector needs more attention. Better use of social media needs to happen.

A more strategic and consistent way to measure advocacy benefits needs to be found if the long term positive effects of hands on training, South/South cooperation, and broader advocacy are to be measured.

4.3 Findings from Reproductive Health

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

The UNFPA MH programme priorities are overall in line with the current RPJMN (2010-2014) as well as the new RPJMN that places more emphasis on preventive care including improving access to maternal care.

Given the high maternal mortality rate in Indonesia and Indonesia's inability to achieve MDG5 the selection of a programme focus on monitoring of universal access to reproductive health and the production of knowledge documents does not seem to respond to the immediate priorities as presented by the statistics, and as such is not well adapted to the needs of the population. While helping the GOI monitor universal access to RH is important from a data collection point of view, it is also a highly complex process of which the benefits are not immediately evident, while at the same time there still are many pressing policy and strategic programme needs that could more directly influence maternal health programming and contribute to more directly to the programme outcome of increased access to and utilization of quality maternal and newborn health services and ultimately reducing the maternal mortality ratio (MMR).

The UNFPA maternal health (MH) programme intends to contribute to UNPDF Outcome 1: Poor and most vulnerable people are better able to access quality social services and protection as per the millennium declaration. UNFPA's contribution—as well as the contribution of other agencies—to the UNPDF outcome is acknowledged in the draft report of the independent evaluation on the current UNPDF. At the same time the report notes that the MMR in Indonesia is currently above the identified target and achieving MDG5 would not be possible. The report subsequently puts into question the effectiveness of the supported maternal health programme interventions.[24]

With regard to UNFPA's support on the development of knowledge products, the CP8 evaluation team found that UNFPA supported the development of several valuable documents and studies (e.g. EmOC assessment, health action plan for FP) but that the MH sector still requires comprehensive support, also in upstream activities, rather than the more selected activities that UNFPA has been

[24] Independent Evaluation, UN Partnership Development Framework (UNPDF) 2011-2015, UN Country Team in Indonesia
September 2014

supporting. The evaluation team also notes that while these knowledge products contributed to answering a few very specific program questions, these may not necessarily have been the most pressing and the evaluation team was not able to establish linkages to strengthened national capacity in establishing policies for improving universal access to reproductive health, the intended output for the reproductive health program. It is important to note that these linkages and results may be there, but they were not found in the context of this evaluation.

MH programme counterparts from the GOI see UNFPA generally as responsive and capable in producing relevant documents. However, respondents noted that the MOH is now focusing on 9 provinces and 64 districts to implement a comprehensive reproductive health programme with the aim of achieving the highest impact for the maternal health indicators. Yet UNFPA provided support in 10 different districts, with limited funding. It was therefore seen as relevant and responsive that UNFPA shifted its focus to the central level away from the 10 districts over the course of CP8.

A positive example of UNFPA's responsiveness was the support to the RH Journal in the Indonesian language medium Indonesia hosted by the National Institute for Research and Development (NIRD). UNFPA supported this journal for two years (2011 to 2013). This support helped the journal get of the ground, gain credibility, professionalism and get accredited by the Ministry of Health. After two years of UNFPA support the journal was taken over by NIRD with MOH funding. As the journal is now accredited, GOI funds can be allocated to it to ensure its sustainability. In the first two years UNFPA helped strengthen its scientific credentials by organizing expert meetings with the journal review board members and other scientists.

MOH counterparts mentioned the emergency obstetric care project in Jayapura as a relevant UNFPA-supported activity, given that it responds to the need for developing a referral system for obstetric emergencies in remote areas. In the Jayapura model, screening for potential complications is conducted during the first or second antenatal visit when there is more time for referral and prevention of complications. MOH officials indicated that this system may work well in other provinces with high levels of hypertension in pregnancy. As such this could be a relevant pilot with potential for further scaling. It is expected that the draft manual will be completed by the end of 2014. It is important to note however, that the actual scaling-up of the approach has not yet been discussed with national partners.

UNFPA has also provided relevant support in reviewing the maternal health insurance scheme, (Jampersal) and assessing the readiness of districts in implementing the Universal Health Coverage scheme (UHC) that was introduced in 2014. The Jampersal was introduced in 2011 and focused just on free maternity care while the UHC from 2014 provides more extensive coverage. In addition to conducting reviews of the Jampersal UNFPA was also involved in raising local awareness and identifying gaps in service. These are seen as important and valued roles for UNFPA to be continued under UHC.

An activity that was recently ended by UNFPA due to programme prioritization was the cervical cancer activity with assessments in eight municipalities and districts. A national seminar was held to disseminate the assessment results. While the next step was supposed to be a district-based cervical cancer OR intervention this did not happen as a result of its early ending. Project counterparts at the Non-Communicable Diseases Unit of MOH noted their disappointment to the evaluation team that this well-running and relevant project had to end.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

CPE respondents considered the UNFPA support at the central level generally effective. They mentioned that evidence-based information from UNFPA-supported studies supported strategy and policy development. As the MH programme has become more up-stream and strategic over the course of CP8, this implied that UNFPA had to find new working modalities with central level counterparts, which requires high-level coordination between all partners involved.

Several partners also spoke to the evaluation team on the quality of UNFPA's support and their responsiveness and flexibility in terms of implementation of activities. Whereas the latter two characteristics are important, they complicate matters from a management point of view for UNFPA. Being responsive to GOI builds goodwill, it adds additional work for the programme staff and slows down the overall implementation and as such affects programme efficiency.

UNFPA support to the district level had limited effectiveness, as many activities could not be implemented due to the fund-channelling measure. UNFPA MH programme staff indicated that just as they were ready to fully role out their interventions to the districts, the fund-channelling measure prevented them from doing so. Consequently the MH programme changed significantly after this measure from a programme that was intended to work primarily at district-level towards one that provides upstream policy support.

With regard to the monitoring guidelines for Universal Access To Reproductive health (UatRH), this work is proceeding but was significantly delayed by the fund-channelling measure. The monitoring guidelines were developed with UNFPA support and adapted to the situation in Indonesia. Respondents noted that this framework is important and necessary. However, given the high number of indicators and the fact that several MOH directorates—and other sectors— are involved, data collection is a significant challenge. Further efforts will be needed to strengthen the collaboration and data collection systems. Counterparts mentioned to the evaluation team that there has been no significant progress since the MTR, apart from an agreement to reduce the number of indicators from 109 to 93, based on the pilot test. The UatRH guidelines have not yet been finalized, despite completion of the pilot test in four districts. Further steps have also not yet been planned. Other international partners working in the MH focus districts reportedly have not yet been informed about monitoring UatRH and the guidelines have not yet been shared with them.

These kinds of missed opportunities raise further concerns about programme efficiency in addition to the apparent activity delays.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

The MH programme activities and indicators as defined in the MH programme component are not clearly linked through a results-based management approach with the output. In reframing the indicators for the last two years of the programme after the MTR, two specific activity-based indicators were chosen. Programme monitoring reports for the first two quarters of 2014 show very low implementation and compromised programme efficiency. Almost all activities are experiencing delays. This raises concerns for achieving indicator 3.2 by the end of the Country Programme, given that this indicator includes the completion of eight knowledge products/strategies, of which many are experiencing delays. At the same time, as noted above progress on finalizing the UatRH guidelines is stalled, which raises concerns about reaching indicator 3.1.

As also noted in the general section of the report, the CP8 evaluation observed that UNFPA administrative procedures are very time consuming and as a result programme staff spend a lot of time on administrative tasks rather than technical work.

Indicators 3.1 and 3.2 are intended to measure progress towards the output of strengthened national capacity in establishing policies for improving universal access to reproductive health. However, as noted, the current indicators are activity-based and not clearly-linked through a results-based management approach with the output. As such, progress, or in this case, lack-there-off, is not necessarily an indication of a lack of results on the output. However, in its assessment the CP8 evaluation was not yet able to find evidence that UNFPA support is contributing to a strengthened national capacity in establishing policies for improving universal access to reproductive health. It should be noted that this question would be better evaluated through another type of evaluation.

Based on information from annual reports from earlier years, a mixed picture emerges in terms of activity implementation. In 2011, 2012 and 2013 activities were partially completed while others were postponed to the next year. In 2013 the planned activities at decentralized level did not take place due to the fund-channelling measure and in 2014 the activities were revised. Programme efficiency of the MH programme has been compromised by these continuous delays.

The MH programme received a 13% allocation out of the total budget. In terms of implementation rate over the full four years of the CP, the MH unit seems to be almost on par with the other units with an overall 88% implementation rate through the 2nd quarter of 2014, based on reports provided by the PMU.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

UNFPA's upstream support in the form of studies and technical support to improve programme strategies and guidelines (e.g. health sector action plan for FP) contributed to further enhancing MH programme sustainability. However, some informants questioned the sustainability of some of the UNFPA-supported MH interventions given the fact that some of the interventions, in particular the development of knowledge products, are UNFPA-driven rather than GOI-requested. Another factor in this context is UNFPA's frequent use of consultants, which does not always facilitate skills transfer.

It is noted that UNFPA is well placed to play an upstream policy role in MH because of its mandate, expertise and close collaboration and working relationship with GOI. As WHO also works in maternal health, it is important for UNFPA to coordinate well with WHO before approaching the GOI. While UNFPA and WHO have a close working relationship on MH, the MOH counterparts still note that they are sometimes approached by them without sufficient prior consultation with each other.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

UNFPA coordinates and collaborates with other UN agencies on MH through H4+ (UNFPA, UNICEF, WHO, World Bank and UNAIDS). H4+ coordination in Indonesia is generally reported to be effective. The H4+ group meets on a monthly basis. The Heads of Agencies of this group meet twice a year. The H4+ group also engages in joint activities. In 2012 for example, under the H4+ partnership framework, two studies were produced: (1) Assessment of quality of maternal and neonatal care; and (2) Assessment of pre-service nursing and midwifery trainings. The two studies were presented to national stakeholders to inform the current situation on these issues and were used by the MOH to develop an action plan to address these issues.

At the technical level the MH programme, like the other programmes, coordinates through a Technical Working Group (TWG), chaired by the NPO RH. TWG Participants include the Echelon 2 of implementing partners, e.g. the Director of Maternal Health for the MOH. The TWG meets at least once every quarter. The higher-level managers have their own coordination/consultation mechanism:

- Steering Committee Meeting, co-chaired by BAPPENAS and the UNFPA Representative, attended by echelon 1 of the implementing partners;

- One to one consultations: UNFPA Representative with the Head of Institution, once or twice a year.

UNFPA has shown excellent skills to improve coordination between all the different players in MH and is well respected for this role. UNFPA is seen as an influential organization at the national level. Even though there are regular coordination meetings between the stakeholders, sometimes not all stakeholder programmes are discussed, which leads to uneven information sharing. The situation has become more diffuse with new players and as such better coordination is crucial, including with professional organizations such as IBI. The Directorate of Maternal Health of the MOH has been collaborating with UNFPA for a long time, and their coordination with UNFPA works very well, without much formal bureaucracy.

Added Value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

The added value of UNFPA Indonesia according to partners, is the UNFPA initiated and continued close collaboration with GOI and professional organizations such as IBI. UNFPA also brought in enriched coordination, resources and collaboration through H4+. Finally UNFPA has strong multi-sectoral resources that were brought to bear on issues of maternal health (e.g. strong health and gender data and statistics).

4.4. Findings from Minimum Initial Service Package (MISP) in humanitarian settings

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

The priorities of the humanitarian programme in CP8 are consistent with Indonesia's Mid-Term Development Plan (RPMJN 2010-2014), the UNFPA Global Strategic Plan, and contribute directly to the UNPDF under outcome 4: Increased national resilience to disasters, crisis and external shocks by 2015. UNFPA notes that it chose to work on MISP as a priority intervention because it consists of minimum interventions that prevent morbidity and mortality of people affected by disasters, in particular women and girls. Given Indonesia's vulnerability to disasters this intervention strategy seems very relevant. In recent years, the MISP has already shown to be an effective intervention to address RH services needs in humanitarian crisis situations, reflecting its responsiveness.

In 2011, MISP was integrated into the final draft of the Minister of Health's regulation on health disaster management and the National Health Disaster Management guidelines issued by the MOH Health Crisis Centre. In 2013, the Ministry of Health issued a Minister of Health Regulation (no. 64 of

2013) on Health Crisis Management. Under this regulation it was stated that MISP must be included during emergency response and recovery. In addition, in 2013, the National guidelines on RH in emergencies were updated based on the latest version of the Inter Agency guidelines. The overall MISP programme implementation is highly appreciated by GOI partners and UNOCHA given that it addresses an area of acknowledged great need.

UNFPA is working with key national partners in its emergency preparedness work, thus enhancing its relevance and ensuring sustainability of preparedness efforts. For example, in addition to working with the relevant GOI institutes described on the previous page, UNFPA works with IBI; the Indonesian Midwives Association. Midwives are the frontline health workers both in non-emergency times as well as during emergency response and involving them in MISP has built their capacity and created an effective workforce of skilled RH practitioners ready to be deployed during humanitarian crisis situations. UNFPA support resulted in substantial capacity building, with more than 600 health workers trained on MISP, based on a training curriculum developed in 2008 (CP7) and revised in 2013. In addition, in 2012 UNFPA and the IBI initiated the integration of MISP into the midwifery school curriculum to increase coverage and improve sustainability.

An example of the Humanitarian Unit's response to the importance of addressing gender issues in early disaster assessment and response phase, is the rapid gender assessment that focuses on collecting data on specific vulnerabilities faced by women, men, girls and boys. The rapid assessment also identifies potential risks for GBV during and after the emergency, while it uses a gender-sensitive lens looking at available services, including reproductive health care, but also psychosocial support, clean water, and private bathrooms.

An example of how UNFPA provides responsive practical support appreciated by partners in the early stages of emergencies is through RH kits and hygiene kits. The hygiene kits have varying contents targeted to women of reproductive age, pregnant women, postpartum women and new-borns and contain basic necessities such as cloths, underwear and toiletries. The reproductive health kits contain essential RH medical equipment, supplies and commodities. UNFPA stores these kits in ample supply in warehouses in Jakarta ready for use in the event of an emergency or disaster. For example, in 2013 when large parts of Jakarta where affected by floods, UNFPA assisted the MOH by contributing 2,000 hygiene kits for women and 150 for new-borns.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities*

mobilizing high-quality international and national technical expertise to support partners in programme implementation.

As also recognized in the MTR and described in the UNFPA publication "What have we learned"[25], significant progress has been made by UNFPA over the course CP8 in the humanitarian area, which has contributed to the institutionalization of MISP in relevant GOI regulations, guidelines and systems for health disaster preparedness and response, as follows:

- To enhance national coordination, UNFPA supported the establishment of a National Coordination Mechanism for MISP implementation under the leadership of the Maternal Health Directorate in MOH.

- In the area of health logistics, UNFPA has been able to achieve some progress for MISP integration with the health logistics system, where since 2011 the MOH procures hygiene kits from their budget. [26]

- To improve access to data for planning during emergencies, UNFPA supported a new data partnership between BPS and BNPB that enabled linking of data from the 2010 population census and the existing Indonesian Disaster Information and Data. BNPB and other users can now identify the total population in hazard areas and differentiate vulnerable populations. Through this system BNPB and local authorities will be able to quickly assess priority needs and estimate the number of people in need based on this essential pre-crisis secondary data now made available in an accessible format. This has a direct correlation to evidence-based decision-making and faster, more appropriate response to those in need. BNBP has used this system for the first time during the November 2013 eruption of the Mount Sinabung Volcano.

The 2013 publication "*What have we learned: Good practices documentation of the UNFPA Humanitarian Programme in Indonesia from 2005-2012*" confirms the evaluation team's impressions by providing an overview of the effectiveness of UNFPA's humanitarian programme and giving an indication of its efficiency. This publication also helps ensure that the experiences gained on improving access to RH services, combating GBV, enhancing data collection and use in emergency situations is shared with national and international partners.

Recently UNFPA Indonesia started innovative work with youth in crisis situations, where youth is considered both as a beneficiary and a possible volunteer in MISP implementation. This includes for example involving young people in data collection through rapid assessments at affected areas, or involving them in distributing hygiene kits. This gives young people a purpose and responsibility as part of emergency response. The first step will be translation into Indonesian of the international guidelines for ASRH in humanitarian contexts. The MOH itself may not introduce the guidelines given the current legal situation on ASRH, and as such NGOs such as PKBI may need to be involved in the implementation, making service delivery coverage for ASRH during emergencies a potential

25 http://indonesia.unfpa.org/application/assets/publications/Buku_Good_Practices_UNFPA_2012_FINAL_for_Print_from_Aksara_Buana.pdf

[26] Procurement of RH kits has not yet been integrated into the procurement system of MoH due to MoH regulations. As such procurement of medicines and equipment for RH kits is done separately under the UNFPA e-procurement system.

challenge. UNFPA plans to develop a concept note on youth as both beneficiaries and implementers of MISP to further explore these issues in preparation for CP9.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

The humanitarian programme is well designed and activities within the programme complement and support each other while also linking to longer-term development goals. The humanitarian programme received 6% allocation out of the total budget, on par with the HIV and ASRH programmes. In terms of implementation rate, the humanitarian unit does well with an overall 90% implementation rate through the 2nd quarter of 2014, based on reports provided by the Programme Management Unit (PMU). Overall the Humanitarian Unit has been quite efficient in terms of activity implementation. In 2011 (before re-alignment), 2012 and 2013 indicators linked to output 4 were partially achieved. On annual basis most activities were completed, except towards the third indicator, which is only relevant when an actual emergency happens. In 2013 the activities at decentralized level did not take place due to the fund-channelling measure and in 2014 these activities were revised. With one more year to go, based on progress achieved thus far and with the restated indicators it is anticipated that the indicators as well as the output will be achieved by the end of CP8.

An example of a programme area where the humanitarian unit was delayed was the prevention and management of GBV in humanitarian crisis settings. This was due to the fact that the unit staff did not feel confident that they had the capacity to address these issues. However, after having recently participated in a regional training specifically targeted to GBV in emergencies, this element will now also be addressed through the women-friendly spaces initiative.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The humanitarian programme has been successful in integrating its activities in existing structures and guidelines, in strengthening national capacity, in working with key national partners and in enhancing coordination mechanisms. The contribution to enhanced data sharing is particularly important, as it is in-line with the latest global thinking on humanitarian needs assessments in terms of the value placed on pre-crisis information. Working closely with the key GOI ministries and line departments and other stakeholders at the country level on these activities combine to lay a solid foundation for programme sustainability. An area that requires continued attention is the availability

of trained staff in MISP. This has already been recognized by UNFPA through their initiative with IBI in inserting MISP in the midwifery pre-service training curriculum. Under the next CP, similar collaboration with other professional organizations can also be explored to further enhance programme sustainability.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

UNFPA coordinates on humanitarian issues through a range of coordination mechanisms. These are reportedly generally well functioning and include the following:

- National Coordination Team for RH in Emergencies led by the MOH, with as members MOH, IBI, UNFPA, and PKBI. This Coordination Team works well and was, among other things, involved in the revision of the national guidelines.
- UN Technical Working Group on Disaster Management, led by OCHA. All UN Agencies involved in disaster management are included in this group that meets once a month.
- UN-NGO-Red Cross-donor coordination mechanism. This group also meets once a month for overall coordination.
- Cluster approach: the health cluster is led by WHO with under this the RH sub-cluster led by UNFPA. Another relevant cluster is the protection cluster with a sub-cluster on child protection led by UNICEF and a sub-cluster on SGBV led by UNFPA. This coordination system works well and while this is an IASC initialled system the GOI has recently adopted the cluster system with a few modifications. UNFPA is planning to re-activate the SGBV sub cluster under the national cluster on protection and displacement.

In response to the MTR feedback UNFPA is exploring new partners that are relevant to the country context and will conduct a key partner mapping exercise. The Indonesian army is one of the partners being explored, as the army generally conducts first phase response in the initial hours and days after a disaster. Other potential partners include the Ministry of Social Affairs and the Nurses Association.

Added value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

Overall, UNFPA was found to have a strong value added and its own particular niche that was clearly recognized by GOI, NGO and UN partners who value UNFPA's experience and expertise in this area as well as the support provided thus far in RH in emergency situations in Indonesia.

4.5 Findings from Family Planning

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

Overall UNFPA's support to the family planning programme as outlined in Outcome 3 is consistent with Indonesia's Mid-Term Development Plan (RPMJN 2010-2014), the UNFPA Global Strategic Plan, and it contributes to the UNPDF under outcome 1. After the re-alignment of the Country Programme in 2012 based on the UNFPA Global Strategic Plan, there was an increased focus on family planning, which was generally seen as positive by respondents, given the need for family planning programme revitalization. In view of Indonesia's continued high maternal mortality rate as well as the stagnated contraceptive prevalence rate, the focus of UNFPA's support on revitalizing the family planning programme and strengthening the role of BKKBN was both relevant and responsive. The results of studies supported by UNFPA under CP8, such as on supply chain management, the situation analysis of FP at the district level, and the willingness to pay for FP study, provided solid information and evidence for developing stronger national systems, guidelines and strategies. As such this assistance also contributes to strengthened national capacity for a comprehensive national family planning programme that addresses unmet needs, the FP programme output.

Currently UNFPA is supporting the development of the right-based Family Planning Strategy, which is aligned to the *RPJMN* (2015-2019), the BKKBN vision (including *KKB Kencana),* and the Ministry of Health (MOH) vision related to FP, as well as the MDG targets. The Strategy is built on the *Renstras* of BKKBN and MOH and its implementation would contribute to achieving the FP targets of both institutions. The strategy is responsive to the need for an increased emphasis on quality and rights to reach further increases in CPR. It also responds to the need for greater involvement of the Ministry of Health in the FP Programme, and ensure closer coordination and enhanced programme effectiveness. In the current draft reviewed by the evaluation team, strategies are outlined based on the prevailing national FP priorities (e.g. early marriage, low use of long-acting and permanent methods, low participation of men etc.), yet there is still room for further development of more innovative strategies.

UNFPA was considered responsive in its support to the MOH in the area of family planning with a focus on training for long-acting methods, by supporting training for midwives on post-partum IUD. This training is crucial in increasing the availability of this convenient long-term method in the post-partum period. UNFPA is also responsive to the need for involving the MOH in the new rights-based FP strategy development.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

National-level partners reported that some UNFPA supported studies were effective in providing evidence for issues to be addressed in revitalizing the FP programme and strengthening FP programme management. It was noted by the evaluation team that UNFPA supported many knowledge products and because of the high volume and limited number of UNFPA staff, not all could be followed-up on. Overall however, UNFPA's move towards the upstream level was found to show positive programmatic results. In 2013, UNFPA supported BKKBN in conducting a situation analysis of supply chain management in 10 districts. The study provides a detailed overview how contraceptives are managed in the decentralized system. Based on this study, UNFPA will now support a pilot test of three supply chain management models; one that includes just the BKKBN, one that includes BKKBN and MOH and the third BKKBN and the private sector. The three models will be tested based on district level needs.

With regard to the KKB Kencana Strategy it should be noted that while this type of strategy is deemed important and potentially effective in improving programme performance, there is currently no scale-up strategy. While effective technical assistance was provided in implementing the pilot thus far, it would have been important to develop scale-up plans from the beginning. The pilot test of the KKB Kencana strategy in the first year showed a significant increase in vasectomy and implant uptake in one province only (which opted for implementation in select areas), but did not show any difference in uptake in the other seven provinces (where the intervention was implemented throughout the provinces). This raises concerns about the effectiveness of the approach and how it should be implemented. BKKBN sources hinted at the possibly that the evaluation of the pilot test may have been conducted too early or that the private sector contribution may not have been sufficiently captured. Given the high profile and potential of KKB Kencana, this requires UNFPA's urgent attention both in terms of the pilot findings as well as the scale-up strategy—including assessing BKKBN's commitment into scaling-up the approach.

As also noted in the MTR report, the CP8 evaluation found that the FP programme indicators as defined in the family planning programme component are not clearly linked through a logical results-based management approach with the output. This poses challenges for monitoring and

evaluating the country programme. In reframing the indicators for the last two years of the programme after the MTR two very narrow indicators were chosen, which are also to link up to the output, and limits assessment of effectiveness. CPE respondents considered the UNFPA support at the central level generally effective. The supply-chain management addresses an area of great need and has the potential to greatly improve the system. The same can be said about the rights-based FP strategy. Evidence-based information from UNFPA-supported studies was said to support strategy and policy development. The UNFPA FP programme has become more up-stream and strategic over the course of CP8. Several partners also spoke to the evaluation team on UNFPA's on the quality of UNFPA's support and their responsiveness.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

The FP programme received an 11% allocation out of the total budget. In terms of implementation rate, the FP unit seems to be almost on par with the other units with an overall 88% implementation rate through the 2nd quarter of 2014, based on reports provided by the Programme Management Unit. Programme efficiency of the FP programme has been compromised by delays. Based on information from the annual reports, a mixed picture emerges in terms of activity implementation. In 2011, 2012 and 2013 activities were partially completed, many activities were postponed and program efficiency was affected. Program efficiency could be improved by focusing on a more limited number of activities with larger budgets.

As also noted in the general section of the report, the CP8 evaluation observed that UNFPA program-related administrative procedures are very time consuming and as a result program staff spend a lot of time on administrative tasks rather than on technical work.

Evaluation of effectiveness should be based on an assessment of results as measured by accomplished programme indicators, as indicators provide evidence that a certain condition exists or certain results have or have not been achieved. Indicators allow decision-makers to assess progress towards intended outputs and outcomes. As such, indicators are an integral part of a results-based accountability system.[27] Measuring effectiveness over the full course of 2011 through 2014 towards the output and outcome is challenging because of the changes in indicators that have take place. Similar to what is described in the other program areas, the evaluation team is not in a position to establish whether the indicators have been achieved, as before their achievement they were already changed. With regard to the output, as described above, the evaluation team found indications that

[27] http://www.hfrp.org/publications-resources/browse-our-publications/indicators-definition-and-use-in-a-results-based-accountability-system

that the UNFPA program contributed to strengthened national capacity for a comprehensive national family planning programme, however to fully assess this a different kind of evaluation would need to be undertaken.

In 2013 the planned FP activities at decentralized level did not take place due to the fund-channelling measure and in 2014 the activities were revised. With one more year to go after the CP evaluation and with the restated FP indicators it is anticipated that these indicators would be achieved by the end of CP8 given that these are very specific activity-based indicators that can be controlled by UNFPA.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

UNFPA's upstream support through evidence-based data (e.g. assessment on willingness to pay; private sector mapping; supply chain management) and improving programme strategies and guidelines contributed to further enhancing FP programme sustainability. However, urgent attention is required to ensure that the KKB Kencana initiative to revitalize the programme does not stay at the pilot stage. Immediate steps need to be undertaken to critically review the evaluation results and map out next steps. This is even more important now that an increasing number of players have entered the FP playing field. As noted above, there are early evaluation findings to discuss as well as a scale-up strategy, which could be done through the FP 2020 Country Coordinating Committee. The planned activities through the rights-based FP Strategy are designed to further enhance programme governance through the greater involvement of MOH and contribute to greater sustainability by strengthening the LA/PM programme. More evidence-based innovative strategies should be developed to support these efforts, including greater private sector involvement, including use of satisfied clients to promote LA/PM and targeted mass media campaigns including through social media.

The FP2020 Country Coordinating Committee is currently co-chaired by UNFPA and USAID under the overall leadership of BKKBN. This raises some concerns about the sustainability of this much-needed national FP coordination mechanism. Some informants also questioned the sustainability of some of the UNFPA-supported FP interventions in view of the fact that some of these interventions were UNFPA-driven rather than GOI-requested. Another factor in this context is the frequent use of consultants to support the GOI, which does not always facilitate skills transfer.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

UNFPA coordinates with other stakeholders in the area of family planning through a range of coordination mechanisms. National stakeholders report an improved coordination on family planning after the establishment of the FP 2020 Country Coordinating Committee, co-chaired by UNFPA and USAID under the leadership of BKKBN. In the context of FP 2020 UNFPA supported BKKBN in 2013 in conducting a country landscaping exercise that maps out existing FP policies, strategies and plans; key stakeholders and partners. The document helps BKKBN streamline its national coordination efforts. There are two working groups under FP2020 Country Coordinating Committee. One working group focuses on rights and empowerment and the second supports the development of the rights-based FP Strategy.

At the technical level, the FP programme, like the other UNFPA programmes, coordinates through a Technical Working Group (TWG), chaired by the NPO RH. TWG Participants include the Echelon 2 of implementing partners, e.g. the Director at KBKR for the BKKBN. The TWG meets at least once every quarter. The higher-level managers have their own coordination/consultation mechanism:

- Steering Committee Meeting, co-chaired by BAPPENAS and the UNFPA Representative, attended by echelon 1 of the implementing partners;
- One to one consultations: UNFPA Representative with the Head of Institution, once or twice a year.

The UN system does not have a dedicated coordination mechanism for FP; FP topics are discussed within the context of maternal health in the H4+ coordination (UNFPA, UNICEF, WHO, World Bank and UNAIDS). H4+ coordination in Indonesia is generally reported to be effective. The H4+ group meets on a monthly basis, while the Heads of Agencies of this group meet twice a year.

Added value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?

What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

Despite the fact that there are new players in FP in Indonesia with larger budgets, UNFPA has a strong niche and added value because of its close and long term working relationship with BKKBN. As UNFPA works multi-sectorally it has the unique advantage of being able to bring relevant partners from different sectors together. UNFPA's value added and niche were clearly recognized by GOI, NGO and UN partners who value UNFPA's FP experience and expertise. UNFPA has strong multi-sectoral resources, which can be brought to bear on FP issues (e.g. strong health and gender data and population statistics). UNFPA's role in the global positioning of Indonesia *vis a vis* the MDGs and the Post-2015 Development Agenda is clear and highly appreciated through its support of national leaders and champions in international FP and population events.

4.6. Findings from HIV

Relevance including responsiveness
To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

The priorities of the CP8 HIV programme were found to be overall consistent with the National AIDS Strategic and Action Plan (NASAP) 2010-2014, MDG 6, Indonesia's Mid-Term Development Plan (RPMJN 2010-2014), the UNFPA Global Strategic Plan, and contribute to the UNPDF under outcome 1: Poor and most vulnerable people are better able to access quality social services and protection as per the millennium declaration. As a result of the 2012 re-alignment, a separate HIV outcome was included in the UNFPA country programme, which facilitated a more specific focus on HIV but made SRH-HIV integration more challenging.

UNFPA's choice of districts and target populations was considered relevant given that it is in accordance with the equity principle related to geography, poverty and most vulnerable populations. The main recipients of UNFPA assistance for HIV were four priority districts in underdeveloped Eastern Indonesia. Enforcement of the Ministry of Finance regulation on fund channelling in 2013 reduced this number to two: Jayapura and Merauke in Papua Province.

UNFPA also selected relevant national partners to work with, as these are the key players in this area. In responding to their requests for assistance, key national HIV priorities were addressed in the context of preventing the sexual transmission of HIV. For example in 2013, UNFPA supported NAC in completing a review of the PMTS programme. This was comprised of an assessment of the comprehensive condom programming and a situation analysis of SRH-HIV linkages in Jayapura and Merauke. The recommendations of the review will feed into improved national PMTS guidelines and the new national AIDS Strategy (2015-2019). At the decentralized level as a follow-up to the situation analysis, UNFPA supported capacity building for local decision-makers on SRH-HIV integration.

At the national level, UNFPA also ensured inclusion of innovative advocacy against GBV and on male involvement in the HIV programme. This resulted in enhanced national capacity for planning, implementation and monitoring of the prevention programme to reduce sexual transmission of HIV through integration of positive masculinities concepts into 10 city programme activities on HIV targeting High Risk Men; the development of guidelines on High Risk Men (HRM) in the PMTS programme, focusing on demand creation for condoms among male clients, workplace outreach, positive masculinities and gender transformative programming; and inclusion of positive masculinities concepts in the new AIDS National Strategy (2015-2019). These components were subsequently also successfully included in the District Action Plans and prevention campaigns in Jayapura and Merauke.

The CP Evaluation Team found that the HIV Unit was able to respond well to national needs and priorities, as well as to external changes in the policy environment and specific requests from GOI.

Over the course of CP8 the programme was reoriented technically towards a more upstream policy mode to adjust to the changing environment. Examples indicative of this strategic change include:

- A proposal for a PMTS regulation with MOHA (2011): The development of a MOHA (Ministry of Home Affairs) Regulation on HIV Prevention through Sexual Transmission Programme Implementation, with UNFPA technical support. This regulation enables MOHA to enact similar regulations for Governor and District Head levels, resulting in systematic and sustainable HIV prevention programme.
- Advocacy work towards more gendered, male-responsible programming involving the national network of sex workers OPSI (2012-2014). This included the implementation of a qualitative study on violence against sex workers (with APRO support); members of sex-worker organizations were involved in the design as well as implementation of the study. Capacities were also strengthened to host national working group meetings involving national and local government (Ministry of Health and District Health Offices), as well as in assisting with communicating the results of the study to sex-worker networks.
- A national consultation with youth-led FokusMuda (2013); UNFPA CO supported FokusMuda (The network for Young Key Affected Population) to conduct the first national consultation on the SRH – HIV Linkages issues. The initiative aimed to strengthen the advocacy capacity of YKAP as well as their ability to design, implement and monitor SRH – HIV programmes for young people/young key affected populations. The national consultation resulted in a strategic action plan and advocacy plan for YKAP issues.

Since 2012 two districts in Papua province have been the main recipients of UNFPA CP8 assistance for advocacy of SRH-HIV linkages, later taken to a more upstream work to enact rights-based local regulations on HIV/AIDS and the necessary regulatory support for translating these into actionable programming. A Trust Fund for a joint programme with United Nations of Children's Fund (UNICEF) and UN Women in combating violence against women was completed in 2013, with the results used for advocacy as a key reference for gender-transformative programming on PMTS and in the upcoming NAC National Strategy 2015-2019, showing relevant national use for advocacy of evidence-based information from decentralized projects.

The CPE team reviewed the content of two Perdas on HIV and STD for Jayapura (draft Perda) and Merauke (legislated, revision to the previous one)[28] developed under UNFPA support and found a potential violation of principles of human rights in obligating HIV care for pregnant women, couples seeking a marriage union, and candidate Civil Servants. Discussions with NAC and the NPO revealed that the legal consultant for Perda programming already brought this problem to the attention of the DAC and a compromise was reached: ensuring accurate phrasing indicating non-obligatory HIV testing for all individuals in District Action Plans and guidelines, while leaving the two Perdas that had already been submitted

[28] Merauke District Regulation, op. cit. Revision to the Merauke District Regulation on HIV/AIDS Prevention and Care 2003 (No. 5).

unchanged as retraction would require a long and complex process. The CP Evaluation Team also noted progressive developments in the district Perdas as a result of UNFPA's support, particularly in their scope and the care aspects covered. Some of more notable improvements include: 1) involving brothel managers and pimps in linking STD-infected sex workers to care, while exempting them from work for the treatment duration; 2) penalizing non-consensual commercial sex, making them reportable to the authorities by sex workers and brothel managers, including in cases where clients try to convince sex workers not to use a condom or where they are intoxicated; and 3) enforcement of non-discrimination principles on the basis of HIV status in employment.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

Evaluation of effectiveness should be based on an assessment of results as measured by accomplished programme indicators, given that an indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators allow decision-makers to assess progress towards intended outputs and outcomes. As such, indicators are an integral part of a results-based accountability system.[29] However, the HIV indicators, like the other indicators in CP8 were changed a number of times over the course of CP8. For example, after the 2012 realignment, programme indicators and activities were adjusted to reflect the new UNFPA priorities for more upstream modes of engagement. Another adjustment in indicators took place after the MTR and was the result of another reorientation following the evaluability assessment. In response to a lack of progress on the integration of HIV into the National Reproductive Health Strategy, the Unit again adjusted the indicators to the final version (2013-2015), merging the SRH-HIV integration with a new indicator on the development of the National PMTS Guidelines, and reprogrammed related activities into capacity development and knowledge management.

Annual reports show that in 2011, 2012 and 2013 activities were partially completed and postponed to the next year, and as a result indicators were partially achieved. Given that activity implementation for 2014 is on-track as detailed out in the technical report, it is

[29] http://www.hfrp.org/publications-resources/browse-our-publications/indicators-definition-and-use-in-a-results-based-accountability-system

expected that activities will be completed and the 2014/15 indicators will be achieved by the end of the CP. Measuring effectiveness over the full course of 2011 through 2014 towards the output and outcome is challenging because of the changes in indicators that have take place. Similar to what is described in the other program areas, the evaluation team is challenged in establishing whether the output has been achieved as the indicators have been changed several times over the course of the CP. As described in this chapter there were some indications of enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV, however to fully assess this a different kind of evaluation would need to be undertaken.

In response to the 2013 fund-channelling measure, UNFPA had to change its district level HIV implementing partner. Following a period of negotiations, the National AIDS Commission became the implementing partner for HIV district programming, as the unique, vertical structure of the AIDS Commission allows for smooth fund channelling from the national level to the district. Representatives of the District AIDS Commissions (DAC) in Jayapura and Merauke mentioned in interviews that there were delayed disbursements (three to five months) during the transition period, but that this did not greatly affect implementation progress. At the same time such long delays in fund transfers should be avoided to prevent impacting programme efficiency. Overall progress in programming for Perda and District Action Plans in Jayapura and Merauke remained on track.

The HIV Unit received a 6% allocation out of the total budget. Except for 2013, their implementation rates were lower than the CO average (namely below 70%) as per reports from the Programme Management Unit. Taken over the full four year CP period their implementation rate stands at almost 80%, both for core resources as well as other resources compared to around 90% for the other units. Bappeda Jayapura generally had a high implementation rate corresponding to the level of activities. Particularly low implementation rate and activity completion rates within the first half of CP8 was due mainly to high staff turnover in 2012. During this period it was reported that four NPOs held the position in succession over a period of 12 months. This led to compromised programme efficiency.

On administrative requirements, DAC in both Jayapura and Merauke and NAC reported that the UNFPA system was easy to use for budgeting and reporting. One administrative barrier they reported was the requirement to refund the unspent disbursement accrued in two quarters (termed OFA-aging) for a re-disbursement in the next period. This requirement is a part of the CO accountability system, which cannot be modified. Action on this issue was already undertaken by the CO through a two-day workshop by the PMU to brief all IPs on the new UNFPA Administration and Financial Guidelines.

Efficiency
To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

The policy innovations under CP8, particularly Perda and National Strategies are expected to have an impact on service prioritization at the national and district level. As a result, there will likely be increased allocations for district-level HIV response and national priority targeting such as prevention of sexually transmitted HIV leading to overall increased programme efficiency and effectiveness.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The main focus of UNFPA's work in policy assistance and capacity development for an improved regulatory framework is expected to create an enabling environment for resource prioritization and expansion to target development priorities.[30] Perdas and National Strategies developed under CP8 will help guide optimal allocations, and improve the ownership of national programmes. A success story at smaller scale was illustrated by the initiative of the HIV Unit in strengthening the leadership role of Bappeda, as a key member of DAC, in Jayapura and Merauke through an intensive consultative process at the time of transition in fund channelling to the central partners.

All policy products developed under CP8 are expected to make sustainable contributions to the advancement of young people and other vulnerable groups, including women and PLHIV. At the very least, these policies, strategies, and guidelines will provide the basis for better targeting and improved practices on the ground, which will lead to a greater population impact in the long term, as our analyses of programme relevance and effectiveness indicate. An important factor in this context is also the NAC's commitment in using evidence-based information from studies supported by UNFPA in Jayapura and Merauke for national policy development.

Some of the policy changes are too new to assess their sustainability, e.g. the National HIV Strategy and Action Plans, the Merauke HIV Perda, IS-STD-CA Guidelines, or in the piloting phase e.g. District Action Plans, and the Jayapura HIV Perda. It is expected that indications of a positive impact for some of the long-lasting innovations will become available soon for some of the interventions such as the Merauke HIV Perda, as they are expected to trigger increased local funding for HIV treatment and prevention.

[30] Ibid.

Political changes at the national level have brought uncertainty about the role of NAC as the national coordinating agency for the HIV/AIDS response in Indonesia. Rumoured alternative arrangements include full integration of NAC into MOH at par or under the AIDS-STD Sub-Directorate with a downscaling in structure and functions. It is not yet known how these adjustments may affect the national HIV/AIDS programming and the durability of the on-going achievements in NAC partnership.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

In reviewing the UNPDF document with a particular interest in Outcome 1: Social Services, no evidence was found that there were other outputs or outcomes that should have been ascribed to UNFPA.

UNFPA under the coordination of UNAIDS has a specific role related to sexually transmitted HIV, sex workers, and women, girls, and gender-based violence in the United Nations Joint Team on AIDS. The coordinating mechanism of UNAIDS eliminates the potential overlap in functions with other UN agencies. Moreover, NAC and DAC both have a coordinating function responsible to direct assistance based on needs and expertise at the national and district levels. These partners informed the Evaluation Team that there was no replication of efforts in the role that UNFPA has played with their assistance.

Value added

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders? What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

UNFPA has comparative strengths in prevention of sexual transmission of HIV in general and particularly in the area of sex workers. NAC recognizes UNFPA for providing strong technical assistance, including on male involvement. Other competencies in this regard are HIV needs of women and girls related to gender-based violence. The HIV Unit was progressive in integrating the male involvement perspective in gender-transformative programming with support from the Gender Unit. The knowledge product on this topic was applied in HIV and national PMTS programme for key affected populations including for labourers in the workplace setting.

The CO has been progressive in PMTS and is also recognized internationally in this area. In collaboration with the Sex Workers Network the CO led the pace among other countries in the region –including, Sri Lanka, Nepal, and Myanmar—in a regional research initiative on comprehensive PMTS using a gender-based approach. As a result, the Unit was invited to provide technical assistance to other countries.

4.7. Findings from Gender Equality, Gender Based Violence and Male Involvement

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

Advancing gender equality, women's and girl's empowerment and reproductive rights is part of UNFPA's core mandate. In Indonesia UNFPA focuses on gender-based violence (GBV) which is estimated to be highly prevalent. UNFPA also focuses on two other harmful practices, FGM/C and early marriage. While there is limited data available on FGM/C the available data show that the problems are severe and, given the sensitivity of the problems, most likely under-reported. In the case of child marriage, available statistics show that the problem is increasing. While there had been a gradual increase of female age of marriage between 1971 and 2005 by more than 4 years, there was a reversal of this trend between 2005 and 2010. The mean age of marriage fell by more than one year from 23.4 to 22.2, and the proportion of ever-married girls in the 15-19 age group increased from 9.2 per cent to 14.4%.[31] With regard to FGM/C, the 2012 Indonesian submission to CEDAW by the National Human Rights Institution, highlighted several harmful practices, including child marriage and FGM/C. MUI, the country's top Muslim organization, has expressed public support of FGM/C.[32] This indicates that UNFPA's focus on these practices is both very important as well as relevant.

The CP8 priorities for GBV and harmful practices are consistent with the overall policy framework in Indonesia through the RPJMN, the National Action Plan on Women Empowerment and the Child protection of MOWECP the "Women Empowerment and Gender Mainstreaming Programme". The UNFPA CP8 gender outcome also contributes to the UNPDF outcome 3: *People participate more fully in democratic processes resulting in pro-poor, gender responsive, peaceful, more equitable and accountable resource allocation and better protection of vulnerable groups***.** Finally this outcome and output are also aligned with the relevant MDGs, ICPD+20, Beijing+20, CEDAW implementation and the Jakarta Aid Commitment.

During CP8 UNFPA provided relevant and responsive support to the GOI on policy development in working with National Commission on VAW-NCVAW on the developing the technocratic draft of the RPJMN 2015-2019 to ensure integration of GBV. UNFPA has also been responsive in supporting GOI and NGOs on capacity-building to improve the first-line response to victims of GBV. For example in 2013, UNFPA supported the MOH in developing a training module to improve the skills of health service providers in counselling victims of GBV. Similar support was provided to the Ministry of Social Affairs (MOSA) for developing a comparable training curriculum for MOSA training centres.
UNFPA Indonesia was responsive to the need for a strong gender/GBV focus in its CP8 by initiating two trust-fund projects. Both trust-fund projects were completed in 2013. The first was a joint

[31] UNFPA Population Situation Analysis, draft, October 2014

[32] Ibid

programme with UNICEF and UNWomen and took place in Papua Province to combat violence against women. In this community-based prevention programme, male leaders were provided with information on GBV and involved in supporting victims of GBV. District and provincial legal and health systems were strengthened to support victims of violence. The programme was effective in showing how community empowerment can be an effective means of prevention and first-line response to GBV. While the project activities took place at the district level, relevant lessons learned are being fed into the development of national guidelines for a comprehensive approach to GBV, including greater coordination of the policy response and prevention. This demonstrates relevant use of project findings and UNFPA's increasing upstream policy role.

The second trust-fund project was the EMPOWER project with WHO and IOM. It focused on strengthening of sub-national governments and civil society to prevent trafficking of vulnerable persons. The geographical focus was on one district each in West Java, West Kalimantan, and West Nusa Tenggara. The project supported the implementation of national policies at provincial and district level, and worked to strengthen community capacity to prevent trafficking of vulnerable people. While the EMPOWER project was completed in 2013, the evaluation was delayed, affecting the evaluability of the project and relevance of results. UNFPA still aims to use lessons learned to continue work on strengthening the policy response on trafficking and safe migration.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

Evaluation of effectiveness should be based on an assessment of results as measured by accomplished programme indicators. Gender outcome 5 output 7 has had mixed results in terms of effectiveness in completing its activities and reaching its indicators. Annual reports show that in 2011, 2012 and 2013 activities were partially completed and indicators partially achieved. Measuring effectiveness over the full course of 2011 through 2014 towards the output and outcome is challenging because of the changes in indicators that have take place. Similar to what is described in the other program areas, the evaluation team is challenged to establish whether the output has been achieved, as before their achievement the indicators were already changed. The evaluation team found indications that the UNFPA programme contributed to strengthened national and sub-national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings, however to fully assess this a different kind of evaluation would need to be undertaken.

In addition, measuring achievement of the indicators was challenging due to the way they were

formulated. For example indicator 7.1, post re-alignment combined national and sub-national reporting. In 2013, the 10 district reports that should have been submitted to MOWECP were not submitted as a result of the fund-channelling measure. At the same time, a range of other activities was reported under this indicator in 2013 that don't seem clearly related to its achievement. Indicator 7.2, after re-alignment, focused on capacity building, with as a target the development of two policy briefs on harmful practices by 2015. This indicator had not been achieved in 2013, or by the end of the second quarter of 2014. Continued delay of this study is affecting programme efficiency and UNFPA's ability to support GOI in effectively planning interventions to address harmful practices.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Initially, the gender equality component of CP8 identified the Minimum Standards of Services (MSS) for survivors of violence as its main focus of support. It partnered with MOWECP to implement the MSS and strengthen the multi-sector response to GBV by promoting the use of MSS among a variety of service providers, including the health sector, psychosocial support, legal services and the police. UNFPA activities focused on support for policy implementation, skills strengthening, research and data for advocacy and strengthening systems for services to GBV survivors. The 2013 evaluation of the gender programme[33] that fed into the MTR, noted that MOWECP had a strong GBV policy framework. Institutionally it has been structured with specific responsibilities to work on GBV and protection. Their staffs have been trained and a budget has been allocated. However, MOWECP lacks the systems to coordinate, monitor and report between all multi-sectoral partners that are involved in the MSS activities. Additionally, they have limited authority to hold other ministries accountable for monitoring and reporting, which is a key issue for a Ministry responsible for coordination. Yet, as UNFPA had opted to work with MOWECP and its multi-sectoral actors on MSS, the evaluation had to conclude that: "UNFPA's contribution to support the implementation of the multi-sectoral approach of MSS VAWC has been in far too many different sectors. The planned budget has not been fully disbursed resulting in incomplete progress. Hence though there have been efforts to improve the coordination capacity of MOWECP, and its offices at the province and district levels the improvement has not been significant." Based on these recommendations UNFPA started to focus more specifically on the health sector response to GBV to enhance programme efficiency and results. While the programme is currently much more streamlined, some activity delays still remain which is affecting the programme's ability to achieve its results.

Additionally, programme implementation efficiency in the gender unit was affected by staff turnover. Given that the programme has one more year to go after the CP8 evaluation and with the five revised indicators it is anticipated that by the end of CP8 the first four of the five indicators will likely be realized, as they are very specific activity indicators. The Evaluation Team expresses concern regarding the fifth indicator on evidence-based information identifying harmful practices, as related activities have consistently been delayed. However, it should be noted that as the indicators are very specific activity indicators and not well-linked to the programme output through a results-based

[33] 2013, Kiran Bhatia et al, Review of Gender Equality Programme of the Eighth Country Programme of UNFPA, Indonesia.

management framework. As such achievement of the indicators does not provide a good indication of whether the programme output will be achieved as the output is stated at a much higher conceptual level.

The gender programme received a 19% allocation out of the total budget, including the trust funds. In terms of implementation rate, the gender unit seems to be almost on par with the other units, with an overall 85% implementation rate for UNFPA funds and 88% overall, through the 2nd quarter of 2014, based on reports provided by the Programme Management Unit (PMU).

CP8 has been effective in showing the importance of male involvement to advance gender equality and address GBV. Key UNFPA male involvement achievements for CP8 include:

- Strengthening national and sub national capacity for addressing gender-based violence through successful support to the MOWECP and the NCVAW for the development of guidelines on male involvement in combating GBV;
- Enhanced national capacity for planning, implementation and monitoring of the prevention programme to reduce sexual transmission of HIV through integration of positive masculinities concepts into ten city programmes on HIV targeting high-risk men.

While the recent evaluation of the CP8 male involvement programme recognizes substantial achievements, it also highlights areas for consolidation and improvement. The evaluation report notes, "planning, implementing and integrating work with men and boys could be more systematic and strategic". The evaluation report provides a number of specific recommendations for programme strengthening for the remainder of CP8 and going into CP9.[34]

While gender has been effectively integrated/mainstreamed in some of the UNFPA programmes (for example: in PD there was an improved understanding of the effect of demographic change on gender issues and inclusion of its consequences in population guidelines; in humanitarian a rapid gender assessment was developed that focuses on collecting data on specific vulnerabilities faced by women, men, girls and boys) more explicit attention to gender equality in all programmes would further strengthen the results. In terms of efficiency in this area there was a lack of clarity regarding whose responsibility it is to ensure that a gender component is integrated in the other programmes, which cannot be the sole purview of the gender team. Clarifying roles and responsibilities as well as accountability could enhance gender mainstreaming, and providing gender (re)training to all programme staff so that they can take increased responsibility in this area.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The CP8 evaluation revealed that while many activities were implemented over the course of the four years of the country programme, further work is needed to enhance the sustainability of the CP8 gender interventions by effectively translating the results of the earlier district-level work into national-level policies and guidelines (e.g. guidelines for comprehensive GBV programming). Programme revisions in follow-up to the MTR and the 2013 Gender Equality Programme review support this change of direction. The completion of the trust-fund projects and findings/recommendations from the MTR were used as an opportunity to refine UNFPA's gender

[34] 2014, UNFPA, Assessment of UNFPA 8th Country Programme – Male Involvement initiatives (2011-2014).

work for the remaining period of CP 8 (2014/15) more specifically to the upstream policy-level and align to the new UNFPA Global Strategic Plan (2014-2017).

Sustainability of UNFPA support on GBV and national efforts in this area would be solidified once one national coordination mechanism on GBV is established and operationalized given that the different coordination mechanisms are too confusing, time consuming and inefficient as also noted by previous evaluations. Sustainability of UNFPA CP8 support can be further enhanced through upstream focused support to MOH and MOWECP so that these key national partners further strengthen their role in GBV prevention and response.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

On gender equality, GBV and male involvement UNFPA coordinates through a range of coordination mechanisms that are generally reported to be functioning:

- **Internal coordination mechanism**: Coordination among units/outputs through regular meetings on on-going activities, for example with the PD unit on gender data/research related issues (e.g. preparation of the VAW survey).
- **UN thematic Working Group on Gender/UN Joint Team on Gender**: co-chaired by UNFPA and UNWomen; serves as a mechanism for information sharing on gender programme issues. This group also provides inputs and ensures mainstreaming gender into UNPDF processes and undertakes joint advocacy and campaigns for the elimination of VAW including harmful practices, like the annual 16 Days campaign on Eliminating Violence Against Women. The working group has been generally active except in 2014, but will be re-activated early 2015.
- **UN joint programme**: UNFPA is part of this with WHO, UNESCO, IOM, UNICEF and UNWomen, under the Trust Funds for joint projects on (1) VAW with UNICEF and UNWomen; (2) Trafficking project with IOM, WHO and (3) Disability with WHO and UNESCO.
- **In coordination with UNWomen**: UNFPA supported CSOs and women's organizations in preparing for international conferences and reporting on gender: ICPD, CEDAW and Beijing +20 in support to the Government of Indonesia.
- **Male involvement**: UNFPA has several internal and external coordination mechanism related to male involvement. For example, the Gender Unit supports the HIV unit working with NAC (National AIDS Commission on working with High Risk Men; the PD unit supporting BKKBN on analysis of the male module under the DHS 2012 and the Advocacy Unit also supporting BKKBN to involve religious leaders in FP, Gender and Parenthood.

The evaluation team received some mixed feedback on the functionality of some the gender coordination mechanisms under CP8, though respondents indicated they improved in recent years. Also, while UNFPA in recent years has narrowed its focus more specifically in accordance with the new UNFPA Strategic Plan, UNWomen still noted some areas of (perceived and/or actual) overlap e.g. in advocacy for a gender equality law. In addition, several GOI respondents noted a lack of coordination among UNCT members in the area of gender.

Added Value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

In terms of value added, respondents note that UNFPA has a close working relationship with the two key national partners in this area, MOWECP and NCVAW, which is conducive for advancing upstream policy work. UNFPA is also recognized for increasing awareness on the importance of ensuring male involvement to advance gender equality and address GBV. UNFPA's global and regional level gender expertise was also recognized, where UNFPA HQ and APRO have supported the Indonesia office in mobilizing international and national experts.

UNFPA's multi-sectoral focus is seen as a value-added given that it provides the opportunity to ensure gender-responsive programming and addressing GBV in all areas of work, e.g. SRH, humanitarian situations, ASRH, HIV, population dynamics. UNFPA is also recognized for its excellent data collection and mining capacities and connections that could be further used to its strategic advantage to advance gender responsive programming and addressing GBV.

4.8. Findings from Adolescent Sexual and Reproductive Health (ASRH)

Relevance including responsiveness
To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

The priorities of the CP8 ASRH programme were found to be overall consistent with Indonesia's Mid-Term Development Plan (RPJMN 2010-2014), the UNFPA Global Strategic Plan, and contribute to the UNPDF under outcome 1: Poor and most vulnerable people are better able to access quality social services and protection as per the millennium declaration. In the programme design, UNFPA took into account the cultural sensitivities. Despite the fact that there is a great need for counselling and services on ASRH, provision of services through the GOI system is controversial. Under Indonesian law, contraceptive services are not available to unmarried people. At the same time, as described in the context above, there is increasing evidence that sexual activity among unmarried adolescents is increasing. As such, UNFPA opted to respond through its CP in several relevant ways that are more acceptable within the cultural context and still manage to address the need of providing young people with information and services, including a trial of a private sector franchising approach.

UNFPA provided relevant support to the MOH in developing the National Action Plan on Adolescent Health (NAPAH). The Action Plan was developed based on extensive interviews and discussions with representative adolescent groups, various sectors within MOH, as well as a number of ministries, including MONE, MOYS, MOWECP, BKKBN and an extensive literature review. UNFPA's involvement ensured prioritization of ASRH, which is extremely relevant and of key importance, given the limited policy channels to raise this issue. HIV prevention and SRH are two out of the eight national health priorities for adolescents high-lighted in the document. Inclusion of rights-based SRH and the fact

that homosexuality is no longer described as a mental illness are two important elements of progress.

In 2013, UNFPA supported the Ministry of Health in developing National Reference Material (NRM) for teachers to deliver ASRH education. UNFPA opted to work with the MOH as it provided an entrance and willingness for adapting globally recognized reference materials[35], an entrance that was not available with the Ministry of Education. Since 2012 the Unit had followed up on discussions with the Ministry of Education on the introduction of the national SRH education curriculum in schools, integrating the UN-standard International Technical Guidance on Sexuality Education (ITGSE) that has been applied with success in more than 80 countries worldwide. The departure of the key contact person in the Ministry left this programme at a stand-still, until the Unit responded to the request of MOH for the introduction of a similar curriculum to be used as a national reference material (NRM) for teachers in the primary and secondary schools.

NRM focuses on teachers with a participatory teaching methodology and flexibility in presentation, thereby broadening the scope of recipients, while also avoiding a didactic approach to a sensitive topic. The Unit's response through assistance in NRM, therefore, was of strategic value and highly relevant in the context of formal education. Our review of the draft NRM modules for teachers, divided into primary (sixth grade), junior secondary, and senior secondary education, showed that they have an appropriate content for incorporation as a stand-alone unit or in related units such as biology and promote a participatory learning methodology. The modules are currently being trialled in 10 schools and *madrasahs* in Jakarta.

UNFPA showed responsiveness in developing a private sector service delivery model in view of cultural sensitivities. A visit by the evaluation team to the Social Franchising Model in Yogyakarta, Unala, shows that it is a potentially promising approach. The project aims to establish a network of private sector providers working closely with youth networks to provide SRH information and services to adolescents. The project was developed with support from Population Services International (PSI) based on experience in Myanmar. Finding a local organization, Yayasan Angsamerah, to manage the project took quite some time, and delayed the onset of the project. As it is a new initiative, it is challenged by start-up delays that are partly resulting from the fact that the project team wants to ensure that everything is carefully designed and tested with the target audience before rolling it out. The project is closely monitored and will be evaluated with an eye on possible replication. The findings are also intended to feed into broader national ASRH advocacy and policy development.

The Royal Princess of Yogyakarta is actively supporting the Unala project and broader ASRH issues after UNFPA first involved her in this work. Attending the 7th Asia Pacific Conference on Reproductive and Sexual Health in Manila raised her awareness on ASRH and led to her active involvement. She lets the Unala team use one of her houses as office, sharing space with two other youth groups she supports. The Princess is determined to continue supporting the project in the future. Having her support is extremely valuable given its sensitivity and will go a long way in making it more acceptable.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

[35] The modules were developed in accordance with the International Technical Guidance on Sexuality Education (ITGSE) jointly drafted by UNESCO, UNFPA, UNICEF and UNAIDS.

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

ASRH outcome 6 output 8 has known several delays outlined in the previous section that have affected its effectiveness in reaching progress towards its indicators. Annual reports show that in 2011, 2012 and 2013 activities were partially completed and postponed to the next year as such the results-based indicators were only partially achieved. Measuring effectiveness over the full course of 2011 through 2014 towards the output and outcome is difficult because of the changes in indicators over the course of the CP. Given the start-up delays of the Unala project, indicator 8.2 may not be fully achieved by the end of the project. It is expected that the other three indicators will be achieved based on progress to date. Overall the evaluation showed that there has been progress on the ASRH output over the course of CP8 towards improved programming for essential sexual and reproductive health services to adolescents and young people.

With regard to the Youth Advisory Panel (YAP), the Evaluation Team found that the Panel was an effective platform to promote youth involvement. In the group discussion with the Evaluation Team YAP members recounted their experience in promoting key SRH messages among their peers, taking advantage of their professional and personal lives. For example, a member who is a radio host holds a regular youth programme and takes the opportunity to discuss key SRH messages on-air. Another member introduced SRH as the topic for a university English debate team. The YAP selection criteria include highly motivated youth who demonstrate both education and leadership potential with articulated understanding of broader social and development issues. Participants felt their views are accommodated and acknowledged by UNFPA through meaningful participation in UNFPA key policy briefs on youth, consultative meetings, and youth awareness-raising events.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

The ASRH Unit received a 6% allocation out of the total budget. Their implementation rates were consistently at par with the CO average as per reports from the Programme Management Unit. The Unit's efficiency was adversely affected by the delays in activity completion in the NRM project as

well as the private sector project, since as noted above, activities had to be re-programmed to the sub-sequent year. Activities under direct execution had a high implementation rate. There were delays in recruitment of consultants for NRM and NAPAH, which reduced project efficiency and reduced project implementation time from 12 to six or eight months. MOH respondents also requested for UNFPA to synchronize the timing and structure of disbursements to coincide with the National Budget (APBN) as this is the primary reference for MOH to develop their ministerial Annual Work Plan. MOH allocated funds for coordination meetings with stakeholders, including other UN agencies, in the process of NRM and NAPAH development, which contributed to the achievements in implementation. UNFPA assistance in NRM and NAPAH was highly appreciated by MOH.

In 2012, as a result of the Global Strategic Plan, the CO realigned the overall CP and the ASRH programme went through restructuring of outcomes, outputs, and indicators, with on-going NGO and Puskesmas service delivery activities either completed or reoriented to more upstream programming. At the time of transition in fund channelling, by 2013, the ASRH Unit had only two small activities at the sub-national level, not exceeding US$2,000 in total, on ASRH model development through Bappeda Jayapura execution. These had already been planned for relocation to Yogyakarta since mid-2012. As such the implementation efficiency of the ASRH Unit was not as strongly impacted by the fund-channelling measure as that of other units. The programme was already moving more upstream since early 2012 in response to on-going developments in country and the UNFPA Global Strategy.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The CP8 evaluation revealed that while important initiatives were started and key activities implemented over the course of the four years of the country programme, further work is needed to enhance their sustainability. The National Reference Materials are only now being tested, once that is completed and evaluated they would have to be scaled up and only after a while something could be said about their sustainability. The same thing can be said about Unala. It is important to stress however, that the policy products, such as the National Action Plan on Adolescent Health (NAPAH) developed under CP8 is expected to make a sustainable contributions to the advancement of adolescents.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

UNFPA as a co-sponsor of the H4+ initiative[36] is also using coordination meetings in this context to strategically advance ASRH. The H4+ group is reportedly functioning well and UNFPA's constructive role in the group is appreciated. UNFPA also collaborates with WHO, UNESCO, and UNICEF on the development of NRM and NAPAH, facilitated by MOH. UNFPA has a very pleasant working relationship with WHO and regularly consults both formally and informally with the relevant staff to avoid overlaps. They also share their Annual Work Plans. UNFPA also worked with UNESCO on NRM

[36] The other co-sponsors are WHO, UNICEF, UNAIDS, and World Bank.

and had a division of labour arrangement for liaising with the Ministry of Education and sponsoring delivery at schools. There is a potential to exploit UNFPA core expertise in population data and youth leadership through stronger coordination with UNICEF.

Added value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

Youth leadership and the groundbreaking ASRH social franchising in the private sectors are seen as two strengths of UNFPA in ASRH. The latter was the CO initiative in effort to upscale ASRH care by branching to the private sector in response to the high sensitivity of the topic in public discourse and policies. It was noted by the evaluation team that UNICEF is starting to work on ASRH and youth, which may cause confusion among partners. This should be addressed in the context of UN Coordination, as this is an area within the UNFPA mandate. The discussion with UNICEF also revealed that the agency's on-going data-mining project for adolescents met considerable challenges in data collection. Given UNFPA's strengths is this area this could be an area for assistance from the Population Dynamics Unit.

In general stakeholders interviewed mentioned ASRH and youth participation as added values for UNFPA in Indonesia.

4.9. Findings from Population Data

Relevance including responsiveness

To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

UNFPA has a history of improving population data in Indonesia and thus continues to support the mid-term national development plan (RPJMN) specifically and the development process more generally. For example UNFPA supported the DDF (District Data Forum) under the 7th Country Programme (7th CP, 2006-2010) via the Population and Development component. The purpose was to improve annual publication of district statistics or *Districts in Figures* (*Daerah Dalam Angka, DDA)*. This assistance continued to the 8th Country Programme with the inclusion of better and more comprehensive data on population, reproductive health and gender. The second initiative on data, the DIS (District Information System) was only started in the 8th Country Programme, and was more comprehensive than the DDF. The aim was to develop a management system at the district level targeting wide production and dissemination of data and information. These two activities are relevant and responsive especially in providing data for planning purposes at district level.

On the negative side, due to the new regulations on fund channeling, these two initiatives were no longer part of the UNFPA programme and a new initiative was proposed, namely CBDIS (Census

Based Data Information System). In general terms this new initiative was similar to the previous one with its main purpose being to develop a district information system based on population census data. This is now a pilot project implemented in the district of Kulonprogo[37], Yogyakarta Special Region. For the districts, DDF and DIS are both highly relevant to the fill the gap between data availability and need for planning purposes. As a pilot project, it will become a model to be replicated in other districts and so UNFPA can be seen to have increased the effectiveness of the overall development of Indonesia with this initiative.

Other activities enhancing relevance of the programme are the VAW Survey and the Disability Survey, provision of data for humanitarian issues as well as the development of CAPI which are all highly significant to support evidence based policy. The VAW Survey will provide data for gender based violence while the Disability Survey will provide data on disability, the availability of data on which is presently limited. Data for humanitarian issues has at least two important relevancies. First, it bridges the gap among GOI institutions (BPS and BNPB) in terms of meeting the demand and supply and becomes a milestone for future cooperation between both parties. Second, a data base for humanitarian work is now available. The existing data will not only be of benefit to the Indonesian government but also UN agencies or other parties working on humanitarian issues related to disaster management. The support from UNFPA in developing CAPI is very significant to update the data.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

As mentioned earlier the DDF had been well implemented especially after the forum's formation expanded substantially, not only in terms of its data quantity and tables presentation, but also in the number of contributing SKPDs. Unfortunately these initiatives have been stopped since 2012.

CBDIS was postponed in part due to the initial unwillingness of BPS to conduct the activity. This was confirmed during the discussion with BPS and through a letter from BPS seen explaining its intention to reallocate the budget to other activities. However, more recent information shows that BPS is

[37] The initial plan was in the District of Manggarai and Kulonprogo, but later it is decided to work in Kulonprogo only.

now willing to work on the project and is only waiting for a formal letter from BPS to start. While this willingness remains informal the effectiveness of this initiative now remains questionable.

On the other hand, provision of data for humanitarian issues, including the development of CAPI has been accomplished which will enhance effectiveness. Starting with an MOU between BPS and BNPB early 2013, followed by merging the 2010 Population Census data and Podes (village potentials), good humanitarian related data is now available and has been developed into an information system which is ready to be accessed.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Not all programme resources have been converted into results in this core programme. The preparation of the Violence Against Women (VAW) and the Disability surveys is not on track. In the MTR report it is stated that the surveys will be implemented in 2014, but at the time of evaluation, they had yet to be and doubt about the Disability Survey has increased because according to BPS the questions have already been included in the SUSENAS. Thus, there is a high possibility that the specific survey will not be implemented as the issues are covered in the SUSENAS. The implementation of VAW Survey is also still questionable due to two conditions, unsecured funds and the inability of the BPS to conduct the survey because of being overloaded in 2015 with three other surveys: SUSENAS. SUPAS, and the planned Inter-Censal Population Survey. In view of the funding issue, possibilities should be considered of incorporating relevant VAW issues into already existing survey instruments such as SUSENAS and IDHS to avoid missing out on enriching the data in this area altogether.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

The provision of data for humanitarian issues has provided a good example of how UNFPA can create an enabling environment to develop a data base which is very important for GOI and also other related parties and one which aids sustainability. The high commitment from BNPB and also BPS make it possible to guarantee the sustainability of the programme. The programme is based on the need of GOI (BNPB) to integrate population data into disaster management responses. While population data based on population census and PODES is available at BPS, what makes it more sustainable is the commitment from BNPB to update the data together with BPS in the future, and to integrate the data into DIBI. With support from UNFPA, the instrument for data updating has been developed, namely CAPI. The long term sustainability of these activities will depend on two factors. Firstly is how widely used the data base will become. So far the use is very limited and is only used

by local disaster institution (BPBD) at provincial and district level. Secondly, since the instrument for data updating is accomplished, the question of which organization will regularly update the data, (BPS, BNPB, or another local agency) needs to be resolved. In the next CP UNFPA may wish to address this issue.

Sustainability of the implementation of CDBIS is another issue. At the time of the evaluation, there was no formal letter showing commitment of BPS to follow up the CBDIS. If the commitment of BPS is realized, there would be no question about the sustainability ofthe programme. However, it should be borne in mind that CBDIS is a pilot project. Replication of the programme in other districts would still call for further attention. Sustainability might be enhanced by framing the future of the CBDIS in the context of new integrated data systems being planned by BPS which, among others, will look into linkages with the CRVS.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

Coordination between UNFPA and BPS and UNFPA and BNPB is working well. Good coordination among the parties has resulted in increasing accessibility and use of the population data at BPS. The coordination between UNFPA, BPS and BNPB is a good example how coordination between UNFPA and GOI should be developed and could be considered an example of best practice.

Within UNFPA concerns between coordination between humanitarian and Population Dynamics section needs attention. Good cooperation between these two sections is absolutely needed because the activity covers two issues, data provision on the one hand and humanitarian issues on the other and better cooperation would diffuse confusion as to who is responsible for what. These types of internal issues are likely to be more pronounced in the next CP as programmes become more mutually supporting.

The problem of coordination also exists within GOI and the implementation of CBDIS and the VAW Survey are cases in point. These two activities were both postponed as a result of GOI coordination issues and in the case of the VAW survey it is still questionable, due to a lack of coordination within GOI, if it will go ahead. Two solutions are available. Either the MOWECP should advocate for obtaining funding for the VAW Survey as a priority or, as pointed out above, make efforts to have key VAW issues incorporated in existing Survey instruments. During the evaluation it was revealed that until the end of 2014, funds needed to carry out the survey VAW were not yet available. BAPPENAS has requested MOWECP to deliver its proposal to apply for funding for the implementation of the survey in 2015. Even if funds are available BPS might not have resources to undertake the survey.

Added value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

UNFPA has been able to add value through opening up access to population data through the development of a data base for humanitarian issues as well as through making the SDKI and population census data available for public use by supporting BPS and BKKBN in working together.

The successful working hand in hand with GOI in coordinating line ministries, such as linking BPS and BNPB in the development of data base for humanitarian assistance, should become a model for the next CP.

4.10. Findings from Cross Cutting Youth sector

Relevance, including responsiveness
To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

As noted before, from the 2010 National Census, it is known that in that year 28% of Indonesia's population were classified as young people. Young people were hardly mentioned in the original, pre-aligned 2011 CPAP, except in the indicator 'Percentage of young people with accurate knowledge about how to prevent HIV', and as a group about whom data was lacking in Outcome 2 on Population, and in a target on ASRH relating to 'Specific adolescent sexuality and reproductive health included in the 2012 IDHS questionnaire modules'.

To show increased responsiveness to this core population cohort youth issues were more clearly targeted in the post realignment CPAP with youth programmes in a variety of contexts: health generally, ASRH including HIV infection, issues of early marriage, as well as youth participation and involvement. This places young people firmly at centre-stage of UNFPA's programme in Indonesia and addresses the needs of a core component of the population.

This refocus is fully in line with the goals of Indonesia's National Mid Term Development Plan, RPJMN, which seeks to provide 'Health development focused on a preventive approach, not only a curative one'. The UNPDF Outcome 1, 'Poor and most vulnerable people are better able to access quality social services and protection as per the millennium declaration', both supports the RPJMN goal and provides the umbrella for the set of UNFPA CP activities relating to Youth. CPAP Outcome number 6, 'Improved access to sexual and reproductive health services and to information services for young people (including adolescents)' and CPAP Outputs 8,'Improved programming for essential sexual and reproductive health services to adolescents and young people'both support UNPDF outcome 1 and include activities that firmly lie within UNFPA's mandate of Sexual and Reproductive Health.

While the GOI may support both information and services for all citizens through its newly adopted Universal Health Care initiative, the sensitive nature of adolescent reproductive health in Indonesia, means that information and services for young people are effectively not available at all, or where they are, they are delivered in a way which is not youth friendly. This is further explained in the ASRH section of this report.

The UNFPA initiatives on youth have shown their responsiveness to the issue of lack of opportunity to record young people's views through its continuation of sponsoring a Youth Advisory Panel (YAP). Starting in 2007, this continues to allow a series of young people to inform UNFPA programme and policy documents, as per CP indicator 8.2., through which, UNFPA better hones the relevance of their programme response.

The CP Indicator: 8.2. 'Institutional mechanism to partner with young people (including adolescents) in policy dialogue and programmeming is established' refers only to YAP, so this has been achieved. A broader GOI sanctioned mechanism is much needed and perhaps the YAP mechanism could be used as a model here given its clear value in selecting articulate an informed people. One respondent noted that before he became a member of YAP he could see that many young girls were getting married in his village but could not articulate why this was unfair. After joining YAP he could explain the social reasons why this was not optimal for the young girls in question and talk about their rights to education and selecting when they get married in a more structured way. Many YAP members now represent Young People and UNFPA's programmes for youth in national and regional events.

UNFPA's work has shown great relevance and reminded partners that youth issues need to be reframed and broadened in Indonesia, especially given the narrow mandate on youth issues supported by the Ministry of Youth and Sports (MOYS). UNFPA's assistance on the development of a National Youth Strategy and the commissioning of a Background paper on Youth, entitled 'Indonesian Youth in the 21st century'[38],both to enhance the relevance of the RPJMN 2015- 2019, as defined in CP Indicator 8.4, has also attested to the relevance and responsiveness of UNFPA's youth related work. The appointment of a new Minister for Youth and Sports this year is an opportunity for UNFPA to help the Ministry with the development of a new vision and mission to broaden its mandate, and perhaps assist it also to make it more visible among GOI ministries.

The development of a second knowledge product, 'A Youth Monograph[39]' further enhanced the profile of youth and the relevance/responsiveness of the UNFPA programme. A third initiative, jointly developed/presented with the Ford Foundation, entitled 'YouthNesian 2014: Investing in Young People', was also significant in showing UNFPA's relevance and responsiveness in this area. The aim of the Youthnesian Conference and concert was to bring together young people and relevant stakeholders under the leadership of young people themselves, and to share innovative works and musical performances as well as messages on how youth can become important actors in shaping future development. The documentation about this event showed social media coverage as a way of measuring how widespread knowledge of the event was. This needs to be replicated elsewhere, where feasible.

There is a need to look further at how future youth related programmes can respond separately to different if related, issues faced by young men and women, girls and boys. Issues such as teen pregnancy and local level regulations on dress and morals affect boys and girls differently and have different personal, social and development consequences for girls and boys. This would further enhance UNFPA programme responsiveness.

Effectiveness

To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results? Issues to be covered:

[38] Indonesian Youth in the 21st Century, 2014UNFPA, Jakarta

[39] This is Monograph No 2 from a series of 5: 'Youth Monograph', 2013, UNFPA, Jakarta

- *Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?*
- *Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);*
- *UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.*

The targets for the post realignment, youth-related CPAP included capacity building for YAP members, YAP involvement in the UNFPA's policy dialogue, programming, M&E and commemoration of international days, both of which were achieved, and national and sub national Policy dialogue on comprehensive ASRH policy and strategies conducted which was not achieved. To this degree the youth focused activities were effective in achieving two out of three of UNFPA's targets.

The sensitive nature of some of the topics however, has put UNFPA in an unwelcomed spotlight. The Representative noted there had been some institutional backlash as UNFPA promoted ASRH as a right's based issue. This was translated clumsily into encouraging 'free-sex' before marriage, rather than informing young people about the consequences of sex before marriage at the personal, social and developmental levels. This is reflective of UNFPA's need to be more effective to promote their work and to get the message across to detractors that their programmes are necessary and effective.

Efficiency

To what extent were programme resources (funds, expertise, time, etc.) converted into results?

To what extent have UNFPA capacities provided financial, administrative, and technical backstopping efficiently to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?

To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Programme resources have been very well turned into results. As a late starter in the CP the cross cutting youth portfolio has been one of the most innovative and effective of all of them. While funds for youth related programmes have been minimal, youth related projects can be seen to have been programmed efficiently, and have had a large 'bang for their buck'.

Innovative ways of getting to young people through events like the YouthNesia programme and good use of social media have been consistent under this portfolio. Using CSO networks to get out messages has also been an efficient way of using resources.

YAP members are often used to promote UNFPA's message through their networks and indeed to set up meetings, radio talk shows or other events for themselves. This too has had some multiplying effect.

Financial, administrative and technical backstopping has been subject to occasional delays but the Youth team have put in great efforts to surmount the problems.

Sustainability

To what extent are the results of UNFPA supported activities likely to last after their termination?

To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

Presently UNFPA has very little cooperation with the Ministry of Youth and Sports as they both have quite different visions and missions for Indonesian youth. In order to make any of the youth related programmes sustainable this cooperation and collaboration will have to be increased. UNFPA needs to work with the Ministry to reframe issues important to young people and to increase their involvement in this reframing process.

That being said some work has been done in this regard. Assistance from UNFPA to enhance the quality of the next RPJMN document for 2015 to 2019, which places young people as a central stakeholder group, is likely to have the most effect on sustainability, as this will allow the Ministry of Youth and Sports to rally around this centrality and to develop relevant programmes. IF UNFPA can then be involved in this programme development this might further enhance the sustainability of their inputs.

While UNFPA's attempts to more systematically gather youth inputs is laudable, as it stands the development of the YAP methodology only for UNFPA policy and programme inputs is not very sustainable. A broader consultative process with youth should be one of UNFPA's and MOYS joint initiatives, even if UNFPA will have to financially support this initiative at the beginning.

Giving over the convening of the IANYD to the Ministry of Youth and Sports might also enhance the sustainability of this coordinating mechanism.

Strategic Coordination

To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

While 'delivering as one' is a central goal of UN assistance in Indonesia, a new core programme sector, such as youth, has been hotly contested by several UN agencies to be include in their programme delivery. UNFPA believes it has the strongest mandate for youth however, and so has taken steps to claim it.

As the chair of a working group on youth, called the Inter-Agency Network on Youth Development (IANYD) UNFPA is in **a** strong position to coordinate UNCT youth related inputs. UNICEF has challenged UNFPA for this chairpersonship, and has made it clear that it should be recognized as a

leading player in this programme area. Some dissonance has been recorded between the two agencies.

Further issues of collaboration over youth data have been noted. While recognizing the value of the major documents written with the resources of UNFPA, UNICEF felt that the Youth Monograph, in particular, was a missed opportunity to push the realities of Indonesians as young as between 11 and 14 who are nowadays more frequently sexually active than ever before. UNFPA note that the Monograph series uses data primarily from the Population Census and the IDHS 2012. This data does not cover the age range targeted by UNICEF. If UNICEF had the data available it would have made sense to collaborate here but the CPE team found no data was forthcoming. Sharing data and joint analysis will surely strengthen the UNCT's relevance in this area. Perhaps work on HIV related inputs in Papua could hold a better chance at UNCT cooperation, with UNICEF and UNFPA addressing their mandated beneficiaries with related and complementary programmes.

This type of collaboration will be especially relevant as the UN country team face difficulties in funding due to Indonesia's perceived status as a lower middle income country, and multilateral and bilateral donors channel funds elsewhere.

Added Value

What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
What is UNFPA's added value as perceived by national stakeholders?
What is UNFPA's role in the global positioning of Indonesia vis a vis the MDGs and the Post-2015 Development Agenda?

UNFPA has a strong mandate on youth related activities so can claim to have high added value in this related core programmes and cross cutting initiatives.

UNFPA programmes in Indonesia have highlighted the need to listen to young people, and they have supported a range of initiatives that are youth specific and youth friendly.

Collaboration points with the Ministry of Youth and Sports are minimal, however and need to be further developed. Proving UNFPA's added value to the Ministry will enhance the profile of UNFPA and give more opportunities to further develop joint programmes which will in turn add further value.

By highlighting the fact that young people are selected for special attention in several international documents and treaties, such as the ICPD agenda and the Programme of Action that followed it, UNFPA has further added value by connecting Indonesia-specific youth-related activities to a broader agenda. While the CPE was made aware of programmes related to mobilization for the Post 2015 agenda, ASEAN and other regional youth initiatives, as well as most recently on the global conference on youth policies, the CPE did not believe that UNFPA fully capitalized on these initiatives and they need to be better documented in reports.

By working with young people UNFPA is attempting to mitigate against the legacy of present day bad practices that young people might grow into, such as VAW, allowing their children to undergo FGM/C and encouraging their children to get married at too young an age. Better use of social media will further add value to these long term goals. .

The MTR noted that UNFPA's new global Strategic Plan reframes the youth-related priorities for UNFPA around increased priority for adolescents; increased capacity in advocacy; increased capacity in information services and ASRH services; and increased capacity in programmeming for adolescent girls and in humanitarian settings. The evidence base for these programmes has yet to be established so more detailed and comprehensive data on young people in Indonesia will also need to be collected and analysed with UNFPA using its present comparative advantage to remain central to this task.

5. CONCLUSIONS

5.1 Conclusions at the Strategic Level including Added Value and Strategic Cooperation

With regard to the findings noted above, the CPE team concluded that, overall, all core programme sectors described in CP8, both before and after realignment, have kept the CP8 relevant in Indonesia. What is more the expansion of outcomes after the realignment allowed UNFPA to be involved in more programme areas, including sharpening UNFPA programmes for adolescence and youth and giving them further opportunities for strategic advocacy.

The corollary of this expansion, without the resources for a major increase in staff numbers however, came at the expense of efficiency of delivery and made programme management and administration and M&E much more challenging for UNFPA staff.

The increase to seven outcomes and nine outputs contributed to a silo effect with issues of cooperation or mandate confusion even where some outcomes/outputs covered only one stakeholder group, but from two different angles. So the ASRH programme supported the Unala project in Jogjakarta as an ASRH input, but it was also a programme for youth involvement. Similarly, births in times of humanitarian crisis are still RH events, if in an unusual setting, so occasionally it was noted that MISP programme staff and RH staff occasionally were at odds with each other over roles and responsibilities and knowledge sharing.

Developing one or two crosscutting themes for CP9, to which each programme component contributes, should reduce this silo effect. The CPE Team concluded one such theme might be youth or adolescence, or birth, in both of which UNFPA already has a comparative advantage.

The outputs for CP8 have all been pitched at the capacity building level. For CP9 this is not going to be possible given Indonesia's 'yellow' status. CP9 inputs will be restricted to advocacy, knowledge management and upstream inputs supporting new policy initiatives. While it may be possible to have some capacity building on how to manage, implement and monitor upstream activities with GOI partners, a more focussed set of outcomes will need to be outlined to emphasise UNFPA's comparative advantage in the technical areas. Even though the UNFPA CO has undergone one training session on upstream policy work for all programme staff, there is still some way to go to being competent to manage an entire programme pitched at the upstream level.

In relation to the' yellow country' status of Indonesia, the CPE acknowledged that it is UNFPA corporate policy to group countries it works in, and that Indonesia has been categorised a 'yellow' country. The CPE team suggests that they look again at the yellow designation and allow the CO in Indonesia to make a special case for Indonesia as an exception for CP9, given the degree of inequalities and the continued request for capacity building from GOI. This would make CP9 more responsive to the transitional nature of Indonesia's development from a developing to lower middle income country.

The CPE team concluded that programme finance is being managed well. UNFPA's enterprise resource planning (ERP) system, ATLAS, is used well but as in many offices not to its maximum. The CO uses it for planning and monitoring of resource utilization as per its purpose but less for forecasting. The appropriate segregation of duties is maintained at all levels throughout the organization.

UNFPA still uses both national execution and direct execution in programmes where this modality is appropriate, including in sensitive areas of adolescent sexual and reproductive health. The CPE team concluded that UNFPA should continue to use national execution, but judiciously, to ensure maximum government collaboration.

Overall the CPE team concluded that each of the core programme sectors had its own added value, as noted separately in each of the above sections. It concluded that UNFPA core programmes were in line with its counterpart GOI programmes but did not overlap with them. In those areas where UNFPA is trying to advocate for closer ties with ICPD principles, such as expanding adolescents' access to ASRH services, eradicating gender based violence etc the funding of innovative initiatives like the Unala programme of assistance show vision and potentially will add value as lessons learned.

The CPE team also concluded that a significant amount of new knowledge products were developed that were of great value to GOI and enhanced UNFPA's brand. The sponsoring or organisation of international meetings, or national versions of global agenda meetings, all helped to increase UNFPA's profile.

To increase strategic cooperation further the CPE team concluded it would be better to undertake more joint programming, on core programme areas of UNFPA's mandate which abut those of other UN organisations such as UNICEF WHO and UNIFEM as part of the UNPDF process. This will assist in ensuring that the UNCT is 'delivering as one', will increase the positive profile of the UNCT members and will ensure that programming is undertaken in a mutually supportive, rather than competitive way.

The CPE team concluded that delivering as one could be further strengthened using joint UNCT advocacy. Many of the recently launched knowledge products were excellent but potential strategic cooperation opportunities were missed by doing agency specific advocacy. Making further use of new forms of advocacy, such as of social media has begun but needs to be further explored for CP9. This can also be done jointly with other UN agencies to develop a UN agency wide response. More stories for the press, radio and TV, as well as UNFPA specific documentaries will enhance UNFPA's profile. There may be a need to hire a full time communications staff member for UNFPA to undertake all of the above activities.

The team further concluded joint monitoring of potentially harmful laws and regulations that might move Indonesia's overall trajectory further away from full compliance with ICPD principles, from timely achievement of MDGs and away from Indonesia's other international obligations might also help to deliver as one and positively affect the enabling environment.

The CPE team concluded that the CP8 had provided opportunities for good engagement with conventional partners such as academics and CSOs which UNFPA have used well. The team also concluded that other parts of GOI yet to be engaged fully (such as the Ministry of Home Affairs who have their own population movement data base and the Ministry of Foreign Affairs who are at the table negotiating new and revised international convention have yet to be fully engaged.

Non-conventional partners such as parliamentarians and the private sector are mentioned in the CP8 but the CPE team concluded there was room to do more here. This type of engagement will enhance networks, help to further increase the number of knowledge products and opportunities for advocacy for UNCT initiatives in the public domain, but will also help to strengthen relations when the main focus of the programmes are at the upstream policy level.

All of these changes, the CPE Team concluded, would increase the added value of CP9.

5.2.Conclusions at the Core Programme level

5.2.1 Conclusions from Population Dynamics findings

All activities of the PD component are relevant to the GOI objectives and are in line with UNPDF priorities. The success of UNFPA to respond to GOI needs has been due to the good relationship it has been able to develop with the working environment with GOI (BAPPENAS, BPS, BKKBN, BNPB). The way of UNFPA in developing country programme by involving the partners (GOI) from the beginning is a factor behind it and should be maintained in the future.

Delays in recruitment procedures resulted in the postponement of the Monograph on Urbanization. Population projections and publication of knowledge products proved an important achievement to support the GOI in developing the RPJMN 2015-2019. The contribution from UNFPA to help BAPPENAS finish the technical document of RPJMN was also very important. However, there was a lack of progress in instituting a policy dialogue and use of policy papers has remained limited.

Activities such as the development of the monographs – Urbanization; Population Mobility; and Gender should be implemented in 2015 in order to increase awareness of these key demographic issues and to feed into key planning documents.

5.2.2. Conclusions from Advocacy for ICPD principles and MDGs including South/South Cooperation findings

The CPE team concluded that UNFPA needs to further capture and build on the added value that it already delivers through advocacy for ICPD, MDGs and South/South Cooperation. One way to do this is to undertake joint advocacy with other UN agencies.

The initiative which links the Philippines and Indonesia through an extended South/South Cooperation is an inventive programme that needs to be further expanded and monitored closely for lessons learned.

At the same time it would be beneficial to increase the opportunity to engage with a broader population to advocate for all UNFPA mandated matters. This would include both traditional stakeholders but also others such as parts of GOI not frequently engaged with (Ministry of Home Affairs and Ministry of Foreign affairs), Parliamentarians (this has not been at all successful to date) and the private sector who might be both a new source of funding and might be able to use their work place as a vehicle for further advocacy.

The CPE team concluded there is a need to continue supporting inputs on advocacy that targets young stakeholders. Young religious leaders, (including those working with faith based Islamic schools (pesantren), students, younger leaders in civil society are likely to have different networks than their older counterparts and these should be tapped. It is hoped that getting to young people early will help to break the cycle of negative learning on issues like VAW, early child marriage and FGM/C and change cultural attitudes to these practices.

The CPE team concluded there was also a need to use social media more effectively for promote advocacy and to record impacts of advocacy. These would include documentary making about the subjects, issuing social media programmes and campaigns, as well as simple follow up field visits to former participants in training to see if new skills were being utilised effectively.

5.2.3. Conclusions from Reproductive Health findings

The UNFPA CP8 MH programme is well aligned with all relevant national, international and UN documents and UNFPA is showing responsiveness by working with key national partners and contributing to the development of national guidelines and strategies. In view of the continued high MMR, UNFPA's choice of interventions for CP does not seem relevant and responsive in addressing the urgent need for concerted efforts, also in the upstream policy area, to lower the MMR and reach MDG5.

The MH activities, indicators, output and outcome are not clearly linked through a logical results-based management approach and in re-designing the programme after the MTR this has not improved. While a significant number of activities have been implemented, many of them were delayed and effectiveness and efficiency were compromised. The program indicators, output and outcome may not be achieved by the end of CP8 given ongoing delays.

UNFPA's upstream support in the form of studies and improving programme strategies and guidelines contribute to enhancing MH programme sustainability as they enhance program ownership and durability. UNFPA is a respected partner that is considered to be influential and able to coordinate MH activities. UNFPA's niche is based on its close, long term working relationship with GOI partners and professional associations as well as the multi-sectoral perspective that UNFPA brings in.

5.2.4. Conclusions from MISP in Humanitarian settings findings

The UNFPA CP8 humanitarian programme is highly relevant given Indonesia's vulnerability to natural disasters. It is well aligned with all relevant national, international and UN document and UNFPA is showing responsiveness by working with key national partners and contributing to the development of essential national documents, guidelines and systems.

The humanitarian programme is well designed and activities within the programme complement and support each other, while also linking to longer-term development goals. Significant progress has been made over the course CP8 in the humanitarian area, with institutionalization of MISP in relevant GOI regulations, guidelines and systems for health disaster preparedness and response systems. Overall the programme has overall been effective and efficient in its implementation with minor delays and a limited number of carried over and uncompleted activities. It is expected that the programme output and indicators will be achieved by the end of CP8.

In the immediate aftermath of disasters, coordination is one of the most crucial elements to facilitate efficient response. In the humanitarian response area including RH and GBV in humanitarian response, the CP8 evaluation found a range of generally well-functioning coordination mechanisms.

UNFPA was found to have a strong value added in this area given its role and the knowledge products, guidelines and systems it already helped produce. As the guidelines and systems are already integrated in existing structures, a solid foundation for sustainability has been established.

5.2.5. Conclusions from Family Planning findings

The UNFPA CP8 FP programme is very relevant given the need for family planning programme revitalization. It is well aligned with all relevant national, international and UN documents and UNFPA is showing responsiveness by working upstream with key national partners and contributing to the development of essential national guidelines and strategies. UNFPA is well positioned to continue its current upstream work.

The FP programme indicators were found to be not clearly linked through a logical results-based management approach with the output and in re-designing the programme after the MTR this has not improved. The indicators were not a good measure of the activities and cannot be linked up very well to the output. While a significant number of activities have been implemented it is hard to provide an overall assessment in terms of achieving the stated output 5. It is expected that the indicators for 2014/15 that can be implemented under UNFPA control will be achieved by the end of CP8. KKB Kencana requires urgent attention to plan next steps and assess BKKBN commitment. The rights-based FP Strategy under development addresses important programmatic and programme management concerns yet leaves room for further inclusion of more innovative approaches.

UNFPA's support in the form of studies (e.g. supply chain management) and improving programme strategies and guidelines is contributing to enhancing FP programme sustainability as they enhance program ownership and durability. National coordination on FP improved significantly after the establishment of the FP 2020 Coordinating Committee. Strengthening GOI stewardship of the Committee would enhance its sustainability. UNFPA has a strong niche because of its mandate and

close, long term working relationship with BKKBN. UNFPA's value added was clearly recognized by GOI, NGO and UN partners who value UNFPA's FP experience and expertise.

5.2.6 Conclusions from HIV findings

The priorities of the CP8 HIV programme are overall consistent with the National AIDS Strategic and Action Plan (NASAP) 2010-2014, MDG 6, Indonesia's Mid-Term Development Plan (RPMJN 2010-2014), the UNFPA Global Strategic Plan, and contribute to the UNPDF under Outcome 1. The choice of districts and target populations was considered relevant as it was in accordance with the equity principle related to geography, poverty and most vulnerable populations.

The HIV programme has known several delays that affected its programme efficiency and effectiveness in reaching its indicators. Measuring effectiveness over the full course of 2011 through 2014 in terms of achieving program results and progress towards the output and outcome is difficult because of the changes in programme indicators over the course of the CP. Given activity implementation progress, it is expected that both of the revised indicators for 2014/15 will be achieved by the end of 2015.

UNFPA coordinates effectively with national and UN partners regarding HIV, both formally and informally. The coordinating mechanism of UNAIDS eliminates the potential overlap in functions with other UN agencies, and the coordination mechanisms are working well.

Several CP8 HIV activities are laying the foundation for sustainability through the move to upstream work. Perdas and National Strategies developed under CP8 will help guide optimal allocations, and improve the ownership of the national programmes. UNFPA is recognized for its value added in HIV in general and particularly with sex workers. Other competencies in this regard are HIV needs of women and girls related to gender-based violence.

5.2.7 Conclusions from Gender Equality, GBV and Male Involvement findings

The UNFPA CP8 gender programme is highly relevant given its focus on three harmful practices, GBV, early marriage and FGM/C that pose a significant and increasing threat to girls' and women's health and rights. The programme is well aligned with all relevant national, international and UN documents and UNFPA is showing responsiveness by working with key national partners and contributing to the development of essential national strategies and guidelines.

Gender outcome 5 output 7 has had mixed results in terms of effectiveness in reaching its indicators. Full assessment of effectiveness over the complete period of the CP in terms of achieving program results and progress towards the output and outcome is difficult because of the changes in programme indicators over the course of the CP. As the programme has one more year to go and the indicators have been revised into very activity-specific indicators with activities on-going, it is likely that four of five indicators will be achieved. There is concern regarding the likelihood of achieving the fifth indicator on evidence-based information for harmful practices, as related activities have consistently been delayed. Having many project partners through MSS-VAW compromised gender programme efficiency in the early years of the CP. This was addressed after the MTR. While the programme is currently much more streamlined, some activity delays still remain which affects achievement of results.

While coordination through existing mechanisms reportedly improved over the course of CP8, there was mixed feedback on the functionality of the gender coordination mechanisms, and some (actual or perceived) areas of overlap with UNWomen.

UNFPA has been moving further upstream over the course of CP 8 by effectively translating the results of the earlier district-level work into national-level policies and guidelines. This is building a basis for sustainability. UNFPA has strong value added through its close working relationship with the two key national partners, its male involvement work, its regional gender expertise, its multi-sectoral work and its excellent data collection and mining strengths.

5.2.8 Conclusions from Adolescent Sexual and Reproductive Health (ASRH) findings

The priorities of the CP8 ASRH programme are overall consistent with Indonesia's Mid-Term Development Plan (RPJMN 2010-2014), the UNFPA Global Strategic Plan, and contribute to the UNPDF under outcome 1. CP8 is relevant and responsive in addressing the priorities in access to ASRH information and services in several ways that are acceptable within the cultural context. It is early but the Unala programme might be a rich source of lessons learned.

The ASRH programme has known several delays that have affected its programme efficiency and effectiveness in reaching its indicators. Measuring effectiveness over the full course of 2011 through 2014 towards the output and outcome is difficult because of the changes in programme indicators over the course of the CP. It is expected that three of the four revised indicators for the remainder of the CP will be achieved by the end of 2015.

UNFPA coordinates effectively with national and UN partners regarding ASRH, both formally and informally.

Several CP8 ASRH activities are laying the foundation for sustainability through the move to upstream work. UNFPA is recognized for its value added in ASRH as an important player that has a strong youth participation component and emerging private sector franchising experience as well as strong data collection and management.

5.2.9 Conclusions from Improved Population Data findings

All activities of the PD component relating to Outcome 7 on data are relevant to the GOI objectives and are in line with UNPDF priorities. The success of UNFPA to respond to the GOI needs has been due to the good relationship it has been able to develop around the working environment with BPS and other national partners. The success of UNFPA in developing a country programme by involving the partners (GOI) from the beginning is an important conclusion and this methodology should be maintained in the future.

Lack of funding and the question of time constraints with BPS (VAW Survey) and a lack of commitment on the part of government partners (e.g. with the Disability Survey) have figured as the key factors hindering or slowing down the progress of implementation.

The development of DIBI (Data dan Informasi Bencana Indonesia) is a lesson learned about the success of cooperation between GOI (BPS and BNPB) and UNFPA to develop a data information system, though the problem of how to ensure updating the data had already arisen. UNFPA has developed CAPI (Computer Assisted Personal Interviewing) to overcome these problems. It might be

possible to integrate this with GAAP (Population Administration System) developed by the Ministry of the Interior. Collaboration between BPS and BNPB is a good practice which can be expanded to include the Ministry of the Interior.

Capacity building undertaken by UNFPA to strengthen the ability of partners to produce and disseminate census, surveys and other data has been a strategic step and relevant to the need to improve the utilization of data from censuses and surveys in particular.

5.2.10. Conclusions from Cross Cutting Youth Sector findings

Youth is to become a standalone core programme in CP9. Given UNFPA's mandate and comparative advantage in this sector, the CPE team concluded this was an excellent development.

UNFPA already has significant programmes supporting youth engagement and involvement. YAP is an excellent way to get information about young people in Indonesia, especially if the composition of the YAP members can be drawn from as wide a representative group as possible.

Young people are more aware of their needs than they are frequently given credit for and advocacy for their specific needs has to be further addressed. The comments made by articulate and savvy young people (both girls and boys) in the three FGD's set up for the CPE Team showed keen awareness of pressures on adolescents in Indonesia in areas like education, work, marriage and sex and sensible ways with which to deal with them.

Young people nowadays receive a growing amount of their knowledge from outside of the family. The CPE Team noted that the quality and accuracy of this knowledge cannot be easily monitored. More structured information flows through school curricula, work related training, well researched social media campaigns and hotlines could be developed to ensure information about HIV, ASRH, and young people's rights are addressed consistently and in line with ICPD principles.

6. RECOMMENDATIONS

6.1 Recommendations for Population Dynamics

It is recommended that UNFPA should put an emphasis on and assist Government in highlighting the key issues of a demographic dividend and of ageing in the next RPJMN (2015-2019)

UNFPA should improve its recruitment process and initiate at the earliest the preparation of the remaining Monographs envisaged under CP8 – Urbanization; Population Mobility; and Gender for completion in 2015

Efforts should be made to develop a small panel of experts who are well-known for their integrity (as well as their expertise) to serve as a "Board of Trustees" to be available as needed for independent advice on selection of topics to be addressed, and on selection of experts (and stakeholders) to be invited to join the discussions.

It is recommended that UNFPA activities on population and climate change should figure more prominently in CP9.

6.2 Recommendations for Advocacy for ICPD principles and MDGs including South/South Cooperation

It is recommended to build on the GOI's commitment (BKKBN, BAPPENAS, MOH, BPS, MOWECP) towards better use of the ICPD principles and South/South Cooperation, to ensure that the commitments do not stay in writing alone.

Governments tend to pick and chose the elements of these international commitments that they can easily deliver on or are most comfortable with. It is recommended to undertake more joint advocacy work, jointly within the UN system, on some of the 'less comfortable' programme areas, such as MSM, HIV transmission, and ASRH.

On a related note it is recommended to identify champions, within Government, in the private sector or in the celebrity world, to get these messages across and to ground them in development speak rather than in the zone of culture and religion which make them difficult to address.

It is recommended that UNFPA make one final push in year 2015 to help Indonesia achieve the MDG's in health, as it is unacceptable that three out of the four MDGs look likely to be missed.

On a more internal not it is recommended that development of a UNFPA communications strategy and hiring of a designated staff will help in this regard.

6.3 Recommendations for Reproductive Health

UNFPA is encouraged to continue working at the upstream level and take advantage of its close relationship to the MOH and its national leadership role to support the MOH in developing comprehensive strategies for improving MH in Indonesia with a particular focus on ensuring equity for marginalized populations, including paying specific attention to youth.

It is recommended that UNFPA continue working with professional organizations and in particular with IBI, the midwifery association, to advance the midwifery profession and follow-up on the recommendations from the UNFPA-funded midwifery workforce study and use these results as a basis for developing a comprehensive midwifery intervention for CP9 that would contribute in a major way towards helping the GOI in reducing the MMR.

To continue improving the upstream work it is recommended that UNFPA critically assess working modalities as well as define new programme indicators of success.

It is recommended that in the planning stages of CP9 an assessment would be conducted—could likely be done using existing resources—to select research priorities for CP9 to be discussed with all

programme staff and partners as part of the planning process with careful selection of the priorities to avoid overload and ensure that all can be followed-up in terms of advocacy or development of strategies/guidelines.

UNFPA is encouraged to continue coordinating with partners through H4+ and other mechanisms and use its value-added in data collection and mining to its advantage by supporting the MOH in using strong evidence-based data and modelling to contribute to advancing stronger plans for reducing MMR in Indonesia.

With many players in MH UNFPA should find their unique role, using their expertise in the overall national RH programme (e.g. broad midwifery plan and overall youth focus). Given UNFPA's close working relationship with BAPPENAS and the MOH this can also involve supporting MOH with coordination on MH which is increasingly important to ensure that progress will be made in the post MDG agenda towards reducing the MMR.

6.4 Recommendations for MISP in Humanitarian Settings

UNFPA is encouraged to continue strengthening the GBV component in humanitarian programme in coordination with relevant partners, for example through the women-friendly spaces component. UNFPA is also encouraged to further enhance gender mainstreaming in the humanitarian programming, for example by supporting the GOI in ensuring their disaster preparedness and early warning messages are gender sensitive.

Recently UNFPA Indonesia started a new initiative involving youth in humanitarian situations as a beneficiary and a possible volunteer. It is recommended that UNFPA further strengthen and continue this innovative work using the concept note that will be developed to outline plans for CP9 in more detail.

UNFPA is encouraged to initiate early discussions with partners to think about next steps for the humanitarian programme in CP9 to ensure it remains on the cutting edge and builds on UNFPA's strategic advantages in particular in data, gender and youth. This would also include reaching out to new partners using the information that is being developed from the concept note on key actors in humanitarian situations.

Given that midwives are frontline health workers during emergency situations, UNFPA could consider developing a roster of midwives trained in MISP to be deployed in emergency situations.

An area that requires continued attention is the availability of trained staff in MISP. This has already been recognized by UNFPA through their initiative with IBI in inserting MISP in the midwifery pre-service training curriculum. Under the next CP, it is recommended that UNFPA explore similar collaboration with other professional organizations to further enhance programme sustainability.

UNFPA is encouraged to provide additional support to countries in the region in preparing for humanitarian crisis response situations through information exchange and South-to-South collaboration. The data preparedness and sharing initiative between BPS and BNPB may be a strong

case study to share regionally as other countries with a similar disaster profile to Indonesia also look to enhance their emergency preparedness.

6.5 Recommendations for Family Planning

Given the importance of repositioning BKKBN for continued FP leadership in coordination with other stakeholders, it is recommended that UNFPA assess opportunities for broad-based change-management within BKKBN as recommended in earlier studies, including the 2009 study by Hull and Mosley.[40] Such efforts would require involvement of all levels of the organization and carried by institutional change management champions.

Given UNFPA's strengths and comparative advantage on youth, including adolescents, UNFPA is encouraged to work with BKKBN on establishing a Youth Advisory Panel in the organization, similar to the one UNFPA has. By creating such a mechanism for on-going dialog within BKKBN, UNFPA could help set the tone for real change from within with a focus on youth.

In view of the continued critical need for revitalization of the FP programme, it is recommended that UNFPA assess with BKKBN what key issues are blocking the progress of KBB Kencana and its limited success thus far. Such an assessment should clarify whether UNFPA should continue supporting KKB Kencana or whether alternative strategies need to be developed. It is also recommended to enhance MOH involvement in KKB Kencana review and next steps discussion.

UNFPA is encouraged to use the opportunity of the new rights-based FP strategy to ensure greater involvement of the MOH in the FP sector and enhance coordination between BKKBN and MOH. This would involve working closely with both MOH and BKKBN in operationalizing the strategy through Renstras. It is also recommended to carefully assess and encourage greater coordinated private sector involvement in this context.

Given the importance of UNFPA's supply-chain management support to BKKBN and its potential to ensure improved FP services, UNFPA is encouraged to advance these efforts and ensure planning next steps including a scale-up strategy.

In supporting the development of national strategies, UNFPA is encouraged to promote more innovative and evidence-based strategies including using evidence from neighbouring countries shared through South-to-South exchange (e.g. the use of satisfied client's groups to promote LA/PM, use of supportive religious leaders, mass media and social media etc.)

In working with all relevant partners on quality improvement issues it is recommended that UNFPA use lessons learned from previous and existing training centres to ensure the success of the new Centre of Excellence (sustainable trainers, sufficient clients for all methods etc.)

It would be strategic for UNFPA to look into using the change in the BAPPENAS role as part of the new Government, to prepare them to become the leader/convener of the FP 2020 Country

[40] 2009. T. Hull and H. Mosley. 2009. Revitalization of family planning in Indonesia. Bappenas, BKKBN, UNFPA, Indonesia.

Committee or to help support BKKBN in strengthening its role to enhance country ownership and sustainability of this Committee.

While currently the FP2020 Country Committee is primarily used for information sharing about the programmes/activities of the committee members, it is recommended to further strengthen its role into a more strategic one to advance national debates to key FP programme issues such as the authority of midwives to insert IUD and implants.

6.6 Recommendations for HIV

It is recommended that UNFPA support NAC in further strengthening its capacity for robust monitoring to ensure that the decentralized translation of national policies into regulations is in accordance with the national and international guidelines and best practices.

UNFPA has undertaken in innovative advocacy against GBV and on male involvement in HIV programmes. UNFPA is encouraged to thoroughly evaluate these approaches to assess their effectiveness and use this information as a basis for scale-up or replication.

It is recommended that UNFPA initiate discussions and planning for contingencies in the event of NAC restructuring or full integration into MOH or another line ministry.

The use of the private sector in provision of information on HIV needs to be further explored. It is recommended that UNFPA look into this in preparation for CP9.

It is recommended that UNFPA provide assistance to the Ministry of Health in executing the upcoming NAC National Strategy 2015-2019 Action Plan in linking sexually transmitted diseases, SRH and HIV.

In strengthening its prevention strategies for young key affected populations, NAC conveyed its need for youth-disaggregated data. Specifically, NAC wishes to examine the difference in HIV risk for the three age groups disaggregated to 12—15 years, 16—19 years, and 20—24 years. Considering the UNFPA corporate strength in population data, technical assistance in data mining and analysis of young key affected populations can be an avenue for the future partnership with NAC.

The CO took the lead in regional research on a gendered approach to HIV prevention. It is recommended that the CO consider developing a lessons learned document and apply the experiences in other areas/settings.

6.7 Recommendations for Gender Equality, Gender Based Violence and Male Involvement

In the remainder of the current CP and in preparation of the next CP UNFPA is encouraged to:look into the specific focus of its gender equality and GBV programme to ensure alignment to the new UNFPA strategic plan. The gender outcome in the new UNFPA Global Strategic Plan explicitly

mentions reproductive rights and a focus on vulnerable groups. It is recommended to assess how these two areas can be more clearly addressed in CP9 within the focus on GBV in SRH.

It might wish to follow-up on the recommendations of the male-involvement study to prepare for the male-involvement component of CP9.

UNFPA is encouraged to urgently complete outstanding studies on FGM/C in view of the pressing need for data on this issue for the country as a whole, and for UNFPA as a basis for developing CP9 plans in this area. It is recommended that UNFPA work in close collaboration with relevant key stakeholders in the area of FGM/C in preparation, implementation and follow-up of the study to ensure development of the most adapted strategy and policy advocacy.

It is important to continue working closely with BAPPENAS for the remainder of CP8 and into CP9 in supporting the Line-Ministries in translating RPJMN 2015-2019 into five-year Ministerial plans to ensure that relevant language on preventing and combatting GBV is included in these plans in particular as they relate to GBV in SRH.

It is recommended to continue lobbying for funding and implementation of the GBV survey to urgently address the need for data on GBV prevalence. A clear deadline should be set by which the survey should get started. At the same time it is recommended to start exploring an alternative track of including GBV questions into other data collection instruments such as Susenas. While the Susenas might be able to accommodate fewer questions and thus provide a less in-depth picture, it has to the potential to repeat data-collection on a regular basis, which would facilitate tracking of change.

Based on the CP8 evaluation findings, UNFPA is encouraged for CP9 to continue strengthening its work at the upstream level and support GOI in developing comprehensive strategies and mechanisms for combatting GBV building on the results of projects and studies conducted thus far. In terms of developing new knowledge documents, UNFPA is encouraged to carefully select further gender studies after assessment of key policy priorities and in close coordination between all units following the newly developed internal guidelines to ensure that studies are conducted based on analysis of the overall policy context and to ensure that all studies can be followed up with upstream policy advocacy work.

It would be critical to up-skill all relevant programme staff on gender and male-involvement and provide more explicit guidance on how gender and male involvement should be integrated across all programmes. While the gender programme staff should play a support role in this area towards all programmes, it should be the responsibility of all programme staff to ensure gender and male-involvement are included. Only when staffs have a better understanding of gender and male involvement can they assess opportunities to develop and integrate gender and gender transformative approaches into CP9.

There would be a need to assess future needs for upstream policy support in GBV for SRH to a limited number of key partners in preparation for developing a focused programme for CP9 so that these key national partners can further strengthen their role in GBV prevention and response in the health sector.

It is recommended to strengthen the existing coordination mechanisms and use UNFPA's value added in data collection and mining to its advantage by supporting the key partners in using sound evidence-based data and modelling to help contribute to advancing stronger plans for reducing GBV in Indonesia.

6.8 Recommendations for Adolescent Sexual and Reproductive Health

Given the emphasis on youth in the new UNFPA Global Strategic Plan, it is recommended that UNFPA re-assess how to frame its youth and ASRH programmes in Indonesia, in view of the importance of the country, the size of its overall and youth population. The policy advice that UNFPA will be providing during the next CP will be of great strategic value, which is why organizational and programme positioning is crucial.

While UNFPA's current approaches show relevance and address cultural sensitivities; in view of the importance of ASRH and the size of the adolescent population, UNFPA is encouraged to continue looking for openings and opportunities in the policy debate to advance strengthened ASRH information and service delivery through GOI structures that would allow more broad national coverage.

Given the potential importance of the Unala project findings for ASRH programming in the private sector in Indonesia, UNFPA is encouraged to ensure detailed monitoring and evaluation as the project moves forward. In view of the delays in the start-up of Unala, UNFPA is encouraged to start early discussions to find an organization to take over and further scale the project to ensure its future success and contribution to national and international lessons learned.

In view of the positive experience of involving the Princess of Yogyakarta in the Unala project, UNFPA is encouraged to look for other champions that are willing to support the cause of ASRH and help reduce the sensitivity this issue in country.

In the context of the NRM Project, UNFPA is encouraged to follow-up on the interest of BAPPENAS to support UNFPA in taking the reference materials to the Ministry of Education.

With regard to YAP, it is recommended for UNFPA to further expand YAP membership in underdeveloped regions and look into ensuring a broader reach of young people through social media. One option could be to explore collaboration with UNICEF that has already developed a social media platform.

6.9 Recommendations for Population Data

It is recommended that UNFPA should be involved in improving the CRVS through support to the Ministry of Health and the Ministry of Home Affairs in working hand in hand to improve the quality and coverage of mortality and COD data
It is also recommended that UNFPA should advocate for the collection of further data on VAW and Disability. It would be ideal to have specialized surveys for each of these but if this is not possible due to lack of funding or/and the foreseeable workload of BPS then possibilities of collecting relevant information through existing surveys such as SUSENAS should be explored.

UNFPA should fully support the conduct of the Inter-Censal Population Survey planned for 2015 in as many ways as it can.

In order to fill the gap between data provided by BPS in the data base developed by BNPB, two activities would help. Firstly, as suggested by BNPB, training for BPS staff at local level on updating data using a system which has now been developed by BNPB. Secondly it is also recommended to

facilitate BNPB to make an MOU with the Ministry of Home Affairs so that the system in the Ministry (Dirjen Dukcapil) can be integrated into the system developed by BNPB for disasater mitigation.

6.10 Recommendations for the Cross Cutting Youth Sector

It Is recommended that programmes that support youth engagement and involvement like YAP be expanded. Using social media may increase the geographical and content range of the programme inputs.

It is recommended that advocacy for young people about addressing negative behaviour towards GBV, early child marriage, and FGM/C be addressed more systematically through social media and through other GOI programmes as well as in faith based Islamic schools with young Islamic leaders.

Given that young people nowadays receive a growing amount of their knowledge from outside of the family, and the quality and accuracy of this knowledge cannot be easily monitored, it is recommended that UNFPA work with a wide variety of GOI and CSO partners to create a variety of ways to provide structured information flows through school curricula, work related training, well researched social media campaigns and hotlines on those issues that affect young people in Indonesia today..

ANNEXES

Annex 1 CPE Terms of Reference

I. Introduction

The Indonesia Country Office is planning to commission the evaluation of the UNFPA Indonesia Partnership under the Eighth Country Programme (2011-2015) in 2014 as part of the UNFPA biennial budgeted evaluation plan (DP/FPA/2014/2), 2014-2015 approved by the UNFPA executive board in 2014, and in accordance with the UNFPA 2013 evaluation policy (DP/FPA/2013/5).

The year 2014 marks the fourth year of the 5-year partnership between UNFPA and the Government of Indonesia under the Eighth Country Programme Action Plan, where a timely evaluation of the country programme is required in order to feed into the development of a new country programme document for Indonesia by the end of the year that will be submitted for proposal to the Executive Board in early 2015.

The CPE will look closely at the seven outcomes and nine outputs of the country programme in the thematic areas of population dynamics, advocacy, reproductive health, Family Planning, HIV/AIDS Prevention, gender equality, adolescent sexual reproductive health and youth, and population data availability and utilization. The results of these outcomes and outputs are aimed at contributing to the achievement of development targets under the UNFPA mandate and strategic priorities on advancing the ICPD Programme of Action and the MDGs, particularly Goal 5 on Maternal Health.

The results of this evaluation are intended for UNFPA, Government Partners, as well as other development partners such as CSOs/NGOs, in which evaluation findings will be considered for lessons learned and capturing good practices from past implementation as well as in determining the way forward for the country programme partnership.

The evaluation will be managed by the Country Office and conducted by a team of independent evaluators, in close consultation with the evaluation reference group.

II. Context

An archipelago state consisting of more than 17,000 islands with an ethnically diverse population of over 240 million, Indonesia has achieved relative political and macroeconomic stability. It has graduated to the lower Middle Income Country (MIC) status, is a member of the G20, and appears to have weathered the worst effects of global financial and economic crises. Unemployment has dropped from a peak of 11 percent in 2005 to just over 8 percent in 2009 and poverty rates, while still high, have gradually decreased. Indonesia ranks 111 out of 177 countries in the 2009 Global Human Development Report. The 2009-10 global competitiveness report ranked Indonesia 54 out of 133 countries, still well behind Singapore, Thailand, Malaysia, India and China, but ahead of Brazil and Mexico

The population situation in Indonesia is changing rapidly, and is characterized by declining fertility, increasing life expectancies, and accelerated migration to urban areas. Family planning, maternal health, and HIV-prevention remain highly relevant and figure prominently in UNFPA's work in Indonesia, along with the continuing focus of these programmes on women and youth. Indonesia has 64 million young people aged between 10-24 years and 49.4% of its population live in urban

areas; 57.9% of women use a modern method of contraception and 11.4% of women have an unmet need for family planning; the Maternal Mortality Rates are 359 deaths per 100,000 live births and 48% of every 1,000 births are among adolescents between the ages of 15 to 19; the HIV prevalence rates for Indonesia is 0.22%, with a 2.4% prevalence rate in the Province of Papua for the population between the ages of 15 and 49. Ageing, climate change, and the use of population data in planning evidence-based policy responses by governments and civil society organizations are also part of UNFPA's work in Indonesia.

Along with shifts in the size, composition and distribution of Indonesia's population, the country is getting wealthier and education levels are increasing. Indonesia has shown significant progress in both social and economic development in the past 10 years, although it is also recognized that there continues to be regional disparities and inequalities in the level of benefit sharing of development gains. Indonesia's emergence as a middle-income country means that UNFPA is changing the way it operates in a country that no longer requires service delivery support. UNFPA's work in Indonesia now focuses on upstream policy dialogue, advocacy, knowledge management and South-South Cooperation.

The 2011-2015 Eighth Country Programme (CP8) between the Government of Indonesia (GOI) and UNFPA, the United Nations Population Fund, provides the framework for UNFPA's work in Indonesia.CP8 supports five of the eleven national priorities in the GOI's Medium-Term Development Plan (RPJMN) 2010-2014: bureaucracy and governance reform; education; health; poverty reduction; and environmental protection and natural disaster management. CP8 also supports the three crosscutting objectives of the RPJMN: sustainable development, good governance, and gender equality. The GOI's priorities and the economic, social and cultural context in Indonesia must continue to be the main influencing factors in determining UNFPA's work supporting Indonesia's development agenda.

CP8 is operating in a dynamic context. Indonesia, as a newly emerging middle-income country and a strengthening democracy, has been enjoying high economic growth and a gradual reduction in poverty. Indonesia is projected to have the 6th largest economy in the world by 2050.

Initially, in the signed CPAP for 2011-2015 (signed on February 2011) CP8 comprised of three programme outcomes: reproductive health and rights, population and development, and gender equality. The adoption of UNFPA's Revised Strategic Plan at the global level in 2012 required the realignment of CP8 outcomes and outputs. In consultation with the GOI, CP8 was modified to comprise seven outcomes and nine outputs that will be implemented up until 2015.

CP8 focuses on the following seven outcomes and nine outputs[41] that address the following key issues and challenges:

[41] These are brief descriptions, a full programmematic results framework will be provided for the evaluation team.

Outcome	Outputs
1. Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.	1. Strengthened national capacity to incorporate population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in other relevant national plans and programmes
	2. Strengthened national capacity to advocate ICPD principles and MDGs including South-South Cooperation
2. Increased access to and utilization of quality maternal and newborn health services	3. Strengthened national capacity in establishing policies for improving universal access to reproductive health
	4. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings
3. Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions	5. Strengthened national capacity for a comprehensive national family planning programme that addresses unmet needs.
4. Increased access to and utilization of quality HIV- and STD-prevention services especially for young people (including adolescents) and other key populations at risk	6. Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV
5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy	7. Strengthened national and sub-national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings
6. Improved access to SRH services and sexuality education for young people (including adolescents)	8. Improved programming for essential sexual and reproductive health services to adolescents and young people
7. Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality	9. Enhanced national and sub-national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings

III. Reviews and assessments prior to the 2014 CPE

In 2013, a rigorous Mid-Term Review was carried out aimed at assessing to what extent the country programme is on-track in achieving its targets, understanding the challenges and bottlenecks of implementation, and determining corrective action for the remaining part of the programme cycle. The Mid-Term Review results also provided the grounds to significantly change UNFPA modes of engagement with government partners, particularly sub-national partners, in order

to comply with the new Government Regulation on Foreign Aid Management.[42] In 2014, independent and thematically specific assessments will be carried out prior to the country programme evaluation to assess: (a) CP8 South-South Cooperation Initiatives, under the output on advocacy, and (b) CP8 Male Involvement Initiatives, under the output of gender equality. The results of these reviews and assessments should also be incorporated and weaved into the findings of the Country Programme Evaluation for CP8.

IV. Evaluation purpose, objectives and scope

Purpose

The 2014 CPE evaluation serves 3 main purposes:

1. To demonstrate accountability to stakeholders on performance in achieving development results under the UNFPA-GOI Eighth Country Programme Action Plan.
2. To provide the evidence base for decision-making, particularly in the development of the new UNFPA-GOI country programme strategic planning documents as well as for the development of a new UN framework through the UNPDF 2016-2020.

Objectives

The ***specific*** objectives of the evaluation are:

1. To provide an independent assessment of the progress and performance of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme, incorporating findings from reviews and assessments carried out prior to the CPE.
2. To provide an assessment of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results;
3. To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle.

Scope of the evaluation

The evaluation will evaluate performance and results from the following thematic areas of the Country Programme Action Plan from 2011 to 2014: Population and development/population dynamics, advocacy, reproductive health, family planning, HIV/AIDS prevention, gender-based violence and harmful practices, adolescent sexual reproductive health and youth, and data availability and utilization. Recommendations from the evaluation should also inform the direction of the next country programme within Indonesia's dynamic context, within the UNFPA mandate. The evaluation will cover all activities planned and/or implemented during the period under evaluation

[42] Based on the enactment of the Government of Indonesia Government Regulations No.2 and No.10 on foreign aid management in early 2013, foreign/multilateral development agencies are no longer allowed to transfer funds directly to sub-national partners, but must channel the funds to a central ministry/government institution, where sub-national partners are considered as beneficiaries instead of implementing partners—which was the initial mode of engagement with district partners when the CPAP 2011-2015 was first signed. After the 2013 MTR, a number of UNFPA activities at the district level are managed by central IPs. A number of initiatives had to come to a halt as there were accountability challenges due to capacity limitations foreseen by central IPs to carry out work in the districts.

within each programme component. Besides the assessment of the intended effects of the programme, the evaluation also aims at identifying potential unintended effects.

The above thematic areas will be evaluated from the work that began in 2011 until mid-2014. Since the country programme experienced a realignment to the 2012 Revised Strategic Plan—which was considered mandatory according to UNFPA corporate policy, this means that the evaluation will look at how the results were achieved before the realignment exercise (2011-2012) when the programme framework was broken down into three outcomes of population and development, reproductive health, and gender equality, and after the realignment exercise (2012-current) when the programme framework was broken down into the seven outcomes and nine outputs mentioned in the previous section on context.

Prior to this evaluation, independent and thematically specific assessments will be carried out, namely on (a) South-South Cooperation (under the output on advocacy and south-south cooperation or Atlas Project ID U123), and (b) Male Involvement (under the output on Gender Equality or Atlas Project ID U513). The evaluation team will be required to incorporate the findings and recommendations resulting from the three assessments in the overall evaluation findings and report.

In order to inform the country office on the way forward for the country programme that will be used to feed into the development of the Ninth Country Programme, the team will also be required to address the issue of strategic positioning during consultations with stakeholders in the design and final reports of the evaluation.

V. Evaluation criteria and evaluation questions

In accordance with the methodology for CPEs as set out in the Evaluation Office Handbook on How to Design and Conduct Country Programme Evaluations (2013)[43], the evaluation will be based on a number of questions covering the following evaluation criteria:

(1) Relevance, including responsiveness
(2) Efficiency
(3) Effectiveness
(4) Sustainability

To analyze strategic positioning, there are two evaluation criteria that the UNFPA Evaluation Handbook requires

(1) Coordination with UNCT
(2) Added value

Evaluation questions will attempt to address these six evaluation criteria. A number of key evaluation questions (limited to a maximum of ten), in which the evaluation team can build on to expand, are:

Relevance, including responsiveness:

1. To what extent is the UNFPA support of the country programme, adapted to the needs of the population and in line with priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD PoA? To what extent is it contributing to the Indonesia UNPDF?

[43]UNFPA Handbook "How to Design and Conduct a Country Programme Evaluation at UNFPA", October 2013, http://www.unfpa.org/public/home/about/Evaluation/Methodology

2. To what extent has the CO been able to respond to changes in national needs and priorities or to shifts caused by crisis or major political changes, as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?

Effectiveness:

2. To what extent have the expected results of the programme been achieved or likely to be achieved? What were the factors that influenced the achievement and/or the non-achievement of the results?
3. Issues to be covered:
    - Upstream engagement particularly on (a) providing policy advice and promoting policy dialogue, (b) evidence-based advocacy, (c) knowledge management, and (d) south-south cooperation? What are the factors that influence effectiveness/ineffectiveness in upstream engagement?
    - Oversight mechanism of the country programme: (a) coordination role of government with regards to country programme performance and implementation; (b) oversight mechanisms established for the country programme (the technical working groups and district working groups, national coordination team, national advisory board);
    - UNFPA support (financial, administrative, and technical) to its national/sub-national partners in the implementation of the country programme; (d) UNFPA capacities mobilizing high-quality international and national technical expertise to support partners in programme implementation.

Efficiency:

4. To what extent were programme resources (funds, expertise, time, etc.) converted into results?
5. To what extent have UNFPA capacities provided financial, administrative, and technical backstopping *efficiently* to its national/sub-national partners in the implementation of the country programme? What could have been done differently to be more efficient, and would this have been possible seeing the context in which the programme was run?
6. To what extent do current UNFPA policies and procedures enable or hinder country office efforts to carry out upstream work such as policy dialogue and the provision of policy advice?

Sustainability:

3. To what extent are the results of UNFPA supported activities likely to last after their termination?
4. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and durability of effects?

UNCT Coordination:

4. To what extent has the UNFPA CO contributed to the functioning and consolidation of UNCT coordination mechanisms?
5. To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to address potential overlaps?
6. To what extent does the UNPDF reflect the mandate of UNFPA in Indonesia? Are there UNPDF outcomes/outputs that clearly belong to UNFPA mandate that has not been attributed to UNFPA?

Added value:

4. What are the main UNFPA comparative strengths in the country, in comparison with other UN agencies? Are these strengths the result of UNFPA corporate features or a specific CO feature?
5. What is UNFPA's added value as perceived by national stakeholders?
6. What is UNFPA's role in the global positioning of Indonesia *vis a vis* the MDGs and the Post-2015 Development Agenda?

What could be extracted from the current modes of engagement that could be lessons learned for the upstream engagement for the next country programme? The questions listed above are only indicative; the final set of evaluation questions will be determined during the design phase with the Design Report.

VI. Methodology and approach

Data Collection

The evaluation will use a multiple-method approach including: Document review, and stakeholder analysis

- Group and individual interviews
- Focus Group Discussions
- Field visits, as seen appropriate
- Consultation with international and national experts on emerging issues in Indonesia

Validation mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected. Besides a systematic triangulation of data sources and data collection methods and tools, the validation of data will be sought through regular exchanges with the CO programme managers, stakeholders, and expert groups, a discussion on preliminary findings with the CO or the reference group, internal evaluation team meetings (to cross check findings), and focus group discussions—as seen necessary.

Stakeholder participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation team will perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

VII. Evaluation process and expected outputs/deliverables

iv. Design phase – (output: design report)
    a. Entry meeting with the Representative/senior management.
    b. Document review of relevant documents for the CPE, including previously conducted evaluations, i.e. the three independent and thematically-specific assessments (on South-South Cooperation, Male Involvement, and Strategic Management Review)
    c. Stakeholder mapping – mapping exercise that includes state and civil society stakeholders relevant to the evaluation (stakeholder map will be provided by the evaluation manager to the team during design phase).
    d. Analysis of the intervention logic of the programme.
    e. Finalization of list of questions in the form of an evaluation matrix
    f. Data collection and analysis strategy, and concrete work plan.
    g. Provision of input from the Evaluation Reference Group and senior management on the Design Report.

h. Finalization of agenda (CPE Agenda template will be provided to evaluation team during design phase).
i. Inception workshop to the country office.

v. Field phase – (output: debriefing presentation on the preliminary results of the evaluation and testing conclusions)
    a. 4-5 week in-country mission to collect and analyze data, mainly at the national level (in Jakarta).
    b. The agenda for consultations will be proposed and finalized during the inception seminar.
    c. Presentation to country office on preliminary findings.
    d. Presentation to National Coordination Team on preliminary findings. This will involve government partners and other stakeholders that are relevant to the country programme.
vi. Synthesis phase – (output: first draft final report).
    a. Evaluation team to participate in an Expert Group Meeting, where high level international and national experts provide an overview of emerging issues and how these will can be addressed given the political, economic, and cultural changes underway. This meeting will provide the evaluation team with a greater understanding of which the Eighth country programme is and will be working in for future programmes.
    b. Incorporate input from debriefing meeting and expert group meeting to develop the **first draft**.
    c. Comments from the evaluation reference group (consolidated by the evaluation manager) and from senior management will be used to develop the **second draft**.
    d. The second draft will be used for the in-country dissemination seminar (UNFPA, and other CP stakeholders). Comments from this seminar will be used to develop the **final report**.

Based on the breakdown of the evaluation process, the expected outputs and deliverables are:

1. CPE design report, according to the design report structure, with the development of an evaluation matrix (based on agreed evaluation questions), and a draft CPE agenda.
2. Presentation of the design report for the inception seminar (country office)
3. Presentation on preliminary results of the evaluation to country office
4. Presentation on preliminary results of the evaluation to national partners
5. Draft thematic/technical reports from national consultants with oversight from the team leader that will feed into the final report.
6. First draft of the final report
7. Final report, and executive summary

VIII. Work Plan/ Indicative timeframe

Details of Activities	Month One				Month Two				October				November			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Prepare TOR																
Feedback from ERG																
Feedback from APRO and EO																
Request for Proposal processes (advertise)																
Recruitment of institution																
Delivery of design report																
Presentation of design report at inception seminar																
Approval of design report																
Completion of agenda for in-country meetings and interviews																
Preparation for interviews and adjustment in agenda																
Review of AWPs, previous evaluations/reviews, and other secondary sources																
Data collection																
Data analysis, triangulation (teamwork)																
Presentation of preliminary results to CO																
Presentation of preliminary results to National Partners																
Expert Group Meeting (evaluation team to participate in)																
Delivery of first draft of evaluation report																
Comments from CO and ERG (including APRO)																
Delivery of final evaluation report																

Phases/deliverables	**Dates**
1. Preparatory Phase Drafting of the ToR Approval of the ToR by the EO Selection and recruitment of the evaluation team	May 2014 June 2014 July 2014
2. Design Phase Design mission Submission of the draft design report Comments from the ERG Final design report	September-October 2014
3. Field Phase Preliminary findings to CO and Government partners	October2014
4. Reporting phase - 1st draft final report - Comments from the ERG - 2nd draft final report - Stakeholder workshop - Final report	October-November 2014

IX. Composition and qualifications of the evaluation team

The evaluation team will consist of one international team leader, and four national technical experts.

- One (1) international consultant as team leader and lead report writer for the Country Programme Evaluation that will be tasked:
    - To lead the evaluation team members (national consultants) throughout the evaluation process.
    - To discuss and agree on specific deliverables of the team members.
    - To carry out a desk review of programme documents, and to make sure that team members have properly reviewed the programme documents as relevant to their thematic areas.
    - Write up the inception/design report, and to lead the evaluation team both in consolidating a team work plan and division of responsibilities and in oversight of the team's work.
    - To carry out interviews with programme stakeholders, in the form of one-on-one interviews or focused group discussions in the context of the evaluation. Audience with stakeholders may be conducted jointly with the other team members to a particular stakeholder, to ensure cross-cutting perspectives, triangulation, and schedule effectiveness.
    - To carry out consultations and group discussions with programme stakeholders.
    - To review the policy, advocacy, as well as youth and adolescents component of the country programme.
    - To provide quality assurance on the evaluation team's work and to report on the evaluation team progress throughout the duration of the consultancy.
    - To present the inception plan, and preliminary findings of the review to UNFPA country office and partners.
    - To consolidate and refine the evaluation report incorporating the work of team members as well as other assessments that will feed into the evaluation. Working closely with relevant country office staff, the team leader will incorporate findings from assessments that have been undertaken prior to the evaluation, mainly:
        - Male involvement assessment
        - South-south Cooperation assessment
- To present findings to reference groups at strategic points throughout the evaluation.
    - Team Leader qualifications:
        - *At least a Master's degree in health, social studies, development or other related fields.*
        - *Demonstrated experience in project/programme management.*
        - *Demonstrated experience in leading programme evaluations.*
        - *At least 7 years of experience in conducting programme design and management reviews, especially leading a team.*
        - *Knowledgeable of the UNFPA-related issues of policy, advocacy, and knowledge management.*
        - *Knowledgeable of the broader issues related to UNFPA's mandate on youth and adolescents—including adolescent sexual reproductive health, population, reproductive health, and gender issues.*

- *Knowledgeable of corporate UNFPA policies relating to programme management.*
- *Excellent team leadership skills.*
- *Excellent written English for report writing.*
- *Excellent analytical skills.*

- Four National and/or consultants specializing in (a) reproductive health (including in emergencies) and family planning, (b) adolescent sexual and reproductive health and HIV Prevention,(c) gender equality and (d) population dynamics will also be recruited to:
  - Work closely with and assist the team leader in work planning (scheduling, division of labor, responsibilities) for the evaluation, in reporting on progress made from time to time, in seeking guidance where necessary, and in consolidation of the inception report.
  - Conduct desk reviews of programme documents.
  - To discuss and agree on the specific deliverables throughout the evaluation with the team leader.
  - Participate in and report to the team leader results of technical working group consultations that are held in the context of the evaluation.
  - To discuss with selected, relevant partners, in the form of one-on-one interviews or focused group discussions, in the context of the evaluation. This may entail joint interviews with other members of the evaluation team to a particular stakeholder, to ensure cross-cutting perspectives, triangulation, and schedule effectiveness.
  - Participate in the presentation of preliminary findings to the country office and national stakeholders.
  - To incorporate comments and feedback from the country office and national stakeholders in respective thematic reports for the evaluation team leader.
  - Provide comments to the final draft of the evaluation report.
  - Work closely with UNFPA Programme Officers throughout the evaluation.
  - To incorporate findings of assessments prior to the evaluation, namely the male involvement and South-South Cooperation assessments, into the relevant thematic reports from national consultants that will be submitted to the team leader.
  - Provide substantive contribution to the evaluation report based on respective thematic areas evaluated, with oversight from team leader.
- Consultant qualifications:
  - ***Reproductive health and family planning Consultant***
    - *Advance/Post Graduate degree in Public Health or related field*
    - *At least 10 years experiences in reproductive health and family planning.*
    - *Knowledgeable in reproductive health and family planning issue, as well as health systems in Indonesia. Knowledge of reproductive health in emergency contexts (MISP) is an asset.*
    - *Understanding of programming on reproductive health issues.*
  - ***Population Dynamics Consultant***
    - *Advance/Post Graduate degree in the field of demography, population, statistics.*
    - *At least 10 years demonstrated experience with Population and Development Strategies in the country, including population and poverty issues, national data collection—for example surveys and censuses, national statistical systems*

especially local statistical databases, policy research in general (how to select topics, methodology, and dissemination) covering pertinent issues in the field of population, reproductive health and gender.

- *General knowledge on other population issues, such as population dynamics and its relationship with development, such as youth, demographic bonus, ageing, and migration issues, or fertility and mortality.*
- *Understanding of programming on population issues.*

- ***Adolescent Reproductive Health and HIV Consultant***
  - *Master's degree in health, social, development or other related fields*
  - *At least 5 years of demonstrated experience working in the field of reproductive health for young people and HIV Prevention*
  - *Proven ability to work with diverse population in respectful, non-judgmental and ethical sound manner.*
  - *Familiarity working with government and CSOs;*
- ***Gender Equality Consultant***
  - *Master's degree in Health, Social, Development or other related fields*
  - *Demonstrated experience in project/programme management at national level.*
  - *A minimum of 5 years working experience with Gender Based Violence issues (especially in prevention and services management and/or advocacy) is required.*
  - *Knowledgeable on the issues of gender, GBV, and human rights, including its pertinent national and global commitments.*
  - *Understanding of programming on gender issues.*

- ***All of the consultants*** *should also demonstrate:*
  - *Experience in evaluation, consultancy work and research undertakings*
  - *Excellent oral and written English*
  - *Excellent analytical skills*
  - *Excellent interpersonal skills*
  - *Good computer skills*
  - *Excellent in team work*

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

X. Duration of contract and terms of payment

Overall, the evaluation team will be working from September to November (from start to write-up of report). Funds will be transferred to consultants that make up the evaluation team upon submission of the following deliverables:

- Presentation of preliminary findings to the country office and national stakeholders: **20% from total consultancy fee amount based on respective consultant contracts.**
- First draft of the CPE report (incorporating input from country office and national stakeholders): **20%from remaining balance consultancy fee amount (after first tranche) based on respective consultant contracts.**

- Final draft of the CPE report (incorporating revisions from different stakeholders and upon clearance from UNFPA senior management): **60%from remaining balance consultancy fee amount (after first tranche) based on respective consultant contracts.**

XI. Management and conduct of the evaluation

The *evaluation manager* is the country office M&E Officer and will manage the overall evaluation, and will carry out the following functions:

- To develop the TOR of the Evaluation Reference Group, and correspond with the reference group members at strategic points throughout the evaluation
- To develop the TOR for the Country Programme Evaluation, with support from APRO and HQ
- To develop the technical evaluation criteria of the Request for Proposal, working together with the country office operations team
- To provide/facilitate the provision of documents and other resources available in the country office
- To support the evaluation team in the development of the evaluation design report, which includes the provision of tools and templates (i.e. stakeholder mapping tool, evaluation matrix, CPE Agenda)
- To provide ongoing feedback for quality assurance during the preparation of the final report
- To be the first point of contact and bridge the communication between CO staff, senior management, and evaluation team throughout the evaluation
- To facilitate exchange with international and national experts on emerging issues in Indonesia to enrich the CPE to validate and triangulate findings, and as a basis for recommendations for the next country programme.

The *evaluation team* is the team that will be tasked with carrying out the evaluation, and will carry out the following functions:

- To develop a design report/inception report on the conduct of the evaluation that responds to the terms of reference of the CPE; this includes the development of a clear work plan and team division of labor. The design report should also include the incorporation of independent and thematically-specific assessments (mainly on South-South Cooperation and Male Involvement) that will be carried out prior to the CPE.
- To carry out a desk review of the necessary documents for the evaluation, and to flag the evaluation manager for any necessary documents throughout the evaluation
- Working closely with CO staff, to finalize and implement the agenda for interviews with stakeholders
- To develop the tools needed for the evaluation: questionnaires/question list; FGD/individual interview structure, findings matrix, presentations, etc.
- To develop presentations for the sharing of preliminary findings for CO and national partner audiences
- To develop output-specific reports and presentation (national consultants who are responsible for specific thematic areas), as necessary, with an agreed structure with the team leader and evaluation manager.
- To participate in the Experts Group Meeting. This meeting will be organized by UNFPA and it is aimed at informing the evaluation team on emerging issues in Indonesia (particularly

UNFPA and ICPD related issues), as a forum to validate and triangulate findings, as well as to enrich the CPE report and recommendations that will feed into the development of a new country programme.

- To develop the consolidated final report, incorporating the results of independent and thematically-specific assessments (on South-South Cooperation and Male Involvement).

The *reference group* composed of representatives from the UNFPA Country Office, BAPPENAS as Government Coordinating Agency, UNFPA regional office and headquarters, will have the following functions:

- To provide input on the terms of reference for the evaluation, developed by the evaluation manager
- To provide input and facilitate the provision of the information and documentation on the programme
- To facilitate access of the evaluation team to key informants for the evaluation
- To provide input on the reports produced by the evaluation team, including the design report as well as draft evaluation reports
- To advise on the quality of the work done by the evaluation team
- To provide feedback on findings, conclusions and recommendations from the evaluation into future programme design and implementation

The *UNFPA senior management* which consists of the Representative, the Assistant Representative, and the International Operations Manager, will provide oversight and guidance to the overall evaluation exercise, and determine the management response towards the results and findings of the evaluation that has undergone a thorough multi-stakeholder consultation process.

Annex 2 List of persons / institutions met

Name	Job Title	Institution
JAKARTA (Face to face)		
UN AGENCIES		
Mr. Jose Ferraris	Representative	UNFPA
Ms Martha Santoso Ismail	Assistant Representative	UNFPA
Ms Imma Batubara	NPO RH	UNFPA
Ms Rosilawati Anggraeni	NPO Humanitarian	UNFPA
Mr. Samidjo	NPO Advocacy	UNFPA
Ms. Margaretha Sitanggang	NPO ASRH	UNFPA
Mr.Angga Dwi Martha	Youth Advocate	UNFPA
Ms Arya	ASRH UNV	UNFPA
Ms. Oldri Mukuan	NPO HIV	UNFPA
Ms Ruth Gloria Saragih	NPA HIV	UNFPA
Mr. Richard Makalew	NPO PD	UNFPA
Ms. Risya Kori	NPO Gender	UNFPA
Ms Nur Aisyah Usma	Gender section, UNFPA	UNFPA
Ms Ariyanti Rianom	M&E	UNFPA
Ms Elisabeth Sidabutar	PMU	UNFPA
Mr. Mhd Subarkah	M&E	UNFPA
Ms.Dwi Faiz	OIC/Programme Officer	UN Women
Ms. Severinne Leonardi	Youth and HIV and AIDS Specialist	UNICEF
Ms. Annisa Elok Budi	Focal point for Adolescent Health	UNICEF
Mr. Douglas Broderick	Resident Coordinator	UNRESCOR
Ms. Tini Setiawan	Adolescent Health NPO	WHO

GOVERNMENT		
Ms Nina Sardjunani	Deputy for Human Resources and Culture	BAPPENAS
Ms Suharti	Director for Population, Women Empowerment and Child Protection	BAPPENAS
Ms Sri Rahayu	FP Private Sector	BKKBN
Mr. Julianto	Deputy	Ex BKKBN
Mr. Sanjoyo	Deputy, Research and Development	BKKBN
Ms. Siti Fathonah	Head of Centre for International Partnership and Training	BKKBN
Ms. Ambar Rahayu	Chief Secretary & Deputy, Family Planning	BKKBN
Ms. Agus Wibowo	Head of Data division	BNPB
Ms. Indra Surbakti	Head of Sub-Directorate for Social Security	BPS
Ms Razali Ritonga	Director, Population Statistic and Manpower	BPS
Dr. Ms. Elizabeth Jane Soepardi	Director, Children's Health	MOH
Dr. Mr. Made Diah Yosi	Head of Section for Health of Children School-Age Children and Teenager	MOH
Dr. Ms. Gita Maya	Director, Maternal Health	MOH
Ms. Wara P.Osing	Head of Sub-directorate for Reproductive Health	MOH
Dr. Ms. Siti Nadia Wiweko	Head of Sub-directorate for AIDS	MOH
Dr. Ms. Christina Manurung	Head of Sub-directorate of Family Planning	MOH
Dr. Mr. Lukas	Head of Sub-diractorate of Pregnancy	MOH
Dr. Ms. Rusmiyati	Head of Sub-diractorate for Delivery and Obstetric Complications	MOH
Ms. Sri Danti Anwar	Deputy Minister	MOWECP
Dr. Ms Fonny	Deputy Programme Officer	NAC
Dr. Maya Trisiswati	Secretary	NAC
Ms Desti Murdiana	Commissioner	NCVAW
CSO/ACADEMIA		
Ms Indra Supradewi	Trainer, Education Department	IBI

Ms Ann Hyre	Executive Direcor EMAS Programme	John Hopkins Project/USAID
Ms. Inang Winarsa	Executive Director	PKBI
Mr. Wahyu	Managing Director	URDI
Mr. Pardamean Napitu	National Coordinator of Indonesia Network of Sex Workers	OPSI
Mr. Simplexius Asa	Legal Expert and Consultant for Perda Programme	Academic
Mr* Respondent	Members of Youth Advisory Panel	YAP
Ms* Respondent	Members of Youth Advisory Panel	YAP
Ms* Respondent	Members of Youth Advisory Panel	YAP
Ms* Respondent	Members of Youth Advisory Panel	YAP
Ms* Respondent	Members of Youth Advisory Panel	YAP
Dr. Mr. Joedo Prihartono	Executive Director	YKB
PRIVATE SECTOR		
Ms Nurlan	Director/Owner	PT.Angsa Merah
Ms. Ade Zam-Zam Prasasti	Project Manager for Partnership with UNFPA	Yayasan Angsa Merah
JOGJAKARTA (Field Visit, face to face and by email)		
UN AGENCY		
Dr. (Ms) Lucia Sri Rezeki	Social Franchising Officer	UNFPA/Unala
Ms Martha Dewi	Youth Officer	UNFPA/Unala
Ms Rahayu Aji Asmoro	Communication and M&E Officer	UNFPA/Unala
PRIVATE SECTOR		
Dr. Suhardi	GP taking part in Unala network	Unala
Dr. Endar	GP taking part in Unala network	Unala
CSO/ACADEMIA		
Princess I Gusti Pembayun	Benefactor, Advocate for youth	Jogjakarta Royal Family

Mr*. Respondent	Member of Youth Advisory Panel (inputs received by email)	YAP
Mr. Unala Stakeholder No1*	ASRH Client	N/A
Mr. Unala Stakeholder No2*	ASRH Client	N/A
Mr. Unala Stakeholder No3*	ASRH Client	N/A
Mr. Unala Stakeholder No4*	ASRH Client	N/A
Mr. Unala Stakeholder No 5*	ASRH Client	N/A
Mr. Unala Stakeholder No6*	ASRH Client	N/A
Ms Unala Stakeholder No 1*	ASRH Client	N/A
Ms Unala Stakeholder No 2*	ASRH Client	N/A
Ms Unala Stakeholder No 3*	ASRH Client	N/A
Ms Unala Stakeholder No 4*	ASRH Client	N/A
Ms Unala Stakeholder No 5*	ASRH Client	N/A
Ms Unala Stakeholder No 6*	ASRH Client	N/A
PAPUA (by Phone)		
GOVERNMENT		
Mr. Purnomo	Secretary	District Aids Commission, Jayapura
Pastor Sefnat Daniel	Programme Manager	DistrictAids Commission, Merauke
OTHER CITIES		
Mr*. Respondent	Member of Youth Advisory Panel (inputs received by email)	YAP, Depok,
Mr*. Respondent	Member of Youth Advisory Panel (inputs received by email)	YAP Surabaya
Mr*. Respondent	Member of Youth Advisory Panel (inputs received by email)	YAP Balikpapan

*Names withheld due to sensitivity issues

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https://data.un.org/CountryProfile.aspx?crName=Indonesia

http://data.worldbank.org/indicator/NY.GDP.PCAP.CD

http://esa.un.org/wpp/unpp/p2k0data.asp

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Annex 4 The evaluation matrix

Relevance, including responsiveness

EQ1: To what extent was the Indonesia CP8 adapted to the needs of the needs of the population and aligned with the priorities set by the national mid-term development plan, the MDGs, and national commitments to the ICPD POA? To what extent is it contributing to the Indonesia UNPDF?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
The needs of the population, in particular those of vulnerable groups, were well taken into account during the programming process	Evidence of an exhaustive and accurate identification of the needs prior to the programming of the SRH, P&D and Gender components of the CP and AWPs The choice of target groups for UNFPA supported interventions in the three components of the programme is consistent with identified needs as well as national priorities in the CP and AWPs Extent to which the interventions planned in the AWPs (in the three components of the programme) were targeted at most vulnerable, disadvantaged, marginalized and excluded population groups in a prioritized manner	CPAP AWPs National policy/strategy documents Needs assessment studies ProDocs	Document analysis Interviews with UNFPA CO staff Interviews with implementing partners
The objectives and strategies of the CP8 are consistent with the priorities put forward in the UNPDF, in relevant national strategies and policies and in the UNFPA strategic plan	The objectives and strategies of the CP and the AWPs in the three components of the programme are in line with the goals and priorities set in the UNPDF ICPD goals are reflected in	CPAP UNPDF AWPs National policies and strategies e.g. mid-term	Document analysis Interviews with UNFPA CO Interviews with other UN agencies (UNCT)

	the CPAP The CP aims at the development of national capacities Extent to which South-South cooperation has been mainstreamed in the country programme Extent to which gender equality and women's empowerment have been mainstreamed in the country programme Extent to which specific attention has been paid to youth in the CP Extent to which objectives and strategies of each component of the programme are consistent with relevant national and sectoral policies Extent to which the objectives and strategies of the CP (both initial and revised) have been discussed and agreed upon with the national partners	development plan UNFPA strategic plan ProDocs	
EQ2. To what extent has the country office been able to respond to changes in national needs and priorities or to shifts cause by crisis or major political changes as well as respond to specific/ad-hoc/urgent requests from the Government? What was the quality of this response?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
The country office has been able to adequately respond to changes that occurred in the national context, including humanitarian crisis	Quickness of the CO response CO capacity to reorient/adjust the objectives of the CPAP and the AWPs Extent to which the response was adapted to emerging needs, demands and national priorities Extent to which the	CPAP AWP Country office staff UNCT Final beneficiaries ProDocs	Documentary analysis Interviews with UNFPA CO staff Interviews with other UN agencies

	reallocation of funds towards new activities (in particular humanitarian ones) is justified Extent to which the CO has managed to ensure continuity in the pursuit of the initial objectives of the CP while responding to emerging needs and demand		

Effectiveness

EQ3: To what extent have the expected results of the programme been achieved or are likely to be achieved? What were factors that influenced the achievement and/or non-achievement of the results?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA used effective upstream engagement techniques (a. policy advice and dialogue; b. evidence-based advocacy; c. knowledge management; d. south-south cooperation) to move the policy agenda and achieve intended results on population dynamics, youth and adolescents, RH, FP, MH, gender and GBV, humanitarian	Progress on policy changes in all areas as per CP8 outcome indicators Regular policy dialogue with relevant national bodies is taking place	CPAP AWP Country office staff Evaluation reports	Document analysis Interviews with UNFPA CO staff Interviews with implementing partners Interviews with other actors in the field
UNFPA applied an effective oversight mechanism to: a). Coordinate with the government on programme implementation and monitoring and b). Ensure oversight mechanisms (through technical and district working groups, national coordination team, national advisory board) etc.	Appropriateness of the oversight mechanisms Functionality of the oversight mechanisms	CPAP AWP Country office staff Financial reports Evaluation reports	Document analysis Interviews with UNFPA CO admin and finance staff Interviews with implementing partners

Efficiency

EQ4: To what extent has UNFPA made good use of its human, financial and technical resources, and used an appropriate combination of tools and approaches to pursue the achievement of the outcomes defined in the UNFPA country programme? Was this support provided efficiently? Could anything have been done differently?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely manner	The planned resources were received to the foreseen level in AWPs The resources were received in a timely manner	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries) Evaluation reports	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners to review the coordination Review of financial documents at UNFPA and interviews
The resources provided by UNFPA have had a leverage effect	Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries) Evaluation reports	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners to review the coordination Review of financial documents at UNFPA and interviews
EQ5. To what extent did the intervention mechanisms (financing instruments, administrative regulatory framework, staff, timing and procedures) foster or hinder the achievement of the programme outputs, particularly to carry out upstream work such as policy dialogue and the provision of policy advice?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
The UNFPA administrative and financial procedures as well as the mix of implementation modalities allowed for a smooth execution of the	The activities were implemented as planned Activities were implemented as budgeted and on time	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries)	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners

programme, in particular for upstream activities	Activities led to expected outputs by planned deadline	Evaluation reports	to review the coordination Review of financial documents at UNFPA and interviews
The UNFPA organizational resources can be linked to the advancement of the agenda of the country programme	Evidence that the resources provided by UNFPA can be linked to the advancement of the CP agenda	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries)	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners to review the coordination Review of financial documents at UNFPA and interviews

Sustainability

EQ6. To what extent has UNFPA been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to ensure ownership and the durability?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA developed capacities and mechanisms to ensure that supported activities will last after termination of funding	Extent to which capacities were sustainably developed Extent to which sustainable mechanisms were put in place	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries) Evaluation reports	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners to review the coordination Review of reports at UNFPA and interviews
EQ7. To what extent have interventions supported by UNFPA contributed to (or are likely to contribute to) sustainably achieving the intended comes and outputs in particular for young people and other vulnerable groups of the population?			
UNFPA developed capacities and mechanisms to ensure that supported activities will last after termination of funding	Extent to which capacities were sustainably developed Extent to which sustainable mechanisms were put	UNFPA (including finance/administrative departments) Partners (implementers and direct beneficiaries)	Annual reports from key implementing partners and monitoring reports Interviews with implementing partners to review the

	in place	Evaluation reports	coordination Review of reports at UNFPA and interviews

UNCT Coordination

EQ8. To what extent has the UNFPA country office contributed to the functioning and consolidation of UNCT coordination mechanisms?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA regularly contributed to the UNCT coordination, working groups and joint initiatives	Evidence of active participation in UN working groups Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas Evidence of exchanges of information between UN agencies Evidence of joint programming initiatives (planning) Evidence of joint implementation of programmes	Minutes of UNCT working groups Programming documents regarding UNCT joint initiatives Monitoring/evaluation reports of joint programmes and projects Evaluation reports	Documentary analysis Interviews with UNFPA CO staff Interview with the UNRC Interviews with other UN agencies
EQ9. To what extent does the UNPDF fully reflect the interests, priorities and mandate of UNFPA in Indonesia? Have any UNPDF outputs or outcomes which clearly belong to the UNFPA mandate not been attributed to UNFPA?			
UNFPA ensured that the UNFPA mandate was reflected in the UNPDF	Evidence of active participation in UNPDF development Evidence of the leading role played by UNFPA in discussions and/or joint initiatives corresponding to its mandate areas Evidence UNFPA participation in UNPDF discussions	UNPDF	Interview with the UNRC Interviews with other UN agencies
EQ10. To what extent is the UNFPA CO coordinating with other UN agencies in the country, particularly to			

address potential overlaps?			
UNFPA ensured coordination to prevent overlaps	Evidence of regular coordination with other UN agencies Evidence of exchanges of information between UN agencies Evidence of joint programming initiatives (planning) Evidence of joint implementation of programmes	Monitoring/evaluation reports of joint programmes and projects	Interviews with other UN agencies

Added value

EQ11. What are the main UNFPA comparative strengths in the country – particularly in comparison to other UN agencies? Are these strengths a result of UNFPA corporate features or are they specific to the CO features?			
Assumptions to be assessed	**Indicators**	**Sources of information**	**Methods and tools for data collection**
UNFPA CO leveraged its comparative strengths to its advantage	Extent to which UNFPA Indonesia leverages the UNFPA corporate strengths in programming process Extent to which UNFPA Indonesia leverages the UNFPA Indonesia CO strengths in programming process	Country office staff Partners Monitoring/evaluation reports of joint programmes and projects	Interviews with other UN agencies Interviews with partners Document review
EQ 12. What is the main UNFPA added value in the country context as perceived by national stakeholders?			
National stakeholders perceive the added value of UNFPA in the areas of its comparative strengths	Extent to which partners perceive UNFPA Indonesia's added value in the areas of its comparative strengths	UN staff Partners	Interviews with other UN agencies Interviews with partners Document review
EQ 13. What is UNFPA's role in the global positioning of Indonesia vis-a-vis the MDGs and the post 2015 Development Agenda?			
UNFPA leverages its comparative strengths to help position Indonesia vis-a-vis the	Extent to which UNFPA Indonesia leverages its comparative strengths for the MDGs and the	Policy documents UN staff	Document review Interviews

MDGs and the post 2015 Development Agenda?	post 2015 development agenda	Partners	

Specific programmatic questions on effectiveness and sustainability (Q3 and Q6)

CP8 Outcome 1:

To what extent has UNFPA support helped ensure that population dynamics and its interlinkages with the needs of young people (including adolescents) sexual and reproductive health (including family planning), gender equality and poverty reduction are addressed in national and sectoral development plans and strategies.

- To what extent has UNFPA sustainably contributed to strengthening the national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes.
- To what extent has UNFPA sustainably contributed to strengthening national capacity to advocate ICPD principles and MDGs including South-South cooperation?

CP8 Outcome 2:

To what extent has UNFPA contributed to increased access to and utilization of quality maternal and newborn health services.

- To what extent has UNFPA sustainably contributed to strengthened national capacity in establishing policies for improving universal access to reproductive health?
- To what extent has UNFPA sustainably contributed to increasing the capacity to implement the minimal initial service package (MISP) in humanitarian settings

CP8 Outcome 3:

To what extent has UNFPA contributed to increased access to and utilization of quality FP services for individuals and couples according to reproductive intentions?

- To what extent has UNFPA sustainably contributed to strengthening national capacity for a comprehensive national FP programme that addresses unmet need

CP8 Outcome 4:

To what extent has UNFPA contributed to increased access to and utilization of quality HIV and STD prevention services especially for young people (including adolescents) and other key populations at risk?

- To what extent has UNFPA sustainably contributed to enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV?

CP8 Outcome 5:

To what extent has UNFPA contributed to advancing gender equality and reproductive rights particularly through advocacy and implementation of laws and policy?

- To what extent has UNFPA sustainably contributed to strengthened national and sub-national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings

CP8 Outcome 6:

To what extent has UNFPA contributed to improved access to SRH services and sexuality education for young people (including adolescents)?

- To what extent has UNFPA sustainably contributed to improved programming for essential SRH services to adolescents and young people?

CP8 Outcome 7:

To what extent has UNFPA contributed to improved data availability and analysis around population dynamics, SRH (including FP) and gender equality?

- To what extent has UNFPA sustainably contributed to enhanced national and sub-national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings.

Annex 5 Abbreviations and Acronyms

APRO	Asia-Pacific Regional Office of UNFPA
ARM	Annual Review Meetings
ARMM	Autonomous Region of Mindanao
ASRH	Adolescent sexual and reproductive health
AusAID	Australian International Development Agency
AWP	Annual Work Plan
BAPPENAS	National Development Planning Agency
Bappeda	Regional Development Planning Agency
BNGF	Bill and Melinda Gates Foundation
BNPB	National Agency for Disaster Management
BKKBN	National Population and Family Planning Agency
BPS	Central Statistics Agency
CAPI	Indonesian Computerized Updating data Stystem
CB	Capacity building
CBDIS	Census Based District Information System
CCP	Comprehensive Condom Programme
CD	Capacity Development
CEDAW	Convention on the Elimination of Discrimination against Women
CO	Country office
COD	Cause of Death
COAR	Country office annual report
CP	Country Programme
CP8	Eighth Country Programme
CP9	Proposed Ninth Country Programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
CPR	Contraceptive prevalence rate
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
DACs	District AIDS Commission
DDA	Daerah Dalam Angka (Districts in Figures)
DDF	District Database Forum
DFID	UK Department of International Development
DHS	Demographic and health survey
DIS	District Information System
DNPI	National Council on Climate Change
EmOC	Emergency obstetric care
ESCAP	Economic and Social Commission for Asia and the Pacific
FBO	Faith Based Organization
FGD	Focus Group Discussion
FP	Family Planning
FSW	Female sex worker

GBV	Gender-based violence
HIV	Human immunodeficiency virus
HMIS	Health management information system
IANYD	Interagency Network for Youth Development
ICPD	International Conference on Population and Development
ICT	Information and communication technology
IDHS	Indonesian Demographic and Health Survey
IFPPD	Indonesian Forum of Parliamentarians for Population and Development
INGO	International non-governmental organization
ITP	International Training Programme of BKKBN
KAPs	Key Affected populations
LDFEUI	Demographic Institute, Faculty of Economics, University of Indonesia
M&E	Monitoring and evaluation
MIC	Middle income status
MDG	Millennium development goal
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Rate
MOH	Ministry of Health
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MOWECP	Ministry of Women's Empowerment and Child Protection
MNH	Maternal and neonatal health
MSS- SPM	Minimum Service Standard and Indonesian acronym equivalent
MSS VAWC	Minimum Service Standards for Integrated Services to Victims of Violence against Women and Children
MTR	Mid-term review
NAB	National Advisory Board
NAC	National AIDS Commission
NASAP	National AIDS Strategic and Action Plan 2011-2014
NCVAW	National Commission for Violence against Women
NKKBN	Voluntary Family Planning and Living Standards Coordinating Body
NGO	Non-governmental organization
NPO	National Programme Officer
PoA	Plan of Action (for ICPD)
PODES	Village potential statistics
PD	Population and development
PKBI	Indonesia Family Planning Association
PLHIV	People living with HIV
PMTS	Prevention of HIV through Sexual Transmission Programme
PSI	Population Services International
Puskesmas	Primary Health Center (managed by Government – MoH)
RRF	Results and resources framework
RBM	Results-based management
RH	Reproductive health
RP	Regional Programme
RPE	Regional Programme Evaluation

RPJMN	National Medium Term Development Plan
RPJPN	National Long Term Development Plan
SISN	National Social Security System
SGBV	Sexual and gender-based violence
SIAK	Population Administration Information System
SKPD	Local government task force
SPR	Standard Progress Report
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SUSENAS	National Socio- Economic Survey
SWAP	Sector wide assistance programme
Sub-Dit AIDS	Sub-Directorate for AIDS in the MOH
TA	Technical assistance
TL	Team leader
TM	Team Member
TOR	Terms of reference
TWG	Technical Working Group
UNAIDS	Joint UN Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDESA	United Nations Department of Economic and Social Affairs
UNPDF	United Nations Partnership for Development Framework 2011-2015 Indonesia
UNEDAP	United Nations Evaluation Development Group Asia-Pacific
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
URDI	Indonesian Urban Development NGO
USAID	US Agency for International Development
VAW	Violence against Women
WHO	World Health Organization
YAP	Youth Advisory Panel
YKB	Yayasan Kusuma Buana
YP	Young People

Annex 6: List of Tables

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Annex 8 Key facts table: Indonesia

Land	
Geographical Location	South East Asia; An enormous archipelago, Indonesia has 17,504[44] islands straddling the equator and is the most southerly of all of the countries of South East Asia
Land Area	1,910,931.32 sq km[45] (2013)
Terrain	Diverse terrain with masses of coastline, mountainous regions mostly made of active and dormant volcanoes and very large forested areas
People	
Population	At 237.6[46] million people in 2010 it is the world's fourth largest country by population
Urban Population	Estimated 50%[47]
Growth Rate	An annual population growth rate of 1.2 per cent[48] 2012
Government	
Government Type	Parliamentary Democratic Republic with lower and upper houses and regional parliaments at national, province and district levels:
Key Political Events	Independence won from The Netherlands in 1945; Independence day is celebrated each year on 17th August.
Seats held by women in national parliament, (%)	82.14% (m), 17.86% (f), 2009 election[49]
Economy	
GDP Per capita	Average per capta income in 2013 estimated $3,475.per annum.[50]
GDP Growth Rate	Presently 17th largest economy at GDP curent prices, but is ranked 9th using GDP based on its PPP (Purchasing Power Parity)[51]

[44] Indonesian Statistical year book 2014

[45] Ibid

[46] 2010 Indonesian National Census

[47] Indonesian Demographic and Health Survey, 2012, Statistics Indonesia, BkkbN and MOH

[48] See UN, Department of Economic and Social affairs, Population Division http://esa.un.org/wpp/unpp/p2k0data.asp

[49] Indonesian Statistical year book 2014

[50] See World Bank Data , http://data.worldbank.org/indicator/NY.GDP.PCAP.CD

Levels of inequality	Highly unequal economic distribution reflected in Gini coefficient of 0.41 in 2013[52]
Main Industries	Oil, Gas, Forestry, Palm Oil, Coal, manufacturing, tourism inter alia[53]
Social Indicators	
Human Development Ranking	Ranked number 121 of 187 in 2013[54]
Diversity	Its population is made up of hundreds of ethnic groups, speaking hundreds of local languages but is united by one, Indonesian, which is a variant of its northern sister language, Malay. Indonesia is a majority Islamic country with small pockets of Christian, Buddhist, Hindu and Confuscian worshippers.
Poverty Rate	Poverty rate has fallen from 23.4 % in 1999 to 12.5% in 2011[55]
Unemployment	6.2% (figure as a percentage of labour force)[56]
Life Expectancy at Birth	Men 69, Women 73 in 2012[57]
Under-5 mortality (per 1000 live births)	37f, 49m, 40 (both) 2012[58]
Maternal mortality (deaths of women per 100,000 live births)	359 per 100,000 live births in 2012[59]
Health expenditure (% of GDP)	3 (2012)[60]
Births attended by skilled health personnel, percentage	60% (2012)[61]
Total Fertility Rate	2.6 (2013)[62]

[51] See World Bank Data , http://data.worldbank.org/indicator/NY.GDP.PCAP.CD

[52] Ibid

[53] Statistical Year Book 2014

[54] National Human Development Report

[55] Targeting poor and vulnerable households in Indonesia', 2012, World Bank Indonesia, Jakarta, P12

[56] UNData Website see https://data.un.org/CountryProfile.aspx?crName=Indonesia

[57] See World Health Organisation Website at: http://www.who.int/countries/idn/en/

[58] Statistical Year Book 2014

[59] See Indonesian and Demographic Health Survey (IDHS), 2012

[60] http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS

[61] IDHS, 2012

[62] 2012, IDHS

Adolescent fertility rate (births per 1000 women aged 15-19)	48 (2012)[63]
Condom use to overall contraceptive use among currently married women 15-49 years old, percentage	2.9[64]
Contraceptive prevalence rate for women 15-49	62%[65]
Unmet need for family planning (% of women in a relationship unable to access)	40%[66]
People living with HIV, 15-49 years old, percentage	0.2% in 2008 with figure likely to be over 0.4% in 2014 [67]
Adult literacy (% aged 15 and above)	92% in 2011[68]
Total net enrolment ratio in primary education (both sexes)	97% (m) and 98% (f)[69]
Millennium Development Goals (MDGs) progress to date	
1 - Eradicate Extreme Poverty and Hunger	Insufficient Information
2- Achieve Universal Primary Education	On Track (Ministry of Education)
3 - Promote Gender Equality and Empower Women	Insufficient Information
4 - Reduce Child Mortality	Insufficient Information
5 - Improve Maternal Health	Off track (see MMR above)
6 - Combat HIV/AIDS, Malaria and other Diseases	Off track (See HIV prevalence rates above)
7 - Ensure Environmental Sustainability	Insufficient information
8 - Develop a Global Partnership for Development	Insufficient Information

[63] http://data.worldbank.org/indicator/SP.ADO.TFRT

[64] 2012, IDHS

[65] Ibid

[66] Ibid

[67] UNAIDS, 2013 document in references

[68] Ibid

[69] Indonesian Statistical year book 2014

Annex 9: Structure of the country programme evaluation report

This summary box presents the structure of this report in a concise and user-friendly manner. The box describes in a succinct fashion the main elements contained in each chapter as well as a brief outline of the main annexes.

EXECUTIVE SUMMARY
The executive summary gives a succinct overview of this Country Programme Evaluation (CPE) report and has sections on the purpose of the CPE as well as the target audience, the objectives of the evaluation, a brief description of the country programme itself and the methodology of the evaluation. The Executive Summary then describes the main findings of the evaluation, the conclusions being drawn from these findings, and finally the recommendations for future Country Programmes.
CHAPTER 1: Introduction
This chapter covers the purpose and objectives of the CPE , its scope, its methodology and its process. This is with a view to establishing the validity of the CPE itself.
CHAPTER 2: Country context
To better explain the context of the country in which the Country Programme and the Evaluation is taking place this section describes the development challenges and national strategies in Indonesia and the broader role of external assistance in helping solving them.
CHAPTER 3: UN/UNFPA response and programme strategies
The United Nations (UN) and more specifically the United Nations Population Fund (UNFPA) are only two parts of the external assistance that Indonesia reaps the benefit of. This chapter goes into the specifics of the UNFPA response, in particular the form and intention of the specific Country Programme being implemented at the time of the CPE, while briefly looking at the previous UNFPA CP for comparison and for continuity. The finances of the present CP are also studied in this chapter
CHAPTER 4: Findings:
This chapter describes some of the most important findings by core programme sector which are further delineated by UNFPA's standard evaluation criteria of relevance, responsiveness, effectiveness and efficiency, sustainability, the degree to which the UNCT works as one and the broader added value that a successful evaluation against these evaluation criteria would bring. In Indonesia the core programmes each have their own CPAP Outcome or Output. These are Population Dynamics, Advocacy (including South/South Cooperation, (described only at the Output level), Sexual and Reproductive Health, (including maternal health and RH in humanitarian settings described only at the Output level), Family Planning, Gender, ASRH, HIV, and Population Data. The findings are broken down by the CPAP Outcomes and outputs as delineated in the CPAP (s). The CP was fundamentally changed in 2012 and where there were changes in the CPAP, these two periods are delineated separately. Some general findings are including in a separate section called general findings.

CHAPTER 5: Conclusions
This chapter is divided into two sections and outlines conclusions drawn by the CPE team on strategic and programmatic levels. The programmatic level conclusions are also divided up by Core Programme.
CHAPTER 6: Recommendations
This chapter covers the recommendations that flow from the findings and conclusions. Some of these recommendations are also divided up by Core programme while some are more general in nature. Some relate to the future CP and how to improve some aspects of the negative findings and conclusions in the previous chapters.
CHAPTER 7: Annexes
Annex 1 CPE Terms of Reference – This is the TOR against which the CPE Team developed its strategy and is reproduced in full here.
Annex 2 List of persons / institutions met – This is a list of people, their job titles and the institutions in which they work, divided into type of stakeholder (UN, GOI CSO etc) and their geographical location (Jakarta, or district)
Annex 3 List of Documents Consulted – This is essentially a bibliography of the documents referred to during the desk review
Annex 4 The Evaluation Matrix- This is the set of evaluation questions considered for each of the evaluation criteria selected by the CPE team
Annex 5 Abbreviations and Acronyms – A self explanatory list of abbreviations or acronyms used in the report which acts as a reference.
Annex 6 List of Tables - A List of tables set out in the Report with page numbers for ease of access
Annex 7 List of Figures – A list of figures set out in the Report with page numbers for ease of access
Annex 8 Key facts table - Some of the Key facts about Indonesia which when taken as a whole give the reader some understanding of the scale and severity of issues and challenges working in development in Indonesia and in particular in the sectors where UNFPA has a mandate.
Annex 9 Structure of the country programme evaluation report – This is this annex.