

Country Programme Performance Summary

A. Country Information		
Country name: Indonesia		
Category per decision 2013/31: Yellow	Current programme period: 2016-2020	Cycle of assistance: 9 th

B. Country Programme Outputs Achievement (please complete for all your CP outputs)			
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Output 1: Improved policies and programmes to address barriers in ensuring rights-based maternal health and HIV-SRH linkages, including in humanitarian settings.

Indicators	Baseline	Target	End-line data
<input type="checkbox"/> Existence of policy instruments that accelerate the national action plan for maternal health	Action plan exist	Regulations to enable implementation and monitoring of the action plan available	The National Mid Term Development Plan (RPJMN) 2020-2024, endorsed with Presidential Regulation no 18 of 2020 puts maternal health as the government priority in health development with FP as integral component. Substantial national budget for maternal health programme is allocated.
<input type="checkbox"/> Existence of policy instruments to improve the quality of midwifery	Midwifery education accreditation standards available but not regulated	Regulations to improve the quality of midwifery workforce available	Midwifery Law No.4 of 2019 regulates midwifery profession in Indonesia
<input type="checkbox"/> Existence of policy instruments that integrate HIV-sexual and reproductive health linkages within the national programme on the prevention of HIV through sexual transmission into maternal health and family planning	National strategies on prevention of HIV through sexual transmission and prevention of mother-to-child transmission of HIV available	Protocols on HIV-sexual and reproductive health linkages in maternal health and family planning available	Protocols on HIV-sexual and reproductive health linkages in maternal health and family planning are available, namely: a) Regulation on integrated SRH (maternal health and Family Planning) in to HIV programme; b) Roadmap on the integration of SRH in to HIV prevention programme; c) Impact evaluation on the implementation of HIV Prevention among Intimate Partner which include SRH and GBV; and d) Impact Evaluation of HIV prevention among FSW that integrate SRH and GBV
<input type="checkbox"/> Existence of policy instruments for reproductive health in humanitarian settings	Guideline on Minimum Initial Service Package (MISP)	Regulation for MISP implementation protocols at sub-national levels available	Regulation on the SRH-GBV in emergency situations available in 5 selected districts

Key Achievements (input also from the last CP evaluation)

- a. **Policy instruments exist and being utilized that: a) accelerate the implementation of the National Action Plan for maternal health; and b) improve the quality of midwifery education:** The adaptation of the WHO guideline on Maternal Death Surveillance and Response (MDSR) and its pilot in two districts (Sampang and Central Lombok), which are implemented by the Department of Epidemiology, Public Health Faculty, University of Indonesia as IPs, to support Family Health Directorate, MoH with UNFPA support have been achieved. The adapted guideline put more emphasis on surveillance of maternal deaths. The purpose of the MDSR initiative is to strengthen maternal death reviews and response for preventing future deaths by identifying avoidable factors. The process includes notification of all deaths (as surveillance activity) of women at reproductive age that need to be validated as maternal deaths.
- b. **The quality of midwifery education is Improved:** The initiative supported by UNFPA focuses on strengthening the midwifery education standard, which is carried out jointly with the Board for Health Workforce Development and Empowerment (BPPSDMK), MoH, with the implementing unit: the Center for Health Workforce Education (Pusdik SDM). The Pusdik SDM in collaboration with the Indonesian Midwife Association (IBI) focuses on establishment of quality national midwifery education standards, backed up by a rigorous accreditation system for both vocational and professional midwifery education. It also emphasized the importance of a specific regulatory mechanism for

the accountability of midwife service provision. UNFPA assisted a review on the gaps between the midwifery education and midwifery service standards in 2017. The result showed that there was a wide gap to be addressed. To ensure quality of midwifery graduates meet the needs for midwifery service, the midwifery education standard was improved. Accordingly, the accreditation standard was synchronized with the improved education standard, which will be used by the Independent Accreditation Board for Health Higher Education (LAM-PTKes), an independent body for health-related school accreditation. UNFPA support was provided for the development of two policy briefs on midwifery regulation in 2016 and 2018. This is to support IBI's advocacy efforts to the Parliament and MoH for the enactment of Midwifery Law and the establishment of a regulatory mechanism for midwifery education and practice. An international expert was invited to present the importance of the regulatory act for midwifery profession leading to successful passing of the Midwifery Act in February 2019. Officials from the Pusdik SDM-K-MOH acknowledged that activities related to improvement of quality of midwifery schools were very effective, as well as important and urgent, because midwives contribute to more than 60% of the total childbirths in the country. There has been a paradox during the last decade: while the coverage of childbirth by skilled attendants is high, the MMR remains high, which – among others – poor quality of midwifery services may contribute to the paradox

- c. **Strategies that integrate SRH and HIV linkages within the National Programme on the prevention of HIV through sexual transmission into MH and FP services exist and utilized.** In 2016, UNFPA conducted field research to develop an intervention model for partner notification, i.e. to encourage and facilitate people living with HIV (PLHIV) to disclose their status to their intimate partners and encourage those partners to take an HIV test and/or take appropriate steps to avoid infection. UNFPA also funded the development of outreach and peer support guidelines with support from the MoH and Spiritia Foundation and in 2017, these guidelines were used to pilot HIV/STI Prevention among Intimate Partner Transmission in five high prevalence cities (West Jakarta, Bandung, Surabaya, Denpasar, and Makassar). From mid-2019, UNFPA worked with Jaringan Indonesia Positif (JIP)/Indonesian Positive Women's Association (IPPI), the national network of PLHIV to implement the pilot test. UNFPA also collaborates with MoH, WHO, UNAIDS, UN Women, Spiritia, OPSI, Gaya Warna Lentera as the advisory team and also facilitates in the implementation of the pilot test. Policy brief to upscale pilot on HIV/STI prevention among intimate partners is available and discussed in multi-stakeholder dialogue. Moreover, UNFPA has been promoting enabling environment of key population communities as stated above, e.g.: i) JIP as an important partner on partner notification activities; ii) sex worker representative/OPSI participates in the Country Coordinating Mechanism (CCM) of the GF programme; iii) OPSI provides technical assistance for the FSW outreach activities; and iv) promoting involvement of Inti Muda (young key-affected population national network) on national, regional and global HIV-SRH dialogue.
- d. **Policy instruments for RH in humanitarian settings exist and are being utilized:** Guideline on FP services in disaster contexts available and endorsed. UNFPA supported the development of the guidelines Minimum Initial Service Package (MISP) and RH Logistic Support in Humanitarian Settings. MoH utilized the two guidelines for addressing humanitarian initiative. Its utilisation at district level and below is still to be promoted. UNFPA also provides phenomenal support in humanitarian emergencies, when requested by the Government of Indonesia (GoI). UNFPA humanitarian support was acknowledged as a very important and timely by all stakeholders. Among the most significant humanitarian emergencies supported by UNFPA were a series of earthquakes that affected Lombok Island, Nusa Tenggara Barat Province, in 2018, and the magnitude 6.4 earthquakes and subsequent tsunami and liquefaction that took place in Central Sulawesi Province in September 2018. The HQ Evaluation Team visited Palu in October 2019, which provides the following example on the effectiveness of UNFPA support in emergency situations. There are several key achievements, namely:
- National accreditation for training materials that will be used National wide available
 - Ministry regulation No 75, 2019 on Cluster Mechanism sensitized in 5 selected districts
 - Agreed SRH GBV District TOR and Plans
 - Local regulation on SRH GBV in 5 selected districts available
 - National guideline on HIV in humanitarian situations
 - MISP were implemented in any major disaster situations

Output 2: Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South Cooperation

Indicators	Baseline	Target	End-line data
□ Evidence of improvement of national policies on family planning in universal health coverage	None	Revised Ministry of Health and National Population and Family Planning Board Decrees on family planning in universal health coverage	The National FP Agency Decree on Ensuring Availability of FP Commodity for Eligible Couple no 9 of 2019 includes options for supply chain management, depending on local regulations and context.

□ Existence of national policies incorporating comprehensive, rights-based family planning	Strategy on family planning, 2015-2019, available	National Population and Family Planning Board strategy, 2015-2019, and annual workplan incorporating rights-based elements available	Rights-based FP Strategy document is published and piloted in 3 districts in Indonesia, involving a multi-sectors approach. Annual work plan and budgeting of the integrated rights-based family planning and maternal health elements in 3 districts in Indonesia are available
□ Number of South-South cooperation good practices on family planning and other population issues	0	4 South-South cooperation good practices on family planning shared nationally, regionally and internationally, available	4 SSTC good practices were shared in the realm of Comprehensive, rights-based family planning; Strategic Partnership with MRLs in FP; and Bilateral cooperation on FP, population, and gender related issues.

Key Achievements (input also from the last CP evaluation)

- a. **National Family Planning (FP) in universal health coverage (UHC) reviewed and strengthened.** Reviews on FP services in UHC. UNFPA supported the National Family Planning Coordinating Board (BKKBN) to review the implementation of FP in UHC, which was fully achieved in 2016. The review was used as background document for the development of a guideline on FP in UHC. By the end of 2018, UNFPA supported BKKBN to develop an advocacy strategy for strengthening FP in UHC policies. The advocacy strategy identifies many issues that need to be addressed related to financing of FP services through JKN.
- b. **The Supply Chain Management (SCM) modeling:** frequent stock-outs of contraceptives that can be as high as 45% , leads to the assessment of three models of the supply chain management that were tested in East Java and East Nusa Tenggara provinces. Supported by UNFPA, SCM is intended to provide options for districts in contraceptive management and distribution. Some of the findings are summarized as follow: i) each district has different conditions that lead to variations in the management of contraceptive supply chain system; ii) no model is suitable for all district conditions and suitable model should be identified and selected by district FP office; iii) the roles of FP staff at field level (PLKB) in contraceptive supply chain management are significant; however, such a role is not a part of PLKB roles and responsibility; iv) none of the midwives (from health service delivery points) and PLKB interviewed applied min-max principle in maintaining stock availability; v) no sufficient training opportunity in contraceptive supply chain management available for both midwives and PLKB. The findings show that there are basic issues, which need careful and effective strategy to address it. Both PLKBs and midwives do not have the basic skills related to SCM that they are supposed to have in order to do their functions well. The support has been touching the critical issues of FP programme in decentralized settings, e.g. those related to the Law No 23/2014, coverage of JKN for FP services and address the root cause of the contraceptive stock outs, which seem to be interlinked one to another.
- c. **National policies that incorporated comprehensive, rights-based FP services.** Development of the Strategy on Rights-based Family Planning. The GoI is committed to Family Planning 2020 (FP2020), a global partnership on family planning that aims to support the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. UNFPA supported the establishment of the four working groups under the FP2020 Country Committee: i) the Family Planning Strategy; ii) Rights and Empowerment; iii) Data, Monitoring and Evaluation; and iv) Youth working groups. The primary purpose of establishing the working groups was to ensure that the national FP strategy and program is grounded in rights-based approaches, and that its implementation ensures the right of every woman to choose a FP method that meets her fertility goals. The National Development Agency (BAPPENAS) led the development of the rights-based FP strategy, with the involvement of BKKBN and MoH, as well as other related institutions. The strategy provides a rights-based programming framework and an operational strategy for implementing FP programme. The working groups agreed on the four strategic outcomes of the RFP strategy that are: i) equitable and high-quality FP service delivery system sustained in public and private sectors to enable all citizens to meet their reproductive goals; ii) increased demand for modern methods of contraception met with sustained use; iii) enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable FP programming in the public and private sectors to enable all citizens to meet their reproductive goals; and iv) fostered and applied innovations and operations research for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation. The strategy is being used as a guide in implementing FP programme and UNFPA is supporting the implementation of RFP in three pilot districts.
- d. **Piloting the implementation of the RFP Strategy:** is carried out in the above three districts and fully achieved by the end of 2019 with UNFPA support. The pilot facilitates the development of an integrated planning and budgeting for MH and FP programmes in the district action plan/RAD. The Rights-based FP Strategy and the National Action Plan for Maternal Health are being referred in development of the integrated planning and budgeting for reducing maternal mortality and implementing rights-based FP based on local data. An integrated information system is also developed using an application.
- e. **Implementation of the South-South and Triangular Cooperation good practices on FP** Indonesia with UNFPA support has adopted a stronger international development programme through South-South and Triangular Cooperation (SSTC) or South-South Cooperation (SSC)

to share best practices with other countries. The GoI has instituted a National Coordination Team, comprising of Moffat and State Secretariat, BAPPENAS, and Ministry of Finance to guide and oversee the implementation of SSTC programme, in collaboration with technical agencies. There are several SSTC flagship programmes that include FP, implemented by BKKBN, e.g.: i) the Strategic Partnership with Muslim Religious Leaders (MRLs) in Family Planning; and ii) a comprehensive, Rights-based Family Planning Training Programme. The training programme on MRLs started in 2013 and up to the present date, the programme has been attended by more than 209 participants from 20 countries in Asia and Africa. UNFPA Indonesia has provided technical support to the SSTC on strategic partnership with MRLs during its CP8 (2011-2015) and CP9 (2016-2020). A bilateral SSTC programme between Indonesia and the Philippines is also built in the area of RFP, e.g. through the Bridging Leadership Programme.

Output 3: Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings

Indicators	Baseline	Target	End-line data
□ Existence of policy instruments on an integrated national youth strategy capitalizing on the demographic dividend with opportunities for youth participation and leadership	Policies on youth exist but not integrated	An integrated, comprehensive national youth strategy available	The national action plan on youth development, as an integrated, comprehensive national youth strategy is available.
□ Existence of policy instruments to improve implementation of the national action plan on adolescent health, particularly on adolescent sexual and reproductive health	Action plan, 2015-2019, drafted	Regulations to monitor and implement the action plan nationwide available	The national action plan was endorsed and implemented. A review was conducted and endorsed by line ministries.

Key Achievements (input also from the last CP evaluation)

- a. Key achievements under the strategic interventions such as improved access, knowledge, safe practices and policy coordination, ASRH initiatives, completion of MISP on youth's ARH and Pocket Book in youth in humanitarian conditions; have contributed to the planned Adolescents and Youth output and has demonstrated effective engagement with government as well as innovative methods of improving ARH access.
- b. **Approach used in Youth Development Index (YDI)**, for example, has applied the government partners with more substantial, comprehensive and right-based approach, which were critical in maintaining the position of youth as the demographic dividend. The introduction of right-based framework enabled identification of gaps and potential, strengthened government's capacity, and facilitated transformation of youth as empowered agencies.
- c. **In the area of youth and development**, UNFPA has demonstrated a high-level advocacy skills through technical policy engagements (e.g. the development of National Action Plan (NAP) on Youth Development (2017-2019) and the Background Paper for Youth Issues in the National Midterm Development Plan, 2019-2024 (RPJMN) as well as the evidence-based activities involving data mobilisation in the form of Youth Development Index (YDI) and the SDG Baseline on Youth. The initiatives also increased the significance of the NAP as it helped to highlight the need for inter-sectoral work; BAPPENAS' facilitating roles in planning; and, the demand for better programme coordination under the Ministry of Youth and Sports (MoYS).
- d. **In the area of adolescent health**, UNFPA has supported the development and completion of NAP for School-Age Children and Adolescents (2017-2019). The process of developing the NAP in itself was able to approach and raise awareness on the intersectoral work for the sake of adolescent health. As a result, the NAP was able to identify and develop a comprehensive picture on eight health issues: SRH, HIV and AIDS, addictions, violence and injuries, mental health, sanitation and hygiene problems and non-infectious diseases. NAP also offered comprehensive view as it included diverse government's programmes, including children and adolescents who were under institutional care of prisons, orphanages, and rehabilitation facilities. It was officiated through the Ministerial Regulation No.1/2018 under the responsibility of Coordinating Minister for Human Resources and Culture.
- e. **Other key achievement is the development of teacher training module for primary schools and counselling, physical education, and science for subject teachers at secondary schools.** The module has just completed its field testing in 12 provinces and would soon be finalized. The activities were carried out by MoH and in collaboration with Ministry of Education and Culture (MoEC). Using their own funds, MoEC took the modules for field testing in 10 provinces involving 97 core teachers at the secondary education level.
- f. **The development of national guidelines for youth in humanitarian settings** consisted of development of MISP on ARH in humanitarian and Pocket Book. Both materials have been produced and printed, while their distribution was done by MoH
- g. **Established functional platform for private investment in ARH through UNALA**, it consists of three pillars: (1) service provision; (2) creative demand generation; and (3) private investment. The latest data in 2019 reported 372 male adolescents and 1,274 female adolescents had access to UNALA improved health services; meanwhile, 1,578 male and 5,189 female adolescents were covered through its outreach activities. In late 2019, the module on mobile clinic was finalized.

h. **UNFPA has creatively repackaged UNALA to improve the SRH of female garment factory workers in Yogyakarta and Solo.** This initiative is done through Wealth Project with H&M, a clothing-retail company. A tailored module on gender and reproductive health education for training of factory workers was developed and used in the training of 175 facilitators/workers from six factories. The mobile clinic was accessed by 56 workers; meanwhile, 24 workers used the online platform. In the Wealth Project, UNALA did not provide services to adolescents but to the overall young female workers. This partnership with H&M demonstrates a good example of creative funding mechanism as it relied on the H&M's system on maintaining their sustainability standards and not on Corporate Social Responsibility (CSR) scheme.

Output 4: Improved policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings

Indicators	Baseline	Target	End-line data
<input type="checkbox"/> Existence of policies that accelerate gender-based violence prevention and response, including harmful practices	Regulations on violence against women and children available	Regulations to enable Ministry of Women's Empowerment and Child Protection coordination of gender-based violence prevention and response available	3 regulations on GBV and harmful practices (National Strategic Plan on Women's Quality of Life, National Strategy on the Prevention of Child Marriage and 2030 Roadmap for the Abandonment of FGM/C) develop to enable MOWECP to coordinate on GBV prevention and response.
<input type="checkbox"/> Number of evidence-based policy dialogue to advocate for male involvement within national policies and programmes	None	5 multi-stakeholder national policy dialogues to promote male involvement within national policies and programmes	10 national multi-stakeholders policy dialogues conducted by National Reference Group on Male Involvement on: <ol style="list-style-type: none"> 1. Gap analysis on male involvement in SRHR and GBV; 2. Development of National Framework on Male Involvement; 3. Recommendation for ICPD25; and 4. Development of SOP on Male Involvement
<input type="checkbox"/> Existence of guidelines on the prevention of sexual and gender-based violence in humanitarian settings	Regulations on gender-responsive disaster management available	Regulations/protocols for sexual and gender-based violence in humanitarian settings for Ministry of Social Affairs and Ministry of Women's Empowerment and Child Protection available	2 Regulations/ protocols (National Guidelines and SOP on Women's Rights Protection from GBV in Emergency Situation) developed to support MOWECP and MOSA as coordinators for GBV Sub Cluster in emergency situation

Key Achievements (input also from the last CP evaluation)

- Policies and programmes to address barriers in the prevention and responses to GBV and harmful practices (Health sector response to GBV, VAW, FGM/C and Child Marriage) achieved.** UNFPA's technical supports to National Commission on Violence Against Women (NCVAW) to conduct a series of policy dialogues and policy recommendations to various relevant ministries align with the sexual violence law and the revised Penal Code that will be adopted by the parliament.
- Male Engagement:** The programme implementation generates good practices and lessons learned from the P4P Project in Papua on "Engaging Men and Boys in GBV Prevention". Endorsed by Ministry of Women's Empowerment and Child Protection (MOWECP), the National Framework on Male Involvement has been used as guidance for initiatives to engage men in relevant sectoral programmes in GBV prevention and SRHR. Involvement of male in the SRH and prevention of GBV has been part of the policy dialogue among the partners of

the UNFPA, including the government and CSOs. A strategy on male engagement in UNFPA Indonesia programming – Strengthening understanding, capacity and policy to transform inequitable and unhealthy gender attitudes and norms was used as a reference.

c. ***In the humanitarian setting***, a mayor regulation on Referral System to Respond Cases of VAW was released. These were contributed by a collaborative work among Women Empowerment and Child Protection Unit of District of Donggala and Sigi, KPKPST and UNFPA. These have considered as proactive initiatives, recognizing that the former mechanism of integrated system for responding cases of violence against women and child (P2TP2A) was revoked by the national government. This set of efforts may be worth to be taken as models among options for the State Ministry of Women Empowerment and Child Protection to learn about how the local governments can explore and develop referral mechanism for responding cases of violence against women. Out of 400 temporary shelter in Central Sulawesi, UNFPA was able to establish and function only 12 WFSs in 12 temporary shelters (due to limited funds and human resources) and women volunteers were trained how to do outreach and provide basic psychosocial support to the survivors. UNFPA provided training on information related to GBViE as well as orientation on Clinical Management of Rape for survivors (CMR). The CMR orientation training was attended by participants of relevant sectors, including from health sector, women crisis center, and one stop services (P2TP2A), police, and midwife.

d. Notable achievements over recent years include:

- 1st National VAW Survey was carried out in 2016
- Background Study and Policy Brief on Gender Equality and Women Empowerment for 2019-2024 National Mid Term Development Planning
- National Guidelines and Manual on Health Sector Response to GBV
- National Strategy on the Prevention of Child Marriage
- Policy Brief and 2030 Roadmap for the Abandonment of FGM/C
- Policy recommendations on gender related issues addressed and accommodated on the revised draft of penal code
- Policy recommendation on the development of draft bill of the elimination of sexual violence
- National Framework on Male Involvement for Prevention of GBV and SRHR Programme
- National Guidelines and SOP on Women's Rights Protection from GBV in Emergency situation
- National Protocol on GBV Case Management in Response to Covid19
- Adaptation of National guidelines and SOP on Women's Rights Protection from GBV in Emergency Situations in 4 Selected district
- Strategy for District level to build system related to multisector GBV response and coordination
- Minimum Standard of GBViE and GBViE SOP will be implemented in any major disaster

Output 5: Increased availability of quality population data and robust analysis on population dynamics and its linkages with national policies and programmes related to sexual and reproductive health, gender equality, humanitarian response, and sustainable development.

Indicators	Baseline	Target	End-line data
<p>□ Number of policy reviews and recommendations on sexual and reproductive health, gender equality, population dynamics (including demographic dividend), disaster risk reduction and sustainable development by a functional mechanism for national policy coordination</p>	None	10 policy reviews to improve national policies available	<p>14 policy reviews are taken place to improve national policies, namely:</p> <ol style="list-style-type: none"> 1. Review on methodology and assumption for Intercensal Population Survey (SUPAS) Based 2015-2045 Indonesian Population Projections 2. Reviews of policy paper on the Dynamics on Internal and International Migration in Indonesia 3. Review of the National Transfer Account based Academic Paper: Comprehensive and Integrated Demographic Dividend Action Plan (Health, Education and Employment) as inputs to RKP (Programme Priorities Plan) and 2019-2024 National Midterm Development Plan (RPJMN) 4. Review of Policy Brief: Incorporating Population Data into Climate Change Adaptation Policy and Strategy in Indonesia 5. Maternal Mortality Estimation in Indonesia: a Panel Review 6. Review of Background Study of the Medium-Term National Development Plan (RPJMN) 2020-2024 on Demographic Dividend and The Changing Age Structure 7. Review of Background Study of the Medium-Term National Development Plan (RPJMN) 2020-2024 on One Data for Effective Policy, Decision Making, Programme Implementation and Evaluation. 8. Review of Background Study of the Medium-Term National Development Plan (RPJMN) 2020-2024 on Population Mobility and Development in Indonesia. 9. Review of Background Study of the Medium-Term National Development Plan (RPJMN) 2020-2024 on Ageing 10. Review of policy papers on the operationalization of demographic dividend at sub-national levels 11. Review of Grand Design of Population and Development/GDPK: Towards an Advanced, Just and Prosperous Indonesia in 2045: What Needs to be Done to Make it Happen? 12. Review of ASFR Estimation 10-14 YO for SDGs Indicator 3.7.2 to be reported by Government on SDGs 13. Review of One Humanitarian Disaster Data Indonesia as a main reference related to humanitarian preparedness, during and post disaster 14. Review of National Disaster Geospatial Information System

<input type="checkbox"/> Number of population data management exercise incorporating innovation in data collection or use, including in humanitarian settings	None	5 innovations for the mid-census survey; Indonesia demographic health and survey, census, mortality data in civil registration and vital statistics, and population data in disaster management	<ol style="list-style-type: none"> 1. Use of 2015 SUPAS data to do population projections 2015-2045, the first pop projections and to be made available online 2. Development of interactive and web based portal for dissemination of 2017 IDHS 3. Use of combined methods registration based 2020 Population Census 4. Use of multimode data collection i.e. Online Census, CAPI and PAPI 5. Incorporation of post disaster mapping in the 2020 Population Census Mapping updating
<input type="checkbox"/> Number of multi-stakeholder policy dialogues to improve policies on ICPD issues	0	10 policy dialogues to improve policies on	12 policy dialogues were organized to improved policies on 3 (three) major issues below: <ul style="list-style-type: none"> • Ending three zeros; • New emerging issues such as ageing; and • Promoting SRHR and prevention of GBV in the new and revised laws such as penal code, and prevention of sexual violence.

Key Achievements (input also from the last CP evaluation)

- a. **UNFPA contributed to improved quality data and analyses on population, for use in the development and humanitarian context.** During the CP9 period, UNFPA contributed to brokering several innovations as part of the preparations for the next 2020 Population Census. Working closely with the Ministry of Home Affairs (MoHA) which is responsible for civil registration data, and the BPS-Statistics Indonesia, UNFPA supported the process of reviewing several methods for conducting the next Census before the adoption of a combined method for Population Census taking. UNFPA further supported this process which was being tried for the first time, by providing national statisticians the opportunity to learn from the experiences of KOSTAT (Korea Statistics), the Malaysian Department of Statistics and the Indian Bureau of Census on this approach to Population Census. UNFPA further provided technical advice to BPS-Statistics Indonesia for the conduct of the pilot census including using computer assisted personal interviewing methods as well as bringing on board assistance from telecommunication companies to help in innovative mobile positioning data collection.
- b. Other notable areas of UNFPA technical assistance on population data included the collaboration on disaster statistics between BPS-Statistics Indonesia and the National Disaster Management Authority (BNPB); technical assistance for the development of the population projections 2015-2045 done in 2017; and support for census risk assessments and in preparing the Grand Design on the 2020 Census.
- c. In the estimation of MMR in 2016, UNFPA provided consultancy support to estimate MMR using the 2015 SUPAS (Intercensal Population Survey) results. This academic review is used by the Ministry of Development Planning Agency (BAPPENAS) on the strengths and weaknesses of the MMR estimates for each survey/ census available produced lesson learned for future improvements.
- d. **National capacity to provide and use disaggregated data and analysis for policy planning increased.** On capacity development, UNFPA budgets for capacity development while small have been used flexibly by IPs to strengthen institutional and individual capacity. Areas for institutional capacity building included policy development, population projections and the use of Bayesian methods, National Transfer Accounts (NTA) and geospatial mapping.
- e. **Data produced were used to inform evidence-based planning.** UNFPA contributed significantly towards strengthening national capacity in population data. Quality disaggregated population data such as that contained in the 2015-2045 Population Projections, Census-based District Information System, and the IDHS Website developed by UNFPA to show innovatively the results of the 2017 IDHS are now available to support policy and programme formulation. The use of National Transfer Accounts data to guide planning efforts towards the realization of the Demographic Dividend was an idea introduced by UNFPA. BAPPENAS can now be credited to having internal expertise to analyse and use NTA for planning. BAPPENAS, BPS and UNFPA jointly developed population projections 2015-2045 was another good example of data that has been used widely, including in the development of RPJMN 2020-2024. It provided great visibility for the work of the three organizations especially when it was launched by the Vice-President. A new set of projections is expected to be done on the back of the 2020 Population Census. UNFPA collaboration with BAPPENAS on national coordination on “one population data” and its application for cross-ministerial development planning through the establishment of a Population Data Forum for Development Policy under BAPPENAS also reflects the growing interest given to the use of data in development planning. Through a Ministerial Decision 10/2019 a Team has been established to coordinate the work of the Population Data Forum of which UNFPA is a member. It is the wish of the President that there be only one Data framework for the entire country.

- f. A UNFPA supported pilot in collaboration with BAPPENAS on the Development of a Community-Based Elderly Information System (SILK) to support the National Action Plan on the Elderly is currently under development in Yogyakarta. The pilot will be extended to Bali and Jakarta later with assistance by the Asian Development Bank. This initiative is aimed at identifying long term care requirements of older persons as well as matching these needs with the availability of nearby health providers through the community based information system for the elderly population.
- g. UNFPA provided technical support to BKKBN on the development of ICPD@25 report, policy dialogue on ICPD issues including child marriage, family planning as human rights, and the power of choice with decision makers, parliamentarians, religious leaders and the media. Five policy briefs on issues related to family planning and gender equality covered in the draft penal code were developed and used to advocate to the related stakeholders especially Parliament and the Government. Messages related to Family Planning and Islam and its advocacy and communication strategy were developed which were used for national interventions on the involvement of religious leaders in family planning and for South-South Technical Cooperation (SSTC). The commemoration of World Population Day and SWOP launches were also used to advocate UNFPA central messages. Other notable achievements are as follows:
- Revised some articles on the new draft of penal code;
 - National statement on three zeros and its implementation plan up to 2024;
 - Policy briefs on ICPD25 for parliamentarians;
 - Newsletters on issues related to ICPD for parliamentarians;
 - Revised law on increasing age of marriage;

C. National Progress on Strategic Plan Outcomes ¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	n/a	n/a	n/a	n/a	This data is not available from existing surveys
Contraceptive prevalence rate (total)	45.7	2012	63.6	2017	IDHS
Proportion of demand for contraception satisfied (total)	84.5	2012	85.7	2017	IDHS
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	14.0	2010	n/a	n/a	This data is not available from existing surveys
Percentage in which at least 80% of live births in the country are attended by skilled health personnel	83.1	2012	91	2017	IDHS
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	n/1	2012	4	2019	Indonesia has adapted 4 cornerstones of evidence-based guidance on FP: 1) Medical Eligibility Criteria for Contraceptive Use, 2) Selected Practice Recommendations for Contraceptive Use, 3) Decision-

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

					making Tool for Family Planning Clients and Providers and 4)Global Handbook for Family Planning Providers
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	1.3	2012	2.5	2017	IDHS
Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?	255 million	2015	458 million	2019	Ministry of Finance and Resource Flow Surveys

Summary of National Progress

- a. Key reproductive health indicators such as maternal mortality ratio (MMR), total fertility rate (TFR) and contraceptive prevalence rate (CPR) have been stagnating for over two decades; and the related targets for the ICPD and Millennium Development Goals (MDGs) have not been met. Data from the IDHS 2017 show that at current rates, most of the National Medium-Term Development Plan (RPJMN) SRHR targets are unlikely to be met. Key challenges that have to be addressed include inequities in the provision of SRH services due to geography, income levels, and age, and systemic issues within the health system such as health financing, inefficiencies and quality of care. Maternal health faces a paradox. While the proportion of deliveries by skilled birth attendants has increased to 95.8% (IDHS 2017), predominantly by midwives (60.9%); and the proportion of facility deliveries – has increased to 79.4%, yet the MMR remains high at 305 per 100,000 live births.
- b. The TFR fell to 2.28 in 2015 but selected provinces face continuing higher rates. The CPR for modern methods of contraception has declined to 57.2% from 57.9% in 2012, with selected provinces reporting below 50%. The unmet needs for family planning (FP) have shown a slight decrease (10.6% from 11.4% in 2012). Non-accessibility of contraceptives to unmarried through the public health system is one dimension of unmet need. The discontinuation rate for FP is also high at 28.9%. Percentage of demand satisfied for modern methods has decreased from 79% in 2012 to 77% in 2017. The current method mix is skewed towards short acting methods, e.g. injectable. There have been an increasing number of users of traditional methods, which may be associated with method failures and discontinuation rate.
- c. The prevalence of HIV among the population above 15 years of age is less than one percent. The epidemic is concentrated, and there is an increasing trend among men who have sex with men (MSM) this puts the wives and partners of these men at higher risk of HIV infection. The gaps in the coverage of services, such as testing and antiretroviral therapy (ART) services, continue to be significant, with the situation being worse in the case of key populations, such as MSM, people who inject drugs and female sex workers. Intimate partner transmission of HIV is a concern.
- d. **National Strategies:** The MoH key priorities in maternal health include: ensure reduction in MMR through achieving universal coverage and reduction of disparities for maternal health services; strengthen the continuum of care and promote integrated maternal health services, including strengthening human resources development within the health system; quality maternal health services, particularly the midwifery care and access to emergency obstetric care. A special emphasis is given to addressing equity, quality and data gaps. In the spirit of zero tolerance for preventable maternal death, the MOH has launched the Regulation No 4/2019, to ensure reproductive health services are provided in humanitarian settings. Integrated services are also included in the national strategy for the prevention and control of HIV. The quality of midwifery care, distribution of midwives, as well as obstetricians and anesthetists, regulation for midwifery education and quality of educational institutions are given special attention. Service linkages with FP and prevention of HIV infection are strengthened. As a commitment in achieving the SDGs in 2030, the Government recently has developed the Roadmap of Indonesia SDGs, including for Goal 3: “Ensure healthy lives and promote well-being for all at all ages.”. **On family planning**, following the global commitment on FP 2020 in 2012, BKKBN adopted the concepts of rights-based family planning (RFP) by launching the RFP Strategy. The strategy aims at ensuring the fulfillment of the rights of all individuals and families to have the highest quality FP and reproductive health information and services. The strategic objectives include among others: provision of quality FP services in public and private facilities to ensure that every citizen can fulfill their reproductive goals; increase demand for modern contraceptive methods that is fulfilled by continuous use; increasing effectiveness and efficiency of FP program, and to share experiences through the South-South Cooperation (Ref. FP2020 in Indonesia, BKKBN). The GOI has been actively promoting long-acting and permanent methods (LAPM) of contraception and has included them as one of the indicators of the RPJMN.

UNFPA's Contributions Please provide contributions to those outcomes only to which the CP contributed. Not all outcome areas are expected to be covered under UNFPA contributions.

- a. Policy dialogue, high impact advocacy, building capacity and strengthening partnerships featured strongly in UNFPA's efforts during 9th Country Programme. Working closely with the Government of Indonesia, UNFPA delivered results in (i) widening universal access to reproductive health; (ii) increasing access to voluntary family planning; (iii) combatting the sexual transmission of HIV; and (iv) advocating for ICPD and SSTC. UNFPA has sharpened its focus towards providing cutting-edge technical and strategic support. UNFPA's assistance is in alignment with national priorities that are enshrined in the National Medium-Term Development Plan (RPJMN 2015-2019).
- b. Delivering through diverse partnerships has continued to be a central approach for UNFPA. As well as close collaborations with government partners, UNFPA has forged partnerships with academic institutions, NGOs and civil society. Working under the United Nations Partnership for Development Framework (UNPDF) 2015-2019 ensures that UNFPA works in synergy with other UN agencies, improving the impact of the UN in Indonesia.
- c. **Universal access to reproductive health: essential/cornerstone to women's wellbeing.** UNFPA works to ensure that women have access to vital reproductive health services during all phases of their lives. Reproductive health monitoring system, developing a reproductive health monitoring system, and supporting the ministry of health towards this aim is a priority for UNFPA. A comprehensive UATRHS monitoring system will provide timely information that is critical for effective reproductive health (RH) programming. It will enable policy makers to better understand the needs of the population and address gaps in access to reproductive health. **Enhancing evidence-based policy formation** to strengthen capacity for national policy development, UNFPA is supporting the development of the Action Plan for Accelerated Reduction of Maternal and Neonatal Mortality. The Action Plan outlines strategies to strengthen maternal health services, enhance the skills of midwives and improve emergency obstetric care (EmOC). There are integral links between family planning and maternal health. Maternal deaths could be cut by a quarter simply by meeting unmet needs for modern family planning. UNFPA supported the development of a Family Planning Services Action Plan to improve and coordinate family planning services provided by the MOH. As part of UNFPA's dedication to support policy development, these activities will enhance universal access to reproductive health.
- d. **Strengthening the midwifery workforce.** Strengthening the skills of midwives is vital to improve reproductive health and family planning services and is a central component of UNFPA's work.
- e. UNFPA's notable strides to support the Ministry of Health (MoH) on maternal health through quality midwives' services and maternal death surveillance and response model (MDSR) contributed to national efforts to prevent maternal deaths. In 2018, a draft report on MDSR supported addressing maternal deaths in Sampang and Lombok Tengah districts was produced. Policy advice and dialogue on maternal health based on sexual and reproductive health and rights (SRHR) directly contributed to national and subnational policies that accelerated an integrated sexual and reproductive health (SRH) approach in Indonesia. UNFPA Indonesia also strived together with MoH and Indonesian Midwives Association (Ikatan Bidan Indonesia – IBI) to increase the quality of midwives through the improvement of regulations on quality standards and the design of Centers of Excellence for midwifery education that will increase the life-saving skills of midwives.
- f. UNFPA continued to promote the rights-based family " planning by strengthening national partnership, coordination and knowledge sharing through its coleadership under the FP2020 Country Committee. In addition to the continued support to the piloting of the Rights-Based Family Planning Strategy in 3 districts that improved districts' capacity in family planning programming and budgeting, UNFPA's focus of support was on the provision of technical assistance to BAPPENAS and BKKBN in view of the development of the RPJMN 2020-2024. Background papers, policy briefs and other key national family planning documents were produced to provided situation analysis and recommendations for policy directions.
- g. The work on South-South and Triangular Cooperation (SSTC) this year focused on engaging in mutual learning and solution sharing for addressing emerging population and development issues to achieving Sustainable Development Goals, the 2030 Agenda. Regular SSTC activities and an international inter-ministerial conference on SSTC were jointly organized by the Government of Indonesia and UNFPA. UNFPA's integrated approach on BKKBN regarding South-South Cooperation on Family Planning in Indonesia resulted in the inclusion of the SSC in their medium-term development programme.
- h. As a leading Country Office for a sex workers prevention programme for UNFPA's Asia Pacific region, UNFPA Indonesia strives to fight HIV infection through cooperation with national partners to address barriers to ensure rights-based sexual and reproductive health. UNFPA Indonesia succeeded in coordinating the development of the guideline on HIV/STI Prevention among Intimate Partner Transmission for pilot implementation in five cities in Indonesia. UNFPA Indonesia provided technical assistance for the implementation of the Peer-To-Peer Outreach Model for Female Sex Workers (FSWs). Aligned as part of the Comprehensive Intervention in Prevention of Sexual Transmission, the implementation of the FSWs Strategy, supported by Global Fund, empowered communities in the prevention of HIV and encouraged HIV testing among populations at risk. The FSWs Strategy increased access to service and counseling among communities with three main activities: the peerto-peer outreach model, technical capacity development and linking key populations with HIV prevention, diagnosis and treatment.
- i. **Comprehensive humanitarian action.** Strengthening capacity to respond to disaster with gender sensitive humanitarian response. UNFPA Indonesia strives to advocate and support strengthening of capacity of national and local institutions and communities for enhanced maternal and newborn health status as well as ensuring women and youth engagement in decision making during the preparedness, response and transition to recovery following disasters. In 2018, UNFPA Indonesia worked with its partners, including Ministry of Health, Ministry of

Women Empowerment and Child Protection, BNPB and provincial and district offices, to provide and implement the humanitarian related guidelines as well as a minimum preparedness and response plan to endorse a comprehensive humanitarian response. Under the coordination of Ministry of Health and Ministry of Women Empowerment and Child Protection, UNFPA played a vital role in humanitarian settings in NTB and Central Sulawesi through its humanitarian response assistance.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	50% women 66% men believe condoms can prevent HIV	2012	59% women 64% men believe condoms can prevent HIV	2017	No significant differences observed. Misconceptions still persist.
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	No laws	2016	no laws	2020	Access to contraception for unmarried adolescents is still restricted.

Summary of National Progress

- a. Access to knowledge and safe practices on Adolescent Sexual and Reproductive Health (ASRH) remain a significant issue due to legal barriers, socio-cultural factors, as well as health system issues. Early pregnancy (7% of 15 to 19-year-old girls; BPS, 2018) continues to be a great challenge, especially in terms of health, economics and education. One out of every six girls was married before they turned 18, about 340,000 girls every year. Around 50,000 girls are married before they reach the age of 15 every year. Nationwide, 6% of boys and 13.7% of girls aged 15-19 have already married. Percentages of girls who become mothers tend to be higher in rural (10%) than in urban areas (5%) and in more deprived (13%) than in wealthier families (2%). As much as 61% of girls who are married in their childhood years do not access secondary education.
- b. While marriage of girls under age 15 has declined, marriage among girl's aged 16-17 has risen steadily indicating that protection for girls falls away around age 16. Cases of child marriage were found in all provinces. Poverty is also a main push factor of child marriage and an increase in child marriage is observed in the post disaster conditions. Premarital pregnancy is one of the highest contributing factors that lead to child marriage. Adolescent mothers from low socio-economic background also tend to be malnourished and give birth to a low birth weight baby; with 12% youth give birth to babies with low birth weight (BPS, 2018).
- c. **National Strategies:** The Government of Indonesia (GOI) has committed to increasing access to secondary schools. One of the most notable programs is the 'Program Indonesia Pinter' (Smart Indonesia Programme), a scholarship fund for 6-21-year-old people from low-income families, orphans, people with disabilities, and disaster survivors (MoEC, 2019a). The GOI has also emphasized its commitment to increase compulsory education, program from 9 to 12 years (MoEC, 2019b). The mandatory schooling could generate positive effects in increasing educational attainment, improving work opportunity and protecting girls from pregnancy. Commitment to ASRH is still part of the ICPD in Cairo, 1994, as well as SDGs and at the national level, objectives, scope, and methods of ASRH have been articulated in Government Regulation on RH (No 61/2014, Article 11-12). Nationally, youth issues and provision of services for youth are governed by the Law on Youth (No 40/2009) which stipulates awareness, empowerment and development as three main areas of youth development. There also have been some significant development of youth-friendly services initiated by some ministries and non-governmental organizations (NGOs), yet implementations tend to be done in a limited scale with limited impacts and still far from comprehensive. In 2017, a Presidential Decree (No 66/2017) on youth services was issued to ensure inter-ministries coordination under the leadership of the Ministry of Youth and Sports (MoYS). The decree is expected to push for better synergy and formulation of youth policy, strategies, and measurements.

UNFPA's Contributions

- a. In Indonesia, only 22 percent of youths aged 15-19 acknowledges and is able to locate reproductive health centers and less than 5 percent of youths has the privilege to use such services. UNFPA Indonesia addresses these challenges and endeavors to improve policies and programmes that ensure rights and needs for youth in diverse settings. UNFPA supported the Government of Indonesia, specifically BAPPENAS, Ministry of Health (MoH), Ministry of Education and Culture (MoEC), Ministry of Youth and Sports (MOYS), Coordinating Ministry for Human Development and Culture and BPS, with the development of evidence for cross-sectoral policy and planning.
- b. UNFPA provided technical assistance to MOH to include sexual and reproductive health the National Action Plan on School Aged Child and Adolescent Health. UNFPA also supported the MOH to develop National Reference Material for teachers to deliver ASRH education

that aligns with international standards. This is part of the ongoing strategic and technical support that UNFPA provides to widen access to essential sexual and reproductive health services for young people.

- c. UNFPA Indonesia provides comprehensive, innovative youth friendly health services called UNALA partnered with Yayasan Siklus Sehat Indonesia (YSSI) and Government of Canada. The UNALA program mobilized diverse youth from different backgrounds to conduct SRH leadership trainings as well as lead outreach in youth hangout spots. 532 youths from UNALA outreach had consultation in UNALA youth friendly clinics. To ensure sustainability and effectivity of the program, UNALA organized a series of coordination meetings to promote strategic partnerships and referral.
- d. **Promoting youth participation.** Through the Youth Advisory Panel (YAP), UNFPA in Indonesia supports youth engagement in UNFPA programming. UNFPA works to enhance the youth voice in SDGs and ICPDs, ensuring that young people have a say in the development framework that will define their futures.

C. National Progress on Strategic Plan Outcomes ²	Start value	Year	End value	Year	Comments
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	0	2018	1	2020	Gender equality national action plan 2019-2024 with specific target and used as a guidance for national and sub national budget allocation
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	n/a	2012	1	2017	1 out of 3 accepted recommendations is related to reproductive rights (FGM/C)
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	34%	2012	32%	2017	Indonesia Demographic Health and Survey (IDHS)

Summary of National Progress

- a. Gender mainstreaming in development has been mandated to the government organizations from the national to the local level through a Presidential Instruction 9/2000. Nevertheless, gender gaps have persisted. Its implementation has been slow, particularly due to the absence of gender analyses and a clear directive at the organizational level. Governance is critical from gender perspectives, including issues in legal enforcement, politics, and accountability. Low representation/leadership of women is one of the challenges to articulating women's interests in policy making. Strong policy commitments also have not yet ensured the fulfillment of the rights and protection of women and vulnerable groups. The emerging issues, e.g. radicalism and extremism where gender is important to be recognized as issues that has to be anticipated and monitored.
- b. The National VAW Survey (BPS, 2016) revealed that one third of women aged 15-64 years reported having experienced physical and/or sexual violence. According to the 2018 National Commission on Violence against Women (NCVAW) Annual Report, 348,486 or thirteen-fold increase in the number of cases of violence against women and girls have been reported in 2018 compared with 25,552 cases reported in 2007. Physical and sexual violence were the most common types of cases reported in 2018. Violence cases were reported in public space and transportation, housing complexes and apartments, universities and schools, as well as in migration processes and during disasters, including in public toilets and temporary shelters. Studies carried out by Gadjah Mada University (PSKK UGM) and the National Commission on Violence Against Women (Komnas Perempuan) supported by UNFPA on FGM/C in 2017 show that Type 1 and Type 4 are symbolic and most commonly practiced forms of FGM/C, with mothers and grandmothers as the main drivers of the practice and mostly carried out by traditional birth attendants in rural and by midwives in urban communities.
- c. **National Strategies:** The Indonesian Constitution states that every citizen has the right to employment commensurate with human dignity. The government has ratified the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) emphasizing equality between men and women, the inalienable right to work, and the need to eliminate discrimination against women in employment.

² The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

In practice, however, women still lag far behind men in terms of equal opportunities in the labor market. For many unskilled women, international migration has become a coping strategy to avoid poverty and increase their income. Female migration increased significantly during the economic crisis. In some areas, such as Lombok, female migration increased during and after natural disaster. Currently, there are two critical legislations, i.e., revision of the penal code and draft bill of Sexual Violence Law being discussed. Both have been on the list of regulations (Prolegnas) to be discussed by parliamentarians.

UNFPA's Contributions

- a. UNFPA Indonesia strives to provide an integrated approach in policies and programs to address barriers in the prevention and responses to gender-based violence and harmful practices in various settings. UNFPA supported the Government of Indonesia for the development of Background Paper of 2020-2024 National Mid-Term Planning on Gender Equality and Women Empowerment and continued to strengthen institutional capacity of health sector response to GBV. For harmful practices, policy advice on good practices for the prevention of child marriage resulted in a MOWECP strategy and model design for child marriage prevention at the subnational level. Guidelines developed to address the prevention of FGM/C for Health Sector and for CSOs using a family approach. The national meeting of Ulema and capacity building for youth facilitators on the abandonment of FGM/C led to establishment of partnerships with religious leaders as well as youth and health service providers.
- b. Engaging men and boys is paramount if gender equality is to be achieved and reproductive health programmes are to succeed. Transforming harmful gender norms is necessary to address the root cause of gender-based violence. It will also reduce barriers to family planning, maternal health, adolescent sexual and reproductive health (ASRH), and HIV prevention and treatment. For this reason, UNFPA strengthens the engagement of men and boys in programmes supporting gender equality, sexual and reproductive health and reproductive rights. Throughout the Ninth Country Programme, UNFPA has supported a legacy of activities to promote men's engagement. UNFPA works with the Ministry of Women's Empowerment and Child Protection (MOWECP) and the National Population and Family Planning Board (BKKBN) to strengthen understanding and promote evidence-based policy development to address inequitable and unhealthy attitudes and social expectations about gender. A national guideline to outline men's engagement in GBV, will provide new opportunities to advance policy and develop innovative programmes to support men's engagement.
- c. Child marriage and female genital mutilation (FGM). Combatting child marriage and FGM is at the heart of UNFPA's fight to support the rights and address gender inequality. Early marriage is all too common in Indonesia, and predisposes girls to bear children at a young age, posing health risks to both mother and baby. Childbearing in the teenage years also reduces girl's opportunities to education and employment. Female genital mutilation has no known health benefits, and can physical and mental trauma and severe pain. Recently launched research on harmful practices and national action plan for child marriage in Indonesia provided the foundation for evidence-based advocacy, raising awareness on the deleterious impacts that these harmful practices can have on the health and wellbeing of women and girls.
- d. Health sector response to GBV. Reliable baseline data is crucial to enhance programmes to improve the health sector response to GBV. As yet, there is currently no mechanism for recording data on survivors of GBV who seek medical assistance in Indonesia. To overcome this, UNFPA partnered with the Ministry of Health (MOH) and the Ministry of Women Empowerment and Child Protection (MOWECP) to performed an assessment of the current health sector response to GBV, including data and reporting mechanisms. This is a first step towards ensuring a better quality of services delivered to survivors of GBV. The assessment enhanced the evidence supporting rights-based policies that improve the health sector response to GBV, including the MOH Strategic Plan. This will strengthen national capacity for addressing GBV in the health sector.
- e. Combatting GBV during a disaster. UNFPA worked with MOWECP to prevent and manage gender-based violence during a humanitarian emergency. An assessment of key stakeholders involved in tackling GBV during a crisis informed future programmes to improve a multi-sectoral response to GBV. As part of this, options were investigated to for create safe tents to protect women and children during displacement.
- f. Evidence based advocacy and policy development. UNFPA works to improve the evidence-base that underpins policy development and advocacy efforts to address gender-based violence. By increasing the understanding on sexual violence in Indonesia, including legislation in this area, UNFPA is working with NCVAW to advocate the inclusion of this issue in national planning, including the development of the National Midterm Development Plan (RPJMN) 2019 – 2024. UNFPA provided technical support to develop a draft strategy on sexual violence impact to sexual reproductive health. This is used in advocacy on stronger legislation against sexual violence. UNFPA is also supporting efforts to address sexual violence amount marginalized women groups, including those in detention. UNFPA collaborates with MOWECP to enhance men's and boys' engagement in combatting GBV. Ensuring the prominence of principles of male involvement in national plans and policies, including the RPJMN 19-2024, will support the mainstreaming of principles to engage men and boys in gender and development work. The establishment of a National Reference Group on Men's and boy's Engagement will provide an enabling environment and facilitate partnerships in this area. Guidelines developed on male involvement in GBV programming will provide the foundation for the integration of men's and boys' engagement into policies and national priorities. UNFPA is working with MOWECP to enable a streamlined response to GBV through the implementation of minimum service standards (MSS) to support victims of gender-

<p>based violence. Overcoming barriers to enhance multi-sectoral coordination has been challenging. Lessons learned through this programme will inform future policies to enable a multisectoral approach to GBV and to increase support to survivors of this devastating violence.</p>					
<p>Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality</p>					
<p>Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?</p>	0	2010	1	2020	<p>UNFPA supported 2010 PC mainly on data processing, analysis and dissemination of demographic parameters and its related social aspects and in the preparation and conduct of in coming 2020 PC (by end of 2020)</p>
<p>Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?</p>	0	2017	1	2017	<p>UNFPA supported SDGs indicator related analysis and development of innovative and real-time web portal of the 2017 Indonesia Demographic and Health Survey</p>
<p>Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?</p>	0	2019	1	2019	<p>UNFPA CO has completed the 2019 Country Programme Evaluation in which the strategic interventions around sexual and reproductive health and adolescent and youth are two of the key areas being evaluated.</p>
<p>Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets</p>	0	2015	100%	2020	<p>The 2019-2024 National Midterm Development Plan, The National Action Plan on Ageing, Youth and</p>

					Adolescents, women's empowerment and child protection, One Data Initiative through Presidential Regulation, Ministerial decree on Forum of Population Data for Development Policy
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Summary of National Progress

- a. Indonesia's population has more than doubled from 118 million in 1971 to 255.6 million in 2015 and It is projected to increase to 269.6 million in 2020 and 280 million by 2024 or at an annual growth of 0.93 per cent between 2020 and 2024 (Population Projections, 2018). Continued population growth, changing age structure, and urbanization are three major populations-related megatrends that will have important implications on sustainable development in the country over the medium and long-term. The 2015-2045 Population Projections indicate that the total population will increase from 255.59 million in 2015 to 318.96 million in 2045, an increase of 63.37 million people in 30 years or 2.11 million people every year (Bappenas et al. 2018). The country is expected to urbanize further from 54% of the population being urban residents in 2015 to 69% in 2045.
- b. Women presently constitute 54% of older persons. This share is expected to increase with rising and higher life expectancy among women. Life expectancy at birth among women is projected to increase from 74.5 years in 2015 to 76.4 years in 2030 to 77.3 years in 2045. The corresponding data for men is 70.6, 72.8 and 73.7 years. There are also older widowed women among older age-groups. For instance, 56% of older women are widowed compared to 16% of older men. Older women would be more likely to depend economically on their children than older men (50.2% for older women versus 28.6%, Susenas, 2017). The latest set of population projections 2015-2045 projects continued growth of the population albeit at a slower rate; a lower rate of the population 0-14 years; a rise of the working age population; and an increase in the share and size of older persons. The resulting decline in the dependency ratio provides the country with an opportunity to benefit from the demographic dividend, which is conditional upon the state's investment in human capital, labour market reforms and institutional strengthening.
- c. Monitoring progress on the SDGs and national development plans which are both aimed at addressing inequalities/leaving no one behind require reliable and timely disaggregated data. Addressing this challenge would require broadening and deepening the existing data collection system and additionally making data better available for utilization in the development of plans, strategies and programmes.
- d. **National Strategies:** Recognizing the importance of formulating and coordinating population-based policies to achieve the demographic dividend, the Government has developed a comprehensive and integrated National Action Plan (NAP) for Youth that explicitly identifies how young people can harness the benefits of the demographic dividend. With respect to population ageing, the National Strategy on Ageing, 2015-25 which is now in its midpoint of implementation is currently being reviewed. Indonesia is conducting its next Population and Housing Census in 2020 and plans to use a combined method using both civil registration information and canvassing information through enumeration. Given that this is the first time such an approach will be used; capacity challenges will have to be addressed in the run-up to the Census.

UNFPA's Contributions

UNFPA focuses on ensuring quality population data and analysis on population dynamics and planning. As the United Nations development agency concerned with population and development issues, UNFPA Indonesia has developed a strong strategic partnership with Government of Indonesia agencies concerned with the supply, use and analysis of population data in Indonesia. UNFPA is the only international development partner that has played a continuing and active role in resourcing activities designed to extend the use of data on population and development issues in Indonesia. UNFPA actively supports the Government of Indonesia notably in data management on linkages with national policies and programmes. Working through an upstream approach, UNFPA provided technical and strategic support to the Government of Indonesia on the development of Indonesia's next medium-term development plan (RPJMN 2020-2024). As the RPJMN functions as an umbrella for other national plans, ensuring the strong integration of population dynamics in the plan was essential to advancing evidencebased policies in this area. UNFPA provided technical assistance to Bappenas to develop a series of background studies that is to be used for the development of the RPJMN technocratic papers, particularly in the areas of (i) population mobility and urbanization, (ii) changing age structure and harnessing demographic dividend; (iv) population ageing; and (v) one-data for effective policy, decision making and program.

The inclusion of the demographic dividend and projection trends as principles of development planning in the draft RPJMN represents an accomplishment for UNFPA in promoting population development, as crucial to Indonesia's sustainable development and the wellbeing of its people. Good governance depends on the provision and use of up-to-date statistics that describe the size and characteristics of a population. These statistics allow policy makers to see the nature and magnitude of population-related problems and to assess progress in key public policy areas. In 2018, UNFPA continued its strong strategic partnership with the Government of Indonesia, through its national statistical agency (BPS) Bappenas, BKKBN and collaborating ministries, in improving the range and quality of population data to meet identified evidence-based planning data needs.

D. Country Programme Resources (USD million, 2016-2020)						
SP Outcome Choose only those relevant to your CP	Regular Resource		Others		Total	
	(Planned Expenditure)	and Final	(Planned Expenditure)	and Final	(Planned Expenditure)	and Final
Increased availability and use of integrated sexual and reproductive health services	8.5	4.6	2.0	11.3	10.5	15.9
Youth policies and programmes, and increased availability of comprehensive sexuality education	1.5	1.3	1.0	1.0	2.5	2.3
Advanced gender equality, women's and girls' empowerment, and reproductive rights	3.0	1.4	0.5	1.0	3.5	2.4
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	6.0	3.0	0.5	0.5	6.5	3.5
Programme coordination and assistance	1.0	0.3	0	0	1.0	0.3
Total	20.0	10.6	4.0	13.8	24.0	24.4