GOVERNMENT OF
THE REPUBLIC OF INDONESIA

UNITED NATIONS
POPULATION FUND

Country Programme Action Plan
2011 – 2015
for the
Programme of Cooperation
Between
The Government of Indonesia
and
the United Nations Population Fund

Jakarta, 14 February 2011

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Acronyms & Abbreviations

AFPPD	Asian Forum of Parliamentarians on Population and Development
AIDS	Acquired Immunodeficiency Syndrome
APRO	Asia and the Pacific Regional Office
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
AWPMT	Annual Work Plan Monitoring Tool
BAPPEDA	*Badan Perencanaan Pembangunan Daerah*/Regional Development Planning Agency
BAPPENAS	*Badan Perencanaan Pembangunan Nasional*/The National Development Planning Agency (also referred to as Men PPN/BAPPENAS)
BCC	Behavioral Change Communication
BKKBN	*Badan Kependudukan dan Keluarga Berencana Nasional*/National Population and Family Planning Board
BNPB	*Badan Nasional Penanggulangan Bencana*/National Disaster Management Board
BPS	*Badan Pusat Statistik*/BPS-Statistics Indonesia
BP4	*Badan Penasihatan Pembinaan dan Pelestarian Perkawinan*/Marriage Counselling Services
BRR	*Badan Rehabilitasi dan Rekonstruksi/*Rehabilitation and Reconstruction Agency Aceh-Nias
CAT	Committee Against Torture
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CERD	Committee on the Elimination of Racial Discrimination
CO	Country Office
CP	Country Programme
CPAP	Country Programme Action Plan
DAC	District AIDS Commission
DPR	*Dewan Perwakilan Rakyat/*People's Representative Council
DPRD	*Dewan Perwakilan Rakyat Daerah/*Regional Representatives Council
DRR	Disaster Risk Reduction
ERHS	Essential Reproductive Health Services
FACE	Fund Authorization and Certificate of Expenditures
FP	Family Planning
GBV	Gender-Based Violence
GCA	Government Coordinating Agency
GDP	Gross Domestic Product
GSI	*Gerakan Sayang Ibu/*Safe Motherhood Movement
HCPI	HIV Cooperation Program for Indonesia
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICPD POA	International Conference on Population and Development Programme of Action
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IMDFF-DR	Indonesian Multi-Donor Fund Facility for Disaster Recovery
IOM	International Organization for Migration
IP	Implementing Partner
Komnas Perempuan	*Komisi Nasional Anti Kekerasan Terhadap Perempuan/*National Commission on Violence Against Women (NCVAW)
KPA	*Komisi Penanggulangan AIDS* / National AIDS Commission (NAC)
LDFEUI	*Lembaga Demografi Fakultas Ekonomi Universitas Indonesia*/Demography Institute Faculty of Economics Universitas Indonesia
LK3	*Lembaga Konsultasi Kesejahteraan Keluarga/* The Family Welfare Consultation Agency
LoI	Letter of Intent

LoU	Letter of Understanding
MDG	Millennium Development Goal
MenPPN/BAPPENAS	*Kementrian Perencanaan Pembangunan Nasional/ Badan Perencanaan Pembangunan Nasional*/Ministry of National Development Planning/The National Development Planning Agency
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MONE	Ministry of National Education
MOWECP	Ministry of Women Empowerment and Child Protection
NGO	Non-Governmental Organization
NHRI	National Human Rights Institutions
NIHRD	National Institute for Health Research and Development/*Badan Penelitian dan Pengembangan Kesehatan (Litbangkes)*
NTT	*Nusa Tenggara Timur*/ East Nusa Tenggara
OHCHR	Office of the High Commissioner for Human Rights
PCMU	Programme Component Management Unit
PEDUM	*Pedoman Umum/* General Guidelines
PIK KRR	*Pusat Informasi dan Konseling Kesehatan Reproduksi Remaja/*Information and Counseling Centre for Adolescent Reproductive Health
PMTCT	Preventing Mother-To-Child Transmission
PRSP	Poverty Reduction Strategy Paper
PSKK UGM	*Pusat Studi Kependudukan dan Kebijakan Universitas Gadjah Mada/*Population and Policy Study Centre – Universitas Gadjah Mada
RH	Reproductive Health
RPJM	*Rencana Pembangunan Jangka Menengah*/ Mid Term Development Plan
RPTC	*Rumah Perlindungan Trauma Center/*Shelter and Trauma Centre
SEKDA	*Sekretaris Daerah*/ Provincial or District Secretary
SETDA	*Sekretariat Daerah*/Provincial or District Secretariat
SPN	*Sekolah Polisi Negara/*National Police School
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
TOT	Training of Trainers
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UN WOMEN	United Nations Fund for Women
UNFPA	United Nations Population Fund
UNORC	United Nations Office for Recovery Coordination
UNPDF	United Nations Partnership for Development Framework
VAT	Value Added Taxes
VAW	Violence Against Women
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YAP	Youth Advisory Panel

The Framework

The Government of the Republic of Indonesia, hereinafter referred to as "the Government", and the United Nations Population Fund, hereinafter referred to as "UNFPA", being in mutual agreement to the content of the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of UNFPA Eighth Country Programme of Assistance for the year 2011-2015; and,

Furthering their mutual agreement and cooperation for the fulfillment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, ICPD at 10, other related conferences, and the Millennium Development Goals (MDGs);

Building upon the experience gained and progress made during the implementation of the previous country programmes of assistance, and based on the recently approved Country Programme Document; and in response to any emergency situation;

Entering into a new five-year period of cooperation as defined in United Nations Partnership for Development Framework (UNPDF) and in the Eighth Country Programme (2011-2015);

Declaring that the roles and responsibilities for the implementation of the Eighth Country Programme will be fulfilled in a spirit of friendly cooperation;

Have agreed on the Country Programme Action Plan (CPAP) as follows:

Part I. Basis of Relationship

1.1. The programme described herein is based on the Revised Basic Agreement for the Provision of Technical Assistance signed by the Government and the UN in Jakarta on 29 October 1954, and its amendments contained in the exchange of letters of 1 and 17 November 1966 between the Government and UNDP, and the exchange of letters between the Government and UNFPA dated 14 June, and 7 and 19 November 1996.

Part II. Situation Analysis

2.1. The Republic of Indonesia, the world's fourth-most populous country, has a population of 238 million.[1] With an annual growth rate of around 1.49 per cent, the population is projected to reach 248 million in 2015. Nearly 55 per cent of the population live in rural areas. In 2010, the average life expectancy for Indonesian men is 69 years while for Indonesian women is 72 years.[2] Based on the BPS-Statistics Population Projection 2005 to 2025, the older population aged 65 and above is estimated to be 13 million (5.2 per cent) in 2011 and will increase to around 23 million (8.1 per cent) by 2025. The percentage of population below the age of 15 has been decreasing due to the increase in life expectancy and the parallel decrease in TFR. The percentage of 0 to14 year-olds decreased from 28.5 per cent in 2000 to 26.7 per cent in 2010. It was also projected that the population aged under 25 is estimated to be around 105 million (44 per cent) in 2011 and will decrease to around 103 million (38 per cent) in 2025.[3]

[1]Preliminary results of the Population Census 2010.
[2] Indonesia Population Projection 2005-2025, BPS, Bappenas, and UNFPA, Jakarta 2008.
[3] *Ibid.*

2.2. Indonesia has continued to thrive in consolidating its democracy since 1998 as a decentralized government, increasing the role and responsibility of local governments in bringing decision making closer to the people. However, technical and administrative capacity gaps continue to be the challenge in the endeavor to improve the quality of public service delivery and in reducing regional disparities. These gaps result in national level policies that may not necessarily be translated at the subnational levels through locally responsive policies and programmes as a follow up of existing national policy frameworks. Therefore there continues to be a need to build on already existing legal frameworks and mechanisms at central government so that they are effectively incorporated within subnational level policies.

2.3. The past decade was not only marked by major political transformations, but Indonesia has also shown significant progress in its socio-economic sphere. Indonesia is finding its way in assuming its emerging role in the global economy. Indonesia is recorded to show strong economic growth amidst global economic uncertainty and volatility, where the economy is projected to grow to over 6 per cent in 2011.[4] Unemployment has decreased by 3 per cent between 2005 and 2009. According to the 2010 Human Development Report, Indonesia is considered as one of the top ten among 135 countries with the fastest HDI progress over the past four decades. Indonesia has made significant progress in reaching its Millennium Development Goals in poverty reduction based on $1 a day criteria, gender equality in schools, and in health, particularly in decreasing the prevalence of tuberculosis. However, there are targets that continue to present a challenge in its achievement by 2015, mainly in poverty reduction based on the national poverty line (13 per cent in 2010 to 8-10 per cent in 2014), in reducing MMR to reach 102 per 100,000 live births, in HIV prevention among high risk groups, and in environmental sustainability (high greenhouse gas emissions). Uneven growth continues to be another challenge for Indonesia's achievement of the MDGs, especially in areas vulnerable to external shocks and disasters. These vulnerabilities are part and parcel with higher TFR (Total Fertility Rate) and lower access to family planning and reproductive health services and information.[5] Poor women and girls are especially vulnerable to early marriage and childbearing, as well as entering into sex-work.[6]

2.4. As Indonesia transitions into a middle income country, the context of aid and development has changed, as stated through the Jakarta Commitment on aid for development effectiveness, shifting the focus of the role of aid, from financial assistance to a more strategic role as a catalyst in national efforts in carrying out its development agenda. The Government of Indonesia, together with development partners, is further enhancing aid effectiveness by operationalizing the Jakarta commitment into joint programmes and national systems to implement development cooperation programmes.[7] As a new emerging global economic force, Indonesia recognizes its stronger role in the regional and international arena, thus envisioning the nation's potential in becoming a knowledge hub and centre of excellence across various development thematic areas.

2.5.Indonesia recognizes its vulnerability to climate change and its commitment to become a leader in addressing climate change, globally. The government also envisions the establishment of the first regional climate centre in Indonesia as an information hub for climate information.[8] This calls for a

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[4] Taken from ANTARA News, "World Bank: Indonesia's Economic Fundamentals Strong", 29 September 2010, and "RI Economy to Grow 6.3 per cent this year: Bank Indonesia Official", 29 October 2010 [www.antaranews.com].

[5] *Report On The Achievement Of Millennium Development Goals Indonesia 2007,* BAPPENAS, 2007.

[6] *Study of the Demographic, Social and Economic Correlates of Early Childbearing and its Implication on Maternal Health and Morbidity,* Demographic Institute Faculty of Economics University of Indonesia and UNFPA, Depok, 2005; and *The Social and Economic Correlations of Women Entering into Sex Work and its Reproductive Health Implication*, Center for Societal Development Studies, Atma Jaya Catholic University (CSDS) and UNFPA, Jakarta, 2003.

[7] Joint programmes with the UN include the work under the UNPDF, and national systems for implementation are in the form of programme or project implementation guidelines that operationalize the cooperation between UN Agencies and the Government.

[8] Taken from Simamora, A., 2010. "*Obama, SBY to Discuss Climate Center in Indonesia*." *The Jakarta Post,* 03/02/2010.

concerted effort to support the government in addressing climate change, anticipating the cross cutting issues that may emerge from these environmental vulnerabilities by providing technical expertise and evidence-based analysis to promote sound programme planning and policy making. As a consequence of climate change, vulnerabilities due to rising occurrences of disasters in Indonesia also increase. Since the devastation resulting from the tsunami in 2004, Indonesia continues to suffer from a series of major natural disasters such as the earthquake in Yogyakarta and Central Java (2006), floods in Jakarta (2007), and the earthquake in West Sumatra (2009). In 2010, the year was marked with the flash flood in Wassior, West Papua Province, an earthquake and tsunami in West Sumatra Province, and volcano eruptions in Mount Sinabung and Merapi. The enactment of the Disaster Management Law No.24/2007 was a concrete step in Indonesia's comprehensive response towards disasters in the emergency phase as well as in Disaster Risk Reduction (DRR) which covers pre-disaster as well as rehabilitation and reconstruction phases. Under the coordination of the UN, The Indonesia Multi-Donor Fund Facility for Disaster Recovery (IMDFF-DR) was established in 2010 to pool funding to support the implementation of Government disaster recovery action plans.

2.6.Indonesia's commitment to the ICPD Programme of Action is marked by significant progress in its implementation, although regional disparities remain as challenges that must be overcome. Indonesia halved its fertility in the last 35 years. According to the revised estimate of the Indonesia Demographic and Health Survey (IDHS), the total fertility rate was 2.3 children per woman in 2007 compared to 3.0 in 1991 and 2.4 children per woman for the period of 2002/2003. On the other hand, maternal mortality ratio remains high at 228 deaths per 100,000 live births (2007 Indonesian Demographic and Health Survey)[9]. Skilled health providers attend 74.9 per cent of births, which is relatively high, although there are large disparities among provinces, such as Papua, where skilled health providers attend 49.1 per cent of births. There is also regional variation with the TFR, from 1.5 in Yogyakarta to 3.7 in Nusa Tenggara Timur and Maluku Provinces.

2.7. The contraceptive prevalence rate for modern methods is 57.4 per cent, mostly injectables and oral contraceptives, varying across provinces with 24.5 per cent in Papua and 70.2 per cent in Bengkulu.[10] The method mix is limited with low availability of intrauterine devices and sterilization services. The unmet need for family planning is 9 per cent, including 4.7 per cent for limiting family size and 4.3 per cent for spacing. It is estimated that the number of women needing reproductive health and family planning services will increase from 64 million in 2009 to 68 million by the year 2015, where 42 per cent (29 million) of this population would consist of unmarried women.[11]

2.8. Male participation in family planning and reproductive health is still limited. The percentage of couples relying on male family planning methods is very low.[12] The IDHS 2007 shows that 1.5 per cent of married couples use male methods (condoms: 1.3 per cent, male sterilization: 0.2 per cent) compared to 55.9 per cent practicing a modern female method. Men are more likely to be

[9] United Nations estimates mentions that the 2008 maternal mortality ratio for Indonesia was 240 deaths per 100,000 live births. Taken from WHO (2010), *Trends in Maternal Mortality: 1990 to 2008*, *Estimates Developed by WHO, UNICEF, UNFPA, and The World Bank.*

[10] Based on the 2007 IDHS, the contraceptive prevalence for a variety of methods is: female sterilization (3.0); male sterilization (0.2), oral contraceptives (13.2), IUD (4.9), injectables (31.8), implant (2.8), condom (1.3), lactational amenorrhea method (0.0), traditional family planning methods (4.0), any method (61.4), modern method (57.4).

[11] Terrance Hull and Henry Mosley, Revitalization of Family Planning in Indonesia. GOI and UNFPA, Jakarta, February, 2009. http://www.itp-bkkbn.org/pulin/004_population_data_information.html

[12] Among male methods of family planning are: condom, male sterilization. Taken from BPS-Statistics Indonesia and Macro International, 2008, and, The Indonesia Young Adult Reproductive Health Survey 2007.

exposed to a message promoting family planning than women, and knowledge about STIs and HIV/AIDS is higher among men than among women. [13]

2.9. About 65 million young people aged 10 to 24, who represent 28 per cent the population, are in need of special reproductive health attention and care. Recent surveys and research confirm that general knowledge about family planning is high and that 84 per cent of young women and 77 per cent of young men reported that they had heard of AIDS.[14] Only 16 per cent of women and 10 per cent of men know about voluntary counseling and testing (VCT) and 45 per cent of women and 48 per cent of men between the ages of 15 to 24 are convinced that there is no risk of pregnancy after just one instance of sexual intercourse. This is also evident in the low number of young people who used a condom during their last sexual activity (10.3 per cent female and 18.4 per cent male of unmarried adolescents between 15 and 24 years of age).[15] Besides lack of knowledge, the restricted access to contraceptives for youth and the unmarried population is also an issue that needs to be addressed.

2.10. Despite the perception of the majority of young unmarried adults (15-24 years of age) that family planning services should be available to them (90 percent of female respondents and 85 per cent of male respondents surveyed through the 2007 Indonesian Young Adult Reproductive Health Survey), the Health Law No.36/2009 stipulates that family planning services are provided for legally married couples. The low knowledge and restricted access has caused many unwanted teen pregnancies, where girls below 19 years of age account for 10 per cent of abortions at a service delivery point and unmarried women for 33 per cent.[16] The percentage of girls below 19 years of age that undertake unsafe abortions is expected to be higher and especially more common in rural areas.[17] Furthermore, adolescents and young people themselves are not involved in decision making, planning, and implementation and monitoring of policies and programmes related to their own reproductive health.

2.11. The HIV epidemic in Indonesia is one of the fastest growing in Asia. The prevalence rate among the adult population (15 to 49 years) is 0.2 per cent, except in Papua, where it is 2 per cent (Ministry of Health, 2009). At present, HIV/AIDS is most prevalent among people aged 15 to 29 years and concentrated among most at risk groups including sex workers (10.4 per cent), the transgendered population (24.4 per cent), men who have sex with men (5.2 per cent), injecting drug users (52.4 per cent) and prisoners[18] (2.7 per cent). The Ministry of Health estimates that without increasing efforts to expand prevention, care, support and treatment services, the number of people living with HIV and AIDS will have doubled in 2014 (rising from an estimated 227,700 in 2008 to 501,400 in 2014).[19]

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[13] Based on the IYARHS 2007, 12.7 per cent of married men have comprehensive knowledge about AIDS compared to 9.1 per cent for ever-married women; knowledge about mother to child transmission is higher among men than women; 70 per cent of currently married women who have heard of HIV/AIDS stated that they never discussed HIV/AIDS prevention with their partner, and 41.8 per cent of currently married women never discussed family planning with their partner.

[14] 96 percent of women compared with 93 percent of men in the age group 15 to 24. BPS-Statistics Indonesia and Macro International (2008), and the Indonesia Young Adult Reproductive Health Survey (2007).

[15] BPS-Statistics Indonesia and Macro International (2008), and, the Indonesia Young Adult Reproductive Health Survey (2007).

[16] The Age Specific Fertility Rate (ASFR) for women aged 15-19 years is 35 births per 1000 women aged 15-19 years, and for women aged 20-24 years is 106 births per 1000 women aged 20-24 (Hull and Hartanto ,2009, *Fertility Estimates of Indonesia for Provinces: Adjusting Under-recording of Women in 2002-3,* and, the *2007 IDHS,* BPS and UNFPA, Indonesia.

[17] Sedgh G and Ball H, Abortion in Indonesia, *In Brief,* New York: Guttmacher Institute, 2008, No. 2.

[18] Data on prevalence among prisoners is taken from the Ministry of Health HIV Sentinel Survey conducted in 51 prisons in 2007, with a range between 0 and 32 per cent. The first national Behavioural Survey and Prevalence of HIV and Syphilis in Prisons in Indonesia—led by the Ministry of Justice and Human Rights together with MOH, UNODC, WHO, NAC, AUSAID and HCPI—was recently completed. However, the results have not been officially published.

[19] National HIV and AIDS Strategy and Action Plan 2010-2014, Indonesian National AIDS Commission, 2010.

2.12. Women in Indonesia are lagging behind in public life and the persistent gender gap in social sector indicators continues to be a national challenge. In 2009, nearly 9 million people over 15 years of age (or 5.3 per cent of the population) are illiterate. From this number, 64 per cent of illiterates consist of the population above 45 years of age, and a large portion of these are women.[20] The difference in level of education between males and females has been slowly decreasing over the last years.[21] Despite this positive development there continues to be a need to narrow gender inequalities and promote the empowerment of women in all sectors. One of these areas is in the labor and political arena in order to speed the increase of women's role in decision making. Only 49 per cent of women participate in the labour market, as compared to 80 per cent of men. At the national level, there is a 61 per cent increase in the average monthly wage for female workers between 2004 and 2009—although the wage is only 78 per cent of the average wage of male workers, with wide subnational disparities.[22] Amongst the women working in the government, less than 1 per cent is working in the upper echelons, and their representation in the national legislature stands at 18 per cent—lower than the target of 30 per cent as stated in Law No. 10/2008 on General Elections.[23] However, the increase in women's representation is quite substantial both at the national and subnational levels. [24] Decision makers and policy implementers must be sensitized to ensure the promotion and protection of the rights of women and girls in laws, policies and programmes, as well as in its enforcement and implementation.

2.13. Gender-based violence (GBV) has been recognized by the Government as well as civil society as a serious concern in Indonesia. It occurs in many forms including domestic violence, sexual harassment and trafficking of girls and women, but data and research on the issue are still limited and often unreliable due to limitations in sound methodologies in collecting gender-sensitive data. Violence related to women migrant workers continues to be a national issue, the absence of protection for women migrant workers is the result of absence of and limitations in the implementation of agreements between the Government of Indonesia with governments of countries receiving the migrant workers. Steps have been taken to combat gender-based violence including the approval of national policies, strategies and legal documents such as the Domestic Violence and Anti-Trafficking Laws. However, there is a wide gap in the implementation of the policy at the sub-regional level. The lack or unreliability of reporting and recording has often become one of the reasons why local governments do not prioritize GBV concerns. Limitations in Government capacities and mechanisms to address prevention and response to GBV have also hindered progress and active advocacy to place GBV more prominently on the local development agenda. In 2010, MOWECP and related ministries agreed on the issuance of Minimum Standard Services for Survivors of Violence against Women and Children at the district level with standards that have been set low so that district governments in most remote areas would be able to comply. At present, health sector response to GBV exists in big cities thus calling the need for initiatives at subnational levels to narrow the gap towards the response to GBV. Non-Governmental Organizations working in VAW services are continually faced with the challenge of sustainability to ensure quality, comprehensive services. The quality of services and initiatives for survivors greatly vary from one region to the other, as a result of variations in scale, competence and access to resources.

2.14. In May 2010, the government undertook its sixth population census. The 2010 Population Census has been designed to meet various data needs including monitoring the progress for

[20] Data taken from Ministry of National Education Website [source: http://www.pnfi.kemdiknas.go.id/news/20100930130459/BUTA-AKSARA-MASIH-TINGGI.html], the exact percentage of women illiterates above 45 years of age is unavailable.
[21] http://stats.uis.unesco.org/unesco/TableViewer/document.aspx?ReportId=121&IF_Language=eng&BR_Country=3600
[22] National Development Planning Agency (BAPPENAS), "The Roadmap to Accelerate Achievement of MDGs in Indonesia", 2010, p.92.
[23] UNDP Indonesia, *Women's Participation in Politics and Government in Indonesia*, May 2010, Jakarta Indonesia.
[24] Women's representation in the Regional Representatives Council from 22.6% in 2004 to 26.5% in 2009.

achieving the millennium development goals and to be the basis for preparing small area statistics. Although national capacity to collect population data and to utilize it in planning processes has improved, there continues to be a need to strengthen these capacities at the provincial, district and subdistrict levels. The increasing importance of evidence-based planning and the call for transparency on policy decisions require government agencies to increase their capacity to collect and analyze up-to-date sex-disaggregated data.

2.15. A comprehensive set of laws, policies and strategies exist within the fields of population, reproductive health and gender in Indonesia. In 2009, two important milestones were achieved with the passing of the Health Law No. 36/2009 and the Population Dynamics and Family Development Law No. 52/2009. The 2009 Health Law, unlike the previous Health Law, has included several articles on reproductive health and rights. The new law also regulates that abortion is not allowed except in those cases where there is a medical emergency and when the pregnancy is caused by rape. Equity continues to be a major issue in the Health Law, where access to reproductive health services among adolescents and the unmarried population is not clearly stipulated in the law.

2.16. The centralized national family planning programme that had been in place from the 1970s until 2003 has contributed greatly to the prospect of a demographic dividend in the coming decade. At the end of 2003, the authority in charge of family planning/reproductive health, called the National Family Planning Coordination Board (BKKBN) at the time, followed other government ministries when it decentralized its mandate to the district level. Decentralization has given district governments far reaching responsibilities, authority, and funding for reproductive health and family planning. Since 2003, districts have shown that their ability to continue to provide FP services greatly vary. This has been problematic, especially for newly established districts, poor districts and districts that did not have strong family planning programmes prior to 2003.[25] In 2009, the passing of Law No. 52 was expected to increase support for family planning generally, and to strengthen the leadership and management role of BKKBN across the country. As Law No. 52 also assigns BKKBN with a new role as the agency responsible for developing policies on population, therefore, BKKBN now stands for *Badan Kependudukan dan Keluarga Berencana Nasional*, or the National Population and Family Planning Board. The role of the private sector has increased significantly in family planning programmes in Indonesia over the past two decades. Between 1987 and 2007, as the modern contraceptive supply from the public sector decreased from nearly 75 per cent to 26 per cent, the supply from the private sector increased from 12 per cent to nearly 70 per cent.[26] In the coming years attention should be given to the implementation of policies and strategies including appropriate budget allocations at national and subnational levels. Furthermore, the mainstreaming and integration of key population, reproductive health and gender concerns in national and subnational development policies and strategies should be strengthened.

2.17. Non-Governmental Organizations (NGOs) are playing a crucial role at both national and subnational levels with regards to specific issues within population, reproductive health and gender, such as adolescent reproductive health, gender-based violence, HIV/AIDS, and in working with parliamentarians on policy work and advocacy. NGOs are becoming more successful in engaging communities and introducing innovative approaches to tackle some of the remaining challenges within these fields. NGOs also play a crucial role in providing humanitarian assistance and assistance for recovery and reconstruction in areas suffering and recovering from disasters and conflict. However, there is still a need to address gaps in NGO capacities to implement programmes and ensure sustainability of their efforts.

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[25] *Revitalization of Family Planning in Indonesia: A Strategy for Empirically Based Implementation*, National Family Planning Coordinating Board, 2009.

[26] Hull and Mosley, 2009. *Revitalization of Family Planning in Indonesia,* GOI and UNFPA, Indonesia, pp.17.

Part III. Past Cooperation and Lessons Learned

3.1. From 1972 to 1994, UNFPA Country Programmes focused on the collection and analysis of population data, family planning and capacity-building. From 1995 to 2006, the programme shifted towards assisting Indonesia in implementing the ICPD Programme of Action and since 2000 the MDGs, with a focus on reproductive health, family planning, HIV/AIDS prevention, gender-based violence prevention and management and the utilization of data for planning and improving the understanding between linkages between population and development.

3.2. The Seventh Country Programme (2006-2010) aimed at contributing to the attainment of a higher quality of life for the Indonesian people through (a) improved reproductive health through the integration of reproductive health services (b) support for governments for improved planning through the utilization of more accurate and sex-disaggregated data, and (c) the set up of the pre-requisites to provide services to survivors of gender-based violence. The programme consisted of three sub-programmes: (1) reproductive health (2) population and development, and (3) gender, with advocacy as a component that cross cuts all sub-programmes. An allocation of $25 million was approved for the programme; $23 million from regular resources and $2 million from other resources. Actual disbursement for the Seventh Country Programme was over $34 million; $26 million from regular resources whereas nearly $8 million has been mobilized from other resources—of which $4.7 million was for humanitarian response. The programme was implemented by four government agencies at central level, namely Ministry of Health, Ministry of Women Empowerment and Child Protection, BKKBN, and BPS. Selected NGOs were also involved in programme implementation. The overall coordination of the programme rested with the National Development Planning Agency (BAPPENAS). The programme was implemented in the six provinces namely: South Sumatra, West Java, West Kalimantan, West Nusa Tenggara (NTB), Aceh and East Nusa Tenggara (NTT). The assistance covered 21 selected districts within the 6 provinces. In 2008, 9 out of 21 districts, were selected for the Integrated Essential Reproductive Health programme (IERH) and the gender-based violence management programme.[27] During the five-year programme, 15 NGOs active in 7 districts carried out sustainable outreach programmes aimed at effectively conveying a message of safe sex and provide information about adolescent sexual reproductive health to young most at risk groups. Faith-based and community-based organizations were also involved in the programme, to address sensitive issues such as gender-based violence prevention and management as well as HIV prevention of most at risk populations.

3.3. Through continued monitoring and evaluation of progress in project implementation as well as through annual programme reporting,[28] field monitoring, a strategic management review, a mid-term review in 2008[29], a review of the HIV/AIDS programme[30], and a final evaluation in 2010[31], achievements and lessons learned from the Seventh Country Programme have been identified and documented.

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[27] IERH focus districts were: Tasikmalaya, Indramayu, Oki, Pontianak, Singkawang, Lombok Barat, Lombok Tengah, Kupang and TTS. GBV management focused districts were Singkawang , Lombok Barat, Aceh Barat, Lombok Timur, Manggarai, Alor, Sumba Barat, Landak, and Sintang

[28] UNFPA, *Standard Progress Reports*, 2006, 2007, 2008 and 2009.

[29] UNFPA, *Mid-Term Review Brief, GOI –UNFPA, 7th Country Programme (2006-2010)*, Jakarta, Indonesia.
Fritzen, Scott, Srinivasan, Venkatesh and Setiyono, Budi, *A Strategic Management Review of the UNFPA 7th Country Programme in Indonesia (2006-2010)*, 2008, UNFPA, Jakarta, Indonesia.

[30] Irvin, Andrea and Nasir, Sudirman, *Report of the Evaluation of the HIV/AIDS Prevention & Adolescent Reproductive Health Program*, UNFPA Indonesia, December 2008, UNFPA, Jakarta, Indonesia.

[31] Wedeen, Sadewo &Soemantri*, 2010. Final Evaluation Report GOI-UNFPA 7th Country Programme (2006-2010),* UNFPA, Jakarta, Indonesia.

3.4. The reproductive health sub-programme contributed to the formulation of the National ARH Action Plan, the Health Law, and the Population Law. Other major achievements of the sub-programme include: (1) the development of reproductive health costing module which is being used for advocacy work at central and subnational levels (2) the improvement of contraceptives logistic management in 9 selected districts and assistance to partners in developing their contraceptives forecasting for 2010-2014 (3) the improvement of reproductive health and family planning policy framework in districts and provinces through the enactment of local regulations (*Peraturan daerah*), where 12 local regulations related to reproductive health have been endorsed by the regional representative council (DPRD) in the UNFPA coverage areas (4) inclusion of ARH in school curriculums of 27 schools in 9 districts (5) nationwide distribution of publications that put HIV on the map for parliamentarians and policy makers (6) strengthened capacity of non-governmental organizations to address issues such as adolescent reproductive health and HIV/AIDS (7) improvement in the performance and institutionalization of subnational IFPPDs (8) policy research to support revitalization of family planning, including re-estimation of total fertility rates, and (9) integration of minimal initial essential service package in emergencies into the training programme of the Ministry of Health as a part of the national emergency preparedness plan.

3.5. Under the population and development strategies sub-programme, the following results were achieved: (1) availability of data both at the central level and in some selected subnational levels have been improved (2) the quality and quantity of disaggregated data regarding population, reproductive health, and gender compiled in the "District in Figures" publication has improved (3) data coordination efforts at the province and district levels have significantly improved due to the introduction of the database fora, and (4) inclusion of maternal mortality module in the 2010 census. Additional technical support was also provided to support the government in undertaking the 2010 Population Census.

3.6. The gender sub-programme has been making progress towards legislative reform and enforcement of laws for the promotion and the protection of women's rights especially in the area of GBV. During the Seventh Country Programme, the following results were achieved: (1) development of minimum standard of service package for the survivors of gender-based violence (2) increased capacity of service providers (law enforcers such as police, attorney, judges, health and psychosocial workers) in 9 districts were improved to manage violence against women cases (3) establishment of new and strengthening of existing psychosocial support service providers, as well as the establishment of coordination, recording and reporting mechanisms, and (4) gender-responsive budgeting has also been actively advocated and had been initiated by central ministries and selected subnational authorities. Furthermore, advocacy with policy makers and parliamentarians have helped to place GBV more prominently on the national and local political and development agenda.

3.7. In the Seventh Country Programme, emergency assistance was provided to Aceh (2006), Yogyakarta (2006), Jakarta (2007), Manggarai (2007), Tasikmalaya and Padang (2009). The key types of humanitarian assistance provided by UNFPA in response to disasters have been the implementation of Minimum Initial Service Package (MISP) for reproductive health and gender in emergencies. During the rehabilitation and reconstruction phase, UNFPA has provided support for the integration of comprehensive reproductive health services into primary health care. After the emergency response in Padang, an evaluation was carried out and a number of achievements were identified: (1) the UNFPA emergency response programme has properly addressed the actual need of reproductive health services for vulnerable women and children and the real potential problem of gender-based violence among earthquake survivors (2) reproductive health services in public health

facilities has been improved through the provision of reproductive health equipment and supplies (3) the capacity of health staff has been strengthened through trainings in reproductive health and gender. Main challenges of the programme included: (1) the need to strengthen coordination mechanisms especially for mainstreaming gender and GBV prevention in early phase of an emergency, and (2) the need for a strategy for programme sustainability after the project completion.

3.8. Based on the achievements and challenges, the following lessons learned from the Seventh Country Programme with regard to programme design, strategies and activities have been identified and should be applied in the Eighth Country Programme. In overall programme design, strategic emphasis should be given to supporting upstream policy dialogue, at central and subnational levels, compared to the focus on service delivery. It is important that district level pilot interventions feed into both national and subnational policy dialogue. Sound monitoring and evaluation strategies throughout all programme stages is crucial in measuring how programmes are on track in reaching its desired outcomes and in providing early warning of obstacles and risks in implementation. Capacity strengthening continues to be a need in Indonesia as well as regionally, calling for the need to promote the sharing of good practices among different countries through South-South Cooperation.

3.9. In the past five years, the reproductive health component has contributed to national evidence-based policy formulation through research in family planning revitalization, adolescent reproductive health and IERH. Knowledge gaps that remain in identifying linkages between population, reproductive health, gender, poverty and development should be addressed through further policy research initiatives under the Eighth Country Programme good practices, such as the inclusion of adolescent reproductive health into local school curriculums, should be enhanced by promoting its scale-up and quality standards. Strategic capacity strengthening should be provided for central and subnational agencies in carrying out effective outreach to different target populations. In addressing HIV/AIDS and adolescent reproductive health, civil society plays an active role in providing young people and most at risk groups with quality and non-judgemental information and therefore UNFPA collaboration with CSOs should be strengthened in close collaboration with national institutions with responsibility for policy formulation and implementation in these areas.

3.10. Through the population and development component, the introduction of the database fora in the Seventh Country Programme has promoted effective coordination and dialogue on data-related issues and needs among stakeholders. Although there are significant improvements in ensuring data availability, there continues to be a need to support the government in advanced analysis and utilization of available data, such as the 2010 Population Census, in evidence-based programming and policy making.

3.11. The gender equality component in the Seventh Country Programme has shown that there is a need to support the government to strengthen local capacities that are still struggling to operationalize national policies into local initiatives. Mainstreaming gender in the context of the protection of women and children in emergency or disaster settings continues to be challenge. Limitations in provincial and district government capacities to respond to emergencies are also reflected in how gender issues are addressed in these emergency/disaster settings. However, through past experiences in responding to disasters during the Seventh Country Programme, strong local NGO networks played a key role in advocating gender mainstreaming in disaster response. A gender expert roster at national and subnational levels should also be developed in order to enable immediate deployment to ensure gender mainstreaming in local disaster response initiatives.

Part IV. Proposed Programme

4.1. Over the past five years, the context of Indonesia's development cooperation has changed as a consequence of the nation's emergence as a middle income country. This will present significant changes in UNFPA country programming in Indonesia as it enters its eighth cycle for the next five years, particularly in a re-orientation of programme design and strategies as well as in the working modality of the UNFPA Country Office vis-à-vis its its partners in the country. To respond to these changes in the national development context, UNFPA will be placing a stronger focus on being a strategic catalyst for Government by emphasizing on upstream policy advice and dialogue with Government and national partners. UNFPA recognizes the capacity gaps that trademark the challenges of Indonesia's decentralization, resulting in national policies that are not translated effectively at subnational levels. To address these gaps, the proposed programme will work at both the central and subnational levels through strategic capacity building to operationalize national policies and programmes and to promote evidence-based decision making on budget allocations and expenditure monitoring. UNFPA will also work to provide technical assistance to support the Government in advocacy as well as in the facilitation of research and data for evidence-based policy and replication of good practices generated from district level interventions. UNFPA work at the district level is aimed to develop approaches for decentralized policy making and subnational programme planning (pilots), which will then undergo a thorough analysis of the scalability for nationwide replication and thus in addressing the gaps in translating national commitments into evidence-based subnational operationalization. Tapping into UNFPA's global, regional and country level expertise and experiences, support will be given to national partners in addressing issues of reproductive health and rights, population and development, as well as gender equality in development and emergency contexts—including addressing the needs of young people. UNFPA will strongly advocate for strategies that promote equity in access to information and services and focus on the rights of the poor, marginalized and vulnerable in society.

4.2.The CPAP is based on the analysis of development challenges provided by the UN Common Country Assessment which has taken place through research conducted in three areas (Papua, East Nusa Tenggara and Aceh) and a series of stakeholder meetings that were organized as part of the development process of the 2011-2015 United Nations Partnership for Development Framework (UNPDF). An additional UNFPA situation analysis was undertaken in early 2010 and the Seventh Country Programme Evaluation was commissioned in mid-2010. The findings of these two assessments have been taken into account in the preparation of this CPD and the CPAP. The CPAP is aligned with the Government's Medium Term Development Plan 2010-2014 (*Rencana Pembangunan Jangka Menengah*/RPJM), the National Millennium Development Goals, and the priorities of the districts that have been selected for programme implementation based on the results of a series of district needs assessments, for the period of 2011 to 2015.

4.3. The proposed programme has been developed in partnership with the Government, NGOs, other stakeholders and UNFPA. It has emerged from a series of work sessions and workshops, with strong participation by stakeholders. This has promoted national and subnational ownership of the programme. The programme has also been formulated in consultation with United Nations Agencies and bilateral donors.

4.4. Under the Eighth Country Programme, the UNFPA Executive Board has approved to support Indonesia in the total amount of $29 million, which consists of $25 million from regular resources and $4 million from other resources. Out of $29 million, $14 million is allocated for reproductive

health programme component, $7 million for population and development programme component, $7 million for gender programme component, and $1 million for programme coordination and assistance.

4.5. To advance efforts for UN Reform, the new cycle of the UNPDF was developed, placing stronger emphasis on 'Delivering as One'. The proposed programme has been formulated on the basis of the UNPDF and will contribute to four of the five UNPDF Outcomes.[32] The five areas (social services, sustainable livelihoods, governance and participation, climate change and disaster management/resilience) were identified as the areas where the UN system can work together most effectively to support Indonesia in achieving the MDGs. UNFPA Indonesia will be actively participating in the four outcomes for social services, governance and participation, climate change, and disaster management/resilience.

4.6. Each of the five UNPDF outcomes are directly linked to national priorities as stated in the RPJMN 2010-2014 which identified 11 priorities and three cross cutting principles.[33] The national priorities addressed by the Eighth Country Programme Document are: reform of the bureaucracy and governance (priority 1), education (priority 2), health (priority 3), reducing poverty (priority 4), and environment and management of natural disaster (priority 9). The RPJMN also calls for three mainstreaming perspectives as the operational foundation of overall development implementation, namely (1) sustainable development mainstreaming (2) good governance mainstreaming, and (3) gender mainstreaming. The Eighth Country Programme will follow these operational foundations in its programme development and implementation.

4.7. The Eighth Country Programme will assist Indonesia in achieving the goals of RPJM, MDGs and the ICPD POA. The programme follows the strategic direction of UNFPA, taking into consideration UNFPA's global mandate and the comparative advantages of UNFPA as the leading multilateral agency in Indonesia within the field of population, reproductive health and gender. It reflects UNFPA's mission and the priorities that are stipulated in UNFPA's Strategic Plan 2008-2013:

- Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.
- Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention for improved quality of life.
- Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence

Finally, the programme will integrate rights-based and culturally-sensitive approaches in line with the principles of good governance. In the Eighth Country Programme, social-cultural studies will be an integral part of informing programme planning and implementation in all of our geographic coverage areas.

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[32] UNPDF Outcome 1: Poor and most vulnerable people are better able to access quality social services and protection as per millennium declaration; UNPDF Outcome 2: The socio-economic status of vulnerable groups and their access to decent work and productive sustainable livelihood opportunities are improved within a coherent policy framework of reduction of regional disparities; UNPDF Outcome 3: People participate more fully in democratic processes resulting in pro-poor, gender responsive, peaceful, more equitable and accountable resource allocation and better protection of vulnerable groups; UNPDF Outcome 4: Increased national resilience to disasters, crisis and external shocks; UNDPF Outcome 5: Strengthened climate change mitigation and adaptation and environmental sustainability measures in targeted vulnerable provinces, sectors and communities.

[33] Presidential Regulation No. 5/2010 on the National Medium-Term Development Plan 2010-2014, Republic of Indonesia.

4.8. Building on the lessons learned during previous country programmes and recommendations from the three key evaluations that took place during the Seventh Country Programme, as well as new directions arising from the Jakarta Commitment and the UN Reform initiative for Delivering as One, the programme will place a stronger focus on strategic, upstream policy work and dialogue at national and subnational levels, support for research and studies that feed into policy making and planning processes at the central and subnational levels and will be delivered through increased support to more hands-on technical assistance at all levels. It will operate in fewer geographical areas and will focus on initiating innovative approaches with the aim of scaling up and replication of good practices from pilot[34] interventions to other parts of Indonesia. The Eighth Country Programme will also ensure rigorous documentation of lessons learned and good practices throughout programme implementation, as well as in the context of strengthening South-South Cooperation.

4.9. Selection of non-governmental implementing partners has been based on the criteria of programmatic relevance, the quality of proposals, availability of their management systems including financial management; institutional and technical capacities; past experience in implementing related activities including experiences from previous country programmes; and comparative advantage and potential to contribute to the country programme outcomes and outputs.[35] UNFPA will work with parliamentarians, mainly through the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) and subnational branches of this forum. Youths will be involved throughout the programming stages, cross cutting all UNFPA thematic areas.

4.10. The selection of the Eighth Country Programme districts took place through a joint government and UNFPA analysis of available statistics.[36] After a short list was prepared, UNFPA and Government partners visited each of the areas to explore the feasibility for the Eighth Country Programme implementation. A number of needs assessments were carried out to gain a greater understanding of local government commitment, needs and capacities, as well as logistical issues such as accessibility, The findings from these needs assessments resulted in the selection of the following districts: Nias and Nias Selatan (North Sumatra Province); Mamasa and Mamuju Utara (West Sulawesi Province); Alor, Manggarai and Timor Tengah Selatan (East Nusa Tenggara Province); Jayapura and Merauke (Papua Province), and; Manokwari (West Papua Province). To ensure high quality technical support and sound quality assurance of the work at district levels, the Eighth Country Programme will emphasize on focused pilot interventions in most of the UNFPA coverage districts. Comprehensive programming—where all three programme components are piloting—is limited to one district (Jayapura, Papua Province). The country programme will provide support at the central level for advocacy and capacity building in planning, policy, and strategy and guideline development.

4.11. The Eighth Country Programme has three components, namely: (1) Reproductive Health and Rights (2) Population and Development, and (3) Gender Equality. The three programme components will incorporate cross-cutting strategies related to: gender mainstreaming, advocacy and IEC, rights-based and culture-sensitive approaches, as well as humanitarian preparedness and response. To promote effective and efficient achievement of outcomes and outputs, the programme

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[34] In the Eighth Country Programme, "Pilots" are defined as "the development of approaches for decentralized policy making and subnational programme planning".

[35] For detailed information see *Assessment of Potential Executing Agencies for UNFPA 8th CP*, Rita Damayanti, UNFPA, Jakarta, 2004.

[36] 8 indices were used as main criteria: Human Development Index, Human Poverty Index, Gender Development Index, Gender Empowerment Measure, Contraceptive Prevalence Rate, Unmet Need for Family Planning, Antenatal Care and Skilled Birth Attendance. Newly proliferated districts as per 2005 were excluded as well as districts with a lower population than 100,000. Taken from UNFPA Indonesia, Presentation during Workshop on District Selection, Modality and Sustainability of Programme, Hotel Salak, Bogor, 26-27 April 2010.

design placed emphasis on the interlinkages between programme components. Through the Eighth Country Programme, the output of the population and development component has close affinity with the gender equality and reproductive health components, including in emergency contexts. Activities will be further developed and designed by the Implementing Partners and UNFPA as part of the AWP (Annual Work Plan) development process. Monitoring and evaluation, as well as sustainability and exit strategies, will be incorporated in the AWP development and design. Programme sustainability and exit strategies that were planned at the start of the programme will be revisited during the mid-term review (third-year implementation) of the programme cycle.

4.12. In line with General Assembly Resolution 64/222 of 21 December 2009, South-South Cooperation will continue to be an important element of UNFPA's work in Indonesia as it offers viable opportunities for Indonesia and other developing and middle-income countries in their individual and collective pursuit of sustained economic growth and sustainable development. The Eighth Country Programme will respond to Indonesia's vision to transform itself as a global and regional knowledge hub. UNFPA will support the Government to identify its areas of strengths and expertise, such as in family planning and in conducting and analyzing population census data, in order to intensify South-South Cooperation and in establishing or strengthening institutions into knowledge hubs and centres of excellence.

A. Reproductive Health and Rights

4.13. The outcome for the reproductive health and rights component is to improve access to high quality sexual and reproductive health services, including services to prevent HIV and help people to realize their sexual reproductive rights. The component output is to improve national and subnational institutional capacity to deliver gender-sensitive, high quality sexual and reproductive health services that address maternal health, family planning, adolescent sexual and reproductive health and the prevention of HIV, as well as responses in emergency situations. The main strategies to achieve these objectives is through support for central level policy advocacy, promoting evidence-based policy making on reproductive health issues, South-South Cooperation and the knowledge hub scheme for family planning, as well as supporting the government in advancing its global commitments.[37]

To achieve the output of the reproductive health and rights component, the Eighth Country Programme will provide financial, technical and policy support to ensure:

4.13.1. Enhanced implementation of a comprehensive sexual and reproductive health programme that is in line with the National Health Law.

- Since 2009, the Government of Indonesia has put in place the legal framework to govern over health issues through Law No.36/2009, however, there continues to be a need to build on these existing foundations to ensure the development of follow-up regulations and action plans for the implementation of the policy particularly in the area of reproductive health. Narrowing capacity gaps as a consequence of decentralization is also instrumental in translating national policies into local regulations, as a basis for the development of subnational reproductive health programmes. Through the Eighth Country Programme, UNFPA will continue support for the Government in improving its maternal health status through strategic assistance towards (1) the development of subnational regulations (*perda*) as a follow up to national policies; (2) support for quality assurance of the national programme implementation of the Universal Access to Reproductive Health, as well as to facilitate policy dialogues that are necessary to ensure

[37] Such as"Making Pregnancy Safer" and Universal Access to Reproductive Health.

equality for all individuals in accessing reproductive health; and, (3) enhancing quality services for maternal health through the development, implementation and quality assurance of an EMOC Referral Model for services provided at community health centres (*puskesmas*). To promote and build capacities for evidence-based planning and policy making, UNFPA will also support research and publication of academic journals that will focus on contributing to efforts in addressing reproductive and maternal health issues, as well as a review of social insurance schemes in Indonesia such as *Jaminan Kesehatan Masyarakat* (health insurance schemes) and *Jaminan Persalinan* (childbirth insurance scheme). To strengthen linkages with regional programmes, UNFPA will work closely with the Ministry of Health and Parliamentarians on addressing the financial barriers of and allocations for maternal and newborn health.

- Under this strategy, UNFPA will also contribute to efforts that address and strengthen interlinkages between adolescent sexual reproductive health, gender-based violence and HIV prevention. To assist the Government in responding to the issue of adolescent sexual and reproductive health in schools, the reproductive health component will support the development of national strategies to guide local governments in delivering Adolescent Sexual and Reproductive Health (ASRH), including gender-based violence and HIV prevention, education in schools. By providing strategic technical assistance, UNFPA will also strengthen national capacities to address a comprehensive approach to adolescent sexual and reproductive health. While working on an advocacy strategy to ensure the provision of access to services to the young and unmarried, UNFPA will be working with civil society and community-based organizations as well as the private sector to ensure that services are available. The Eighth Country Programme will continue to support the Government in HIV prevention efforts, particularly in the area of reproductive health using three approaches: (1) support for the National AIDS Commission in its National Strategy on HIV Prevention for women and young people, as well as to ensure comprehensive condom programming, including female condoms, in the context of the national Programme on HIV Prevention through sexual transmission (*pencegahan melalui transmisi seksual)* (2) support for District AIDS Commissions to develop local regulations on HIV Prevention and its operationalization, working together with CSOs, and (3) facilitate dialogue between civil society groups, especially most at risk groups which inform policy makers on the needs of the most at risk population. UNFPA areas of focus for HIV prevention in reproductive health focuses on prevention among most at risk groups such as the vulnerable youth (15 to 24 years) as well as sex workers and their clients through support for the National AIDS Commission in its National Strategy, as well as on the reduction of sexual transmission to women. Responding to Government efforts to lower the trends of mother to child transmission, especially in Papua—where prevalence rates are highest in the country—UNFPA will provide technical assistance to the Government to develop and implement models that integrate Voluntary Counseling and Testing in minimum packages for PMTCT services for community health centres (*puskesmas)* in Papua Province, as well as facilitate open policy dialogue to address the high prevalence of HIV among vulnerable youths and sex workers.[38] For a comprehensive approach in preventing transmission, UNFPA will provide technical assistance towards the development and implementation of a comprehensive condom programming model, also through engagement with the private sector.

[38] PMTCT efforts in Papua Province are part of a joint initiative with Government and UNICEF, where efforts are conducted through a four-pronged approach. Ensuring the integration of VCT in the minimum package for PMTCT services is part of the UNFPA Indonesia strategy to contribute to prongs 1 (targeted primary prevention among women of child bearing age), 2 (prevention of unintended pregnancies in HIV-positive women), and 3 (prevention of infection from HIV-positive mothers to infants) of the national strategy.

4.13.2. Enhanced implementation of a comprehensive population and family planning programme in line with the National Population Law.

- The Eighth Country Programme will continue supporting the facilitation of policy dialogue to ensure that human rights, gender and equity issues are sufficiently addressed in existing national policies on family planning—including equity in access to commodities and services. UNFPA will also support policy dialogue for local government efforts towards the development of local regulations on population and family planning, through subnational parliaments. To support the Government in advancing the Revitalization of the Family Planning Programme, UNFPA will facilitate the review of development policies to ensure alignment with family planning programmes. To ensure sustainability of Government efforts to reduce unmet needs for family planning, UNFPA will strengthen local governments to translate the national commitment to ensure contraceptive commodity security. To support the Government in advancing its family planning programme, UNFPA will support an operations research on the use of long-term family planning methods, working together with John Hopkins University.[39] Furthermore, UNFPA will also support efforts to develop and implement a community-based model that aims to raise community awareness, increase participation of community leaders in these efforts, and assisting the Government in developing strategies that will bring access to services closer to the people. To advance awareness-raising efforts on adolescent sexual and reproductive health issues, UNFPA will develop an IEC/BCC strategy taking advantage of information, communication technology (ICT), particularly recognizing the potential of social networks in information sharing and in advocacy campaigns. In the context of South-South Cooperation, UNFPA will support BKKBN in areas of Indonesia's expertise in family planning, such as reproductive health commodity security (RHCS), the role of religious leaders, community participation, and IEC/BCC. The Eighth Country Programme will also support BKKBN in advancing its efforts to become a knowledge hub by providing technical assistance in strategic programming and in consolidating a pool of experts who may provide technical assistance in this area to other countries in the region. An assessment of BKKBN capacities will determine the institutional needs for enhanced South-South Cooperation and for the knowledge hub scheme. To assist the Government of Indonesia in preparing for the 20-year review of the ICPD Programme of Action, UNFPA will support the Government in the documentation of lessons learned and good practices.

4.13.3. Integration of Minimum Initial Service Package for reproductive health and gender in national and regional emergency preparedness and response plans.

- To support the Government in responding to emergencies, the Eighth Country Programme will advance the integration of the Minimum Initial Service Package (MISP) into policy documents and national guidelines on health disaster management. To build on the emerging priority to incorporate reproductive health in emergency response, UNFPA will support the Government by providing strategic technical assistance to national and regional crisis centres (one regional centre may cover a number of provinces) to provide MISP in emergency preparedness and response during major disasters. UNFPA will also support the documentation of good practices in emergency situations, such as the post-disaster population census that was conducted in post tsunami Aceh, Nanggroe Aceh Darussalam Province.

[39] This initiative is financially supported by the Bill & Melinda Gates Foundation to John Hopkins University.

4.14. At the central level, UNFPA Indonesia will be working with the Ministry of Health, BKKBN, the National AIDS Commission, Ministry of National Education, Ministry of Women Empowerment and Child Protection, and CSOs. Strengthening engagement with parliamentarians will be important in advocating for the mobilization of local resources and advocacy for reproductive health, family planning, adolescent reproductive health, and HIV Prevention.

4.15. UNFPA will collaborate with relevant partners involved in the Eighth Country Programme through the Consultative Group on Health led by BKKBN and the Ministry of Health. This partnership will focus on safe motherhood initiatives and in promoting gender equity and equality. UNFPA will also actively participate in the National Working Group on Contraceptive Commodity Security. Close coordination and partnership for the implementation of the reproductive health and rights programme component will continue with WHO and UNICEF. To promote and ensure civil society involvement in reproductive health service provision especially for adolescents, greater collaboration with, and support for NGOs will be required. UNFPA will work with the Ministry of Education and district education offices to ensure the inclusion of life skills-based sexual and reproductive health education in the national secondary school curriculum. Other partners include UNICEF, WHO, UNESCO, the Ministry of Health, BKKBN, and the National AIDS Commission.

4.16. In regards to potential and ongoing joint programmes and inter-agency collaborative initiatives, UNFPA-WHO partnership has been established to assist the Government (MOH and BKKBN) in improving the quality of RH services. In the context of UNPDF, UNFPA will be involved in the UN Joint Programme on Disaster Risk Reduction in East Nusa Tenggara starting 2011. For 2011, UNFPA will participate in three UN joint programmes on HIV Prevention: (1) the joint assessment on PMTCT in Papua, West Papua and Jakarta Provinces, to develop provincial plans for operational scale-up, and (2) the Web-based Social Media Access to HIV Prevention and Health Education for Teenagers and Young People.

B. Population and Development

4.17. The outcome of the population and development component is to ensure that data on population and development, gender equality, young people, sexual and reproductive health and HIV/AIDS are available and used to support population and development policies and programmes at national and subnational levels. The component output is to strengthen the capacity of national and subnational institutions to analyse and use data on population and on the Millenium Development Goals and ICPD-related issues for policy formulations. The main strategies to achieve these objectives include strengthening capacities of central and subnational institutions, support for policy research and programme development on newly emerging areas such as population dynamics and climate change, migration/urbanization, ageing, as well as in identifying the inconsistencies in the TFR and CPR indicators. Other strategies will also include support for pre and post disaster data management systems, South-South Cooperation and the knowledge hub scheme to conduct and analyze the population census, and support for the Government in developing or strengthening District Information Systems which will feed into policy making.

Through the population and development component, the Eighth Country Programme will support the achievement of this output by:

4.17.1. Increasing the capacities to carry out population analyses particularly using the results of the Population Census in 2010.

- With the growing need for evidence-based policy and planning, UNFPA will support the Government in carrying out the 2010 census-based population projection, particularly in providing technical assistance and in the analysis of the results to Men PPN/BAPPENAS and BPS-Statistics Indonesia. BPS-Statistics Indonesia, BKKBN, and the Ministry of Health, will be supported in the development and analysis of the 2012 Indonesian Demographic and Health Survey to address specific issues related to adolescent sexual reproductive health. UNFPA will also support further analysis of the results of the 2010 Population Census by strengthening Population Study Centres in carrying out demographic and population analysis for ICPD related issues, such as population and Maternal Mortality Rate Mapping based on the census results. UNFPA will also support capacity strengthening of two leading state universities to advance their programmes in demography and population policy analysis. The Eighth Country Programme will also support BPS-Statistics Indonesia efforts to become a knowledge hub in conducting and analyzing population census data, including through the consolidation a pool of experts who may provide technical assistance in this thematic area to other countries in the region.

4.17.2. Supporting research that will be utilized to influence the development of policies in line with the ICPD and MDGs.

- To respond to the need for rigorous research as a basis for opening policy dialogue to address issues related to the ICPD and MDGs, UNFPA will strategically strengthen Government capacities in the groundwork to ensure gender-sensitive data collection to feed into gender equality and VAWC-related policy and programme planning. District Information Systems, a comprehensive district level information management system, will also be supported to promote evidence-based policies and programmes by local Governments. UNFPA will also support research that looks into the emerging issues such as ageing, migration, and climate change in Indonesia based on UNFPA areas of expertise as mentioned in the previous population and development component strategies. Research on existing issues that have not been sufficiently addressed, such as abortion and identification of inconsistencies in Indonesia's TFR and CPR indicators, will also be supported through the Eighth Country Programme.
- To synergize the population and development component with our work in reproductive health and gender equality in emergency contexts, UNFPA will support the Government in ensuring the availability and analysis of population data in emergency preparedness, early recovery as well as in the rehabilitation and reconstruction phase. UNFPA support for university population study centres will enhance their capacities to contribute to evidence-based policy and programme planning with the overarching aim of localizing MDGs to address regional disparities in achieving the MDGs.

4.18. To achieve the outputs of the population and development component, UNFPA will work with Men PPN/BAPPENAS, BPS-Statistics Indonesia, BKKBN, the Ministry of Social Affairs, National Board for Disaster Management, Ministry of Women Empowerment and Child Protection, and selected state universities. The role of universities is crucial in ensuring the rigorous analysis of population data both at national and subnational levels.

4.19. In regards to potential and ongoing joint programmes and inter-agency collaborative initiatives,UNFPA will be working with other UN Agencies in the development of CensusInfo, a user-friendly IT-platform for public dissemination of the results of the 2010 census. This initiative will begin in 2011.

C. Gender Equality

4.20. The outcome of the gender equality component is to contribute to the prevention of and responses to gender-based violence that are expanded through improved policies and social protection systems, in alignment with the Convention on the Elimination of All Forms of Discrimination against Women and ICPD POA and national legislation. The component output is to strengthen national and subnational capacities to prevent, respond to, and monitor gender-based violence, including in emergency situations. The gender component main strategies include strengthening capacities and partnerships among institutions that provide immediate and integrated services with the use of minimum standard services to survivors of gender-based violence or violence against women and girls at central and subnational levels, as well as strengthening the capacities of Women Study Centres, Women Empowerment Office, the National Commission on Violence Against Women, training centres for law enforcement, health and social workers, as well as NGOs in monitoring gender equality-related[40] issues in Indonesia.

The Eighth Country Programme will support the achievement of this output by:

4.20.1. Ensuring the implementation of Minimum Standard Services for survivors of violence against women and children (VAWC).

- Taking stock of UNFPA's comparative advantage in Indonesia in the area of gender and reproductive health, the gender equality component will support the strategic capacity strengthening of the health sector to respond to gender-based violence. Working with the Ministry of Health (MOH) and the Ministry of Women Empowerment and Child Protection (MOWECP), UNFPA will strengthen the health sector response to GBV by (1) ensuring the availability and access to emergency contraceptives for survivors of sexual violence; (2) the integration of STI Prevention into the MOH policy and programming; (3) the development and implementation of protocols for rapid medical screening for abused returning women migrant workers at immigration entry points and rapid mental health screening for survivors of GBV; (4) engaging private hospitals in addressing VAWC. To narrow the gaps of local capacities as a consequence of decentralization, UNFPA will assist the Government in its efforts to increase access to comprehensive services for survivors of violence at the subnational levels, by ensuring that national level policies are translated into local level policies and programmes. Working with the Ministry of Social Affairs (MOSA), UNFPA will support strengthening capacities for the social rehabilitation and reintegration of survivors. At the district level, UNFPA will be working with the Family Welfare Consultation Agency to build capacities in family counseling in the incidence of GBV. The Eighth Country Programme will also support the synergy between the gender equality component and reproductive health in emergency situations in partnership with Government, CSOs, and other development partners, in strengthening existing social protection systems for women and children in the context of disaster preparedness and response. Recognizing the importance of the religious court to settle family disputes, UNFPA will work with the Ministry of Religious Affairs (MORA) in the coordination of faith-based organizations in addressing violence against women, taking into account the survivor perspective in case settlement.

4.20.2. Ensuring the integration of GBV prevention and response in training curriculums of central and subnational training centres.

[40] This also includes promoting dialogue among non-state actors in making linkages between culture, religion and GBV, addressing harmful practices, and conflict resolution.

- On the issue of the provision of comprehensive services for gender-based violence, UNFPA continues to recognize the importance in strategic capacity strengthening, particularly in the incorporation of gender-based violence knowledge and skills. To further scale up previous capacity building efforts that provided *ad hoc* support for technical units of the MOH, the Eighth Country Programme will focus on the integration of GBV issues into training modules that will be used in national and subnational training centres for police, judges, attorneys, health workers and psychosocial workers. UNFPA will also support the Government in developing the standards of competence and professional certification of Government capacities in these agencies.

4.20.3. Providing support to subnational capacities on the development and implementation of the CEDAW monitoring system.

- Although central level policy and mechanisms on CEDAW exists, effective policy and programming at the national level will heavily rely on the quality in which subnational monitoring systems are undertaken in order to feed into an evidence-based national policy and planning dialogue. Through the Eighth Country Programme, UNFPA—together with the UN Working Group on Gender—will support national and subnational capacities in ensuring the development of sound, evidence-based policy dialogue and monitoring systems on gender equality issues, particularly through national commissions that will enable working strategically with NGO networks. UNFPA will take the lead in ensuring that sexual and reproductive health rights are monitored and reported. Subnational capacities, such as University Women Study Centres, the Women Empowerment Office and local CSOs, are strengthened, to be able to provide valid data on the implementation of CEDAW. UNFPA, through collaboration with the National Commission on Violence Against Women (NCVAW) and IFPPD will facilitate policy reform at national and subnational levels in accordance to international human rights standards, especially CEDAW. The programme will also monitor the situation on harmful traditional practices such as female circumcision, child marriage, undocumented marriage and family neglect, while facilitating cross-religion and faith dialogue to address these issues. The programme will also contribute to the strengthening of the NCVAW with the other National Human Rights Insitutions by developing a joint Human Rights Assembly that will serve as a forum for survivors of Human Rights abuse and as a vehicle for a joint monitoring mechanism on the implementation of ratified international conventions such as CEDAW, CAT and CERD.

4.21. The main government partners at the central level under the gender component is Ministry of Women Empowerment and Child Protection, Ministry of Health, Ministry of Religious Affairs, the National Police, the Supreme Court, the Attorney General's Office, National Commission on Violence Against Women, the Ministry of Social Affairs. Women Study Centres from selected universities will be supported to form a pool of gender experts for the programme. Selected NGOs working for women's empowerment, protection and rights, and faith-based organizations, will also be the key partners in addressing gender issues. Engagement with parliamentarians will also be strengthened to support efforts to mobilize local resources and in advocacy increasingly for working with men and boys for violence prevention.

4.22. In regards to potential and ongoing joint programmes and inter-agency collaborative initiatives, UNFPA will have collaboration with UNICEF and UN WOMEN for combating violence against women and girls in Papua Province. This collaboration, under the UN Trust Fund

on Violence Against Women, will begin in 2011 until 2013. Through the UN Trust Fund on Human Security, UNFPA,WHO, and IOM, has applied for support to address trafficking in Indonesia. In Aceh, UNFPA will support UNDP through their conflict prevention and recovery programme in adolescent reproductive health, HIV prevention and GBV, in 2011, with the possibility of extension. Together with ILO and UN WOMEN, UNFPA will strengthen policy advocacy efforts on the Prevention of Sexual Harassment at the Workplace. UNFPA will continue to work with OHCHR, UNDP, and UNICEF on strengthening national human rights institutions in Indonesia.

Part V. Humanitarian Preparedness and Response Strategy

5.1. In line with the rising calls for humanitarian response in Indonesia, in the midst of the vulnerabilities that come as a consequence of disasters, UNFPA will support the Government through a humanitarian preparedness and response strategy that takes stock of UNFPA areas of expertise in reproductive health and rights, population and development, and gender equality. In the dimension of reproductive health, this strategy entails the provision of technical assistance in integrating Minimum Initial Service Package into national health disaster management guidelines and in its implementation in emergency preparedness and response. In the dimension of gender, UNFPA will focus on supporting the Government in addressing sexual gender-based violence in humanitarian settings. In both dimensions of gender and population and development, UNFPA will support the government in developing a gender and equity profile of populations affected by disaster. The population and development dimension in the context of emergencies will focus on strengthening the capacity of the National Disaster Management Board in the use of population data and demographic analysis for disaster preparation and response.[41]

Part VI. Partnership Strategy

6.1. To optimize the impact of the CPAP, partnerships between UNFPA and other UN organizations, multilateral and bilateral organizations and donors, the government at central, provincial and district levels, and NGOs, will be continued and further strengthened. Partners at the provincial and district levels will include provincial and district authorities in charge of health, family planning, HIV Prevention, population, and gender, under the coordination of local development planning agencies (BAPPEDA).

6.2 Under the umbrella of the UNPDF, UNFPA will work in partnership with other UN and international agencies both at national and subnational levels throughout the implementation of the CPAP by actively participating in four of the five thematic technical working groups (social services, sustainable livelihoods, governance, disaster management/resilience and climate change) in which potential for joint programmes will be identified. Under the UNPDF Social Services working group—which includes a health component, UNFPA will be working through the Health Working Group. To contribute to addressing issues of gender, UNFPA will be working under the Governance Working Group. UNFPA will also actively participate in the Disaster Management/Resilience working group and in the working group on Climate Change.

6.3 Coordination and collaboration with other UN organizations will be carried out through UN working groups and theme groups including UN Thematic Working Groups on gender, HIV/AIDS, and health. Furthermore, the strengthening and development of joint UN programmes will receive increased attention during the Eighth Country Programme.

[41] The crisis centre under the Ministry of Health has done vulnerability analysis and has identified 105 districts as priority districts. UNFPA support (such as capacity building) will also focus in these priority districts. Our main strategy uses a regional approach where there are 9 regional crisis centres in Indonesia to cover all 33 provinces in Indonesia. All 105 priority districts are covered by the regional centres.

6.4. Alongside strengthening existing partnerships, UNFPA recognizes the need to establish partnerships with non-traditional partners. There is potential in exploring how to engage the private sector not only for financial support but also through the sharing of good practices and innovative programming. Environment interest groups should also be engaged in addressing the emerging issue of climate change, environment and sustainable development. Strengthening existing partnerships with media, as an integral part of UNFPA communications and media strategy, is key in exploring its potential in forming public opinions and policies, tapping into the potential of IT-interface social networks as a tool for advocacy. Recognizing the importance of partnerships with academic institutions, UNFPA will strengthen partnerships with research institutions and universities—both in Indonesia and outside Indonesia. As part of UNFPA support to Indonesia's recognized need to strengthen its capacities in playing an active role in influencing policy dialogue through international and regional fora, engaging regional institutions such as ASEAN can present itself as an opportunity to promote South-South Cooperation.

6.5. An advocacy strategy will be developed for the Eighth Country Programme that will focus on continuing the momentum of the Government in the implementation and oversight of policies that will be operationally translated into rules and regulations, particularly pertaining to the Health Law No.36/2009 and the Population Dynamics and Family Development Law No. 52/2009. The results of research and analysis from population and development as well as reproductive health and rights components will require follow up advocacy efforts to promote policy dialogue and policy formulation.

6.6. A resource mobilization strategy will be developed for the Eighth Country Programme. In addition to $25 million from regular resources, UNFPA, with the support of the Government, expects to raise at least $4 million in other (non-regular) resources for the programme. Priority will be given to mobilizing further resources to allow the programme to increase the extent of technical expertise and enable selected districts to share their progress and initiatives with neighbouring districts for potential replication. The UNFPA country office is working to identify potential donors for the programme.

Part VII. Programme Management

7.1. At central level, Ministry of National Development Planning/BAPPENAS acts as the Government Coordinating Agency (GCA) with the responsibility of programme coordination through the Deputy of Human Resource and Culture, under the Ministry of National Development Planning/BAPPENAS.

7.1.1. The National Advisory Board will be chaired by BAPPENAS and co-chaired by the UNFPA Representative. Members of the National Advisory Board consist of Echelon I officials from Government institutions, two commissioners from National Commissions (KPA and KOMNAS PEREMPUAN), the head of IFPPD and the UNFPA Youth Advisory Panel (YAP), who will be appointed through a decree from the Ministry of National Development Planning/BAPPENAS. The National Advisory Board will meet at least twice a year. The board will be responsible for determining the Eighth Country Programme policy direction, and to provide recommendations to the GCA and technical working groups (TWG) for programme-related issues.

7.1.2. The Eighth Country Programme Coordination Team (CT) will be chaired by BAPPENAS (Echelon II level) and the UNFPA Assistant Representative. Members of the Eighth Country Programme CT will chair the three Technical Working Groups and UNFPA Youth Advisory Panel, as stipulated through a decree from the Ministry of National Development Planning/BAPPENAS. CT meetings will be conducted at least quarterly and will take place one or two weeks prior to the National Advisory Board meeting. The CT will be responsible for providing technical support on ensuring synergy within the country programme, ensuring quality assurance throughout the five-year programme, and in providing recommendations to the National Advisory Board on programmatic and management issues.

7.1.3. Members of the Eighth Country Programme Technical Working Groups (TWGs) consist of UNFPA programme staff, Echelon III officials from Government Institutions, programme managers from NGOs/CSOs, and the UNFPA Youth Advisory Panel at the central level, as stipulated through a decree from the Ministry of National Development Planning/BAPPENAS. The TWG will meet at least four times a year. The Eighth Country Programme working groups are the reproductive health and rights TWG, the population and development TWG, and the gender TWG. The meetings will be chaired by the Programme Manager (Echelon II government official) who signs the Annual Work Plan, and will be co-chaired by the UNFPA Programme Officer related to the component. [42] The technical working group will be responsible for providing technical input and involvement in planning, implementing, monitoring and evaluating the Eighth Country Programme, operationalizing the policy directions set forth by the National Advisory Board.

7.2. At province level, the Provincial BAPPEDA will lead the coordination mechanism at the province level (Echelon II official, as Province Coordinator) and will work with the UNFPA Field Officer to provide technical support throughout the Eighth Country Programme, as directed in the programme implementation guidelines (*pedoman umum).*

7.3. At the district level, the District BAPPEDA (Echelon III official, as District Coordinator) will chair district coordination meetings together with the UNFPA Field Officer. Members of the district coordination working group are district level implementing partners (such as the District

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[42] In this regard, MOH and BKKBN will alternately chair the technical working group for reproductive health and rights, with the UNFPA National Programme Officer for Reproductive Health as co-chair. For the technical working group on population and development, BPS and BKKBN will alternately chair the meetings, with the UNFPA National Programme Officer for Population and Development as co-chair. MOWECP will be chair the gender technical working group, together with the National Programme Officer for Gender as co-chair.

Health Office, District Education Office, Women Empowerment Office, Family Planning Office, BPS, District AIDS Commission, NGOs/CSOs) and the UNFPA Youth Advisory Panel. The District Coordinator will be responsible for coordination of the planning, implementation, and monitoring processes throughout the Eighth Country Programme. District coordination meetings should be conducted on a quarterly basis and will be attended as much as possible by the Provincial Coordinator.

7.4. The coordination mechanisms that are related to collaboration with NGOs will follow the arrangements that will be set in place in the General Guidelines (*Pedum).* All procedures in relation to programme and financial management will follow the same mechanism as other implementing partners and its executing agencies.

7.5. Implementing Partners will assume responsibility for implementing programme activities by signing an Annual Workplan (AWP) and a Letter of Understanding (LoU) with UNFPA. All IPs are expected to cooperate and collaborate with other IPs toward achievement of programme outputs together with the PCMU.

7.6. Cash transfers for activities detailed in AWPs can be made by UNFPA using the following modalities:

1. Cash transferred directly to the Implementing Partner:
    a. Prior to the start of activities (direct cash transfer), or
    b. After activities have been completed (reimbursement);
2. Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner;
3. Direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

7.7. Cash transfer modalities, the size of the disbursements, the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Agency and an assessment of the financial management capacity of the non-UN Implementing Agency[43]. A qualified consultant may be hired by UN Executive Committee (ExCom) Agencies jointly or individually to conduct such assessments within 2011.

7.8. General Guidelines on CPAP Management/*Pedoman Umum (Pedum)* developed by stakeholders include guides for implementing agencies on coordination, management, implementation, monitoring and evaluation, procurement (except that of commodity for family planning as mentioned in paragraph 9.6 to 9.8), and financial management. Issues on coordination, management and implementation will refer to paragraph 4 page 1 of the LoU. Monitoring and evaluation are further described in part VIII and Annex 3 of the document. Procurement principles will refer to paragraph 6 page 1 and paragraph 16 page 4 of the LoU, while issues on personnel will refer to paragraph 16(a) page 4 of the LoU. Financial management is guided under the preamble paragraph 1 page 1 of the LoU. The Government executes procurement and recruitment of goods and services with the involvement of UNFPA with all terms and conditions pertaining to the above to be in compliance with the Government laws and regulations. International procurement, especially contraceptives (as mentioned in paragraph 9.6 to 9.8), and international recruitment for

[43] To include NGOs, INGOs, IFIs, and other types of donor and implementing agencies.

the country programme, will be executed directly by UNFPA Indonesia in collaboration with UNFPA Headquarters.

7.9. The UNFPA Country Office in Indonesia consists of a Representative, an Assistant Representative, an International Operations Manager, National Programme Specialists in the areas of reproductive health and rights, population and development, gender equality, humanitarian response, as well as support staff, that are required to facilitate implementation of the country programme, specifically in the areas of programme management, provision of technical support, monitoring and evaluation, reporting, resource mobilization, coordination with other UN agencies in the context of UNPDF and management of relevant trust funds or extrabudgetary resources on behalf of other UN agencies or national partners. The UNFPA Country Office will also support a small field coordination office in each one of the three UN Joint Offices in the context of the UNPDF for 2011-2015, and will mobilize technical support from national, regional and international sources, whenever necessary. UNFPA will also facilitate and support assurance activities to adhere to accountability requirements and to provide assurance in the management of programme funds.

Part VIII. Monitoring and Evaluation

8.1. The Government and UNFPA will be responsible for ensuring continuous monitoring and evaluation of the Country Programme for efficient utilization of programme resources, as well as, promoting accountability, transparency and integrity. Under the Eighth Country Programme, mandatory monitoring and evaluation activities include:

- Preparation and regular updating of the CPAP Monitoring and Evaluation Plan, which includes the CPAP Planning and Tracking Tool and the CPAP Monitoring and Evaluation Calendar; the indicators and targets established at the beginning of the programme will be reviewed and updated annually;
- Undertaking regularly scheduled field monitoring visits to monitor programme implementation;
- Completion of the Work Plan Monitoring Tool (AWPMT) for each AWP at least once a year;
- Submission of annual Standard Progress Reports by each implementing partner;
- Conducting periodic reviews to assess results, document lessons learned, and plan for the AWPs of the following years;
- Submission of a Country Office Annual Report (COAR); and,
- Evaluation of progress towards the achievement of the country programme outcomes and pilot initiatives during the midterm and final CP review to be carried out within the five-year CP cycle.

8.2. The CPAP has two main instruments to guide monitoring and evaluation of the country programme, namely, the CPAP Planning and Tracking Tool (Annex 2) and the CPAP Monitoring and Evaluation Calendar (Annex 3). These tools are linked to the UNPDF Monitoring and Evaluation Plan that captures the major monitoring and evaluation activities across UN agencies and organizations. In addition, each Implementing Partner should identify routine monitoring activities and planned evaluations in their respective AWPs.

8. 3. The collection of both quantitative and qualitative data for monitoring and evaluation will be continuous and systematic. To ensure that pilot initiatives provide evidence-based results for policy making and programming, a well-planned and rigorous evaluation will be an integral part of quality

assurance in implementation. Close monitoring of the pilot initiatives will also contribute to the analysis of model scalability and costing for operationalization, as well as replication or up-scaling. Data, disaggregated by sex, age and location, will be collected through existing systems and routine surveys of the Government, and in some cases, through special surveys, studies and data collection exercises. The implementing partners are expected to provide available data that is related to the monitoring of programme progress. A baseline collection exercise will be undertaken in all areas supported by the programme, as part of the country programme development process.

8.4. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UNFPA. To that effect, Implementing partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives;
2. Programmatic monitoring of activities following UNFPA standards and guidance for site visits and field monitoring;
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing Partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis.

Select from the following two options:

- (Where an assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution is high and willing and able to conduct scheduled and special audits.) *The Supreme Audit Institution may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.*

- (Where no assessment of the Public Financial Management Capacity has been conducted, or such an assessment identified weaknesses in the capacity of the Supreme Audit Institution.) *The audits will be commissioned by UNFPA and undertaken by private audit services*.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

8.5 UNFPA, in collaboration with other UN agencies will establish an annual audit plan including spot checks, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

8.6. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

8.7. Detailed guidelines on monitoring and evaluation including the roles and responsibilities of each partner and forms to be used are spelled out in detail in the General Guidelines for the implementation of the CPAP (*pedoman umum*).

Part IX. Commitments of UNFPA

9.1. The UNFPA Executive Board approved a total commitment not to exceed the equivalent of the sum of $25 million from UNFPA Regular Resources (RR), subject to the availability of funds, for the period 1 January 2011 to 31 December 2015 in support of the CPAP. The Board has authorized UNFPA to seek additional funding to support the implementation of the CPAP, referred therein as other resources, to an amount equivalent to $4 million. The availability of these funds will be subject to donor awareness of, and interest in, the proposed programme. Resource mobilization efforts will be intensified, building on the positive experience. Therefore, the country programme approved by the UNFPA Executive Board, totals $25 million. Budget allocation between UNFPA and Government of Indonesia including NGOs will be spelled out in the General Guidelines (*pedum*).

9.2. UNFPA support for the development and implementation of activities included within this CPAP may include supplies and equipment, vehicles, procurement services. UNFPA will also support transport, technical staff and support, funds for advocacy, research and studies, consultancies, programme development, coordination and management, improvement of facilities, monitoring and evaluation, audits, information and programme communication, orientation and training activities. UNFPA shall appoint programme staff and consultants for programme development, programme support and technical assistance as well as monitoring and evaluation activities. Part of the funds will be provided to NGOs and civil society organizations within the framework of the individual AWPs.

9.3. The funds will support priority programmes as identified in the Results and Resources Framework (RRF) attached to this document (see Annex 1). Changes in the programme activities are subject to review by the Government and UNFPA. Funds will be committed annually based on the AWP to be signed by the respective Implementing Partners and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the country programme will be reviewed by the National Advisory Board and UNFPA, and further detailed through the preparation of the AWPs. UNFPA funds are distributed by calendar year and in accordance with this Country Programme Action Plan and subject to availability of funds. During the quarterly Eighth Country Programme Outcome meetings, respective PCMUs indicated for each programme component will examine with UNFPA the rate of implementation for each programme component. Subject to the conclusions made in the review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution.

9.4. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

9.5. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the AWPs. Therefore, in consultation with concerned government ministries, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or AWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

9.6. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner, or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the specified period of time. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

9.7. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within a reasonable time.

9.8. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

Part X. Commitments of the Government

10.1. The 2011-2015 Country Programme will be implemented in conformity with the laws and policies of the Government of Indonesia. The Government, through the Men PPN/BAPPENAS and the collaborating line ministries, is responsible for providing UNFPA with information regarding its laws and policies and any changes occurring during the programme period.

10.2. As the programme will contribute to the achievement and implementation of national priorities and policies, The Government will provide the necessary support to UNFPA and concerned implementing agencies to carry out the Eighth Country Programme of Assistance. The Government's contribution to the Country Programme will include personnel, office space and logistics support as available in the project areas. The Government is committed to support UNFPA in its efforts to raise funds required to meet the financial needs of the Country Programme.

10.3. The Government is also committed to organize periodic programme review and planning meetings and to facilitate the participation of donors and NGOs where appropriate and agreed.

10.4. The Government should recognize the important role of NGOs including community-based organizations as implementing partners of the CPAP at central, provincial and district levels and provide the support required for NGOs to participate in and contribute to programme planning, implementation, management, monitoring and evaluation. This includes allocation of funds from this programme directly executed by UNFPA or through the Government. NGOs should adhere to the Government and UNFPA regulations and guidelines governing the programme as spelled out in this CPAP document, LoUs that are to be signed between NGOs and UNFPA, as well as related documents.

10.5. Each of the UNFPA-assisted authorities and institutions shall maintain proper accounts, records and documentation in respect to funds, supplies, equipment, vehicles and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all

relevant accounts, records and documentation concerning the procurement and distribution of supplies, equipment and other materials and the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.

10.6. All supplies and equipment procured by UNFPA for the Government shall be transferred to the Government immediately upon arrival in the country. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed government receipt. The Government will be responsible for clearance, receipt, warehousing, distribution and accounting of supplies and equipment. This also applies to the commodity (for family planning) made available by UNFPA to the Government. The procurement for supplies, vehicles and equipment will be executed by the general accounting procedures of the Government, which will provide such information as required by UNFPA. Should any of the supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the AWPs and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

10.7. The timing of transfer of commodity supplies (for family planning) procured by UNFPA for the Government will be done in agreement between the two parties. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed Government Receipt.

10.8. In line with the Convention on the Principles and Immunities of the United Nations which has been adopted by the Government of Indonesia with the Presidential Decree No. 33/1969 issued on 24 June 1969, UNFPA is exempted from all direct taxes and custom duties. In this regard all procurement financed by UNFPA should be made without payment of Value Added Taxes (VAT) and other direct taxes or customs duties. The Government shall provide the necessary assistance to ensure that this convention is applied.

10.9. Prior to the completion of UNFPA assistance to the AWP(s), the Implementing Partner shall consult UNFPA as to the disposition of non-expendable property provided by UNFPA during the course of the AWP(s). Title to such property shall normally be transferred to the Implementing Partner (or an entity nominated by it) when such equipment is required for the continued operation of the AWP(s), or for activities that directly follows from there. Decision on transfer of property will be made during the final CPAP review meeting.

10.10. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the AWPs only.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and IGO Implementing Partners cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner receiving cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;
- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.

10.11. With respect to the use of programme funds, UNFPA and the heads of Implementing Partners as indicated in the AWPs, will sign separate UNFPA standard letters of understanding (LoU) and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved AWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, DSA, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the International Civil Service Commission (ICSC) circulars.

10.12. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

10.13. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will cooperate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds mentioned in the CP document related to other resources.

Part XI. Other Provisions

11.1. This CPAP and its annexes shall become effective upon signature, but will be understood to cover programme activities to be implemented during the period 1 January 2011 through 31 December 2015.

11.2. This CPAP and its annexes may be modified through mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review, or compelling circumstances.

11.3. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Indonesia is a signatory.

11.4. This original document was written in English and subsequently translated into Bahasa Indonesia. In the event of a discrepancy between the two versions, the original English version shall take precedence.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day and date of actual signing in Jakarta, Indonesia.

For the Government of Indonesia

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Prof. Dr. Armida S. Alisjahbana, SE, MA
Minister of National Development Planning/
Chairperson of National Development Planning Agency

Date: 14 February 2011

For the United Nations Population Fund

____

Jose Ferraris
Representative

Date: 14 February 2011

Annex 1: Results and Resources Framework - adjusted to the new SP

National Priority: (a) The consolidation of improved government management through integrated performance, integrity, accountability, compliance with relevant laws, and transparency; and (b) Improvement of the quality of public services supported by efficient central and regional government structures, improved capacity of government employees and accurate population data

UNPDF focus area: Promoting effective participation by and protecting the rights of the poor and vulnerable

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative Resources by Output (per annum,USD)					
				R1	R2	R3	R4	R5	Total
				Regular Resources					
				0.26	0.25	0.38	0.37	0.38	1.63
				Other Resources					
Outcome 1: Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.	Output 1: Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes.	Indicators: 1.1. UNFPA has supported capacity development initiatives to incorporate population dynamics interlinkages with emerging population issues and the needs of young people into relevant national plans and programmes. 1.2. Policy paper/studies in the field of population dynamics and its interlinkages with youth, emerging population issues, and poverty available for policy dialogue.	Bappenas; BPS; BKKBN; PSCs (LD-FEUI, USU, Undana, Uncen, Unipa); MOH; MoWECP; Universities; NCVAW.	0.00	0.10	0.20	0.15	0.05	0.50

		1.3. Regular policy dialogue on population dynamics and reproductive health, gender interlinkages with special attention to young people and FP issues supported.							
	Output 2: Strengthened national capacity to advocate ICPD principles and	Indicators: 2.1. Strengthened national capacity to undertake review and develop future	BKKBN*; Bappenas; MOH; MOWE; NGOs; Young People; Non-Traditional Partners	**Regular Resources**					
				0.45	0.46	0.21	0.23	0.19	1.54
				Other Resources					

	MDGs including South-South Cooperation.	directions of ICPD Beyond 2014. 2.2. Quality South-South Cooperation initiatives in Indonesia established. 2.3. Networking with non-traditional partners established. 2.4. UNFPA-related international days commemorated. 2.5. Strengthened national capacity to facilitate the laws, regulations, and policies related to UNFPA mandates.	(Journalist Associations, NU, Muhammadiyah, MUI, PGI, KWI, IDI, IBI, POGI); Professional Organizations; NCVAW; YAP						
Total management support per year and for 5 years for Outcome 1				0.12	0.10	0.11	0.11	0.11	0.55
Total Resources for Outcome 1				**0.83**	**0.91**	**0.89**	**0.85**	**0.74**	**4.22**

National Priority: Health development is focused on a preventive approach, not only a curative one**UNPDF focus area:** (a) Increasing equity in access to benefits, services and opportunities; and (b) Strengthening national and local response to climate change, threats, shocks and disasters

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative Resources by Output (per annum,USD)					
				R1	**R2**	**R3**	**R4**	**R5**	**Total**
				Regular Resources					
Outcome 2: Increased access to and utilization of quality	Output 3: Strengthened national capacity in establishing	Indicators: 3.1. Establishment of quality assurance and	MOH (Directorate of Maternal Health, National Institute	0.38	0.38	0.42	0.22	0.31	1.70

maternal and newborn health services.	policies for improving universal access to reproductive health.	monitoring mechanism for the Universal Access to Reproductive Health (UAtRH). 3.2. Evidence-based reproductive health information is made available and utilized for better programming and advocacy efforts	Health, Research and Development) ; Universities/ research institutes, YPKP NGO, Midwifery Association (IBI), POGI (Obstetry and Gynecology Society) and BKKBN; 10 District Health Offices	**Other Resources**					
				0.00	0.00	0.32	0.32	0.32	0.96
	<u>Output 4</u>: Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings.	<u>Indicators:</u> 4.1. MISP is integrated into policy documents and in the National Guideline on Health Disaster Management, and other related guidelines. 4.2. Number of national and regional crisis centres are supported to implement MISP in humanitarian situations. 4.3. MISP is implemented during major disasters.	Ministry of Health (Mother Health directorate and Crisis Center)	**Regular Resources**					
				0.40	0.28	0.16	0.16	0.16	1.16
				Other Resources					
				0.00	0.00	0.00	0.00	0.00	0.00
Total management support per year and for 5 years for Outcome 2				0.29	0.10	0.19	0.19	0.19	0.96

Total Resources for Outcome 2					**1.07**	**0.76**	**1.08**	**0.88**	**0.98**	**4.77**
National Priority: Health development is focused on a preventive approach, not only a curative one **UNPDF focus area:** (a) Increasing equity in access to benefits, services and opportunities; and (b) Strengthening national and local response to climate change, threats, shocks and disasters										
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Indicative Resources by Output (per annum,USD)**						
				R1	**R2**	**R3**	**R4**	**R5**	**Total**	
				Regular Resources						
Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.	Output 5: 5. Strengthened national capacity for a comprehensive national family planning programme that addresses unmet needs.	Indicators: 5.1. Strategy developed to reduce unmet needs in the context of "comprehensive family planning" initiative .	BKKBN; MoH; CSOs; IDI; IBI; Universities (Faculty of Medicine, Faculty of Public Health); FP office of the 4 districts (Jayapura, TTS, Manggarai and Kupang)	0.86	0.38	0.47	0.28	0.43	2.42	
				Other Resources						
						0.32	0.32	0.32	0.96	
Total management support per year and for 5 years for Outcome 3				0.22	0.13	0.13	0.13	0.13	0.74	
Total Resources for Outcome 3				**1.08**	**0.51**	**0.92**	**0.73**	**0.88**	**4.11**	
National Priority: Health development is focused on a preventive approach, not only a curative one**UNPDF focus area:** (a) Increasing equity in access to benefits, services and opportunities; and (b) Strengthening national and local response to climate change, threats, shocks and disasters										
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Indicative Resources by Output (per annum,USD)**						

				R1	R2	R3	R4	R5	Total
Outcome 4: Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk.	Output 6: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV.	Indicators: 6.1. SRH and HIV linkages is integrated in the National Response on HIV prevention through sexual transmission and RH National Strategy 6.2. The National Working Group on Comprehensive Prevention Programme on HIV through sexual transmission is strengthened.	MOH; KPAD & Dinkes of Jayapura and Merauke	**Regular Resources**					
				0.38	0.38	0.38	0.38	0.38	1.92
				Other Resources					
					0.06	0.03			0.09
Total management support per year and for 5 years for Outcome 4				0.00	0.11	0.11	0.11	0.11	0.44
Total Resources for Outcome 4				**0.38**	**0.55**	**0.52**	**0.49**	**0.49**	**2.45**
National Priority: Developing policies and guidelines for the implementation of gender mainstreaming by agencies, including measures to protect women and children against all forms of violence. **UNPDF focus area:** Promoting effective participation by and protection the rights of the poor and vulnerable									
Country Programme Outcome	**Country Programme Output**	**Output Indicators**	**Implementing Partners**	**Indicative Resources by Output (per annum,USD)**					
				R1	**R2**	**R3**	**R4**	**R5**	**Total**
Outcome 5: Gender equality and reproductive rights	Output 7: Strengthened national and subnational capacity	Indicators: 7.1. National and sub-national sectors have the	MOWECP*; NCVAW; Districts of TTS, Alor, Mangggarai, Merauke;	**Regular Resources**					
				0.65	0.76	0.74	0.85	0.56	3.56
				Other Resources					

<table>
<tr><td>advanced particularly through advocacy and implementation of laws and policy.</td><td>for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings.A58</td><td>capacity to deliver quality and sustainable GBV services according to Minimum Standard Services on Gender-Based Violence and Human Trafficking, including in humanitarian settings.

7.2.Government and civil societies have the capacity to identify and address practices that are harmful to reproductive health and rights.</td><td>UNTFV districts of Papua Jayapura, Keerom, Jayawijaya; UNTFHS-EMPOWER districts of Indramayu, Sambas, Lombok Timur; NGOs</td><td>0.16</td><td>0.59</td><td>0.25</td><td>0</td><td>0</td><td>1.00</td></tr>
<tr><td colspan="4">Total management support per year and for 5 years for Outcome 5</td><td>0.42</td><td>0.46</td><td>0.49</td><td>0.52</td><td>0.56</td><td>2.44</td></tr>
<tr><td colspan="4">Total Resources for Outcome 5</td><td>1.22</td><td>1.81</td><td>1.48</td><td>1.37</td><td>1.12</td><td>7.00</td></tr>
<tr><td colspan="10">National Priority: Health development is focused on a preventive approach, not only a curative one

UNPDF focus area: (a) Increasing equity in access to benefits, services and opportunities; and (b) Strengthening national and local response to climate change, threats, shocks and disasters</td></tr>
<tr><th rowspan="2">Country Programme Outcome</th><th rowspan="2">Country Programme Output</th><th rowspan="2">Output Indicators</th><th rowspan="2">Implementing Partners</th><th colspan="6">Indicative Resources by Output (per annum,USD)</th></tr>
<tr><th>R1</th><th>R2</th><th>R3</th><th>R4</th><th>R5</th><th>Total</th></tr>
<tr><td rowspan="3"><u>Outcome 6</u>:
Improved access to SRH services and sexuality</td><td rowspan="3"><u>Output 8</u>:
Improved programming for essential sexual and</td><td rowspan="3"><u>Indicators</u>:
8.1. Capacity development at national and subnational</td><td rowspan="3">MoH; DHO Kab Jayapura; Selected NGOs/private sector at</td><td colspan="6">Regular Resources</td></tr>
<tr><td>0.38</td><td>0.34</td><td>0.45</td><td>0.45</td><td>0.31</td><td>1.93</td></tr>
<tr><td colspan="6">Other Resources</td></tr>
</table>

				R1	R2	R3	R4	R5	Total
education for young people (including adolescents)	reproductive health services to adolescents and young people.	level for the provision of sexual and reproductive health services to young people is implemented 8.2. Institutional mechanism to partner with young people (including adolescents) in policy dialogue and programming is established	Jayapura, Kupang and Bandung; Universities/research organization, YAP	0.00	0.00	0.00	0.00	0.00	0.00
Total management support per year and for 5 years for Outcome 6				0.00	0.18	0.18	0.18	0.18	0.74
Total Resources for Outcome 6				**0.38**	**0.52**	**0.64**	**0.63**	**0.49**	**2.67**

National Priority: (a) The consolidation of improved government management through integrated performance, integrity, accountability, compliance with relevant laws, and transparency; and (b) Improvement of the quality of public services supported by efficient central and regional government structures, improved capacity of government employees and accurate population data**UNPDF focus area:** Promoting effective participation by and protecting the rights of the poor and vulnerable

Country Programme Outcome	Country Programme Output	Output Indicators	Implementing Partners	Indicative Resources by Output (per annum,USD)					
				R1	R2	R3	R4	R5	Total
Outcome 7: Improved data availability and analysis around	Output 9: Enhanced national and subnational capacity for	Indicators: 9.1. Capacity development supported by UNFPA to	BPS; BNPB	**Regular Resources**					
				0.28	0.27	0.40	0.39	0.40	1.73
				Other Resources					

population dynamics, SRH (including family planning), and gender equality.	the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings.	produce and disseminate census, survey and other data implemented. 9.2. Data on population and gender before, during and after a humanitarian situation compiled and used for emergency preparedness and response.		0.00	0.10	0.20	0.15	0.05	0.50
Total management support per year and for 5 years for Outcome 7				0.12	0.10	0.11	0.11	0.11	0.55
Total Resources for Outcome 7				**0.40**	**0.47**	**0.71**	**0.65**	**0.56**	**2.78**
Programme Coordination and Assistance				**0.20**	**0.20**	**0.20**	**0.20**	**0.20**	**1.00**
Total Regular Resources for all outcomes				**5.20**	**4.68**	**4.93**	**4.67**	**4.52**	**24.00**
*** Total Non-Regular Resources for all outcomes**				**0.16**	**0.85**	**1.31**	**0.94**	**0.74**	**4.00**
*** Total Resources for the Eighth Country Programme-Indonesia**				**5.56**	**5.73**	**6.44**	**5.81**	**5.46**	**29.00**

*For Non Regular Resources, amounts for subsequent years are subject to the availability of funds.

CPAP Planning Tracking Tool (Annex 2) -- Eighth Cycle

Outcome 1 **Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.**								
Key Outcome Indicators		**MoV**	**Responsible Party**	**Baseline**				
2015-2019 RPJMN and National Report on ICPD 1994-2014 address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction		2015-2019 RPJMN National Report on ICPD 1994-2014 MDG Report 2000-2015	Bappenas	2010-2014 RPJMN National Report on ICPD 1994-2009 2010 MDG Report				
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
1. Strengthened national capacity to incorporate population dynamics and its interlinkages with the needs of young people	1.1. UNFPA has supported capacity development initiatives to incorporate population dynamics interlinkages with emerging population issues and the needs of young people into relevant national plans	Draft 2015-2019 RPJMN	Bappenas; BPS; BKKBN	No 2010-2035 population projection available No MMR estimates from 2010 Population Census available No emerging issues studies or programme developed Support to 2007	Capacity building workshop and trainings for national partners in the field of population projections, 2010-2014 RPJMN review, MMR estimates, emerging population issues and/or population development policy through	Bappenas-BPS-BKKBN-UNFPA-ANU partnership continued.	Bappenas-BPS-BKKBN-UNFPA-ANU partnership continued.	Particular young people's needs related to UNFPA mandates incorporated into the 2015-2019 RPJMN.

(including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes	and programmes			IDHS provided No incorporation of youth issues into draft of 2015-2019 RPJMN available	Bappenas-BKKBN-BPS-UNFPA-ANU partnership, conducted.			
						Capacity building for national partners provided, 2012 IDHS analysis and dissemination undertaken.	Incorporation of young people's needs into the 2015-2019 RPJMN facilitated.	Particular young people's needs related to UNFPA mandates incorporated into the 2015-2019 RPJMN.
	Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
	1.2. Policy paper/studies in the field of population dynamics and its interlinkages with youth, emerging population	Annual Progress Report on PD issues	Bappenas; BKKBN; PSCs (LD-FEUI, USU, Undana, Uncen, Unipa)	No policy paper on interlinkages between population dynamics and young people/other emerging population	Assessment for LD-FEUI and capacity building for LD-FEUI as well as four PSCs (through internship and training) conducted.	Support strategy for 4 PSCs developed by LD-FEUI, workshop on 2012 IDHS analysis conducted for four PSCs.	Support strategy developed by LD-FEUI for four PSCs implemented.	Policy paper(s) on interlinkages between population dynamics and young people/ other emerging population issues used for policy

	issues, and poverty available for policy dialogue			issues used for policy dialogue No policy research and programme on emerging population issues (including young people) conducted No policy paper on interlinkages between young people and emerging issues used in policy dialogues				dialogue.
					Provision of equipment support to 4 PSCs undertaken.			
					Policy research and programming on emerging/current population issues (including young people) conducted.	Policy research and programming on emerging/curre nt population issues (including young people) continued, policy dialogue based on previous study result conducted.	Policy research and programming on emerging/current population issues (including young people) continued, policy dialogue based on previous study result conducted.	Policy paper(s) on interlinkages between population dynamics and young people/other emerging population issues used for policy dialogue.

	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	Target	Target	Target
	1.3. Regular policy dialogue on population dynamics and reproductive health, gender interlinkages with special attention to young people and FP issues supported	Bappenas annual report	Bappenas*; BPS; BKKBN; MOH; MOWECP; Universities; NCVAW	No structured and institutionalized policy dialogue meetings have been held	Policy briefs on population (projection & mortality), young people (ASRH & poverty), GBV including sexual violence, and other emerging issues, developed through discussions in the "Policy Dialogue Roundtable" on population and development.	Policy briefs focusing on young people, FP, maternal health, and other emerging issues, based on 2012 IDHS, are developed through discussions in the "Policy Dialogue Roundtable" on population and development.	Policy briefs focusing on young people, FP, maternal health, and other emerging issues, based on 2013 National Socio-economic Survey are developed through discussions in the "Policy Dialogue Roundtable" on population and development.	Policy briefs focusing on young people, FP, maternal health, and other emerging issues, based on 2014 National Socio-economic Survey are developed through discussions in the "Policy Dialogue Roundtable" on population and development.
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
2. Strengthened national capacity to advocate	2.1 Strengthened national capacity to undertake the ICPD Beyond 2014 review	National report on ICPD 1994-2014	BKKBN*; Bappenas; MOH; MOWECP; NGOs; Young People; Non-Traditional	National Report on ICPD 1994-2009	Global survey on the implementation of ICPD Beyond 2014 implemented.	Indonesian Country Report on the Implementation of ICPD developed (optional).	National meeting to consolidate recommendations for Indonesia on ICPD Beyond 2014 facilitated.	Consultations that feed the results of the ICPD Beyond 2014 report into the National MDG+15 facilitated.

ICPD principles and MDGs including South-South Cooperation	and develop future directions on population issues in Indonesia.		Partners		Thematic (population, RH, and gender) meetings and young people meeting facilitated.	Participation of Indonesia in the maternal health global conference facilitated, as part of the ICPD Beyond 2014 review.	Participation of Indonesia in the IPCI (International Parliamentarian Conference on ICPD) facilitated.	Advocacy materials (policy brief) that link the results of the ICPD Beyond 2014 report to the MDG+15 review developed.
					National validation meeting facilitated.	Participation of Indonesia in human rights conference facilitated, as part of the ICPD Beyond 2014 review.	Participation of Indonesia in General Assembly Special Session on ICPD Beyond 2014 facilitated.	
					Participation of Indonesia in the 2012 CPD meeting, focusing on youths and adolescents.			
					Global Conference on Youth facilitated, as part of the ICPD Beyond 2014 review.			

Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
				Target	Target	Target	Target
2.2. Quality South-South Cooperation initiatives in Indonesia established	Activity reports	BKKBN*; MOH; MOWECP; NGOs; Professional Organizations.	A customized South-South Cooperation (in accordance with needs) was undertaken.	Curriculum and training materials for Role of Religious Leaders and FP Technical Training available.		Updated Curriculum and training materials for Role of Religious Leaders and FP Technical Training available.	
				Capacity building of ITP facilitators done.	Capacity building of ITP facilitators implemented	Capacity building of ITP facilitators implemented	Capacity building of ITP facilitators implemented
				Training on Role of Religious Leaders on RH, FP and gender facilitated.	Training on Role of Religious Leaders on RH, FP and gender facilitated.	Training on Role of Religious Leaders on RH, FP and gender facilitated.	Training on Role of Religious Leaders on RH, FP and Gender facilitated.
				FP Technical Training facilitated.	FP Technical Training facilitated.	FP Technical Training facilitated.	FP Technical Training facilitated.
					A training on religious leaders for the South-South Cooperation with Philippines conducted.	A training on religious leaders for the South-South Cooperation with Philippines conducted.	A training on religious leaders for the South-South Cooperation with Philippines conducted.

				Concept note available and MOU signed for the South-South Cooperation with Philippines.	Facilitation of delegation on ARH conducted for the South-South Cooperation with Philippines.	Facilitation of delegation on ARH conducted for the South-South Cooperation with Philippines.	Facilitation of delegation on ARH conducted for the South-South Cooperation with Philippines.
				At least a training on Religious Leaders, for the South-South Cooperation with Philippines conducted.	Follow-up of ARH training, for the South-South Cooperation with Philippines conducted.	Follow-up of ARH training, for the South-South Cooperation with Philippines conducted.	Follow-up of ARH training, for the South-South Cooperation with Philippines conducted.
				SSC yearly review available.	SSC yearly review available.	SSC yearly review available.	SSC yearly review available.
Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
				Target	**Target**	**Target**	**Target**
2.3. Networking with non-traditional partners established	Activity reports Mapping assessment reports Consultation reports	Journalist Associations; NU; Muhammadiyah; MUI; PGI; KWI; IDI; IBI; POGI	Network with Muslim organizations is available.	Mapping of Journalists Associations, FBOs, Professional Associations, and Private Sectors Association available.	Update on Mapping of Journalists Associations, FBOs, Professional Associations, and Private Sectors Association available.	Update on Mapping of Journalists Associations, FBOs, Professional Associations, and Private Sectors Association available.	Update on Mapping of Journalists Associations, FBOs, Professional Associations, and Private Sectors Association available.

				Network with media association is not yet formalized.	Regular engagement with national and international media/journalist resulted in publication of stories in their respective media conducted.	Regular engagement with national and international media/journalist resulted in publication of stories in their respective media conducted.	Regular engagement with national and international media/journalist resulted in publication of stories in their respective media conducted.	Regular engagement with national and international media/journalist resulted in publication of stories in their respective media conducted.
				One ICPD issue was initially discussed with some religious leaders.	At least one consultation to obtain the support of religious leaders in sexual and reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of religious leaders in sexual and reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of religious leaders in sexual and reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of religious leaders in sexual and reproductive health and rights and gender equality facilitated.

			Network with private sector is not available.	At least one consultation to obtain the support of professional organizations and private sector in sexual & reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of professional organizations and private sector in sexual & reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of professional organizations and private sector in sexual & reproductive health and rights and gender equality facilitated.	At least one consultation to obtain the support of professional organizations and private sector in sexual & reproductive health and rights and gender equality facilitated.
Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
				Target	**Target**	**Target**	**Target**
2.4. UNFPA-related international days commemorated	Activity reports	All related IPs	All UNFPA-related events have always been commemorated annually	World Population Day 2012 commemorated.	World Population Day 2013 commemorated.	World Population Day 2014 commemorated.	World Population Day 2015 commemorated.
				SWOP Report 2012 launched.	SWOP Report 2013 launched.	SWOP Report 2014 launched.	SWOP Report 2015 launched.
				Other International Day events, including the 16-Day Campaign to End VAW commemorated.	Other International Day events including the 16-Day Campaign to End VAW commemorated.	Other International Day events including the 16-Day Campaign to End VAW commemorated.	Other International Day events including the 16-Day Campaign to End VAW commemorated.

	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	**Target**	**Target**	**Target**
	2.5. Strengthened national capacity to facilitate the laws, regulations, and policies related to UNFPA mandates	SPR Activity reports; NCVAW Annual Report	Related IPs; NCVAW	A draft guidelines on Government Regulation on HIV is already available UNFPA Advocay Strategy for CP8 developed	Review of laws and regulations and IFPPD roles available.			
					Strengthening NHRIs capacity in promoting Reproductive Rights through Human Rights Assembly.	Strengthening NHRIs capacity in promoting Reproductive Rights through Human Rights Assembly.		
					Legislation-related activities and advocacy work on population, RH and gender issues undertaken.	Legislation-related activities and advocacy work on population, RH and gender issues done.	Legislation-related activities and advocacy work on population, RH and gender issues done.	Legislation-related activities and advocacy work on population, RH and gender issues done.
					Guideline for parliaments to develop local regulations on ICPD-issues available.	Guideline for parliaments to develop local regulations on ICPD-issues available.	Guideline for parliaments to develop local regulations on ICPD-issues available.	Guideline for parliaments to develop local regulations on ICPD-issues available.

Outcome 2Increased access to and utilization of quality maternal and newborn health services								
Key Outcome Indicators		**MoV**	**Responsible Party**	**Baseline**				
Maternal Mortality Ratio (MMR)		2015 MDG Report MMR estimate from the 2010 Census Report 2012 IDHS Report	MOH*; Bappenas; BPS; BKKBN	228 per 100.000 life births (2007 IDHS) 240 per 100.000 life births (2008 UN estimate as an alternative source)				
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Base line**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
3. Strengthened national capacity in establishing policies for	3.1. Establishment of quality assurance and monitoring mechanism for the Universal Access to	Feasibility study report Guidelines on UAtRH documents RH National	MOH (Directorate of Maternal Health, National Institute Health, Research	2004-2009 RH National Strategy	Feasibility study report is available.	Advocacy strategy for adoption of UA is finalized to be used at national, province and district levels.		

improving universal access to reproductive health	Reproductive Health (UAtRH)	Strategy for 2012-2015 Monitoring Reports Baseline report EMOC Strategy document Assessment report List of attendance	and Developmen t) ; Universities/ research institutes; YPKP NGO; IBI (Midwifery Association); POGI (Obstetric and Gynaecology Society) and BKKBN; Ten District Health Offices		National indicators to monitor UA are agreed upon by stakeholders.	Advocacy work for programme (monitoring UA) sustainability are conducted at National level, and in five provinces and ten districts.	Advocacy work for programme (monitoring UA) sustainability are conducted at National level, and in five provinces and ten districts.	Advocacy work for programme (monitoring UA) sustainability are conducted at National level, and in five provinces and ten districts.
					Guideline for monitoring and reporting progress of UA is finalized.			Local budget allocation for sustainability and replication.
					MPS and RH National Strategy 2004-2009 -are reviewed; RH National strategy 2011-2015 is developed incorporating the strategy for SRH-HIV linkages (linked with indicator 6.1).			

					Workplans to set up monitoring mechanisms are developed (National, five provinces and ten districts).			
					Baseline report at National level, and in five provinces and ten districts.	Annual reports reviewing progress of UAtRH at National level, and in five provinces and ten districts are available.	Annual reports reviewing progress of UAtRH at National level, and in give provinces and ten districts are available.	Annual reports reviewing progress of UAtRH at National level, and in five provinces and ten districts are available.

					Strategy to improve EMOC referral in Jayapura is agreed.	Activities to improve EMOC referral in Jayapura and Jayawijaya (H5) are implemented.	Activities to improve EMOC referral in Jayapura and Jayawijaya (H5) are implemented.	Strategy to improve EMOC referral in Jayapura and Jayawijaya (H5) is evaluated; lessons learned are documented.
					(H5 joint programme) Assessment of midwifery education.	(H5 joint programme) Advocacy strategy to improve midwifery education is finalized .		

						(H5 joint programme): Advocacy paper to improve midwifery education and certification is made available.	(H5 joint programme): Advocacy works to improve midwifery education and certification is conducted.	(H5 joint programme): The revised curriculum of Midwifery education is drafted; regulation on midwifery certification is drafted.
					Establishment of pooled RH resource persons at national level.	Pooled RH resource persons is effectively functioning.	Pooled RH resource persons is effectively functioning.	Pooled RH resource persons is effectively functioning.
					Participation of partners in regional meeting/workshops for capacity development.	Participation of partners in regional meeting/workshops for capacity development.	Participation of partners in regional meeting/workshops for capacity development.	Participation of partners in regional meeting/workshops for capacity development.

	Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
	3.2. Evidence-based reproductive health information is made available and utilized for better	RH Journal (three volumes per year) Study report on Jampersal in twelve districts	MOH (Directorate of Maternal Health, National Institute Health, Research	Study Report on Jampersal in six districts	Three RH journals are published and distributed.	Three RH journals are published and distributed.	RH journal is self funded.	RH journal is self funded.
					Study report on Jampersal (in twelve districts) is finalized.	One SRH study is conducted (topic TBD).	One SRH study is conducted (topic TBD).	One SRH study is conducted (topic TBD).

	programming and advocacy efforts	Policy briefs Seminar reports Sensitization workshop report Jampersal Annual Review report OR on Cervix Plan	and Developmen t) ; Universities/ research institutes; YPKP NGO; IBI (Midwifery Association); POGI (Obstetric and Gynaecology Society); BKKBN; Ten District Health Offices		Policy brief on Financial scheme (focusing on Jampersal) is developed.	Advocacy work on selected SRH topic.	Advocacy work on selected SRH topic.	Lessons learned on advocacy works is documented.
					Advocacy seminars/dialogu e on financial scheme are conducted.			
					The revised guide on JAMPERSAL is sensitized to five provinces and ten districts.			
					Annual review of Jampersal implementation.	Annual review of Jampersal implementation .	Annual review of Jampersal implementation.	Annual review of Jampersal implementation.
					Plan for cervical cancer initiatives is finalized in partnership with H5 and NCD (non-communicable diseases)	OR on cervical cancer.	Advocacy paper(s) on cervical cancer is produced.	
					SRH topics for studies or/and advocacy work are identified.		Advocacy works on cervical cancer is conducted.	National response on cervical cancer is drafted.

Outputs	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	Target	Target	Target
4. Increased capacity to implement the Minimum Initial Service Package (MISP) in humanitarian settings	4.1. MISP is integrated into policy documents and in the National Guideline on Health Disaster Management, and other related guidelines	Programme review	MOH (Mother Health directorate and Crisis Center)	MISP has been integrated into the revised draft of Minister of Health regulation on health disaster management MISP has been integrated into revised national guideline on health disaster management 2003 National guideline on RH in emergency situation is to be updated 2008 Practical guideline on RH in emergency situation is to be updated	National guideline on RH in humanitarian setting is finalized, printed and distributed.			
					Practical guideline on RH in humanitarian setting is updated and revised.	Related guideline is updated and revised.	Related guideline is updated and revised.	Related guideline is updated and revised.
					MISP training module is updated and revised.			
					Published UNFPA guidelines are translated and adapted.	Published UNFPA guidelines are translated and adapted.	Published UNFPA guidelines are translated and adapted.	Published UNFPA guidelines are translated and adapted.

	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	Target	Target	Target
	4.2. Number of national and regional crisis centres are supported to implement MISP in humanitarian situations	Programme review	MOH (Mother Health Directorate and Crisis Center)	Eight regional crisis centers and two sub regional crisis centers have been trained on MISP	National procurement system of RH kits is developed and RH kits are stockpiled at national level.			
					National Technical Working Group (TWG) on RH in humanitarian setting is functioning: at least two meetings/year.	National Technical Working Group (TWG) on RH in humanitarian setting is functioning: at least two meetings/year.	National Technical Working Group (TWG) on RH in humanitarian setting is functioning: at least two meetings/year.	National Technical Working Group (TWG) on RH in humanitarian setting is functioning: at least two meetings/year.
					MISP trainings are conducted (TOT at national and MISP training for South Kalimantan regional crisis center).			

					Two regional crisis centers are supported for emergency preparedness: South Sulawesi (covering Mamuju and Mamasa) and North Sumatera (covering Nias and Nias Selatan).	Two regional crisis centers are supported for emergency preparedness: Bali regional (covering Alor, Manggarai and TTS) and Papua sub regional (covering Jayapura, Merauke and Manokwari).	Two regional crisis centers are supported for emergency preparedness: Central Java and DKI Jakarta.	Evaluation on the capacity of supported regional crisis centers.
					Government partners are supported to participate in Inter Agency Working Group (IAWG) annual meeting.	Government partners are supported to participate in Inter Agency Working Group (IAWG) annual meeting.	Government partners are supported to participate in Inter Agency Working Group (IAWG) annual meeting.	Government partners are supported to participate in Inter Agency Working Group (IAWG) annual meeting.
	Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
	4.3. MISP is implemented during major disasters	Evaluation report	UNFPA	Implemented in the major disasters in the past	UNFPA timely and quality response to major disasters.	UNFPA timely and quality response to major disaster.	UNFPA timely and quality response to major disaster.	UNFPA timely and quality response to major disaster.

					Technical assistance and SRH supplies provided to the government to respond to major disasters.	Technical assistance and SRH supplies provided to the government to respond to major disasters .	Technical assistance and SRH supplies provided to the government to respond to major disasters.	Technical assistance and SRH supplies provided to the government to respond to major disasters.
Outcome 3: **Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions**								
Key Outcome Indicators		**MOV**	**Responsible Party**	**Baseline**				
Unmet need for family planning Contraceptive Prevalence Rate (CPR) Age-specific fertility rate 15-19		2010 Census Report 2012 IDHS 2015 MDG Report	BPS; Bappenas; BKKBN; MOH	Unmet Needs = 9.1% (2007 IDHS) CPR = 57% (2007 IDHS) ASFR = 51 per 1000 women (2007 IDHS)				
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
5. Strengthened national capacity for a comprehensive national	5.1. Strategy developed to reduce unmet needs in the context of "comprehensive family planning" initiative	Report on Policy Research Situation Analysis Report	BKKBN; MoH; CSOs; IDI; IBI; Universities (Faculty of Medicine, Faculty of Public	FP Minimum Services Standard BKKBN (Peraturan KaBKKBN no. 55/2010) and MOH	Policy research on Unmet Needs in Indonesia.			
					Situation analysis report of ten districts is available.	District workplans (ten districts) to implement the	Annual review of the strategy implementation.	Annual review of the strategy implementation.

family planning programme that addresses unmet needs.		Minutes of Meeting(s) Comprehensive Strategy on FP (including unmet needs) BKKBN and MOH documents Approved Model(s) documents	Health) FP office of the 4 districts (Jayapura, TTS, Manggarai and Alor)	(Permenkes RI no. 741/2008) Unmet need rate in Papua Province 15,8 % (IDHS 2007) and NTT Province 17,4% (2007 IDHS)		strategy are developed.		
					Stakeholder consultations at national and subnational level conducted.			
					Technical assistance provided	Technical assistance provided	Technical assistance provided	Technical assistance provided
					National strategy document to reduce unmet need for FP is finalized.			
					Model(s) are finalized and implemented in Jayapura District	Models are implemented for Jayapura, TTS, Manggarai and Alor.	Models are implemented with strategy of phasing out to be taken over by Government.	Models are implemented with strategy of phasing out to be taken over by Government.
						Annual review of the model implementation .	Annual review of the model implementation.	Annual review of the model implementation.
						Policy brief for advocacy work is prepared.	Policy brief for advocacy work is prepared.	

						Advocacy work is conducted.	Advocacy work is conducted.	
							Advocacy strategy to promote the model(s) for sustainability and replication is finalized.	
								Local budget is allocated for implementation sustainability.
							Exit strategy is developed based on review of implementation and lesson learned.	Evaluation report and documentation of lessons learned is made available.

Outcome 4: **Increased access to and utilization of quality HIV- and STI-prevention services especially for young people (including adolescents) and other key populations at risk**				
Key Outcome Indicators	**MoV**	**Responsible Party**	**Baseline**	
HIV prevalence among youth	2015 IBBS Report	MOH	Male youth: 15% Female youth: 10% (2007 IDHS)	
Percentage of women and men aged 15-49 who had more than one partner in the last 12 months who used a condom during their last sexual intercourse	2015 MOH Annual Report		HIV prevalence among youth: 30.9% (2010 Moh Annual Report) High risk men: 29% Male who have sex with male: 61% Indirect female sex worker: 61% Direct female sex worker: 68% (2010 IBBS)	

Outputs	**Indicators**	**MOV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
6. Enhanced national	6.1. SRH and HIV linkages is integrated in	Assessment report	MOH; District-level NAC &	2010-2014 SRAN KPAN	Assessment of SRH and HIV linkages.			Progress report on the status of SRH and HIV linkages.

capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV	the National Response on HIV prevention through sexual transmission and RH National Strategy	National report Annual report District action plan on SRH-HIV linkages Policy and advocacy briefs	Dinkes of Jayapura and Merauke		Strategy on SRH and HIV linkages incorperated into the MPS and RH National Strategy is developed.	Advocacy strategy is developed.		
					Strategy and workplans development to implement the SRH and HIV linkages (with focus to the integration of STIs prevention and treatment and VCT/PITC in the ANC) and comprehensive prevention programme on HIV through sexual transmission are developed in Jayapura.	Strategy and Workplans development to implement the SRH and HIV linkages (with focus to the integration of STIs prevention and treatment and VCT/PITC in the ANC) and comprehensive prevention programme on HIV through sexual transmission are developed in Merauke.	Policy brief for advocacy work is developed.	Advocacy work.
		Best practices and lessons learned documents			Implementation of the application of the SRH and HIV linkages in one Puskesmas in Jayapura.	Implementation of the application of the SRH and HIV linkages in one Puskesmas in	Review progress of the strategy implementation.	Review progress of the strategy implementation.

					Jayapura & Merauke.		
						Advocacy work.	Local budget allocation to sustain the programme.

Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
				Target	Target	Target	Target
6.2. The National Working Group on Comprehensive Prevention Programme on HIV through sexual transmission is strengthened	Situation analysis report National guidelines Research on Sex Workers phase 1 and 2 report	MOH; Dinkes of Jayapura and Merauke	2010-2014 SRAN KPAN	Situation analysis on the comprehensive prevention programmes on HIV through sexual transmission is undertaken.			
				The national guideline on comprehensive prevention programmes on HIV through sexual transmission is developed.	Socialization and implementation of the national guidelines on comprehensive prevention programmes on HIV through	Socialization and implementation of the national guidelines on comprehensive prevention programmes on HIV through sexual transmission in	Advocacy work for sustainability and replication of the national guidelines.

					Socialization and implementation of the national guidelines on comprehensive prevention programmes on HIV through sexual transmission in Jayapura.	sexual transmission in Merauke, and implementation in Jayapura.	Jayapura and Merauke.	
					Research on violence against sexworkers phase one - qualitative research is finalized.	Research on violence against sexworkers phase two - quantitiave research is finalized (TBC).	Advocacy work using the violence against sexworkers research report is conducted.	Advocacy work using the violence against sexworkers research report is conducted for the protection of the sex worker.
					Policy brief for advocacy work on HIV prevention for sexworkers and their clients using the gender approach is developed to be incorporated with the national guideline on the comprehensive prevention programme on HIV through			

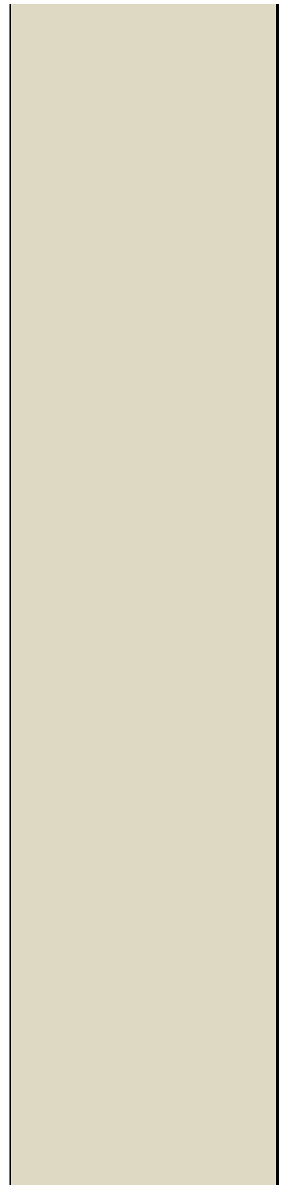
					sexual transmission.			
						Annual review report.	Documentation and lessons learned on the comprehensive prevention programming and sexworkers with gender approach is completed.	Final evaluation report and documentation of lessons learned on the comprehensive prevention programming and the sexworkers with gender approach is completed.
Outcome 5:Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy								
Key Outcome Indicators		**MOV**	**Responsible Party**	**Baseline**				

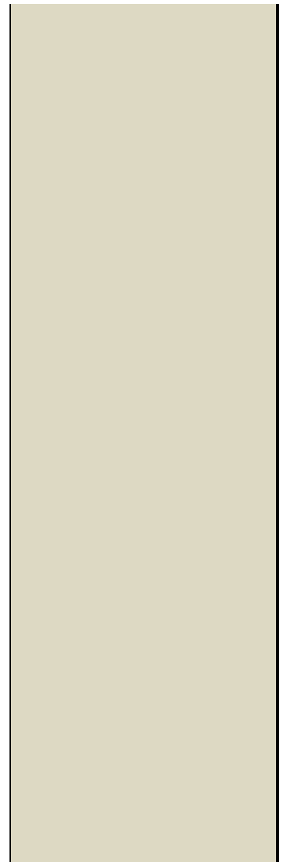
Number of survivors of gender-based violence who are accessing services.		Midterm report 8th CP Evaluation Report National VAW Prevalence Survey result NCVAW Annual Report	MOWECP; NCVAW	307 in every 10,000 women in reproductive age (2006 Susenas, BPS Statistics Indonesia and MOWECP) 105,103 cases (2010 Komnas Perempuan Annual Report).				
Outputs	**Indicators**	**MOV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
7. Strengthened national and subnational capacity for addressing gender-based violence	7.1. National and subnational sectors have the capacity to deliver quality and sustainable GBV services according to Minimum Standard Services on	Annual Progress Report Policy Briefs Evaluation report	MOWECP*; NCVAW; TTS, Alor, Mangggarai, Merauke UNTFVAW-Papua: Jayapura, Keerom, Jayawijaya,	MSS for VAW/C is available, but no MSS Monitoring mechanism for traficking is available	Report from review of internal policy and programme for integration/response of MSS VAW and Human Trafficking in MOSA, MOH, National Police Office available.	Indonesia National Police, MOH, MOSA integrate M-E mechanism of MSS on VAW and human trafficking in their work plans.	External evaluation on the implementation of MSS on VAW and Human Trafficking.	Policy briefs based on the evaluation on the way forward in support of the implementation of Domestic Violence and Human Trafficking Laws.

(GBV) and provision of quality services, including in humanitarian settings	Gender-Based Violence and Human Trafficking, including in humanitarian settings.	Annual Progress Report UNTFVAW Evaluation report UNTFHS-EMPOWER Evaluation report Evaluation report	UNTFHS-EMPOWER: Indramayu, Sambas, Lombok Timur.	There are more than one hotline centers at MOSA (child protection, LK3, etc). No data on GBV-Trafficking Service Providers capacity from 10 districts (Jayapura, Jayawijaya, Keerom, Merauke, Alor, Manggarai, TTS, Sambas, Indramayu, Lombok Timur).	Protection Hotline Center at MOSA National workshop on return and reintegration coordination conducted. Capacity assessment of GBV - Trafficking service providers in Sambas, Indramayu, Lombok Timur.	Regional Sharing of Experiences in handling survivors of trafficking.		

		Annual Progress Report Evaluation Report		MOWECP database for VAWC is conducted manually and there are more than one data set for VAWC including trafficking - no web-based data reporting. NCVAW has a library and database system for VAW cases but not yet online.	VAW Resource Centre established at NCVAW. Online database for VAWC available at MOWECP	VAW Resource Centre established at NCVAW. Online database for VAWC available at MOWECP		

		M&E report Annual Progress Report Evaluation report		TTS, Manggarai: P2TP2A exist with trained staff; trained health staff, trained police officers from district hospital and 2 subdistricts; trained paralegal; trained psychosocial workers; VAW network exist; no reporting mechanism toward MSS indicators. Alor: P2TP2A established but not operated; trained health staff, trained police officers from district hospital and 2 subdistricts; no	Six Districts have at least three GBV services (health, psychosocial, legal) that meet the requirement of MSS VAW and Human Trafficking and able to report progress toward indicators.	Ten Districts have at least three GBV services (health, psychosocial, legal) that meet the requirement of MSS VAW and Human Trafficking and able to report progress toward indicators. Documentation of lessons learned and good practices in setting up GBV services and coordination mechanism.	Evidence-based advocacy for scaling up and replication of the GBV services and coordination mechanism.	

				paralegal; no psychosocial workers; VAW network exist; no reporting mechanism toward MSS indicators. Jayapura: P2TP2A/Pujaprema exist with trained staff, trained health staff, trained police officers from district hospital and 2 subdistricts; trained paralegal; VAW network exist; no internal protocol of service providers; no reporting mechanism toward MSS indicators. Merauke, Keerom,				

				Jayawijaya: P2TP2A newly established in 2011; trained police officers from districts and 2 sub districts; newly identified and trained paralegal; no trained health staff, no pshychosocial workers; no reporting mechanism toward MSS indicators. Indramayu, Sambas, Lombok Timur: TBD				

		Documentation report. Annual Progress Report Evaluation report		Jayapura, Jayawijaya, Indramayu, Sambas, Lombok Timur: not available	Five Districts have comprehensive community GBV prevention and model (women champions, male involvement, community watch), including human trafficking.	Five Districts have comprehensive community GBV prevention and model (women champions, male involvement, community watch), including human trafficking. Documentation of Model of Comprehensive Community Initiative.	Evidence-based advocacy for scaling up and replication of a comprehensive community initiative.	
		Training module and curriculumAnnual Progress ReportEvaluation report		GBV not integrated into existing MOSA Training	Integration of GBV curriculum into in-service training center of MOSA, BP4, Attorney General Office and the Supreme Court.	Integration of GBV curriculum into in-service training center of MOH, Police, MOSA, BP4, Attorney General Office and the Supreme Court. ToT conducted.	Evaluation and review of the integration of GBV module/curriculum into agency training centers to feed into agency policy for a sustainable agency response to GBV.	

		Annual Progress Report Evaluation report		No specific unit or division within BNPB is responsible for gender issues No gender policy or strategy within BNPB	Technical Assistance is provided to the National Disaster Management Agency (BNPB) on integration of gender issue into policy and strategy to BNPB. BNPB's Gender Responsive Action Plan is developed. Capacity development of senior management of BNPB for gender responsive disaster programmes and policies.	Relevant international guidelines on mainstreaming gender in disaster are adopted by National Disaster Management Agency (BNPB), relevant stakeholders including CSOs. Annual Review of BNPB's Gender Responsive Action Plan. Technical guideline for rapid disaster response team of Police Women. Capacity Development of Provincial and District Disaster	National GBV coordination mechanism in disaster in place.	

						Management Agency (BPBD) officials in mainstreaming gender into disaster management.		

	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	Target	Target	Target
	7.2.Government and civil societies have the capacity to identify and address practices that are harmful to reproductive health and rights	Policy Briefs Annual Progress Report Evaluation report	MOWECP*; NCVAW NGOs/CSOs	2009 Research on female circumcision from the socio-culture, religion, and health perspective	Operations Research on FGM to provide evidence for policy dialogue and advocacy	One Operation Research on harmful traditional practices related to reproductive rights. Advocacy strategy on harmful practices is in place and omplemented.	Advocacy strategy on harmful practices in place and implemented.	Evidence-based Policy briefs on harmful traditional practices.

Outcome 6:Improved access to SRH services and sexuality education for young people (including adolescents)								
Key Outcome Indicators		**MoV**	**Responsible Party**	**Baseline**				
Age-specific fertility rate among those aged between 15 and 19 Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission		2012 IDHS	MOH; MONE; BKKBN	ASFR = 51 per 1000 women (2007 IDHS) Male youth - 15% Female youth = 10% (2007 IDHS)				
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
8. Improved programming for essential sexual and reproductive health services to adolescents and young people	8.1. Capacity development at national and subnational level for the provision of sexual and reproductive health services to young people is implemented	SPR Annual Reports Model Reports MTR Report CP Evaluation Report	MOH; Dinkes Jayapura; selected CSOs in Kupang City dan Bandung City; Universities/ research institutes	Guidelines on adolescent health is available but no ASRH-specific services available in Jayapura, Kupang, and Bandung. International Technical guidance on	National and subnational Policy dialogue on comprehensive ASRH policy and strategies conducted (with the involvement of YAP).	National and subnational Policy dialogue on comprehensive ASRH policy and strategies conducted (with the involvement of YAP).	National and subnational Policy dialogue on comprehensive ASRH policy and strategies conducted (with the involvement of YAP), and using also the lessons learned of the ASRH services models for scaling up and sustainability.	National and subnational Policy dialogue on comprehensive ASRH policy and strategies conducted (with the involvement of YAP), and using also the lessons learned of the ASRH services models for scaling up and sustainability.

				Sexuality Education available	ASRH service model in Jayapura implemented (with the involvement of YAP).	ASRH service models in Jayapura, Kupang and Bandung implemented (with the involvement of YAP).	ASRH service models in Jayapura, Kupang and Bandung implemented (with the involvement of YAP) Documentation of lessons learned of models is available.	
					Annual review for the model in Jayapura conducted.	Annual review for the models in Jayapura, Kupang and Bandung conducted.	Annual review for the models in Jayapura, Kupang and Bandung conducted.	
					National guideline on ASRH education developed, adapted from International Technical Guidance on Sexuality Education	National guideline on ASRH education piloted at district level.	Advocacy work to promote the guideline on ASRH education for inclusion into national curriculum.	
					Participation of partners in regional meeting/ workshops for capacity	Participation of partners in regional meeting/ workshops for	Participation of partners in regional meeting/ workshops for capacity	Participation of partners in regional meeting/ workshops for capacity

					development.	capacity development.	development.	development.
	Indicators	MoV	Responsible Party	Baseline	2012	2013	2014	2015
					Target	Target	Target	Target
	8.2. Institutional mechanism to partner with young people (including adolescents) in policy dialogue and programming is established	Activity reports Mission reports YAP activity reports MTR and CP Evaluation Reports	Youth Advisory Panel (YAP) and all related IPs	YAP is established Meetings held with YAP members regularly Leadership and involvement of YAP members in programming, monitoring and evaluation	Capacity building for YAP members provided.	Capacity building for YAP members provided.	Capacity building for YAP members provided.	Capacity building for YAP members provided.
					YAP involvement in the UNFPA's policy dialogue, programming, M&E and commemoration of international days.	YAP involvement in the UNFPA's policy dialogue, programming, M&E and commemoratio n of international days.	YAP involvement in the UNFPA's policy dialogue, programming, M&E and commemoration of international days.	YAP involvement in the UNFPA's policy dialogue, programming, M&E and commemoration of international days.
					Active participation of YAP members in the Global Survey on the implementation of ICPD beyond 2014 and in the Global Youth Conference facilitated.			

Outcome 7: **Improved data availability and analysis around population dynamics, SRH (including family planning), and gender equality**								
Key Outcome Indicators		**MoV**	**Responsible Party**	**Baseline**				
Publication and analysis of 2010 Population Census Improved "District In Figures"		BPS publications of 2010 Population Census on national and subnational levels	BPS BPS and Bappeda	TBD Three "District in Figures" publication available				
Outputs	**Indicators**	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
9. Enhanced national and subnational capacity for the production,	9.1. Capacity development supported by UNFPA to produce and disseminate census, survey and other data implemented	Annual Progress Report Gender statistics VAW survey reports	BPS; MOWECP	Three district database forum established No district info system established and functioning No VAW data	Initial support on the establishment of District Information System (DIS) in four districts (South Nias, North Mamuju, Manggarai, Jayapura) provided.	Continued support on DIS provided in four districts.	Continued support on DIS provided in four districts. Preparatory stages of DIS lessons learned documentation initiated.	Report on lessons learned from the DIS establishment available and used for policy dialogue.

utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings				available	Capacity building on data management, "District in Figures" improvement, 2010 census analysis addressing young people's needs conducted.	Capacity building and coordination support for Data Forum continued, review on the quality of district in figures data focusing on youth, FP and RH undertaken.	Capacity building and coordination support for Data Forum continued.	Capacity building and coordination support for Data Forum continued.
					VAW Survey Technical Working Group and Backstopping established (core fund): • Protocol for VAW survey using WHO methodology developed (questionnaire, emergency response and referral, methodology, training enumerator curriculum) and submitted to	VAW Survey Technical Working Group and Backstopping (core fund): • Field Test of VAW survey Protocol • Training of Enumerator • Data collection • Data analysis	VAW Survey Technical Working Group and Backstopping (core fund): • Data collection • Data analysis • Data publication • Communication strategy • Advocacy Strategy	

					Ethic Committee • Resource Mobilization advocacy Strategy for VAW survey			
	Indicators	**MoV**	**Responsible Party**	**Baseline**	**2012**	**2013**	**2014**	**2015**
					Target	**Target**	**Target**	**Target**
	9.2. Data on population and gender before, during, and after a humanitarian	Annual Progress Report	BPS; BNPB	No assessment of BNPB data conducted No MIRA has been	Assessment of existing data and information system within BNPB is conducted.			

	situation compiled and used for emergency preparedness and response			implemented No national coordination mechanism on data in humanitarian issues established	Technical assistance is provided to strengthen the disaster data and information system within BNPB focusing on availability of baseline data and information for emergency preparedness and response	Regular update of disaster data and information system.	Regular update of disaster data and information system.	Evaluation of the use of disaster data and information system.
					National guideline on data issues in humanitarian situation is developed.	Guideline socialization and implementation.	Guideline implementation.	Evaluation of the use of the guideline on data issues in humanitarian situation.
					Support for the MIRA (Multi Cluster Initial Rapid Assessment) implementation focusing on the availability of secondary data during the acute phase	Regular update on the secondary data for the MIRA	Regular update on the secondary data for the MIRA	Regular update on the secondary data for the MIRA

					National Coordination mechanism for data issues in humanitarian situation is established.	Regular coordination meeting on data issues for humanitarian situation (at least two meetings/year).	Regular coordination meeting on data issues for humanitarian situation (at least two meetings/year).	Regular coordination meeting on data issues for humanitarian situation (at least two meetings/year).

Annex 3: The CPAP Monitoring and Evaluation Calendar
Country: Indonesia
CP Cycle: 8

		Year 1: 2011	Year 2: 2012	Year 3: 2013	Year 4: 2014	Year 5: 2015
M&E activities	1. Surveys/studies	**Baseline survey** UNFPA	**Study research** PD Component IP and/or UNFPA	**Study research** **National survey on VAWC** PD Component IP and UNFPA	**Policy Research** PD Component IP and UNFPA	**End-line Survey** UNFPA **Policy Research** PD Component IP and UNFPA
	2. Monitoring systems	**SUSENAS**	**IDHS** **SUSENAS** **Quarterly Work plan Monitoring Tool** (QWPMT)	**IDHS** **SUSENAS** **QWPMT**	**IDHS** **SUSENAS** **QWPMT**	**IDHS** **SUSENAS** **QWPMT**
	3. Evaluations			**Mid term review**	**Final Evaluation**	
	4. Reviews	**Annual CPAP Review as part of UNPDF Annual Review** GCA and UNFPA	**Annual CPAP Review as part of UNPDF Annual Review** GCA and UNFPA	**Midterm review as part of UNPDF Annual Review** GCA and UNFPA	**Annual CPAP Review as part of UNPDF Annual Review** GCA and UNFPA	**Final CPAP Review as part of UNPDF Final Review** GCA and UNFPA

	5. Support activities	**Field monitoring visits** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **AWP and AWPMT** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **Audits** UNFPA **Annual Progress Reports** GCA and Outcome Working Group **COAR** UNFPA	**Field monitoring visits** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **AWP and AWPMT** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **Audits** UNFPA **Annual Progress Reports** GCA and Outcome Working Group **COAR** UNFPA	**Field monitoring visits** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **AWP and AWPMT** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **Audits** UNFPA **Annual Progress Reports** GCA and Outcome Working Group **COAR** UNFPA	**Field monitoring visits** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **AWP and AWPMT** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **Audits** UNFPA **Annual Progress Reports** GCA and Outcome Working Group **COAR** UNFPA	**Field monitoring visits** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **AWP and AWPMT** GCA, OWG, UNFPA Sub Office, UNFPA Country Office **Audits** UNFPA **Annual Progress Reports** GCA and Outcome Working Group **COAR** UNFPA
Planning references	**6. UNPDF evaluation milestones**	**UNPDF Annual Review** UNCT	**UNPDF Annual Review** UNCT	**UNPDF Annual Review** UNCT **UNPDF Midterm review** GCA, UN agencies incl. UNFPA	**UNPDF Annual Review** UNCT	**UNPDF Annual Review** UNCT

	7. M&E capacity-building	**Induction training**	**M&E Updates**	**M&E Updates**	**M&E Updates**	**M&E Updates**
	8. Use of information	**IDHS Statistical Yearbook of Indonesia Population Projection**	**IDHS Statistical Yearbook of Indonesia Population Projection**	**IDHS Statistical Yearbook of Indonesia Population Projection**	**IDHS Statistical Yearbook of Indonesia Population Projection**	**IDHS Statistical Yearbook of Indonesia Population Projection**
	9. Partner activities	**Annual Government Planning (RKP)**	**Annual Government Planning (RKP)**	**Annual Government Planning (RKP)**	**Annual Government Planning (RKP)**	**RPJM 2015-2020 Annual Government Planning (RKP)**

Annex 4: Conceptual Framework of the CPAP – INDONESIA

National priority (2010-2014): (a) Health development is focused on a preventive approach, not only a curative one; (b) The consolidation of improved government management through integrated performance, integrity, accountability, compliance with relevant laws, and transparency; (c) Improvement of the quality of public services supported by efficient central and regional government structures, improved capacity of government employees and accurate population data; (d) Developing policies and guidelines for the implementation of gender mainstreaming by agencies, including measures to protect women and children against all forms of violence.

UNPDF outcome: (a) Increasing equity in access to benefits, services and opportunities; (b) Strengthening national and local response to climate change, threats, shocks and disasters; (c) Promoting effective participation by and protecting the rights of the poor and vulnerable