Government of Indonesia

Country Programme Action Plan 2021 – 2025

for the Programme of Cooperation

between

the Government of Indonesia

and

the United Nations Population Fund

TABLE OF CONTENTS

Lists of Figures

Lists of Tables

Abbreviations and Acronyms

ANC	Antenatal Care
APBN	State's Revenue and Expenditure Budget (*Anggaran Pendapatan dan Belanja Negara*)
ARM	Annual Review Meetings
ASRH	Adolescent Sexual and Reproductive Health
ASFR	Age Specific Fertility Rate
ARH	Adolescent Reproductive Health
ART	Antiretroviral Therapy
AWP	Annual Work Plan
BAPPENAS	Ministry of National Development Planning/National Development Planning Agency
BAST	Handover Delivery Certificate (*Berita Acara Serah Terima*)
BCC	Behaviour Change Communication
BKKBN	National Population and Family Planning Board
BNPB	National Disaster Management Agency
BOKB	Non-physical Special Allocation Funds (*Bantuan Operasional Keluarga Berencana*)
BPKP	Finance and Development Supervisory Agency (*Badan Pengawasan Keuangan dan Pembangunan*)
BPS	Statistics Indonesia
CBO	Community based Organization
CCA	Country Common Assessment
CO	Country office
COE	Center of Excellence
COP	Community of Practice
COVID-19	2019 Corona Virus and Diseases
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DHO	District Health Office
DRR	Disaster Risk Reduction
EmOC	Emergency Obstetric Cares
EmONC	Emergency Obstetric and Neonatal Care
ESP	Essential Service Package (ESP)
DITJENDUKCAPIL	Directorate General of Population and Civil Registration
FACE	Fund Authorization and Certificate of Expenditures
FGM/C	Female Genital Mutilation/Cutting *(Pemotongan dan Pelukaan Genitalia Perempuan)*
FP	Family Planning
FSW	Female Sex Worker
GAC	Global Affairs of Canada
GBV	Gender-based Violence
GBViE	Gender-based Violence in Emergencies
GDI	Gender Development Index
GDPK	Grand Design for Population Development
GF	Global Fund
GOI	Government of Indonesia
H&M	Hennes & Mauritz AB (a Swedish-based fashion-retail company)

HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IASC	Inter-Agency Standing Committee
IBI	Indonesian Midwives Association (*Ikatan Bidan Indonesia*)
ICM	International Confederation of Midwives
ICPD-PoA	International Conference on Population and Development-Programme of Action
ICSC	International Civil Service Commission
IDHS	Indonesian Demographic and Health Survey (*Survei Demografi dan Kesehatan Indonesia*)
IEC	Information Education and Communication
IFPPD	Indonesian Forum of Parliamentarians for Population and Development
IPs	Implementing Partners
IT	Information Technology
IPC	Intrapartum Care
LNOB	Leave No One Behind
MDGs	Millennium Development Goals
MDSR	Maternal Death Surveillance and Response
MIRH	Male Involvement in Reproductive Health
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOEC	Ministry of Education and Culture
MOFA	Ministry of Foreign Affairs
MOHA	Ministry of Home Affairs
MORA	Ministry of Religious Affairs
MOWECP	Ministry of Women's Empowerment and Child Protection
MOYS	Ministry of Youth and Sport
MPDSR	Maternal and Perinatal Death Surveillance and Response
MRLs	Muslim Religious Leaders
MSS (SPM)	Minimum Service Standard (*Standar Pelayanan Minimal*)
NAP	National Action Plan
NCT	National Coordination Team
NCVAW	National Commission for Violence against Women
NGO	Non-Governmental Organization
NPCU	National Programme Coordinating Unit
PDR	Policy Dialogue Roundtable
PEDUM	Programme Management Implementation Guideline (*Pedoman Umum*)
PERMENKES	Ministry of Health Regulation (*Peraturan Menteri Kesehatan*)
PHO	Province Health Office
PLHIV	People Living with HIV
PMME	Planning Matrix for Monitoring and Evaluation
PNC	Postnatal Care
PoA	Programme of Action
POSYANDU	Adolescent Community Programmes (Pos Pelayanan Kesehatan Terpadu Remaja) Remaja
PSEA	The Protection from Sexual Exploitation and Abuse
PUSKESMAS	Primary Health Center (*Pusat Kesehatan Masyarakat*)
P2TP2A	Integrated Serviced for Survivors/Victims of Violence Against Women and Children (*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak*)
P4TK	Center for Development and Empowerment of Teachers and Education Personnel (*Pusat Pengembangan dan Pemberdayaan Pendidik dan Tenaga Kependidikan*)
RAD	Sub-national Action Plan (*Rencana Aksi Daerah*)
RBM	Results-based management

RFP	Rights-based Family Planning
RMNCAH	Reproductive, Maternal, Newborn, Child, Adolescent Health
RPJMN	National Medium-Term Development Plan
RRF	Results and Resources Framework
SAKERNAS	National Labour Force Survey (*Survei Angkatan Kerja Nasional*)
SBA	Skilled Birth Attendant
SBCC	Social and Behaviour Change Communication
SCM	Supply Chain Management
SD	Elementary School (*Sekolah Dasar*)
SDGs	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SKI	Maternal Death Surveillance (*Surveilans Kematian Ibu*)
SMA/SLTA/MA	Senior High School
SMP/ SLTP/MTS	Junior High School
SOP	Standard Operating Procedure
SP	Strategy Plan
SPHPN	National Women's Life Experience Survey (*Survei Pengalaman Hidup Perempuan Nasional*)
SRH	Sexual and Reproductive Health
SRS	Sample Registration System
SSTC	South-South and Triangular Cooperation
STI	Sexually Transmitted Infection
SUPAS	Intercensal Population Survey (*Survei Penduduk Antar Sensus*)
SUSENAS	National Socio-economic Survey (*Survei Sosial Ekonomi Nasional*)
TFR	Total Fertility Rate
TOC	Theory of Change
TWG	Technical Working Group
UHC	Universal Health Coverage
UKS	the School Health Programme (*Usaha Kesehatan Sekolah*)
UPTD PPA	Technical Unit for the Implementation at the sub-national level for Women and Child Protection (*Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak)*
UNAIDS	Joint UN Programme on HIV/AIDS
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UN-DfSDGs	United Nations Data Forum for SDGs Working Group
UN-IANYD	United Nations Inter Agency Network on Youth Development
UNSDCF	the United Nations Sustainable Development Cooperation Framework
VAT	Value Added Taxes
VAW	Violence against Women
WFS	Women Friendly Services
WHO	World Health Organization
YAP	Youth Advisory Panel
YFS	Youth Friendly Space
YDI	Youth Development Index

Operational Definitions

Reproductive Health:

(Based on Law Number 36 year 2009 on Health)

Reproductive health shall be a wholly healthy condition whether physically, mentally and socially, and not merely free from diseases or disabilities relating to the reproductive system, functions and processes in men and women (Article 71 (1)). Reproductive health as referred to in subsection (1) shall include: a. prior to pregnancy, during pregnancy, childbirth and postnatal; b. pregnancy management, contraceptive devices and sexual health; and c. health of the reproductive system (Article 71 (2)). Every individual shall have the right to: a. has a healthy and safe reproductive life and sexual life free from coercion and/or violence with a lawful partner. b. determines his/her reproductive life and to be free from discrimination, coercion and/or violence that respect noble values and not degrading human dignity in accordance with religious norms. c. personally determines when and how often to reproduce in a medically healthy manner and not contradictory to religious norms. d. obtains information, education and counselling regarding proper and accountable reproductive health (Article 73). The Government shall ensure the availability of information facilities and reproductive health service facilities that are safe, of good quality and affordable for the people, including family planning (Article 73).

Sexual Health Service:

(Based on Government Regulation Number 61 Year 2014 on Reproductive Health) Sexual health service is any activity and/or a series of activities aimed at sexuality health (Article 1); Sexual health service shall be provided through: social skills; communication, information, and education; counselling; treatment; and service. Sexual Health services are provided in an integrated manner by medical professionals who own the competence and authority (Article 27).

Adolescent Reproductive Health Service:

(Based on Government Regulation Number 61 Year 2014 on Reproductive Health)

Adolescent Reproductive Health Service is an activity and/or a series of activities aimed at adolescents in the framework of maintaining reproductive health (article 3). Adolescent Reproductive Health Service based on article 11 aims to prevent and protect adolescents from risky sexual behaviour and other risky behaviour that can affect Reproductive Health; and equips adolescents with information and skills to lead healthy and responsible reproductive lives.

Rights-based Family Planning (RFP):

Rights-based Family Planning is a strategy that has the following outcomes:

1. *Equitable and quality family planning service delivery system sustained in public and private sectors to enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issues, Renstra (Strategic Plan) BKKBN Policy and Strategy, MOH NAP on Family Planning (FP) Strategy).*
2. *Increased demand for modern methods of contraception, meeting with the sustained use (based on RPJMN Strategic Issue, Renstra BKKBN Policy and Strategy, MOH NAP on FP Strategy).*
3. *Enhanced stewardship/governance at all levels, and a strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sectors to enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issue, Renstra BKKBN Policy and Strategy, MOH NAP on FP Strategy).*
4. *Fostered and applied innovations and evidences for improving efficiency and effectiveness of FP programmes, and for sharing via South-South and Triangular Cooperation (based on Renstra BKKBN Policy and Strategy).*

Rights-based Maternal Health and HIV-SRH Linkages, including the rights in humanitarian settings:
(Based on MOH and WHO publication in 2006 on Using Human Rights for Maternal and Neonatal, A tool for strengthening laws, policies and standards of care) Maternal, sexual and reproductive health with HIV linkages that are based on human rights, including the health in situations of emergency. The definition above refers to the concept of equality of rights of each individual or couple in maintaining their health responsibility, without any discrimination, coercion and violence. Each individual/couple has/have the same opportunities and should be guaranteed in achieving their rights to access quality maternal health services; quality reproductive and sexual health; as well as quality services related to HIV prevention and treatment. The access and the same quality of services will have to be guaranteed to be obtained at any time, including the access and quality in emergency situations/disasters.

Gender Based Violence:
Any harmful act against a person's will, and based on socially ascribed (gender) differences; results in, or is likely to result in, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty; whether occurring in public or private life.
Scope:

- *Any act of violence experienced by individuals based on their biological sex or gender identity;*
- *Unequal relations between women and men, due to differences in power, knowledge, socio-economic status, or the desire of one party to control the other, that triggers violence against women and girls; and*
- *Apart from physical, psychological, sexual violence, exploitation and neglect, gender-based violence can take the form of discrimination, harassment, subordination, stigmatization and harmful practices/ traditions, especially against women and girls.*

In the context of the Government of Indonesia and UNFPA programme, this refers to violence against women and girls and possibility of violence against men and boys.

The Essential Service Package:
The global standard of essential services for the coordinated multi-sectoral responses for women and girls subject to violence. The provision, coordination and governance of essential health, police, justice and social services can significantly mitigate the consequences that violence has on the well-being, health and safety of women and girls' lives, assist in the recovery and empowerment of women, and stop violence from reoccurring. In the context of the Government of Indonesia and UNFPA programme, the essential and comprehensive services refer to existing government regulation (Ministry of Women Empowerment and Child Protection' Regulation Number 1 Year 2010 on the Minimum Standard of Services of Integrated Services for Women and Children Victims of Violence) in ensuring the fulfilment of victim's rights through following services:

- *Reporting of Violence against Women/Children (VAW/C) cases;*
- *Health Sector response for VAW/C;*
- *Social rehabilitation for VAW/C; and*
- *Law enforcement and legal aid services for VAW/C; and*
- *Repatriation and social reintegration for VAW/C.*

Inclusive Services:
Provision of the essential and comprehensive services for all women and girls which are not limited to the vulnerable groups of women such as: women with disabilities, female heads of household and elderly women.

Gender Transformative:

The approach is to encourage gender norms and power relation changes of individual (men or women) at the family, community and policy maker to promote gender equality and justice. In the context of the Government of Indonesia and UNFPA programme, this approach refers to the strategy in engaging men and boys to change unequal gender norms and power relations.

The Framework

The Government of Indonesia, hereinafter referred to as **'the Government'**, and the **the United Nations Population Fund**, hereinafter referred to as **'UNFPA'**, being in mutual agreement to the content of the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of the Country Programme. This CPAP is a five-year framework defining mutual cooperation between the Government and UNFPA covering the period of 2021-2025. It is prepared based on the development challenges identified during the United Nations Sustainable Development Cooperation Framework (UNSDCF) planning process and conforms to UNFPA's Strategic Plan (2018-2021). It takes into account the Sustainable Development Goals (SDGs), and the relevant approach papers to the 2020-2024 Medium-Term National Development Plans (RPJMN). This CPAP concluded hereunder constitutes the basis upon which Annual Work Plans (AWPs) shall be prepared and duly signed; and,

Furthering their mutual agreement and cooperation for the fulfilment of the International Conference on Population and Development Programme of Action (ICPD PoA), and the Sustainable Development Goals (SDGs);

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

Entering into a new five-year period of cooperation as defined in the UNSDCF and in the UNFPA-GOI tenth Country Programme (2021-2025), as well as in alignment to the national priorities conveyed through the Government of Indonesia of RPJMN 2020-2024;

Declaring that these responsibilities will be fulfilled in the spirit of friendly cooperation; The CPAP, prepared in close consultation with the Government and the other stakeholders, defines the broad outline of the goals and strategies that the Government and UNFPA jointly subscribe to, within agreed financial parameters;

Have agreed the matters as follows:

Part I. Basis of Relationship

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

The programme described herein has been agreed jointly by the Government and UNFPA.

Part II. Situation Analysis

A large, increasingly urban population of 266 million people with over 35 percent of population under the age of 19 in 2019, illustrates Indonesia as the fourth most populous country in the world. Indonesia is the world's largest archipelago-state, consisting of some 17,000 islands, straddling the equator. Administratively, Indonesia is divided into 34 provinces consisting of 416 districts and 98 municipalities. There are 7,145 sub-districts and 82,395 villages. Within these enormous lands and seascapes, the nation possesses a tremendous diversity in terms of ethnicity, language, belief, age structure and culture. While such richness is a great asset, it makes the pursuit of development goals appreciably more complex, requiring sophisticated and multi-focused responses. With a per-capita GNI of US$ 4,050 in 2019, Indonesia has surpassed the Upper-Middle Income country (UMIC) threshold. The President of Indonesia has outlined his priorities for Indonesia in his acceptance speech in 2019 which confirmed his commitment to a sustainable path to development based on human resources development and upholding a pluralistic and democratic society.

In spite of its excellent economic performance, Indonesia faces a significant challenge of inequalities. This has influenced Indonesia's ability to address 'Leave No One Behind' (LNOB), the capstone of the global 2030 SDG agenda. Inequalities have held back attainment of SDGs across multiple sectors. Even with these challenges, the Government is fully committed to the implementation of SDGs, which have been embedded in successive National Medium-Term Development Plans (RPJMN).

Starting from the first quarter of 2020, the world, Indonesia included, has been confronted by the 2019 Corona Virus and Deseases (COVID-19) pandemic. It is envisaged that the pandemic will strain the existing health and social services, economic activities, government's financial resources and infrastructure and likely exacerbate people's existing vulnerabilities especially for low income households with limited or no access to critical healthcare services, and for persons with limited livelihood opportunities, including women who have been at the frontline of the response, children, the elderly, people with physical and mental disabilities and affected by disabilities, people living with and affected by HIV and Internally Displaced Persons (IDPs). Those who have been hit hardest by the COVID-19 crisis are those already at risk of being marginalized and furthest left behind. The COVID-19 crisis may therefore hamper and slow down the progress of achieving the SDGs in Indonesia.

Sustainable development is intrinsically linked to population dynamics. Most of the relevant population dynamics underway in Indonesia today can be described through four major megatrends: population growth, changing age structure, urbanization, and the 'rise of the middle income class'. These megatrends have a substantial influence on social and economic development and environmental sustainability. Together they define a fundamental transformation of Indonesian society. How well the country manages and adapts to this transformation will, to a large extent, determine whether Indonesia realises its vision of 'Advanced, Just and Prosperous Indonesia by 2045'.

The Indonesian population will continue to grow during the 2015-2045 period, but it will grow at a slower rate than that during 1985-2015. Accommodating an additional 63 million people while improving living standards for the total population is a challenge. The age structure of Indonesia's population is changing profoundly. While Indonesia's overall rate of population growth will be steadily declining, the growth of different age groups within the population will vary considerably. One of the most significant results of the 2015-2045 population projections is the increase in the urban population. In 2015 about 54 percent of

Indonesia's population resided in urban areas, compared to 26 percent of 30 years earlier and an anticipated 69 per cent by 2045.

Indonesia's visionary leadership realizes the value of investing in reproductive health for development and invests in safe motherhood way ahead of many of its counterparts in the South-East Asia Region. The cost-effective investments bear fruit, bringing a significant reduction in fertility, maternal mortality, and infant and child mortality, and an increase in life expectancy. However, in the late 1990s, progress was hampered by the regional economic crisis and efforts at decentralization policy. Key reproductive health indicators, such as TFR, CPR and MMR had been stagnating and the related targets for the International Conference on Population and Development (ICPD) and MDGs had not been met. Data from the Indonesian Demographic and Health Survey (IDHS) 2017 show that most of RPJMN targets of reproductive health had also not been met, this is the same case with the MDG targets related to reproductive health.

Table 1. Progress of 2014-2019 RPJMN indicators

Description	Unit	2014 (Baseline)	2015		2016		2017		Target 2019	Status
			Target	Realization	Target	Realization	Target	Realization		
Total Fertility Rate (TFR)	Children	2,6 (IDHS)	2,37	2,28 (Supas 2015)	2,36	2,34 (SRPJM)	2,33	2,4 (2017 IDHS)	2,28	🔴
Contraceptive Prevalence Rate (CPR) Any Method	%	60,64 (Susenas) 61,9 (2012 IDHS)	65,20	59,98 (Susenas)	65,40	60,90 (SRPJM)	65,6	63,6 (2017 IDHS)	66,00	🟡
Contraceptive Prevalence Rate (CPR) Modern Method	%	57,9 (2012 IDHS)	60,5	58,99 (Susenas)	60,7	59,39 (Susenas) 59,5 (SRPJM)	60,9	57,2 (2017 IDHS)	61,3	🔴
• Active Long-term method Family Planning User (MKJP)	%	18,3 (2012 IDHS)	20,5	17,29 (SRPJM)	21,1	21,5 (SRPJM)	21,7	23,4 (2017 IDHS)	23,5	🟢
• Dicountinuation Rate	%	27,1 (2012 IDHS)	26	-	25,7	20,6 (SKAP)	25,3	22,3 (SKAP) 28,8 (2017 IDHS)	24,6	🟡
Unmet Need	%	11,4 (2012 IDHS)	10,6	18,3 (Susenas)	10,48	17,3 (Susenas)	10,26	10,6 (2017 IDHS)	9,91	🟡
Age Specific Fertility Rate (ASFR) 15 – 19 tahun	1000 Livebirths	48 (2012 IDHS)	46	36 (Supas 2015)	44	38,2 (SKAP)	42	36 (2017 IDHS)	38	🟢
Median Age of First Marraige	Year	20,1 (2012 IDHS)	20,6	20,5 (Susenas)	20,7	21 (SKAP)	20,8	20,8 (2017 IDHS)	21,0	🟢

Source: Bappenas, 2018, 2014-2019 RPJMN Monitoring and Evaluation

Legend: 🟢 Achieved 🟡 Partially achieved 🔴 Not achieved

Indonesia's MMR remained high. Everyday two women died from the complications of pregnancy, amounting to around 14,640 maternal deaths among 5 million live births in 2015. The Paradoxes in maternal health are as follows: i) High proportion of deliveries by Skilled Birth Attendants (SBAs) increased to 95.8 percent in 2017 (IDHS), predominantly by midwives (60.9 percent). Evidence shows that deliveries by SBAs (as per definition) by more than 80 percentages are supposedly to reduce maternal mortality ratio to below 200; and ii) High proportion of facility deliveries, increased by 79.4 percent, predominantly in the private sector by 53.1 percent, in private clinics or private midwifery practices or the homes of village midwives. However, the standards and quality of these facilities, skills of providers and ability to provide skilled care during normal delivery, recognition of complications and arrangements for timely referral is not known.

The TFR has decreased after almost two decades of stagnation; the rates for contraceptive use and unmet needs for family planning continue to stagnate; and the ASFR for 15 to 19 years old has decreased. A closer scrutiny of the indicators points to the unevenness in the degree of achievement of various indicators,

including stagnation in a few. The lack of progress or stagnation is rooted in inequities (geographical, across income groups and age groups), inadequate financing, inefficiency and poor quality of care, aggravated by social characteristics and cultural values.
The ASFR is reported to have reduced to 36 (births per 1000 women ages 15-19) with significantly higher levels among the rural population and the poor. However, access to reproductive health education and services is still an issue, partly due to restrictive laws and partly due to constraints in the health system, and sociocultural constraints. This has implications for reaping the benefits of the demographic dividend. The adolescent fertility rate is 36 per 1000 adolescent girls 15-19, higher in rural areas. 9.8% of rural girls and 4.7 of urban girls aged 15-19 have commenced childbearing, which limits their education and employment opportunities. Adolescent pregnancy is a significant factor in child marriage, with 27% of the first births of urban and 21% of rural girls 15-17 being conceived before marriage. This has implications for child marriage programming which needs to have a focus on prevention of adolescent pregnancy, with provision of ARH education. In addition, the Government has set the YDI as the Indicator of RPJMN 2020-2024. The Government has committed to increase the index from 51.50 (2018) to 57.67 in 2024, which the YDI covers adolescent pregnancy and child marriage.

On the other hand, Indonesia is experiencing an increase in new HIV infections, with an estimated 543,100 PLHIV, with 49,000 new cases and 39,000 AIDS-related deaths in 2018-a 25 percent increased between 2010 and 2018. The prevalence of HIV among the population above 15 years of age is less than one percent, the concentrated nature of the epidemic continues with a significant increase among key population, including men who have sex with men. This puts the wives and partners of these men at high risk of HIV, and the issue of intimate partner transmission of HIV is really a concern. The gaps in the coverage of services such as testing and ART services are still significant, with the situation being worse in the case of key populations, such as men who have sex with men, people who inject drugs and female sex workers. Therefore, it will be difficult for Indonesia to achieve global target on 90:90:90 treatment target to help end AIDS epidemic without addressing those gaps[1].

Gender-based Violence (GBV) is being increasingly recognized as a significant challenge that leads to gender inequality and hampers the quality of life of women and girls related to access to multi-sectoral services including on reproductive health, psychosocial support and safe protection services, the Government of Indonesia (GOI) has passed laws and initiated services to support the survivors. The Country Common Assessment (CCA) notes that legal, policy, regulatory and enforcement frameworks need strengthening in relation to gender equality and the empowerment of women. High rates of child marriage, high maternal mortality, and GBV are faced by women and girls in Indonesia. In terms of gender equality and women's empowerment, and despite many challenges, the status of women in Indonesian society has been improving gradually, a further potential SDG multiplier. The country GDI has slowly increased over the recent years, reaching 0.940 in 2019 (from 0.923 in 2010), while the Gender Inequality Index had declined to 0.480 in 2019 from 0.486 in 2010. There is an ample scope to expand opportunities for women in all sectors, as well as addressing the widespread issues of child marriage, gender-based violence and other forms of harmful practices.

In terms of exposure to risks, Indonesia is extremely vulnerable to natural disasters, being placed in the 'ring of fire' (i.e. subject to earthquakes, tsunamis and volcano eruptions); as well as to climate change induced hazards, such as floods, mudslides, droughts and storms. The country also continues to face the

[1] https://www.unaids.org/en/resources/909090.

threat of outbreaks and emerging infectious diseases that have led to epidemics and pandemics known as non-natural disasters. The COVID-19 pandemic that unfolded since the first quarter of 2020 is predicted to have a major multi-sectoral impact on Indonesia. The outbreak started as a public health crisis, with an increasing burden on the health system for which strengthening and building health systems resilience will be the key. Disasters themselves have caused frequent internal displacement, affected infrastructure and institutions, reduced access to essential sexual and reproductive health services and exacerbated the already high levels of gender-based violence. Despite the progress made to prepare for, response to and recovery from disasters, challenges remain. The current RPJMN 2020-2024 prioritizes building resilience to disasters, including the impact of epidemics, and climate change. Climate change adds a new dimension – and some additional uncertainty – to the evolving population-environment relations among Indonesia's dynamic urban population.

Population data, information and awareness-raising are instrumental to increase the efficiency of targeted policies and to address priority gaps and challenges. While Indonesia is data-rich with strong national capacity to collect and analyse data, it is critical that the data and their analysis are used for policy and decision-making. The availability of disaggregated, integrated and accessible data, including data innovation by the government and non-government stakeholders will promote accountability and transparency. Stronger focus on data and evidence will facilitate the monitoring of the implementation of the SDGs. Towards this end, the recent Presidential Regulation Number 39 Year 2019 with respect to 'One Data Indonesia', whereby government agencies are making reference to and are to produce accurate, up to date, integrated and accountable data accessible and usable by all, and support evidence based product knowledge products for policy making process. A hub of knowledge as a mechanism to use the latest IT technology to manage, compile, develop, store, and disseminate them through policy dialogues for policy recommendations in the areas of reproductive health, family planning, adolescent reproductive health, gender equality and population and development is deemed necessary for a more focused and directed development policies.

The country has been a leader in the implementation of the Programme of Action (PoA) from the 1994 ICPD, and the Government's international commitments in the area of Sexual and Reproductive Health (SRH) extends to the UN Secretary General's Every Woman Every Child initiative and the Family Planning (FP) 2020 framework. The country has also built its credentials by taking a leading role in SSTC to share best practices with other countries, primarily in family planning. Committed to the SDGs, Indonesia realizes the need to achieve its targets for socio-economic development, addressing human rights and ensuring equity. However, there are still significant gaps in Indonesia's implementation of the ICPD-PoA that will pose a challenge for the country to meet its national sustainable development goals in the next five years. The UNFPA-GOI tenth Country Programme will be a partnership plan that capitalizes on Indonesia's achievements and addresses the remaining challenges through engagement in policy, advocacy and knowledge management.

Part III. Past Cooperation and Lessons Learned

UNFPA began its partnership with Indonesia in 1972 to deliver strengthened FP services, demographic research, and population education programmes at schools. There were major strategic shifts during the implementation from 1972 to 2019, the main one being Indonesia's transition to upper middle-income country status in 2020. From 1972 to 1994, UNFPA Country Programmes focused on the collection and

analysis of population data, family planning and capacity-building. From 1995, the programme shifted towards assisting Indonesia in implementing the ICPD-PoA. Since the articulation of the commitment towards the MDGs, UNFPA supports Indonesia in achieving targets on SRH, family planning, HIV prevention, GBV prevention and management, the utilization of data for planning and improving the understanding between linkages between population and development.
The Ninth Country Programme (2016-2020) worked at the policy level, through evidence-based dialogue to provide policy options and advice, advocacy, and knowledge management, to support the achievement of national priorities in the context of the SDGs. The Tenth Country Programme (2021-2025), underpinning implementation of the 2021-2025 UNSDCF, the UNFPA and GOI have identified a number of 'enablers', i.e. strategies that the UNFPA will apply through which it can leverage its expertise. These include policy analysis and advocacy, data and analytics, and support for integrated cross-sectoral, multi-disciplinary approaches to achieve the UNFPA-prioritized SDG indicators and ICPD PoA. In addition, the UNFPA has also pledged to intensify its commitment to SSTC.

The Ninth Country Programme, UNFPA worked in collaboration with the GOI on five core outputs:
i) maternal health and HIV-SRH linkages;
ii) Rights-based Family Planning (RFP);
iii) adolescent and youth;
iv) prevention of gender-based violence and harmful practices; and
v) population dynamics and data utilization.

The programme was also implemented through UNFPA partnerships with several strategic partners, active partnerships with other UN agencies, parliamentarians, faith-based organizations, the private sector, philanthropists, universities, and youth and women's networks.

Quarterly and annual review coordination mechanisms with government partners facilitated refocusing and lessons learned of programme management and implementation. A rigorous Mid-Term Review (MTR) in 2018 and a CPE in 2019 identified achievements and lessons learned. Thematic assessments and reviews which also held throughout the country programme period were on (i) UNFPA capacity in humanitarian action; (ii) evaluation of the UNFPA support to the HIV response; (iii) Global Fund programme evaluation on UNFPA technical assistance and capacity development to support the implementation of the Indonesia National AIDS commission's Global Fund technical assistance and training plan 2016-2017; (iii) evaluation of UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta-Indonesia; (iv) programme assessment on SSTC strategic partnership with Muslim religious leaders in family planning, comprehensive, rights-based family planning, and bilateral cooperation between Indonesia and the Philippines; and (v) assessment on the implementation of SCM modelling Including Review of BOKB (Non-physical Special Allocation Funds) in 9 Districts.

UNFPA's trusted working relationship/collaboration with key government partners has contributed towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results. With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties and commitments, the Ninth Country Programme have delivered the planned results, with some degrees of variability, contributing to strengthening the national ownership and sustainability of most of the programme interventions.

The independent country programme evaluation found that the notable achievements of results such as the improvement of midwifery education and promoting the importance of the regulatory act for midwifery profession with the passing of the Midwifery Act in 2019, introduction of Rights-based Family Planning, SSTC on Family Planning, GBV and harmful practices and in humanitarian setting, YDI and SDG Baseline to strengthen government's policy and capacity; the teachers' training module on ARH; Population dynamics and data's contribution both with respect to data as well as policy related interventions had achieved good results and were good examples on effectiveness.

Lessons Learned:

1. High relevance to the GOI needs had been a key facilitating factor in the CP9 achievements. However, the relevance to provincial/district level plans and strategies, especially given the country's commitment to leaving no one behind; and in making data available for planning was yet to be strengthened;
2. Strengthening SRH linkage with other relevant programmes to improve comprehensiveness of SRH service including advocacy for quality care for facilities beyond national level with improved referral systems, improve rights-based approach and international partnership, namely with HIV service, rights-based Family Planning, humanitarian, adolescent health, gender equality and partnership in the SSTC and make use of gender analyses outcomes to close the gender gaps;
3. SRH Programme should continue to be aligned with the national priorities and international commitments that lay emphasis on maternal health and family planning, as elaborated in RPJMN 2020-2024, SDGs, ICPD+25, and aimed at addressing key issues at advocacy and legislative levels that have the potential to remove major barriers in achieving the SRH goals, especially in maternal health and family planning, as well as its linkage with other relevant programmes;
4. Actively engaging with relevant ministries in ensuring ARH implementation in Indonesia. To ensure better awareness at the community level and enabling environment, UNFPA should strengthen partnerships with influential institutions with strong advocacy and community presence to sensitively and sustainably improve access to ARH such as CSOs, creative media, and other elements;
5. Continue working with champions using gender transformative approach, including non-traditional groups (male/religious/traditional leaders) at the national and local level with objective of finding innovative ways to increase the likelihood of effective implementation of policy work, particularly in GBV, SRH and harmful practices related to women and girls;
6. Specific activities and active participation, especially the inclusive coverage and involvement of people in vulnerable situations such as youth and adolescents, though form a part of the current programme, further improvements are needed to make a meaningful contribution given the size of the youth population;
7. Being more proactive and playing an aggressive role in providing fresh ideas to government planners, statisticians, parliamentarians, etc., as to what Government could do on various population-related matters through a continuous process of active policy engagement; and
8. While such exchange of lessons learned was already in practice via SSTC, the government further encouraged UNFPA to be a broker in bringing global experience and technical expertise to the table. Humanitarian sector also could benefit from such transferable lessons.

To strengthen UNFPA's programme niche and to demonstrate its relevance in Indonesia, the independent evaluation completed in 2019 makes forward-looking recommendations for a new country programme. These are:

1. Integrated approaches are needed to enable more effective responses;

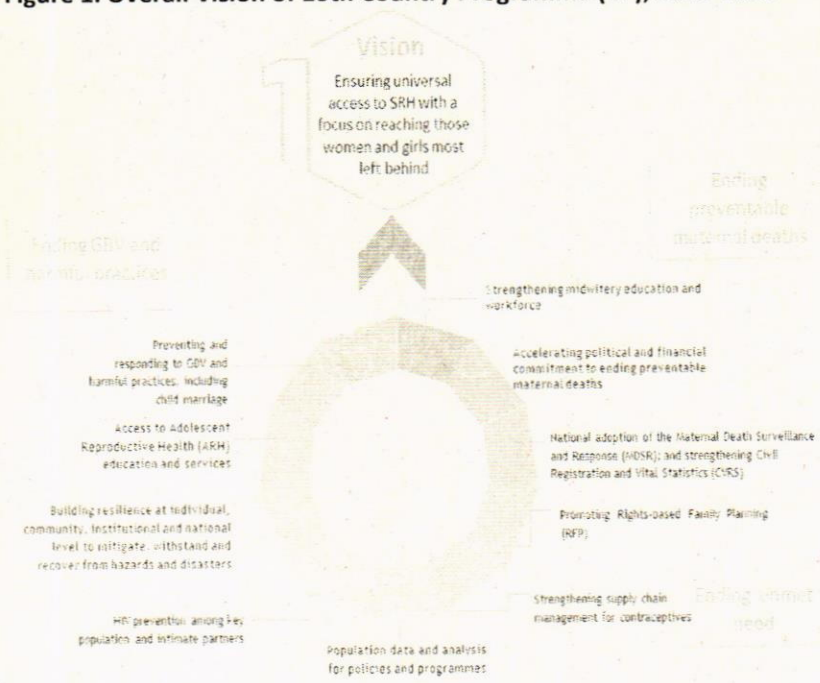
2. Reaching women and girls most left behind is necessary to achieve universal access to sexual and reproductive health;
3. The geographical and decentralized administrative complexity requires expanding implementation of the current policies and plans at subnational levels;
4. Systematization and sharing of experiences strengthen UNFPA visibility and leveraging of resources; and
5. National capacities need to be strengthened to generate data and evidence for decision-making. These recommendations are reflected in the programme priorities and strategies.

Part IV. Proposed Programme

The tenth cycle of programme cooperation, 2021-2025, builds on the national priorities articulated in Indonesia's RPJMN 2020-2024 as well as the UNSDCF at the country level. Furthermore, the UNFPA supported programme is based on national ICPD-related goals and priorities and national SDGs. The UNFPA CP contributes to selected results of the UNSDCF and in turn to national priorities according to UNFPA's comparative advantage in the country, building on past support and achievements.

In the context of the SDGs, UNFPA's Strategic Plan 2018-2021 and Indonesia's changing lower-middle income status, UNFPA has been transitioning its support to the Government from service delivery to upstream policy work, particularly since the Eighth Country Programme. The new CP focuses on supporting national efforts to achieve universal access to SRH, and contributing to the three UNFPA transformative results: zero preventable maternal deaths; zero unmet need for contraception; and zero gender-based violence and other harmful practices. It will use human rights-based, gender-responsive, culturally-sensitive and lifecycle approaches. Comprehensive strategies addressing the social determinants of reproductive health, well-being, and development of adolescents and youth will focus on the prevention of adolescent pregnancy, child marriage, and harmful practices. Interventions address implementation gaps in policy frameworks. Enhancing the use of population data systems, at national level, will be critical to mapping inequalities and guiding evidence-based policy-making. It will focus on women, adolescents and youths in vulnerable situations, particularly those living in rural and peri-urban areas, people with disabilities, and female sex workers, as well as strengthening preparedness, response, recovery and overall resilience building in humanitarian contexts and large health crises, such as the threat of outbreaks and emerging infectious diseases, leading to large-scale epidemics and pandemics.

Figure 1. Overall Vision of 10th Country Programme (CP), 2021-2025



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

The programme will be implemented at national and subnational levels, taking into consideration the country's decentralized administration. Interventions at subnational levels will be designed to provide evidence for replication and adoption at national level. Selection of provinces/districts will be decided jointly with BAPPENAS and line ministry. Parameters will take into consideration:

1. GOI's priority areas for sexual and reproductive health programmes;
2. Commitment from the subnational governments;
3. Prioritization of urban slums;
4. Vulnerability mapping;
5. Key indicators related to reproductive health, gender-based violence and harmful practices, poverty prevalence and high disaster-risk index; and
6. Continuation from the previous country programme

UNFPA will combine advocacy and policy dialogue, evidence-based policy advice, knowledge management, capacity building and partnerships in support of government efforts to accelerate

achievement of the SDGs and reduce geographic, socio-economic, gender and socio-cultural inequalities. The proposed programme strategies will focus on the inter-linkage between all four outcomes including leveraging achievements and building on the current good practices. In line with United Nations development system reform, the programme flows from, and will directly contribute to, outcomes of the 2021-2025 UNSDCF. UNFPA will contribute to joint programmes on maternal health, Universal Health Coverage (UHC), comprehensive HIV prevention, adolescent and youth development, prevention of and response to gender-based violence and harmful practices and data for SDGs, to be promoted together with UNICEF, WHO, UNDP, UN-Women, UNAIDS, Pulse Lab Jakarta and the World Bank.

National leadership and ownership of development results that reinforce national and local institutions, policies, systems and processes will be prioritized. UNFPA will work with the Government and partners to address longer-term sustainability through national budget provisions, to scale up and roll out effective initiatives nationwide. To facilitate opportunities for integrated policy and programme solutions, the programme has been designed so that the outputs are mutually reinforcing, harnessing interlinkages across programme components.

Through its work, UNFPA will seek to achieve results with six principles in mind:

1. To promote the generation and sharing of knowledge;
2. To foster innovative scalable solutions;
3. To involve the private sector;
4. To encourage south-south and triangular collaboration;
5. To strengthen institutional capacities; and
6. To be guided by a rights based approach with a focus on SRH and gender equality.

In this context, five Country Programme Outputs have been formulated, which in turn fall under and contribute to four outcomes of the UNFPA Strategic Plan (SP), as follows:

Table 2. The 10th UNFPA CP

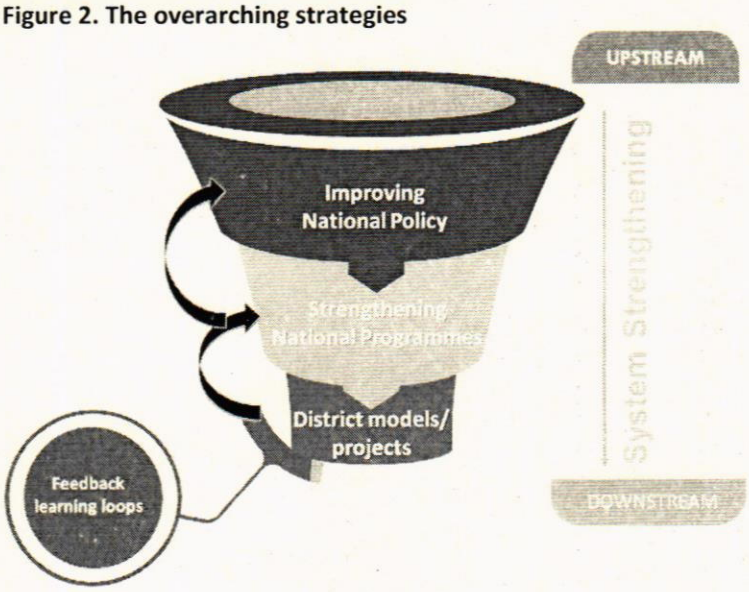
UNFPA 10th Country Programme Document	UNFPA Global Strategic Plan, 2018-2021	2020-2025 UNSDCF
Maternal Health **Output 1** Increased government and professional association capacities to prevent and address maternal mortality using multi sectoral approaches across humanitarian and development continuum	**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	**Cooperation Framework Outcome 1:** People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.
Integrated SRH **Output 2** Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality integrated sexual and	**Outcome 1:** Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and	**Cooperation Framework Outcome 1:** People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their

UNFPA 10th Country Programme Document	UNFPA Global Strategic Plan, 2018-2021	2020-2025 UNSDCF
reproductive health information and services, especially for the most vulnerable women, adolescents and youths, and other people in vulnerable situations, across the humanitarian and development continuum	reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence	human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.
Adolescent and Youth Development **Output 3** Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across the development and humanitarian continuum	**Outcome 2:** Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts	**Cooperation Framework Outcome 1:** People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.
Gender equality and women's empowerment **Output 4** National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.	**Outcome 3:** Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	**Cooperation Framework Outcome 1:** People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.
Population dynamics and data **Output 5** National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened.	**Outcome 4:** Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	**Cooperation Framework Outcome 4:** Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs.

Overarching strategies
Advocacy and Policy Dialogue, Communications, Media Engagement

Given the upper middle-income country status of Indonesia, UNFPA will support the consolidation of earlier achievements as well as 'upstream' policy development and advocacy. With this in mind, the methodological approach will emphasize systems strengthening by pursuing programme strategies in the order of priority depicted in **Figure 2**.

Figure 2. The overarching strategies



To transact this strategy, policy dialogue, evidence-based and high impact advocacy, knowledge creation and communication will form the cornerstone of programme implementation at all levels. The PDR is to assist the development efforts of the nation by identifying population related issues where policy interventions can bring about significant improvements in the economic development of the country and the well-being of its people. It seeks to do this by bringing together experts for regular discussion and analysis of the issues, and by commissioning a series of Policy Briefs presenting strategic evidence-based policy recommendations.

Throughout the programme, and in consideration of Indonesia's upper middle-income country status, there will be an emphasis on analysis of policy, legislative and implementation gaps. Strong focus on multi-sectoral partnership that can take forward social norms change will be a critical element of the overarching strategies. High-level advocacy should be done to provide an enabling environment on the implementation of the programme. High-level advocacy might include supporting policy makers to improve their commitment by establishing rules and regulations, data provision across all outcomes and budget allocation to implement the policy and programme. Evidence-based advocacy might also address some hindering factors such as increasing conservatism.

Communication expertise will be harnessed to reinforce the feedback learning loops, through campaigns and strategic communication activities in order to ensure broad-based and upstream change. To this end,

UNFPA will leverage the nation's information technology (IT) capacity and other emerging opportunities to multiply return on investments across all thematic areas.

Clear communications and strategic media engagement activities are planned in close coordination with the programme to ensure that the communications campaigns compliment programme work. With advances in technology and digital tools, social media is an effective tool that is maximized in order to improve awareness of the public. In this context, UNFPA seeks to expand its strategic engagement with the media, religious leader(s) and/or public figure(s) as UNFPA's champion(s). Media engagement will be used as a key tool to advocate for change, advance SRH, ARH, prevent and address GBV and harmful practices, and to increase demand for using evidence-based analyses in decision making. Furthermore, communications through work under UNFPA, and also jointly with the wider UN system is aimed to serve Government partners and civil society in expanding the coverage and strengthening advocacy efforts.

The communication and media engagement strategy will utilize four main approaches:

1. Proactive media relations;
2. Human-interest story-telling;
3. Cost benefit analysis for strengthening advocacy; and
4. Participation of the general public, including students, schools, and academia, in co-organized public events.

These approaches will use a variety of tools and channels. Tools may include: dialogues sessions with the media, articles, press releases, public activities, events and competitions, and compelling visual materials such as infographics, animation and video news. Media channels will include: online, offline, broadcast and prints.

The thematic areas and the outputs were selected and formulated with integration of logical interlinkages in mind. The nexus of integration points between maternal health, integrated SRH, ARH and youth development, gender equality and population dynamics is vast and dynamic, and is described under each area. The outcomes emphasize the cross-cutting focus on leaving no one behind, human-rights based approach, reducing inequalities, youth, gender-related approach and other forms of harmful practices, data, whilst promoting a high trajectory, transformative, and social recovery post COVID-19. The programmes will support Government policies and strategies that promote equality, directly or indirectly, by taking into special consideration on the needs of those groups most at risk of being left furthest behind in each of the outcome areas. Progress will be measured against the selected global and national SDGs indicators disaggregated to the extent possible by gender, area of residence, age, and disabilities under the LNOB Principle.

The effort to achieve the five outputs (under the four thematic outcome areas) will be approached in a holistic manner to ensure that inter-linkages amongst the four areas are leveraged for maximum impact on the outcome indicators reflected in the Planning Matric for Monitoring and Evaluation, and TOCs in **Annex II and III** respectively.

Outcome 1: Sexual and Reproductive Health

This outcome will contribute to the Government of Indonesia's priority agenda to improve maternal and child health, family planning, and reproductive health. The programme will also directly contribute to the UNSDCF outcome 1 outputs on access to sexual and reproductive health services and to reduce maternal

deaths, and outputs on social protection and to end violence against the women, and outcome 3 outputs on strengthening disaster and climate resilience, with a focus on those most left behind. While the UNFPA will lead on providing upstream policy advice and technical support to government and key stakeholders, it will convene and engage with the national, sub-national and local stakeholders, including civil societies and institutions that can provide downstream services, including front-line service providers. It will also expand partnership with the private sectors to identify the areas that can leverage private sector contribution to advance outcome 1.

Output 1 Increased government and professional association capacities to prevent and address maternal mortality using multi sectoral approaches across humanitarian and development continuum

The output will contribute to the GOI key priorities in maternal health, including ensuring reduction in MMR through achieving UHC and reduction of disparities for maternal health services; strengthening the continuum of care and promoting integrated maternal health services, including strengthening human resources development within the health system; promoting quality maternal health services, particularly the midwifery care; and improving access to emergency obstetric care. A special emphasis is given to addressing equity, quality and data gaps.

In the spirit of zero tolerance for preventable maternal death, the output would be achieved through advocacy, policy dialogue and technical assistance in pursuing the following strategies:

1. Strengthening national government capacity to develop and implement national regulation and roadmap to accelerate reduction of maternal mortality, namely among the other things: The roadmap incorporates evidence-based interventions, practices and action plans to strengthen the quality and coverage of maternal health services, enhance the competencies of midwives and improve emergency-obstetric and newborn-care quality and coverage, while also includes other essential reproductive health interventions; The roadmap, likewise, focuses on geographic areas with the greatest inequities and highest maternal mortality;
2. Facilitating the establishment of a national multi-stakeholder taskforce, for sustained political and financial commitment to end preventable maternal mortality;
3. Improving the quality of basic and comprehensive emergency obstetric and newborn care and referral service;
4. Strengthening regulatory frameworks and training of professional midwives to improve the quality of reproductive, maternal, newborn, child and adolescent health services;
5. Providing technical support to improve the quality of midwifery pre-service education, establishment of a midwifery council to regulate education and practice and support mentoring and supervision; and
6. Strengthening the linkages between maternal death surveillance and response, maternal perinatal audit and the national and subnational civil and vital registration systems for reporting maternal deaths.

Strategic interventions to achieve the result will include but not limited to:

1. **Provision of evidence-based advocacy and technical support for establishment of National multi-sectoral taskforce on maternal mortality reduction with clear roles and responsibilities to develop, implement and monitor National roadmap for acceleration of maternal mortality reduction.**

UNFPA will support the GOI in the development of national regulation and roadmap for acceleration of maternal mortality reduction and its regular review mechanism through the establishment of the national multi-sectoral taskforce on maternal mortality reduction with clear roles and action plan. The national roadmap will outline strategies to strengthen maternal health services, enhance the skills of midwives and improve EmOC. As part of UNFPA's dedication to support policy development, the below activities will enhance universal access to reproductive health and accelerate achievement of SDG 3.1.

- Technical support and capacity building to BAPPENAS in setting up and operationalizing a national multi-sectoral taskforce;
- Enabling networking with community of practice, experts, academia, to have technical/academic discussion;
- Communications activities to promote the issue of Maternal Mortality and Health, including advocacy through media and/or public figure(s);
- Facilitating policy dialogue round table and producing situational analysis/policy brief and recommendations to be deliberated in the national taskforce;
- Recommendation for revision of policy instruments and review mechanism through multi-sectors national task force;
- Technical support to develop the National Roadmap for acceleration of maternal mortality reduction with targeted approach to address inequities and with inclusion of plans to prevent and avert maternal mortality in humanitarian settings;
- Development of communication strategy, conducting advocacy and policy dialogues on maternal mortality; and
- Assessment of barriers in provision of high-quality maternal health services and timely management of obstetric complications and emergencies

2. **Innovative approach for Maternal Death Surveillance and Response (MDSR) on Data and information management systems for better decision-making and quality improvements.**

The 9th CP, UNFPA and MOH have adapted the WHO guideline on MDSR emphasizing on Maternal Death Surveillance (SKI). In 10th CP, the surveillance model will support the strengthening of CRVS by Directorate General of Population and Civil Registration, Ministry of Home Affairs (DITJENDUKCAPIL), and the Research and Development Board at MOH on Sample Registration System (SRS). The approach would be an effective way to support the improvement of CRVS, with special attention to maternal and perinatal death reporting focusing on the adoption of SKI at subnational level. The key activities of the 10th CP are as follows:

- Technical assistance for improving maternal perinatal audit process and maternal death surveillance and response mechanism at national and subnational level;
- Advocacy for innovative approach to link MDSR to Civil Registration and Vital Statistics (CRVS) system;
- Technical support to MOHA on MDSR and CRVS; and
- Technical assistance for the improvement of HMIS to capture data on functioning of EmOC.

3. **Support for improved Emergency Obstetric Care (EmOC) quality and services through Joint actions of The H6 Partnership.**

The H6+ is a partnership between UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank Group that was formed to address the slow and uneven rate of progress toward the effort to reduce maternal and child mortality as part of SDG 3 and increase the survival of women and children. In the 10th CP, the H6+ will collaborate with the MOH to conduct joint effort in

assessment on maternal health issues. The assessments will (i) outline bottlenecks impeding progress to reduce maternal deaths in Indonesia and highlight key strategies to overcome them in order to coordinate and improve reproductive and maternal health plans, policies and programmes. The key activities which will be carried out during the 10th CP are as follows:

- The H6 Partnerships joint effort in assessment on EmOC assessment, revision of technical guidelines on ANC, IPC, Postnatal Care (PNC), Family Planning (particularly Post-Partum and post abortion family planning) and capacity building, as needed;
- Joint analysis and mapping with UN interagency on UHC essential service package to include all SRH services, including accesses to FP, EmOC and referral; and
- Joint advocacy in improving the quality and services of EmOC.

4. **Support for improved quality and coverage of skilled birth attendance.**

Skilled attendance at all births is considered to be the single most critical intervention for ensuring safe motherhood. Strengthening the skills of midwives is necessary to improve reproductive health and family planning services and is a central component of UNFPA's works during 10th CP. UNFPA will support MOH, Indonesian Midwives Association (IBI) to improve the evidence supporting more effective midwifery care on the availability, acceptability and quality of midwifery services. UNFPA will also strive together with MOH and IBI, through regulatory body for midwifery, to increase the quality of midwives through the improvement of quality standards and the designs of Center of Excellences (COEs) for midwifery education as per global ICM standards that will increase the lifesaving skills of midwives, which will be achieved by:

- Technical support to MOH and IBI on the regulation of Midwifery education including system of accreditation;
- Technical assistance for facilitating establishment of midwifery council and development of its midwifery council;
- Technical advice in development of action plan for midwifery council;
- Technical assistance for improving quality of midwifery preservice education according to ICM global standards, covering curriculum, faculty competency, clinical training sites, mentorship, through expansion of COEs for midwifery education;
- Technical assistance for strengthening quality of in-service training, including the MISP, according to evidence-based practices including in adolescent reproductive health and humanitarian settings; and
- Technical support for development of the workforce plan to ensure adequate and equitable distribution of midwives to deliver quality RMNCAH services and workforce deployment in humanitarian settings.

Implementing Partner(s): BAPPENAS and MOH.
Strategic Partner(s): IBI.
Partner Contribution(s): MOHA, BKKBN, Midwifery Centre of Excellence, Midwifery schools, the Faculty of Public Health of University of Indonesia (FKM-UI), and H6 Partnership.

Output 2 Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youths, and other people in vulnerable situations, across the humanitarian and development continuum.

This output will contribute to Government's priority agenda to strengthen access and quality of health services to achieve UHC, particularly on ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes on:

1. HIV prevention programme among key populations and the partners of people living with HIV;
2. Strengthening capacities on disaster preparedness and contingency planning for implementation of the MISP for reproductive health in emergencies at the national and sub-national levels; and
3. Strengthening health sector responses in addressing gender-based violence.

UNFPA Indonesia will contribute to this output by strengthening evidence-based policy advocacy on integrated rights-based sexual reproductive health information and services, including the priority components of family planning and HIV, health sector response to GBV.

The activities under this output will be designed to decrease disparities in SRH status due to regional, urban/ peri-urban, age and vulnerability factors. The FP related outcome comprises interventions which are focused on both the demand side and supply side. The strategies are based on the principles of promoting SRH, promoting rights based quality SRH services through evidence-based advocacies and technical assistances, strengthening health systems for effective service deliveries, ensuring reliable availabilities and supplies of quality modern contraceptives and operations researches. Emphasis will be placed on meeting the unmet need for spacing methods of contraception.

This output will be achieved by:

1. Supporting integrated planning, budgeting and monitoring for an essential service package of sexual and reproductive health services, including adolescent reproductive health and health-sector response to gender based violence and harmful practices, at subnational levels;
2. Facilitating multi-sectoral policy dialogue and providing technical assistance for implementation of essential package of sexual and reproductive health services;
3. Promoting rights-based family planning through advocacy and technical support for demand creation;
4. Improving data availability and regular analysis on family planning commodities;
5. Improving inclusiveness of high-quality sexual and reproductive health services, including for people with disabilities;
6. Technical assistances for the Government and civil societies to implement and integrate HIV prevention models for female sex workers, partner notifications for key populations and people living with HIV; and
7. Building resilience of health systems to ensure continued provisions of SRH services during emergencies.

Strategic interventions to achieve the result will include but not limited to:

1. **District planning and budgeting on essential SRH service package**
   Building from the previous effort in the 9th Country Programme the focus will be on supporting integrated planning, budgeting and monitoring for sexual and reproductive health programmes at

networking among them to participate in and meaningfully contribute to policy processes and/or programming; and

- Support to implement a package of services in the government prioritized districts, including education and awareness, condom programming, outreach and drop-in centres, through which sex worker friendly HIV and SRH services can be provided and/or effective referrals can be made. Partnerships with law enforcement and other district level stakeholders such as the medical officer for sexually transmitted diseases, relevant non-governmental organizations and networks of sex workers to ensure a supportive environment for implementation of these programmes will be accordingly supported. Technical assistance will be provided to build skills of service providers in the mainstream health service to provide HIV and SRH services that are acceptable and accessible to sex workers.

It will be achieved through:

- Advocacy dialogue with national and sub-national government to strengthen HIV policies related to prevention and treatment;
- Development of national costed implementation Plan on Sexually Transmitted Infections (STIs); and
- Technical assistance, training and mentorship to strengthen MOH, CBOs leadership and capacity to implement innovative community-based service delivery, data collection and reporting

4. **Building resilience of health systems to ensure continued provision of SRH services during emergencies.**

In the time of humanitarian disaster, the vulnerability of women and girls is often increasing. They may be at the greater risk of gender-based violence, unwanted pregnancy and transmission of STIs and HIV due to challenges in access to essential information and services. UNFPA Indonesia will support the Government of Indonesia to strengthen humanitarian preparedness and response strategy, taking stock of UNFPA areas of expertise in SRH, youth, gender equality, GBV prevention and response and population dynamics and data. Under the 10th CP, humanitarian preparedness and response are mainstreamed across all outputs.

In responding to reproductive health needs during emergencies, UNFPA will provide technical assistance on MISP, which has been integrated into national preparedness and response mechanisms through the past country programme. By promoting MISP, UNFPA enables women and girls to access essential Reproductive Health (RH) and GBV services during a crisis. This is essential to protect their health, maintain their dignity and uphold their fundamental human rights. These are especially important in Indonesia, which are the ones highly prone to natural disasters

The MISP for reproductive health in emergency situations will be mainstreamed to improve the readiness, mitigation and recovery phases in disaster responses. This will expand to a protocol that involves young people in humanitarian response, as well as in fulfilling the special reproductive health needs of young people during emergency situations. UNFPA Indonesia will continue to support for subnational level MISP implementation (province and district), as well as in strengthening health provider response to reproductive health needs in humanitarian situations. Advocacy for a strong Government-led GBV humanitarian cluster and promoting women-friendly spaces in humanitarian situations will complement humanitarian response. Building on the

success of the past country programme in bringing together population and humanitarian data, the 10th CP will also continue to harness data integration through One Disaster Data and promote innovation for improved rapid assessments and coverage for humanitarian response and preparedness.

In emergency situations, the Government may also call upon UNFPA within the larger UN effort to provide relevant response support in its areas of comparative advantage, such as psychosocial support and sexual and gender based violence. The integration of MISP into the national and sub-national emergency preparedness and response system will be the focus of 10th CP. However, much more needs to be done to maintain the levels of preparedness and response. The activities cover the following major areas:

- Building resilience. A key strategy in building resilience at the national level is the upstream evidence based policy advocacy at all levels to natural disasters, non-natural disasters and climate change. This will include but is not limited to:
  - Integration of SRH and GBV in National Disaster Risk Reduction (DRR) Policies & Disaster Management Laws;
  - Integration of SRH & GBV in other relevant policies/ plans/ laws, including climate change documents;
  - Ensuring social protection schemes acknowledge the unique needs of and can support vulnerable groups in accessing SRH services; and
  - Institutionalization of the MISP.
- Under preparedness, strengthening district emergency planning to incorporate SRH including gender-based violence, stockpiling of key reproductive health and GBV response supplies and developing a system for monitoring quality of supplies and orientation of community focal points for emergencies, identified reproductive health person from each areas including medical officer of health area will be the key areas of supports;
- Under capacity building, continued support for MISP refresher training and training in preparedness for key reproductive health sub-cluster members to ensure availability of optimal number of skilled programme managers and health providers and continued advocacy to institutionalize MISP training will be key areas of supports, including through inclusion in the current revision of curriculum for reproductive health service providers. Supports will also be given to expand the national resource pool of trainers;
- In addition, training of national partners in UNFPA guidelines on collection of data in various phases of emergency will be supported;
- UNFPA will also aim to mainstream women's protection mechanisms in preparedness, response and recovery phases of emergencies through capacity building of relevant stakeholders including the national and sub-national governments on the UNFPA's Minimum Standards for prevention and response to GBViE as well as IASC Guidelines on Integrating Gender and GBV interventions in humanitarian actions, including the implementation of Clinical Management of Rape for survivors and mental health and psychosocial support during humanitarian situations;
- UNFPA will also advocate for streamlining of GBV prevention and response across all sectors to ensure that the needs of women and young girls are met and the use of tools from the GBViE Minimum standards IASC guidelines are applied in the context of emergencies; and

- Under response, in emergency situations, UNFPA will support the implementation of MISP including the support of MOH to operationalize the district emergency response plans through:
    - Development of technical guidelines or SOP on the implementation of MOH regulation on health disaster management;
    - Integration of SRH and GBV in Disaster Risk Reduction district plans;
    - Revision of reproductive health and GBViE sub cluster's roles and TOR;
    - Development of the guideline and technical assistance for comprehensive HIV/STI policies and programmes, including prevention, information and education;
    - Technical assistance to the implementation and monitoring of contraceptive availability in Humanitarian settings; and
    - Technical assistance to the implementation of clinical management of rape including provision of the psychosocial support for survivors.

5. **Provision of evidence-based advocacy on the revised national protocols on health sector response to gender-based violence, in line with the Essential Service Package (ESP)**

The proposed activities under this strategy will focus on strengthening the health sector response to gender-based violence building on the ongoing initiatives. Under the leadership of MOH, the Government has developed 3 national protocols with respect to health sector responses to GBV during the 9th CP, namely training manual, guideline on health sector response, and guideline on hospital based crisis center. The 10th CP will enhance the evidence supporting rights-based policies that improve the health sector response to GBV including guidelines and protocols aligned with ESP, towards delivering a better quality of services to survivors of GBV. UNFPA will make a partnership with MOH and MOWECP to pilot an adaptation of the above revised protocols and guidelines at the district level as per the intervention on outcome 3 of strategy 2 under gender equality. Under this strategy, the following activities will be supported:

- Review of the existing protocols relating to health response to GBV and availability of trained service providers in 4 selected districts;
- Recommendation for Revision of 3 (three) revised national protocols related to GBV health sector response, notably training manual, guideline on GBV health sector response, and guideline on hospital based crisis center guideline, aligned with the ESP;
- Capacity development on the implementation of 3 national protocols in 4 selected districts. The priority will be given to building capacity and service delivery at the primary level of care (Primary Health Center (PUSKESMAS) and District Hospital)); and
- Documentation on the Post Implementation Review related to the implementation of 3 protocols in 4 selected districts for evidence based advocacy.

Implementing Partner(s): BAPPENAS, MOH, and MOHA.
Strategic Partner(s): The Faculty of Public Health of University of Indonesia (FKM-UI), PKBI Jakarta, PKBI Papua, Yayasan Kalandara, Yayasan Kerti Praja, Organisasi Perubahan Sosial Indonesia (OPSI), Jaringan Indonesia Positif, DoctorShare, Fatayat Nahdatul Ulama and Yayasan Pulih.
Partner Contribution(s): MOWECP, BNPB, NCVAW, National and Subnational Parliament, Subnational government, UPTD PPA/ P2TP2A, H6 Partnership, and the Joint United Nations Programme on HIV/AIDS, youth, women's and disabled people's organisations.

Outcome 2: Adolescent and Youth

To harness demographic dividend and to ensure Sustainable development in Indonesia, young people need to be empowered to make informed decisions about their health and life, and be resilient in the face of challenges. Investing in adolescents and youth also means maximizing the human capital necessary for countries' sustainable development. This outcome will contribute to the achievement of the RPJMN 2020-2024 to have highly qualified and competitive human resources. Overall, the outcome 2 will support the empowerment of adolescent and youth, particularly girls by:

1. Improving the quality of ARH education in schools and out of school settings;
2. The provision of data and evidence on adolescent and youth development and implementation of national policy on adolescent and youth development and wellbeing, and
3. Promoting innovation, leadership and participation of adolescent and youth, particularly through a digital platform.

The interventions will focus on policy advice, technical support, research, and capacity building to the Government and key stakeholders and engaging with national and subnational stakeholders, including non-government organizations, research institutes and youth networks.

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

Output 3 Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across the development and humanitarian continuum

UNFPA acknowledges that the participation of youth in government and civil society in Indonesia is essential to achieve SDGs. Therefore, UNFPA will support the GOI to address the determinants of adolescent and youth reproductive health including by equipping adolescents and youth with information and skills to avoid harmful behaviours, while promoting positive, protective elements known to support youth development.

UNFPA will mainstream adolescents and youth through both upstream policy level interventions and downstream community processes to promote positive elements and investment in advancing youth wellbeing and development, particularly in the area of ARH programmes. In summary, the main inter-linkages with the other programme areas are:

1. **SRH:** UNFPA will support building up the capacity of midwives to deliver youth-friendly health services within the scope of midwifery services.
2. **Gender:** UNFPA will incorporate a gender transformative approach in ARH education programmes, including in capacity building of teachers and health care providers. The programme will reach out to out-of-school youth and parents to promote gender-transformative life skills focused information, counselling and skill building with a focus on adolescent and youth. The interventions will also enhance gender equality through youth participation and leadership.
3. **Population dynamics and data:** UNFPA will focus on strengthening national capacity for collection and analysis of adolescent and youth with gender and age disaggregated data. Evaluation studies will be undertaken on thematic areas of adolescent and youth.

The output 3 will be achieved by:

1. Development of national guidelines to improve the quality of adolescent reproductive health education in schools;
2. Development of national guidelines to improve the quality of adolescent reproductive health education in out of school settings;
3. Development of strategic plan on Youth Development within the context of demographic dividend;
4. Development of strategic plan on Adolescent Wellbeing within the context of demographic dividend; and
5. Establishment of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the national development.

Strategic interventions to achieve the result will include but is not limited to:

1. **Support policy development, advocacy and capacity building to improve the quality of ARH education.**

   UNFPA will continue to support the commitment and initiatives of the MOH and MOEC to improve the quality of ARH education in school and out of school settings, which has been built in the 9th CP. To strengthen the quality of implementation of ARH education in schools, UNFPA will provide technical assistance to MOH and MOEC to strengthen the School Health Programme (UKS) by developing guidelines for the implementation of ARH education in primary, secondary and high schools. These guidelines will assist teachers as school administrators to implement age appropriate adolescent reproductive health education within the scope of the national curriculum. UNFPA will also support MOH and MOEC to improve the quality of ARH education by building the capacities of teachers in the provision of ARH education through the development and field testing of a digital training platform for teachers. To improve the quality of ARH education in out of school settings, UNFPA will provide technical assistance to the MOH to build the capacities of health providers in primary health centres to provide adolescent reproductive health education through strengthening Adolescent Community Programmes. UNFPA will also support MOH in ensuring primary health centres engaging the parents in the adolescent reproductive health programmes. UNFPA will also support MOH to strengthen and scale up adolescent reproductive health education through the development of an online platform with references and IEC materials for use by primary health centres and other adolescent empowerment programmes.

   The key activities which will be carried out during the 10th CP are as follows:

   - Analyse the situation on ARH education in schools and out of schools settings across ministries;
   - Develop a module on a religious perspective on ARH education; and
   - Develop and update the guideline for the implementation on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA through school health programmes;
   - Develop IEC materials on ARH out of school education for health care providers;
   - Develop a module on parents engagement in the ARH out of school education;
   - Conduct field tests on ARH education in schools and out of school settings, including parents engagement in two areas;
   - Develop an online training material for building capacities of teachers on ARH education integrated in the MOEC online training platform for teachers;

- Develop and promote an online platform as a references material on ARH education for health care providers; and
- Evaluation of the impact of ARH out of school and in school education.

2. **Support policy development, advocacy and capacity building to develop, implement and evaluate the strategic plans in capitalizing the demographic dividend.**
   UNFPA will continue to support the commitment and initiative of the BAPPENAS to generate evidence regarding the situation of adolescent and youth development in Indonesia. UNFPA will support BAPPENAS in their engagement with BPS, MOYS in the generation of two main evidence sources, which are YDI and SDGs on Adolescent and Youth progress report. The YDI development will also become the field tested in the subnational level in the selected areas. UNFPA will also conduct advocacy and provide technical assistance to BAPPENAS, BPS and MOYS to develop guidelines for updating the YDI and SDGs progress report. The results of evidence generation will be used as the reference to develop the strategic plans in empowering adolescents and youths. UNFPA will continue to provide technical support for the development of these strategic plans done by BAPPENAS on issues related to youth development, and by MOH and the Coordinating Ministry of Human Development and Culture on issues related to adolescent and youth wellbeing. UNFPA will also continue to support MOH to ensure meaningful youth participation in humanitarian settings.

   The key activities which will be carried out during the 10th CP are as follows:
   - Develop implementation guideline on YDI development at national and subnational levels;
   - Develop and update YDI and SDGs on Adolescent and Youth, including the impact of COVID-19 in the YDI achievement;
   - Provide technical assistance to the subnational government in two areas in the YDI development;
   - Develop a policy brief on the achievement 2025 YDI;
   - Capacity building for the government to develop and implement YDI;
   - Undertake advocacy on the endorsement of national strategies on youth development and adolescent wellbeing;
   - Develop situation analysis report on adolescent wellbeing as the reference of RPJMN 2025-2029;
   - Documentation on lessons learned and good practices regarding both national strategies on youth development and adolescent wellbeing;
   - Provide technical assistance for the development of the next period of national strategies on youth development and adolescent wellbeing; and
   - Provide technical assistance for the availability of ARH services and meaningful youth engagement in humanitarian settings.

3. **Support evidence-based advocacy and capacity building for adolescent and youth networks to be engaged with the government in ensuring the incorporation of adolescent and youth priorities in the national development programmes, including in the humanitarian settings.**
   UNFPA, Yayasan Siklus Sehat Indonesia and youth networks continue to maintain and scale up to two platforms for youth participation in the issues affecting youth. The first network is the SDGs Youth Hub, an online and offline platform for youth participation and collaboration for the achievement of SDGs in Indonesia. The platform allows young people to express their ideas and concerns, informs policy-making, and actively participate in SDGs implementation. The second network is a COP of digital adolescent and youth led reproductive health content creators which

aims to increase participation, collaboration and peer learning among young content creators in issues surrounding ICPD. UNFPA will build capacities of This network to create policy recommendations and dialogues with the government. UNFPA will also document the various best practices of youth lead initiatives. These platforms will ensure that young people can meaningfully participate in the provision of reproductive health education and SDGs implementation in Indonesia.

The key activities which will be carried out during the 10th CP are as follows:

- Develop two digital platforms, which are a network on ARH education by the Community of Practice and a network on youth participation in the SDGs implementation by SDGs Youth Hub;
- Develop a guideline and IEC material to support the advocacy on the collaboration between youth networks and government through SDGs Youth Hub;
- Develop a guideline and IEC material to support the advocacy of ARH education through the Community of Practice;
- Provide technical support in promoting youth participation through both platforms; and
- Evaluation of the use of both platforms to promote respective thematic areas.

Implementing Partner(s): BAPPENAS and MOH.
Strategic Partner(s): Yayasan Siklus Sehat Indonesia.
Partner Contribution(s): MOEC, MORA, MOHA, BKKBN, Coordinating Ministry of Human Development and Culture, BPS, MOYS, BKKBN and Youth networks.

Outcome 3: Gender Equality and Women's Empowerment

Empowering women and girls is one of the most effective ways of accelerating a country's development. To do so, women and girls must be given access to healthcare and opportunities for education and employment. They must be protected from violence, discrimination and coercion. Empowered women support healthier, more prosperous families and stronger communities. Securing women's rights is key to the alleviation of poverty and a brighter future for all. GBV and harmful practices are a serious concern from both a public health and human rights perspective. It takes a devastating toll on the women who experience it, the children who witness it, and society as a whole. While the Government of Indonesia condemns GBV and other forms of harmful practices, they remain a problem that is not widely understood, in part because it occurs mainly behind closed doors. It is seldom spoken about and in many cases it is accepted as normal condition due to the prevailing social norms. The engagement of men and boys to restore equity in the relationships between women and men is also vital to addressing GBV and harmful practices.

Outcome 3 in principle will work on:

1. Combating gender-based violence across the humanitarian development continuum and under the humanitarian-development nexus approach;
2. Improving the evidence-base that underpins policy development and advocacy efforts to address gender-based violence and harmful practices; and
3. Integrating gender transformative approach in reproductive health, family planning, and prevention of GBV and harmful practices.

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

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

Output 4 National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.

The output 4 seeks to strengthen the coordination mechanism within the GOI for addressing GBV and harmful practices which is under the responsibility of MOWECP and NCVAW, while mainstreaming gender across other programme areas. UNFPA will work together with both national agencies as implementing partners. The programme will focus on assisting MOWECP in developing guidelines for more comprehensive programming, including response to and prevention of GBV and harmful practices; strengthening national frameworks and mechanism to ensure the availability of women's and girls' access to coordinated multi sectoral services for gender-based violence survivors, including in humanitarian emergencies, aligned with the ESP as a global standard; strengthening a GBV sub cluster coordination for humanitarian situations and improving the evidence base for advocacy on harmful practices; and advancing the agenda for broader gender transformative approach to achieve gender equality and to address GBV. The programme aims to ensure full participation of all related stakeholders and civil societies.

UNFPA will mainstream gender through both upstream policy level interventions and downstream community processes to transform discriminatory attitudes, behaviours and practices. In summary, the main inter-linkages with the other programme areas are:

- **Youth and Adolescents:** UNFPA will train facilitators and teachers surrounding the provision of gender transformative adolescent reproductive health education. The programme will reach out to out-of-school youths and adolescents to promote gender transformative ARH education with focus on people in vulnerable situations. The interventions will enhance gender equality through youth participation and leadership; and provide support to young women and men to make informed decisions about reproductive health.
- **SRH:** UNFPA will ensure that health service delivery will incorporate gender responsiveness in quality assurance processes and build capacity on gender and health within health systems and in communities. Evidence and knowledge building will be pursued for issues that adversely impact women's SRH.
- **Population dynamics and data:** UNFPA will focus on strengthening national capacity for collection and analysis of gender and age disaggregated census and other data. Action-research and evaluation studies will be undertaken on thematic areas of SRH, integrating a gender perspective.

This output will be achieved by:

1. Addressing discriminatory laws and policies to promote strong legal and policy frameworks for the advancement of gender equality;
2. Closing gender gaps at national and subnational levels through joint advocacy, analysis and mapping through a coordinated approach within the United Nations Gender Thematic Working Group and the United Nations Human Rights Working Group to strengthen advocacy networks with key partners and government capacities, in order to design and implement non-discriminatory policies and programmes on gender equality;
3. Providing technical assistance to support the implementation of national plans and strategies on child marriage and harmful practices, and for evidence-generation on good practices and lessons learned to prevent and address gender-based violence and harmful practices across development and humanitarian contexts;
4. Strengthening the government-led and coordinated mechanism for multi sectoral initiatives for gender-based violence prevention and response across the humanitarian development continuum, to provide comprehensive high-quality services for survivors;
5. Strengthening engagement and capacities of districts to adopt gender-transformative community-mobilization programming to address harmful masculinities and promote positive gender norms through partnerships with civil society organizations and networks, men and boys, adolescents and youth, religious and community leaders; and
6. Strengthening availability and use of data, evidence and analysis to inform policy-making and programming on gender based violence and harmful practices.

Strategic interventions to achieve the result will include but not limited to:

1. **Support policy development, advocacy and an increase in the knowledge base in the areas of GBV and SRH to resulting supportive regulations/ strategies/plans that address harmful practices and ensure universal access to comprehensive GBV and SRH information and services across development and humanitarian contexts.**

   UNFPA will provide required technical assistance to the MOWECP at national and district level in selected geographies, in review and revision of the existing laws and policies on GBV, SRH and harmful practices, such as draft of Revised Penal Code, draft of the Elimination of Sexual Violence and discriminatory law at sub-national level. UNFPA will assist the government in requiring the revisions of the policies and programmes. Further, UNFPA will work closely with the UN Gender Thematic Working Group, UN Human Rights Working Group, NCVAW, provide support in coordinating the GBV Sub Cluster, national and sub-national parliament and other relevant partners in strengthening capacity to monitor the implementation of the GBV and harmful practices policies/strategies. The key activities which will be carried out during the 10th CP are as follows:

   - Policy dialogues on the revision of Penal Code and endorsement of Sexual Violence Law with national and sub-national government, parliamentarian, CSO, academic, religious and community leaders, young people and media;
   - Joint advocacy and analysis with UN Gender Thematic Working Group and UN Human Rights Working Group on addressing discriminatory laws related to gender inequality, gender-based violence and harmful practices including:
     - Conducting joint assessment and mapping of existing laws and policies on GBV, harmful practices and human rights, undertaken and identifies violations and priorities for intervention; and

- Strengthening National Human Rights Institution and Women's CSO network.

- Provide technical supports to national and sub-national governments in the implementation of the National Strategy on the Prevention of Child Marriage and the 2030 Roadmap on the Prevention of Harmful Practices including:
  - Development of manual for strengthening reproductive health and Social and Behaviour Change Communication (SBCC) for child marriage prevention;
  - Conducting public education and advocacy on national data availability on harmful practices; and
  - Conducting evaluability and impact assessment on the implementation of National Strategy on Child Marriage Prevention and the 2030 Roadmap on the Prevention of Harmful practices.
- Advocacy dialogues with national and subnational government, parliamentarian, CSO, academic, religious and community leaders, young people and media to address the need of data for evidence based policy on GBV and harmful practices including:
  - Development of policy recommendation, policy paper and draft of supportive regulation on GBV and harmful practices prevention;
  - Development of protocols and operational guideline on Gender and GBV Integration, people with disability and psychosocial support in humanitarian situation; and
  - Strengthen the leadership, role and function of the national GBV, older person and disability sub clusters.

2. **Strengthen and support national framework and mechanisms to prevent and respond GBV through Comprehensive and inclusive multi-sectoral response services, referral and coordination mechanism oriented for GBV survivors applicable across development and humanitarian setting in line with the Essential Service Package (ESP)[2] as a global standard**

   The key strategies are to support multi sectoral services for GBV survivors and empowering victims of GBV to access the services, including the adoption and roll out of the Essential Service Package for survivors and victims of GBV. Support will be provided to UPTD PPA/P2TP2A (the government multi sectoral services for gender-based violence) to enhance its capacity to provide comprehensive and inclusive services at sub-national level, for which the MOWECP is in the process of developing and formalizing the modalities and SOPs for the provision of GBV services at national level. The UPTD PPA/P2TP2A will provide safe and accessible spaces, where the well-being of women and the communities in which they live were promoted through empowering the lives of women and will provide comprehensive and inclusive services for GBV survivors. Meanwhile the government in collaboration with CSO and other stakeholders also create such an enabling environment for GBV survivors to access the comprehensive and inclusive multi sectoral services through social and behaviour change communication strategy and awareness raising programme intervention at community level.

   The key activities which will be carried out during the 10th CP are as follows:

[2] The Essential Services Package reflects the vital components of coordinated multi-sectoral responses for women and girls subject to violence. The provision, coordination and governance of essential health, police, justice and social services can significantly mitigate the consequences that violence has on the well-being, health and safety of women and girls' lives, assist in the recovery and empowerment of women, and stop violence from reoccurring.

- Support the UPTD PPA/P2TP2A to develop and implement comprehensive and inclusive GBV response SOP at national and sub national level in line with ESP including data in development and humanitarian context consisting of several activities below:
  - Development of comprehensive and inclusive GBV response SOP at national and 4 selected districts, including referral guidelines for UPTD PPA/P2TP2A;
  - Strengthening the capacities and competencies of selected district government to implement SOP on comprehensive multi-sectoral gender-based violence response services in line with ESP including integrated data reporting and ensure the linkage with the national mechanism and other GBV service providers;
  - Monitoring the implementation of SOP on comprehensive multi-sectoral gender-based violence response services in line with ESP at selected district including data reporting; and
  - Conducting review and document lesson learned and good practices on the implementation of SOP on comprehensive multi-sectoral gender-based violence response services in line with ESP for evidence based advocacy at national and sub national level.
  - Ensuring SOPs and services for key populations experiencing GBV.
- Support sub national government and CSOs on community education including awareness raising programme on GBV prevention through:
  - Development of manual on SBCC and awareness raising programme on GBV prevention;
  - Strengthening the capacities of selected district government and CSOs to implement manual on SBCC and awareness raising programme on GBV prevention;
  - Monitoring the implementation of the manual on SBCC and awareness raising programme on GBV prevention; and
  - Conducting review and document lessons learned and good practices on the implementation of the manual on SBCC and awareness raising programme on GBV prevention.

3. **Technical support and advocacy on developing, implementing and monitoring a model on gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms.**

   In an effort to address pervasive gender stereotypes, promote shared power, control of resources and decision-making, and support women's empowerment for the prevention of GBV and harmful practices, UNFPA Indonesia aims to implement innovative interventions that have a transformative impact on gender roles. Gender Transformative Programming addresses institutional, social and cultural dynamics that influence the behaviors and vulnerabilities of women and men in Indonesian society. A critical part of this approach is engaging men and boys, youth and adolescents as partners and agents of change in the support of positive gender norms for gender equality and addressing negative forms of masculinities (harmful masculinity) that promote violence and conflict. In CP 9, MOWECP with technical assistance from UNFPA developed National Framework and SOP on male involvement for GBV prevention and Reproductive Health that will be adopted and implemented at sub national level to be integrated in the local GBV and reproductive health community mobilizing programme that address harmful masculinity and promote positive gender norms.

   The key activities which will be carried out during the 10th CP are as follows:

- Provide technical support and advocacy for innovative intervention targeted gender transformative community mobilization programme in 4 districts for prevention of GBV and harmful practices with operational research to document what works including:
  - Development of document for integrating gender transformative at national and sub national level including the Road Map for male involvement and adaptation of National SOP on male involvement;
  - Strengthening the capacities and competencies of selected district government to implement the integration of gender transformative programme into GBV prevention and reproductive health programme;
  - Monitoring the implementation of the gender transformative programme integration into GBV prevention and reproductive health programme at selected district; and
  - Documenting lesson learned and good practices on the implementation of the gender transformative programme integration into GBV prevention and reproductive health programme for evidence based advocacy at national and sub national level

In selecting districts for UNFPA support, priority will be given to underserved districts with particularly vulnerable groups of women and girls, such as resettled populations, female-headed households, women with disabilities, women living with HIV and young women and girls.

Implementing Partner(s): MOWECP, MOH, MOHA, and NCVAW.
Strategic Partner(s): Yayasan Pulih and Yayasan Kerti Praja.
Partner Contribution(s): BAPPENAS, BNPB, BPS, MORA, Provincial/District Women's Empowerment and Child Protection, UPTD PPA/P2TP2A, Parliamentarian (IFPPD and Women Caucus), Women Ulema Network and Women-lead organization.

Outcome 4: Population Dynamics and Data

Population dynamics can pose great opportunities if Indonesia is proactive in its planning and can make these trends work to its advantage. The nation needs to address the implications of change in age structure and population trends before they unfold. The implementation of rights-based, gender-sensitive policies that promote education beyond secondary level, the empowerment of youths and women and universal access to sexual and reproductive health care are fundamental. A clear visionary direction, especially to achieve an advanced, just, and prosperous Indonesia after a century of independence in the form of an up-to-date master plan that envisions the population and development in the future becomes a must. The master plan will become a long term blueprint to guide Indonesia to achieve its ideals. To do this it requires accurate and reliable data on what implications of evolving demographic structures will bring.

Supporting the Government of Indonesia to optimize its implications of population dynamics, and to better capture and utilize population data notably linking population dynamics, policymaking and development plans continue to be a strong theme for UNFPA in 10th CP. The outcome will ensure the consistent development, use, and dissemination of knowledge products for evidence based policy-makings through a knowledge hub. In order to do this, it is necessary to further disaggregate data in censuses, key surveys for data analysis in order to generate evidence-based targeted planning and budgeting that helps to address human development-related inequalities and benefit from the demographic dividends to achieve SDGs. The use of data and evidence for policy and decision-making is not optimal, hence, need for access,

analysis, and dissemination of disaggregated data availability for all stakeholders is critical to monitor the implementation of the ICPD and UNFPA-prioritized SDGs. The framework will also support in-depth analysis, research and exchange of good practices to build knowledge related to population, reproductive health, adolescent sexual and reproductive health, and gender equality related issues and data platform to promote sustainable development and inclusive growth.

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

Output 5 National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequities across the development and humanitarian continuum is strengthened.

The output related to population dynamics and data, that is, to contribute to improved data availability and analysis around population dynamics, SRH (including family planning), youth, gender equality and UNFPA-prioritized SDG indicators, will, in principle, be cross-cutting and be pursued in an integrated fashion through strategies outlined under the other thematic outcome areas. However, some elements of the work will stand on their own and not be crosscutting. These areas include work on emerging areas such as population ageing as well as some direct support to relevant institutes and agencies such as support to BPS in during and post-census activities especially in data production and dissemination.

This output will be achieved through a number of strategies, namely:

1. Leading the United Nations data for SDGs working group to review national metadata with a strong focus on UNFPA-prioritized SDGs, develop and enhance an interactive national data dashboard to track SDG achievement, and strengthen data utilization for local development planning, policy-making and monitoring;
2. Facilitating policy dialogues on population and development issues to encourage policy solutions to improve well-being as a part of sustainable development and to support the review, discussion, and development of master plan on population and development to accelerate development of human capital, ensuring balancing of social, economic and environmental development efforts, focusing on addressing inequalities, to help achieving an advanced, just and prosperous Indonesia after a century of its independence;
3. Strengthening capacity for collection and analysis of high-quality data, with a focus on the census and other surveys, including innovative approaches such as geo-spatial data, small area estimation and Bayesian modelling;
4. Establishing a national population data platform to improve the quality and accessibility of disaggregated data and statistics for use in national policies and programmes, and to monitor UNFPA-prioritized SDG indicators, and inform disaster-risk management;
5. Supporting establishment of a national knowledge hub, housed with BAPPENAS, for the compilation and analysis of knowledge products on population and development, disaster risk reduction and climate change, sexual and reproductive health, adolescents and youth and gender equality, to guide formulation of evidence-based policies, and increase access to knowledge products and innovative practices of national programmes that facilitate resource mobilization, replicate experiences and promote sharing of knowledge through SSTC; and
6. Promoting policies to accelerate development of human capital, ensuring balancing of social, economic and environmental development efforts, focusing on addressing inequalities, including through development of a national master plan/ blueprint.

Strategic interventions to achieve the result will include but not limited to:

1. **Undertake policy focused publications, programmatic research studies, evidence-based advocacy and communication materials to inform the development of national master plan on population and development utilizing the latest population data and its analysis in line with national SDGs priorities.**

   If the right policies are in place, population dynamics and trends can provide opportunities for economic growth and social development through a demographic dividend. On the other hand, these factors may lead to the unsustainable consumption of resources, greater vulnerability to climate change and other challenges that may impede efforts to provide essential health services and alleviate poverty. Taking advantage of those opportunities and managing the challenges will require progressive policies that enhance human capital and people's welfare, promote sustainable cities, support Indonesia's ageing population and address Indonesia's vulnerability to climate change. The key to this is ensuring that vulnerable people in society, particularly women and young people, are not excluded from the benefits of development, but instead are empowered to be drivers of prosperity.

   While there are already many policies in place that touch on the population related issues they certainly could be greatly improved and better coordinated in the updated GDPK as the national master plan. There is, however, another more compelling reason why a GDPK needs to be updated at this time. It is expected to address the recently emerging challenges and harness the opportunities of population dynamics to promote sustainable development using the up to date data and information, while sharing global trends and perspectives and exploring strategic opportunities for Indonesia to benefit. Earlier work on a GDPK was incorporated in a 2014 Presidential Regulation. Since then Indonesia has installed a new President and a new Government, and there have been further developments nationally and internationally. Given the changed circumstances, a revised and updated GDPK/National Master Plan/Blueprint is needed. The updated GDPK/National Master Plan/Blueprint will need to include a component responsible for monitoring comprehensively the role of population development in the context of Indonesia's broader development plans and 2030 sustainable development agendas.

   In order to support for strengthened national capacities to incorporate population and development in policies and plans, including in the updated GDPK/Master Plan/Blueprint on population and development, a number of key activities will be carried out during the 10th CP are as follows:

   - Provide technical support for policy-focused publications with cost-benefit analysis approach underlying the 2020 Population and Housing Census and other key population surveys with theme on (i) population ageing; (ii) urbanization and population mobility; (iii) Women and Girls in Indonesia; (v) youth; and (vi) SDGs progress on UNFPA-prioritized goals; and (vii) National Progress in Implementing the ICPD-PoA. UNFPA will also support the government in the development of background studies on (i) maternal health and SRH; (ii) gender equality; (iii) youth development; and (iv) population and development issues as the evidence base for the 2025-2029 National Midterm Development Plan;
   - Provide technical support to BPS, BKKBN and BAPPENAS for deepened analysis on a range of UNFPA-population related issues based on annual National Labour Force Survey (SAKERNAS), National Socio-economic Survey (SUSENAS) surveys, and advanced analysis of 2022 IDHS;

- Provide technical support to BPS for producing estimates of key demographic parameters and population projections based on the 2020 Population and Housing Census to support analysis of the master plan. UNFPA will provide technical support for BPS, BKKBN and BAPPENAS advocacy for improved coordination in the design, implementation analysis, and dissemination of (i) the population projections until district level; (ii) Detailed demographic related parameters estimation (including maternal mortality ratio, life table, 10-14 ASFR); and (iv) Small Area Estimation on UNFPA-prioritized SDG indicators at the district level using the 2020 population census, 2022 IDHS, and 2025 SUPAS data; and
- Provide evidence-based advocacy on ICPD issues in the context of the SDGs and contribute to other global policy dialogues, through partnerships with parliamentarians and other key interests groups: (i) Work with CSOs to advocate to Indonesian parliamentarians on ICPD issues, in the context of SDGs, including population data and data usage for policy making, promoting an enabling environment for family planning programmes/policies, prevention of GBV and harmful practices, and strengthening commitment of local governments for the family planning programme.

2. **Promoting the importance of disaggregated data, access to data for the development of policies and, monitoring of the policy implementation to address inequalities and advance gender equality, the SDGs and ICPDs.**

   UNFPA in partnership with BAPPENAS and BPS and other relevant Government partners, will promote the importance of disaggregated data through building national capacities for data collection, data analysis and use, including introduction of new technologies and methods. UNFPA will also assist the Government in preparation and conduct of periodic surveys such as IDHS, SUPAS, National Women's Life Experience Survey (SPHPN), including further analysis as required, of available disaggregated data. Using innovative ways, UNFPA will work towards making these evidence and information accessible. In light of support the Government in the establishment of functional and accessible national population data platform using the up to date disaggregated data, a number of key activities will be carried out during the 10th CP, namely:

   - Provide technical support to BAPPENAS and BPS in the establishment of the National Population Data Platform to support One Population and Disaster Data. UNFPA will support BAPPENAS and BPS to (i) design, implement, monitor and update the One Population and Disaster Data; and (ii) update routinely the national data platform on population related issues, SRH (including family planning), youth, gender, family planning, disaster, with number of population related surveys;
   - Capacity development at BPS and BKKBN to produce, disseminate, and utilize census, survey and other data;
   - Provide technical support to the development of SDGs metadata, and dissemination of SDGs indicators related to UNFPA priorities, including BIG DATA, through the United Nations Data Forum for SDGs Working Group (UN-DfSDGs). UNFPA, as a chair of UN-DfSDGs will update the SDGs data portal on the latest data; and
   - In harnessing the use of big data and data-driven policy making, UNFPA will work hand in hand with BPS and BAPPENAS as well as PulseLab Jakarta, universities, e-commerce and social media giants, to estimate population mobility (circular migrants) and other population-related issues.

3. **Enhance and build a national hub of knowledge for compilation and analysis of knowledge products in the area of population and development, SRH, adolescents and youth, gender equality in both development and humanitarian context to guide evidence-based policies is functioned and accessed by users**

The knowledge hub initiative: to be hosted under the BAPPENAS, UNFPA will support the government in the compilation and analysis of knowledge, best practices and innovation in the area of population and development, SRH, adolescents and youth issues, and gender equality within the development-humanitarian continuum contexts, which will be used for rigorous, evidence-based planning and decision making at national and subnational levels. The knowledge hub initiative will also contribute to UN-DfSDGs, currently chaired by UNFPA, mandated to ensure coherence among the UN, development partners, and government data for the monitoring of the SDGs, placing UNFPA at an advantage to provide evidence-based advocacy for the acceleration of the achievement of ICPD PoA-SDGs in Indonesia. As alluded above in the overarching strategies, the knowledge hub will also facilitate the PDR.

The PDR will be co-sponsored and co-chaired by BAPPENAS and UNFPA. Deputy Minister for Human, Society, and Cultural Development at BAPPENAS and UNFPA Representative will appoint a small Advisory Panel to give independent advice on the selection of population and development issues to be discussed and on the objectives, content and quality of the Policy Briefs. The PDR exercise is designed to bring the population related issues in Indonesia to a higher and more fruitful level.

The key activities which will be carried out during the 10th CP are as follows:

- Provide technical support to BAPPENAS on improved coordination to ensure the availability and utilization of quality data through development of policy oriented knowledge products and on a cross-sectoral basis for national development policy making and programming, including for humanitarian settings;
- Provide technical support to BAPPENAS in the compilation and development of policy-focused publication on the studies, researches, analysis in the area of population and development, SRH, adolescents and youth issues, and gender equality;
- Provision of sexual health services to increase access and uptake of SRH services for men, and subsequent greater MIRH and improved RH and GBV outcomes, through addressing men's SRH needs;
- Provide technical support to facilitate PDR and to produce, disseminate and monitor the policy recommendations in the areas of population and development, reproductive health, youth and adolescent, gender equality and harmful practices;
- Capacity building to improve management capacity of BAPPENAS in managing the knowledge hub;
- Support to the Government of Indonesia to develop best practices from Indonesia to be shared with other countries in the region through knowledge management and SSTC, namely (i) initiate partnership programmes with Indonesia as a lead advocate on ICPD issues among countries with a similar social and cultural context; and (ii) upscale the global and bilateral SSTC programme through building on lessons learned and expanding international partners; and
- Support to the Government of Indonesia to advocate the implementation of ICPD25 through policy dialogues with multi-stakeholders such as policy makers, parliamentarians, religious leaders and the media.

Implementing Partner(s): BAPPENAS, BPS, and BKKBN.
Strategic Partner(s): Fatayat Nahdatul Ulama and FKM-UI.
Partner Contribution(s): Coordinating Ministry for Human Development and Cultural Affairs; BNPB; MOHA; MOSA; MOFA; National Coordinating Team of SSTC; and United Nations Data Forum for SDGs Working Group, IFPPD, University of Gadjah Mada, University of Indonesia (UI) Hospital, Faith-based Organizations (FBOs), Journalists Associations, and PulseLab Jakarta.

Part V. Partnership Strategy

UNFPA continues to support the Government to identify gaps in policies and policy implementation, and to convene policy-makers, civil society actors, religious leaders and faith-based organization and youth groups to advocate for enabling social, legal and policy environment for women and young people, with a particular focus on the most vulnerable ones, to ensure no one is left behind. The programme integrates data and evidence in all components of its programme for an evidence-based policy and advocacy.

UNFPA continues to explore innovative ways to effectively disseminate evidence-based messages through strategic communications and advocacy initiatives aimed at mobilizing support for social change interventions. The integrated approach will contribute to the monitoring of the SDGs. The limited regular funding for the programme requires a strong focus on comparative advantages and on multi-stakeholder partnerships for advocacy and policy engagement. UNFPA will coordinate closely with UN organizations to ensure complementarity through UNSDCF.

UNFPA will collaborate with governmental bodies in implementing the programmes. Other partners will include civil society organisations, professional associations, universities, research and think tank organisations as well as international development partners in support of the country's population and SRH policies, strategies and programme activities to contribute to the UNSDCF outcomes and the SDGs. In parts of the programme existing partnerships are set to be continued. Partnerships with IPs will be strengthened including through capacity-building in relevant areas and as per need.

The partnership strategy for achieving CPAP results will be based on the following matters:

- Mutual exchange of knowledge and expertise through policy relevant experiences from other countries, documentation and dissemination of best practices and in management capacity development in planning, monitoring and evaluation in population related issues and SRH programmes;
- In line with UN Reforms, work with other members of the UN Country Team, and through UN Thematic Working Groups and in the harmonisation and simplification process, in coordination with other development partners;
- Working in partnership with the Government in SSTC; and
- Emphasing the needs to be given to position the role of UNFPA as a facilitator that links innovation of development work in its thematic areas with the related agencies. Moreover, UNFPA will engage in policy dialogue such as policy analysis and advocacy, strategic planning, and emerging population concerns under the knowledge hub that will be hosted by BAPPENAS.

UNFPA will complete a transition from a programme donor to a catalyser of change. UNFPA support is a starting point for scale-up through implementation of a resource mobilization strategy, leveraging multi

sectoral partnerships. The partnerships and resource mobilization will contribute to achieving UNFPA priorities in both the development and humanitarian contexts through financial support and advocacy for:

- Increasing midwives capacities to provide high quality services by improving midwifery education and regulations in Indonesia;
- Increasing national capacities to implement rights-based family planning and maternal health in Indonesia;
- Contributing to achieving Indonesia's HIV prevention and treatment goals;
- Contributing to the prevention of gender-based violence and the elimination of harmful practices, including child marriage and Female Genital Mutilation/Cutting (FGM/C);
- Improving policies and increasing capacities for disaster preparedness, response, and recovery in providing reproductive health services, women-friendly and youth-friendly spaces, as well as humanitarian data;
- Ensuring data availability and utilization as evidence for policy decisions and programming for all outcomes;
- Improving policies and increasing capacities to accelerate youth development, especially through adolescent reproductive health education and youth-friendly reproductive health services; and
- Improving national and local capacities in disaster risk reduction plans and management especially for RH and prevention of GBV related issues.

Government. UNFPA Indonesia engages with the government in different ways—for ownership and coordination of the country programme, as implementing partners, and as strategic partners. In the 10th CP, UNFPA will continue its implementation partner relationship with BAPPENAS, MOH, MOEC, MOWECP, BKKBN, BPS, and NCVAW, for the work related to integrated sexual and reproductive health (including family planning and HIV Prevention), youth development and reproductive health education, prevention of gender-based violence and harmful practices, as well as population dynamics and data across the humanitarian development continuum. UNFPA will also embrace the strategic partnerships with the MOHA and MORA as implementing partners to further enhance working within a decentralized context and in the advocacy of religious leaders and faith-based organizations to advance the ICPD agenda. UNFPA will also engage with strategic partners from the BNPB for humanitarian work and with the Ministry of Youth and Sports for the work on youth development.

Civil Society and faith-based organizations. UNFPA will seek partnerships with civil society and faith-based organizations, strengthen the localization agenda and promote community engagement for the purpose of implementation, advocacy allies and reach. The work on HIV Prevention requires engagement with HIV community groups and networks, family planning with women's rights and youth groups, prevention of gender-based violence and harmful practices with CSO advocacy networks and faith-based organizations and women led NGOs, and youth development with youth networks, advocacy on ICPD25 require involvement of Civil Society and faith-based organizations.

Academia and research institutions. In the provision of evidence-based advocacy and programming, partnership with academia is considerably a key. UNFPA has built relationships with universities in Indonesia as implementing partners as well as a pool of national expertise for initiatives across all of the thematic areas of the country programme. UNFPA has had a strong relationship with two prominent national universities: University of Indonesia (UI) and University of Gajah Mada (UGM). In 10th CP, as UNFPA envisions its role as a knowledge hub on ICPD-related issues for Indonesia, partnerships with academia will expand to include subnational universities. Partnerships with high-performing research

institutions will also be established to enhance capacities to generate the evidence for effective advocacy. UNFPA will also tap into opportunities for innovation through engagement with academic institutions.

Professional organizations/associations. UNFPA has continued and will continue to work with professional associations as strategic and implementing partners for the 10th CP. The work in midwifery will involve the Indonesia Midwives Association as implementing partner. Establishing strategic partnerships with the Association of the Head of Community Centers, as well as the Association of District Heads/Mayors will also positively contribute to UNFPA efforts in advocacy and in working within a decentralization context. Advocacy on ICPD25 requires involvement of journalists associations.

Parliamentarian. The parliament is key in influencing legislation in Indonesia. UNFPA and the Government have been engaging parliamentarians on ICPD/SDG issues as well as on the policy dialogue and advocacy for regulations that will impact the rights of women and vulnerable groups. In the 10th CP, parliamentarians will be actively engaged by UNFPA in policy dialogue and advocacy, including for policies that may hinder the advancement of the ICPD-PoA and SDGs. Continuous knowledge and information exchange with parliamentarians on ICPD-SDGs issues will also be applied. UNFPA will continue work with parliament members through IFPPD and Women Caucus of Parliament as strategic partners for advocacy purposes related to the UNFPA mandates. These strategic partners are the key entry points to engage and influence parliamentarians in relevant commissions on population related issues. These strategic partnerships with parliaments will (i) continuously engage with relevant commissions to advocate for the achievement of the ICPD-POA and the SDGs; and (ii) share evidence on integrated SRH, gender, youth development and population dynamics within the context of regulatory frameworks that may impact/hinder ICPD-PoA and SDG achievements.

Traditional and emerging donors. UNFPA Indonesia's other resources consist of financial contributions mainly from Australia (DFAT) and Canada (Global Affairs Canada). For the next country programme, UNFPA will continue to engage with other donor countries that are the largest contributors to our global core resources for advocacy that could potentially generate opportunities for resource mobilization, by ensuring continuous communication and providing the evidence base and environmental scanning on SRH, gender-based violence and harmful practices, youth development, and population dynamics.

Private Sector Engagement, innovative financing, and public-private partnerships. In Indonesia companies have two approaches to contribute to social development: through CSR and through their business value chain. There is merit to engage the private sector for both opportunities however engaging companies that incorporate social development and rights into their business value chain have greater potential for sustainability and impact, as well as contribution to the SDGs. It also creates an opportunity for public-private partnerships, of which UNFPA will explore in Indonesia, particularly to accelerate family planning in the context of UHC. UNFPA will continue to explore further on how we can influence major brands that have supply chains in Indonesia to invest in the welfare of women factory workers, to help the government in facilitating public-private partnerships in the context of UHC, as well as in leveraging funds for the achievement and acceleration of SDGs, including in humanitarian contexts. UNFPA will also explore opportunities and feasibility in innovative financing mechanisms in financing the SDGs in Indonesia, especially for goals that are within the UNFPA and ICPD mandate.

South-South and Triangular Cooperation (SSTC). UNFPA will continue to support the Government of Indonesia through SSTC to maintain the current SSTC initiatives both in normal and humanitarian settings in family planning as well as potentially expanding to other thematic areas including, and not limited to, data, youth, and HIV. Currently the Country Office has maintained a strong partnership with BKKBN for the SSTC international training programme as well as the bilateral programme with the Philippines. This partnership also includes the MOFA and the State Secretariat-government institutions that have contributed financially towards the implementation of the family planning SSTCs. As we expand the SSTC programme to other thematic areas (demographic dividend, humanitarian response, and population aging) and to other countries (such as ASEAN countries) that have interest for SSTC with Indonesia, the country office will establish a partnership with relevant line ministries/institutions, together with the Ministry of Foreign Affairs and the State Secretariat. UNFPA Indonesia will also engage with other country offices as an entry point to explore interest from other countries for SSTC. The SSTC might also incorporate new innovative approaches such as utilizing on-line modality to implement it.

Humanitarian and Innovation. The UNFPA proactively seeks for opportunities to support the work on humanitarian initiatives, from the preparedness stage to response and toward the development continuum. This proactive strategy is based on the nature of the country of being disaster prone, as well as the current pandemic of COVID-19. Headquarters and regional offices facilitates and supports the country office in the identification of activities and partners for resource mobilization. The UNFPA will also strengthen the partnership with UN agencies, development partners and ASEAN in strengthening the Disaster Risk Reduction on SRH and GBV prevention and management.

UN Partnerships. In the spirit of UN Reform, demonstrating to donors that the UN works jointly for a common objective is extremely important and reflects the collective comparative advantage of the UN, in both development and humanitarian contexts. UNFPA will continue to actively participate in the cross-cutting thematic working groups and joint teams covering the SDGs, data gender equality and women's empowerment, HIV and AIDS, human rights and youth, as well as monitoring and evaluation group to support Results Groups of UNSDCF ensuring that these important themes are mainstreamed throughout.

In order to advance ICPD, UNFPA will continue to actively participate in joint UN initiatives through the United Nations Inter Agency Network on Youth Development (UN-IANYD), Gender Working Group, H6, the Humanitarian Country Team, HIV Working Group, Working Group on Data for SDGs, the SDG BAPPENAS Forum, and the human rights Working Group. This will entail improved UNFPA positioning within the UN as the main UN partner on SRH, in prevention of GBV and harmful practices, in youth development, and population dynamics and data. UNFPA actively participates in the UN outcome and cross-cutting working groups, which ensures coordination and identification of joint activities with other UN Agencies.

Partnerships will be established through an AWP and Implementing Partner's (IP) Agreement. Monitoring mechanisms will be reflected appropriately.

Part VI. Programme Management

At the highest level, the ownership of the UNFPA-funded country programme falls to the national government. BAPPENAS acts as the Government Coordinating Agency (GCA), and has the responsibility of coordinating the implementation of the programme. BAPPENAS, in its capacity as Government

Coordinating Authority (GCA), is a key partner coordinating UNFPA assistance in the country and plays a key role in providing guidance for appropriate development policies, programmes and strategies to ensure their alignment with the national development policy framework. The implementation strategy of the 10th CP will take into consideration the COVID-19 pandemic and its expected impact through an inclusive, no one left behind and multi sectoral approaches.

In unforeseen circumstances, such as humanitarian agencies, UNFPA may re-programme funding in consultation with the Government, towards required emergency response activities aligned with its mandate.

Programme Management and Coordination

The National Steering Committee, chaired by BAPPENAS and co-chaired by the UNFPA Representative, will be responsible for guiding the 10th Country Programme policy direction and providing recommendations to the GCA and outcome working groups for programme-related issues. The committee consists of Echelon I officials from Government Partners. These appointments will be made official through a ministerial decree from BAPPENAS.

The NCT is chaired jointly by BAPPENAS (Echelon II) and the UNFPA Assistant Representative. The NCT is responsible for ensuring the integration of planning, implementation, monitoring, evaluation, and reporting processes as well as the results of programs, cooperation, both across outputs/programmes implemented either by IPs or directly implemented by UNFPA, including program activities sourced from other funding. The NCT will also provide recommendations to the National Steering Committee on strategic programmes and management issues towards the realization of the planned results of the UNFPA programmes.

The 10th Country Program Technical Output Working Groups (TOWGs), are chaired by Echelon II at related unit under BAPPENAS as the coordinator of the related output programmes. The working group plays a role in ensuring unity between planning, implementation and achievement of outputs by implementing partners, strategic partners and UNFPA.

The UNFPA programme consists of five outputs, each falling under the purview of a lead government ministry with overall programmatic, coordinative and legislative responsibilities in the sector. That ministry will have responsibility for coordinating the results of this part of the country programme with all partners working towards the realization of the planned results of the UNFPA programme. The lead sectoral ministry is at the same time an implementing partner for a component of the country programme through its departments and authorities as applicable.

UNFPA will work at provincial and district level in the implementation of the programme to support the ministries to pilot in selected areas at district level. It is expected to be implemented in coordination with the respective government agencies to provide overall technical advice, programme management guidance and supervision of the support.

Implementing Partners

Implementing Partners (IPs) are ministries/agencies that duly sign the AWP together with UNFPA, and are responsible for AWP management including monitoring and evaluation of activities to achieve outputs.

Each output will be implemented through its arrangements with implementing partners. The primary responsibility for managing and implementing a UNFPA-funded annual work plan rests with the implementing partner. This management role applies not only to the substantive and technical performance, but also to financial performance. The implementing partner is fully responsible and accountable for successfully managing the programmatic and financial aspects as set out in approved work plans and delivering the expected outputs.

The strategic partners are NGOs, universities, and/or other national and international institutions. BAPPENAS as GCA must be informed on the strategic partners appointed/approved by IPs. The strategic partners sign the AWP together with UNFPA, and in general the activity plan and budget must also be included in the IP's AWP who is appointed/approved in order to carry out the BAST. Strategic partners will coordinate in working group forums which will further coordinate with IPs, BAPPENAS as GCA, and UNFPA.

The programme 2021-2025 builds on implementing partner arrangements continuing from the previous programme:

Output	Lead sectoral government ministry	Implementing Partner-Strategic Partner
Output 1: Increased government and professional association capacities to prevent and address maternal mortality using multi sectoral approaches across humanitarian and development continuum	Directorate for Public Health and Nutrition, BAPPENAS	• BAPPENAS • Directorate of Family Health at MOH; • Board for Development and Empowerment Human Resources of Health (BPSDM) at MOH; and • IBI
Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian and development continuum	Directorate for Family, Women, Children, Youth and Sports, BAPPENAS	• BAPPENAS; • Directorate of Family Health, MOH; • Directorate of Direct Communicable Disease Prevention and Control at MOH; • BKKBN; • MOHA; • PKBI Jakarta; • PKBI Papua; • Yayasan Kalandara; • Yayasan Kerti Praja; • OPSI; • Jaringan Indonesia Positif; • FKM-UI; • DoctorShare; • Fatayat Nadhlatul Utama; and

Output	Lead sectoral government ministry	Implementing Partner-Strategic Partner
		• Yayasan Pulih
Output 3: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum	Directorate for Family, Women, Children, Youth and Sports, BAPPENAS	• BAPPENAS; • Directorate of Family Health at MOH; and • Yayasan Siklus Sehat Indonesia
Output 4: National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum	Directorate for Family, Women, Children, Youth and Sports, BAPPENAS	• MOWECP; • MOH; • NCVAW; • Yayasan Pulih ; and • Yayasan Kerti Praja
Output 5: National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened	Directorate for Population and Social Security, BAPPENAS	• BAPPENAS; • BPS; • BKKBN; • Fatayat Nahdatul Ulama; and • FKM-UI.

The Implementing Partner (IP) and strategic partner are responsible for contributing to the implementation of the AWP by undertaking the responsibilities allocated to it in the AWP. Other key responsibilities of an IP include: preparing the AWP in collaboration with UNFPA; ensuring that all activities in the AWP are duly implemented in accordance with agreed regulations and rules; establishing operating arrangements for financial management and accountability, including preparing requests for advances and expenditure reports; conducting monitoring and evaluation activities as per UNFPA policies with participation of UNFPA staff where relevant, including provision of progress monitoring reports; leading the preparation of the annual review meeting of the work plan support and participation of UNFPA; ensuring audits are conducted in accordance with UNFPA requirements; organising annual and end-of-work plan inventories; and ensuring that operational and financial closure of the AWPs follow UNFPA procedures.

The IP and strategic partner will designate an official to act as coordinator for UNFPA support. The coordinator will oversee the day-to-day management of the AWP in conjunction with the relevant UNFPA office. Should additional implementing partners and strategic partners become necessary in the course of the programme, in line with its procedures, UNFPA will assess potential partners for capacity and suitability to ensure the highest quality of service. In addition to implementing partner arrangements, specific activities will be implemented by contractees, either individuals or organizations, in line with UNFPA procedures for procuring such services, e.g. universities, professional colleges, research organizations or civil society organizations. UNFPA will furthermore implement selected activities as required by UNFPA procedures and as per need and expediency.

UNFPA will strengthen the capacity of implementing partners and strategic partners in results-based management, financial accountability and monitoring and evaluation.

Annual Work Plans (AWPs)

The AWP drawn up based on the overall programme strategies of the CPAP will be the primary tool to govern the programmatic relationship between UNFPA and each IP as well as strategic partner. Annual Work plan is one of the formal documents signed by the Implementing Partner-Strategic Partner and UNFPA. It captures the expected programme outputs, with indicators, baselines and annual targets, the activities to be carried out towards achievement of the expected programme outputs, the costed inputs (budgets) to be provided for each activity (e.g., supplies, contracts, travel, and personnel), the associated resources and the time frame for undertaking the planned activities. Work plans are the basis for requisitioning, committing and disbursing funds for planned activities and for their monitoring and reporting. The AWP is developed by the UNFPA Country Office and the IP as well as strategic partner following a consultative process that ensures ownership of process and results. There should only be one annual work plan per Implementing Partner-Strategic Partner. All work plan amounts must be based on a robust and detailed budget. All work plans must be generated and maintained using the Global Programming System (GPS) module in Atlas.

The Protection from Sexual Exploitation and Abuse (PSEA)

In order to ensure UNFPA accountability of any wrongdoing related to Sexual Exploitation and Abuse (SEA) towards the community served, the UNFPA, implementing partners and strategic partners under 10th CP will ensure PSEA including reporting mechanisms are in place. UNFPA with partners will conduct regular capacity building, integrate PSEA in the agreement with partners, implement PSEA Assessment, ensure reporting mechanism and support services on PSEA related cases.

Programme Resources

The planned funding envelope for the UNFPA 10th country programme is US$ 27.5 million. This estimate of resources for the country programme will originate in part from UNFPA regular resources and in part from other potential funding sources, such as (i) global resources for country programming from UNFPA thematic funds; (ii) humanitarian funding, where relevant including from UNFPA Emergency Fund; (iv) country level resources mobilized by the UNFPA; (iv) country level resources mobilized by the UN Country Team through the UNSDCF; and (v) additional resources expected to be mobilized at country level including for joint programmes if applicable.

Cash Transfer

National execution, with its different options for cash transfer, continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select IPs based on their ability to deliver quality programmes. UNFPA will continuously monitor their performance and adjust implementation arrangements, as necessary. It will ensure that the appropriate risk analysis is performed in conformity with the harmonised approach to cash transfers. All cash transfers to an IP as well as strategic partner are based on the AWPs agreed between the IP or strategic partner and UNFPA.

Cash transfers for activities detailed in AWPs can be made by a United Nations agency using the following modalities:

- Cash transferred directly to the IP or strategic partner:
  a) Prior to the start of activities (direct cash transfer), or
  b) After activities have been completed (reimbursement)
- Direct payment to vendors or third parties for obligations incurred by the IP/Strategic Partner on the basis of requests signed by the designated official of the IP/Strategic Partner; and
- Direct payments to vendors or third parties for obligations incurred by United Nations agencies in support of activities agreed with IP/Strategic Partner.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorised expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the IP/Strategic Partner over and above the authorised amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the IP/Strategic Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of IP/ Strategic Partner, and of an assessment of the financial management capacity of the non-UN IP. A qualified consultant, such as a public accounting firm selected by UNFPA, may conduct such an assessment, in which the IP/Strategic Partner shall participate.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

Part VII. Monitoring and Evaluation

UNFPA and the Government, through BAPPENAS, will manage and monitor the country programme, following UNFPA policies and procedures using results-based management and accountability frameworks. It will organize field-monitoring visits and biannual technical meetings with implementing partners and strategic partners to track progress and adjust annual work plans. A midterm review of the programme will be conducted to analyse progress made and evaluate reorientation of programme strategies. A country programme evaluation will be conducted, to allow identification of lessons learned and priorities for the following cooperation cycle.

UNFPA, as chair of the data for SDGs working group and member of the data, monitoring and evaluation working group of the United Nations country team, will provide technical support in the design and implementation of the UNSDCF monitoring and evaluation system and framework, data-quality assurance, and will provide guidance to the results group and the United Nations country team on evidence-based progress reporting, including participating in the final evaluation of the UNSDCF, 2021-2025. UNFPA will therefore use the national system for data and seek to strengthen the national capacity for evidence-based monitoring and evaluation. UNFPA will support the BPS, BAPPENAS and other national partners to identify statistical data gaps, strengthen monitoring and evaluation systems and support the monitoring of progress towards the UNFPA-prioritized SDGs.

Monitoring and Evaluation Plan

The country programme includes a monitoring and evaluation plan that demonstrates how the country programme result will be monitored and evaluated during the course of the country programme cycle, using targets and indicators. It identifies the necessary programme monitoring and evaluation activities and allocates funds for the purpose. The monitoring and evaluation framework will be reviewed and updated annually by UNFPA.

An indicator database, maintained by UNFPA using UNinfo[3], will provide information for the monitoring, review and reporting of progress at different levels of the programme. UNFPA aims to introduce a systematic approach for progress reporting for implementing partners and strategic partners based on UNFPA reporting requirements.

Relevant evaluations will be commissioned as per the monitoring and evaluation plan of the country programme. An end of programme cycle evaluation will be conducted in the penultimate year of the country programme to ensure that the results are available in time to inform development of the next programme. This evaluation will assess performance and achievements, lessons learned and best practices.

The Government and UNFPA will ensure continuous monitoring and evaluation of the CPAP, for tracking results of the interventions, efficient utilisation of programme resources as well as accountability, transparency and integrity. The monitoring and evaluation mechanism put in place will be complementary to the government systems and will strengthen monitoring and evaluation systems within the government. UNFPA in agreement with the Government Coordinating Agency may decide to review the CPAP, e.g. at mid-term and evaluability assessment. An evaluability assessment and mid-term CPAP review would address the need for changes to the CPAP document for the remaining part of the programme cycle. The CPAP review process will be led by the Government Coordinating Agency with support from UNFPA.

The country office will document and communicate good practices in policy advocacy and programme delivery, using innovative and inclusive channels to reach diverse audiences under the knowledge hub housed by BAPPENAS, and will make efforts to support regional and global knowledge management initiatives and SSTC.

[3] An online planning, monitoring and reporting platform that digitizes the UNSDCF and its corresponding joint work plans, will be one of the platforms used to track progress and allow monitoring

Annual Work Plan Review

An annual review meeting with the implementing partner will take place in the 4th quarter of each calendar year to review progress against the annual work plan and towards achieving the targeted programme output. The annual work plan review meeting will focus on achievement of results using the established indicators. The status of implementation of the work plan activities must also be reviewed, along with identifying lessons learned and best practices, main constraining and facilitating factors affecting implementation, from the previous year(s). The annual review will inform the planning of the next annual work plan. In the case of multi-year annual work plans, the review meeting will also be used to review, update and revise activities and budgets for the coming year or years.

The implementing partner and strategic partners are responsible for participating in the annual work plan review meeting with the UNFPA country office, including preparing required information. The UNFPA country office is responsible for planning and conducting the annual work plan review meeting with each implementing partner.

In addition, annual progress reviews at the output level may be organized by the relevant lead sectoral government ministry. All implementing partners and strategic partners will participate in this review.

UNSDCF Review

The implementation of the Cooperation Framework will be overseen by the BAPPENAS/UN Forum co-chaired by the BAPPENAS Minister and the UN Resident Coordinator. This will comprise all UN agencies and all concerned line ministries and government agencies. This will include thematic UNSDCF coordination groups as well as a working group to oversee the monitoring of the UNSDCF strategy. UNFPA will participate in and contribute to this monitoring and coordination platform in the areas where the UNFPA programme contributes to the UNSDCF outcomes.

The UNFPA country programme is reviewed through the annual reviews of the UNSDCF. The UNFPA country office participates in the UNSDCF review process and contributes to it by providing substantial input in accordance with UNSDCF review requirements and responsibilities. UNFPA is responsible for ensuring that the relevant parties involved in the UNFPA country programme take action on recommendations relevant to UNFPA. UNFPA implementing partners will provide input and additional information as needed in support of UNFPA's reporting to the UNSDCF review process.

Financial Monitoring

Financial reporting will be on a calendar quarter basis. Quarterly work plans will be approved on the performance of the past quarter and resource requirements. UNFPA requests its partners to report on programme and financial progress, and conducts periodic progress reviews and monitoring with national entities.

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

- Periodic review of their financial records by UNFPA or its representatives, following UNFPA's standards and guidance;

- Periodic review and monitoring of their programmatic activities following UNFPA's standards and guidance; and
- Special or scheduled audits: UNFPA, in collaboration with other UN agencies (where so desired; and in consultation with the [coordinating Ministry] GCA) will establish an annual audit plan, giving priority to audits of IPs with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, IPs and UNFPA may agree to use a programme monitoring and financial control too allowing data sharing and analysis.

The Audits will be conducted by BPKP with the mandate from the UN Resident Coordinator Office. Audits of non-government implementing partners will be conducted in accordance with the policies and procedures of UNFPA.

Part VIII. Commitments of UNFPA

The planned funding envelope for the UNFPA of the 10th CP is USD27,500,000.00 (twenty seven million five hundred thousand US Dollars). This estimated resources for the CP will originate in part from UNFPA regular resources amount to USD14,000,000.00 (fourteen million US Dollars) and in part from other potential funding sources amount to USD13,500,000.00 (thirteen million five hundred thousand US Dollars) such as (i) global resources for country programming from UNFPA thematic funds; (ii) humanitarian funding where relevant, including from UNFPA Emergency Fund; (iii) country level resources mobilised by the UN Country Team through the UNSDCF; and (iv) additional resources expected to be mobilised at country level including for joint programmes if applicable.

The overall funding envelope will be subject to the availability of UNFPA regular resources and the mobilisation of additional resources in the course of the programme. The UNFPA Country Office will work closely with national partners to mobilise required additional resources from relevant sources including donors.

As a guiding principle and in line with the Executive Board approved CPD, the total funding co will be divided as follows among the thematic areas: Sexual and Reproductive Health (34%), Adolescent and Youth (20%), Gender Equality and Women Empowerment (19%); Population Dynamics (20%); and programme coordination and assistance (7%).

The UNFPA Country Office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate regular resources for project staff who provide technical and programme expertise, as well as associated support, to implement the programme. In addition, the Asia and the Pacific Regional Office will assist in identifying additional technical resources and provide quality assurance.

UNFPA support to partners in the implementation of planned interventions may include financial support, technical assistance, capacity-building and advocacy support.

The funds will support priority programmes as identified in the RRF attached into this document. Changes in the programme activities are subject to review by the Government and UNFPA. Funds will be committed annually based on the AWP to be signed by the respective Implementing Partner/Strategic Partner and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the country programme will be reviewed by the National Steering Committee and UNFPA, and further detailed through the preparation of the AWPs. UNFPA funds are distributed by calendar year and in accordance with CPAP and subject to availability of funds. During the quarterly coordination meetings that discuss the progress of work plans, Implementing Partners will examine with UNFPA the rate of implementation for each programme component. Subject to the conclusions made in the review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution.

Activities that are carried out directly by UNFPA Indonesia, including activities carried out by strategic partners to support nationally executed activities by Implementing Partners should be recorded in the form of BAST, for IP reporting to the Ministry of Finance.

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

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

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

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

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

Part IX. Commitments of the Government

The CPAP 2021-2025 will be implemented in conformity with the laws and policies of the Government of Indonesia. The Government, through BAPPENAS and the collaborating line ministries, is responsible for providing UNFPA with information regarding its laws and policies and any changes occurring during the programme period.

The Government will contribute to the implementation of the UNFPA-funded programme by ensuring the necessary in-kind support including staff time and other organisational resources required for the successful and timely management and implementation of the programme.

The Government will collaborate with UNFPA in the efforts to mobilize additional resources for the programme as required; it will organize periodic programme reviews and planning meetings as appropriate with participation of programme partners. The Government is also committed to organize periodic programme review and planning meetings and to facilitate the participation of donors and NGOs where appropriate and agreed.

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

Each of the UNFPA-assisted authorities and institutions shall maintain proper accounts, records and documentation in respect to funds, supplies, equipment and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentations concerning the procurement and distribution of supplies, equipment and other materials and the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.

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

CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

In line with the Convention on the Principles and Immunities of the United Nations which has been adopted by the Government of Indonesia with the Presidential Decree Number 33 Year 1969 issued on 24 June 1969, UNFPA is exempted from all direct taxes and custom duties. In this regard all procurement financed by UNFPA should be made without payment of Value Added Taxes (VAT) and other direct taxes or customs duties. The Government shall provide the necessary assistance to ensure that this convention is applied.

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

A standard FACE report, reflecting the activity lines of the AWP, will be used by Implementing Partners/Strategic Partner to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners/Strategic Partner will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) duly authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner-Strategic Partner. Cash transferred to Implementing Partners/Strategic Partners should be spent for the purpose of activities as agreed in the AWPs only. Cash received by the Government and national NGO through Implementing Partners/ Strategic Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the AWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures, are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

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

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

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

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

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

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

Together with UNFPA, Implementing Partners are to prepare the BAST for all programmes executed by UNFPA and Strategic Partner, and that have been agreed on by IPs. This document should be submitted to the Ministry of Finance by the relevant IP.

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

Part X. Other Provisions

This CPAP supersedes any previously signed CPAP. This CPAP along with the annexes thereof shall become effective upon signature, but will be understood to cover programme activities to be implemented during the period 1 January 2021 through 31 December 2025.

The CPAP may be modified by mutual consent of both parties through mutual consent of the Government and UNFPA, based on the outcome of annual reviews, evaluability assessment, evaluation and/or review, or compelling circumstances.

Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities, to which the Government is a signatory.

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

In witness thereof the undersigned hereunder, being duly authorized, have signed this Country Programme Action Plan on this day of 14 January 2021, in Jakarta, Indonesia.

For the Government of Indonesia

Suharso Monoarfa
Minister of National Development Planning/
Head of National Development Planning Agency

For the United Nation Population Fund

Anjali Sen
Representative UNFPA Indonesia

Annexes

I. Results and Resources Framework
II. Planning Matrix for Monitoring and Evaluation
III. Theory of Change
IV. Indicative Resources Overview by Partners

Annex I. Results and Resources Framework

UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
NATIONAL PRIORITY: Priority 2: Human Resources Development in advancing people's well-being; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.				
<u>UNSDCF Outcome indicator(s)</u>: • Maternal Mortality per 100,000 live births *Baseline*: 305 (2015); *Target*: 183 (2024 <u>Related UNFPA Strategic Plan Outcome indicator(s)</u>: • Unmet need for family planning *Baseline*: 10.6% (2017); *Target*: 7.4% (2024)	<u>Output 1.1</u>: Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination.	• Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism. *Baseline*: No; *Target*: Yes • Establishment of a Midwifery Council that regulates midwifery education and midwifery-led care standards *Baseline*: No; *Target*: Yes • Number of midwifery centres of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards. *Baseline*: No; *Target*: Yes	Coordinating Ministry for Human Development and Cultural Affairs; Executive Office of the President;BAPPENAS; BPS;MOHA; MOEC; National Population and Family Planning Board; the National Team for the Acceleration of Poverty Reduction; Parliament; Midwifery schools; Indonesian Midwives Association; Midwifery Center of Excellence; communities of practice; experts and academia; professional organizations; think tank organizations; national and international nongovernmental organizations; H6 Partnership; World Bank, and media	$4 million ($2 million from regular resources and $2 million from other resources)
	<u>Output 1.2</u>: National and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and marginalized	• Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices *Baseline*: 0; *Target*: 5 districts	BAPPENAS; MOH; MORA; Ministry of Social Affairs; Ministry of Education and Culture; Ministry of Home Affairs; National of Population and Family Planning Board;MOWECP;BNPB; National and Subnational Parliament; Subnational government; H6	$9.5 million ($4.6 million from regular resources and $4.9 million from other resources)

UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
	groups, across the humanitarian and development continuum is strengthened.	• Percentage of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model *Baseline (a)*: 37% (88 districts); *Target:* 100% (146 districts) *Baseline (b):* 2.1% (5 districts); *Target:* 50% (229 districts) • Number of districts with high disaster risk index that have incorporated the nationally adopted and implemented MISP in contingency plans *Baseline:* 0; *Target:* 5 Districts • Number of revised national protocols on health sector response to gender-based violence, in line with the ESP *Baseline:* 0; *Target:* 3 protocols	Partnership; The Joint United Nations Programme on HIV/AIDS; Youth Networks; United Nations Interagency Network for Youth Development; Civil Society Organizations; Universities; private sector; professional organizations; and media	
NATIONAL PRIORITY: Priority 2: Human Resources Development in advancing people's well-being; Priority 7: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.				
UNSDCF Outcome indicator(s): • Age Specific Fertility Rate aged 15-19 per 1,000 women Baseline: 36 (2017); Target: 18 (2024) • Youth Development Index Score *Baseline*: 51.50 (2018); *Target*: 57.67 (2024)	Output 2.1: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum.	• Number of national regulations and protocols developed to improve the quality of adolescent reproductive health education in line with the International Technical Guidance on Sexuality Education (ITGSE) *Baseline*: 0; *Target*: 2 • Number of national regulations and protocols developed to regulate the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend *Baseline*: 1; *Target*: 2 • Existence of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the SDGs, ICPD and humanitarian action *Baseline*: No; *Target*: Yes	BAPPENAS; Coordinating Ministry for Human Development and Cultural Affairs; Executive Office of the President;MOH;MOEC,MORA;MOYS; National of Population and Familly Planning Board; Youth Networks; United Nations Interagency Network for Youth Development; Civil Society Organizations; Universities; private sector; professional organizations; and media	$3.5 million ($1.7 million from regular resources and $1.8 million from other resources)

UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
NATIONAL PRIORITY: Priority 2: Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation.				
UNSDCF OUTCOME INVOLVING UNFPA: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.				
UNSDCF Outcome indicator(s): • Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the previous 12 months *Baseline*: 9.4% (2016); *Target*: Decreased (2024) Related UNFPA Strategic Plan Outcome indicator(s): • Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 *Baseline*: 10.82 (2019); *Target*: 8.74% (2024)	Output 3.1: National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.	• Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum *Baseline*: 0; *Target*: 4 districts • Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings *Baseline*: 0; *Target*: 4 P2TP2A/UPTD • Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame *Baseline*: 0%; *Target*: 80% • Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms *Baseline*: 0; *Target*: 4 districts		$3.5 million ($1.7 million from regular resources and $1.8 million from other resources)

UNSDCF outcome indicator(s), baselines, target(s)	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
NATIONAL PRIORITY: Priority 1: Economic Resilience; Priority 2: Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation				
SPECIFIC FRAMEWORK OUTCOME: Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.				
Specific framework outcome indicator(s), baselines and target(s)	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
Related UNFPA Strategic Plan Outcome indicator(s): • Proportion of 17 UNFPA-prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics *Baseline*: 20% (2018); *Target*: 40% (2025)	Output 4.1: Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum.	• Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities *Baseline*: No *Target*: Yes • Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management *Baseline*: No; *Target*: Yes • Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and rights, adolescents and youth, gender equality in both development and humanitarian contexts *Baseline*: No; *Target*: Yes	Coordinating Ministry for Human Development and Cultural Affairs; Executive Office of the President;BAPPENAS; BPS;MOHA; Ministry of Foreign Affairs;BNPB; the National Team for the Acceleration of Poverty Reduction; National Coordinating Team of SSTC; United Nations Data Forum for SDGs Working Group; communities of practice; experts and academia; professional organizations; think tank organizations; national and international nongovernmental organizations; and media	$6 million ($3 million from regular resources and $3 million from other resources)

Annex II. Planning Matrix for Monitoring and Evaluation

Output 1: Maternal Health and Midwifery

Results	Indicators	Base line	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
CP Output 1: Increased government and professional association capacities to prevent and address maternal mortality using multisectoral approaches across humanitarian and development continuum	**1.1** Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism.	No	A/P/KM	National roadmap for acceleration of maternal mortality reduction developed	National roadmap piloted and monitored **(link to Output 2.1)**	Midterm review on the implementation of national roadmap available	National roadmap modified based on midterm review and pilot	Updated national roadmap implemented and monitored by government	Technical committee reports and meeting minutes, endorsed strategy and action plan, the policy documents and reviews	Review of documents, reports and midterm review	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	The monitoring capacity of the responsible agency may need to be strengthened
	1.2 Existence of a Midwifery Council that regulates midwifery education and midwifery-led care standards	No	A/P	Midwifery council established with a detailed role and responsibilities as per the approved organogram		Institutional review on the roles and responsibilities of midwifery council available		Institutional review on the roles and responsibilities of midwifery council available	Midwifery council reports, meeting minutes, policy documents and reviews	Review of documents, reports, organogram, and midterm review	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	The monitoring capacity of the responsible agency may need to be strengthened

Results	Indicators	Base line	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	1.3 Number of midwifery centres of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards	5	KM/CB	5 midwifery centres of excellences identified and selected. MISP teaching materials integrated into the midwifery curriculum for midwifery COEs	Lessons learned of first batch of 5 CoEs (baseline) available and socialized to the additional 5 COEs Capacity building, supportive supervision, and monitoring mechanisms for 10 COEs implemented 50 Master Trainers of MISP at Midwife level available	Capacity building, supportive supervision, and monitoring mechanisms for 10 COEs implemented COEs implemented MISP curriculum for midwife	Capacity building, supportive supervision, and monitoring mechanisms for 10 COEs implemented	Evaluation of midwifery COEs available and disseminated	Review of documents, reports, monitoring mission reports	Review of reports, interviews with COEs	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	The monitoring capacity of the responsible agency may need to be strengthened
Sub Output 1.1.1 Strengthened multi-sectoral partnership and effort on maternal mortality reduction	**1.1.1.1** Number of studies and assessments on priorities maternal and reproductive health issues	0	A/P, KM	1 Study on priority issues of maternal and reproductive health based on 2020 policy mapping on 3 zeroes 1 Joint assessment and mapping on EmOC	Policy paper on priority issues of maternal and reproductive health disseminated 1 joint assessment with UNH6 partnerships on Postpartum family planning (PPFP) and post abortion family planning	1 Study on priority issues of maternal and reproductive health 1 joint assessment with UNH6 partnerships on SRH services under National Health Insurance (JKN)	Policy paper on priority issues of maternal and reproductive health disseminated Evaluation on the UNH6 joint efforts available	Evidence-based policy based on the studies and UNH6 join assessment endorsed	the policy documents and reviews	Review of studies	Annual	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	N/A
	1.1.1.2 Availability innovative model on integration of Maternal Perinatal Audit and Maternal Death Surveillance and Response	No	A/P, KM, CB	Model on integration of MPDSR and MPA into CVRS available	Model on integration of MPDSR and MPA into CVRS piloted	Review of model on integration of MPDSR and MPA into CVRS is available to update the model	model on integration of MPDSR and MPA into CRVS available and disseminated		the policy documents and reviews	Review of documents and reports	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	Government may not endorse and apply nationwide

Results	Indicators	Base line	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	(MDSR) into CRVS													
Sub Output 1.2.1 Improved midwifery policy and legal framework	**1.2.1.1** Existence of innovative approach for strengthening quality of in-service midwifery services	No	A/P, KM	Model on strengthening quality of in-service midwifery programme according to evidence-based practices (including for adolescent reproductive health) available	Model on strengthening quality of in-service midwifery programme according to evidence-based practices piloted	Review of the pilot model on strengthening quality is of in-service midwifery programme according to evidence-based practices available to update the model	Model on strengthening quality of in-service midwifery programme according to evidence-based practices is replicated to other areas		Review of documents, reports, monitoring mission reports	Review of reports, interviews with pilot area	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	Government may not endorse and apply nationwide
	1.2.1.2 Existence of workforce plan to ensure adequate and equitable distribution of midwives to deliver quality Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH) services and workforce deployment in humanitarian settings	No	A/P, KM	Review of the existing workforce plan for midwifery workforce is available	Midwifery workforce plan to ensure adequate and equitable distribution of midwives to deliver quality Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH) available	Midwifery workforce plan to ensure adequate and equitable distribution of midwives to deliver quality Reproductive, Maternal, New-born, Child, Adolescent Health (RMNCAH) disseminated	Review of implementation of midwifery workforce plan		Review of documents, reports, monitoring mission reports	Review of reports, interviews with pilot area	Annual and quarterly	RH Unit: Reproductive Health Specialist, Maternal Health Analyst NPA PD	No need for financial resources	Government may not endorse and apply nationwide

Output 2: Integrated Sexual Reproductive Health

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
CP Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youth, and other people in vulnerable	**2.1** Number of districts implementing action plans that integrated gender responsive programming on rights based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices	0	A/P, KM, CD, CB	A model on integrated gender responsive programming on rights based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices developed	A model on integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices piloted at 5 districts	A model on integrated gender responsive programming on rights based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices piloted and evaluated	Replication strategy and guideline on integrated programing socialized by relevant ministries		Quarterly progress report, model, documents	Review and adopt model/ guidelines, develop exit strategy; develop criteria to assess the quality of model	Annual and quarterly	Reproductive Health Specialist, Maternal Health Analyst NPA PD, Gender specialist, Humanitarian analyst, Programme Analyst for HIV, Programme Analyst for Youth and ASRH	No need for financial resources	Government may not accept the proposed model and exit strategies

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
situations, across the humanitarian and development continuum	**2.2** Number of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model	(a): 88 districts; and (b): 5 districts;	A/P, KM, CB	Situational Analysis on STI - HIV services in Partner Notification report available	Quality district plan and HIV report on the adoption of Partner Notification and FSW model implemented in 34 provinces and intensify in high burden districts Capacity building and mentoring on the implementation of FSW model implemented in 34 provinces and intensify high burden districts Capacity building and mentoring to strengthen STI and HIV services in both Partner Notification and FSW programme Implementation Manual for HIV Prevention among FSW available	Quality district plan and HIV report on the adoption of Partner Notification and FSW model implemented in 34 provinces and intensify in high burden districts Capacity building and mentoring on the implementation of FSW model implemented in 34 provinces and intensify high burden districts Capacity building and mentoring to strengthen STI and HIV services in both Partner Notification and FSW programme	Best practices and lessons learned reports of the model on the Prevention of HIV/STI for FSWs and Partner Notification developed and disseminated Capacity building and mentoring to strengthen STI and HIV services in both Partner Notification and FSW programme Quality district plan and HIV report on the adoption of Partner Notification and FSW model implemented in 34 provinces and intensify in high burden districts	National Evaluation on the adoption of FSW and partner notification model in 34 provinces and intensify high burden districts developed and disseminated	Strategy document on advocacy, protocols, guideline, implementation report, regulation, and academic paper	Review of documents and field visit	Annual and quarterly	HIV Programme Analyst, RH Specialist	No need for financial resources	The monitoring capacity of the responsible agency may need to be strengthened.
CP Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality	**2.3** Number of districts with high disaster risk index that have incorporated the nationally adopted and	0%	A/P, KM, CB	Establishment and Endorsement of National and Sub National RH and GBV sub clusters under government decree RH/GBV Sub Cluster	Indonesia Humanitarian SRH-GBV-DRR concept developed and sensitized at National level	2 districts incorporated the nationally adopted and implemented Minimum Initial Service Package (MISP) in contingency plans	3 districts incorporated the nationally adopted and implemented Minimum Initial Service Package (MISP) in	Best practices and lessons learned on the Indonesia Humanitarian SRH-GBV-DRR concept developed and disseminated	concept note, regulation, organogram of national and sub-national RH	Review of documents, regulations and reports	Annual and quarterly	Humanitarian Programme Analyst, RH Specialist, SRH Hum Focal Point	No need for financial resources	Government may not integrate MISP into contingency plans

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youth, and other people in vulnerable situations, across the humanitarian and development continuum	Implemented Minimum Initial Service Package (MISP) in contingency plans			Functioning and Strengthened			contingency plans	nationwide by relevant ministry						
	2.4 Number of revised national protocols on health sector response to gender-based violence, in line with the Essential Service Package (ESP)	0	A/P, KM, CB	3 revised national protocols on health sector response with on the following topic(i) Training Manual; (ii) GBV Health sector response; and (iii) Sexual Violence Algorithm disseminated by relevant ministry	3 revised national protocols on health sector response with on the following topic(i) Training Manual; (ii) GBV Health sector response; (iii) Sexual Violence Algorithm piloted at 4 districts	3 revised national protocols on health sector response with on the following topic(i) Training Manual; (ii) GBV Health sector response; (iii) Sexual Violence Algorithm piloted at 4 districts	The Post implementation Review (PIR) Report results of 3 revised protocols in 4 districts evaluated	3 updated protocols with on the following topic: (i) Training Manual; (ii) GBV Health sector response; (iii) Sexual Violence Algorithm underlying the review results of the adoption at 4 districts modified and socialized for nationwide used by relevant ministry	Protocol and manual document, checklist, training records	Review of documents	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	Government may not replicate the model
Sub Ouput 2.1.1 Increased supply and demand on Rights-based Family Planning (RFP)	**2.1.1.1** Number of policy instrument endorsed by the government on Rights-based Family Planning programme	0	A/P, KM, CB	Mapping and guideline for strengthening public-private partnership in FP developed and disseminatedAssessment on the needs for strengthening access and quality of FP services	Tools and gudelines for analysis and strengthening access and quality of FP services and Public-private partnerships tested and modified	Evaluation of implementation of advocacy messages on RFP that address regional characteristics and gender sensitive and replication to other areas Review of implementation of tools and gudelines for analysis and strengthening access and quality of FP services and Public-private partnerships available	Guideline for strengthening access and quality of FP services and Public-Private partnership disseminated nationally		Review of documents and reports	Quartertly monitoring meeting with IP, Monthly coordination meeting with IP, Field visit, Document review	Annual and quarterly	RH Unit: Reproductive Health Specialist, NPA PD	No need for financial resources	Government may not endorse and apply nationwide

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
Sub output 2.3.1 Improved Capacity and Technical Assistance for National and selected Provinces/ Districts in developing related SOPs, Protocols for MOH Minister Regulation on Health Disaster Management	**2.3.1.1** Number of related protocols and strengthened Institutional Capacity on Disaster Risk Reduction on RH concerns	MISP guideline Logistics MISP Youth MISP CMR Pocket Book	A/P, KM, CB	RH Sub Cluster Decree, Perka BKKBN on contraceptive services in Crisis Situations, GBV Sub Cluster decree MISP Trainining material accredited SOP/Technical Guideline on STI's/HIV prevention in crisis situations	National MISP Trainer SRH/GBV DRR Intgerated Concept/Guidance Note Practical guideline on Maternal and Neonatal and referal mechanism in health crisis situation National Trainer CMR and MHPSS in Crisis Situations	MISP Sub National Trainer in 2 Provinces/District/City RH/GBV Contingency Plans in 2 provinces	MISP Sub National Trainer in 3 Provinces/District/City RH/GBV Contingency Plans in 3 provinces	5 RH/GBV contingency plans included in Province Disaster Management Agency Contingency Plans	Protocol and manual document, checklist, trainig records, MOM, Quarterly report	review of meeting minutes and TOR	Annual and quarterly	Humanitarian Programme Analyst, RH specialist	No need for financial resources	Government may not integrate MISP into contigency plans
	2.3.1.2 Availabilty of RH Humanitarian Communicati on Strategy and Strengthehing RH Data Information and Management on Disaster Risk Reduction	N/A	A/P, KM, CD, CB	RH Data Tools on preparedness, collection and reporting (E-Kohort) RH Data/Indicator include in Rapid Health Assesment	RH Humanitarian guidance note on DRR and Community Engagement Advocacy on Ekohort utilization in 5 selected provinces/districts	IEC standar for MISP in Crisis Situations Data Instrument for RH in Humanitarian	IEC MISP Strategy and Standar adopted in 5 Provinces RH Data Instrument/Tool adopted in 5 Provinces	IEC and Data Tools utilize for any humanitarian responses	Report and Products	Review of documents and field visit	Annual and quarterly	Humanitarian Programme Analyst, Data Analyst, Communicati on Officer	No need for financial resources	The monitoring capacity of the responsible agency may need to be strengthened.
	2.3.1.3 RH Sub Cluster Functioning and MISP Facilitated in any major disaster	National RH Sub Cluster Functione d	A/P, KM, CD, CB	MISP facilitated in any major disaster	MISP facilitated in any major disaster	MISP facilitated in any major disaster	MISP facilitated in any major disaster	MISP facilitated in any major disaster	Response Report Quarterly Report	Review of documents and field visit	Annual and quarterly	Humanitarian Programme Analyst	Depend of Disaster Scale	Lack of qualified Human Resources for Humanitarian Response

Output 3: ASRH and Youth Development

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
CP Output 3: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum.	**3.1** Number of national regulations and protocols developed to improve the quality of adolescent reproductive health education in line with the International Technical Guidance on Sexuality Education (ITGSE)	0	A/P, KM, CB	No: Online IEC materials for health care providers on ARH education for out of school The implementation guideline on ARH education through School Health Programmes (UKS) for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) developed Situation report on the capacity of teachers in the ARH education implementation	Yes: A digital platform on the references for health care providers on Out of School ARH education developed and socialized Report on field test of the guideline implementation on the ARH education in schools in two areas The implementation guideline on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) developed through learning management system (LMS).	No: A digital platform on the references for health care providers on out of school ARH education developed and socialized to 2,000 PUSKESMAS The socialization report on online platform to MOEC and religious school developed	No: Evaluation on the impact of out of school and in school ARH education 2,000 teachers accessed the LMS platform	Yes: 1) Updated implementation guideline on out of school ARH education endorsed by Government 2) Updated implementation guideline on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) endorsed by Government	Module and guidelines, annual and quarter progress report, MTR Report, Evaluation Report	Review the module and guideline, do necessary updates, develop action plan, Technical Output Working Group (TOWG), evaluation	Annual and quarterly	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	There could be some resistance to integrate into national education

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	3.2 Number of national regulations and protocols developed to regulate the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend	1	A/P, KM, CB	No: Updated 2021 YDI, including the impact of COVID-19 in increasing the YDI (achieving RPJMN target in 2024).	No: Updated SDGs report on Adolescent and Youth	No: Report on Situation analysis and prioritized issues on adolescent wellbeing for the 2025-2029 RPJMN	No: 1) Documentation on good practices and lessons learned on the acceleration of youth development programmes 2) Documentation on good practices and lessons learned on the acceleration of adolescent wellbeing programmes	Yes: 1) National strategy on youth development 2) National strategy on adolescent wellbeing	Analytical papers, analyses reports	Review of the documents	Annual and quarterly	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	Government may not prioritise reviewing and updating national strategy
Sub Output 3.1.1 Evidence based advocacy and capacity building to improve the quality of ARH education for in and out schools	**3.3** Existence of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the SDGs, ICPD and humanitarian action	No	A/P, KM, CB	No: Situation analysis report on youth participation in the government programme for youth development and SDGs	Yes : A platform on advocacy materials for youth organizations on SDGs developed	Yes: Policy brief on the ARH initiatives Policy brief on the youth development	Yes: An online platform on SDGs Youth Hub, which is extended to 500 youth communities	Yes: Evaluation on youth participation in the 10th CP and ARH	Platform access report, policy brief	Review of content, user access report, media analysis	Annual and quarterly	Programme Analyst for Youth and ASRH	1% of total budget of the output 3	There could be some resistance to involve youth network or young people; Limited capacity of youth networks on monitoring mechanism
	3.1.1.1. The availability of a national guideline to increase the quality of ARH education out of school	Draft Implementation Guideline on out of school - ARH education available	A/P, KM, CB	No: Online IEC materials for health care providers on ARH education for out of school Guideline for health care providers in engaging parents	No: Report on field test about the module on ARH education for out of school in two areas A digital platform on the references for health care	No: A digital platform on the references for health care providers on out of school ARH education developed and socialized to	No: Evaluation on the impact of out of school ARH education	Yes: Updated implementation guideline on out of school ARH education endorsed by Government	Module, Guideline, WPR	Review the module and guideline, do necessary updates, develop action plan, evaluation	Quarterly	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	There could be some resistance from health care providers in prioritizing programmes for adolescent and youth due to their busy workload at the PUSKESMAS.

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
				in the adolescent programme implementation	providers on Out of School ARH education developed and socialized Coordination across sector on the Out of School ARH education	2,000 PUSKESMAS								Negative perspective of parents and health care providers on ARH education may require longer process to advocate the importance of ARH education.
	3.1.1.2 The availability of a guideline for the implementation on ARH education for grade 1 to 12 through School Health Programmes (UKS)	No	A/P, KM, CB	No: The implementation guideline on ARH education through School Health Programmes (UKS) for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) developed Situation Analysis Report on the model of the curriculum on ARH education.	Yes: Report on field test of the guideline implementation on the ARH education in schools in two areas	No: Documentation on good practice and lessons learned of the implementation of ARH education developed	No: Policy brief on the ARH education through School Health Programmes The evaluation report on the ARH education in schools developed	Yes: The updated implementation guideline on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) endorsed by Government	Module, Guideline, WPR	Review the module and guideline, do necessary updates, develop action plan, evaluation	Quarterly	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	The school(s) does not use the guideline
Sub Output 3.1.1: Evidence based advocacy and capacity building to improve the quality of ARH education for in and out schools	**3.1.1.3** The availability of a guideline to strengthen the capacity of teachers to deliver ARH education in school	Training modules for teachers on ARH education at SMP and SMA levels	A/P, KM, CB	No: The training guideline for elementary school teachers piloted and updated Situation report on the capacity of teachers in the ARH education implementation	No: The implementation guideline on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) developed through learning management system (LMS). The implementation	No: Online IEC material for teachers on ARH education developed The socialization report on online platform to Center for Development and Empowerment of Teachers and Education	No: 2,000 teachers accessed the online platform; Assessment on the usability and accessibility of the online platform developed	Yes: Updated implementation guideline on ARH education for teachers developed	The grand design, module, user report of online platform, Published documents of MOH and MOEC, Pre-test and post-test of the training, quality assessment tool	Review of documents and reports, monitoring visit to the training, interview teachers, assessment	Annual and quarterly	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	There could be some resistance from schools in prioritizing programmes for ARH due to their busy workload at the schools. Negative perspective of teachers on ARH education may require longer process to advocate the

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
					guideline on ARH education from the perspective of religious developed	Personnel (P4TK)) at MOEC and religious school developed								importance of ARH education.
Sub Output 3.2.1: Evidence based advocacy and capacity building to develop and implement strategic plans in capitalizing the demographic dividend	**3.2.1.1.** The availability of technical assistance and advocacy for updated evidence for strategic plans development and implementation to capitalize the demographic dividend	2 (2019 YDI, 2015-2019 SDGs Report on Adolescent and Youth)	A/P, KM, CB	Yes: Guideline to develop the Youth Development Index (YDI) at national and subnational levels Updated 2021 YDI, including the impact of COVID-19 in increasing the YDI (achieving RPJMN target in 2024). Concept and module on capacity building for the Government at national (Ministry of Youth and Sports) and subnational levels to develop and use YDI.	Yes: The subnational YDI developed in 2 areas The SDGs projection developed Capacity building for the Government at national and subnational levels to develop and use YDI provided.	Yes: The evaluation on the guideline on the YDI development at national and subnational level The 2023 YDI developed	Yes: The report on advocacy for the government's endorsement of the YDI and SDGs development guideline	Yes: Policy brief on the achievement of 2025 YDI The 2025 YDI developed	Analytical report, Guideline, WPR, MTR Report. Evaluation Report	Review of documents and reports, monitoring visit to the YDI and SDGs development, Technical Output Working Group	quarterly and annually	Programme Analyst for Youth and ASRH	2% of total budget of the output	Government may have limited capacity and commitment to lead and allocate resources for evidence generation (YDI and SDGs)
	3.2.1.2. The availability of strategic plan on youth development	1	A/P, KM	No: The report on advocacy for the government's endorsement of the national strategy on youth entrepreneurship	No: Regulation to accelerate the youth development programme	No	No: Documentation on good practices and lessons learned on the acceleration of youth development programmes	Yes: Updated national strategic on the acceleration of youth development	Analytical report, WPR, MTR Report. Evaluation Report	Review of documents and reports, monitoring visit to the workshops related to the national strategic development and implementation,	quarterly and annually	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	Government may have limited capacity and commitment to lead and allocate resources for the national strategic development and

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
										Technical Output Working Group				implementation on issues related with youth development.
Sub Output 3.2.1: Evidence based advocacy and capacity building to develop and implement strategic plans in capitalizing the demographic dividend	**3.2.1.3.** The availability of strategic plan on youth development	0	A/P, KM	No: The report on advocacy for the government's endorsement of the national strategy on adolescent wellbeing	No: Report on the implementation of the national strategy on adolescent wellbeing	No: Report on Situation analysis and prioritized issues on adolescent wellbeing for the 2025-2029 RPJMN	No: Documentation on good practices and lessons learned on the acceleration of adolescent wellbeing programmes	Yes Updated national strategic on the acceleration of adolescent wellbeing	Analytical report, WPR, MTR Report. Evaluation Report	Review of documents and reports, monitoring visit to the workshops related to the national strategic development and implementation, Technical Output Working Group	quarterly and annually	Programme Analyst for Youth and ASRH	2% of total budget of the output 3	Government may have limited capacity and commitment to lead and allocate resources for the national strategic development and implementation on issues related with youth development.
	3.2.1.4. The availability of technical support on ARH and youth participation in the humanitarian responses	0	A/P, KM	Yes: The tools for ARH and youth participation in the humanitarian settings are endorsed and socialized ARH and youth participation programmes in the humanitarian settings implemented	No: ARH and youth participation programmes in the humanitarian settings implemented	No: ARH and youth participation programmes in the humanitarian settings implemented	No: ARH and youth participation programmes in the humanitarian settings implemented	No: ARH and youth participation programmes in the humanitarian settings implemented	Analytical report, WPR, MTR Report, Evaluation Report	Review of documents and activity reports, field visit during humanitarian response, Technical Output Working Group	quarterly and annually	Programme Analyst for Humanitarian	2% of total budget of the output 3	Government may have limited capacity and commitment to lead and allocate resources for the national strategic development and implementation on issues related with youth development.

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
Sub Output 3.3.1 evidence-based advocacy and capacity building for adolescent and youth networks to be engaged with the government in ensuring the incorporation of adolescent and youth priorities in the national development programmes, including in the humanitarian settings	**3.3.1.1** The provision of evidence-based advocacy and youth participation through Community of Practice, which are linked with SDGs Youth	No	A/P, KM, CB	No: An online platform for ARH community of practice, that are also linked through the SDGs Youth Hub	Yes: Documentation on good practices and lessons learned on the initiative on ARH through CoP	Yes: Policy brief on the ARH initiatives - that is linked through the knowledge hub.	Yes: An online platform for ARH CoP that are linked through the SDGs Youth Hub, which is extended to 75 youth communities	Yes: Evaluation on the implementation of CoP on ARH issues	Review of documents, Digital Platform, WPR, Evaluation report	Review of documents and reports, monitoring visit to the digital platform and workshops related to the CoP, Technical Output Working Group	Annual and quarterly	Programme Analyst for Youth and ASRH	1% of total budget of the output 3	There could be some resistance to involve youth network or young people; Limited capacity of youth networks on monitoring mechanism
Sub Output 3.3.1 evidence-based advocacy and capacity building for adolescent and youth networks to be engaged with the government in ensuring the incorporation of adolescent and youth priorities in the national development programmes, including in the humanitarian settings	**3.3.1.2** The existence of a national platform that engages adolescents and youth with the government on issues related with SDGs and youth development	No	A/P, KM, CB	No: Situation analysis report on youth participation in the government programme for youth development and SDGs Guideline to implement SDGs Youth Hub that is synergized with the government.	Yes: Platform on advocacy materials for youth organizations on SDGs developed	Yes: Youth lead policy brief and advocacy materials through SDGs Youth Hub - that is linked through the knowledge hub.	Yes: An online platform on SDGs Youth Hub, which is extended to 500 youth communities	Yes: Evaluation on youth participation in the 10th CP	Review of documents, Digital Platform, WPR, Evaluation report	Review of documents and reports, monitoring visit to the digital platform and workshops related to the CoP, Technical Output Working Group	Annual and quarterly	Programme Analyst for Youth and ASRH	1% of total budget of the output 3	There could be some resistance to involve youth network or young people; Limited capacity of youth networks on monitoring mechanism

Output 4: GBV and Harmful Practices

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
CP Output 4: National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum	**4.1** Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender based violence and sexual and reproductive health	0	A/P, KM, CB		2 Policy recommendations available for district regulation based on the implementation of GBV and harmful practices programme at 4 districts	2 Policy recommendations available for district regulation based on the implementation of GBV and harmful practices programme at 4 districts	4 Academic papers including draft of regulation related to Women's Rights Protection from GBV and Harmful practises at 4 districts	4 District regulations related to Women's Rights Protection from GBV and Harmful practises at 4 districts	Strategy document on advocacy, implementation report, regulation, and academic paper	Review of documents and reports	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	Government may not endorse the proposed programmes / regulation/ plans
	4.2 Number of UPTD PPA/ P2TP2A (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings	0	A/P, KM, CB	SOP on multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings available and socialized at 4 UPTD PPA/ P2TP2A PPA	4 UPTD PPA/ P2TP2A PPA capacited in implementing the comprehensive services and multi-sectoral gender-based violence response service	4 UPTD PPA/ P2TP2A PPA implemented the comprehensive services and multi-sectoral gender-based violence response services	1 Evaluation report of implementation on the comprehensive services comprehensive multi-sectoral gender-based violence response services	Replication strategy and guideline on the implementation of the comprehensive services and multi-sectoral gender-based violence response service developed and socialized by relevant ministry	Protocol and manual document, checklist, training records	Review of documents	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	Government may not replicate the model and skilled of P2TP2A/UPTD may weak
	4.3 Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame	0%	A/P, KM, CB	20 % of GBV survivors access at least 1 services at targeted P2TP2A	40% GBV survivors access at least 1 service at targeted P2TP2A	60 % GBV survivors access at least 1 service at targeted P2TP2A	80% GBV survivors access at least 1 service at targeted P2TP2A	Lesson learned and best practices on Behaviour Change Communication (BCC) intervention of GBV survivor to access the services developed and disseminated by relevant ministry	SIMFONI data, policies, rules, regulations, checklist and protocols	Review of documents	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	Government may not replicate the model and skilled of P2TP2A/UPTD may weak

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	4.4 Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms	0	A/P, KM, CB	1 National and sub national documents for Gender transformative programme integration available and disseminated by relevant ministry	4 local government capacited to implement the integration of gender transformative programme into GBV prevention and RH programme	4 local government implemented the gender transformative programme into GBV prevention and RH programme	1 Evaluation report of implementation on the gender transformative programme into GBV prevention and RH programme at 4 districts available	Nationwide replication strategy and guideline on the implementation of the gender transformative programme into GBV prevention and RH programme developed and socialized by relevant ministry	Protocol and manual document, checklist, training records	Review of documents	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	Government may not replicate the model
Sub Output 4.1.1 Evidence on GBV and harmful practices for use in effective policy and programme planning	**4.1.1.1** Number of policy dialogues/ seminars/ policy briefs/ strategies/ plans that use results of studies on GBV and harmful practices for policy actions/ decisions/ recommendations	0	A/P, KM	2 (two) Policy Recommendations available on the reservation issues in Penal Code and the endorsement of Sexual violence Law	2 policy recommendations for supportive regulation underlying the implementation of programme on GBV and harmful practices prevention in development and humanitarian contexts at 4 districts/ cities available 2 (two) Policy Recommendations available on the reservation issues in Penal Code and the endorsement of Sexual violence Law	2 policy recommendations for supportive regulation underlying the implementation of programme on GBV and harmful practices prevention in development and humanitarian context at 4 districts/ cities available 2 (two) Policy Recommendations available on the reservation issues in Penal Code and the endorsement of Sexual violence Law	4 academic paper including draft of supportive regulation to prevent GBV and harmful practices in development and humanitarian context developed at 4 districts	4 Draft of supportive regulations to prevent GBV and harmful practices in development and humanitarian context developed at 4 districts Best practices and lessons learned on legal advocacy for supportive regulation on gender equality and women empowerment	draft of supportive local regulation, List of Priorities issues/DIM of reservation issues of Penal Code; Quarterly Progress Report, Policy Recommendations, Policy Dialogues Activity Report	Review of documents and reports	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
Sub Output 4.1.2 Increased awareness of decision makers on GBV and SRH related recommendations of UPR and CEDAW	**4.1.2.1** Inclusion of RH-GBV and harmful practices issues on UPR and CEDAW reports	No	A/P	No; SRH and GBV issues are partially addressed in the state UPR	-	-	-	Yes; SRH-GBV and harmful practices issues are adequately addressed in the state UPR and CEDAW reports	UPR and CEDAW shadow report	Review of the reports	Annual	Gender specialist, gender officer	No need for financial resources	N/A
Sub Output 4.1.3 Advocacy and Social Behaviour Change Communication (SBCC) for GBV and harmful practices prevention developed and implemented	**4.1.3.1** Advocacy and SBBC for GBV and harmful practices prevention developed and implemented	No	A/P, KM	No; Advocacy and SBCC plan is in plan and tested at 4 districts,	Yes; advocacy and SBCC plan implemented in 4 target districts	Yes; Effectiveness of the SBCC plan validated	-	-	SBCC Documents for GBV and Harmful Practices, Quarterly Progress Reports, Review Documents	Review of documents and reports, Survey among beneficiaries	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A
Sub Output 4.1.4 GBV cluster operationalized to coordinate GBV multi-sectoral prevention and response	**4.1.4.1** Number of joint humanitarian response under GBV and Disability coordination	Yes	A/P, KM, CB	Yes; joint humanitarian response under GBV and disability sub cluster delivered	Yes; joint humanitarian response under GBV and disability sub cluster delivered	Yes; joint humanitarian response under GBV ad disability sub cluster delivered	Yes; joint humanitarian response under GBV cluster delivered	Cluster reports on assessment and emergencies-needs assessment report	Quarterly progress report, model, documents	Review and adopt model/ guidelines, develop exit strategy; develop criteria to assess the quality of model	Annual and quarterly	Gender specialist, gender officer, Humanitarian Programme Analyst	No need for financial resources	N/A
Sub Output 4.2.1 Improved quality of services of UPTD PPA/ P2TP2A including referral	**4.2.1.1** Number of P2TP2A adhering to SOP of comprehensive and inclusive GBV response in both humanitarian and development context	0	A/P, KM, CB	-	4	4	-	-	UP2TP2A/UPTD report, monitoring mission report	Review of the documents	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
mechanism at district level	**4.2.1.2** Number of districts that are collecting service utilization data on GBV through an information database	0	A/P, KM, CB	1	1	1	1	Modified national database that are collecting service utilization data on GBV through an information database until district level	District information database, assessment report	Review of the database and assessment report	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A
Sub Output 4.3.1. Increased access of GBV survivor to comprehensive and inclusive services of UPTD PPA/ P2TP2A at district level	**4.3.1.1** Percentage of women who were satisfied with services provided by P2TP2A/UPTD and other sectoral services	0 %	A/P, KM, CB	TBD	TBD	TBD	TBD	TBD	client feedback form, register books at P2TP2A/UPTD and other sectoral services	Client feedback report and GBV cases register book	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A
Sub Output 4.4.1. Commitment from district government to replicate the integration of gender transformative approach in their regulation/ planning/ budgeting document	**4.4.1.1** Number of regulation/ planning/ budgeting document on Women rights protection and RH that integrate gender transformative approach	0	A/P, KM, CB	0; national and sub national document for integration of gender transformative approach develop and adopted	0; document for integration of gender transformative approach implemented in 4 pilot districts	0; 4 policy dialogue to advocating commitment for replication from the implementation in 4 pilot districts on the integration of gender transformative approach	2 commitment of national dan sub national government to replicate the integration of gender transformative approach through their regulation/ planning/ budgeting	4 commitment of national dan sub national government to replicate the integration of gender transformative approach through their regulation/ planning/ budgeting	Quarterly progress report, documents, adopted SOP male involvement	Review and adopt model/ guidelines, develop exit strategy; develop criteria to assess the quality of model	Annual and quarterly	Gender specialist, gender officer	No need for financial resources	N/A

Output 5: Population Data & Analysis

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
CP Output 5: National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequities across the development and humanitarian continuum is strengthened.	**5.1** National master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities	No	A/P	No; draft of up-to-date master plan/ blueprint developed	No; draft of up-to-date master plan/ blueprint developed	Yes; draft of up-to-date master plan/ blueprint developed	Yes; draft regulation the implementation of masterplan/ blueprint available	Yes; The Implementation Review Report available	Programme Annual Report, concept notes, draft of masterplan, and draft of regulation	Review the concept note and master plan, do necessary updates, develop action plan	Annual	PD Specialist, NPA PD	No need for financial resources	Government may not prioritise endorsing masterplan
	5.2 A national population data platform is functional and accessible using the up to date disaggregated data for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management	No	KM, CB	No; National population data platform developed	Yes; National population data platform hosted by the government	Yes; National population data platform updated with 60% available data	Yes; National population data platform updated with 80% available data	Yes; Usability and accessibility evaluation of data platform by users available	Databases of web platform, Programme Annual Report	Review of the documents	Annual and quarterly	PD Specialist, NPA PD	No need for financial resources	There could be some resistance on the open data access
	5.3 A national hub of knowledge for compilation and analysis of knowledge products in the area of population and development, Sexual and Reproductive Health, adolescents and youth, gender equality in both development and humanitarian context to guide evidence-based policies is functioned and accessed by users	No	KM/CB	No; the ministerial/deputy decree on Knowledge Hub establishment and its operational mechanism available	Yes; the national hub of knowledge functioned and accessible and has regular activities	Yes; the national hub of knowledge updated and has regular activities	Yes; the national hub of knowledge updated and has regular activities	Yes; the mechanism and usability of national knowledge hub evaluated and has regular activities	Knowledge hub, user access report, Annual Programme Report	Review of content, user access report, media analysis	Annual and quarterly	PD Specialist, NPA PD	No need for financial resources	Government may not prioritising updating and facilitating policy dialogue roundtable

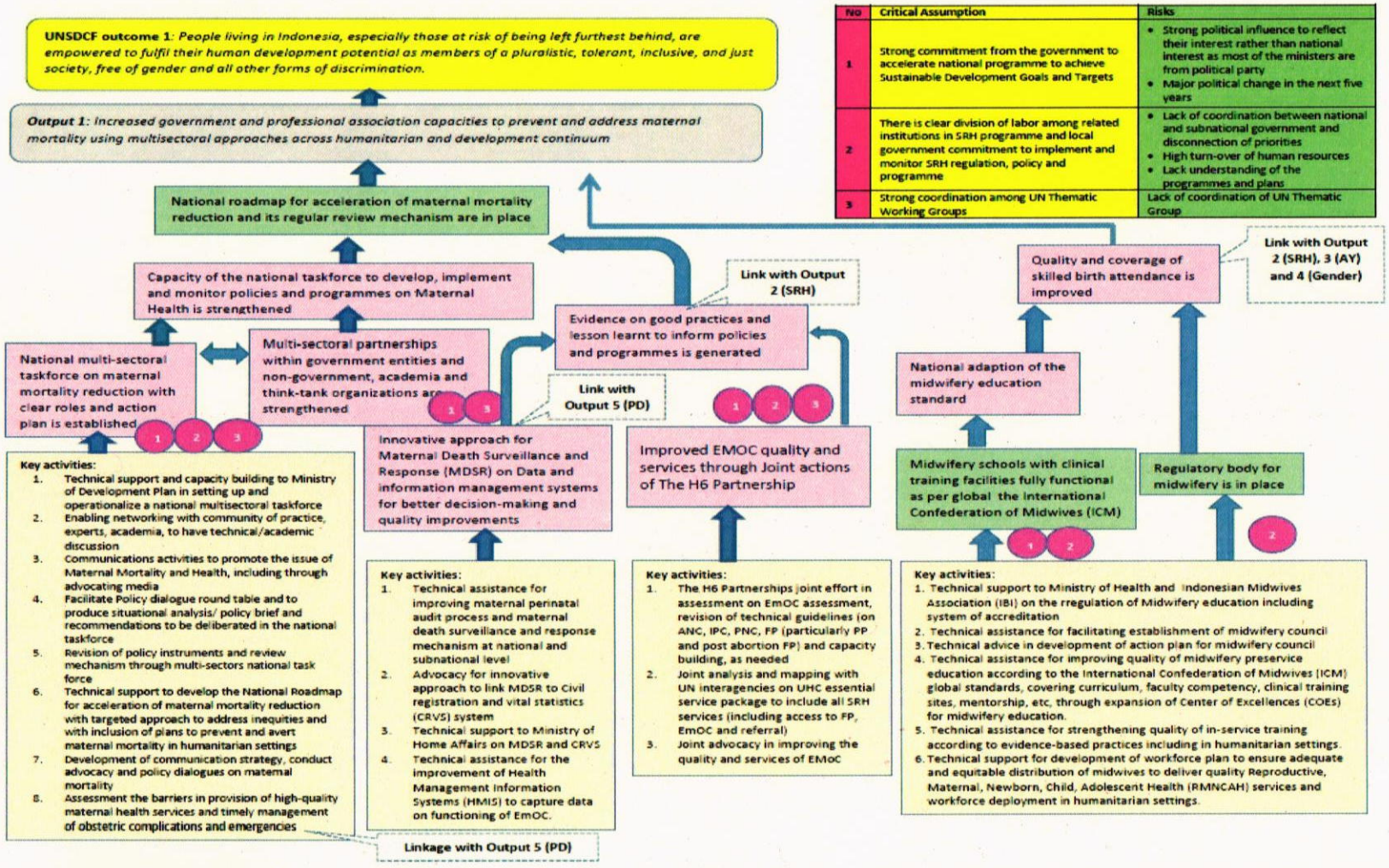
Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
Sub Output 5.1.1 Evidence on population related issues is generated to support policy formulation	**5.1.1.1** Number of analyses based on census and other key population surveys produced	0	A/P, KM	2 on (i) A Concept Note on the integrated framework of national master plan/ blueprint available; and (ii) analysis on a range of UNFPA-population related issues based on annual National Labor Force Survey (SAKERNAS) and National Socio-economic Survey (SUSENAS)	7 (seven) analyses based on 2020 Population and Housing Census and other key population surveys with theme on (i) population ageing; (ii) urbanization and population mobility; (iii) Women and Girls in Indonesia; (v) youth; and (vi) SDGs progress on UNFPA-prioritized goals; and (vii) National Progress in Implementing the ICPD Programme of Action	1 on Advanced analysis of UNFPA-focused areas based on 2022 Indonesia Demographic and Health Survey (IDHS) produced 4 (four) background studies on (i) Maternal health and Sexual and Reproductive Health; (ii) Gender equality; (iii) Youth development; and (iv) Population and development issues to support the 2025-2029 National Midterm Development Plan 4 (four) background studies on (i) Maternal health and Sexual and Reproductive Health; (ii) Gender equality; (iii) Youth development; and (iv) Population and development issues to support the 2025-2045 National Long-term Development Plan (RPJPN)			Analytical papers, analyses reports and policy drafts	Review of the documents	Annual	PD Specialist, NPA PD	No need for financial resources	N/A

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	5.1.1.2 Number of estimates on key demographic parameters and population projections based on 2020 Population and Housing Census	0	A/P, KM, CB	1 on a consensus report on the methodology in the estimation of demographic parameters and population projection produced	4 on (i) Revised Population Projections; (ii) Detailed demographic related parameters estimation, and maternal mortality ratio; (iii) life table; and (iv) 10-14 ASFR)	2 on (i) Revised Population projections at district level; and (ii) Demographic related parameters estimation at district level	1 on Small Area Estimation on 50% of UNFPA prioritized SDG indicators available	1 on Small Area Estimation on 50% of UNFPA prioritized SDG indicators available	the policy documents and reviews (RPJMN)	Review of documents and reports	Annual	PD Specialist, NPA PD	No need for financial resources	N/A
	5.1.1.3 Number of advocacy materials produced and used for parliament/ government officials using results of in-depth seconday analyses	0	A/P, KM	1 evidence-based advocacy and communicatio n materials addressing ICPD25 issues	1 evidence-based advocacy and communication materials addressing ICPD25 issues	1 evidence-based advocacy and communication materials addressing ICPD25 issues	1 evidence-based advocacy and communicati on materials addressing ICPD25 issues	1 evidence-based lessons learned on the advocacy and communication materials of the ICPD issues in the context of 2030 Agenda	the advocacy material	Review of produced advocacy materials, and monitoring and evaluating advocacy	Annual and quarterly	PD Specialist, RH Specialist, Advocacy and communicat ion analyst	No need for financial resources	The government may not use the advocacy materials
Sub Output 5.2.1 Increased capacity of national institutions to further disaggregate, analyse and disseminate quality population data in a timely manner to inform evidence-based planning, budgeting and monitoring progress	**5.2.1.1** Number of population related survey integrated into national data platform and disaggregated by age group, gender, place of residence, province.	0	KM, CB	TBD	TBD	TBD	TBD	TBD	Databases of web platform	Review of the documents	Annual and quarterly	PD Specialist, NPA PD	No need for financial resources	There could be some resistance on the open data access
	5.2.1.2 Availability of the framework on One National Population Data	No	A/P	No; (i) A draft of One National Population Data available; and (ii) Evidence based recommendati on on One Disaster Data framework at national level and selected provinces available	No; (i) agreed concept definition, variables/indicat ors of One Population Data including One Data on Disaster, and (ii) One Disaster Data national framework aligned with provincial and district needs	Yes; (i) Application and use of One Population Data in National Planning; and (ii) the national and sub-national One Disaster Data used in the disaster settings	Yes; (i) Application and use of One Population Data in Sub-National Planning	Yes; Review and modify the One National Population Data framework	Review of documents, reports, monitoring mission reports, Annual Programme Report	Review of reports, concept note	Annual and quarterly	PD Specialist, Data and GIS Analyst	No need for financial resources	N/A

Results	Indicators	Baseline	Mode of engagement (Advocacy/ Policy (A/P), Knowledge Management (KM), Community Development (CD), Capacity Building (CB)	Yearly Targets					Means of verification	M&E activities	Timing/ frequency of M&E activities	Persons/ units responsible for M&E activities	Resources available for M&E activities	Monitoring risks
				2021	2022	2023	2024	2025						
	5.2.1.3 Number of population related surveys that facilitate mapping of socio economic inequalities and demographic disparities accessible by users through national population data platform	0	KM, CB	TBD	TBD	TBD	TBD	TBD	Database in format of the web platform	Review of the documents	Annual	PD Specialist, NPA PD	No need for financial resources	N/A
	5.2.1.4 Number of analyses harnessing BIG DATA for estimating population parameters/indicators and SDGs	0	A/P, KM	1 analysis using BIG DATA to estimate population mobility (*wira-wiri*)	1 analysis using BIG DATA to estimate population-related issues and SDGs indicators (TBD)	1 analysis using BIG DATA to estimate population-related issues and SDGs indicators (TBD)	1 analysis using BIG DATA to estimate population-related issues and SDGs indicators (TBD)	1 analysis using BIG DATA to estimate population-related issues and SDGs indicators (TBD)	Analytical papers, analyses reports, Annual Programme Report	Review of the documents	Annual	PD Specialist, NPA PD	No need for financial resources	N/A
Sub Output 5.3.1 Increased knowledge of policy and decision makers on population related issues under knowledge hub platform to promote SDGs and ICPD agenda to policy-and decision makers	**5.3.1.1** Number of policy recommendation resulted from policy dialogue round table in the areas of population and development, reproductive health, youth and adolescent and gender equality available	0	A/P, KM	1	1	1	1	1	Analytical papers, analyses reports and policy drafts, Annual Programme Review	Review the documents and policy briefs including monitoring policy impacts	Annual and quarterly	PD Specialist, NPA PD	No need for financial resources	N/A
	5.3.1.2 Percentage of users who access the Knowledge Hub portal provide relevant, quality and timely information	0 %	KM, CB	TBD	TBD	TBD	TBD	TBD	Knowledge hub, user access report	Review of content, user access report, media analysis	Annual and quarterly	PD Specialist, NPA PD	No need for financial resources	N/A
Sub Output 5.3.1 Increased knowledge of policy and decision makers on population related issues under knowledge hub platform to promote SDGs and ICPD agenda to policy-and decision makers	5.3.1.3 Number of evidence based good practices on SSTC developed and presented to related stakeholders for consideration	0	A, KM	1 on yearly lessons learned on SSTC on Family Planning and SRH in year 1	1 on yearly lessons learned on SSTC on Family Planning and SRH in year 2	1 on yearly lessons learned on SSTC on Family Planning and SRH in year 3	1 on yearly lessons learned on SSTC on Family Planning and SRH in year 4	1 on stocktaking and strategic review of SSTC for the 11th Country Programme	Annual report, review, MOU, pre-post training evaluation, training reports, training package, progress reports from international partners, UNFPA progress reports	Review of the documents	Annual and quarterly	PD Specialist, RH Specialist, Advocacy and communication analyst	No need for financial resources	N/A

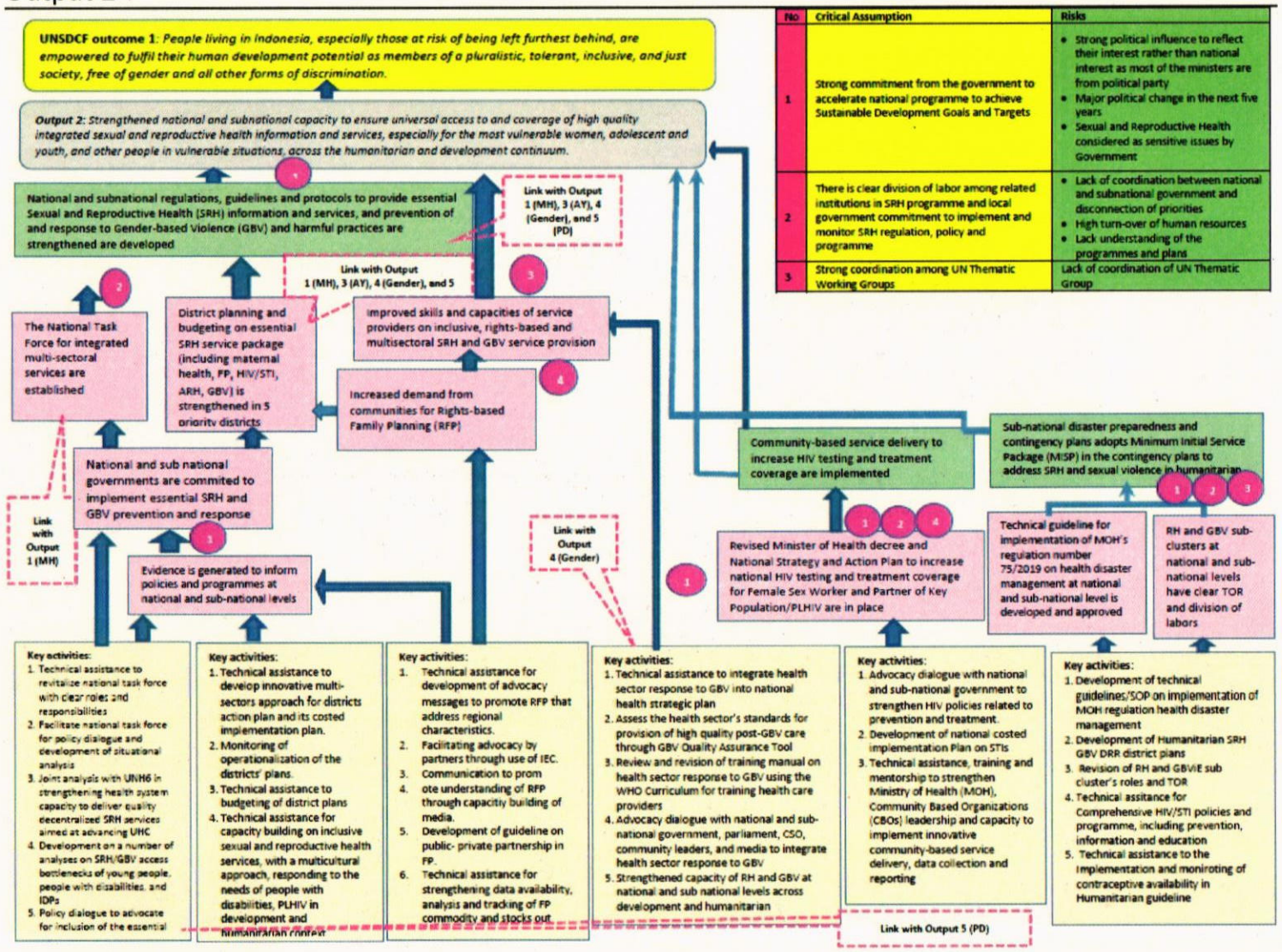
Annex III. Theory of Change

Output 1



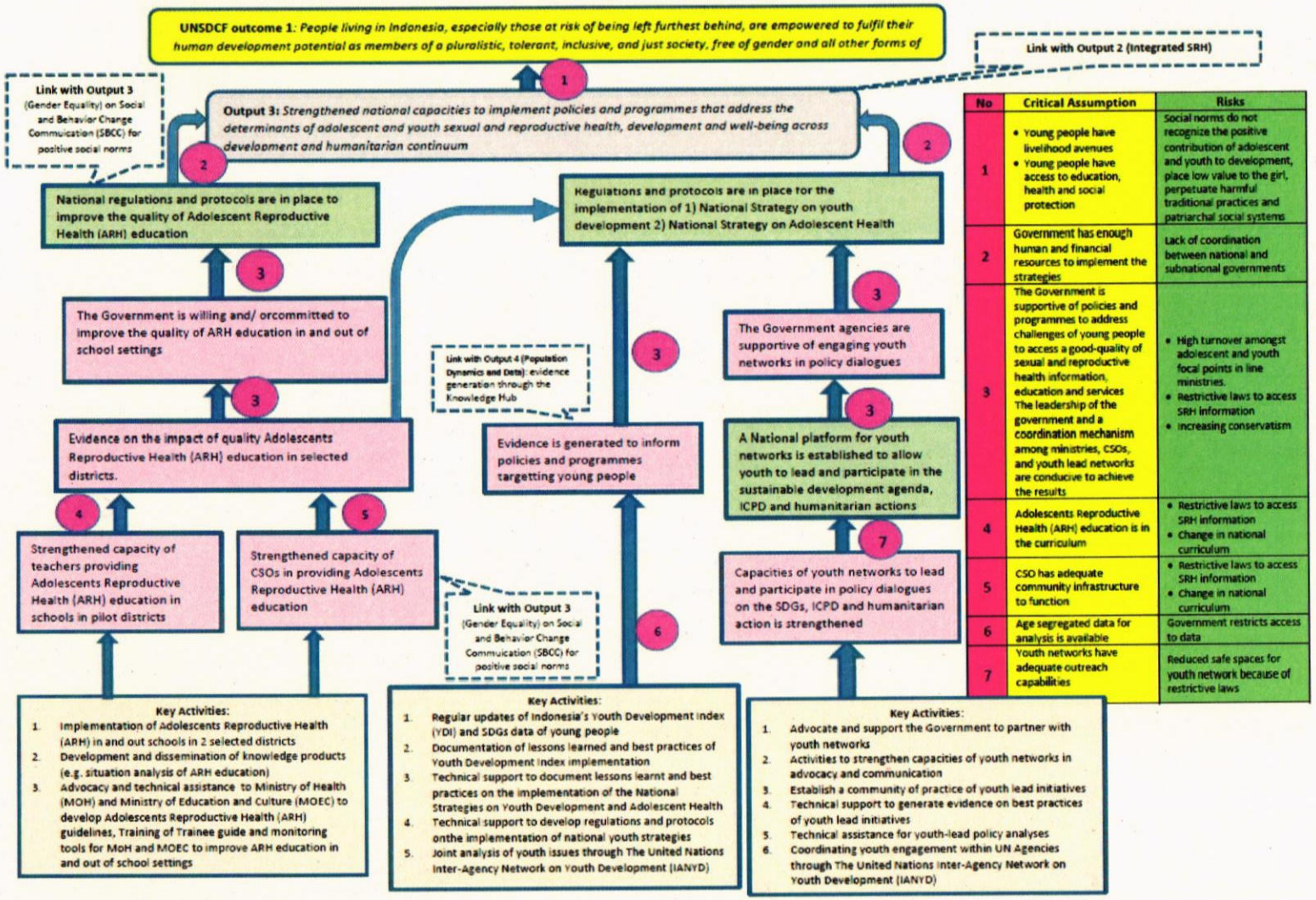
No	Critical Assumption	Risks
1	Strong commitment from the government to accelerate national programme to achieve Sustainable Development Goals and Targets	• Strong political influence to reflect their interest rather than national interest as most of the ministers are from political party • Major political change in the next five years
2	There is clear division of labor among related institutions in SRH programme and local government commitment to implement and monitor SRH regulation, policy and programme	• Lack of coordination between national and subnational government and disconnection of priorities • High turn-over of human resources • Lack understanding of the programmes and plans
3	Strong coordination among UN Thematic Working Groups	Lack of coordination of UN Thematic Group

Output 2



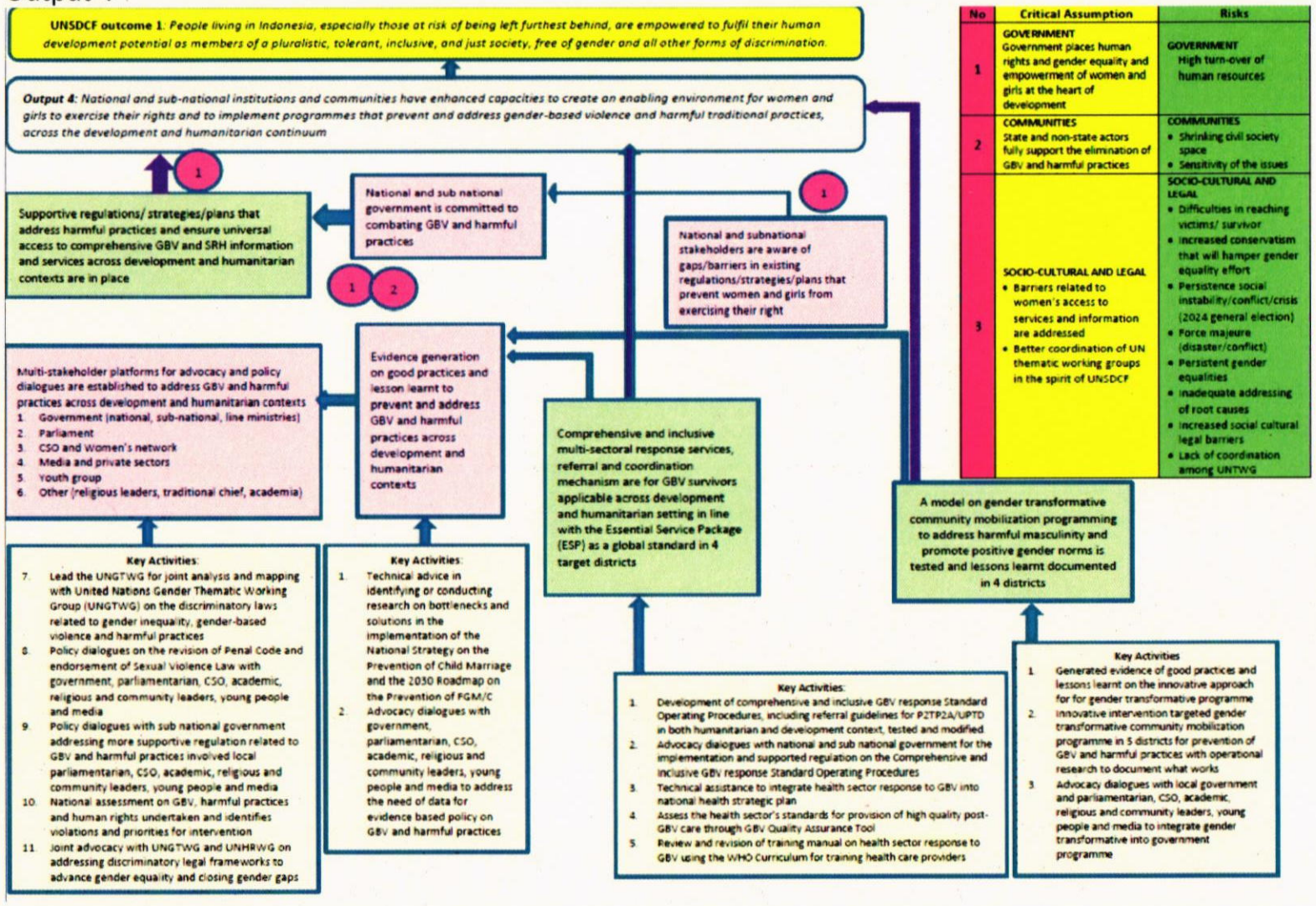
No	Critical Assumption	Risks
1	Strong commitment from the government to accelerate national programme to achieve Sustainable Development Goals and Targets	• Strong political influence to reflect their interest rather than national interest as most of the ministers are from political party • Major political change in the next five years • Sexual and Reproductive Health considered as sensitive issues by Government
2	There is clear division of labor among related institutions in SRH programme and local government commitment to implement and monitor SRH regulation, policy and programme	• Lack of coordination between national and subnational government and disconnection of priorities • High turn-over of human resources • Lack understanding of the programmes and plans
3	Strong coordination among UN Thematic Working Groups	Lack of coordination of UN Thematic Group

Output 3



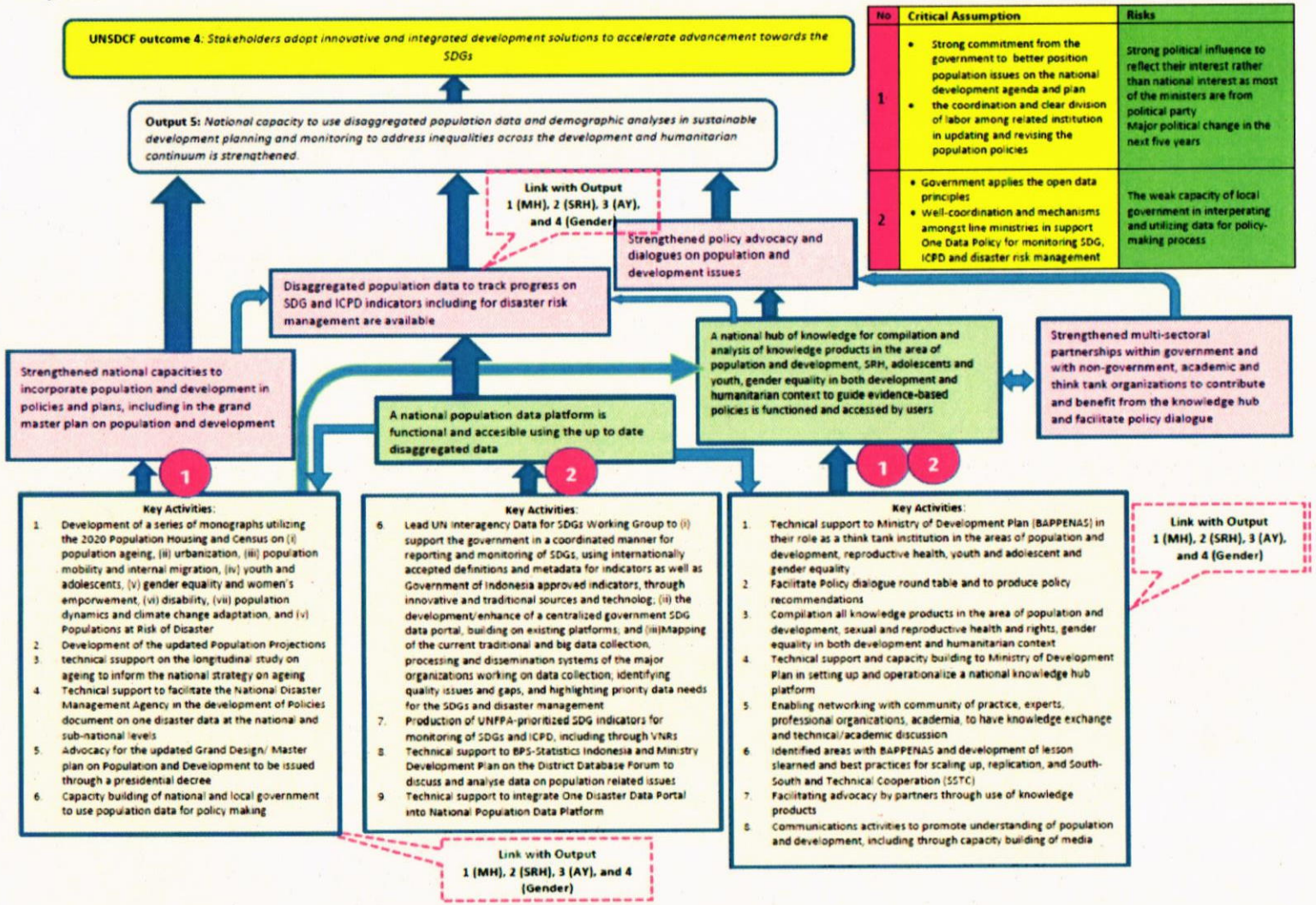
No	Critical Assumption	Risks
1	• Young people have livelihood avenues • Young people have access to education, health and social protection	Social norms do not recognize the positive contribution of adolescent and youth to development, place low value to the girl, perpetuate harmful traditional practices and patriarchal social systems
2	Government has enough human and financial resources to implement the strategies	Lack of coordination between national and subnational governments
3	The Government is supportive of policies and programmes to address challenges of young people to access a good-quality of sexual and reproductive health information, education and services The leadership of the government and a coordination mechanism among ministries, CSOs, and youth lead networks are conducive to achieve the results	• High turnover amongst adolescent and youth focal points in line ministries • Restrictive laws to access SRH information • Increasing conservatism
4	Adolescents Reproductive Health (ARH) education is in the curriculum	• Restrictive laws to access SRH information • Change in national curriculum
5	CSO has adequate community infrastructure to function	• Restrictive laws to access SRH information • Change in national curriculum
6	Age segregated data for analysis is available	Government restricts access to data
7	Youth networks have adequate outreach capabilities	Reduced safe spaces for youth network because of restrictive laws

Output 4



No	Critical Assumption	Risks
1	GOVERNMENT Government places human rights and gender equality and empowerment of women and girls at the heart of development	GOVERNMENT High turn-over of human resources
2	COMMUNITIES State and non-state actors fully support the elimination of GBV and harmful practices	COMMUNITIES • Shrinking civil society space • Sensitivity of the issues
3	SOCIO-CULTURAL AND LEGAL • Barriers related to women's access to services and information are addressed • Better coordination of UN thematic working groups in the spirit of UNSDCF	SOCIO-CULTURAL AND LEGAL • Difficulties in reaching victims/ survivor • Increased conservatism that will hamper gender equality effort • Persistence social instability/conflict/crisis (2024 general election) • Force majeure (disaster/conflict) • Persistent gender equalities • Inadequate addressing of root causes • Increased social cultural legal barriers • Lack of coordination among UNTWG

Output 5



No	Critical Assumption	Risks
1	• Strong commitment from the government to better position population issues on the national development agenda and plan • the coordination and clear division of labor among related institution in updating and revising the population policies	Strong political influence to reflect their interest rather than national interest as most of the ministers are from political party Major political change in the next five years
2	• Government applies the open data principles • Well-coordination and mechanisms amongst line ministries in support One Data Policy for monitoring SDG, ICPD and disaster risk management	The weak capacity of local government in interperating and utilizing data for policy-making process

Annex IV. Indicative Resources Overview by Partners

OUTPUT	IMPLEMENTING PARTNER	Regular Resources (RR)/ Other Resources (OR)	2021	2022	2023	2024	2025	TOTAL
Increased government and professional association capacities to prevent and address maternal mortality using multi sectoral approaches across humanitarian and development continuum	Ministry of National Development Planning/BAPPENAS	RR	10,000	10,000	10,000	10,000	10,000	50,000
		OR		50,000	50,000	50,000	50,000	200,000
	Directorate of Family Health, Ministry of Health	RR	167,578	167,578	167,578	167,578	167,578	837,890
		OR	30,000	100,000	100,000	100,000	50,000	380,000
	Board for Development and Empowerment Human Resources of Health (BPSDM), Ministry of Health	RR						0
		OR	300,000	300,000	300,000	300,000	300,000	1,500,000
Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian and development continuum	Ministry of National Development Planning/BAPPENAS	RR	70,000	70,000	70,000	70,000	70,000	350,000
		OR	50,000	100,000	100,000	100,000	100,000	450,000
	Ministry of Home Affairs	RR	30,000	30,000	30,000	30,000	30,000	150,000
		OR	20,000	20,000	20,000	20,200	20,000	100,200
	Directorate of Family Health, Ministry of Health	RR	232,500	285,000	385,000	285,000	235,000	1,422,500
		OR	472,800	613,800	663,800	613,800	538,800	2,903,000
	Directorate of Direct Communicable Disease Prevention and Control, Ministry of Health	RR	95,000	80,000	80,000	80,000	80,000	415,000
		OR	1,280,000	200,000	200,000	200,000	200,000	2,080,000
	National Population and Family Planning Board	RR	117,578	117,578	117,578	117,578	117,578	587,890
		OR	190,000	250,000	200,000	200,000	150,000	990,000
Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum	Ministry of National Development Planning/BAPPENAS	RR	181,315	183,224	150,000	150,000	150,000	814,539
		OR	35,000					35,000
	Directorate of Family Health, Ministry of Health	RR	36,263	34,353	42,578	42,578	42,578	198,350
		OR	367,000	372,000	352,000	197,000	167,000	1,455,000
National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum	Ministry of Women Empowerment and Child Protection	RR	122,578	97,578	97,578	97,578	97,578	512,890
		OR	282,622	282,622	282,622	282,622	282,622	1,413,110
	Ministry of Health	RR	15,000	15,000	15,000	15,000	15,000	75,000
		OR	22,200	22,200	22,200	22,200	22,200	111,000
	National Commission on Violence Against Womens	RR	80,000	80,000	80,000	80,000	80,000	400,000
		OR	177,600	177,600	177,600	177,600	177,600	888,000
National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened	Ministry of National Development Planning/BAPPENAS and UNFPA	RR	290,100	315,000	315,000	315,000	298,200	1,533,300
		OR	135,000	187,500	187,500	187,500	52,500	750,000
	BPS-Statistics Indonesia and UNFPA	RR	86,800	120,000	120,000	120,000	97,600	544,400
		OR	180,000	250,000	250,000	250,000	70,000	1,000,000
	National Population and Family Planning Board and UNFPA	RR	195,000	220,000	220,000	220,000	203,200	1,058,200
		OR	135,000	187,500	187,500	187,500	52,500	750,000
Total		RR	1,729,712	1,825,311	1,900,312	1,800,312	1,694,312	8,949,959
		OR	3,677,222	3,113,222	3,093,222	2,888,422	2,233,222	15,005,110

NOTE: The above amounts are indicative planning figures only, subject to availability of funds from UNFPA and to the raising of additional funds from donors. Implementation of each programme component is led by the relevant governmental ministry. Implementation arrangements which will be determined during the planning of the annual work plans and, in line with UN guidelines, will be a combination of government and UNFPA implementation. In addition, direct payments by UNFPA under government implementation may also apply. Output budgets include UNFPA direct programme support costs.