

# ANNUAL REPORT

2018

GOVERNMENT OF INDONESIA - UNFPA  
STRATEGIC PARTNERSHIP  
NINTH COUNTRY PROGRAMME 2016-2020





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# Foreword by the Representative

## “Accelerating Action to Achieve Results through Mainstreaming Humanitarian Response”



In 2018, UNFPA focused its work on supporting the Government of Indonesia to prepare the National Mid-Term Development Plan (RPJMN) 2020-2024. Several background papers, among others, on reproductive health/family planning, youth and adolescent sexual and reproductive health (ASRH), gender equality, and population-related issues, were produced as input for drafting the RPJMN.

At the same time, two big natural disasters happened in Indonesia. Two earthquakes struck Lombok Utara, West Nusa Tenggara, and a big earthquake, followed by a tsunami, struck Palu, Central Sulawesi. In addition, a tsunami occurred in the Sunda Strait and other small disasters hit Indonesia. The Government of Indonesia, with support from UNFPA undertook humanitarian interventions, implementing minimum preparedness and response for the affected people in Lombok and Palu. Humanitarian guidelines, minimum initial service package – MISP, were adopted and implemented by both central and local governments, and Reproductive Health Sub-cluster and Protection of Women’s Rights Sub-cluster were activated. Our collective humanitarian work adopted several innovations, including involving young people, and reached more than 100,000 women and girls with services and information.

In the middle of humanitarian interventions throughout the year, in collaboration with Government and Non-Government Partners, UNFPA was also able to deliver its results: advancing evidence-based advocacy and policy interventions in sexual, reproductive health and rights including for the most vulnerable, youth and adolescent reproductive health, prevention of gender-based violence and harmful practices, and in population dynamics and data.

Several donor agencies, including the Embassy of Canada through the BERANI project, Australia’s DFAT for humanitarian, and Global Fund for HIV, provided resources for UNFPA to improve the lives of women, girls, and young people through reproductive health improvement, prevention of gender-based violence and harmful practices, ASRH, and quality data.

UNFPA was also able to strengthen and expand partnership not only with the Government Agencies, but also with universities, and several NGOs both at the central and regional levels.

On behalf of UNFPA, I would like to convey our appreciation to our Government partners, Civil Society Organizations, academics and donors who have been very supportive in partnering with us to achieve the results as described in this report.



UNFPA Indonesia Country Office staff

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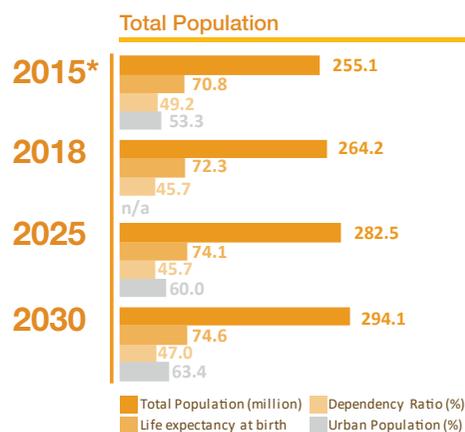
 @UNFPAIndonesia

# Facts at a Glance

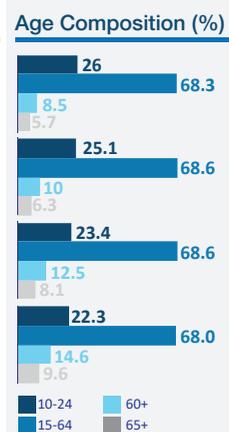


The Indonesian population will continue to grow during 2015-2030, but at a slower rate than during 1985-2015.

The age structure is changing profoundly. While the overall rate of population growth will be steadily declining, the growth of different age groups will vary considerably.



Source: 2015-2045 Indonesia's Population Projection  
\* 2015, Inter-censal Population Survey (SUPAS)



## Population Growth Rate

2010-2015\*  
**1.43**

2015-2025  
**1.08**

2025-2030  
**0.74**

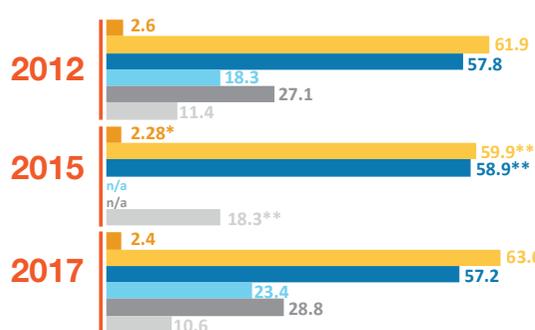


Source: 2015-2045 Indonesia's Population Projection  
\* 2015, Inter-censal Population Survey (SUPAS)

The stagnant Total Fertility Rate (TFR) over two decades has shown a decrease with continuing higher rates in selected provinces.

The CPR for modern methods of contraception (mCPR) has been stagnant for more than two decades with selected provinces reporting < 50%.

Unmet need for family planning shows slight decrease and the unmet needs are higher for limiting.



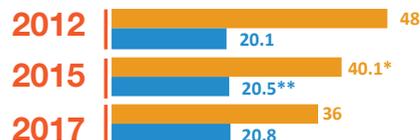
- Total Fertility Rate (TFR)
- Contraceptive Prevalence Rate (CPR) Any Method (%) among married women
- Contraceptive Prevalence Rate (CPR) Modern Method (%) among married women
- Active Long-term Method Family Planning User (MKJP) (%)
- Discontinuation Rate
- Unmet Need



Source: 2012 refers to 2012 Indonesia Demographic and Health Survey (IDHS)  
2017 refers to 2017 Indonesia Demographic and Health Survey (IDHS)

\* 2015, Inter-censal Population Survey (SUPAS)  
\*\* 2015, National Socio-economic Survey (SUSENAS)

Age-Specific Fertility Rate (ASFR) 15 to 19 years old shows a slight decline, however the proportion of teenagers who have started child bearing is higher amongst urban, less educated and poor family.



- Age-specific Fertility Rate (ASFR), 15-19 years old
- Median Age of First Marriage



Source: 2012 refers to 2012 Indonesia Demographic and Health Survey (IDHS)  
2017 refers to 2017 Indonesia Demographic and Health Survey (IDHS)

\* 2015, Inter-censal Population Survey (SUPAS)  
\*\* 2015, National Socio-economic Survey (SUSENAS)

# Facts at a Glance

Reduction of **maternal mortality** remains a great challenge, despite the decades of efforts in improving maternal health care.

MMR of 305 maternal deaths per 100,000 live births means **around 2 women die due to pregnancy related causes every hour**. MMR is higher in women living in rural areas and among poorer communities.

## Maternal Mortality Rate (MMR)



2010 Population Census = **346**

2015 Intercensal Population Survey (SUPAS) = **305**

The Annual Reduction Rate (ARR) = **2.4%**

## Sexually transmitted infections & HIV/AIDS

The prevalence of HIV in population > 15 years is < 1% and the concentrated nature of the epidemic continues with significant increase in MSM which puts the wives and partners at high risk of HIV. Intimate partner transmission is a concern.



## HIV Prevalence Value (%)

	Men who have sex with men (MSM)	<b>25.8%</b>
	People who inject drugs (PWID)	<b>28.8%</b>
	Female Sex Workers (FSW)	<b>5.3%</b>
	Transgender people (TG)	<b>24.8%</b>

Source: 2015, the Integrated Biological-Behavioral Surveys (IBBS)

## Gender-Based Violence (GBV) and Harmful Practices



**1 in 3 or 33.4%** women have experienced physical and/or sexual violence by partner and/or non-partner in their life time

(Source: 2016, Women's Life Experience Survey)



**Around 1 in 9 girls** are married before age 18

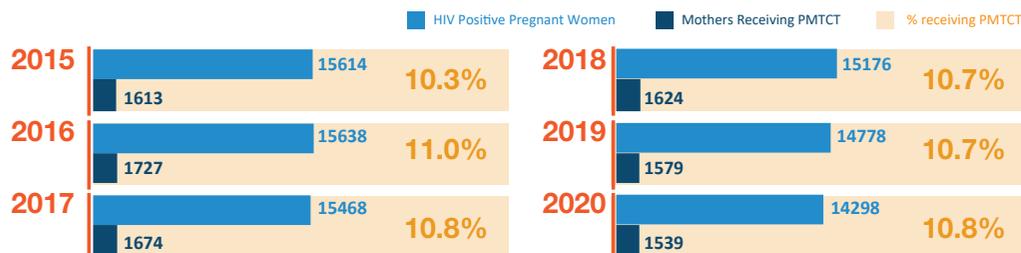
(Source: 2016, National Socio-economic Survey (SUSENAS))



**49% of girls aged under 11 years old** have undergone Female Genital Mutilation/ Cuttin (FGM/ C) with higher rates in rural areas

(Source: 2013 Indonesia Basic Health Research (RISKESDAS))

## Estimates and Projection of Prevention of Mother-to-Child Transmission (PMTCT) Service Needs in Indonesia, 2015-2020, underlying Spectrum Analysis Results



Source: Estimates & Projection of HIV/AIDS 2015-2020, MoH 2016

# Key Achievements

## COMPREHENSIVE HUMANITARIAN ACTION

*“Strengthening capacity to respond to disaster with gender sensitive humanitarian response”*

UNFPA Indonesia strives to advocate and support strengthening of capacity of national and local institutions and communities for enhanced maternal and newborn health status as well as ensuring women and youth engagement in decision making during the preparedness, response and transition to recovery following disasters. In 2018, UNFPA Indonesia worked with its partners, including Ministry of Health, Ministry of Women Empowerment and Child Protection, BNPB and provincial and district offices, to provide and implement the humanitarian related guidelines as well as a minimum preparedness and response plan to endorse a comprehensive humanitarian response. Under the coordination of Ministry of Health and Ministry of Women Empowerment and Child Protection, UNFPA played a vital role in humanitarian settings in NTB and

Central Sulawesi through its humanitarian response assistance.

### Key Achievements 2018

- Provided Minimum Initial Service Package (MISP) Operational Guideline and Logistics Guideline
- Provided Youth MISP Operational Guideline and Youth Pocket Book in Humanitarian Situation
- Provided Guideline on Protection of Women's and Children's Right in Humanitarian Situations (Pedoman Perlindungan Hak Perempuan dan Anak dalam Bencana)
- Supported humanitarian responses assistance in humanitarian situations in NTB and Central Sulawesi

UNFPA humanitarian response resulted in access **per week of over 1500** women in Reproductive Health tents, **1500** women in Women Friendly Spaces and **1200** adolescents in Youth Friendly Spaces.

In Central Sulawesi, **15,931** hygiene kits, **6,281** maternity kits, **3,892** post-delivery kits and **3,390** newborn kits were distributed.



8.5-month pregnant Mrs Nering (left) lived in a displaced people's camp in Wombo village, Donggala district, Central Sulawesi province. She visited a nearby RH Clinic/Tent since it was set up in early October 2018 for routine pregnancy checks and discussed plans with the on-duty midwives to give birth with the help of trained health workers at the RH Clinic/Tent.

## STORY OF CHANGE: HUMANITARIAN ACTION IN CENTRAL SULAWESI

In 2018, a 7.4 earthquake struck Central Sulawesi that left 2,101 dead and 4000 injured.

To protect the wellbeing of displaced women and girls and youth, UNFPA Indonesia was requested by the government to provide assistance in the implementation of MISP to ensure: immediate access to quality, youth friendly reproductive health (RH); prevention of Sexually Transmitted Infections and HIV-AIDS transmission; GBV prevention and activation of sub-cluster coordination for RH and Protection of Women's Rights in emergencies.

Mapping of the scale of damage to public health facilities and affected health workers was done; and data on post disaster population, including estimated number of women at reproductive age, pregnant women, and reproductive age couples, was generated, in partnership with Ministry of Health, Provincial Health Office and WHO.

Based on the findings, 15 RH tents, 12 Women Friendly Spaces/Tents (WFS) and 8 Youth Friendly Spaces/Tents (YFS) were set up, in consultation with members of the RH and Protection of Women's Rights (PWR) Sub clusters, that UNFPA also helped establish, and with the Adolescent & Youth working group (AYWG), respectively. These three types of tents provided necessary services for beneficiaries and raised public awareness, including through outreach. The WFS and YFS also facilitated activities for the empowerment and engagement of their target groups: women and youth in shaping decisions for women and youth friendly camp management, in transition phase and beyond. Services at the three types of tents were interconnected for optimal supports to displaced communities.

The lack of basic hygiene supplies aggravated displaced women's vulnerabilities, UNFPA provided 15,931 hygiene kits, 6,281 maternity kits, 3,892 post-delivery kits and 3,390 newborn kits (until end of December 2018) to protect displaced women's dignity. Distribution was done

through governmental and non governmental partners.

In addition, UNFPA also distributed 200 solar-powered radios to midwives serving the 15 Reproductive Health Clinics/Tents, GBV facilitators and youth peer educators. Talks to raise awareness on RH; women's and youth's rights and health; and their roles to stimulate development were conducted, in cooperation with MS Radio Palu.

Within days after the disaster, psychosocial support and counseling for health workers in the 3 worst-affected districts were organized to help them cope and resume activities. For immediate access to service, UNFPA deployed 77 midwives to ensure quality maternal health services at the RH Clinics/Tents that provided life-saving RH services. The health workers at the RH Clinics/Tents were trained to provide quality RH services and make referral for follow up treatment. They were also equipped with gender and GBV awareness; and with skills to support GBV survivors.

Facilitators at the WFS were also equipped with skills to provide psychosocial support, to link with RH Clinics/Tents and to make referral for psychosocial first aid. As situation returned to normal, the WFS organized skills trainings so displaced women would get new skills to earn an income and rebuild their lives. Multisectoral advocacy tools were developed to assist decision makers in the GBV prevention. Intersectoral GBV prevention and management was strengthened. UNFPA also held sensitization sessions on Protection against Sexual Exploitation and Abuse (PSEA - perpetrated by staff of humanitarian organizations) and development of PSEA reporting & management was initiated.

Following years of strong collaboration and partnership, UNFPA was requested by MOH to ensure immediate MISP implementation; and by BNPB to ensure data availability for sound multisectoral coordination.

## RH Clinics/Tents: Ensuring quality, youth friendly RH services

- 72,632 people received RH service and information
- 3,293 women accessed pregnancy checking
- 227 childbirths by health workers
- 558 women accessed post-natal care
- 2,039 received neonatal & infant care
- 959 men and women received FP services
- 141 referral cases
- 126 midwives trained for quality RH care and referral

## YFS: Fostering Youth Resourcefulness & Engagement

- 8,611 young people accessing services, information and psychosocial activities at YFS and outreach
- 8 Youth Forums established at the YFS sites, 3 district-level Youth Forums, each in Palu, Sigi Donggala.
- 123 midwives sensitized on youth-friendly services
- 32 peer educators and community organizer trained on community mobilization and referral system



Reproductive Health Tent being set up in Central Sulawesi

## WFS: Protecting women's rights and GBV prevention

- Around 10,056 women accessed psychosocial services and information
- 735 women referred to RH Tents/Clinics
- 43,918 women, youth received GBV information through community education
- At least 500 displaced women joined skill trainings
- 60 facilitators trained on psychosocial support
- 228 humanitarian workers of various organizations trained on PSEA and GBV
- 80 partners from women and youth NGOs in disaster affected West Nusa Tenggara and Central Sulawesi joined training on PSEA and GBV in emergencies (GBViE)
- PSEA reporting & mechanism developed

December 2018



Reproductive health tent antenatal clinic, Central Sulawesi

### Key achievements:

- 2600 hygiene kits, 200 maternity kits, 80 post-delivery kits and 80 newborn kits distributed.
- 345 safe deliveries with zero maternal deaths reported.
- 1,490 pregnant women received ANC services.
- 776 women accessed family planning services.
- 213 youth joined ARH services and discussions.
- 8,465 people (7,191 females and 1,274 males) received services through RH and GBV outreach.
- 385 adolescents (199 females and 186 males) received psychosocial support.
- 1,704 people have participated in Focus Group Discussions on GBV.
- 639 persons attended various sessions on reproductive health, pregnancies, nutrition, food security, gender equality, gender-based violence and ending child marriage, and local economic development organised at the WFS in North and East Lombok districts.

### Capacity building:

- MISP training of trainers was held for the Provincial Health Office, 6 District Health Offices, local chapter of the Indonesian Midwives Association (IBI), 25 health providers and 20 youth volunteers in the NTB province.
- An orientation of the global Clinical Management of Rape (CMR) protocol was organized for the RH sub-cluster in Jakarta.
- 120 health providers, 89 health and non-health personnel from provincial government and IPs trained on MISP and CMR.
- 20 non-health volunteers trained on Prevention of GBV in emergencies by UNFPA, central PKBI & Yayasan Pulih
- GBV training materials developed and 45 GBV focal points, local government officials, women NGOs and volunteers in North Lombok received training using the materials.

## STORY OF CHANGE: HUMANITARIAN ACTION IN WEST NUSA TENGGARA

West Nusa Tenggara Province was rocked by 2 strong earthquakes: a magnitude 6.4 quake on 29 July 2018 and a magnitude 7 a week later, and at least 350 tremors of lesser intensities. At least 40 died and 400 others were injured. North Lombok was the hardest hit with all health centres in 8 sub-districts destroyed and the district hospital damaged.

At the request of provincial administration, UNFPA launched the MISP, a set of basic services for immediate implementation after a major disaster to protect the wellbeing of displaced communities: women, girls and youth. Under the coordination of Ministry of Health and Ministry of Women Empowerment, UNFPA helped activate coordination for the RH and PWR sub-clusters; and established 8 RH Clinics/Tents for immediate quality RH services availability and 2 Women Friendly Tents (WFS) for services and activities to protect women's rights.

### **Kits distribution**

To maintain displaced women's dignity, UNFPA distributed specially designed hygiene kits for different target groups, through the Provincial and District Health Offices.

### **Improved access to quality reproductive health services**

The 8 RH Clinics/Tents helped bridge access to RH services by trained health workers to ensure safe maternal care, prevent unwanted pregnancy through FP services, prevention and management of GBV services, youth friendly RH services and prevention of STIs, including HIV/AIDS. Trainings were conducted to enhance local capacity on MISP for future response; 1. MISP for 89 health and non-health personnel from 3 community health centers (puskesmas), 25 health workers from Provincial and District Health Offices (PHO & DHOs) and members of the local chapter of the Indonesian Midwives Association (IBI); 2. Clinical Management of Rape (CMR); and 3. Prevention & management of GBV for the health sector engagement in the provision of comprehensive intersectoral support for GBV survivors and in strengthening referral mechanisms.

### **Multisectoral prevention of GBV in emergencies**

With IPPA/PKBI, UNFPA held GBV training for 20 youth volunteers; and with Pulih Foundation, empowered 20

non-health volunteers for the provision of psychosocial support, while CMR training equipped 120 health providers with necessary skills to support GBV survivors. Mapping of key stakeholders and establishment of referral mechanism involved local officials, religious & community leaders. GBV prevention and response trainings were held for government officials, facilitators & volunteers from local women's NGOs to improve psychosocial support provision & intersectoral referral mechanism.

The two WFS, run by LPSDM (a women NGO) with Sekolah Perempuan NGO, organized various discussions delivered by government officials, health workers and experts, with topics include RH, pregnancy, food security, gender equality, GBV, ending child marriage and family nutrition. As part of psychosocial support, skills trainings were also held to support displaced women engage in income generating activities.

A youth group was established and youth awareness and empowerment activities were organized to help local youth exercise their rights for their wellbeing, self-development and future and to foster youth engagement in camp management and decision making process in transition phase. Youth issues: rights, health and vulnerabilities were highlighted and topics such as ARH, dating, HIV/AIDS, drug abuse, youth engagement, among others were discussed for youth and public awareness.

Availability and use of data for humanitarian response UNFPA supported the National Disaster Mitigation Agency (BNPB) to ensure data availability. GIS maps were developed and technical assistance on data collection, analysis and reporting were provided to BNPB and humanitarian workers for use in multi sectoral coordination at the Coordination Post (Posko BNPB). Similar trainings were held for RH sub-cluster members to collect, compile and report services & activities by sub-cluster members in order to ensure coherence and to avoid gaps and redundancy in interagency response.

## **Affected population**

124,144 IDPs: 64,658 women and 59,486 men  
37,532 households  
42,498 women at Repro Age: 5,490 pregnant  
*The IOM-Ministry of Social Affairs' Displacement Tracking Matrix as per 31 October 2018*

## **Kits distribution**

Hygiene kits: 2600      Post delivery kits: 80  
Maternity kits: 200      Newborn kits: 80

## **Tents establishment**

8 RH Clinics/Tents (RH Tents)  
2 Women Friendly Spaces (WFS)

## **RH tents beneficiaries**

- 8,465 people used services at tents & through outreach
- 345 childbirths
- 1,490 women accessed pregnancy checks
- 776 women & men accessed family planning services
- 213 youth joined ARH services and discussions.

## **WFS beneficiaries**

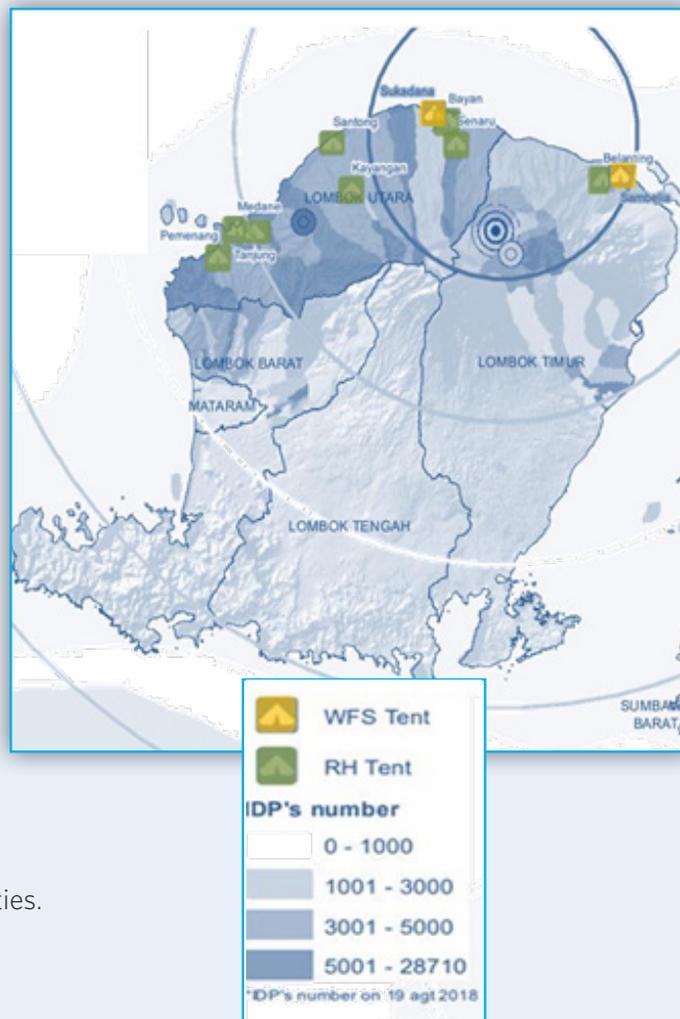
- 385 adolescents participated in psychosocial activities.
- 1,704 displaced people joined awareness trainings
- 639 women joined various discussions

## **Capacity building**

- MISP training of trainers (TOT) & trainings
- Clinical Management of Rape
- Psychosocial support
- GBV prevention & management
- Intersectoral GBV response

## **Data availability & use**

- Initial data collection & development of GIS maps facilitated
- Technical support to BNPB & humanitarian workers for data use in coordination conducted
- Technical support to RH subcluster members to collect, compile and report health services delivery provided



## SEXUAL AND REPRODUCTIVE HEALTH

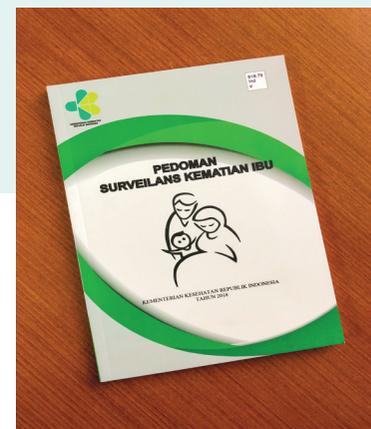
“Paving the way for improved, comprehensive reproductive health services”

UNFPA's notable strides to support the Ministry of Health (MoH) on maternal health through quality midwives' services and maternal death surveillance and response model (MDSR) contributed to national efforts to prevent maternal deaths. In 2018, a draft report on MDSR supported addressing maternal deaths in Sampang and Lombok Tengah districts was produced. Policy advice and dialogue on maternal health based on sexual and reproductive health and rights (SRHR) directly contributed to national and subnational policies that accelerated an integrated sexual and reproductive health (SRH) approach in Indonesia. UNFPA Indonesia also strived together with MoH and Indonesian Midwives Association (*Ikatan Bidan Indonesia - IBI*) to increase the quality of midwives through the improvement of regulations on quality standards and the design of Centers of Excellence for midwifery education that will increase the life-saving skills of midwives.

“Over four hundred midwives (429) at puskesmas, hospitals, and villages were trained in notification, recording and reporting of deaths in women of reproductive age, including 49 midwives trained in conducting maternal verbal autopsies. Health cadres and village registration officers were also trained as villages' informants for identification, notification, recording, and reporting of deaths of women at reproductive age. Total of 2,846 informants were directly trained and involved in the programme”

### KEY ACHIEVEMENTS 2018

- Implementation of the Maternal Death Surveillance and Response (MDSR) for better decision making in addressing maternal deaths in 2 districts which will be scaled up to all districts
- A satellite report on SRHR for input to the development of the National Medium Term Development Plan - RPJMN - 2020-2024
- Policy brief to accelerate the achievement of SRHR related indicators in the SDGs by 2030 as an advocacy tool for the government in developing their strategic plans
- Design for the establishment of the Midwifery School Centers of Excellence



National MDSR guidelines, launched in 2016 and piloted in 2 districts in 2017-2018

### STORY OF CHANGE: THE MDSR INITIATIVE

The MDSR initiative, implemented in Sampang and Lombok Tengah districts, has improved the notification, reporting and recording of maternal deaths, including the review of all maternal deaths by a dedicated (MPA) district team. By putting in place the MDSR system, district government were better informed of the problems that led to maternal death cases, and therefore could better address the issue.



Visit to Puskesmas Jrengi for monitoring of MDSR implementation progress. Sampang, 14 May 2018



Visit to Puskesmas Praya for meeting with villages' heads and registration officers. Lombok Tengah, 9 Oct 2018

## FAMILY PLANNING

*“Ensuring rights-based family planning”*

UNFPA continued to promote the rights-based family planning by strengthening national partnership, coordination and knowledge sharing through its co-leadership under the FP2020 Country Committee. In addition to the continued support to the piloting of the Rights-Based Family Planning Strategy in 3 districts that improved districts' capacity in family planning programming and budgeting, UNFPA's focus of support was on the provision of technical assistance to BAPPENAS and BKKBN in view of the development of the RPJMN 2020-2024. Background papers, policy briefs and other key national family planning documents were produced to provided situation analysis and recommendations for policy directions.

### Key Achievements 2018

- The Background Paper on Family Planning for input to the Health Sector Review Document for the development of RPJMN 2020-2024
- The White Paper on Family Planning for inputs to BKKBN Renstra 2020-2024
- A Policy Brief on the supply chain management (SCM) models
- Expanded partnership with women and youth groups in the FP2020 in Indonesia for rights and data
- Agreement for Family Planning data consensus with the follow up action for capacity building

## STORY OF CHANGE: RIGHTS-BASED FAMILY PROGRAMMING

*“... It was the first for us, developing an integrated planning for Family Planning and Maternal Health Program ... previously, we developed the planning with our internal team ...”*

*Bd. Ena (The Head of BP3AKB West Aceh), Hj. T. Ridwan SKM Mkes (The Head of DHO West Aceh)*

*“Bappeda as the coordination body at the district is responsible to ensure that districts' programmes are aligned with RPJMK ... Family Planning and Maternal Health programmes are aligned with RPJMK, especially with mission number 7 ...”*

*Mr. Masykur, The Head of Social and Culture Division District Health Planning Body – Bappeda West Aceh*



*Kick off workshop for the piloting on integrated and right-based family planning in West Aceh District, 8-9 February 2018*



*Advocacy with Heads of Lahat District, 31 January 2018*



*Reviewing the Draft RAD in Lahat District, 30-31 October 2018*

## SOUTH-SOUTH AND TRIANGULAR COOPERATION

### “Advancing SSTC on Population and Development Issues in the Context of the 2030 Agenda”

The work on South-South and Triangular Cooperation (SSTC) this year focused on engaging in mutual learning and solution sharing for addressing emerging population and development issues to achieving Sustainable Development Goals, the 2030 Agenda. Regular SSTC activities and an international inter-ministerial conference on SSTC were jointly organized by the Government of Indonesia and UNFPA.

A total of 38 MRLs from nine countries in Asia and the Pacific were trained. Indonesian MRLs also conducted follow-up action among around 100 MRLs from the Philippines and Mali. Seven medical doctors from four countries in Asia and Africa also joined Comprehensive, Rights-based Family Planning. More than 250 participants from 42 countries in the world joined the SSTC Inter-Ministerial Conference.



SSTC training on comprehensive, right-based family planning, held in Yogyakarta, 3-22 September 2018



SSTC training on strategic partnership with Muslim Religious Leaders in Family Planning, held in Purwokerto, Central Java, 23-28 April 2018

## KEY ACHIEVEMENTS 2018

- Bridging leadership approach was integrated into the pilot project on integrated budgeting and planning for rights-based family planning and maternal health in three districts in Indonesia
- International Inter-Ministerial Conference on SSTC facilitated by BKKBN, Ministry of State Secretariat with support from UNFPA produced the Bali Call for Action for SSTC in Population and Development that will be taken forward at the Buenos Aires Conference on SSC (BAPA+40) in February 2019;
- Report and Lessons Learned of SSTC on Strategic Partnership with Muslim Religious Leaders in Family Planning was developed;
- SSTC on Comprehensive, Rights-based Family Planning was organized;



Minister of Health, UNFPA Asia Pacific Regional Director and Chairperson of BKKBN at the International Ministerial Conference on South-South and Triangular Cooperation (SSTC) on Population and Family Planning, held in Bali, 18-20 September 2018.

## STORY OF CHANGE: SSTC

*There have been so many initiatives in the Autonomous Region in MUSLIM Mindanao to facilitate un-hampered acceptance of Responsible Parenthood and Family Planning and general health interventions. The involvement of the Muslim Religious Leaders, with the support from Local Chief Executives, is considered the most important missing link for its successful implementation. Their exposure to Indonesia's National Family Planning Programme is the biggest eye opener and realization that answered all apprehensions and questions about the sensitivity of the issue... The South South Cooperation Initiative can now be considered the most successful learning experience... The Philippine Indonesia South South Cooperation can now be replicated in most Muslim countries who experience similar difficulties in implementing FP RPRH programmes.*



Dr Kadil M Sinolinding Jr - Secretary of Health- ARMM, the Philippines

## HIV PREVENTION

### “Empowering target populations and boosting community engagement”

As a leading Country Office for a sex workers prevention programme for UNFPA's Asia Pacific region, UNFPA Indonesia strives to fight HIV infection through cooperation with national partners to address barriers to ensure rights-based sexual and reproductive health.

UNFPA Indonesia succeeded in coordinating the development of the guideline on HIV/STI Prevention among Intimate Partner Transmission for pilot implementation in five cities in Indonesia. UNFPA Indonesia provided technical assistance for the implementation of the Peer-To-Peer Outreach Model for

Female Sex Workers (FSWs).

Aligned as part of the Comprehensive Intervention in Prevention of Sexual Transmission, the implementation of the FSWs Strategy, supported by Global Fund, empowered communities in the prevention of HIV and encouraged HIV testing among populations at risk. The FSWs Strategy increased access to service and counseling among communities with three main activities: the peer-to-peer outreach model, technical capacity development and linking key populations with HIV prevention, diagnosis and treatment.

*In 2018, UNFPA Indonesia's peer-to-peer outreach model reached **82,702** FSWs and resulted in **34,000** FSWs getting HIV testing, yielding **1,241** FSW HIV case finding and **490** FSWs' started ARV treatment.*

### KEY ACHIEVEMENTS 2018

- Guideline on HIV Prevention for The Partner of Key Population and PLHIV (Intimate Partner Transmission) finalised
- Technical assistance and monitoring for Intimate Partner Transmission pilot implementation in 5 selected cities
- Implementation of the Manual on HIV Prevention among Female Sex Workers Outreach Programme
- Technical assistance and monitoring for the implementation of HIV prevention among Female Sex Workers in 88 districts across 30 provinces through recruitment of 244 peer leaders and 1763 peer educators from female sex workers communities

### STORY OF CHANGE: PEER TO PEER OUTREACH

Sulis, a peer leader at Yayasan Citra Usadha Indonesia, regularly sat down and communicated with FSWs. She reached sites of sex work and consulted sex workers to test for HIV. Sulis is one of the 244 peer leaders from the FSWs community that UNFPA Indonesia is supporting. In 2018, UNFPA Indonesia implemented a peer-to-peer outreach model to empower target populations and boost community engagement. UNFPA recruited and supported peer leaders in trust building. This marked a significant change where previously FSWs held negative views on HIV testing due to fear of discrimination from disclosure. Sulis asserted that being an ex-sex worker was important to build trust in FSWs communities and has led to a visible number of FSW HIV testing, case finding and ARV treatment; saving lives of most vulnerable groups.

## BEST PRACTICE 2018

In 2018, as a new player in Central Jakarta mayoralty, an HIV/AIDS NGO Yayasan Hidup Positif (YHP, meaning Positive Life Foundation) has managed to build a strong network based on mutual trust with several community health centers, community elements and leaders, allowing its activists to expand its reach to wider key populations, including the underserved female sex workers (FSWs) working in clandestine hotspots and through online. With a team of 9 activists and its 16 Peer Educators, YHP managed to serve around 4,752 FSWs (around 93% of its 2018 target) with 1,489 of them accessed HIV test, 18 learned of their HIV positive status and 9 accessed ARV treatment. YHP admitted that continued support to build the capacity of its 9 activists and to raise awareness and negotiation skills among FSWs are much needed for their improved assistance in promoting healthy behavior, including safe sex to key populations.



“To educate FSWs with STIs and HIV prevention and encourage them practice safe sex, we have to win their trust and assist them with compassion and patience, despite their distrust and rejection. With trust and compassion, the FSWs will likely be the ones who come to us and they will encourage other FSWs also to come to us for health information and support. With HIV/AIDS prevention awareness, FSWs can educate and negotiate with clients to practice safe sex and protect their own health and that of their clients and families,” said Novi Mudjiati, YHP Programme Coordinator (photo: novi (left) with 2 YHP activists).

## YOUTH AND ADOLESCENTS

“Embracing hope and healing young people”

In Indonesia, only 22 percent of youths aged 15-19 acknowledges and is able to locate reproductive health centers and less than 5 percent of youths has the privilege to use such services. UNFPA Indonesia addresses these challenges and endeavors to improve policies and programmes that ensure rights and needs for youth in diverse settings.

UNFPA supported the Government of Indonesia, specifically BAPPENAS, Ministry of Health (MoH), Ministry of Education and Culture (MoEC), Ministry of Youth and Sports (MOYS), Coordinating Ministry for Human Development and Culture and BPS, with the development of evidence for cross-sectoral policy and planning.

### KEY ACHIEVEMENTS 2018

- First 2017 Indonesian Youth Development Index (YDI), used as evidence to guide the planning, policies and programmes for youth development across government sectors, was launched
- First SDG Youth Baseline Study was developed to enable monitoring of youth and adolescent issues
- RPJMN Background Study on Youth Development developed
- With MOH, MoEC, and Ministry of Religious Affairs, a training guideline and materials were developed to train teachers (in 2019) in using the handbook for ASRH education.
- 3768 Youth were reached with SRH information through 51 public events
- 532 Youth received comprehensive and youth friendly SRH services through UNALA
- 20 Youth were promoted for youth leadership and partnership through YAP, United Nations Inter Agencies for Youth Development (IANYD) and UNALA



2017 YDI Report launched in July 2018 by BAPPENAS and handed over to MOYS, in partnership with UNFPA

In 2018 a total of 3768 young people were outreached and 532 clients had consultation in the UNALA clinic. UNALA organized 51 public events that mobilized and organized young people around issues relating to ASRH.



“I am so glad that I get to ask UNALA doctors about my health. I had some problems with my periods and my mother didn't know what it was”

Ani, a 17 years old girl from the rural village of Yogyakarta

## STORY OF CHANGE: UNALA

UNFPA Indonesia provides comprehensive, innovative youth friendly health services called UNALA partnered with Yayasan Siklus Sehat Indonesia (YSSI) and Government of Canada.

The UNALA program mobilized diverse youth from different backgrounds to conduct SRH leadership trainings as well as lead outreach in youth hangout spots. 532 youths from UNALA outreach had consultation in UNALA youth friendly clinics. To ensure sustainability and effectivity of the program, UNALA organized a series of coordination meetings to promote strategic partnerships and referral.



UNALA Youth Gathering, Yogyakarta

## GENDER EQUALITY

### “Ending violence against women and girls”

UNFPA Indonesia strives to provide an integrated approach in policies and programs to address barriers in the prevention and responses to gender-based violence and harmful practices in various settings. UNFPA supported the Government of Indonesia for the development of Background Paper of 2020-2024 National Mid-Term Planning on Gender Equality and Women Empowerment and continued to strengthen institutional capacity of health sector response to GBV. For harmful practices, policy advice on good practices for the prevention of child marriage resulted in a MOWECP strategy and model design for child marriage prevention at the subnational level. Guidelines developed to address the prevention of FGM/C for Health Sector and for CSOs using a family approach. The national meeting of Ulema and capacity building for youth facilitators on the abandonment of FGM/C led to establishment of partnerships with religious leaders as well as youth and health service providers.

#### KEY ACHIEVEMENTS 2018

- The Background Paper of RPJMN on Gender Equality and Women Empowerment 2020-2024
- A revised Manual of TOT on GBV Case Management for National Facilitator and Health Service Providers
- Guidelines on Prevention of FGM/C for Health Service Providers and the Abandonment of FGM/C for CSO using a Family Approach
- A Modelling Strategy of Child Marriage Prevention
- Bogor Declaration of strengthened commitment of Religious Leaders on the Abandonment of FGM/C through a National Meeting of Ulema and Pesantren Based Dialogues in 4 provinces on the abandonment of FGM/C
- Youth Facilitators Networks on the Abandonment of FGM/C and 4 Youth Dialogues in 2 Child Forums and 2 High Schools

#### STORY OF CHANGE: FGM/C

UNFPA-supported 3-day 2018 national seminar on FGM/C for Ulemas in Bogor was a groundbreaking event that changed the mindset of its 40 participants.

The seminar highlighted FGM/C from medical, socio-cultural and religious perspective and ended with a “Bogor Declaration”, stressing that FGM/C has no ground in Islamic teaching, that a multi-sectoral partnership is needed with active involvement of religious leaders.

This seminar was replicated in 4 *Pesantren* (Islamic school) in Jombang (East Java), Pati (Central Java), Banten and in Payakumbuh (West Sumatera).

Suci Maysaroh, a young midwife was a participant of the 2018 Youth Facilitator Training on the Abandonment of FGM/C "It (the event) really opened my eyes about FGM/C. In the past, I knew it was wrong but at the training, I met participants who were deeply affected by this harmful practice," Suci said. The event strengthened her commitment to actively raise family and community awareness on the danger of FGM/C. "Now, I provide parents with health information and after realizing the potential long-term health effect: physically and psychologically, parents would not hesitate to reject FGM/C because they don't want to hurt their baby," she explained



*Suci Maysaroh, young midwife speaking at 2018 Youth Facilitator Training on Abandonment of FGM/C*



*Group of ulama discussing the recommendations during the national ulama meeting on the prevention of FGM/C in 2018*

## POPULATION DYNAMICS AND DATA MANAGEMENT

*“Augmenting national capacity in the production, use, analysis and dissemination of quality and innovative statistical data, including in humanitarian settings”*

UNFPA Indonesia focuses on ensuring quality population data and analysis on population dynamics and planning. As the United Nations development agency concerned with population and development issues, UNFPA Indonesia has developed a strong strategic partnership with Government of Indonesia agencies concerned with the supply, use and analysis of population data in Indonesia. UNFPA is the only international development partner that has played a continuing and active role in resourcing activities designed to extend the use of data on population and development issues in Indonesia.

UNFPA actively supports the Government of Indonesia notably in data management on linkages with national policies and programmes. Working through an upstream approach, UNFPA provided technical and strategic support to the Government of Indonesia on the development of Indonesia's next medium-term development plan (RPJMN 2020-2024). As the RPJMN functions as an umbrella for other national plans, ensuring the strong integration of population dynamics in the plan was essential to advancing evidence-based policies in this area. UNFPA provided technical assistance to Bappenas to develop a series of background studies that is to be used for the development of the RPJMN technocratic papers, particularly in the areas of (i) population mobility and urbanization, (ii) changing age structure and harnessing demographic dividend; (iv) population ageing; and (v) one-data for effective policy, decision making and program. The inclusion of the

demographic dividend and projection trends as principles of development planning in the draft RPJMN represents an accomplishment for UNFPA in promoting population development, as crucial to Indonesia's sustainable development and the wellbeing of its people.

Good governance depends on the provision and use of up-to-date statistics that describe the size and characteristics of a population. These statistics allow policy makers to see the nature and magnitude of population-related problems and to assess progress in key public policy areas. In 2018, UNFPA continued its strong strategic partnership with the Government of Indonesia, through its national statistical agency (BPS) Bappenas, BKKBN and collaborating ministries, in improving the range and quality of population data to meet identified evidence-based planning data needs.



## KEY ACHIEVEMENTS 2018

- New and innovative census technologies and methodologies for 2020 Population and Housing Census supported;
- Census pilot conducted utilizing innovative ways for data collection techniques and updating census blocks in order to prepare 2020 Population and Housing Census;
- Estimates of key demographic parameters and a new set of national projections 2015-2045 launched by the Vice President of Republic Indonesia, including concentrated efforts to produce estimation of Maternal Mortality Rate (MMR) and adolescent fertility aged 10 to 14 years old for SDG Indicator 3.7.2;
- Public access to the 2015-2045 population projection and 2017 Indonesia Demographic Health Survey (IDHS) data in a user-friendly format enhances its availability to a wide range of users;
- Power of BIG Data harnessed, notably Mobile Position Data (MPD) and Call Detail Record (CDR) to delve into circular migration of Central Business District (CBD) and the movement of Internally Displaced Persons (IDPs) in the post disaster of Sulawesi Tengah.
- Collaboration was strengthened with other agencies (National Disaster Management Agency (BNPB), Ministry of Health, among others, to continuously develop (i) standardized questionnaires and instrument tools for data collection and need assessments in humanitarian emergencies; and (ii) an MoU between BPS-Statistics Indonesia and BNPB to support the incorporation of population data into disaster management information systems to support managing humanitarian responses to natural disasters in Indonesia.



## STORY OF CHANGE: SUPPORTING EVIDENCE BASED POLICY FORMULATION

Information about a country's population underpins the development of smart policies and plans to shape its future. Knowledge of where people live, what services they need and how those needs may change is fundamental to effective development planning. The Government of Indonesia is committed to improving the quality of its policy development work by maximising the use of official statistics to inform its work. In relation to population dynamics, Indonesia has a number of valuable collections to draw on. These include data from its previous National Censuses, the recurrent National Social Economic Survey (Susenas), the biannual National Labour Force Survey (Sakernas), and recurrent Indonesia Demographic and Health Survey (IDHS). The new Population Projections will be an important addition to these resources and it is essential to effective development planning in Indonesia and provides a powerful adjunct to the National Medium-term Development Plan (RPJMN). The RPJMN guides the GOI to achieve mid-term goals and sets out the vision, mission and direction of national development priorities for the next 5 years. Vice President of Republic Indonesia urged the officials to use the 2015-2045 Population Projection data as a precondition to drafting policies, including in the fields of society, health, labor, food and education. In his remarks at the launch of the Population Projection, Vice President Jusuf Kalla emphasized that sustainable development is intrinsically linked to population. Therefore, the formulation and implementation of good population development policy depends on policymakers having a true understanding of the way population-related factors are causally connected in the real world and on widespread access to good population data, this will ensure population development policies are evidencebased and will help minimize the risk of undesirable unintended consequences.



*Indonesia's Vice President accompanied by Minister of Bappenas, Head of BPS-Statistics Indonesia and UNFPA Indonesia Representative formally handed over the Indonesian Population Projection 2015-2045 to Minister of Home Affairs (MOHA), Minister of Health on 24 August 2018 President of Republic of Indonesia Palace.*

## OUR PARTNERS FOR CHANGE

“Bringing together partners to help transform the lives of women and youth”

UNFPA Indonesia has made significant change in reaching the most marginalized and isolated population groups of Indonesia.

Most notably, UNFPA entered into a strategic partnership with Canada Government and UNICEF for the BERANI programme, aimed at reaching most marginalized women and girls for Sexual and Reproductive Health and Rights.

Supported efforts from national implementing partners including academia, NGOs and CSOs have helped improve and strengthen our strategic programmes.



Launch of BERANI programme with the Embassy of Canada and UNICEF 2018

Strong partnerships between Bappenas and UNFPA led to the development of the National Programme Management Implementation Guideline (PEDUM).

2018 was a significant year in establishing new partnerships including The Indonesian Women's Ulama Network (KUPI), PKBI and Pulih Foundation.

Notably, KUPI along with the Indonesian Midwives Association, will play a vital role in elimination of prolonged harmful practices of child marriage and FGM/C as well as improving quality of midwifery in Indonesia.

# ACRONYMS & ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ASRH</b>	Adolescent Sexual and Reproductive Health
<b>ARMM</b>	Autonomous Region of Muslim Mindanao
<b>Bappenas</b>	Badan Perencanaan dan Pembangunan Nasional - National Planning and Development Agency
<b>BKKBN</b>	Badan Kependudukan dan Keluarga Berencana Nasional - National Population and Family Planning Board
<b>BNPB</b>	Badan Penanggulangan Bencana Nasional - National Disaster Management Agency
<b>BPS</b>	Badan Pusat Statistik - Statistics Indonesia
<b>CBDIS</b>	Census-based district information system
<b>CP9</b>	9th Country Programme
<b>CPAP</b>	Country Programme Action Plan
<b>CSO</b>	Civil Society Organization
<b>DFAT</b>	Department of Foreign Affairs and Trade
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>FKM UI</b>	Faculty of Public Health, University of Indonesia
<b>FP</b>	Family Planning
<b>FSW</b>	Female Sex Worker
<b>GBV</b>	Gender-based Violence
<b>GF</b>	Global Fund
<b>HIV</b>	Human Immunodeficiency Virus
<b>IANYD</b>	Inter-Agency Network on Youth Development
<b>ICPD</b>	International Conference on Population and Development
<b>IDHS</b>	Indonesian Demographic Health Survey
<b>LP3A</b>	Research Institute for Women & Children's Empowerment /Lembaga Pengkajian Pemberdayaan Perempuan & Anak
<b>MDSR</b>	Maternal Deaths Surveillance and Response
<b>MISP</b>	Minimum Initial Service Package
<b>MMR</b>	Maternal Mortality Ratio
<b>MOEC</b>	Ministry of Education and Culture
<b>MOH</b>	Ministry of Health
<b>MORA</b>	Ministry of Religious Affairs
<b>MOSA</b>	Ministry of Social Affairs

<b>MOWECP</b>	Ministry of Women's Empowerment and Child Protection
<b>MOYS</b>	Ministry of Youth and Sports
<b>NAC</b>	National AIDS Commission
<b>NAP</b>	National Action Plan
<b>NCVAW</b>	National Commission on Violence Against Women
<b>NGO</b>	Non Government Organization
<b>NTA</b>	National Transfer Account
<b>PD</b>	Population and Development
<b>PEDUM</b>	The National Programme Management Implementation Guideline / Pedoman Umum
<b>PEs</b>	Peer Educators
<b>PLs</b>	Peer Leaders
<b>PMTS</b>	Pencegahan Melalui Transmisi Seksual - Prevention Through Sexual Transmission
<b>PSKK</b>	Pusat Studi Kependudukan dan Kebijakan - Center for Population and Policy Study
<b>PKBI</b>	Perkumpulan Keluarga Berencana Indonesia - Indonesian Planned Parenthood Association
<b>RH</b>	Reproductive Health
<b>SCM</b>	Supply Change Management
<b>SDGs</b>	Sustainable Development Goals
<b>SPHPN</b>	National Women's Life Experience Survey (Violence Against Women's Survey)
<b>SRH</b>	Sexual and Reproductive Health
<b>SSTC</b>	South-South and Triangular Cooperation
<b>SUPAS</b>	Survei Penduduk Antar Sensus - Inter-censal Population Survey
<b>SUSENAS</b>	Survei Sosial dan Ekonomi Nasional - National Survey on Social and Economy
<b>UBRAF</b>	Unified Budget, Results and Accountability Framework
<b>UGM</b>	University of Gadjah Mada
<b>UHC</b>	Universal Health Coverage
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children Fund
<b>VAW</b>	Violence Against Women
<b>VAWG</b>	Violence Against Women and Girls
<b>WHO</b>	World Health Organization
<b>YAP</b>	Youth Advisory Panel
<b>YSSI</b>	Yayasan Siklus Sehat Indonesia







**Ensuring rights and choices for all**

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