



ANNUAL REPORT 2021

Leaving No One Behind in a
Global Crisis through Universal Access
to Sexual and Reproductive
Health Services and Information



UNFPA INDONESIA
ANNUAL REPORT
2021

**Leaving No One Behind in a
Global Crisis through Universal Access
to Sexual and Reproductive
Health Services and Information**

Table Of Contents

MESSAGE FROM THE REPRESENTATIVE	1
<i>We Made It Through 2021</i>	
A SNAPSHOT OF INDONESIA 2021	2
KEY ACHIEVEMENTS 2021	4
▪ Maternal Health & Midwifery: Ending Maternal Mortality & Strengthening Midwifery Excellence	4
▪ Integrated Sexual and Reproductive Health: Working Towards Universal Access to Sexual and Reproductive Health Services and Information	9
▪ HIV Prevention: Engaging Key Populations in an Inclusive Approach	12
▪ Adolescents and Youth: Enabling Meaningful Participation, Leadership, and Equal Access	16
▪ Gender Equality: Addressing Heightened Risk of Gender-based Violence amid the COVID-19 Pandemic	21
▪ Population Data & Analysis: Fostering Innovations and Integration for Data Production, Dissemination, and Advocacy	27
▪ Humanitarian Response & Preparedness: Protecting the Most Vulnerable from the Impacts of the COVID-19 Pandemic and Disasters	32
OUR KEY PARTNERS	38
LIST OF ACRONYMS	41

Message From Representative

“We Made It through 2021”

We made it through 2021, the year that we endured the protracted COVID-19 pandemic and its prolonged impact on our health, wellbeing, and most, if not all, aspects of our lives.

We faced the worst when the second wave of the outbreak overwhelmed us as a nation and individuals, and hoped for the best when vaccination started in the second year of the pandemic despite delays and inequalities.

UNFPA has worked with the government and civil society along the way. We have worked together to collect and analyze data to understand better how this pandemic affects services, especially for the most vulnerable. We have collaborated in providing personal protective equipment (PPE) for midwives, humanitarian workers, and gender-based violence (GBV) first responders. We have joint forces to ensure everyone can access essential and lifesaving reproductive health information and services. We have worked hand in hand to reach and protect those most at risk of being left the furthest behind from the dire impacts of the inequalities and heightened vulnerabilities that the pandemic has brought.

We did it all together, and we somehow made it through. Not all of us did, however. Some of us have lost beloved family and friends. Some of us have lost sources of income. Most of us have struggled with changes that occur out of our control and far longer than we expected. The toll they have taken on our lives is immeasurable.

And this is precisely why we need to continue to work together. We have gone through a turbulent period, and we must keep up the work to prepare for any possibility, and finally, hopefully, recover together without leaving anyone behind.

With UNFPA's new strategic plan for 2022-2025, and the 10th Country Programme Action Plan (CPAP) 2021-2025 that focuses on universal access to reproductive health, we will advance the International Conference on Population and Development (ICPD) Programme of Action, strive to turn the Three Zeros (ending preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices against women and girls) a reality, and accelerate the achievement of the Sustainable Development Goals (SDGs) by 2030.

Let us welcome 2022 by committing to making it the year of recovery in solidarity.

Anjali Sen

UNFPA Indonesia Representative



Photo: FactStory/UNFPA

A SNAPSHOT OF INDONESIA 2021

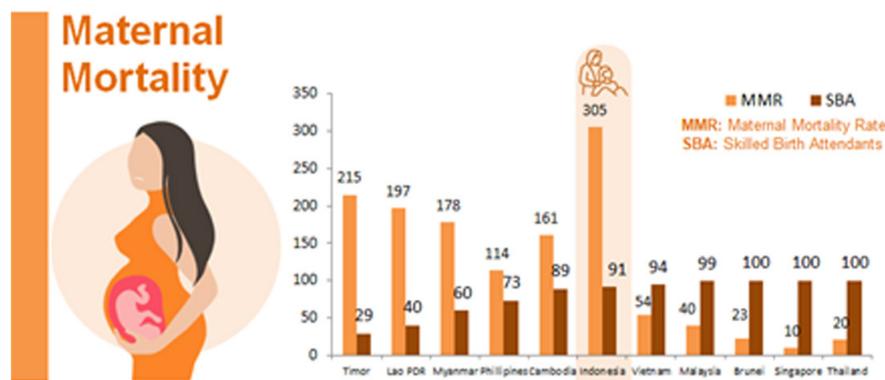
Key Figures Of 2021

- Indonesia is the world's largest archipelago-state, consisting of some **17,000** islands, straddling the equator.
- Indonesia has the fourth largest population in the world with a total population of **270.2 million people** (*Population Census 2020*).
- An increasingly urbanized nation, over **35 percent** of the population are under the age of 19 in 2019.
- Indonesia is preparing to reap the demographic dividend with its large proportion of productive age population (**15-64 years**) at **70.72%** of total population.
- With a per-capita GNI of **US\$ 4,050** in **2019**, Indonesia has surpassed the Upper-Middle Income country (UMIC) threshold.
- There are more males than females in Indonesia with sex ratio of 102 (**102 males for every 100 females**).
- 1 in 4 women aged **15-64** years old have experienced physical and/or sexual violence perpetrated by their partner or non-partner in her lifetime, according to the 2021 Indonesian National Women's Life Experience Survey (SPHPN).
- Two women in Indonesia die every hour from complications during pregnancy,

- birth, and post-delivery. Indonesia has one of the highest Maternal Mortality Rate (MMR) in Southeast Asia, with 305 maternal mortalities per **100,000** live births (*Intercensal Population Survey - SUPAS 2015*) and **91%** live births were assisted by skilled providers (*Indonesian Demographic and Health Survey - IDHS 2017*).
- Indonesia's Total Fertility Rate (TFR) records 2.4 births per woman (2.3 in urban areas and 2.6 in rural areas), with a **63.6% Contraceptive Prevalence Rate (CPR)** for any method among married women, a **57.2%** CPR for modern methods among married women, **23.4%** active long-term method family planning users (MKJP), a **28.8 discontinuation rate, and 10.6% unmet need** (*Indonesian Demographic and Health Survey - IDHS 2017*).
- The TFR has decreased after almost two decades of stagnation; the rates for contraceptive use and unmet needs for family planning continue to stagnate.
- The Age Specific Fertility Rate (ASFR) for **15 to 19 years old** has decreased to **36 (births per 1000 women ages 15-19)** with significantly higher levels among the rural population and the poor.
- 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.
- The Government of Indonesia has set the Youth Development Index (YDI) as the Indicator of the **2020-2024** Medium-Term National Development Plan (RPJMN). Government has committed to increase the index from **51.50 (2018) to 57.67 in 2024**, which covers adolescent pregnancy and child marriage.
- 1 in 4 women in Indonesia have experienced physical and/or sexual violence by partner/non-partner in their lifetime (Women's Life Experience Survey - SPHPN 2021).
- Around 1 in 9 girls are married before turning 18 (National Socio-Economic Survey/Susenas 2018).
- 49% of girls aged under 11 have undergone Female Genital Mutilation/Cutting (FGM/C) (Basic Health Research - Riskesdas 2013).
- Indonesia is experiencing an increase in new HIV infections, with an estimated 543,100 people living with HIV (PLHIV), **49,000** new cases, and **39,000** AIDS related deaths in **2018**, which is a **25 percent** increase between **2010 and 2018**.
- Gaps in the coverage of HIV services such as testing and antiretroviral therapy (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.
- As of 31 December 2021, the Government of Indonesia announced a **4,262,720** total number of positive COVID-19 cases, **4,292** active cases, **4,114,334** recovered cases, and **144,094** deaths (COVID-19 Response Acceleration Task Force, 2021).
- Started in January 2021, vaccination in Indonesia has reached **161,082,857** people with the first dose, **113,666,327** people with the second dose, and **1,288,890** people with the booster shots as of 31 December 2021 (COVID-19 Response Acceleration Task Force, 2021).



KEY ACHIEVEMENTS



MATERNAL HEALTH AND MIDWIFERY

“Ending Maternal Mortality & Strengthening Midwifery Excellence”

- In 2021, we have made significant progress towards ending maternal mortality, which is one of the Three Transformative Results (known as Three Zeros), a global commitment made at the 1994 International Conference on Population and Development (ICPD). As midwives play a key role in improving maternal health, capacity building and advocacy for investing in midwives were also our focus.

KEY ACHIEVEMENTS 2021

1. Roadmap to Accelerating the Reduction of Maternal Mortality Rate

- Strengthened coordination for the acceleration of Maternal Mortality Ratio (MMR) reduction through a series of technical meetings to discuss potential sources for annual MMR estimates with the National Development Planning Agency (Bappenas).
- Developed the national roadmap and the Presidential Regulation on accelerating the reduction of MMR with the Ministry of Health (MOH).
- Provided evidence for strengthening the quality of services for mothers and newborn babies through enhancement of the use of the integrated referral information system (SISRUTE) with MOH.
- Engaged more health facilities in using the maternal and perinatal death notification application as part of maternal and perinatal death surveillance and response (MPDSR), and strengthening the maternal and perinatal audit (MPA) process with MOH.
- Disseminated and socialized the national family planning (FP) guidelines, including developing job aids for FP services, with MOH.
- Conducted mapping of sexual and reproductive health information and services needs for persons with disabilities with MOH.

2. Strengthening the Indonesian Midwives Association (IBI)

- Synchronized educational curriculum with midwifery professional standards and standardization of Recognition of Past Learning (RPL) curriculum.
- Trained 71 midwifery supervisors and conducted ongoing supervision and coaching of 217 midwives in five areas: Lampung (Lampung), Central Jakarta (DKI Jakarta), Bekasi District (West Java), Surabaya (East Java), and Makassar (South Sulawesi).
- Developed an application to support the implementation of supervision and coaching.
- Advocated for increasing investment in midwifery through the State of the World's Midwifery (SoWMy) 2021 launch held virtually that coincided with the 32nd International Confederation of Midwives (ICM) congress.

3. Expansion of Centers of Excellence for Midwifery Education with MOH

- Selected five new Centers of Excellence (CoE) for Midwifery Education in Andalas University (West Sumatera), Brawijaya University and Poltekkes Malang (East Java), Poltekkes Makassar (South Sulawesi), and Poltekkes Yogyakarta (DI Yogyakarta) in addition to the existing five which were selected in 2019.
- Reviewed national midwifery curriculum and strengthened the capacity of midwifery faculties in five CoE in Poltekkes Tanjung Karang (Lampung), Poltekkes Jakarta III (West Java), and Airlangga University (East Java), Health Institute Pelamonia Makassar (South Sulawesi), and Poltekkes Jayapura (Papua).
- Conducted a situational analysis for a midwifery workforce plan in Indonesia.

STORY OF CHANGE

Indonesian Midwives Resilient in Responding to the COVID-19 Pandemic

“Can you imagine what would happen if we could not continue to provide family planning services? How many would have failed and resulted in unwanted pregnancies?”

The question that Emi Nurjasmi, Chairperson of the Indonesian Midwives Association (IBI) asks reflects the critical need to continue family planning and sexual and reproductive health (SRH) services during the COVID-19 pandemic. United Nations Population Fund (UNFPA) Indonesia and IBI have been working together to mitigate the impacts of the pandemic on women and other vulnerable groups, and to ensure that women’s family planning and SRH needs are continuously met.



Photos: Indonesian Midwives Association - IBI

Putting Safety First

Maintaining access during the pandemic has not been easy. Midwives, as other health workers, face high risks of transmission. Therefore, they must ensure the safety of both their patients and themselves while providing services.

“A lot of midwives have been affected. A midwife who was 28-week pregnant when she got infected died in January,” Sri Helmi of IBI South Jakarta recalls. Since the beginning of the pandemic, 472 midwives have been infected with COVID-19 in South Jakarta, five of which died, according to the Jakarta provincial board of IBI.

The situation is similar outside Jakarta. “In Tangerang district, there have been 169 midwives who tested positive for COVID-19. One died in January. In the Banten province, 1,634 midwives have been infected,” Een Setianah of IBI Tangerang explains.

Unfortunately, procuring personal protective equipment (PPE) can be challenging with rising prices and scarcity. As a result, services have been disrupted. “In March, when the pandemic started, we all panicked... Some closed their practice, while others reduced their hours,” Emi recalls. “The number of patient visits steeply declined by almost 50 percent,” Een describes.

Midwives also face challenges in following the regulation which requires them to refer pregnant women who enter the 37th-38th week of their pregnancy to the public health center (puskesmas) to prepare for

safe delivery. "It's hard to provide referrals especially for pregnant women and deliveries because not all hospitals in Tangerang accept patients whose rapid tests come out positive," Een says.

UNFPA Indonesia has distributed PPEs consisting of hazmat suits, safety goggles, face shields, KN95 masks, medical masks, cloth masks, and disinfectants to 1,780 independent midwifery practices in Jakarta, Depok, Tangerang, Bekasi, Karawang, Serang, and Bandung, with support from Global Affairs Canada (through a joint initiative with UNICEF: the Better Sexual and Reproductive Health and Rights for All in Indonesia/BERANI) and Australia's Department of Foreign Affairs and Trade (DFAT). UNFPA Indonesia also supports online training for midwives in collaboration with IBI and Knowledge Hub of Reproductive Health of Universitas Indonesia's Faculty of Public Health (FKMUI).

"Thankfully we received PPE to protect ourselves," says Sri. "We feel more confident in providing services... Now we can continue our regular practice hours. It also helps with our expenses," Een says.

The PPE provision has also allowed Een to offer free services at her clinic. "We found out that the reason why the number of patients has dropped drastically was mostly due to the economic situation... So we decided to provide free services every Friday from 8 AM to 4 PM," Een describes

When the second wave hits, the midwives persevere

The COVID-19 pandemic took a turn for the worse in June-August 2021 in Indonesia, when the number of new infections increased dramatically and peaked at 56,757 new cases a day in mid July. Both Een and Sri were both infected, along with a number of their midwifery clinic staff. "So many people fell ill... We saw a lot of deaths among midwives in Banten," Een recalls. "I had to close my clinic for a week, but still accepted patients who needed urgent services," Sri explains.

Sri saw a decline in the number of patient visits during that period. "We assisted less than 10 deliveries, when usually we would have over 20," says Sri. Now that the situation has improved, more patients have sought antenatal care (ANC) and childbirth services from Sri's clinic. Sri discovered that due to disruptions in service provision, many pregnancies have gone unchecked for months, resulting in health issues like sternum pain among pregnant women and fetal macrosomia or newborns with excessive weight. To address them, Sri has referred the patients to Ob/Gyn specialists, whose services are covered by the Social Health Insurance (JKN).

Meanwhile, at Een's clinic in Tangerang, the number of patients nearly doubled. "We didn't have enough health workers, so we had to reduce our opening hours for about a week." She still manages to provide the free maternal health and family planning services every Friday, along with her other charity activities, despite these challenges.

The work continues

Disrupting essential sexual and reproductive health services, the COVID-19 pandemic has contributed to an increase in maternal mortality rate in Indonesia, which is already one of the highest in Southeast Asia. With 305 maternal mortalities per 100,000 births, two women in Indonesia die every hour from complications during pregnancy, birth, and post-delivery (2015 Intercensal Population Survey/SUPAS 2015).

“We must collaborate with all sectors so that the burden does not only fall on health workers and midwives,” Een says firmly. Een also highlights the critical need of improving public access to knowledge through information, education and communication (IEC) programmes. “If we only improve services but access to knowledge is still limited, it won’t work.”

Sri emphasizes the urgent need for more capacity building for midwives. “We need special training to improve our skills and update our knowledge,” she says. Eventually, it will contribute to better maternal health in Indonesia. “My hope is that women can enjoy healthy pregnancy, deliver babies safely, and get help when they need it,” Sri affirms.

With all the progress achieved despite challenges, there is a reason to be optimistic about a brighter future for midwives, and women’s sexual and reproductive health. “All the support leads to strengthening of the capacity and services, and ensuring the rights of women to access reproductive health services... It’s all a circle, in which all of us must work and support each other,” Emi concludes.

INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH

“Working Towards Universal Access to Sexual and Reproductive Health Services and Information”

As UNFPA Indonesia’s 10th Country Programme (CP10) 2021-2025 focuses on the goal of ensuring universal access to sexual and reproductive health (SRH) services and information, an integrated approach to SRH is key. Engaging the health sector in preventing and addressing gender-based violence and harmful practices is also essential as part of our collective effort to achieve Three Zeros.

KEY ACHIEVEMENTS 2021

1. Reproductive Health and Family Planning

- Developed a model for an integrated planning and budgeting for Reproductive Health (RH) programme to accelerate reduction of maternal mortality with the National Development Planning Agency (Bappenas) and the Ministry of Home Affairs (MOHA). The model aims at improving district capacity in planning and budgeting of critical components for maternal mortality reduction that includes maternal health, rights-based family planning, HIV/Sexually Transmitted Infections (STIs), adolescent sexual and reproductive health (ASRH), and prevention of gender-based violence (GBV) and harmful practices, and preparedness for humanitarian crisis.
- Developed modules for implementation of the model, selected five districts with the highest burden of maternal mortality as the pilot areas, and conducted advocacy to districts’ mayors and local government leaders in the five districts.
- Conducted a situational analysis and mapping of reproductive health situations in the five districts selected as the pilot models for integrated planning and budgeting for maternal mortality reduction.
- Promoted postpartum family planning through e-flyers and national radio public service announcements (PSA) with the National Population and Family Planning Board (BKKBN).
- Promotion of postpartum family planning through e-flyers and national radio public service announcements (PSA).
- Initiated the selection of pilot areas for integrated planning and budgeting for Reproductive Health (RH) programme for acceleration of maternal mortality reduction in five districts: Brebes (Central Java), Garut (West Java), East Lombok Timur (East Nusa Tenggara), Serang (Banten), and Jember (East Java), and secured the endorsement of all Heads of Districts for the programme’s National Working Group Team decree.
- Secured the agreement of the global Family Planning 2020 (FP2020) initiative stakeholders in the 2022 key achievements, and led the engagement of 60 national partners from government institutions, civil society organizations (CSOs), donors, academics, and private sectors in the achievements of FP2020 and the FP2030 recommitment to be launched in July 2022.

2. Health Sector Response to Gender-based Violence

- Developed guidelines for female genital mutilation (FGM) prevention in the health sector as part of the Roadmap to Preventing FGM/C 2030.
- Revised three national protocols of health sector response to gender-based violence (GBV) for health workers in community health centers (Puskesmas) and local hospitals and strengthening of Center of Integrated Services for the Empowerment of Women and Children (P2TP2A) to accelerate the implementation of Law No. 12/2022 on Sexual Violence Crime (UU TPKS).
- Reviewed local midwifery curriculum and integration of minimum initial service package (MISP), and revised three national protocols of health sector response with the Indonesian Midwives Association (IBI).



Photo: UNFPA Indonesia

STORY OF CHANGE

Meeting Reproductive Health Needs in Time of Pandemic



Photo: Ministry of Health

With the COVID-19 pandemic restricting access to health services, Indonesia has experienced setbacks in the progresses made in global commitments like the Nairobi Summit Statement, including the Three Zeros (Zero Maternal Deaths, Zero Unmet Need for Family Planning, and Zero Gender-based Violence and Harmful Practices). With creative and collaborative action, however, challenges in reproductive health can be overcome.

The Impact of Pandemic on Reproductive Health

During the pandemic, essential health services, particularly reproductive health services, have been disrupted globally, including in Indonesia. A recent study that United Nations Population Fund (UNFPA) conducted with Avenir Health, Johns Hopkins University, and Victoria University estimated globally that within six months of lockdown, 47 million women in 114 countries will lose access to contraceptives, which will lead to around 7 million unintended pregnancies.

“Reduction in access to and utilization of essential maternal health services may translate to significant increases in the number of women who may suffer complications and die during pregnancy, childbirth and the postnatal period,” said Anjali Sen, the United Nations Population Fund (UNFPA) Indonesia Representative during the launch of the Knowledge

Hub for Reproductive Health in November, a collaborative initiative by the Ministry of National Development Planning (BAPPENAS), UNFPA, and University of Indonesia’s Faculty of Public Health (FKMUI).

To find out how the COVID-19 pandemic and the subsequent government policy responses have affected reproductive health services, the Knowledge Hub for Reproductive Health has conducted a sentinel survey in nine locations selected based on epidemic zoning since May 2020, namely Jakarta, Surabaya, and Makassar in the Red Zone (the largest number of COVID-19 cases); Central Lombok, Lahat, and Balikpapan in the Yellow Zone; and West Aceh, Minahasa, and Manokwari in the Green Zone (the lowest number of COVID-19 cases).

HIV PREVENTION

“Engaging Key Populations in an Inclusive Approach”

We continued the success of our female sex workers engagement programme by working with key implementing partners in advocating for the adoption of HIV Prevention and Partner Notification Models at provincial and district levels, providing analysis of the situation of HIV/sexually transmitted infections (STIs) services, providing capacity building for service providers and peer-leaders, conducting studies on HIV among older persons and female sex workers with disabilities, and engaging vulnerable groups through outreach activities. As the Leaving No One Behind (LNOB) programme with support from the Government of Japan commenced in June 2021, we launched a cash voucher assistance (CVA) initiative to help people living with HIV (PLHIV) access ARV treatment.

KEY ACHIEVEMENTS 2021

1. Female Sex Workers Outreach with Global Fund

- Reached and provided 70,084 female sex workers with HIV prevention packages and information.
- Tested 38,637 female sex workers for HIV, with HIV prevalence of 1.7%. Out of the 667 people diagnosed with HIV, 313 have accessed treatment, care, and other supporting services.
- Provided 3,669 oral fluid test (OFT) kits for female sex workers communities, which were distributed to 19 implementing units at district/city level.
- Referred 65 out of 148 female sex workers with HIV who were tracked from loss to follow-up data so they could continue accessing ARV therapy.
- Recruited 132 out of 181 peer leaders from female sex workers community and 504 peer educators of female sex workers involved in the programme.
- Secured the commitment of 17 Implementing Units and two sub-sub recipient (SSR) regions

from various backgrounds such as civil society organizations (CSOs), community-based organizations, and grass roots initiatives in continuing female sex workers programme in 2021 as the extension period.

- Involved OPSI (national network of Indonesian sex workers) in providing technical support for capacity building activities for Peer Leaders and Peer Educators at the district level, namely case conference, peer support group for female sex workers with HIV, and screening of violence experienced by female sex workers.
- Provided technical assistance for Indonesian AIDS Coalition (IAC), which became the new Global Fund's Principal Recipient from the community.
- Conducted 2019 and 2020 audits on three implementing partners under Global Fund funding (Indonesian Planned Parenthood Association [PKBI] DKI Jakarta, Yayasan Kertipraja, Yayasan Kalandara) with no financial findings and unmodified results.

2. HIV Prevention in Humanitarian Response with Support from the Government of Japan

- Conducted a study on ageing with HIV with Jaringan Indonesia Positif/National Network of People Living with HIV (JIP), which analyzed how two key people living with HIV (PLHIV) populations—those aged 50 years old or older, and those who live with HIV for more than 10 years (18-49 years old)—access healthcare services (including ARV), get support from their social network, and maintain their mental wellbeing. The data collection was carried out in Ambon (Maluku), Bandar Lampung (Lampung), Bandung (West Java), Denpasar (Bali), Kupang (East Nusa Tenggara), Makassar (South Sulawesi), Manado (North Sulawesi), Mataram (West Nusa Tenggara), Pekanbaru (Riau), Yogyakarta (DI Yogyakarta).
- Conducted a study on access to HIV prevention, care, support and treatment for female sex workers with disabilities in DKI Jakarta during the COVID-19 pandemic. The study involved nine research assistants from the key populations.
- Conducted training of trainers on management of HIV/STIs during a health crisis for 11 of JIP's initiative groups in 10 provinces.
- Provided capacity building for CSOs on GBV case management for PLHIV in five cities/provinces.
- Developed guidelines and a training module on comprehensive HIV/STIs prevention in disaster situations at community level with JIP and the Ministry of Health (MOH), which aim to identify coordination management and planning, and access to treatment for PLHIV during disasters.
- Distributed dignity kits to 262 PLHIV in districts affected by disasters: Sintang (West Kalimantan), Lumajang/Semeru (East Java), Mataram (West Nusa Tenggara), Makassar (South Sulawesi), Palembang (South Sumatra) and Bandung (West Java).
- Provisioned cash voucher assistance (CVA) for 276 eligible beneficiaries, consisting of 215 women, 10 pregnant women, 44 adolescents, and seven people with disabilities living with HIV to enable access to health and rights protection services. The CVA is targeted to reach 2,000 PLHIV in 2022, conducted in collaboration with JIP in seven provinces and three districts: North Sumatra, DKI Jakarta, Banten, West Java, DI Yogyakarta, East Java, South Sulawesi, East Nusa Tenggara, and West Nusa Tenggara (NTB).

3. Women's Health and Wellbeing through the WEALTH Programme

- Trained 417 workers from 16 factories as part of the Partnership on Women's Health and Wellbeing (WEALTH), a capacity building programme for women working in factories to promote equal rights in the workplace and enhance female workers' knowledge on health and wellbeing in collaboration with PKBI DKI Jakarta and H&M Group. The 417 training participants have become trainers and trained 9,077 colleagues in their respective factories.
- Developed training materials on motivation for workers to be peer educators, body and bodily autonomy, reproductive health, maternal health, gender equality, gender-based violence, and effective communications and interpersonal relationships with PKBI DKI Jakarta.

STORY OF CHANGE

For Female Sex Workers with Disabilities, There Will Be More Layers of Vulnerability

Muvitasari works for the PKBI (Indonesia Planned Parenthood Association) DKI Jakarta Chapter, which implements a sex worker outreach programme. PKBI DKI coordinates 16 organizations who deliver programmes for female sex workers across 26 districts in Indonesia

The project has underscored the dependency of female sex workers on their partner and put a spotlight on how disability adds more complexity to that power dynamic. Muvitasari says power dynamics affecting female sex workers in a male-dominated society remain imbalanced with police, clients, pimps, local gang members and even the partners of the women all reported to be regular abusers.

Muvitasari and partners provide training about intimate partner violence (IPV). They also train up sex workers as peer leaders and peer educators, who then provide information to other sex workers about IPV. "Many female sex workers love their partners and it is difficult to discuss with them that violence is violence, even if it's carried out by their partner. Even if they love their partner, it is still violence."

Importantly, the project has also demonstrated the need to focus on female sex workers with disabilities, says Muvitasari. "We found that for these women, there are even more layers of vulnerability."

Many female sex workers with disabilities cannot access public health materials, or may have difficulty understanding health information. The programme produces content in readily accessible formats, adapted to the needs of each individual, depending on their type of impairment, educational background and preferences.

Often information must be translated into local languages to increase understanding of the information. For sex workers who are deaf or are hard of hearing and/or are visually impaired,



this means braille, sign language and digital solutions like screen reader formats or making materials with large fonts or pictures. For sex workers with other disabilities, there is a need for accessible face-to-face counselling and two-way conversations, as well as visual resources to get the messages across.

Getting information into the hands of these very vulnerable individuals is critical. "We gather female sex workers with disabilities in our network to translate and interpret the health information. Peer leaders and educators seek help from other sex workers to interpret or explain information in a language or

communication method understood by sex workers with disabilities. disabilities in our network to translate and interpret the health information. Peer leaders and educators seek help from other sex workers to interpret or explain information in a language or communication method understood by sex workers with disabilities.

Muvitasari says another challenge is that “sex workers with disabilities are often excluded by their own communities which makes them more vulnerable. Some in the community call them abusive names and sometimes clients refuse to pay them.”



She says opening the space for conversations about violence is a good first step. “We provide a training or capacity-strengthening session about gender-based violence, intimate partner violence, HIV and other sexually transmitted infections. It is new for us to address this and to provide this support for female sex workers.”

The next step is engaging colleagues from social services to conduct counselling and provide mental health services for sex workers with disabilities. “There is a big gap in the treatment and support that we currently provide. The goal is to develop sex worker networks and get organizations that have the same perspective as us to provide that support.”

“Sex workers who have disabilities still need a lot of support,” Muvitasari says. “While they continue to work as sex workers, we try to support them with skills that will help them stay safe.”

The project also advocates for local governments to help sex workers with public funds. “We remind them to go back to the truth: we should be leaving no one behind. The services the government provides must include all minorities. All minority groups are citizens and they have rights.”

ADOLESCENTS & YOUTH

“Enabling Meaningful Participation, Leadership, and Equal Access”

Engaging youth takes more than just involving them in programmes or giving them a seat at the table. Meaningful youth engagement means enabling them to not just participate but also make the change they want to make, and make decisions and impact public policies that concern their interests, aspirations, and wellbeing. In 2021, we have taken innovative and creative approaches to equipping young people with the education, information, and services they need to thrive. Among the notable achievements of the year were the groundbreaking collaboration between the Ministry of Education, Culture, Research and Technology and Ministry of Health on adolescent sexual and reproductive health education both at school and outside of school settings, as well as the first Digital Sexuality Education Conference in Asia Pacific.

KEY ACHIEVEMENTS 2021

1. Adolescent Sexual and Reproductive Health Education

- Conducted advocacy for national regulations and protocols to improve the quality of Adolescent Sexual and Reproductive Health (ASRH) education.
- Facilitated and supported the development of Memorandum of Understanding (MOU) between Ministry of Education, Culture, Research and Technology (MoECRT)'s Directorate General of Teachers and Education Personnel and Ministry of Health (MOH)'s Directorate General of Public Health on improving capacities of teachers on provision of ASRH education in primary, secondary, high and special needs school.
- Developed the module for ASRH education outside of school settings, and worked with Integrated Health Services Posts (Posyandu) as the platform with MOH.
- Profiled adolescent health posts in Indonesia with over 5,000 primary care centers as respondents with MOH.
- Trained teachers on providing ASRH education for students with intellectual disabilities from 54 schools in 11 provinces. 512 students (62% girls) with intellectual disabilities had improved scores on personal hygiene and improved information on sexual violence prevention.
- Trained 172 health providers on delivering ASRH education through adolescent health posts (Posyandu Remaja) in 10 districts.
- Reached 5,848 students (72% girls) with ASRH education through adolescent health posts (Posyandu Remaja) in 10 districts.

2. Using Demographic Dividend for Strategic Planning Development

- Updated the 2021 Youth Development Index (YDI) and its projection in the National Medium Term Development Plan (RPJMN) goals in 2024 due to the impact of the COVID-19 pandemic with the National Development Planning Agency (Bappenas) and the Ministry of Youth and Sports (Kemenpora).
- Developed the Guidelines and Training Module for Developing and Using YDI for improving the capacity of the government in developing and implementing YDI at national and provincial levels.
- In partnership with MOH and the Coordinating Ministry of Human Development and Culture (Kemenko PMK), developed the National Action Plan on School Aged Children and Adolescent Wellbeing for coordination mechanisms among government institutions in advancing adolescent wellbeing, including the provision of data that are relevant to adolescent wellbeing in Indonesia.
- Advocated for the implementation of the national strategy on youth entrepreneurship as one of the efforts to achieve youth development targets in the 2024 RPJMN.

3. Adolescent and Youth Participation in SDGs, ICPD, and Humanitarian Action

- Developed a national online platform for young ASRH content creators, the Community of Practice (CoP), with Siklus Indonesia and youth networks. Currently, the CoP has 39 members with a combined audience count of more than 600,000 young people. CoP facilitates capacity building, access to experts, access to references, partnerships between creators and duty bearers, joint campaigns, and youth-led research opportunities through activities co-designed with its young members, allowing young people to take creative control over their contributions for ICPD.
- Acted as the Asia-Pacific regional hub for Digital Sexuality Education (DSE) and led the organizing of Digital Sexuality Education Conference (DESIRE) 2021. The virtual conference facilitated partnership and learning through harnessing collective intelligence among creators, and further highlighted young people's innovation and leadership in the relatively new field of DSE. The event, one of the first of its kind, brought together more than 240 creators and stakeholders—ranging from individual influencers, civil society, media companies, social enterprises, private sector and international non-governmental organizations—across the Asia Pacific region, and featured 50 speakers from 19 countries, of which 47% are youth aged 30 and below.
- Strengthened the SDGs Youth Hub, an online platform for young people and youth networks in supporting the government to achieve Sustainable Development Goals (SDGs) in Indonesia, with Siklus Indonesia.

- Developed a situation analysis report on youth participation in achieving SDGs in Indonesia and developing guidelines to SDGs Youth Hub implementation with the government.
- Reached 60 youth networks across Indonesia, which have taken part in the SDGs Youth Hub.
- Developed guidelines for members of youth networks about youth involvement and SDGs.
- Engaged 63 youth organizations part of the SDGs Youth Hub in Voluntary National Review (VNR) consultations with Bappenas and United Nations Resident Coordinator (UNRC) through the United Nations Inter-Agency Network on Youth Development (IANYD).

4. Meaningful Youth Engagement

- Developed and piloted a new model of meaningful engagement of young people in collaboration with MOH, JIP, Yayasan Siklus Sehat Indonesia, and five youth networks (Inti Muda, Pilar PKBI, Kisara Bali, UNALA Youth, and Centra Muda). The model provides guidance for UNFPA Indonesia and implementing partners on formal approaches for and role division in engaging young people, including key elements of the approach, strategies of engagement, safeguarding principles, implementation, and monitoring and quality assurance.
- Provided capacity building for three youth organizations in Yogyakarta, Central Java, and Bali on comprehensive sexuality education (CSE), relevant DSE skills, pedagogy, facilitators skills, and organizational strengthening.
- Provided nine capacity building activities for 100 young people in key populations in seven provinces on building confidence, dealing with public speaking anxiety, results-based management, and youth-adult partnership and networking among others.
- Facilitated the participation of young people as youth representatives and experts in the development of Partner Notification Module and Guidelines; Community-Led Monitoring (CLM) Tools; national guidelines on adolescent reproductive health programmes in secondary schools; and government regulations for school-based health.
- Facilitated young people's participation as expert trainers in training 100 high schools principals on ASRH; training 170 health providers on out-of-school ARH education; training facilitators for HIV and STIs comprehensive programme in disaster situations at the community level; and capacity building of special education teachers in delivering ARH education to students with intellectual disability in 54 schools from 11 provinces.
- Involved more than 73 youth as speakers, moderators, hosts, and performers in over 36 events such as International Women's Day, World Population Day, 16 Days of Activism against Gender-based Violence, and World AIDS Day.

STORY OF CHANGE

Teachers' skills key to reproductive health education for students with intellectual disabilities

Tri was in the middle of facilitating an online class when she noticed her student Yanti (not her real name) looking down and clenching her fists. The 11-year-old student with intellectual disabilities looked as though she was in tremendous pain and discomfort. Concerned, Tri decided to visit Yanti at home to check on her.

Living in a village in Jember, East Java, both of Yanti's parents spend most of their time working in a garment factory. Yanti's grandma is her primary caregiver at home. Despite challenges, Yanti's family has been drawing on all their resources to help Yanti to continue to attend a government-run special needs school online.



Photo: Sandeep Nanwani/UNFPA Indonesia

It was during the home visit that Tri found out that Yanti was having her first period. It turns out that Yanti was terrified that blood was coming out of her body. She did not know what was happening to her and why she was in pain. She could not talk to her grandmother either due to the generation gap between them. Tri had to facilitate a face-to-face dialogue to identify this problem.

Trying her best to provide Yanti with information and support, Tri felt like she was not equipped to support her students on reproductive health needs despite having certification for teaching students with special needs. "I felt like I was ill-equipped to deal with problems like that, despite so many cases I feel like I am dealing with these issues all on my own," said Tri.

Tri began to receive some support when she participated in a pilot programme by the Ministry of Education that provides training on adolescent Reproductive health education for teachers from 11 provinces. "It was my first time learning how to teach these topics to people with intellectual disabilities so that students are fully supported as they go through puberty."

The training programme, which includes face to face training and online supervision, runs throughout 2021. The programme addresses the pressing challenges and violence faced by young people with intellectual disabilities in Indonesia. Implemented with technical support from the Ministry of Health, UNFPA, and Rutgers WPF, the pilot programme aims at equipping teachers with skills to deliver adolescent reproductive health education to students with intellectual disabilities.

Safe space for teachers, protection for students

For many teachers, the training was their first experience to have a safe space to discuss the many challenges they face in realizing rights for young people with intellectual disabilities. Tito, a teacher from Aceh shared, "It's tough. We don't know what to do when our students touch their genitals in class, for example. With so much taboo surrounding sex, it is hard for them to receive any explanation or support for their feelings."

The safe space created in the programme allowed teachers to openly explore and learn from each other. They also discussed strategies to acknowledge and affirm reproductive rights of students with disabilities, and protect them from violence at the same time. "Affirming that sexual desires are natural while supporting students to explicitly identify their personal boundaries, the difference between public and private space and between a safe space and unsafe space is crucial," Budi, a teacher from Bandung, explained.

While most teachers agreed that supporting young people with intellectual disabilities to identify personal boundaries is an enormously difficult task, they reflected that validating and acknowledging this as a challenge is a critical first step to take. "Each individual person with intellectual disability may have their specific adaptive challenges, but acknowledging these aspects of their personhood is the least we can do to support them," said Irma, a teacher from Kupang, East Nusa Tenggara (NTT).

The training programme was also supplemented by several on-the-job learning sessions conducted online, during which teachers share and identify strategies to navigate the system and leverage support for their students. These sessions employ collective intelligence gathering methodologies and identify innovative and concrete ways for teachers to open a conversation surrounding the reproductive rights of their students.

Preparing students to return to school

The programme was piloted at a very timely moment for students with disabilities where after a year of learning from home due to the COVID-19 pandemic, students were preparing to start going back to school. "This training could not have come at a better time, when we were starting to make sure our students can comply with health protocols, which requires our students to understand personal boundaries, and to be able to acknowledge other people's boundaries and communicate." Emphasizing on rights, agency, and the bodily autonomy of people with intellectual disabilities, the programme allows teachers to explore practical applications of these concepts in the context of reopening of schools.

The training programme, despite its initially limited scale, shows how committed the Ministry of Education is to supporting teachers like Tri in leaving no one behind. To support more teachers across the country in their enormous task to fulfill the rights of young people with intellectual disabilities, the programme will be replicated to other areas. UNFPA stands ready to support the government in this extremely important task.

GENDER EQUALITY

“Addressing Heightened Risk of Gender-based Violence amid the COVID-19 Pandemic”

Ending gender-based violence (GBV) and harmful practices as one of the Three Zeros remains a priority in our Gender programmes. This work has become increasingly critical as the COVID-19 pandemic has exacerbated inequalities and heightened the risks of violence, discrimination, and other injustices against vulnerable populations. In 2021, we have expanded our reach to groups that are most impacted by the pandemic; women with disabilities and older women, as part of the Government of Japan-supported Leaving No One Behind (LNOB) project.

KEY ACHIEVEMENTS 2021

1. Elimination of Gender-based Violence and Harmful Practices

- Provided technical support to the Ministry of Women’s Empowerment and Child Protection (KPPPA) on the 2021 Indonesian National Women’s Life Experience Survey (SPHPN), whose key findings were launched in December 2021 for further advocacy for elimination of violence against women (VAW) in Indonesia.
- Revised the 2021 Indonesian National Women’s Life Experience Survey (SPHPN) methodology, and integrated female genital mutilation (FGM) data into the survey.
- Developed the National Strategy on the Elimination of Violence Against Women (VAW) with KPPPA.
- Conducted policy dialogues using the revised academic paper for the endorsement of the sexual violence crime bill (RUU TPKS), and webinar series with civil society organizations (CSOs) for the preparation of 2022 Universal Periodic Review (UPR) of Human Rights with the National Commission on Violence against Women (Komnas Perempuan).
- Addressed GBV and harmful practices in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) reports and the preparation of 2022 UPR with Komnas Perempuan, CSO networks, and UN Gender Thematic Working Group (UNGTWG).
- Developed a manual for youth on the prevention of FGM/C, and established Youth Advocates for FGM prevention with KPPPA.
- Held the second National Ulema Meeting that resulted in the recommitment of Islamic boarding school and ulemas through the Tausyiah Bogor advocacy document in strengthening government

policies and programmes, and the possibility of a new fatwa on FGM, with KPPPA.

- Worked with the Indonesian Women Ulema Network (KUPI) under the coordination of KPPPA on dissemination of advocacy messages on FGM to KUPI members.
- Disseminated the Health Sector's Guidelines on the Prevention of FGM/C with Indonesian Midwives Association (IBI) members nationwide with MOH and IBI.
- Developed a Behavior Change Communication (BCC) Manual on Reproductive Health for the Prevention of Child Marriage with KPPPA and Yayasan Kesehatan Perempuan.
- Conducted a joint study on COVID-19 impact on child marriage under the coordination of the National Development Planning Agency (Bappenas) and MOWECP.
- Conducted a joint study with UNICEF on COVID-19 impact on GBV.
- Developed a Manual for Community Engagement on GBV Prevention for CSOs, communities, and at-risk women and girls with KPPPA.
- Conducted assessments and developed a policy brief on the gender perspective of the new Indonesian capital city with Bappenas.

2. Comprehensive & Inclusive Multi-sectoral Services for Gender-based Violence Survivors

- Developed standard operating procedures (SOP) for the National Referral Mechanism on GBV called SAPA 129 with KPPPA.
- Worked with the government's integrated services for GBV survivors (UPTD/P2TP2A) on improving their capacity in providing multi-sectoral GBV services that align with the Essential Service Package standards in development and humanitarian contexts.
- Worked with MOH on three revised protocols related to increasing the capacity of Health Sector Response (HSR) to GBV and documentation of best practices and lessons learned of HSR to GBV pilot programme in Cirebon district, West Java.
- With the Government of Japan, supported KPPPA in the adoption of the national protocol and guidelines for GBV case management and strengthening P2TP2A in COVID-19 situation in seven pilot sub-districts in West Java: Bogor City and Bogor District, Cirebon District, North Lombok District, Tangerang City and Tangerang District, and Bekasi.
- Procured and distributed 1,000 personal protective equipment (PPE) to GBV frontliners with Komnas Perempuan in Bekasi, Yogyakarta, Cirebon, Situbondo, and Kupang.

3. Community Organizing Model for Gender Norms Transformation

- Developed the Roadmap and Action Plan for the integration of gender transformative approaches into community mobilization to address toxic masculinity and promote positive gender norms at local and national levels with KPPPA.
- Documented best practices and lessons learned of a pilot project of GBV and harmful practices prevention using male involvement approach with KPPPA.

4. Protection for People with Disabilities and Older Persons (Supported by the Government of Japan)

- Conducted mapping and assessments on the issues that people with disabilities and older persons face during the COVID-19 pandemic in Bekasi (West Java), Cirebon (West Java), Yogyakarta (DI Yogyakarta), Situbondo (East Java), and Kupang (East Nusa Tenggara) with Komnas Perempuan.
- Developed three modules on inclusive protection and care for women with disabilities; inclusive sexual and reproductive health (SRH) and GBV prevention for older women and women with disabilities; and advocacy for village fund that is responsive to disabled and older women, which involved five disabled people's organizations.

STORY OF CHANGE

Indonesian religious leaders, health workers advocate female genital mutilation's end



Midwife Suci Maysaroh used to perform mock female genital mutilation on newborn girls but now encourages parents not to harm their daughters. © UNFPA Indonesia/Lucky Putra

JAKARTA, Indonesia – “I was about seven years old when my mother organized a female genital mutilation ritual for me. The paradji [traditional birth attendant] used a piece of sharpened bamboo stick. I was screaming in severe pain, and I saw blood coming out,” recalled Hj. Helwana, a religious leader from the Indonesian Mosque Council (DMI). “I was and still am very traumatized.”

Though Hj. Helwana’s father was an ulama (Muslim religious scholar) who was against the harmful practice, her mother and extended family on that side insisted on preserving the tradition. Still, “after knowing the pain I had to go through, none of my sisters were circumcised,” she said.

Her experience spared her sisters, but Hj. Helwana is still fighting for girls everywhere by encouraging her community to end female genital mutilation or cutting, sometimes called female circumcision, which is based on groundless beliefs that it purifies girls, controls their sexual appetites and inhibits promiscuity, among other misconceptions.

Spreading the word on harmful effects

Globally, some 200 million girls and women alive today have undergone some form of female genital mutilation. Based on UNFPA estimates, 4.1 million girls and women are at risk of female genital mutilation in 2021, rising to 4.6 million by 2030. According to the 2013 National Health Survey (the most recent year figures are available), one in two girls aged 11 years old or younger in Indonesia were subjected to it.

In 2014, the Ministry of Health issued a regulation that stated female genital mutilation had no medical basis or health benefits, violated women's reproductive rights and constituted violence against women and girls – without banning the practice outright. UNFPA's joint initiative with UNICEF, called the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI) project and funded by Global Affairs Canada, has supported the ministry in disseminating awareness-raising information, education and communication materials and developing advocacy strategies targeted at religious leaders, health service providers, youth and civil society organizations.

As a fresh graduate working at a private clinic, midwife Suci Maysaroh was instructed to offer female genital mutilation as part of a postnatal package along with ear piercing for 100,000 Indonesian rupiahs (about \$7). "Many believed that it's a cultural tradition to preserve. So I pretended to perform it by placing a piece of cloth on the newborn's genitalia and pressing it gently with my hand," she recalled. "I felt guilty for lying, but if I refused, parents would likely go to other midwives or worse, paradji, who can use any tool – razor, scissors, needle. The methods can vary from pinching, pricking and cutting to rubbing with turmeric [a symbolic gesture that does not inflict permanent damage]."

Since learning of the dangers of the practice at a UNFPA-supported workshop, she has become a strong advocate against it.

An enduring religious tradition

Arif Fahrudin is an ulama from the Indonesian Council of Ulama (MUI), a body for Islamic affairs, and an advocate for ending female genital mutilation. He explained that the practice is described as a makrumah (honorable deed), not a sunnah (habitual practice) but mubah (neutral or merely permitted). "However, if the practice is bringing suffering or muda'rat (not beneficial or causing harm), it is haram (forbidden) in Islam," he said.

The MUI, he added, issued a fatwa (religious edict) forbidding the banning of female genital mutilation. "The MUI is of the opinion that the harmful types of female genital mutilation are haram, while the symbolic types, like rubbing with turmeric, when done as part of syiar [Islamic teaching] should not be banned," he noted.

Changing attitudes, changing practices

The tide is turning among the younger generation because of anti-female genital mutilation campaigns, higher education and greater health awareness. Midwifery students at Islamic boarding schools have not been asked by parents in nearby communities to perform the practice in recent years. "I know some ulamas whose daughters are not circumcised," said Kyai Ali Muhsin, an ulama at a boarding school. He says that a seminar organized by UNFPA with the Ministry of Women's Empowerment and Child Protection featuring medical practitioners and human rights and gender activists have helped him and other ulamas change their views. "Similar seminars should be organized at the grassroots community level across Indonesia." Boarding school communities have also raised awareness through prayer and community gatherings.

"Mindset and behavior change take time. We need to educate youth as future parents to reject harmful practices. Ideally, religious leaders and health workers can work together to raise community awareness," says Mr. Fahrudin, who also participated in the UNFPA seminar.

"I persuade parents to abandon female genital mutilation by explaining the baby would be in pain," Ms. Maysaroh said. "They would change their mind because they don't want to hurt their babies."



POPULATION DATA AND ANALYSIS

“Fostering Data Innovations in 2020 Population Census & One Indonesia Data”

The key focus areas of our population data and analysis work in 2021 were ensuring the national master plan for population and development align with national priority Sustainable Development Goals (SDGs), providing a platform for national population data, and a national knowledge hub for sexual and reproductive health.

KEY ACHIEVEMENTS 2021

1. Population and Development

- Developed an integrated framework concept note for the national master plan/the population development grand design, and analyzed population issues based on data with the National Development Planning Agency (Bappenas).
- Evaluated the Presidential Regulation (Perpres) No. 153/2014 on Grand Design Population and Development with Bappenas.
- Developed a consensus report on methodology of estimation of demographic parameters and population projection with Bappenas and BPS-Statistics Indonesia.
- Conducted seminars and dialogues on population and development, including development of UNFPA's contribution to the Voluntary National Review (VNR) on the implementation of 2030 agenda on the impact of COVID-19 on population ageing, gender equality, disabilities, and youth with Knowledge Hub for Reproductive Health Indonesia of University of Indonesia's Public Health Faculty (FKM UI).
- Developed a consensus report on methodology of estimation of demographic parameters and population projection with BPS-Statistics Indonesia.
- Conducted an analysis of big data for estimation of first year population mobility with BPS-Statistics Indonesia.

2. National Population and Disaster Data Platform

- Conducted the evaluation of 2020 Population Census and prepared for the long form questionnaire, including the information technology infrastructure and piloting the multimode data collection for the long form questionnaire with BPS-Statistics Indonesia.
- Provided the draft of National One Population Data and evidence-based recommendation for digital demography, focusing on the Indonesian Population Data Platform (SDPI) system development to align with the results of SP2020 with Dukcapil Data to identify the gap or 'anomalies' for updating purposes with BPS-Statistics Indonesia.
- Developed the Older Persons Data Application System and web portal for GOLANTANG supported by the Government of Japan, in collaboration with BKKBN and Economic Research Institute for ASEAN and East Asia (ERIA).
- Provided evidence-based recommendations for the One Disaster Data framework at national and provincial levels with the Indonesian National Disaster Management Authority (BNPB).

3. Knowledge Hub for Reproductive Health

- Developed the Knowledge Hub for Reproductive Health Indonesia portal and dashboard for learning management system with FKM UI.
- Disseminated results of reproductive health studies and policy recommendations on male involvement, unmet need for family planning, and rights-based family planning.
- Held three webinars on maternal health and maternal mortality in commemoration of Kartini Day, the International Day of Midwives, and National Family Day with FKM UI, the Executive Office of the President of the Republic of Indonesia (KSP), the Indonesian Midwives Association (IBI), Global Affairs Canada, and BKKBN, which gathered 4,859 views on Youtube.



Photo: UNFPA Indonesia

4. Advocacy for ICPD+25 Agenda

- Developed the Knowledge Hub for Reproductive Health Indonesia portal and dashboard for learning management system with FKM UI.
- Disseminated results of reproductive health studies and policy recommendations on male involvement, unmet need for family planning, and rights-based family planning.
- Held three webinars on maternal health and maternal mortality in commemoration of Kartini Day, the International Day of Midwives, and National Family Day with FKM UI, the Executive Office of the President of the Republic of Indonesia (KSP), the Indonesian Midwives Association (IBI), Global Affairs Canada, and BKKBN, which gathered 4,859 views on Youtube.

STORY OF CHANGE

Knowledge Sharing Key to Improving Reproductive Health



Indonesia has produced substantial best practices and lessons learned in family planning and maternal health programmes, but disseminating them remains a challenge. This is where the Knowledge Hub for Reproductive Health comes in.

Introducing the Knowledge Hub

Indonesia is still facing challenges in reproductive health research and information dissemination. Despite countless best practices and lessons learned from existing family planning and maternal and child health programmes, Indonesian researchers and programme managers that participate in research dissemination, including writing manuscripts, getting published in accredited journals, and participating in national and international scientific meetings, remain few and far between.

To support the improvement of maternal and child health, family planning, and reproductive health in Indonesia, as included in the National Midterm Plan (RPJMN) 2020-2024, the United Nations Population Fund (UNFPA) Indonesia has established the Knowledge Hub for Reproductive

Health, an interactive platform and scientific forum to develop evidence-based studies on reproductive health, in collaboration with the Ministry of National Development Planning/ National Development Planning Agency (Bappenas) and University of Indonesia's Faculty of Public Health (FKMUI).

"Bappenas strives to improve evidence-based knowledge products by establishing Knowledge Hub as a scientific forum for developing studies in the field of reproductive health to increase awareness of various stakeholders on the reproductive health situation in Indonesia," Deputy of Human, Societal and Cultural Development of Bappenas Mr. Subandi Sardjoko said during its virtual launch on 25 November 2020, which coincided with the National Reproductive Health Conference that UNFPA

organized in collaboration with the Association of Indonesian Public Health (IAKMI).

The Knowledge Hub is developed to “serve both as a clearing house for knowledge assets and a forum for discussion and exchange of information and ideas among interested parties, including government, the academic community, civil society organizations, international development partners and other stakeholders,” said Ms. Anjali Sen, UNFPA Representative to Indonesia,

As an online platform for exchanging critical reproductive health information such as research results, lessons learned, experiences, and ideas, the Knowledge Hub allows experts and practitioners to create more effective and inclusive networks where peers and experts can provide technical inputs and support for each other as needed.

As a community of reproductive health researchers and practitioners, the Knowledge Hub is also a great platform to promote priority research agenda focusing on the production of high-quality reproductive health-related studies that address priority information needs in the Indonesian context. It is a platform that seeks to strengthen the capacity of programme personnel in documenting lessons learned, as well as FP practitioners at the national and sub-national levels in using data for evidence-based policy making, programme planning and programme improvement.

Ultimately, the Knowledge Hub for Reproductive Health seeks to improve the performance of the national reproductive health programme. As the initiator and promoter of the Knowledge Hub, UNFPA is committed to supporting Indonesia in knowledge management to inform decision-making processes for policy and programme strengthening. UNFPA also encourages Indonesian researchers and academics to promote SRH knowledge and gain recognition by the global community.

Addressing Challenges in Reproductive Health in Indonesia

Meanwhile, some challenges in reproductive health remain, including high rates of unwanted pregnancy and unmet needs that lead to maternal mortality, lack of access to quality reproductive health information and services, threat of infectious diseases including HIV and sexually transmitted infections (STIs), and malnutrition that affects reproductive health status. The complexity of reproductive health issues requires the engagement of multidisciplinary sectors, including policy makers, researchers, programme managers, youth and civil society organizations, and the

private sector.

Therefore, it is the mission of the Knowledge Hub for Reproductive Health to contribute in producing reproductive health knowledge that can inform evidence-based policy making and serve as the basis for strengthening reproductive health programmes and services.

The Knowledge Hub has already generated several priority products in 2019-2020, including a report on the Impact of Family Planning on Maternal Mortality in Indonesia, a study on the impact of COVID-19 on reproductive health,



Photo : Lucky Putra/ UNFPA Indonesia

and the socio-economic analysis and its relation to the utilization of family planning and maternal health services in Indonesia. These studies are critical to the government's work in mapping strategic issues and providing recommendations in addressing challenges in reproductive health in Indonesia.

By facilitating the development and sharing of knowledge on innovations and good practices, the Knowledge Hub for Reproductive Health supports the achievement of reproductive health development targets in Indonesia.

HUMANITARIAN RESPONSE AND PREPAREDNESS

“Protecting the Most Vulnerable from the Impact of the COVID-19 Pandemic”

Women do not stop giving birth or facing risks of violence during a global health crisis or an emergency situation. As we faced continuing impacts of the persisting COVID-19 pandemic, ensuring essential and life saving sexual and reproductive health (SRH) and gender-based violence (GBV) services are available in times of need was high on our priority list. For the first time, we also worked with faith-based women leaders to offer hope amid trying times and reach women across the nation with critical information on SRH and GBV.

KEY ACHIEVEMENTS 2021

1. Continuation of SRH and GBV Services in Emergency Situations

- Revised the standard operating procedures (SOP) for Minimum Initial Service Package (MISP), which was endorsed and disseminated to all provinces, with the Ministry of Health (MOH).
- Revised MISP midwifery teaching materials with the Indonesian Midwives Association (IBI).
- Developed the BKKBN Regulation on Family Planning Programme and Services in Health Crisis Situations (Peban BKKBN) with the National Population and Family Planning Board (BKKBN).
- Developed guidelines for MISP implementation during the COVID-19 pandemic for national dissemination with MOH.
- Developed technical guidelines for HIV prevention and management in humanitarian situations with MOH.
- Integrated gender and gender-based violence (GBV) management under a cluster coordination in humanitarian situations with UNWOMEN.
- Endorsed and disseminated Minister of Women's Empowerment and Child Protection Regulation No. 13/2020 that includes gender-based violence in emergencies (GBViE) minimum indicators and GBViE sub-cluster coordination to all provinces with Ministry of Women's Empowerment and Child Protection (MOWECP).
- Developed guidelines and protocols of mental health and psychosocial support (MHPSS) for GBV survivors; guidelines for remote and online services for GBV service providers; and Psychological First Aid (PFA) and MHPSS training for trainers (TOT) materials with Yayasan Pulih and support from the Government of Japan.

- Supported the establishment and strengthening of sexual and reproductive health (SRH) and GBViE sub-cluster coordination in emergency situations endorsed by provincial governments to facilitate effective and efficient intervention in Central Sulawesi, West Sulawesi, South Kalimantan with MOH and MOWECP.
- Implemented the MISP and GBV prevention and management as part of disaster response in West Sulawesi, South Kalimantan, East Nusa Tenggara, and East Java provinces in collaboration with MOH and MOWECP, and with support from the Government of Japan, and Australia's Department of Foreign Affairs and Trade (DFAT) Regional Preposition Initiatives.
- Reached 13,975 people affected by disasters with SRH services and information; distributed 3,850 dignity kits to pregnant women, women in post-delivery period, newborn babies, and older persons; 500 dignity kits for people living with HIV; and 3,633 PPE for health workers in collaboration with MOH and MOWECP, and with support from the Government of Japan, and DFAT Regional Preposition Initiatives.

2. Strengthening Data and Information Management on Disaster Risk Reduction

- Developed an electronic tool for reproductive health data collection (E-Cohort) and tested it in Bekasi District (West Java), Sigi District (Central Sulawesi), and East Lombok (West Nusa Tenggara) with MOH.
- Included the MISP indicator into the MOH's Rapid Health Assessment Tools.
- Developed and utilized the UNFPA Humanitarian Microsite for information sharing and facilitating RH and GBV sub-cluster coordination with MOH.

3. Capacity Building for Humanitarian & Health Workers (supported by the Government of Japan and DFAT)

- Conducted training on MISP for SRH sub-cluster members in East Nusa Tenggara, Central Sulawesi, and West Sulawesi with Yayasan Kerti Praja (YKP).
- Conducted training on delivering SRH in Emergency (SRHiE) services for 740 midwives nationwide with the Knowledge Hub for Reproductive Health of University of Indonesia's Public Health Faculty (FKM UI).
- Conducted three workshops on GBV for 168 sub-cluster members to strengthen cross-sectoral collaboration for integrated GBV-SRH services.
- Conducted capacity building with doctorSHARE on MISP for 50 doctors, nurses, and volunteers to prepare them for emergency response deployment.
- Conducted capacity building with Yayasan Pulih on GBViE prevention and management for 233 participants from 41 civil society organizations (CSOs) in DKI Jakarta, Banten, West Java, and West Nusa Tenggara.
- Conducted capacity building with Yayasan Pulih on self-care and risk factors of GBV frontliners to vicarious trauma for 306 GBV frontliners working as enumerators for the 2021 Indonesian National Women's Life Experience Survey (SPHPN).

4. Accountability through Community Engagement

- Developed an integrated feedback mechanism for SRH and GBV issues through community engagement with YKP, which engaged 2,080 women participants in community discussions targeting women's groups in Central and West Sulawesi.
- Conducted training for 150 female religious leaders and 50 peer educators on SRH and GBV from faith perspective with Fatayat Nahdlatul Ulama (NU).
- Engaged 5,500 women and 1,650 adolescents in community engagement activities with Fatayat NU in West Java, DI Yogyakarta, and Central Sulawesi.

STORY OF CHANGE

Female Religious Leaders Champions of Sexual and Reproductive Health in Indonesia



Socialization on reproductive health and child protection law during COVID-19 Pandemic at IPNU IPPNU, 16 October 2021 (Photo: Courtesy of Fatayat NU)

Dai'yah, female Muslim leaders, are key figures in religious education in communities in Indonesia. The scope of their role and impact of their work expands beyond religious teaching, however.

Da'iyah are also champions of sexual and reproductive health and family planning. They are a primary source for guidance and advice for Muslim women and girls. They become trusted pre-marriage counselors for couples planning to wed, and trusted teachers in primary and secondary education. And most importantly, they become the voice that offers hope for those who seek solace amid challenges in life.

"I want to fight for the rights of women and children, especially in reproductive health and education for women, to make gender equality a reality in the family and the society," Nia Qolbunia, a 45-year-old teacher at madrasah tsanawiyah (religious junior high school run by the Ministry of Religious Affairs) and the third deputy of Fatayat NU West Java, describes her motivation working as a dai'yah.

Socializing the importance of family planning

and marrying at the appropriate age, 21 years minimum for women to ensure their reproductive health is part of her daily activity. "We also provide contraceptive services in collaboration with the government so that women can manage their economy, help with their family's prosperity, and do their activities," she continues.

Dai'yah's championship of sexual and reproductive health to women and girls is more critical than ever. The prolonged COVID-19 pandemic and its disruptive impact on essential and lifesaving services has taken a heavy toll on women and girls. Many of them face barriers in accessing sexual and

reproductive health, maternal and child health, and family planning services due to limited services and restrictions of movement. Consequently, they face higher risks of gender-based violence (GBV), unintended pregnancies, and harmful practices like female genital mutilation (FGM) and child marriage.



A Quran study meeting known as "pengajian", 23 October 2021 (Photo: Courtesy of Fatayat NU)

Nia has seen how the COVID-19 pandemic has impacted the community she serves. “Because of the COVID-19 pandemic, a lot of husbands stay at or work from home. As a result, there have been a lot of unplanned pregnancies,” Nia says. “Many parents have also married off their teenage children... There is online gender based violence and domestic violence too,” she continues.

Therefore, da’iyah are among UNFPA Indonesia’s critical partners in achieving the Three Zeros (Three Transformative Results), an agreement that followed the global commitment made at the 1994 International Conference on Population and Development (ICPD), that seeks to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices against women and girls. Making the Three Zeros a reality will also support the achievement of the Sustainable Development Goals (SDGs) by 2030, ensuring that no one is left behind.

UNFPA Indonesia has worked with Fatayat NU, a Muslim women’s organizations under Nahdlatul Ulama (NU)—one of two largest Muslim mass organizations in Indonesia alongside Muhammadiyah—as one of the implementing partners of the “Leaving No One Behind (LNOB)” project supported by the Government of Japan. The partnership focuses on improving the capacity of da’iyah’s in promoting the sexual and reproductive health and wellbeing of women and girls during the pandemic.

“As Fatayat NU’s members are women of productive age, 25-45 years, educating them and ensuring they are all on the same page is critical,” Izza Anafisah, Fatayat NU’s Programme Manager, explains. “Especially with the high number of child marriage and female genital mutilation (FGM) cases we find,” the 35-year-old woman continues.

Through the LNOB project that runs from June 2021 to March 2022, da’iyah and peer educators from NU Female Students Association (IPPNU) participate in training workshops on spreading messages on women’s sexual and reproductive health and prevention of GBV and child marriage to 5,500 women through Qur’an study meetings known as “pengajian” and 1,650 adolescent girls through orientations in Islamic boarding schools in West Java, Central Sulawesi, and DI Yogyakarta.

“We are grateful to have gained initial capacity building that opened our eyes on things considered indecent or a taboo to discuss, such as the functions of a vagina and how to take care of it. It’s important to teach them to students at the local level,” Nur Wedia Devi Rahmawati, Chairperson of the Female Student



A “pengajian” meeting and socialization on reproductive health and family planning, 9 October 2021 (Photo: Courtesy of Fatayat NU)

Counseling Institution of the Central Board of NU Female Students (PP IPPNU) Jakarta, says. Peer counselors play a critical role to help adolescents in navigating the dynamic changes in their lives, according to the 27-year-old woman. “We are planning to establish a school for peer counselors by the end of the year so that more girls can become leaders,” she adds.

As part of the LNOB project, guidelines are also developed to help da’iyah and peer educators incorporate the key messages into their teaching and counseling materials. “We are hoping that with the guidelines we can little by little counter the tradition and belief that endorse FGM,” says Izza. “Islam regulates these issues... There’s an impression that there’s a distinction between reproductive health and religion when there is none,” she affirms.

For Nia, the training and the guidelines would help her achieve her goal of realizing gender equality. “We are gaining a lot of knowledge on relevant laws, reproductive health, FGM, and child marriage, which we will disseminate to the congregation,” she says. She also highlights the critical need for cross-sectoral collaboration and networking on this important work. “We don’t work on our own. We network with relevant offices, the child protection commission and many others,” she says, firmly.

OUR KEY PARTNERS

“Our key partners have been key to our successful achievements in 2021”

- Strong partnerships with our national implementing partners including the Government, academia, non-governmental organisations, and civil society organisations, including with young people and religious leaders, strengthen our strategic programmes.
- An inclusive COVID-19 response that leaves no one behind meant that, in addition to strengthening existing partnerships, we had to expand our network and work with new partners.
- The year 2021 was significant for initiating new partnerships, including with the Ministry of Education, Culture, Research and Technology (MoECRT) and Fatayat Nahdlatul Ulama (NU).

KEY IMPLEMENTING PARTNERS

Institution	Areas of work
National Development Planning Agency (Bappenas)	Coordinating agency for all areas of UNFPA mandate
National Population and Family Planning Board (BKKBN)	FP, SSTC, ICPD, Population Dynamics
Ministry of Health (MOH)	Maternal Health, ASRH, Humanitarian
Ministry of Home Affairs (MOHA)	Family Planning, Population and Development
Ministry of Women's Empowerment and Child Protection (MOWECP)	VAW, Harmful Practices, Humanitarian
BPS -Statistics Indonesia	Population, SRH, and Gender Data
National Commission on Violence against Women (Komnas Perempuan)	VAW, Harmful Practices
Board for Development and Empowerment of Human Resources (BPPSDMK)	Maternal Health & Midwifery
Directorate of Communicable Diseases Prevention and Control	HIV Prevention
Indonesian Midwives Association (IBI)	Midwifery, Humanitarian

Institution	Areas of work
Public Health Faculty of University of Indonesia (FKM UI)	Knowledge Hub for Reproductive Health
Civil society organizations (CSOs) and Non -Government Organizations (NGOs):	
1. Fatayat NU	Reproductive health, Gender, Humanitarian
2. Jaringan Indonesia Positif (JIP)	HIV Prevention, Humanitarian
3. Indonesian Planned Parenthood Association Jakarta Chapter (PKBI DKI Jakarta)	HIV Prevention
4. PKBI Papua	HIV Prevention
5. Organisasi Perubahan Sosial Indonesia (OPSI)	HIV Prevention
6. Siklus (YSSI)	ASRH
7. Yayasan Dokter Peduli (Doctor Share)	Reproductive health, Humanitarian
8. Yayasan Kalandara	HIV Prevention
9. Yayasan Kerti Praja (YKP)	HIV Prevention, Humanitarian
10. Yayasan Pulih	Gender, Humanitarian

Other Partners

Institution	Areas of work
Coordinating Ministry of Human Development and Cultural Affairs (Kemenko PMK)	Youth
Indonesian Forum for Parliamentarians on Population and Development (IFPPD)	Advocacy
Indonesian Female Ulema Congress (KUPI)	Gender
Ministry of Education, Culture, Research and Technology (MoECRT)	ASRH education
Ministry of Foreign Affairs (MOFA)	SSTC, CPD
Ministry of Religious Affairs (MORA)	Gender
Ministry of State Secretariat (Setneg)	SSTC, CPD
Ministry of Youth and Sport (Kemenpora)	Youth
National Disaster Management Authority/Badan Nasional Penanggulangan Bencana (BNPB)	Humanitarian, Population Data & Analysis

LIST OF ACRONYMS



AIDS	Acquired Immune Deficiency Syndrome
ASFR	Age Specific Fertility Rate
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
Bappenas	Badan Perencanaan dan Pembangunan Nasional (National Planning and Development Agency)
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional (National Population and Family Planning Board)
BNPB	Badan Nasional Penanggulangan Bencana (National Disaster Management Authority)
BPS	Badan Pusat Statistik (BPS-Statistics Indonesia)
CLM	Community-led Monitoring
CP10	10th Country Programme
CPAP	Country Programme Action Plan
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DFAT	Department of Foreign Affairs and Trade of Australia
FGM/C	Female Genital Mutilation/Cutting
FKM UI	Fakultas Kesehatan Masyarakat Universitas Indonesia (Faculty of Public Health, University of Indonesia)

FP	Family Planning
FSW	Female Sex Worker
GAC	Global Affairs Canada
GBV	Gender-based Violence
GBViE	Gender-based Violence in Emergencies
GF	Global Fund
GOI	Government of Indonesia
GOJ	Government of Japan
HIV	Human Immunodeficiency Virus
IANYD	Inter-Agency Network on Youth Development
IBI	Ikatan Bidan Indonesia (Indonesian Midwives Association)
ICPD	International Conference on Population and Development
ICPD+25	Nairobi Summit, 25 years after the ICPD in Cairo
IDHS	Indonesian Demographic Health Survey
IEC	Information, Education, and Communication
JIP	Jaringan Indonesia Positif (Indonesian Positive Network)
Komnas Perempuan	Komisi Nasional Anti Kekerasan terhadap Perempuan (National Commission on Violence Against Women - NCVAW)
LNOB	Leaving No One Behind
MDSR	Maternal Deaths Surveillance and Response
MHPSS	Mental Health and Psychosocial Support

MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOECRT	Ministry of Education, Culture, Research, and Technology
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MORA	Ministry of Religious Affairs
MOWECP	Ministry of Women's Empowerment and Child Protection
MOYS	Ministry of Youth and Sports
NAP	National Action Plan
NCVAW	see Komnas Perempuan
NGO	Non-Governmental Organization
NU	Nahdlatul Ulama
OPSI	Organisasi Perubahan Sosial Indonesia (Indonesian Social Change Organization)
PD	Population and Development
PEs	Peer Educators
PLs	Peer Leaders
PKBI	Perkumpulan Keluarga Berencana Indonesia (Indonesian Planned Parenthood Association)
RH	Reproductive Health
RPJMN	Rencana Pembangunan Jangka Menengah Nasional (Medium-Term National Development Plan)
SDGs	Sustainable Development Goals
SPHPN	Survei Pengalaman Hidup Perempuan Nasional (National Women's Life Experience Survey/Violence Against Women Survey)

SRH	Sexual and Reproductive Health
SRHiE	Sexual and Reproductive Health in Emergencies
SSTC	South-South and Triangular Cooperation
SUPAS	Survei Penduduk Antar Sensus (Intercensal Population Survey)
SUSENAS	Survei Sosial dan Ekonomi Nasional (National Socioeconomic Survey)
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN RC	United Nations Resident Coordinator
UN Women	United Nations Entity for Gender Equality and Empowerment of Women
VAW	Violence Against Women
VNR	Voluntary National Review
WHO	World Health Organization
YKP	Yayasan Kerti Praja
YSSI	Yayasan Siklus Sehat Indonesia

ABOUT UNFPA INDONESIA



About UNFPA Indonesia

UNFPA, the United Nations Population Fund, works to deliver a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled. Since 1972, UNFPA has been one of Indonesia's most prominent partners in reproductive health, youth, population and development, and gender equality.

UNFPA Indonesia strives to achieve Three Zeros, a global commitment to end preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices, guided by the 1994 International Conference on Population and Development (ICPD) and Sustainable Development Goals (SDGs) 2030 Agenda.

Contact Us :



UNFPA Indonesia



UNFPAIndonesia



UNFPAIndonesia



MYUNFPAIndonesia

indonesia.unfpa.org



**7th Floor Menara Thamrin
Jl. M.H. Thamrin, Kav. 3 Jakarta Pusat , Indonesia 10310
Tel: +62 21 29802300 | Fax: +62 21 31927302 | Website: indonesia.unfpa.org**