



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

ANNUAL REPORT 2016

UNFPA - because everyone counts

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Dear Partner,

For UNFPA, 2016 marked the first year of its Ninth Country Programme 2016-2020. Our partnership with the Government of Indonesia and other strategic partners resulted in the achievements and successes, as outlined in this annual report. Policy dialogue, advocacy, knowledge creation and capacity building resulted in increasing access to sexual and reproductive health, promoting youth development, promoting gender equality as well as using data effectively.

I invite you to read these joint accomplishments of this past year that were possible as a result of the shared partnerships with UNFPA to ensure that every pregnancy is wanted, every childbirth is safe and every young person achieves their full potential. While aspirational in nature, the core of these issues is what we will continue to jointly work together to achieve.

The Government of Indonesia is committed to addressing maternal mortality, unmet need for family planning, lack of women's empowerment, and gender based violence, and plans to harness the demographic dividend by strengthening policies and programmes for youth in health, education, employment and empowerment. UNFPA will continue to support government in ensuring evidence based lessons learned and rights-based approaches are integral.

With its cultural diversity and economic disparities, Indonesia continues to struggle with overcoming related challenges and the geographic realities of more than 17,000 islands spread over three time zones for delivery of programmes, especially for the most disadvantaged and key populations. Provision of information and services for essential sexual and reproductive health, HIV and gender based violence elimination has also been impacted by the diverse capacity at the subnational level, following decentralization and devolution of resources. In addition to national policies and programming, subnational modelling for upscaling remains a critical consideration and applying lessons learned is important to fulfilling aspirational goals of the Sustainable Development Goals.

In this annual report, we highlight our joint efforts for overcoming these challenges and the opportunities taken for inclusive sustainable development.



UNFPA Indonesia at a Glance

Driving results while transitioning to a new cycle

UNFPA, the United Nations Population Fund, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled. Indonesia remains a priority country for UNFPA to assist to deliver on these aspirations.

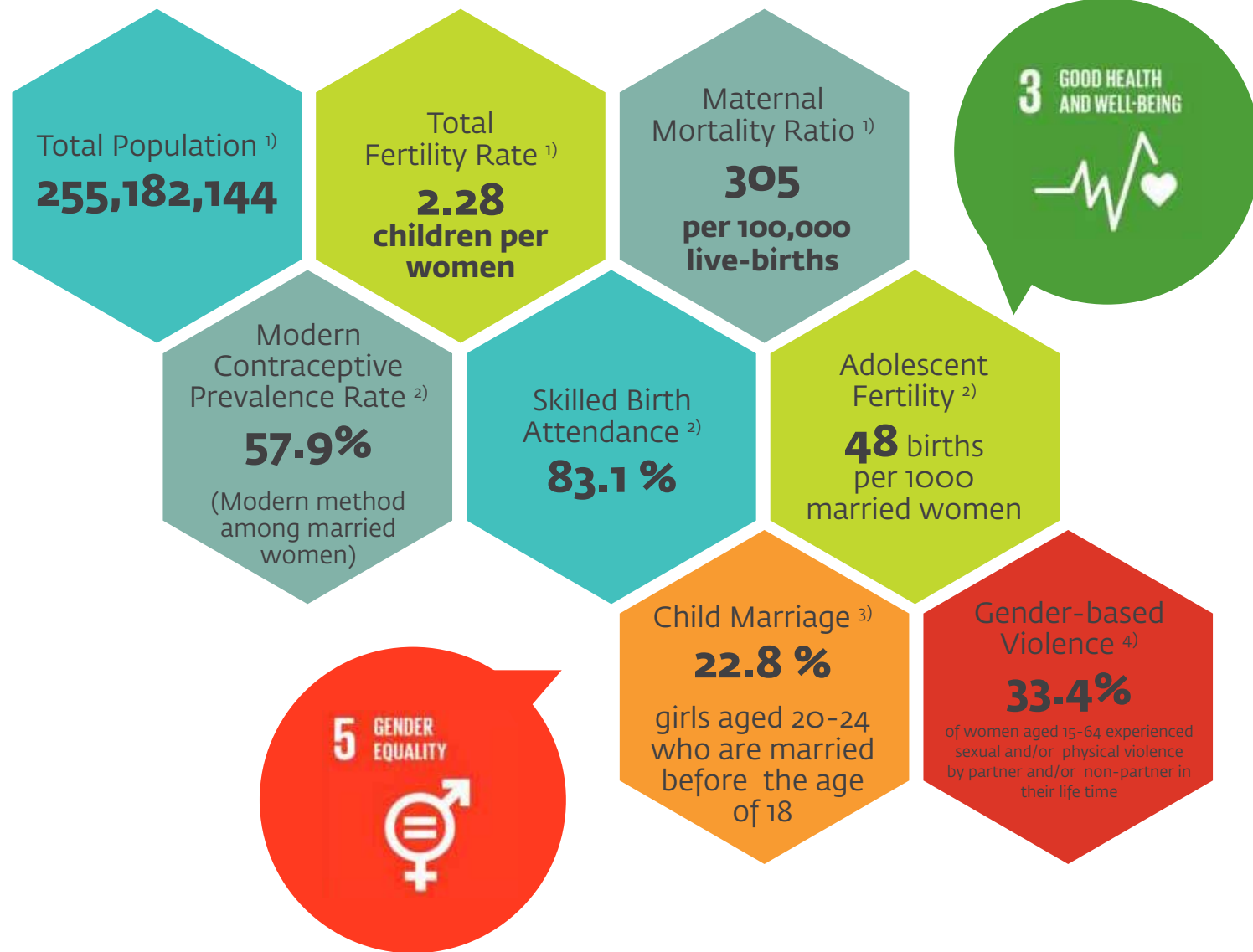
The ninth country programme (2016-2020) is being delivered during a dynamic and changing economic and sociocultural period. Indonesia has experienced improved standards of living as a result of steady economic development this past decade but wide disparities persist across a widely dispersed country.

UNFPA interventions are focused to address the high maternal mortality ratio, stagnating family planning programme, high rate of HIV/AIDS cases in key populations, adolescent pregnancies, and unacceptable gender-based violence and harmful practices (including relatively high child marriage and female genital mutilation). UNFPA also works with the Government to support the data availability for the above issues.

Focus on saving lives of mothers and young people

especially girls





Sources:

- 1) 2015 SUPAS - Inter-censal Population Survey (BPS Statistics, 2016)
- 2) IDHS 2012
- 3) 2015 SUSENAS (National Socio-economic Survey)
- 4) 2016 National Women's Life Experience Survey (2016 SPHPN)



UNFPA began its partnership with Indonesia in 1972 to deliver strengthened family planning services, demographic research, and population education programmes at schools. Today, UNFPA works with Government and partners to address sexual and reproductive health, HIV, youth, gender and population issues.

9th

Country Programme (2016-2020)



The CPAP was signed by Prof Dr. Sofyan Djalil – Minister of National Development Planning/Chairperson of Bappenas and Dr. Annette Sachs Robertson – UNFPA Representative on 29 March 2016.

The Country Programme Action Plan (CPAP) 2016-2020 outlines the outputs and key activities. It also describes the roles and responsibilities of the Government of Indonesia and UNFPA in the implementation of the Ninth Country Programme.

UNFPA Indonesia currently is focusing on providing technical support for policy, advocacy, knowledge generation and sharing and capacity building, partnering with many government agencies such as Bappenas, BKKBN, Ministry of Health (MOH), Ministry of Women's Empowerment and Child Protection (MOWECP), Komnas Perempuan (NCVAW) and Ministry of Youth and Sports (MOYS).

The Ninth Country Programme focuses on the five outputs



1. Improved policies and programmes to address barriers in ensuring rights-based maternal health and HIV-SRH linkages, including in humanitarian settings



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



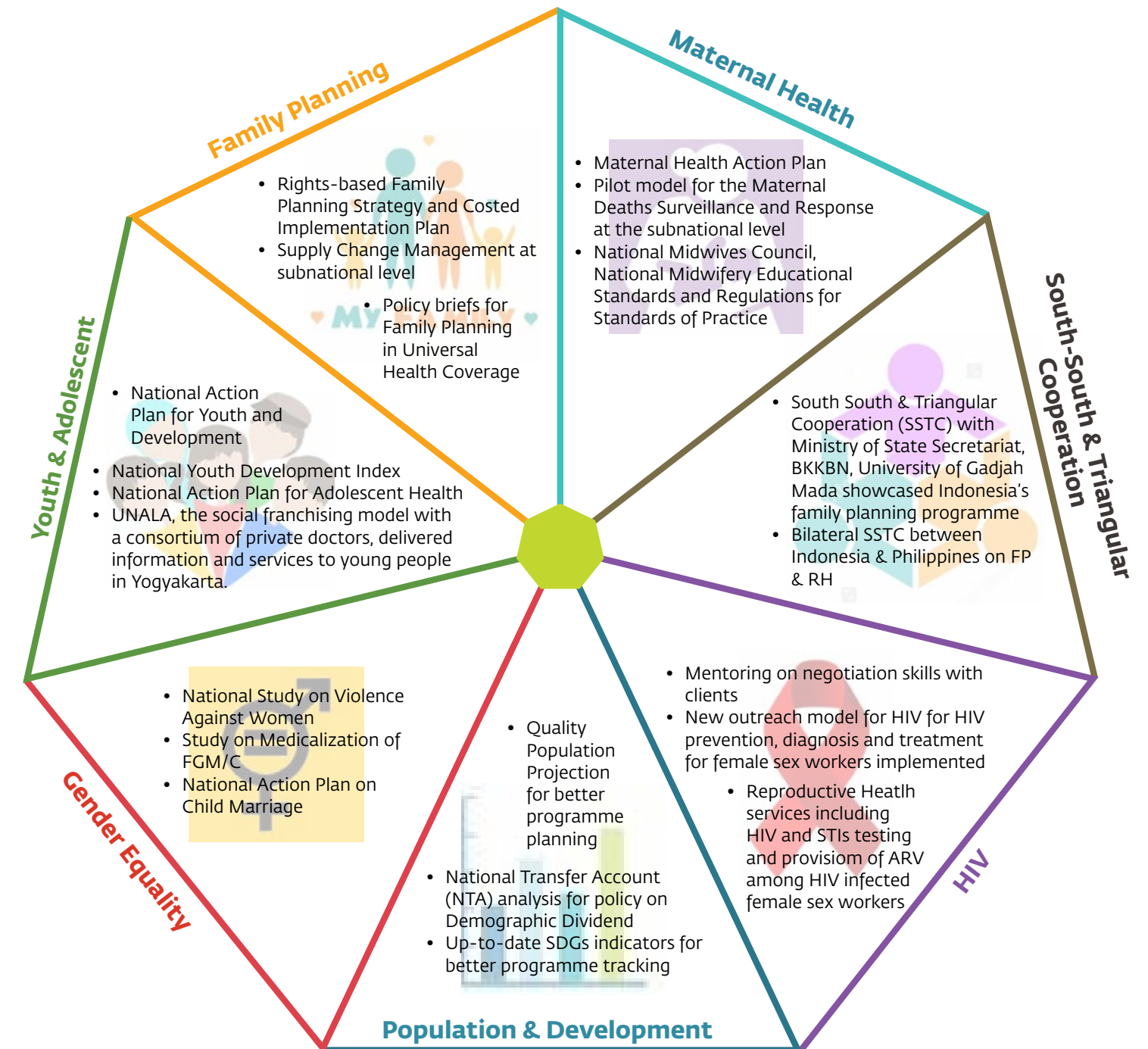
3. Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings



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



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





REPRODUCTIVE HEALTH

Strengthening policies for quality Maternal Health and Family Planning services

Enhancing Maternal Health

Improving maternal health is still a key priority. Preventable maternal deaths are still high at 305/100,000 live births (Intercensal Population Survey 2015). Since **midwives** are the main providers in maternal health services, strengthening their capacity for quality services can save women's lives.

As a followup of the situational analysis on midwifery in Indonesia, UNFPA provided technical support to the MOH to review the current standards for midwifery education and services and identified programmatic solutions for improvements. Advocacy to parliaments and government was aimed at strengthening the regulatory mechanism and standardized education and services for midwives.

Realizing quality maternal health requires political and funding commitment. UNFPA carried out maternal health budgeting review in selected districts and cities to inform the formulation of a model for integrated planning and budgeting for maternal health and family planning in 2017.



UNFPA support in 2016

- Improved midwifery services by strengthening standards for education & services
- Maternal Deaths Surveillance and Response (MDSR) guidelines
- Baseline data for SDGs reporting

Having sound understanding of causes and timing of maternal deaths is essential to address them. The Maternal Deaths Surveillance and Response (**MDSR**) guidelines was developed to improve maternal response.

For **SDGs reporting**, support was also provided to produce baseline data on health-related indicators to track progress in maternal health. Videographic on SDGs' Goal on Health was produced for improved public awareness and partnership for SDGs.

Positioning Maternal Health as a critical development issue

IMPACT

- Improved National Action Plan for Maternal Health through the use of *Evidence-based Costing and Budgeting Guideline* for better district government implementation, in partnership with MOH
- Policy dialogue has resulted in stronger commitment towards high standard of midwifery education, regulation of practice and increased professionalism to reduce maternal deaths
- MDSR National Action Plan and subnational implementation modeling have enhanced the reporting and recording of maternal deaths to improve response to prevent further maternal deaths



KEY ACHIEVEMENTS

Expanding Family Planning services

The Rights-Based Family Planning Strategy was updated and Costed Implementation Plan developed in collaboration with Bappenas, BKKBN, MOH and others. Family Planning is strategic investment for healthy families, communities and sustainable development. It helps couples make informed decisions to plan and space pregnancies and decide on family size.

UNFPA assisted national actors to promote rights-based family planning and family planning inclusion in universal health coverage to expand access to family planning at the community level. Recognizing an effective family planning programme requires good supply chain management (SCM), from forecasting demands, securing supplies, procurement, distribution, logistical capacity and sustainable resources for family planning. UNFPA worked with BKKBN to implement SCM modeling in 9 districts in East Nusatenggara and East Java provinces to foster local capacity for effective family planning. To help GoI realize the global FP2020 commitment, UNFPA supported BKKBN to lead FP2020 Country Committee and the efforts of its working groups: the Rights-Based Family Planning Strategy and the Rights & Empowerment.



2016 support to the national FP programme

- Establishment of National Coordination Forum on Rights Based Family Planning
- Updated national Rights-Based Family Planning Strategy and Costed Implementation Plan
- Implementation of Supply Chain Management modeling in 9 districts in 2 provinces

KEY ACHIEVEMENTS

Ensuring a Rights based Family Planning Programme

IMPACT

- The development of **National Rights Based Family Planning Strategy and a Costed Implementation Plan** allowed health sector planners to design and implement family planning that is rights-based and gender-sensitive
- **Policy briefs on Family Planning in Universal Health Coverage**, harnessing population dynamics and demographic dividend, and policy options for adolescent sexual and reproductive health (ASRH), were developed and have been used to inform programmes for reaching most vulnerable and those hardest to reach, in terms of age, economic quintile and geographic spread.

FP2020

To support national efforts to attaining **FP2020** goals, a global agreement to promote rights-based family planning programme, UNFPA worked closely with BKKBN, MOH, CSOs and donor organizations under the lead of BAPPNEAS to strengthen partnerships & mobilize key actors in enhancing the quality of family planning services, supply chain management, sustainable family planning financing and expanding services to underserved populations. UNFPA support was also channeled to supporting the three working groups:

1. Family Planning Strategy Working Group,
2. Rights and Empowerment and
3. Data, Monitoring & Evaluation.

With UNFPA assistance, key family planning actors worked together to realize Family Planning inclusion into the **universal health coverage**.



- Strengthened FP2020 coordination mechanism has become a forum for strengthening multisectoral coordination involving government, donors, CSOs, academia and private sector for achieving FP2020 country commitments.



SOUTH-SOUTH AND TRIANGULAR COOPERATION IN FAMILY PLANNING

Facilitating sharing of best practices to enhance Family Planning programme

UNFPA supported the Government of Indonesia through the Ministry of State Secretariate and BKKBN to promote the family planning programme under the SSTC initiative. This initiative facilitated participating countries to learn from each others' experiences and best practices as well as to develop solutions to address their challenges. In 2016, the SSTC initiative aimed to enhance leadership in family planning, promote quality family planning clinical services and to meaningfully engage Muslims religious leaders in boosting family planning programme through the following strategies:

Strategic Partnership with Muslim Religious Leaders in Family Planning

A global training was jointly organized with BKKBN and Ministry of State Secretariat in Yogyakarta.

In 2016, 38 participants from 11 Islamic countries participated in this training. Participants were religious leaders, Islamic teachers and Family Planning officers who learned about family planning and reproductive health from Islamic perspectives. They also took part in field visits to observe the implementation of family planning and ASRH at the community level: at hospital, mosque and an Islamic boarding school conducting ASRH activities. Other activities they observed included community activity, conducting economic empowerment and premarriage counseling to sensitize couples with family planning and reproductive health issues. Special training programmes were developed for Guinea in Africa and Nepal to assist them in promoting family planning and reproductive health in Islamic perspectives in their contexts.



Clinical training on comprehensive rights-based Family Planning in Yogyakarta

Seven obstetricians/gynaecologist from 4 countries participated in the comprehensive, hands-on training designed to improve skills of health professionals in providing clinical family planning services. It was held at Gadjah Mada University's Center of Excellence for Comprehensive Family Planning Training that UNFPA-BKKBN- UGM initiated in 2014.

The Indonesia-Philippines bilateral scheme

Under this scheme, two programmes were conducted, Bridging Leadership Training Programme held in Bantul, Yogyakarta. Zoellig Family Foundation, UNFPA Manila and Population Commission selected 5 trainers for the training, which was attended by 25 local officials. The training was designed to develop a mechanism for sharing of leadership, ownership and roles among leaders, partners and community for stronger family planning programmes and lower maternal mortality.

Training for Religious Leaders from Autonomous Regions of Muslim Mindanao (ARMM), in which 25 religious leaders participated to learn from West Nusa Tenggara's experience in implementing the ASRH programme from Islamic perspective and promoting family planning and ASRH in their communities.

The SSTC is part of the Medium-Term Development Plan 2015-2019 and a strategic forum to learn from other countries and share Indonesia's experience: best practices and solutions to challenges in advancing international development agenda. The Government of Indonesia has expressed its commitment to continued SSTC activities and funding support.



IMPACT

Facilitating South-South and Triangular Cooperation

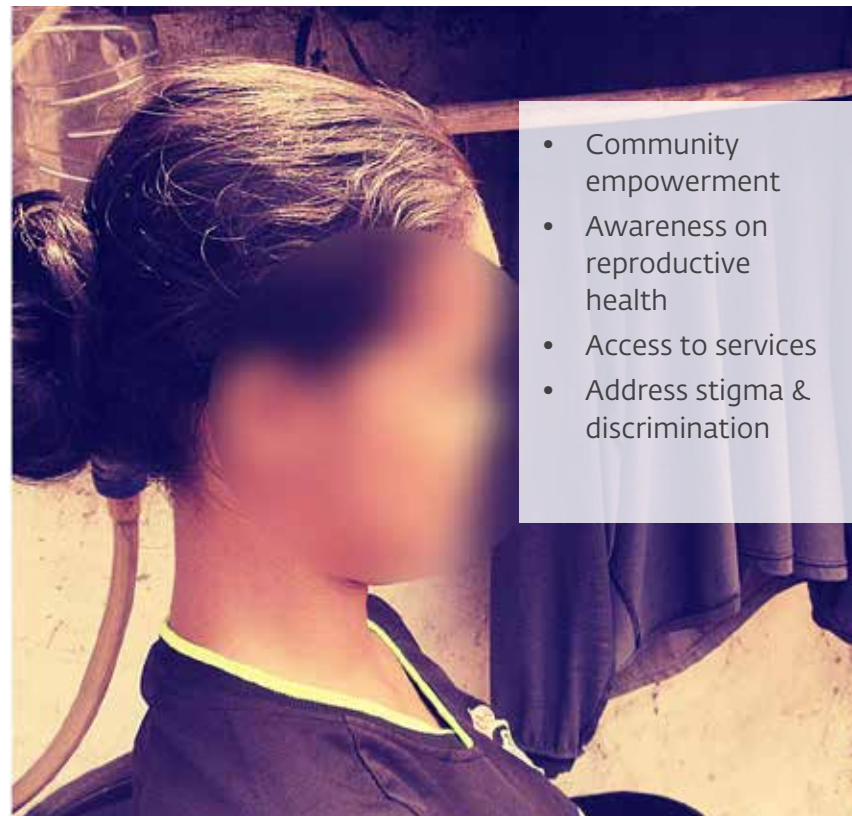
- Through exchange of knowledge, Indonesia shared its best practices on the role of religious leaders in family planning programmes to inspire other countries and vice versa aiming at enhancing family planning programmes based on each other's successful responses and solutions to challenges.
- State Secretariat and BKKBN have demonstrated ownership and commitment to both programming and funding for continued SSTC activities, in collaboration with UNFPA.



HIV PREVENTION

Empowering target populations and boosting community engagement in HIV prevention

To address the spread of HIV infection through sexual transmission (or PMTS), UNFPA worked closely with national partners, the government, the National AIDS Commission (NAC) to implement the Female Sex Workers (FSWs) Strategy as part of the Prevention from Sexual Transmission Paripurna. The strategy, with funding support from Global Fund, stressed fostering stronger community empowerment and their role in HIV prevention; and promoting the use of improved methods for outreach, aimed at encouraging populations at risk of HIV (the FSW community and their clients) to do HIV testing. The FSWs strategy helped empower FSWs and their clients to make informed decisions for HIV prevention and to access services and counseling. The main activities under the FSWs Strategy included:



- Community empowerment
- Awareness on reproductive health
- Access to services
- Address stigma & discrimination

The new outreach model

- Stressed Female Sex Worker community empowerment & mobilizing their active role for HIV response.
- Used a coaching approach by national NGOs toward peer leaders and peer educators, as opposed to the top-down managerial approach.
- Encouraged high risk populations FSWs and clients to actively do HIV tests & seek services.
- Undertook real time mapping of FSW mobility – who were now scattered across the supported cities following the closure of establishment localization sites. Reaching out to these FSWs helped ensure they had access to comprehensive services.

Technical Capacity Development

Technical capacity development was undertaken for national and community partners to implement the strategy and to adopt the new outreach model in their everyday practice. In 2016, a module for HIV PMTS was developed. Trainings for core team and 33 trainers from DKI Jakarta, Semarang, Bali and Jayapura as members of master trainers were conducted. These trainers provided training on proper implementation of the new outreach model for 113 peer leaders (PLs) and peer educators (PEs) from 54 organizations who directly worked with FSWs in their respective areas. For community empowerment, the PLs and PEs are recruited from the FSWs' community and they can reach FSWs in their respective areas. **Coaching** and **mentoring** to local PLs and PEs by national partners ensures proper adoption and implementation of the new outreach model.

Linking Key Populations with HIV prevention, diagnosis and treatment

IMPACT

- The trainings conducted have led to improved competency among target key populations to address the spread of HIV through sexual transmission.
- The project has strengthened cooperation among key stakeholders at national level down to the community level for a well coordinated effort to HIV prevention including raising awareness, expanding access to services and addressing stigma.

2016 Achievements from FSWs Strategy

- 72,040 FSWs outreached
- 51,056 tested for HIV
- 2% HIV case finding attained





YOUTH & ADOLESCENTS

Promoting the Potential of Young People and Addressing their Needs

Around 28% of Indonesia's 65 million are young people aged 10 to 24 years old (BPS Population Projection 2010-2025). Youth friendly services and information are needed to help young people exercise their rights to health and empowerment for sustainable development.

To promote youth issues, various dialogue and close collaboration with key partners and stakeholders were conducted, which helped cultivate stronger cross-sectoral coordination on youth with youth's active involvement. In 2016, UNFPA supported the National Development Planning Agency (Bappenas) and the Ministry of Youth and Sports (MoYS) to formulate the 2017 – 2019 National Action Plan (NAP) on Youth Development and the country's first Youth Development Index to assist decision makers in designing youth programmes to seize a demographic dividend.

In partnership with MOH, UNFPA contributed to formulating the 2017 – 2019 NAP on School Aged Children and Adolescent Health, to address specific health needs of young people and to carry out evidence-based advocacy to the Ministry of Education and Culture for the inclusion of SRH education in the national curriculum. To ensure youth well being in humanitarian settings, UNFPA helped develop the National Guideline on SRH and Youth Involvement in Humanitarian Settings for service providers.



UNFPA's 2016 adolescents and youth programme:

- 1) Evidence-Based Advocacy for Comprehensive Policy and Program Development, Investment and Implementation;
- 2) Comprehensive Sexuality Education;
- 3) Capacity for Sexual and Reproductive Health (SRH) Service
- 4) Marginalized and disadvantaged adolescents and youth, especially girls reached;
- 5) Youth Leadership and Participation promoted

UNALA, a Private Sector led in delivering comprehensive and youth friendly SRH services

With UNFPA's support, UNALA, a network of private general practitioners in Yogyakarta, continued to provide a comprehensive youth-friendly sexual and reproductive health services included counselling, physical examination and referrals. To raise awareness, reliable information on health and SRH (including contraceptive services) were made available through UNALA's website (www.unala.net), social media and community outreach activities.



UNALA partnered with a wide range of organisations serving young people in Yogyakarta, to pilot a programme called "the Youth-gether network". If this model is successful, it can be replicated nationwide to transform ASRH information and services in Indonesia.

Coordination in supporting Youth Empowerment

In Indonesia, UNFPA chaired the United Nations' Inter-Agency Network on Youth Development (IANYD), mandated to increase the effectiveness of UN work on youth development to support the attainment of the 2030 Agenda: Sustainable Development Goals (SDGs).

This year, the IANYD Secretariat introduced an online platform to stimulate dialogue and cement collaboration for youth programmes among the relevant agencies. To update the IANYD online platform, an online community of practice was established to track UN Agencies' works and results. The IANYD provided technical input for the development of the Indonesian Youth Development Index, the Global School-based Student Health Survey and U-Report, an online platform for adolescents' participation.



KEY ACHIEVEMENTS

Youth Leadership and Participation

In 2014, UNFPA established Youth Advisory Panel (YAP), a panel of youth selected to promote youth issues and involvement in UNFPA programmes from planning, monitoring and decision making. In 2016, UNFPA Indonesia recruited a new batch of eight youth as YAP members for the 2016-2018 period. They have been actively participating in consultative meetings with the Government to shape national policies on youth and in advocacy to promote SRH information and services through social media and various events and commemorations.



Empowering Youth with SRH Information and Access to Service

IMPACT

- With UNFPA support, the first **National Action Plan on Youth Development** was developed to strengthen inter-sectoral coordination. In addition, the first Youth Development Index has improved availability of national data on youth issues to better harness the demographic dividend.
- The **National Action Plan on School-aged Child and Adolescent** was developed. This National Action Plan is a comprehensive plan to promote age-appropriate awareness health, including sexual and reproductive health issues.
- Private sector-led social franchising model, **called UNALA, provided ASRH information to around 2,018 youth through outreach, 384,555 through social media and 686 youth accessed ASRH services in 2016.**

KEY ACHIEVEMENTS



GENDER EQUALITY

Facilitating multisectoral response and community engagement to end violence against women (VAW) and harmful practices



Low public awareness on human rights, including women's rights and imbalanced power relations between men and women are still commonly observed in communities throughout Indonesia. These have been the underlying factors of violence against women (VAW) and harmful practices: female genital mutilation/cuttings (FGM/C) and child marriage. Favorable multisectoral policies and meaningful partnerships are needed to eliminate these rights violations and to realize gender equality at the family, community and policy level. Fostering meaningful **male engagement** is also strategic since men and boys when equipped with rights awareness and skills, can be key advocates and mediators to end VAW and promote gender equality.

KEY ACHIEVEMENTS

Promoting evidence-based VAW elimination through National VAW Survey

Reliable VAW data served as evidence to help policy makers formulate well-targeted policies. UNFPA provided technical assistance to BPS-Statistics Indonesia to carry out the 2016 Indonesian National Women's Life Experience Survey (2016 SPHPN-2016 VAW Survey). For survey details, please see Population and Development section: page 22. The findings will be used to strengthen multisectoral policies and response to VAW.

Enhancing gender-based violence (GBV) prevention and response

UNFPA supported MOWECP to strengthen the national coordination mechanism on GBV prevention and response. Together with MOH, policy dialogue was held to enhance health sector response to assist GBV survivors. Support was also provided to NCVAW to do policy advocacy to promote GBV prevention and SRHR. As a follow-up, policy dialogue with MOEC, MORA, MOH and MOWECP was conducted. UNFPA also worked to enhance national capacity to deliver a rights-based, gender-sensitive humanitarian response, including GBV prevention and response in disaster settings, across Indonesia (see Humanitarian Section).

Fostering **male involvement** is part of UNFPA's development support. At national level, UNFPA assisted MOWECP to conduct gap analysis on male involvement in SRHR and GBV prevention to inform the formulation of National Framework on Male Involvement in GBV prevention and SRHR. A pilot project on Male Involvement in VAW Elimination was implemented in 2 villages in Jayapura, Papua together with PKBI Papua, LP3A (local NGO on women and children issues) and with the support of Partners For Prevention and UNFPA. In 2016, training for community facilitators was organized with 28 participants.



KEY ACHIEVEMENTS

Eliminating Child Marriage

Policy dialogue was organized, in collaboration with MOWECP, NCVAW, BAPPENAS and other key actors. BAPPENAS is committed to include elimination of child marriage initiatives in multisectoral government workplans. Mapping of stakeholders was conducted and the 2017 National Action Plan on Child Marriage Elimination was developed, with support of UNFPA and UNICEF.

Putting an end to FGM/C

In some communities, FGM/C is viewed as part of family and social tradition, deeply seeded in cultural and religious beliefs. UNFPA partnered with NCVAW and Yogyakarta-based Center for Population and Policy Study, University of Gadjah Mada (PSKK-UGM) to carry out the FGM/C study and the findings will be used to develop the National Advocacy Strategy, that will start in 2017.

SDGs reporting

UNFPA contributed to the development of SDGs indicators for Goal 3 on Health and Goal 5 on Gender Equality. With MOWECP, NCVAW and women activists, UNFPA assisted in developing indicators on FGM/C.



Eliminating Gender Based Violence and Harmful Practices

IMPACT

- The evidence-based advocacy, including policy dialogue on harmful practices resulted in the inclusion of child marriage and others into the national Ministry of Women's and Child Protection (MOWECP) priority agenda.
- Improved quality assurance for the Indonesia's first VAW survey and strengthened coordination among related ministries in the conduct of the survey.
- Improved coordination for health sector response to domestic and gender-based violence as well as the inclusion of male involvement approaches in the National Framework on GBV prevention and SRHR.
- Improved capacity of local partners in the integration of men and boys engagement approach in GBV prevention to contribute to the National Framework of Male Involvement – P4P Papua. As was support to the free-of-violence villages in Papua, the concept of “engaging men and boys” in the prevention of GBV was introduced, targeting adolescents and their caretakers to stop the cycle of GBV at an early age and to create a supportive & enabling environment. The results of this model will be used to promote cross-district learning, facilitate replication, and to provide evidence for national policies on GBV.

KEY ACHIEVEMENTS



POPULATION DEVELOPMENT

Ensuring quality data for SDGs reporting

Providing Evidence and Data for Population and Dynamics and Planning

With UNFPA support, BAPPENAS has strengthened the quality of **Population Projections 2010-2045** as a key population data reference for national and subnational development planning. Indonesia is entering a period of demographic dividend between 2015-2035, a period when the dependency ratio is lowest. UNFPA supported BAPPENAS with the analysis of the updated **National Transfer Account (NTA)**, which has been used as the basis for programme planning and policies to seize this demographic dividend for economic growth and sustainable development.

Having valid maternal mortality (MMR) estimates is vital for informed policies and tracking of SDGs progress in maternal health. UNFPA provided technical support to review **MMR estimations** from various data sources, including validating the new 2015 Inter-censal Population Survey-based MMR estimation of 305/100,000 live births. UNFPA also supported BPS Statistics to identify relevant indicators from the 2015 Inter-censal Population Survey as the baseline indicators for SDGs country reporting.



UNFPA's technical support was also to Population Research Center, University of Gadjah Mada in the methodological development for the **FGM/C study**, together with the key stakeholders working to end harmful practices. The study design was confirmed and the study will be conducted in 17 districts from 10 provinces, which included 7 provinces with the highest FGM/C prevalence (2 districts per province) and 3 provinces with a regional bill on FGM/C (1 district per province). The ten provinces were Gorontalo, Bangka Belitung, Banten, South Kalimantan, Riau, West Java, West Sulawesi, Jambi, West Sumatera and West Nusa Tenggara. The NCVAW was tasked with the qualitative analysis, while the Center for Population and Policy Study –Gadjah Mada University (PSKK-UGM) - focused on the quantitative aspects.

UNFPA assisted the National Disaster Management Agency (BNPB) to ensure availability and use of population data for disaster management (for detail please see Humanitarian section).

KEY ACHIEVEMENTS

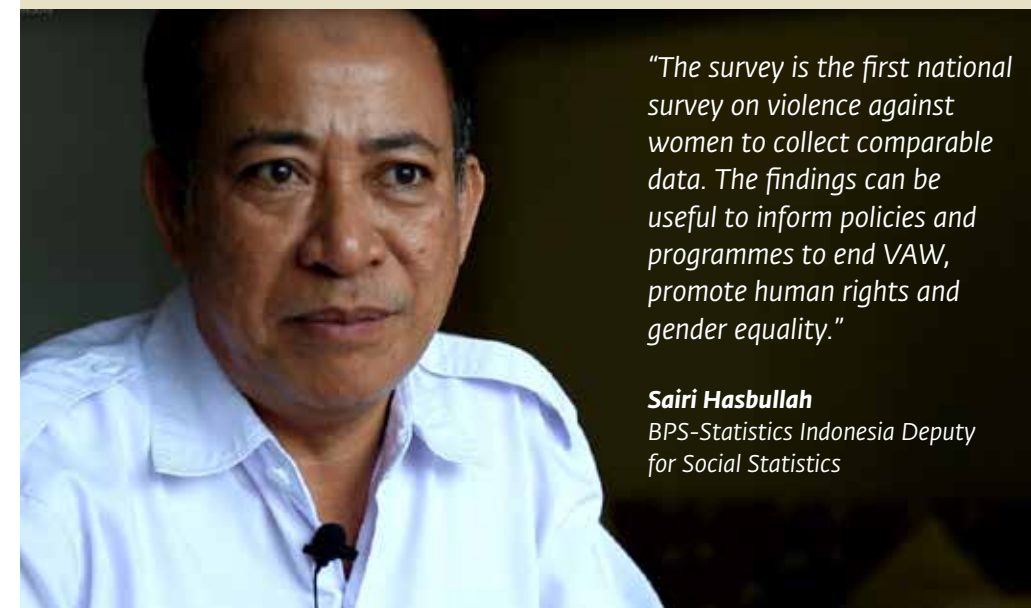
The first nationwide survey on violence against women

To respond to the lack of data on prevalence of Violence Against Women (VAW), UNFPA provided technical assistance to conduct Indonesia's first survey on violence, called the 2016 National Women's Life Experience Survey (**2016 SPHPN - 2016 VAW Survey**). The Survey used WHO methodology specifically designed for VAWG. Data was collected from 24 provinces across Indonesia, providing reliable national level data for development multisectoral VAW response and programmes. Both the enumerators and the respondents were all women. The respondents were women aged 15-64 years old, while the enumerators were trained on women's rights, gender equality, statistical methodology and how to do interviews on violence to minimize an undesired impact on respondents and interviewers. The 2016 VAW Survey provided key indicators to monitor progress towards attainment of Goal 5 on gender equality for SDGs Country Report.



2016 VAW SURVEY

Types of violence: physical, sexual, emotional and economic. The survey also collected information related to restriction or limitations to women's freedom. Perpetrators: partner (husband or sexual partner) and non partner (e.g. parents, parents in law, teacher or others)
Time reference: lifetime and last 12 months



"The survey is the first national survey on violence against women to collect comparable data. The findings can be useful to inform policies and programmes to end VAW, promote human rights and gender equality."

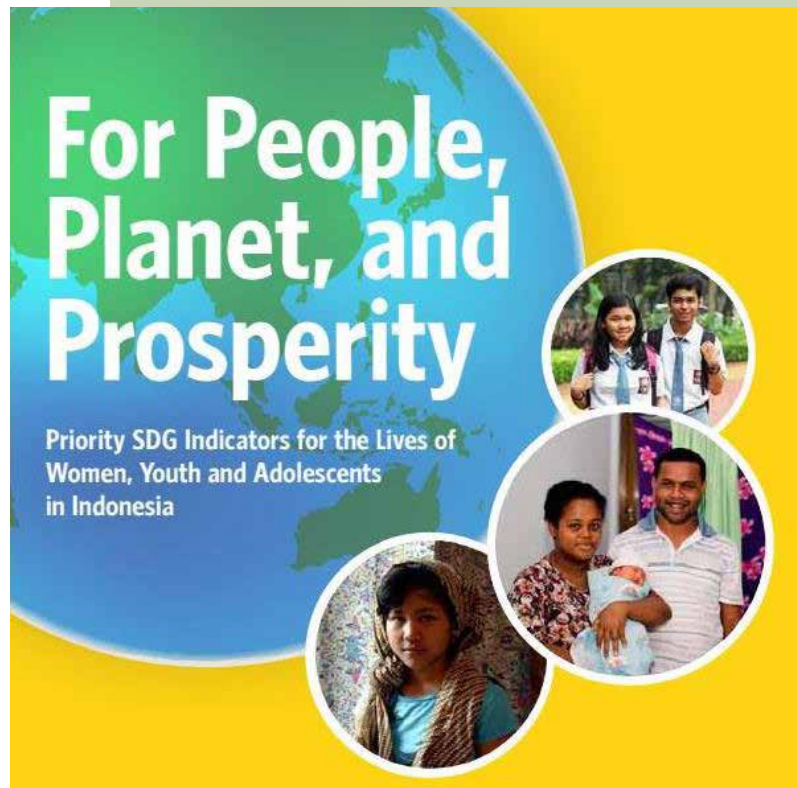
Sairi Hasbullah
BPS-Statistics Indonesia Deputy for Social Statistics

Providing Evidence and Data for Population and Dynamics and Planning

IMPACT

- The extended projection data to 2045 has continued to be the reference for national and subnational development planning across sectors and has resulted in the 2015 estimation of the MMR, which feeds into ministerial planning as well as data for the SDGs.
- The updated NTA for Indonesia served as the basis for operationalization of demographic dividend and assisted relevant ministries for programme planning and financing.
- The establishment of a Population Data Forum for Development Policy within the Bappenas has improved national coordination on population data and its application in cross-ministerial policies and planning. The forum has resulted in analysis on fertility, mortality, migration, and the methodology for the extended population projection to 2045.

- Improving Indonesia's One Data Initiative through a district-level pilot on census-based district information system (CBDIS) for upscaling and replication was implemented as a pilot. A model applying a census-based system was tested in Kolaka (Southeast Sulawesi) and Kulonprogo (DIY Yogyakarta) and has continued to be used for the needs of the local government for programme planning.



HUMANITARIAN

Strengthening national capacity to respond to disaster

Located in the ring of fire, Indonesia is a country prone to disasters: earthquakes, volcanoes and landslides. Equipping national actors with improved capacity to respond to disasters helped minimize loss of lives and vulnerabilities of the survivors, especially (pregnant) women, adolescents boys and girls. In coordination with MoH and national actors, UNFPA provided assistance to reproductive health subclusters and national reproductive health emergency team to implement the Minimum Initial Service Package (MISP) to ensure quality RH services are available in the aftermath of disaster. A pocket book with comprehensive information on the needs of youth was developed to guide MOH and crisis centers to address their vulnerabilities and foster their involvement in humanitarian response.

2016 Support:

- MISP implementation
- GBV prevention coordination
- Availability & use of population data for sound response
- Youth involvement in disaster response

Disruption to public services and facilities in post disaster increases the likelihood of gender-based violence (GBV) occurrence. Support was given to ensure proper initiation and management of the GBV subcluster and improved coordination which is necessary for GBV prevention and response, in line with the GBV prevention guidelines.



KEY ACHIEVEMENTS

Mapping of disaster-prone areas nationwide and ensuring availability and use of population data helped humanitarian workers design well-targeted emergency response. To facilitate this, UNFPA assisted the National Disaster Management Agency (BNPB) to update the Disaster Data and Information System with data derived from the 2015 Intercensal Population Survey by BPS-Statistics Indonesia.



Gender Sensitive Humanitarian Response

IMPACT

- Improved national capacities to implement Minimum Initial Service Package (MISP) services and logistics in humanitarian settings as a result of comprehensive guidelines and protocols, as well as the establishment of reproductive health (RH) sub-cluster and a national RH emergency team.
- Improved national GBV prevention and response using the situation analysis on GBV in humanitarian settings in Indonesia that UNFPA supported. Stronger coordination has been established between BNPB, MOSA and MOWECP for improved prevention and management of GBV during emergencies. This support also helped revitalize the GBV subcluster in humanitarian situations for GBV coordination in emergencies.

Governance/Institutional Arrangements

Strategic Partnership for Development

The strategic partnership approach to strengthening programme delivery meant the continuation of current partners and the creation of new partnerships with other national implementing partners including academic institutions, like UGM and University of Indonesia and national/regional NGOs and civil society organisations. In 2016, there were a total of 6 government implementing partners and 2 academic implementing partners and 2 NGOs/Civil society implementing partners.

The National Programme Management Implementation Guideline called the PEDUM outlined the practice of cooperation between the Government of Indonesia and UNFPA for the CPg. This programme management implementation guideline was developed with Bappenas and UNFPA and covers management from planning, implementation, monitoring and evaluation, reporting and programme closure. It is in line with both Government and UNFPA regulations. It was considered as a best practice and other UN Agencies were requested to follow.



List of Implementing Partners:

- Bappenas** (National Planning and Development Agency)
- MOH** (Ministry of Health)
- BKKBN** (National Planning and Family Planning Board)
- MOWECP** (Ministry of Women Empowerment and Child Protection)
- BPS** (Statistics Indonesia)
- NCVAW** (National Commission on Violence Against Women)
- FKM UI** (Faculty of Public Health, University of Indonesia)
- PSKK UGM** (Study Center for Population Policy, University of Gadjah Mada)
- YSSI** (Yayasan Siklus Sehat Indonesia)

List of Projects:

- IDNogMHH** (Maternal Health & HIV)
- IDNogRFP** (Rights Based Family Planning)
- IDNogGEN** (Gender)
- IDNogYPD** (Youth and ASRH)
- IDNogPDA** (Population Development & Data)

LIST OF ACRONYMS

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

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



The United Nations Population Fund, is an International Development Agency with a Mission to “Deliver a World where every pregnancy is wanted, every birth is safe and every young person’s potential is fulfilled”.

United Nations Population Fund

7th Floor Menara Thamrin

Jl. M.H. Thamrin Kav. 3

Jakarta 10250

Tel: (62-21) 29802300

Fax: (62-21) 31927902

Website: <http://indonesia.unfpa.org>