



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Indonesia

Proposed indicative UNFPA assistance: \$29 million: \$25 million from regular resources and \$4 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Eighth

Category per decision 2007/42: B

Proposed indicative assistance by core programme area (in millions of \$):

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

I. Situation analysis

1. Indonesia, the world's fourth-most populous country, has a population of 238 million, according to the 2010 census. The population, which is growing at an annual rate of 1.2 per cent, is projected to reach 248 million in 2015. Nearly 45 per cent of the population lives in urban areas. Average life expectancy increased from 65.4 years in 2000 to 70.9 years in 2010. One third of the population is younger than 15.

2. Indonesia halved its fertility rate during the last 30 years. According to the demographic and health survey, the total fertility rate was 2.3 children per woman in 2007, but varies from 1.5 to 3.7 in different parts of the country. The contraceptive prevalence rate for modern methods is 57 per cent (primarily injectables and oral contraceptives). The contraceptive prevalence rate ranges from 28 per cent to 70 per cent in various provinces.

3. The method mix is limited, as is the availability of intrauterine devices and sterilization. The unmet need for family planning is 9 per cent. Indonesia now has improved contraceptive commodity security, including universal access to male and female condoms; this will provide dual protection against unplanned pregnancies and HIV infection. An effort to revitalize the national family planning programme is under way. Public-sector health-care expenditure remains low, at 2.8 per cent of gross domestic product, and out-of-pocket expenditure for health is high, at 50 per cent.

4. Indonesia has achieved many of the goals of the Programme of Action of the International Conference on Population and Development (ICPD), and is expected to achieve most of the Millennium Development Goals by 2015. The maternal mortality ratio is high, at 228 deaths per 100,000 live births (2007 Indonesian Demographic and Health Survey)¹. Skilled health providers

attend 74.9 per cent of births, although there are large disparities among provinces. This calls for improvements in the quality of prenatal and delivery services, and increased access to high-quality emergency obstetric care. The infant mortality rate is 34 deaths per 1,000 live births.

5. About 14 per cent of the population lives below the national poverty line, and 49 per cent of the population lives on less than \$2 per day (2007 Millennium Development Goals report). Poverty levels vary significantly from region to region. In 2001, the Government initiated a decentralization policy. However, the benefits of decentralization are uneven, because of limited subnational-level capacity in analysing data and using evidence to develop policies and plans and manage programmes.

6. National policies and programmes have not fully addressed the needs of young people, who account for 28 per cent of the population. Access to adolescent sexual and reproductive health services is limited. Girls under 20 account for 15 per cent of unsafe abortions.

7. The HIV prevalence rate among young people has increased rapidly due to increasing drug use and unprotected sex. HIV is concentrated among high-risk groups. The prevalence rate among the adult population is 0.2 per cent, except in Papua, where it is 2 per cent (Ministry of Health, 2009).

8. Gender gaps exist in higher education, health, employment and politics. Reducing gender inequalities and promoting the empowerment of women are challenges. Data is scarce, and there is a need to strengthen national and subnational monitoring of gender-related policies and programmes. Levels of violence against women are high, and government efforts to prevent gender-based violence have been set back by capacity limitations. Government efforts are under way to register all marriages to protect women from indiscriminate divorce and the loss of family assets.

9. The Government and its development partners signed the Jakarta Commitment in January 2009 to

¹ Based on United Nations estimates, the 2008 maternal mortality ratio for Indonesia was 240 deaths per 100,000 live births.

implement the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. The Government has requested international partners to support: (a) national and local capacity development; (b) increased use of national systems; (c) South-South cooperation, innovations and best practices; (d) a shift in resources from projects to a programme-based approach; and (e) engagement in policy dialogue based on national ownership of development efforts.

II. Past cooperation and lessons learned

10. From 1972 to 1994, UNFPA country programmes focused on: collecting and analysing population data and supporting family planning and the capacity-development of national partners. In 1995, the programme sought to help Indonesia to implement the ICPD Programme of Action, focusing on: (a) reproductive health (including family planning and HIV/AIDS prevention); (b) gender equality; and (c) population and development.

11. The seventh country programme (2006-2010) was approved for \$25 million. Programme achievements include: (a) establishing a national budget line and an international training programme for reproductive health commodity security; (b) including a maternal mortality module in the 2010 census; (c) conducting policy research to support the revitalization of family planning, including a re-estimation of total fertility rates; (d) developing a standard service package for survivors of gender-based violence; (e) developing a reproductive health costing module for advocacy work at national and subnational levels; (f) strengthening the capacity of non-governmental organizations in the areas of adolescent reproductive health and HIV, with a focus on community capacity; (g) introducing an integrated package of essential reproductive health services in 21 districts; (h) integrating national adolescent reproductive health guidelines into local regulations and school education; (i) integrating a minimum initial service package in emergency situations into the training programme of the Ministry of Health; (j) enacting four national and 21 local regulations to

support population, reproductive health, family planning, and gender-related programmes through advocacy activities with Parliament; and (k) establishing partnerships with religious leaders to support reproductive health and gender programmes.

12. The seventh country programme demonstrated the need to place greater focus on critical areas that would contribute to the achievement of national outcomes. Lessons learned indicated the need to: (a) align and synchronize country programme annual workplans with the annual workplans of partners at local and national levels; (b) provide high-quality technical assistance on strategic policy and programme issues to local and national institutions; (c) upstream policy work at national and subnational levels and replicate good practices from pilot interventions; (d) strengthen local ownership through cost-sharing mechanisms; and (e) simplify the country programme operations structure.

III. Proposed programme

13. The Government led the development of the proposed programme through a participatory process, in line with the United Nations Partnership Development Framework, 2011-2015. The Framework supports the capacity of Indonesia to achieve the goals of the national medium-term development plan. The country programme supports three United Nations Partnership Development Framework focus areas: (a) increasing equity in access to benefits, services and opportunities; (b) promoting effective participation and protecting the rights of the poor and vulnerable; and (c) strengthening the national and local response to climate change, threats, shocks and disasters. The programme contributes to achieving five of the 11 priorities and three cross-cutting priorities of the national development plan, which seeks to increase access to high-quality social services and protection. The country programme assists Indonesia in attaining Millennium Development Goals one (on eradicating extreme poverty and hunger), three (on promoting gender equality and empowering

women), five (on improving maternal health) and seven (on ensuring environmental sustainability) and responds to the ICPD Programme of Action.

14. The programme is in accordance with the United Nations principle of ‘delivering as one’, and will work with government systems and procedures, as per the Jakarta Commitment. It includes joint programmes on HIV/AIDS, gender, and population and development. Collaboration with the World Health Organization, the United Nations Children’s Fund and the Joint United Nations Programme on HIV/AIDS will follow global agreements on the division of labour for maternal health and HIV/AIDS. The programme is guided by human rights-based, gender-sensitive and culturally sensitive approaches and will promote South-South cooperation and technical exchanges. A humanitarian response component is mainstreamed in the new programme.

15. Because Indonesia has achieved middle-income country status, UNFPA will take a more strategic approach and focus on: (a) supporting upstream policy efforts through policy analysis and advice; (b) providing technical assistance to develop national capacity; (c) addressing geographical disparities by targeting vulnerable regions where local capacity and public services are more limited compared to other regions; (d) ensuring the sustainability of programme impacts through cost-sharing; and (e) promoting South-South and North-South cooperation. The capacity development strategy will adopt an integrated approach to organizational development for key ministries and local governments in selected districts. UNFPA and the Government will support United Nations joint programmes in several priority provinces. Recommendations of two independent reviews (on the management of the seventh country programme and the revitalization of the national family planning programme) will endorse the above strategies.

Reproductive health and rights component

16. The outcome of this component is: improved access to high-quality sexual and reproductive

health services, including services to prevent HIV and help people to realize their sexual and reproductive rights.

17. Output 1: Improved 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. This output will support the implementation of the national road map for accelerating the reduction of maternal and neonatal mortality and morbidity, with a focus on achieving target 5b of the Millennium Development Goals (on achieving, by 2015, universal access to reproductive health). It will also address the need to prevent HIV and sexually transmitted infections, meet sexual and reproductive health needs and prevent gender-based violence during emergency situations. The programme will give special attention to marginalized populations, particularly poor people.

18. Activities will include: (a) policy and advocacy work to develop draft government regulations aligned with the law on health and the law on population and family development; (b) sociocultural research on maternal health, family planning, HIV and young people; (c) strengthening the capacity of health systems to support sexual and reproductive health services, including those on gender-based violence; (d) strengthening the institutional and technical capacity of government and non-governmental organizations in managing sexual and reproductive health programmes in the decentralized health system, including the family planning programme and the HIV prevention programme for groups that are most at risk; (e) community participation in fulfilling the unmet need for family planning and services to prevent gender-based violence and HIV; (f) advocating sexual and reproductive health education in schools and piloting adolescent-friendly health services; and (g) strengthening national capacity to prepare for and respond to sexual and reproductive health issues, including gender-based violence in emergencies.

Population and development component

19. The outcome of this component is: 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.

20. Output 1: Strengthened capacity of national and subnational institutions to analyse and use data on population and development and on the Millennium Development Goals and ICPD-related issues for policy formulation.

This will be achieved by: (a) developing the capacity to integrate population, reproductive health and gender into the national development plan through high-quality technical assistance and South-South cooperation; (b) supporting the secondary analysis of the 2010 population and housing census, annual panel and household surveys, the demographic and health survey, and integrated management information systems; (c) promoting research and knowledge-sharing on population and development issues; and (d) developing the capacity of selected district governments to use disaggregated health data for gender-responsive plans and budgets.

Gender equality component

21. The outcome of this component is: the prevention of and responses to gender-based violence are expanded through improved policies and social protection systems that are aligned with the Convention on the Elimination of All Forms of Discrimination against Women.

22. Output 1: Strengthened national and subnational capacity to prevent, respond to and monitor gender-based violence, including in emergency situations.

This output will be achieved by: (a) providing training on the provision of services for survivors of gender-based violence and human trafficking, including training on reporting and referral mechanisms; (b) piloting a community watch model in selected villages;

(c) piloting rehabilitation interventions for the perpetrators of gender-based violence in selected areas; (d) implementing a monitoring system on the Convention on the Elimination of All Forms of Discrimination against Women in selected provincial women's empowerment offices and non-governmental organizations; (e) developing and implementing training modules on preventing and responding to gender-based violence, to be integrated into training centres for law enforcers, health workers and social workers; (f) developing and implementing behaviour change communication interventions in selected districts with a high incidence of harmful traditional practices; and (g) undertaking advocacy activities to amend laws and by-laws that conflict with internationally agreed human rights principles.

IV. Programme management, monitoring and evaluation

23. The National Development Planning Agency will coordinate the country programme. Implementing partners will include the Ministry of Health, the national statistics office (*Badan Pusat Statistik*), the Ministry of Women's Empowerment and Child Protection, the National AIDS Commission, the National Family Planning Coordination Board, the Indonesian Forum of Parliamentarians on Population and Development, universities and civil society organizations.

24. UNFPA and the Government will develop a country programme action plan to define interventions, a monitoring and evaluation plan and a resource-mobilization plan.

25. Professional and support staff of the UNFPA country office will manage the programme. National and international experts and institutions will provide technical assistance. The Asia and the Pacific regional office and UNFPA headquarters will provide additional technical and management support. UNFPA will have three joint sub-offices with other United Nations organizations in Aceh, Nusa Tenggara Timur and Papua provinces.

RESULTS AND RESOURCES FRAMEWORK FOR INDONESIA

National priority: health development is focused on a preventive approach, not only a curative one United Nations Partnership Development Framework 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				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome: Improved access to high-quality sexual and reproductive health services, including services to prevent HIV and help people to realize their sexual and reproductive rights</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> • Maternal mortality ratio • Unmet need for family planning • Age-specific fertility rate among those aged 15 to 19 • Percentage of young people with accurate knowledge about how to prevent HIV 	<p>Output 1: Improved 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</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of districts implementing a comprehensive sexual and reproductive health programme aligned with health law number 36/2009 • Number of districts implementing a comprehensive population and family planning programme aligned with the law on population dynamics and family development, number 52/2009 • Minimum initial service package for reproductive health and gender in emergency situations is integrated into existing national and regional health emergency preparedness and response plan 	<p>Indonesian Forum of Parliamentarians on Population and Development; Ministry of Health; Ministry of National Education; Ministry of Women's Empowerment and Child Protection; National AIDS Commission; National Family Planning Coordinating Board; Selected district authorities; non-governmental organizations</p>	<p>\$14 million (\$12 million from regular resources and \$2 million from other resources)</p>
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 United Nations Partnership Development Framework focus area: promoting effective participation and protecting the rights of the poor and vulnerable				
Population and development	<p>Outcome: 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</p>	<p>Output 1: Strengthened capacity of national and subnational institutions to analyse and use data on population and development and on the Millennium Development Goals and ICPD-related issues for policy formulation</p> <p>Output indicators:</p> <ul style="list-style-type: none"> • Number of population study centres capable of undertaking population analysis based on the result of 2010 census and other related surveys 	<p>Ministry of Health; Ministry of Women's Empowerment and Child Protection; National Family Planning Coordinating Board; National Planning Board; National Statistics Office (<i>Badan Pusat Statistik</i>);</p>	<p>\$7 million (\$6 million from regular resources and \$1 million from other resources)</p>

	<p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Population projection for the period 2010-2020 is available Data for planning, evaluation and analysis for achieving the Millennium Development Goals are available 	<ul style="list-style-type: none"> Number of studies utilized to support policy development in line with the ICPD Programme of Action and the Millennium Development Goals 	population study centres	
<p>National priority (national medium-term development plan, 2010-2014): developing policies and guidelines for the implementation of gender mainstreaming by agencies, including measures to protect women and children against all forms of violence</p> <p>United Nations Partnership Development Framework focus area: promoting effective participation by and protecting the rights of the poor and vulnerable</p>				
Gender equality	<p><u>Outcome:</u> The prevention of and responses to gender-based violence are expanded through improved policies and social protection systems that are aligned with the Convention on the Elimination of All Forms of Discrimination against Women</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Number of victims of gender-based violence who are accessing services 	<p><u>Output 1:</u> Strengthened national and subnational capacity to prevent, respond to and monitor gender-based violence, including in emergency situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Numbers of districts implementing services that meet the minimum standards for services addressing violence against women and children Number of provinces that develop and implement a monitoring system for the Convention on the Elimination of All Forms of Discrimination against Women Number of central- and provincial-level training centres that integrate the prevention of and responses to gender-based violence into their training curriculum 	<p>Ministry of Women's Empowerment and Child Protection; National Commission on Violence Against Women</p> <p>Indonesian working groups on the Convention on the Elimination of All Forms of Discrimination against Women</p>	<p>\$7 million (\$6 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>