



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
15 July 2020

Original: English

Second regular session 2020

31 August to 4 September 2020, New York

Item 14 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Indonesia

Proposed indicative UNFPA assistance: \$27.5 million: \$14 million from regular resources and \$13.5 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Tenth

Category per decision 2017/23: Yellow

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.5	8.0	13.5
Outcome 2	Adolescents and youth	2.0	1.5	3.5
Outcome 3	Gender equality and women's empowerment	2.0	1.5	3.5
Outcome 4	Population dynamics	3.5	2.5	6.0
Programme coordination and assistance		1.0	-	1.0
Total		14	13.5	27.5

I. Programme rationale

1. With a large, increasingly mobile urban population of 266 million people, Indonesia is the fourth most populous country in the world and close to reaching the upper-middle income threshold, with a per-capita gross national income (GNI) of \$3,840 in 2018. With a human development index value of 0.707, Indonesia has moved into the higher human development ranking, although socio-economic inequality threatens government efforts to achieve the 2030 Agenda for Sustainable Development. Indonesia's upward development trajectory also faces risks from natural disasters, climate change and pandemics.

2. Among the five overarching drivers of change identified by the common country analysis are: (a) changing demographics, with a projected population growth of 63 million people by 2045, adding complexity to the process of improving living standards for all while ensuring environmental sustainability; (b) entrenched gender inequality; (c) poverty; (d) socio-economic inequalities; and (e) persistent regional inequalities. Groups identified as being most at risk of being left behind include women; adolescents and youth, particularly those living in rural and peri-urban areas; people with disabilities; and female sex workers.

3. A number of themes emerge as underlying causes of development challenges in the common country analysis, including unequal access to high-quality services; inadequate policies, regulations, and laws at national and subnational levels for gender equality and non-discrimination; legal and policy gaps; rising intolerance and conservatism, exacerbating discrimination and gender inequality; and insufficient availability of disaggregated data for evidence-based planning to target and coordinate multisectoral approaches.

4. The high level of maternal deaths represents a significant challenge for the health sector. The President has reaffirmed the national commitment to reduce the maternal mortality ratio (from 305 deaths per 100,000 live births in 2015 to 183 per 100,000 live births by 2030), with plans to strengthen human resources for maternal health. While the majority of deliveries are assisted by a skilled birth attendant (95.8 per cent), poor quality of care has hindered progress in reducing maternal deaths. Availability and accessibility to pervasive health inequalities between the eastern and western parts of Indonesia are reflected in the lack of high-quality emergency obstetric services and significant numbers of non-institutional deliveries in the eastern part of Indonesia.

5. Slightly over a quarter of the population is aged 10-24 years. While the adolescent fertility rate has declined (36 births per 1,000 women aged 15-19 years), levels are significantly higher among the rural and the poor. Access to reproductive health education and services is insufficient due to restrictive laws and health system and socio-cultural constraints, with implications for reaping the benefits of demographic dividend.

6. The common country assessment noted that legal, policy, regulatory and enforcement frameworks need strengthening in relation to gender equality and the empowerment of women. Women and girls are at risk from high levels of maternal mortality, gender-based violence, child marriage and harmful practices. One in three women in Indonesia has experienced physical or sexual violence in their lifetime. One in nine girls is married before the age of 18 years. The National Commission on Violence against Women revealed that there are approximately 421 discriminatory local regulations.

7. While the total fertility rate has declined (from 2.6 in 2012 to 2.4 in 2017), the continuing high unmet need for family planning (11 per cent) and discontinuation rates (29 per cent) reflect challenges related to the quality of care, and geographic and socio-economic disparities.

8. Indonesia is categorized as a concentrated epidemic country, with new HIV infections among key populations, including sex workers and partners of people living with HIV. There were 49,000 new HIV cases and 38,000 AIDS-related deaths in 2018, a 25 per cent increase between 2010 and 2018. The Government has committed to fight the spread of HIV, including for reducing sex workers-to-client transmission, by providing access to

testing and treatment. However, HIV testing in Indonesia is still low and coverage for antiretroviral treatment is among the lowest in the region.

9. Indonesia is often hit by natural disasters, exacerbated by the effects of climate change. Between 2010 and 2019, there were 946 hydro-meteorological disasters. Disasters cause frequent internal displacement, affect infrastructure and institutions, reduce access to essential sexual and reproductive health services and exacerbate already high levels of gender-based violence. Despite the progress made to prepare for, respond to and recover from disasters, challenges remain. The emergent National Midterm Development Plan, 2020-2024 prioritizes building resilience to disasters, including the impact of epidemics, and climate change.

10. While Indonesia is data-rich and has a strong national capacity to collect and analyse data and produce demographic analysis, the data is not used consistently to inform decision-making. While population data is available at the national level, it is not fully disaggregated, and the capacity at subnational levels to use disaggregated data and demographic analysis for evidence-based policy-making and monitoring is limited. The recent Presidential regulation 39/2019, entitled One Data Indonesia, requires government agencies to produce accurate, timely, integrated and publicly accessible data to facilitate monitoring of the SDGs.

11. The evaluation of the previous country programme highlighted the following lessons learned: (a) integrated approaches are needed to enable more effective responses; (b) reaching women and girls most left behind is necessary to achieve universal access to sexual and reproductive health; (c) the geographical and decentralized administrative complexity requires expanding implementation of the current policies and plans at subnational levels; (d) systematization and sharing of experiences strengthen UNFPA visibility and leveraging of resources; and (e) national capacities need to be strengthened to generate data and evidence for decision-making.

12. Drawing on well-established partnerships with the Government, parliamentarians and civil society organizations working to accelerate implementation of the ICPD Programme of Action, UNFPA is in a unique position to convene stakeholders and facilitate integrated responses for achievement of the SDGs. UNFPA has several comparative advantages: (a) providing leadership on sexual and reproductive health and reproductive rights; (b) upholding the rights of young people; (c) addressing harmful social norms that uphold male privilege and limit women's autonomy; (d) promoting learning, including through South-South and triangular cooperation; and (e) supporting generation, analysis and use of population data for evidence-based planning, to contribute to national priorities across the humanitarian development continuum.

13. UNFPA has a strong commitment to enhance coherence and synergies through active participation in United Nations interagency working groups for the implementation of the SDGs (including as chair of the United Nations inter-agency network for youth development, gender equality, and data for SDGs, and as member of the United Nations inter-agency network for health and HIV-AIDS), and will promote coherence among United Nations and development partners in their support to the Government for implementation and monitoring of the SDGs.

II. Programme priorities and partnerships

14. The proposed programme is aligned to Indonesia's National Midterm Development Plan, 2020-2024, the 2030 Agenda for Sustainable Development; the ICPD Programme of Action; the Convention on the Elimination of All Forms of Discrimination against Women; the Sendai Framework for Disaster Risk Reduction, 2015-2030, and the United Nations Sustainable Development Cooperation Framework, 2021-2025. In response to the Decade of Action, the programme is designed to accelerate achievement of the 2030 Agenda, including through an emphasis on integrated and multidisciplinary policy and programme responses.

15. The programme will focus on supporting national efforts to achieve universal access to sexual and reproductive health and reproductive rights, contributing to the three UNFPA transformative results: zero maternal deaths; zero unmet need; and zero gender-based violence and harmful practices. It will use human rights-based, gender-responsive, culturally sensitive and life-cycle approaches. Comprehensive strategies addressing the social determinants of reproductive health, well-being, and development of adolescents and youth will focus on the prevention of adolescent pregnancy, child marriage, and harmful practices. Interventions address implementation gaps in policy frameworks. Enhancing the use of population data systems, at national level, will be critical to mapping inequalities and guiding evidence-based policy-making. It will focus on women, adolescents and youth most left behind, particularly those living in rural and peri-urban areas, people with disabilities, and female sex workers, as well as strengthening response and resilience in humanitarian contexts and large health crises, such as the threat of outbreaks and emerging infectious diseases, leading to large-scale epidemics and pandemics.

16. In line with United Nations development system reform, the programme flows from, and will directly contribute to, outcomes of the UNSDCF, 2021-2025. It will contribute to promoting tolerance and prevention of radicalization and extremism. UNFPA will contribute to joint programmes on maternal health, universal health coverage, comprehensive HIV prevention, youth policies development, prevention of and response to gender-based violence and harmful practices and data for SDGs, to be promoted together with UNICEF, WHO, UNDP, UN-Women, UNAIDS, Pulse Lab Jakarta and the World Bank.

17. UNFPA will combine advocacy and policy dialogue, evidence-based policy advice, knowledge management, capacity building and partnerships in support of government efforts to accelerate achievement of the SDGs and reduce geographic, socio-economic, gender and socio-cultural inequalities.

18. The programme aims to bridge the humanitarian-development divide by ensuring that humanitarian assistance is delivered in the context of resilience and broader sustainable development priorities. UNFPA will support national, subnational and inter-agency measures to strengthen disaster risk reduction and emergency preparedness by building capacities, systems and partnerships, with interventions cutting across the five outputs, applying a humanitarian development nexus approach. The programme is designed to enhance resilience by strengthening local capacities and empowering community engagement to overcome multiple threats crisis situations. It will strengthen the capacity of stakeholders in addressing sexual and reproductive health and gender-based violence, and providing data for lifesaving interventions in major disasters.

19. The programme will be implemented at national and subnational levels, taking into consideration the country's decentralized administration. Interventions at subnational levels will be designed to provide evidence for replication and adoption at national level. Selection of districts will be decided jointly with the Ministry of Development Planning. Parameters will take into consideration: (a) requests from the subnational governments; (b) prioritization of urban slums; (c) vulnerability mapping; (d) key indicators related to sexual and reproductive health, gender-based violence and harmful practices, poverty prevalence and high disaster-risk index; and (e) continuation from the previous country programme.

20. National leadership and ownership of development results that reinforce national and local institutions, policies, systems and processes will be prioritized. UNFPA will work with the Government and partners to address longer-term sustainability through national budget provisions, to scale up and roll out effective initiatives nationwide.

21. To facilitate opportunities for integrated policy and programme solutions, the programme has been designed so that the outputs are mutually reinforcing, harnessing interlinkages across programme components.

22. UNFPA will leverage diverse partnerships with government entities at national and subnational levels, civil society, the private sector, academia, United Nations results and

thematic working groups, and international development partners. Building on Indonesia's long experience with South-South and triangular cooperation, the programme will leverage Indonesia's global leadership in ICPD implementation, sharing knowledge, best practices and expertise with other developing countries. Under the coordination of the Ministry of Foreign Affairs, South-South and triangular cooperation will be strengthened and expanded. The rich experiences from the humanitarian and resilience building initiatives resilience will be documented and shared globally.

A. Sexual and reproductive health and rights

23. The programme will directly contribute to the UNSDCF outcome 1 outputs on access to sexual and reproductive health services and reducing maternal deaths, and outputs on social protection and ending violence against women, and outcome 3 outputs on strengthening disaster and climate resilience, with a focus on those most left behind.

24. *Output 1: Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multisectoral approaches in all contexts.*

25. This will be achieved through advocacy, policy dialogue and technical assistance in (a) strengthening national government capacity to develop and implement a national roadmap to accelerate action to end maternal mortality, revise guidelines to incorporate evidence-based practices and action plans that outline strategies to strengthen the quality and coverage of maternal health services, enhance the competencies of midwives and improve emergency-obstetric and newborn-care quality and coverage, focusing on geographic areas with the greatest inequities and highest maternal mortality; (b) facilitating establishment of a national multi-stakeholder taskforce, for sustained political and financial commitment to end preventable maternal mortality; (c) improving the quality of basic and comprehensive emergency obstetric and newborn care and referral service; (d) strengthening regulatory frameworks and training of professional midwives to improve the quality of reproductive, maternal, newborn, child and adolescent health services across the development and humanitarian continuum; (e) providing technical support to improve the quality of midwifery pre-service education, establishment of a midwifery council to regulate education and practice and support mentoring and supervision; and (f) strengthening linkages between maternal death surveillance and response, maternal-perinatal audit and the national and subnational civil and vital registration systems for reporting maternal deaths.

26. *Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youth, and marginalized groups, across the humanitarian and development continuum.*

27. This will be achieved by (a) contributing to the United Nations H6 partnership joint analysis for strengthening subnational health-system capacity to deliver high-quality sexual and reproductive health information and services, within the context of universal health coverage; (b) supporting integrated planning, budgeting and monitoring for an essential package of sexual and reproductive health services, including adolescent reproductive health and health-sector response to gender-based violence and harmful practices, at subnational levels; (c) facilitating multi-sectoral policy dialogue and providing technical assistance for implementation of essential package of sexual and reproductive health services; (d) promoting rights-based family planning through advocacy and technical support for demand creation; (e) improving data availability and regular analysis on family planning commodities; (f) improving inclusiveness of high-quality sexual and reproductive health services, including for people with disabilities; (g) technical assistance for the Government and civil society to implement and integrate HIV prevention models for female sex workers, partner notification for key populations and people living with HIV; and (h) strengthening national and subnational capacities on disaster preparedness and contingency planning for implementation of the minimum initial services package to address sexual and

reproductive health and adolescent sexual and reproductive health, prevention and management of gender-based violence, and population data for disaster management.

B. Adolescents and youth

28. Increased access to adolescent reproductive health will contribute to UNSDCF outputs under outcome 1 related to achieving universal high-quality service delivery in areas of health and education, and child and maternal health.

29. *Output 1. Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health and reproductive rights, development and well-being across the development and humanitarian continuum.*

30. UNFPA work will address the determinants for the fulfilment of adolescent reproductive health by: (a) conducting evidence-based advocacy and providing policy advice, to improve the quality of gender-responsive adolescent reproductive health education in-school and out-of-school, including for young key populations, in line with international standards; (b) supporting the Government in a coordinated manner via the United Nations Inter-Agency Network on Youth Development through evidence-based advocacy and policy support in development of national regulations and protocols for the coordination, implementation and monitoring of a national strategy on youth development and adolescent health, including to harness the demographic dividend; and (c) helping to establish a national platform for meaningful youth participation to ensure the rights and needs of adolescents are incorporated in the planning and monitoring of the SDGs, the ICPD Programme of Action, the Convention on the Elimination of all Forms of Discrimination against Women, and the Sendai Framework for Disaster Risk Reduction, 2015-2030.

C. Gender equality and women's empowerment

31. The programme will directly contribute to the UNSDCF outcome 1 outputs on ending violence against women and harmful practices and governance and rule of law, and the UNSDCF outcome 3 outputs on disaster and climate resilience, with a focus on addressing structural barriers, marginalization and discrimination.

32. The interventions will focus on policy advice and technical support to the Government and key stakeholders and convening and engaging with national, subnational and local stakeholders, including civil society, frontline service providers and institutions that provide downstream services, particularly targeting women and girls from marginalized and disadvantaged groups, including survivors of violence and persons with disabilities.

33. *Output 1. National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.*

34. This will be achieved by: (a) addressing discriminatory laws and policies to promote strong legal and policy frameworks for the advancement of gender equality and reproductive rights; (b) closing gender gaps at national and subnational levels through joint advocacy, analysis and mapping through a coordinated approach within the United Nations gender thematic working group and the United Nations human rights working group to strengthen government capacities, in order to design and implement non-discriminatory policies and programmes on gender equality; (c) providing technical assistance to support the implementation of national plans and strategies on child marriage and harmful practices, and for evidence-generation on good practices and lesson learned to prevent and address gender-based violence and harmful practices across development and humanitarian contexts; (d) strengthening the government-led and coordinated mechanism for multisectoral initiatives for gender-based violence prevention and response, including in humanitarian contexts, to provide comprehensive high-quality services for survivors; (e) strengthening engagement and capacities of districts to adopt gender-transformative community-mobilization programming to address harmful masculinities and promote

positive gender norms through partnerships with civil society organizations and networks, men and boys, religious leaders and traditional chiefs; and (f) strengthening availability and use of data, evidence and analysis to inform policy-making and programming on gender-based violence and harmful practices.

D. Population dynamics

35. The programme will contribute to UNSDCF outcome 4 outputs on innovation, financing and partnerships, data availability and use, and will facilitate the achievement of the other UNSDCF outcomes and outputs.

36. *Output 1. National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened.*

37. This will be achieved by: (a) leading the United Nations data for SDGs working group to review national metadata, develop and enhance an interactive national data dashboard to track SDG achievement, and strengthen data utilization for local development planning, policy-making and monitoring; (b) strengthening capacity for collection and analysis of high-quality data, with a focus on the census and other surveys, including innovative approaches such as geo-spatial data, small area estimation and Bayesian modelling; (c) establishing a national population data platform to improve the quality and accessibility of disaggregated data and statistics for use in national policies and programmes, and to monitor UNFPA-prioritized SDG indicators, and inform disaster-risk management; (d) supporting establishment of a national knowledge hub, housed with the Ministry of Development Planning, for the compilation and analysis of knowledge products on population and development, disaster risk reduction and climate change, sexual and reproductive health and reproductive rights, adolescents and youth and gender equality, to guide formulation of evidence-based policies, and increase access to knowledge products and innovative practices of national programmes that facilitate resource mobilization, replicate experiences and promote sharing of knowledge through South-South cooperation; (e) facilitating policy dialogues on population and development issues to encourage policy solutions to improve well-being as a part of sustainable development; and (f) promoting policies to accelerate development of human capital, ensuring balancing of social, economic and environmental development efforts, focusing on addressing inequalities, including through development of a national masterplan.

III. Programme and risk management

38. The country office will build national ownership and accountability with the Ministry of National Development Planning, leading programme implementation and ensuring programme coordination and delivery with selected implementing partners, government ministries and non-governmental organizations. Implementing partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. The country office will actively contribute to the functioning of United Nations country team mechanisms to ensure maximum synergies.

39. UNFPA will align staffing to the requirements of the proposed programme. Technical assistance will be sought from the regional office, headquarters and other country offices, as well as leveraging the resources of national partners, the multidisciplinary expertise in the United Nations country team, communities of practice, and expert networks, as necessary.

40. The Government has set out an ambitious plan for financing the SDGs, with resources for their financing in principle available and ongoing efforts to increase access and improve efficiency underway. With the technical support of development partners, the Government will leverage internal and external sources of financing to bridge the estimated financing gap. UNFPA will complete a transition from a programme donor to a catalyser of change. UNFPA support is a starting point for scale-up through implementation of a resource mobilization strategy, leveraging multisectoral partnerships with government, civil society,

youth groups, religious and traditional leaders, the private sector, social medial influencers, media, academia, bilateral and multilateral development partners, and through South-South and triangular cooperation.

41. Risks to programme implementation include: (a) reduction in resources due to changes in the funding landscape; (b) frequent staff turnover in government authorities; (c) increasing conservatism and shrinking space for human rights and civil society; and (d) vulnerability to natural disasters, climate-change, epidemics and pandemics. Risk-mitigating strategies will be put in place to address programmatic risks, including: advocating with new donors to complement regular resources; engaging in advocacy at the highest levels of Governments to ensure accountability and sustainability, despite turnover in political and technical authorities; developing evidence based communication and partnership strategies in order to address the pressure from anti-rights groups; and establishing integrated risk monitoring and control processes to ensure efficient and timely use of resources. In unforeseen circumstances, such as humanitarian emergencies, epidemics, pandemics and insecurity, UNFPA will conduct regular environmental scanning and update contingency plans in collaboration with other United Nations partners. Socio-political risks will be regularly assessed and mitigation measures undertaken, including reprogramming funds, in consultation with the Government to respond to emerging issues and unforeseen circumstances. UNFPA has rosters of technical staff that can be drawn on when necessary for short-term responses to emergencies.

42. The programme will be implemented with national partners. In order to strengthen risk mitigation, UNFPA will apply the harmonized approach to cash transfers, in collaboration with other United Nations agencies, selecting implementing partners based on their comparative advantage and ability to deliver high-quality results. Quality assurance activities will be conducted on an ongoing basis, including through spot checks, monitoring and regular review meetings.

43. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

44. The monitoring plan of the UNSDCF is based on the global and national SDG monitoring framework adopted by Indonesia. Output indicators are to be monitored annually as per the annual review process of the UNSDCF; these will allow for a review of progress made in contribution to higher-level outcomes. UNInfo, an online planning, monitoring and reporting platform that digitizes the UNSDCF and its corresponding joint workplans, will be one of the platforms used to track progress and allow monitoring. This online platform will provide an overview of progress at country level and reflects the United Nations development system's efforts to improve transparency and accountability, as well as better address the needs and priorities of the Government.

45. UNFPA, as chair of the data for SDGs working group and member of the data, monitoring and evaluation working group of the United Nations country team, will provide technical support in the design and implementation of the UNSDCF monitoring and evaluation system and framework, data-quality assurance, and will provide guidance to the results group and the United Nations country team on evidence-based progress reporting, including participating in the final evaluation of the UNSDCF, 2021-2025. The data for SDGs working group supports the Ministry of Development Planning in its Voluntary National Review reporting.

46. The country office has a comprehensive monitoring and evaluation strategy in place. UNFPA and the Government, through the Ministry of Development Planning, will manage and monitor the country programme, following UNFPA policies and procedures using

results-based management and accountability frameworks. It will organize field-monitoring visits and biannual technical meetings with implementing partners to track progress and adjust annual workplans. A midterm review of the programme will be conducted to analyse progress made and evaluate reorientation of programme strategies. A country programme evaluation will be conducted, to allow identification of lessons learned and priorities for the following cooperation cycle.

47. A costed evaluation plan will be implemented and reviewed periodically. This will ensure adequate resources allocation for monitoring and evaluation of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR INDONESIA (2021-2025)

NATIONAL PRIORITY: Priority 3: Human Resources Development in advancing people's well-being; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicator(s): <ul style="list-style-type: none"> • Maternal Mortality per 100,000 live births <i>Baseline:</i> 305 (2015); <i>Target:</i> 183 (2024) Related UNFPA Strategic Plan Outcome indicator(s): <ul style="list-style-type: none"> • Unmet need for family planning <i>Baseline:</i> 10.6% (2017); <i>Target:</i> 7.4% (2024) 	Output 1: Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multisectoral approaches in all contexts.	<ul style="list-style-type: none"> • Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism. <i>Baseline:</i> No; <i>Target:</i> Yes • Existence of a Midwifery Council that regulates midwifery education and midwifery-led care standards <i>Baseline:</i> No; <i>Target:</i> Yes • Number of midwifery centres of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards. <i>Baseline:</i> 4; <i>Target:</i> 10 	Coordinating Ministry for Human Development and Cultural Affairs; Executive Office of the President; Ministry of Development Planning; BPS-Statistics Indonesia; Ministry of Home Affairs; Ministry of Education and Culture; National Population and Family Planning Board; Midwifery schools; Indonesian Midwives Association; Midwifery Centre of Excellence; communities of practice; experts and academia; national and international nongovernmental organizations; H6 Partnership; World Bank, and media	\$4 million (\$2 million from regular resources and \$2 million from other resources)
	Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and marginalized groups, across the humanitarian and development continuum.	<ul style="list-style-type: none"> • Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices <i>Baseline:</i> 0; <i>Target:</i> 5 districts • Number of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model <i>Baseline (a):</i> 88 districts; <i>Target:</i> 146 districts <i>Baseline (b):</i> 5 districts; <i>Target:</i> 229 districts • Number of districts with high disaster risk index that have incorporated the nationally adopted and 	Ministry of Development Planning; Ministry of Health; Ministry of Education and Culture; Ministry of Home Affairs; National of Population and Family Planning Board; Ministry of Women Empowerment and Child Protection; National Disaster Management Agency; National and Subnational Parliament; Subnational government; H6	\$9.5 million (\$4.6 million from regular resources and \$4.9 million from other resources)

		<p>implemented Minimum Initial Service Package (MISP) in contingency plans <i>Baseline: 0; Target: 5</i> Districts</p> <ul style="list-style-type: none"> Number of revised national protocols on health sector response to gender-based violence, in line with the Essential Service Package (ESP) <i>Baseline: 0; Target: 3</i> protocols 	Partnership; The Joint United Nations Programme on HIV/AIDS; Youth Networks; United Nations Interagency Network for Youth Development; CSOs; Universities; and media	
NATIONAL PRIORITY: Priority 3: Human Resources Development in advancing people's well-being; Priority 7: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> Age Specific Fertility Rate aged 15-19 per 1,000 women <i>Baseline: 36 (2017); Target: 18 (2024)</i> Youth Development Index Score <i>Baseline: 51.50 (2018); Target: 57.67 (2024)</i> 	<p>Output 1: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum.</p>	<ul style="list-style-type: none"> Number of national regulations and protocols developed to improve the quality of adolescent reproductive health education in line with the International Technical Guidance on Sexuality Education (ITGSE) <i>Baseline: 0; Target: 2</i> Number of national regulations and protocols developed to regulate the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend <i>Baseline: 1; Target: 2</i> Existence of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the SDGs, ICPD and humanitarian action <i>Baseline: No; Target: Yes</i> 	<p>Ministry of Development Planning; Coordinating Ministry for Human Development and Cultural Affairs; Ministry of Health; Ministry of Education and Culture; Ministry of Youth and Sports; Youth Networks; United Nations Interagency Network for Youth Development; CSOs; Universities; private sector; professional organizations; and media</p>	<p>\$3.5 million (\$1.7 million from regular resources and \$1.8 million from other resources)</p>
NATIONAL PRIORITY: Priority : Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
<p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> Prevalence of women aged 15-64 years old have ever experienced physical and/or 	<p>Output 3.1: National and subnational institutions and communities have enhanced capacities to create an</p>	<ul style="list-style-type: none"> Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health 	<p>Ministry of Development Planning; Ministry of Women Empowerment and Child Protection; Ministry of</p>	<p>\$3.5 million (\$1.7 million from regular resources and</p>

<p>sexual violence perpetrated by their partner or non-partner in the previous 12 months <i>Baseline: 9.4% (2016); Target: Decreased (2024)</i></p> <p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> • Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 <i>Baseline: 11.2% (2018); Target: 8.74% (2024)</i> 	<p>enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.</p>	<p>information and services across the development and humanitarian continuum. <i>Baseline: 0; Target: 4 districts</i></p> <ul style="list-style-type: none"> • Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings <i>Baseline: 0; Target: 4 P2TP2A/UPTD</i> • Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame <i>Baseline: 0%; Target: 80%</i> • Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms <i>Baseline: 0; Target: 4 districts</i> 	<p>Health; Ministry of Social Affairs; National Disaster Management Agency; National Commission for Violence against Women; P2TP2A/ UPTD; national and Subnational parliament; provincial and district governments; United Nations Gender Thematic Working Group; United Nations Human Rights Working Group; Faith based Organizations; Community Leaders; Gender and Human Rights Networks; CSOs universities; and media</p>	<p>\$1.8 million from other resources)</p>
<p>NATIONAL PRIORITY: Priority 1: Economic Resilience; Priority 2: Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation</p>				
<p>SPECIFIC FRAMEWORK OUTCOME: Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p>				
<p>Specific framework outcome indicators, baselines and targets</p>	<p>Country programme outputs</p>	<p>Output indicators, baselines and targets</p>	<p>Partner contributions</p>	<p>Indicative resources</p>
<p>Related UNFPA Strategic Plan Outcome indicator(s):</p> <ul style="list-style-type: none"> • Proportion of 17 UNFPA-prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics <i>Baseline: 20% (2018); Target: 40% (2025)</i> 	<p>Output 1: National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequities across the development and humanitarian continuum is strengthened.</p>	<ul style="list-style-type: none"> • Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities <i>Baseline: No Target: Yes</i> • Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD Programme of Action and disaster management <i>Baseline: No; Target: Yes</i> • Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in 	<p>Coordinating Ministry for Human Development and Cultural Affairs; Ministry of Development Planning; BPS-Statistics Indonesia; Ministry of Home Affairs; Ministry of Foreign Affairs; the National Disaster Management Agency; National Coordinating Team of South-South and Triangular Cooperation; United Nations Data Forum for SDGs Working Group; communities</p>	<p>\$6 million (\$3 million from regular resources and \$3 million from other resources)</p>

		<p>the area of population and development, sexual and reproductive health and rights, adolescents and youth, gender equality in both development and humanitarian contexts <i>Baseline: No; Target: Yes</i></p>	<p>of practice; experts and academia; professional organizations; think tank organizations; national and international nongovernmental organizations; and media</p>	
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