

LEAVING NO ONE BEHIND

EVERYONE COUNTS IN AN INCLUSIVE COVID 19 RESPONSE



**INSPIRING STORIES:
APPRECIATION, INNOVATION,
AND TRANSFORMATION**

UNFPA INDONESIA AND THE GOVERNMENT OF JAPAN



APRIL 2021 - SEPTEMBER 2022
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FOREWORD

Leaving No One Behind: Everyone Counts in an Inclusive COVID-19 Response

Women and girls, including pregnant women, gender-based violence (GBV) survivors, older persons, persons with a disability, and people living with HIV are often some of the most disadvantaged within vulnerable groups.

In humanitarian and health crises, women and girls face increased risks of gender-based violence and barriers to services. The COVID-19 pandemic has exacerbated inequalities and disproportionately affected women and girls, rendering them more vulnerable to physical, psychological, economic, and other impacts of the health crisis.

To ensure the most vulnerable populations benefit from continuous access to health, social, and rights protection services during the COVID-19 pandemic, the United Nations Population Fund (UNFPA) partnered with 15 ministries/government institutions and civil society organizations in implementing the “Leaving No One Behind (LNOB): Everyone Counts in an Inclusive COVID-19 Response” programme from April 2021-September 2022.

Funded by the Government of Japan, the LNOB programme focused on rights, empowerment, meaningful participation, and capacity development in addressing inequalities central to the 2030 Agenda and reaching the furthest behind first. Through the LNOB programme, we

ensured that women and girls can access urgently needed health and social services during the pandemic. The programme is part of our national effort in response to the challenges associated with the pandemic as well as the Sustainable Development Goals (SDGs), with a particular focus on Goal 3 (Good Health and Well-being), Goal 5 (Gender Equality) and Goal 13 (Climate Action).

The partnerships and platforms we established through the LNOB programme were strengthened by participatory consultations and decision-making processes, as well as feedback mechanisms promoting transparency, consensus, and inclusiveness, ensuring that no one is left behind.

This publication is the final report of the LNOB programme reflecting its objectives, content, and inspiring stories from the people involved. Central to the programme is Appreciation, Innovation, and Transformation ensuring that the most vulnerable populations benefit from access to health, social, and rights protection services.

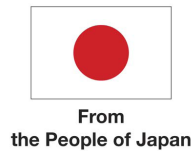
We would like to express our gratitude and highest appreciation to the Government of Japan for their generous support, the Government of Indonesia for their leadership and guidance, and our implementing partners, BAPPENAS, BKKBN, BNPB, MOH, MOHA, MOWECP, NCVAV

LNOB PROJECT CLOSURE MEETING, ORIENTAL MANDARIN HOTEL JAKARTA, 31 SEPTEMBER 2022



From Left: Oldri Sherli Mukuan (UNFPA Indonesia Assistant Representative a.i), Nakao Yusuke (First Secretary, Embassy of Japan to Indonesia), Anjali Sen (UNFPA Indonesia Representative), HE Kanasugi Kenji (The Ambassador of Japan to Indonesia), Dr. Ir. Taufik Hanafi, MUP (Secretary of the Ministry of National Development Planning/BAPPENAS), Dr. Ir. Subandi Sardjoko, MA (Acting. Deputy for Human Development, Community and Cultural Development, BAPPENAS), Woro Srihastuti Sulistyaningrum ST, MIDS (Director of Family, Women, Children, Youth, and Sports, BAPPENAS)

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FINAL PROJECT REPORT

LEAVING NO ONE BEHIND COVID-19 RESPONSE FOR VULNERABLE WOMEN AND OLDER PERSONS IN INDONESIA

PROJECT SUMMARY

PROJECT DURATION

APRIL 2021 - SEPTEMBER 2022

DONOR

GOVERNMENT OF JAPAN

IMPLEMENTING AGENCY

UNFPA INDONESIA

NATURE OF ACTIVITIES

HUMANITARIAN/DEVELOPMENT

PURPOSES

(I) TO MAINTAIN CONTINUITY OF MATERNAL HEALTH AND OTHER SEXUAL AND REPRODUCTIVE HEALTH SERVICES DURING THE PANDEMIC; AND (II) TO ADDRESS GENDER-BASED DISCRIMINATION AND HARMFUL PRACTICES IN OUTBREAK RESPONSE

OUTPUTS

OUTPUT 1: INTEGRATED HEALTH GBV SECTOR RESPONSE (MHPSS)

OUTPUT 2: GBV PREVENTION AND RESPONSE

OUTPUT 3: INTEGRATED SOCIAL AND HEALTH CARE SERVICES FOR THE MOST VULNERABLE GROUP

PROJECT BUDGET

USD 2,863,636 (JPY 3.15 Mio)

TOTAL IMPLEMENTATION RATE 2022

USD 2,863,184 or 99.98%*

**Utilization rate per the end of September 2022, will be changed based on a certified financial statement from the UNFPA HQs.*

and strategic partners: doctorSHARE, Fatayat NU, Faculty of the Public Health University of Indonesia, Ikatan Bidan Indonesia (IBI), Jaringan Indonesia Positif (JIP), PKBI DKI Jakarta, Yayasanan Kerti Praja, and Yayasan Pulih. We would also like to thank all those who have contributed their thoughts and energy into the development of this report.

We are hopeful that the LNOB programme will inspire future programme to promote inclusivity and put human rights at the center of development to reach those furthest behind.

Anjali Sen
UNFPA Indonesia Representative

ACKNOWLEDGEMENTS

The writing team wishes to acknowledge the support and contributions of all stakeholders at the national and subnational level, ministries, government institutions/authorities, and the 'Leaving No One Behind' (LNOB) implementing partners. We also appreciate the support from the LNOB Strategic partners and those who made our field visits successful.

Our appreciation goes to the Government of Japan for supporting the United Nations Population Fund (UNFPA) team to ensure continued services and support for women, girls, and vulnerable groups during the COVID-19 pandemic.

We would like to express gratitude to the Government of Indonesia, for its support, especially through the leadership of BAPPENAS, BNPB, MOH, MOHA, MOWECP BKKBN and NCVAW.

Our special thanks to the following LNOB Strategic Partners; doctorSHARE, Fatayat NU, Faculty of Public Health, University of Indonesia, Jaringan Indonesia Positif (JIP) Yayasan Kerti Praja, Yayasan Pulih. Our deepest appreciation for your patience and generosity in sharing your knowledge to guide us in best reflecting your achievements in this report. Given the extensive coverage of the LNOB, your insights from the field were central to this report.

We would also like to thank the friendly support and assistance in organizing interviews and group discussions on field visits provided by YAKKUM, Rifka Annisa (Yogyakarta), Fatayat NU, and PKBI Central Sulawesi. Your support enabled us to gather insights into the project and collect inspiring stories from the field, which otherwise would have been left behind.

Special recognition is extended to the entire Humanitarian-LNOB UNFPA team, led by Elisabeth Sidabutar and Nur Arifina Vivinia, and team members, Ria Ulina, Loly Safitri, Narwawi Pramudhiarta, Adi Kurniawan, Clara Widyasari, Edy Gunawan, Cahyo Heri Setiawan and Resna Kurniawan. You all showed us that anything is possible with passion, commitment, and solid teamwork, and are all inspiring young leaders.

Thank you to all the UNFPA team members for your constructive feedback and critical review of this report.

We highly appreciate the support we received from Anjali Sen, UNFPA Indonesia Representative and Dr Melania Hidayat, UNFPA Indonesia Assistant Representative, for giving us essential background and comprehensive knowledge of the UNFPA vision and LNOB mandate. Without your critical guidance, this report would not have been possible. Also UNFPA Team Leaders; Richard Joanes Makalew, Risya Ariyani Kori, Oldri Sherli Mukuan, Margaretha Sitanggang, Rahmi Dian Agustino and F. Restu Susanta for their contributions, critical reviews, and feedbacks for this report.

Most of all, we sincerely thank the front-liners, community support volunteers, community leaders, members of the youth forum in Central Sulawesi, and the forum for persons with disabilities in Kulon Progo, Yogyakarta, as well as discussions with older persons as the programme beneficiaries in a hybrid meeting in Cikini, Jakarta. Your stories were inspiring, and we feel privileged to learn from you all.

Jakarta, October 2022

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EXECUTIVE SUMMARY

Indonesia is one of the world's most disaster-prone regions. This vulnerability increased, when in the first quarter of 2020, the country faced a new threat from the global COVID 19 pandemic, and which has since had a major multi-sectoral impact on Indonesia.

Those hit hardest by the COVID 19 crisis were those already at risk of being furthest left behind, and as such the COVID 19 crisis has slowed progress towards achieving the SDGs in Indonesia.

UNFPA's 'Leaving No One Behind' (LNOB) was an 18-month project, from 1 April 2021 - 30 September 2022. Supported by the Government of Japan (GOJ) and involved strong collaboration with 15 government and non-government partners, in 76 districts and municipalities, in 22 Indonesian provinces. The LNOB project was supported by the Government of Japan to ensure the continuation of support and equal opportunities in access to sexual reproductive health services (SRH) and outreach to the most vulnerable populations who were often overlooked in the COVID 19 response, particularly women and girls, pregnant women, GBV survivors, older persons, persons with disabilities (PWD), and people living with HIV (PLHIV).

This report records the human stories of people involved in the project. They included those working closely with communities, such as local partners and leaders, front-liners, human rights advocates, social protection support workers and the project beneficiaries. Unlike problem-oriented and risk-focused assessments that limit relationship building, positive experiences unite people with similar values and goals

and subsequently open systems of working together to transform people's lives with better possibilities. In short, we asked people to highlight the most significant impacts of the LNOB project and things that people were proud to share with the LNOB stakeholders.

This report includes six chapters. The first chapter provides the project background. Chapters 2, 3, 4, and 5 focus on the LNOB-established three outcomes on sexual and reproductive health issues, gender-based violence, and social protections and health services for persons with disabilities (PWD), older persons and people living with HIV. Chapter 6 reflects on our short field visits and the interactions and discussions with, and feedback from, various key stakeholders and beneficiaries for the LNOB. Following are key recommendations for UNFPA's future strategies in the humanitarian-development continuum to those left furthest behind, which includes the UNFPA Country Programme Action Plan (CPAP) and its influence and leadership in the global south.

We found that LNOB is in line with the UNFPA Mandate, Leadership and Engagement in High Level Advocacy. The programme aligns with the UNFPA Country Programme Action Plan (CPAP) 2020-2025, ICPD POA, strategic plans and mode of operations, and working with strategic partners. The UNFPA LNOB programme is relevant to the UNFPA mandate and the Government of Indonesia's national development priorities and needs of the targeted beneficiaries.

Building on local strengths, resourcefulness, champions, and networks is central to the LNOB success and its ability to overcome challenges in programme implementation. The concept

of localization, or 'Pelokalan', was mentioned by all strategic partners. At the same time, insights from field visits highlighted awareness of local practices promoting social justice and the integration of the humanitarian concept to community development and resilience. The LNOB committed to invest in both the people and the system to plant the seed for sustainability.

The 'Leaving No-One Behind' project promoted a transformative learning platform for the 'real' practice of social justice. For example, a village midwife in Palu, South Sulawesi, adopted flexible hours, meeting venues and weekend sessions for the Posyandu Remaja (adolescent health post) activities. The LNOB project and the lessons learned by those involved further informed the formulation of inclusive documents, programme, policies, and using sensitive and empowering language.

However, there are some notes for sustainability on these achievements. The LNOB has successfully developed many knowledge products, including training materials, guidelines, SOPs, policy briefs and research reports. However, it needs to reach a wider audience for impactful utilisation. Strengthening the people and the system is one of the key lessons learned in the LNOB programme. At the national level, it worked with the BKKBN to develop the GoLantang application, while with the BNPB it successfully initiated the 'One Disaster Data within the One Data Indonesia'. Integration of these best practices into the government system should be continued in order to reach other related ministries and government bodies. Additionally, more financing is needed to sustain and scale up the transformations achieved by the LNOB programme. Traditional financing from internal sources at central and local government and external funding from donors must be increased and sustained, as well as a need to scale up innovative and private source funding.

Indonesia is one of the world's most disaster-prone regions, with over 97% of Indonesians living in a disaster-prone area. As such, we need to harness our knowledge and experiences and contribute to humanitarian works and leadership within the South-to-South cooperation. The LNOB project has given us a platform for learning and building national, regional, and local-village capacities to respond to emergencies and disaster situations. Therefore, sharing these inspiring stories and transformative initiatives born from the LNOB is part of our contribution to the global humanitarian works and leadership.

CONTENT

Project Summary	2
Fund Implementation Report	2
Foreword	3
Acknowledgements	5
Executive Summary	7
CONTENT	9
LIST of Tables	12
LIST OF Figures	12
Abbreviations	13
1. CAPTURING INSPIRING STORIES AND TRANSFORMATIVE INITIATIVES.....	17
The Background	18
About this Report.....	19
An Appreciative Approach	19
The Field Visits	20
LNOB Working Area	20
LNOB Key Achievements.....	20
Implementing Partners	21
Strategic Partners.....	21
2. INTEGRATED SEXUAL REPRODUCTIVE HEALTH, SERVICES FOR GBV SURVIVORS, AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT.....	22
Filling the Gaps – Key Achievements	24
Integrated SRH Planning and Budgeting - Investing in People and the System	25
Developing Systems and Capacity to Map Vulnerable Group Exposure to Disasters.....	26
Protecting life, Attending with Empathy	27
Care for the Caregivers	28
Learning the Mental Health and Psychosocial Needs of Women and Children	29
Addressing the Intersectionality of Child Marriage and GBV.....	30

Harnessing the Privileges, Leadership Positions and Social Assets of Female Religious Clerics /Daiyah/Taklim Assembly.....	30
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3. SRH AND GBV INTEGRATED RESPONSE AND WHAT WE LEARNED.....32

The Action of Social Justice - Key Achievements.....	34
Building Solid Teamwork and Collegiality	35
Advocacy and Beyond.....	36
Empowering Fathers, Mothers and Adolescents	36
Addressing the Roots Causes of Gender Inequality: Women’s Livelihood and Empowerment	36
Men’s Involvement in GBV prevention	37

4. WORKING WITH OLDER PERSONS AND PERSONS WITH DISABILITIES.....39

The Most Vulnerable First.....	40
Building Collective Awareness on the Rights of Older Persons and Person with Disabilities.	42
Beyond awareness - 360° Empowerment.....	42
Youth Forum KEREN: A Safe Space for Adolescents and Youth with Disabilities:	44
Reaching Out and Engaging Youth with Disabilities in “Posyandu Remaja”	45
Assisting Government Agencies to Identify the Needs of Older Persons.....	45
Working with Older Persons and Persons with Disabilities is Working with Wicked Social Problems.....	46

5. WORKING WITH PEOPLE LIVING WITH HIV AND FEMALE SEX WORKERS WITH DISABILITIES.....48

IMPACT OF COVID 19 on those Furthest Left Behind – Older People Living with HIV and FSW Including those with Disabilities	49
Filling the Gap – Key Achievements	50

Recognizing the Needs of PLHIV During the Pandemic.....	51
Ensuring Access and Upholding Human Dignity	52
Seeing What Was Once Invisible: Responding to the Needs of FSW with Disabilities	53
6. THE WAY FORWARD: APPRECIATION, INNOVATION, TRANSFORMATION AND SUSTAINABILITY.....	55
LNOB is in line with the UNFPA Mandate, Leadership and Engagement in High Level Advocacy.....	56
LNOB: What is Being Born and How Can We Help It to Arrive Well?.....	57
Building on Strengths.....	57
Building on ‘Pelokalan’: Harnessing Local Narratives, Champions, and Solutions	57
Integrating the Triple Nexus: Building on Community Resilience within the Field of Humanitarian-Development	58
Strengthening the Practice of Social Justice	58
RECOMMENDATION - WHAT’S NEXT	59
Transform, Innovate, Motivate, and Proactively Respond to ‘Megatrends’	59
Notes for Sustainability.....	60
‘Pelokalan’: Remove Underlying Structural Inequalities, Proactively Focusing on Strengthening the Capacities of Village Governance.....	60
Expanding Partnerships and Indonesian Leadership as Experts in Humanitarian and Emergency Context in the Global South Regions.....	61
LNOB: Who is still being left behind?.....	61
REFERENCES.....	63
ANNEX 1.....	67
ANNEX 2.....	68
ANNEX 3.....	74
ANNEX 4.....	80

LIST OF TABLES

Table 1: LNOB Key Achievements for Integrated Health Sector Response on SRH and GBV (including Mental Health Psychosocial Support/MHPSS)	24
Table 2: LNOB Key Achievements for Addressing Issues on Gender-Based Violence	34
Table 3: LNOB Key Achievements for Older Person and Persons with Disabilities	41
Table 4: LNOB Key Achievements for PLHIV and FSW including those with Disabilities	50

LIST OF FIGURE

Figure 1: Project Working Area	20
Figure 2: LNOB Achievements: At a Glance	21
Figure 3: KECELE Cover Page	30

ABBREVIATIONS

3T regions	: <i>Terdepan, Terluar dan Tertinggal</i> (areas on the country's border, the outermost areas, and areas lagging in development)
AIDS	: Acquired Immune Deficiency Syndrome
ANC	: Antenatal Care
ARV	: Antiretroviral
ART	: Antiretroviral Therapy
ASRH	: Adolescent Sexual and Reproductive Health
AWP	: Annual Work Plan
Bappeda	: <i>Badan Perencanaan Pembangunan Daerah</i> (District Planning Agency)
Bappenas	: <i>Badan Perencanaan Pembangunan Nasional</i> (National Development Planning Agency)
BKKBN	: <i>Badan Kependudukan dan Keluarga Berencana Nasional</i> (National Population and Family Planning Coordinating Board)
BNPB	: <i>Badan Nasional Penanggulangan Bencana</i> (National Disaster Management Authority)
BPBD	: <i>Badan Penanggulangan Bencana Daerah</i> (Provincial Disaster Management Agency)
BPJS	: <i>Badan Penyelenggara Jaminan Sosial</i> (National Health Insurance)
CMR	: Clinical Management of Rape
CPAP	: Country Programme Action Plan
CVA	: Cash Voucher Assistance
DHO	: District Health Office
DIY	: <i>Daerah Istimewa Yogyakarta</i> (The Special Region of Yogyakarta)
DK	: Dignity Kit
DKI Jakarta	: <i>Daerah Khusus Ibukota Jakarta</i> (Special Capital Region of Jakarta)
doctorSHARE	: Doctor Sharing Accessible Health and Care (A Non-profit Organisation in Indonesia)
DP3AP2	: <i>Dinas Pemberdayaan Perempuan, Perlindungan Anak dan Pengendalian Penduduk</i> (Women Empowerment, Child Protection and Population Control Office)
DP3AP2KB	: <i>Dinas Pemberdayaan Perempuan dan Perlindungan Anak, Pengendalian Penduduk</i>

dan Keluarga Berencana (Women Empowerment, Child Protection, Population Control and Family Planning Office)

ERIA	: Economic Research Institute for ASEAN and East Asia
Fatayat NU	: <i>Fatayat Nahdlatul 'Ulama</i> (an autonomous Islamic youth and young women organisation in Indonesia)
FGD	: Focus Group Discussion
FKM UI	: Faculty of Public Health, the University of Indonesia
FPKK	: <i>Forum Perlindungan Korban Kekerasan</i> (Forum for the Protection of Violence Survivors)
FSW	: Female Sex Workers
GBV	: Gender-based Violence
GBViE	: Gender Based Violence in Emergency
GOJ	: the Government of Japan
HIV	: Human Immunodeficiency Virus
IBI	: <i>Ikatan Bidan Indonesia</i> (Indonesian Midwives Association)
ICPD PoA	: International Conference on Population and Development Plan of Action
ID	: Identification
IEC	: Information Education and Communication
IKa	: <i>Indonesia untuk Kemanusiaan</i> (Indonesia for humanity - an NGO working with victims of human rights cases across Indonesia to reach older persons with disabilities)
IP	: Implementing Partners
JIP	: <i>Jaringan Indonesia Positif</i> (A Non-Governmental Organisation whose members are people living with HIV)
KB	: <i>Keluarga Berencana</i> (Family Planning)
KEREN	: <i>Kelompok Rentan</i> (Vulnerable Groups)
KPPN	: <i>Kementerian Perencanaan Pembangunan Nasional Republik Indonesia</i> (Ministry of National Development Planning)
KTI	: <i>Kekerasan terhadap Istri</i> (violence against the wife)
KUA	: <i>Kantor Urusan Agama</i> (Religious Affairs Office)
Lansia	: <i>Lanjut Usia</i> (Older Persons)
LNOB	: Leaving No One Behind

MHPSS	: Mental Health and Psychosocial Support
MHSOP	: Minimum Health Services for Older Person
MISP	: Minimal Initial Service Package
MOH	: Ministry of Health
MOHA	: Ministry of Home Affairs
MOWECP	: Ministry of Women’s Empowerment and Child Protection
Mt	: Mount
NCVAW	: National Commission on Violence Against Women
NGOs	: Non-Governmental Organisations
NTB	: <i>Nusa Tenggara Barat</i> (West Nusa Tenggara)
NTT	: <i>Nusa Tenggara Timur</i> (East Nusa Tenggara)
OB-GYN	: Obstetrics and Gynaecology
OP	: Older Persons
PDM	: Post Distribution Monitoring
Perpres	: <i>Peraturan Presiden</i> (Presidential Regulation)
PFA	: Psychological First Aid
PKBI	: <i>Perkumpulan Keluarga Berencana Indonesia</i> (Indonesian Plan Parenthood Association)
PKK	: <i>Pemberdayaan Kesejahteraan Keluarga</i> (Empowerment for Family Welfare) ¹
PLHIV	: People living with HIV
PLWD	: People living with Disabilities
PMI	: <i>Palang Merah Indonesia</i> (the Indonesian Red Cross)
POGI	: The Indonesian Association of Obstetricians and Gynecology
PosRem	: <i>Posyandu Remaja</i> (Adolescents Health Post)
Posyandu	: <i>Pos Pelayanan Terpadu</i> (the village health post)
PPE or PPEs	: Personal Protective Equipment/s
Puskesmas	: <i>Pusat Kesehatan Masyarakat</i> (Community Health Centre)
PWD	: Persons with Disabilities

¹Saskia E. Wieringa (1993) Two Indonesian women’s organisations: Gerwani and the PKK, *Bulletin of Concerned Asian Scholars*, 25:2, 17-30, DOI: <https://doi.org/10.1080/14672715.1993.10416112>

RH	: Reproductive Health
RPJMN	: <i>Rencana Pembangunan Jangka Menengah Nasional</i> (the National Mid-term Development Plan)
RUU TPKS	: <i>Rancangan Undang-Undang Tindak Pidana Kekerasan Seksual</i> (the Sexual Violence Crime Bill)
SADDD	: Sex, Age, and Disability Disaggregated Data
SDBI	: <i>Satu Data Bencana Indonesia</i> (One Disaster Data Indonesia)
SDI	: <i>Satu Data Indonesia</i> (One Data Indonesia)
SDGs	: Sustainable Development Goals
SOP	: Standards Operating Procedures
SP	: Strategic Partner
SRH	: Sexual and Reproductive Health
SRHiE	: Sexual and Reproductive Health in Emergency
STIs	: Sexually Transmitted Infections
ToT	: Training of Trainers
UN	: United Nations
UNFPA	: United Nations Fund for Population Activities
UU TPKS	: <i>Undang Undang Tindak Pidana Kekerasan Seksual</i> (Law on Sexual Violence Crimes)
VCT	: Voluntary Counselling and Testing
YAKKUM	: <i>Yayasan Kristen untuk Kesehatan Umum</i> (Christian Foundation for Public Health)
YKP/YKP-HUM	: <i>Yayasan Kerti Praja for Humanitarian</i> - Kerti Praja Foundation (foundation providing continuum of care and one stop services for HIV/AIDS, namely prevention, treatment, and mitigation)
Yayasan Pulih	: Pulih Foundation (non-profit organisation providing psychological services)
YF Keren	: Youth Forum <i>Keren (Kelompok Rentan)</i> (Forum for Vulnerable Youth and Adolescents)



1

CAPTURING INSPIRING STORIES AND TRANSFORMATIVE INITIATIVES



1 CAPTURING INSPIRING STORIES AND TRANSFORMATIVE INITIATIVES

THE BACKGROUND

Indonesia is prone to natural disasters due to the entire country lying within the ring of fire's south-western arm, an arc of volcanic activity, ocean trenches, fault lines and plate movement. Hence, making it prone to volcanic eruptions, earthquakes, and tsunamis. On top of these vulnerabilities, since the first quarter of 2020, the country faced a new threat from the global COVID 19 pandemic, and it has had a major multi-sectoral impact on Indonesia. The outbreak started as a public health crisis, with an increased burden on the health system, but later, larger consequences on human development related to access to health services, nutrition, education, social protection among others followed. Those hit hardest by the COVID 19 crisis were those already at risk of being furthest left behind, and as such the COVID 19 crisis has slowed progress towards achieving the SDGs in Indonesia.

UNFPA's 'Leaving No One Behind' (LNOB) was an 18-month project, from 1 April 2021 - 30 September 2022. The LNOB project was supported by the Government of Japan (GOJ) and involved strong collaboration with 15 government and non-government partners, in 76 districts and municipalities, in 22 Indonesian provinces, to ensure the continuation of support and equal opportunities to access sexual reproductive health services (SRH) and outreach to the most vulnerable populations, who were often overlooked in the COVID 19 response, particularly **women and girls, pregnant women, older persons, persons with disabilities (PWD), and people living with HIV (PLHIV)**

The worst-case scenario projection for increased maternal deaths due to the COVID 19 pandemic in low-income countries showed an increase of almost 40% in deaths per month. This projection assumed that governments impose strict movement restrictions and moderate reductions on maternal and child health care including family planning services. ⁽¹⁾ In Indonesia, this means an increase of 390 deaths per month totalling 4, 680 deaths in a year. ⁽²⁾ Regarding services for the most vulnerable, the UNFPA rapid assessment during the second wave of COVID 19 found limited services for older persons and PWD, where 39% of respondents reported having no services for older persons, and 65% reported having no services for PWD. At the same time, there was a moderate decrease in GBV service provider staff due to COVID 19 interruptions or staff having to take care of infected family members. Most of the respondents (67%) reported no virtual or online services provided to PWD and PLHIV.

⁽³⁾

Within the humanitarian context, the LNOB project bridged the triple nexus of resilience and humanitarian development context. This triple nexus bridges the humanitarian and development divide by ensuring that humanitarian assistance is delivered in the context of resilience and broader sustainable development priorities. Adopting a Build Back Better approach, UNFPA Indonesia focuses on strengthening institutional, individual, and community capacities to reduce vulnerability, be

more resilient to future disasters, and overcome multiple threats in crisis situations, especially during the COVID 19 interruption.

The project contributions in achieving the goals included policy advocacy at the national and local levels, capacity building, and provision of direct service. Policy advocacy included developing and disseminating guidelines for service and developing disaster data reporting. Capacity-building activities focused on training to improve the managerial skills and quality of health services. Trainees included project managers, religious leaders, front-liners, and community members. Provision of direct services and protection equipment for the front-liners and affected vulnerable groups included personal protection equipment (PPEs), dignity kits, transportation cost, Information Education and Communication (IEC) materials and Mental Health and Psychosocial Support (MHPSS) for GBV survivors.

ABOUT THIS REPORT

While numerous LNOB achievements and product knowledge have been published on the UNFPA website (<https://indonesia.unfpa.org/en/publications>), this report records the human stories of people involved in the project. They included those working closely with the communities, such as local partners and leaders, front-liner, human rights advocates, social protection support workers and the project beneficiaries.

This report highlights inspirational stories from the field visited by the authors from 5-23 September 2022. These stories illustrate cross-cutting human rights issues and intersectionality in the humanitarian-development context. These accounts of people's determination and resilience, local strength and leadership, local innovation, collaboration, and resource mobilisation are being weaved into this report.

QUESTIONS ASKED ...

What has been the LNOB GOJ programme components contribution to ensure inclusive access to services and protection for the target population of vulnerable groups during the COVID 19 pandemic, and how do those achievements inform UNFPA's future strategies?
What stories were inspiring, innovative, and made people proud?

AN APPRECIATIVE APPROACH

The LNOB project was complex in term of its context and outreach. We used an eclectic approach combining the [Outcome Harvesting](#) (Wilson-Gray and Brit) and [Strength Based Appreciative Inquiry](#) Approach. ⁽⁴⁾⁽⁵⁾

Both approaches were relevant with a complex project such as the LNOB. In complex environments, objectives and the paths to achieve them are largely unpredictable and changes are context specific. Outcome Harvesting and Strength Based Appreciative Inquiry approaches are highly participatory and focus on appreciating people's resilience, which is existentially crucial in the time of COVID 19 Pandemic ⁽⁶⁾

This report includes everyone's experiences, beliefs, and attitudes that enhance collective individuals and organisational capacities. Unlike problem-oriented and risk-focused assessments that limit relationship building, positive experiences unite people with similar values and goals and subsequently open systems of working together to transform people's lives and better possibilities. In short, we **asked people to highlight the most significant impacts** of the LNOB project and the things that people were proud to share with the LNOB stakeholders.

WE HOPE THIS REPORT, although providing only a ‘glimpse’ of people’s personal, professional, and organisational growth and strength, will inspire **leadership** that creates an “alignment of strength in ways that make a system’s weaknesses irrelevant”⁽⁶⁾ This hopefully will let innovative ideas be born and grow to reach the most vulnerable groups.

This report includes six chapters. The first chapter provides the project background. Chapters 2, 3, 4, and 5 focus on the LNOB-established three outcomes on sexual and reproductive health issues, gender-based violence, and social protections and health services for persons with disabilities (PWD), older persons and people living with HIV. Chapter 6 reflects on our short field visits and interactions and discussions with, and feedback from, various key stakeholders and beneficiaries for the LNOB. Following are **key recommendations** for UNFPA’s future strategies in the humanitarian-development commitment to those left furthest behind, including first and overall, the UNFPA Country Programme Action Plan (CPAP) and influence in the global south region.

THE FIELD VISITS

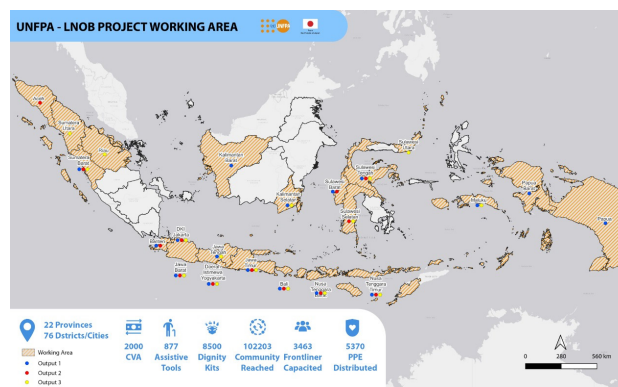
Before the field visits, a desk study was conducted focusing on LNOB internal reports, progress reports, and other relevant documentation. The field visits (5-23 September 2022) commenced firstly with a visit and discussion with partners and beneficiaries - older persons - in Jakarta (Cikini), then in Bali with the UNFPA LNOB team and all strategic partners, followed by field visits to Yogyakarta and Palu. The data was analysed using qualitative methods, focusing on reflective, appreciative inquiry to identify and cultivate strengths to meet the challenges

of the dynamic of the LNOB project. The stories gathered in the field visits were rich and inspiring, however, were only a snapshot of the much bigger achievement of the LNOB and its positive impacts on beneficiaries and partners.

LNOB WORKING AREA

The success of the UNFPA-LNOB project was built upon strong collaborations with 15 government and non-government partners, and local support partners and stakeholders across 22 Indonesian provinces, and 76 municipalities and districts. The initial selected areas were chosen based on COVID 19 prevalence, disaster risk, and vulnerable populations, and included Greater Jakarta, Central Sulawesi, East Java, Yogyakarta, West Sumatera, and West Nusa Tenggara. However, during the implementation additional areas were included based on the dynamic of COVID 19 transmission trends and occurrence of natural disasters.

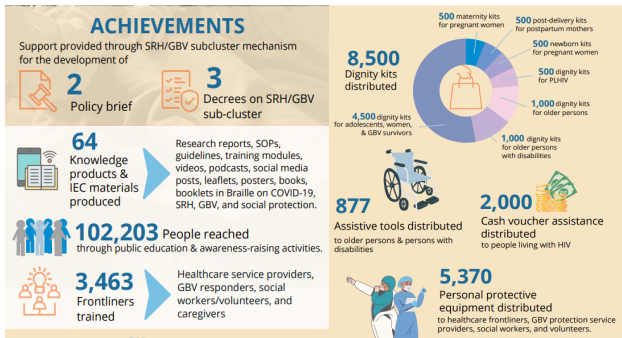
Figure 1: Project Working Area



LNOB KEY ACHIEVEMENTS

The following figure summarises LNOB key achievements across the three outcome parameters of policy advocacy, capacity building, and provision of inclusive services.

Figure 2: LNOB Achievements: AT A GLANCE
999



- Faculty of Public Health, University of Indonesia (FKM UI)
- Ikatan Bidan Indonesia
- Jaringan Indonesia Positif (JIP)
- PKBI Jakarta – Indonesia Plan Parenthood
- Yayasan Kerti Praja
- Yayasan Pulih

IMPLEMENTING PARTNERS

The LNOB UNFPA implementing partner (IP) is an appointed ministry or government institution based on the CPAP to implement programme relevant to the Annual Work Plan (AWP), and receives UNFPA funding and abides by the grant agreement.

- Ministry of Health (MOH)
- Ministry of Home Affairs (MOHA)
- Ministry of National Development Planning/ National Development Planning Agency (KPPN/Bappenas)
- Ministry of Women Empowerment and Child Protection (MOWECP)
- National Commission on Violence Against Women (NCVAW)
- National Disaster Management Authority (BNPB)
- National Population and Family Planning Coordinating Board (BKKBN)

STRATEGIC PARTNERS

LNOB Strategic Partners (SP) include universities and non-government organisations that are agreed by implementing partners and UNFPA to support programme implementation.

- DoctorSHARE
- Fatayat NU



2

**INTEGRATED SEXUAL REPRODUCTIVE HEALTH,
SERVICES FOR GBV SURVIVORS, AND MENTAL
HEALTH AND PSYCHOSOCIAL SUPPORT**

2 INTEGRATED SEXUAL REPRODUCTIVE HEALTH, SERVICES FOR GBV SURVIVORS, AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT



Youth with disabilities are prone to sexual violence and are lacking reproductive health education. Joining **posyandu remaja** (posrem)* is exciting as it gives us new knowledge on reproductive health and things related to youth. In the future I hope that the inclusive posrem will **engage more** youth with more diverse disabilities.

*Posyandu remaja is a healthcare service program targeting youth. Organized at the community level on a quarterly basis by community health centers and led by health cadres, Posrem provides basic health examination as well as mental and physical health education for youths. In March 2022 the UNFPA through the Leaving No One Behind (LNOB) project piloted inclusive posrem in Palu, Central Sulawesi with the support from the Government of Japan.

Tiara, 19
Secretary of Youth Forum Kelompok Rentan (YF Keren), Palu, Central Sulawesi

With the COVID 19 pandemic hindering access to health services, Indonesia has experienced a setback in progress made toward the 2030 SDGs, including the Three Zeros (Zero Preventable Maternal Deaths, Zero Unmet Need for Family Planning, and zero Gender-based Violence and Harmful Practices).⁽⁷⁾ Maternal mortality caused by COVID 19 was significantly higher than that in non-COVID 19 infected women. Maternal deaths related to COVID 19 are nearly 7 times the odds of deaths in non-COVID 19 counterparts.⁽⁸⁾

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STATISTICS HIGHLIGHTS

- As of August 2021, the Indonesian Association of Obstetricians and Gynaecology (POGI) estimated 536 maternal deaths due to COVID 19. POGI data between 2020 and 2021, confirmed 41 deaths of OB-GYN specialist -2nd highest after general practitioners' deaths.⁽⁹⁾
- A pregnant woman who has been infected with COVID 19 is at a higher risk of serious cardiopulmonary problems, more likely to have premature birth or with a low birth weight, premature haemorrhage and may have problems needing caesarean section.⁽¹⁰⁾
- Mother and her new-born who required intensive treatment might be declined due to the overwhelmed intensive care facilities, shortage of health staff, struggling to find a hospital, late admission or died on arrival. In most cases, deaths occurred during the postpartum period.

Barriers to accessing SRH services during the COVID 19 Pandemic are complex and need intersectoral collaboration. During the second wave of the Pandemic, ANC services, family planning, VCT and ARV services were limited or stopped due to diverted human resources to the pandemic response, staff illness due to COVID 19, or problems with delivery of medical supplies. On the flip side, mobility restrictions, lack of financial resources, and fear of COVID 19 infection also prevented women and mothers from visiting health care facilities.

Online health services were introduced for sexual reproductive health. However, poor socialisation, limited internet connection, or limited digital literacy hindered the utilisation of these services, particularly by those most vulnerable populations, which exacerbated their vulnerability. UNFPA LNOB was an important learning platform for Indonesia, offering insights into best practices and innovative approaches to ensure services for those most left behind, and by strengthening the health system and local government capacity to respond to these challenges.

FILLING THE GAPS – KEY ACHIEVEMENTS

Thousands of PPEs and dignity kits were delivered to the most vulnerable groups. A series of capacity development trainings on integrated sexual reproductive health (SRH), gender-based violence, and mental health and psychosocial supports were delivered to front-liners, community support workers and leaders, youth advocates, district health offices, and women and child protection units. While investing in people is key, the LNOB also invested in the system and advocated for integrated SRH district planning and budgeting in five areas with high maternal mortality.

Table 1: LNOB Key Achievements for Integrated Health Sector Response on SRH and GBV (including Mental Health Psychosocial Support/MHPSS)

Policy Advocacy
<ul style="list-style-type: none"> • Technical guidelines on integrated SRH district planning and budgeting were utilized in 5 areas: Serang (Banten), Jember (East Java), Brebes (Central Java), Garut (West Java), Lombok Timur (NTB) • Conducted RH subcluster meetings in Central Sulawesi, DIY, West Sulawesi, and NTT with the discussion topics on RH subcluster decree and Rapid Health Assessment tool. Pocketbook on the implementation of MOH’s regulation on health crisis management • Updated National MISP Guideline and Midwifery Teaching Materials • Nationally accredited MISP training materials for advocacy, programme managers and health providers • Consultation workshops were conducted with relevant stakeholders to established disaster data forum and information system on SRH and GBV in West Sumatera, Yogyakarta, NTB, and Central Sulawesi • Pocket books on clinical management of rape (CMR) deployment kit were developed to strengthen capacity of health providers and managers

Capacity Building

- 5 provinces West Sumatra, Banten, NTB, Central Sulawesi and Maluku adopted the technical guidelines on contraceptive services in health crisis situations
- More than 50 health service providers (doctors and nurses) trained in CMR, including contraceptive services, prevention of STI's and HIV
- 100 midwives and programme managers trained in the Algorithm of Sexual Violence and Clinical Management of Rape as a continuum for health sector response to support sexual violence's survivors
- More than 100 midwives trained/sensitised to pocketbook on integrated SRH/GBV/MHPSS
- 75 District data focal points from 3 districts (West Sumatra, West Nusa Tenggara, and Yogyakarta) trained on one data disaster management and SRH/GBV data disaggregated collection> need clarification on progress
- More than 100 programme managers trained on integrated SRHR
- 500 midwives trained on SRHiE services, and 25 trainers trained on SRHiE during COVID 19 pandemic
- 150 religious leaders trained and carried out the awareness session on SRH/GBV during COVID 19 situations
- More than 100,000 community received information and education, and 500 women involved and participated in the community engagement activity regarding mechanisms on prevention COVID 19, SRH and GBV

- Implementation research report on the SHR/GBV integration to MHPSS in Central Sulawesi and Yogyakarta

Direct Service Provision

- 2,000 dignity kits distributed to the affected pregnant mothers and post-delivery mothers
- 500 PPEs distributed for midwives
- Inputs and feedback gathered following the distribution of dignity kits for pregnant women and postpartum mothers

INTEGRATED SRH PLANNING AND BUDGETING - INVESTING IN PEOPLE AND THE SYSTEM

Indonesia has achieved so much in terms of economic and human development. However, compared to achievements on other fronts, the maternal mortality rate in the country is markedly high, and progress in reducing it has been stalled. In addition, the COVID 19 pandemic has halted this already protracted improvement. With health decentralisation as a backdrop, strengthening the district-level response is key. The vast and diverse geography and socio-demographic determinants for maternal health in Indonesia makes it clear that investing in people and the system at the district level will ensure prompt response and sustainability of the efforts.

In a collaboration between the Ministry of Home Affairs (MOHA) and the Faculty of Public Health University of Indonesia, training on SRH Integrated District Planning Budgeting for SRH (*Penganggaran Kabupaten Terpadu Kesehatan Reproduksi*) was provided to representatives

from the District Health Office (DHO) and the Puskesmas. Technical guidelines on integrated SRH district planning and budgeting were sensitised in five districts: Serang (Banten), Jember (East Java), Brebes (Central Java), Garut (West Java) and Lombok Timur (West Nusa Tenggara/NTB).

The cascade of training started with developing pools of national and provincial trainers on integrated planning and budgeting for reproductive health, followed by district-level coordination to implement the programme in their respective areas. The last stage was to conduct hands-on training on situational analysis for reproductive health problems in the district and estimate the budget requirement plan synchronised to applicable laws and regulations. Through this, a pool of trainers and facilitators is available at the national down to district level.

Participants were satisfied with the training for SRH planning budgeting. The data analysis session was meaningful as it provided *'new insight'*. It generated a *'common perception'* to all sectors involved in the district to reduce the number of maternal deaths.

The programme also succeeded in assisting all five district governments to form a district integrated planning and budgeting team for reproductive health, officiated by the head of the district decree. One of the milestones of progress from this approach is that the local stakeholders led by the Bappeda (District Planning Agency) were able to develop their own integrated planning and budgeting documents. Situational analysis was done in consultation with cross-sectoral district government offices, professionals, youth, and women organisations. All five districts now already have their own SRH integrated budgeting plan that is incorporated into the district planning document.

DEVELOPING SYSTEMS AND CAPACITY TO MAP VULNERABLE GROUP EXPOSURE TO DISASTER

To be aware of the needs of vulnerable groups in normal conditions is one thing, but to be aware of their needs during a disaster and how to mitigate the impact is another set of questions. The LNOB programme acknowledged these challenges and has worked with the National Disaster Management Authority (*Badan Nasional Penanggulangan Bencana* – BNPB) to map this. Indonesia has developed a portal for national data, the “Satu Data Indonesia” (SDI). Through the LNOB project, BNPB, assisted by the Satu Data Bencana Indonesia (SDBI) secretariat, has developed a prototype for “*Satu Data Bencana Indonesia*” or ‘one disaster data’. It is a forum or a task force within the house of SDI. It contains sex, age, and disabilities disaggregated data (SADDD). The LNOB assisted BNPB in initiating a series of cross-sectoral meetings with 37 Ministries and government agencies to develop and strengthen the SDBI forum at the national level. The SDI will provide essential and integrated data allowing for effective and timely cross-trend analysis to enhance the quality of risk assessment and improve the national response and management of disasters.

SDBI is to support better, effective, efficient, and targeted efforts in disaster management using data inter-operability, with involvement of all data custodians and stakeholders at national and sub-national levels”

The head of data management and information system, BNPB



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In addition, it also initiated the development and strengthening of similar forums at the provincial level in West Sumatra, West Nusa Tenggara, and Yogyakarta.

With support from the LNOB project, the BNPB team published a disaster profile book containing the baseline data and estimates of population and vulnerable groups exposed to hazards. BNPB collected data on disasters and their impact in 2021. The segregated data based on the age and sex of people affected by the disaster are an estimate based on geospatial data utilizing the civil registry data down to the village level combined with the 2020 population census.

The BNPB had succeeded in finalizing the BNPB Regulation on SDBI, and working with the SDI secretariat, the BNPB and the provincial government has been a strategic move to ensure sustainability. The LNOB was instrumental in establishing the SDI forums and building the capacities of BNPB staff in using geospatial information technology and the Sex, Age, Disability, Disaggregated Data (SADDD) tool for disaster mitigation. Hence, future moves need stronger and continuous commitment to support scaling up the SDI to serve the vulnerable and mitigate their risk from disaster.



PROTECTING LIFE, ATTENDING WITH EMPATHY

Mental health is an important key determinant for SRH. However, it is often overlooked. With the COVID 19 pandemic, the interconnection between mental and reproductive health is becoming more evident. However, front-liners are often not equipped with the skills to respond to these mental health and psychosocial support needs. Answering the need, UNFPA, through the LNOB, provided technical assistance for capacity building aimed at service providers and other community actors committed to GBV response and integrated support for survivors.

This capacity building was conducted in partnership with Yayasan PULIH. The activities involved the development of technical guidebooks and training materials on the provision of Initial Psychological First Aid (PFA), followed by developing a network of responses among government institutions and other front-liners to provide integrated SRH, GBV and MHPSS. The standard guidelines and pocketbook for integrated SRH, GBV and MHPSS were disseminated to improve understanding and skills in responding to GBV for service providers and humanitarian workers.

The training and awareness raising has successfully shifted the mindset of front-liners and encouraged them to be critical in realising the gendered dynamic in the community they serve. Hence, shifting their priorities from seeing them as merely “a case” to a more human and empathetic approach to prevent further harm to a victim’s already fragile state.

CARE FOR THE CAREGIVERS

Practising conscious empathy for caregivers requires hard emotional labour. What is inspiring about this programme is it provides care for caregivers. Specialised MHPSS/ counselling services were provided for the SRH/ GBV/ MHPSS front-liners as an essential part of promoting quality and integrated GBV services. The provision of access to MHPSS for service providers was seen as crucial and highly appreciated by the beneficiaries. Throughout Pulih’ activities, sessions on self-care for service providers have always garnered positive reviews, and participants understood the connection of their state of mental health to their productivity as service providers.



“
I tended to be very strict in managing cases in the past... now I have learned more on how to build rapport, legal action, and psychological support, and which should work hand in hand

”
(Ms Rahmatin,
Advocate and Legal

Advisor, Protection of Women and Children,
Bogor, West Java)

“
The emphasis on psychosocial approaches provided me with good insight and I reflected on my work with refugees, who have layered challenges. The problem is complex and providing MHPSS services is necessary but not with hardships.

”
(V, a participant from Bogor)

A comment on gender equality was made by Mr Wahyono, one of the coordinators for the *Motivator Ketahanan Keluarga* (Family Resilience Motivator) from Cirebon District (West Java). One of his trainings provided to the adolescents’ states:

PROTECTING BOTH SERVICE PROVIDERS AND PATIENTS

Continuous provision of quality sexual and reproductive health services, particularly maternal health, is pivotal to preventing maternal mortality. The COVID 19 pandemic has changed the landscape of these services and healthcare workers were pushed to work in uncharted territories never seen before. A lot of anxiety and uncertainty arose and needed to be addressed. Private midwives are often the first health contact for the communities. In partnership with the public health university of Indonesia (FKM UI) faculty and the national midwifery board (Ikatan Bidan Indonesia - IBI), the UNFPA conducted a series of trainings for midwives on how to provide quality care



“
“There is still a common belief that men are more powerful than women...we try to change this view, and the earlier, the better. We often conveyed the issue of gender equality in

our discussion sessions with adolescents, and they are very enthusiastic and engaged in the interactive dialogue”



during the pandemic. Overarching themes from participants' testimonies showed that the training provided relevant knowledge to deal with the day-to-day challenges and anxiety midwives face in providing sexual and reproductive health services during the COVID 19 pandemic. In addition, it provided a network of support to strengthen and heal each other.

In addition to capacity building in service provision, the programme, in partnership with doctorSHARE, also provided Personal Protective Equipment (PPE) for healthcare workers and front-liners and Dignity Kits for pregnant mothers, post-delivery mothers, and newborn. These supplies have helped to ensure safety for both service providers and patients. The PPE package was very useful and helped the midwives deliver safe services to patients during the pandemic and complied with the COVID 19 protocols.



The PPE helps us protect both ourselves and the patients from the risk of (COVID 19) infection... with better safety protocols in the clinic, the number of patients has increased.

Patients who came to check their general health conditions also increased to 100 patients per month



(N, Private practice midwife, West Java)



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LEARNING THE MENTAL HEALTH AND PSYCHOSOCIAL NEEDS OF WOMEN AND CHILDREN

Those hit hardest by the COVID 19 crisis were those already at risk of being furthest left behind; this statement also rings true for other emergencies. The LNOB focuses on at-risk populations experiencing the highest socio-economic marginalisation during the COVID 19 pandemic, particularly women and girls. Despite the pandemic, all women must have access to a safe birth, the continuum of antenatal and postnatal care, continuous use of modern contraceptives, and screening tests according to national guidelines on minimum initial service package.

With the increasing risk of gender-based violence during pandemics, there is a pressing need to provide comprehensive care of SRH, GBV and MHPSS, and establish mechanisms for prevention, including awareness raising. On the other hand, care providers, including medical doctors and midwives, lack the knowledge and skills to respond to this need.

UNFPA, in partnership with doctorSHARE, has developed a pocketbook on 'Minimal Initial Service Package-MISP' and 'Clinical Management of Rape – CMR' for healthcare providers in disaster situations. The content of this kit book has also been trained to medical doctors and health providers. The kit book is handy and user-friendly that deployed medical doctors, and health providers can use as a reference in disasters. The 'Clinical Management of Rape for survivors', for example, comprises topics such as contraceptive services and prevention of STIs (Sexually Transmitted Infections and HIV) in health crises, and identification of MHPSS needs of the survivors.

There is a lot to unlearn about how previous practices were done in order to learn how to incorporate conscious empathy in providing care for GBV survivors.



Psychological approach to the victim is one of the interesting topics to elaborate further. It is a very important skill that medical personnel should have to be able to deliver services that are sensitive to the condition of the patients, and to gain their trust in order to provide appropriate treatment.



(M, trainee, male, medical doctor, Papua)



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ADDRESSING THE INTERSECTIONALITY OF CHILD MARRIAGE AND GBV

Child marriage is a serious human right and health problem in Indonesia. Interconnected factors, such as culture, education, and socio-economic and religious interpretation, influence it. The Socio-economic Survey of 2018 reported that 1.2 million girls get married before 18, making Indonesia rank 8th highest in child marriage globally. The reduction of child marriage from 11.2% (2018) to 8.7% (2024) is set in the National Mid-term Development Plan (RPJMN) 2020 – 2024. By the conclusion of the SDGs in 2030, the Government is targeting to reduce child marriage to 6.94%. (11) UNFPA LNOB engaged with Fatayat Nahdlatul Ulama (Fatayat NU²), addressing the issue of child marriage by producing a short movie entitled *KECELE* to raise awareness on the adverse effect of the practice of child marriage. The movie can be accessed

in the following YouTube link: <https://www.youtube.com/watch?v=JyzTzqaA6Ls>.

Figure 3: KECELE Cover Page



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HARNESSING THE PRIVILEGES, LEADERSHIP POSITIONS, AND SOCIAL ASSETS OF FEMALE RELIGIOUS CLERICS/DAIYAH/TAKLIM ASSEMBLY

LNOB has been the first-ever project that UNFPA has engaged with the Fatayat NU. Several Daiyah (female religious leaders), and the Taklim Assembly (Majelis Taklim) of the Fatayat NU from Palu municipality, Sigi and Donggala were trained on SRH and GBV. During the field visits, group discussion participants expressed strong interest in follow-up training and technical support relating to SRH and GBV.

Often, Daiyah has multiple roles in their communities, including as *penyuluh agama* Islam (religious clerics) under the District Office of Religious Affairs (*Kantor Urusan Agama/ KUA*), a Quran reading teacher (*guru mengaji*) for school-aged children and adolescents, and a health cadre at the Posyandu. Our group discussion highlighted the untapped potential of grassroots women-based religious organisations

²Fatayat NU is an autonomous Islamic youth and young women's organisation founded in 1950. Its memberships are widely spread across Indonesia's villages, districts, and provinces. It is self-funded, and its works prioritise education from early childhood to teacher schools. The film *KECELE* was launched on the 72nd anniversary of the Fatayat NU (7 April 2020). Special acknowledgement was made to the GOJ and UNFPA LNOB.

in preventing child marriage and GBV. A few of the *Taklim* Assembly who attended the Training of Trainers (TOT) on SRH and GBV had been advocates for stopping child marriage.

Trained Daiyan had shared their knowledge learned from the LNOB project in numerous religious-based activities and to students in *pesantren* (Islamic Boarding School). Adolescents who attended the training on SRH learned the importance of looking after their reproductive organs and different forms of GBV in a relationship. They could identify myths relating to menarche or menstruation that were not true. Two university students who came to the discussion shared their understanding of different forms of violence, including economic and psychological violence, and became champions for the issue, sharing their knowledge with their peers. A member of the *Taklim* Assembly from Donggala creatively used arts and dance events and gatherings to gather adolescents and youth in her community.



3 SRH AND GBV INTEGRATED RESPONSE AND WHAT WE LEARNED



3 SRH AND GBV INTEGRATED RESPONSE AND WHAT WE LEARNED



The COVID 19 pandemic has exacerbated the vulnerability of women and girls to all forms of violence. Gender-based violence is a pandemic within a pandemic of COVID 19. The Indonesian National Commission on Violence against Women (NCVAW) reported around 300,000 cases of GBV during the first year of the pandemic in 2020.

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Most reported cases (79%) were domestic, where almost half is violence **against the wife** (or *kekerasan terhadap istri* -KTI), followed by **dating violence** and violence against girls. New patterns of GBV emerged during the pandemic, especially the steep increase in **child marriage** and **cyber-bullying**- by three and fourfold, respectively. Seventy-seven reported cases of GBV were against women with disabilities. However, this is likely to be **under-reported** due to the social distancing and restrictions hindering access to services and supports. ⁽¹²⁾

Further, the double disasters - natural disasters and the COVID 19 pandemic - experienced since early 2020 have stalled efforts to prevent child marriage. On the contrary, economic problems, children as a family burden, closing schools, and out-of-wedlock pregnancies often forced girls under 19 years old to get married. According to the MOWECP, by June 2020, the child marriage

number was increased to 24 000. There were 3000 marriage dispensation petitions submitted to Religious Courts between January and June 2020, of which 97% were granted. ⁽¹¹⁾

Regarding gender-based violence, the Government of Indonesia has issued relevant laws and regulations, namely the Law No. 23 of 2014 on Domestic Violence, and Law No. 35 of 2014, Amending Law Number 23 of 2002 on Child Protection; and has ratified the Sexual Violence Crime Bill (RUU TPKS) in April 2022. These treaties provide a regulatory framework for protecting women, girls, and violence survivors. However, knowledge, access and practices to the protection and fulfilment of the right to safety for pregnant women, women and girls living in the far furthest, women with disabilities, and older women continue to be challenging.

THE ACTION OF SOCIAL JUSTICE - KEY ACHIEVEMENTS

Within the LNOB mandate, UNFPA, with its partners at the national, provincial and district (village) levels, worked to build organisational, group and individual capacities, advocate for policies and programme, and provide supplies to the women and girls most vulnerable to GBV during the pandemic.

The UNFPA national partners included the National Commission on Violence Against Women (NCVAW) and Ministry of Women Empowerment and Child Protection (MOWECP), the National Population and Family Planning Agency (BKBBN), and the National Agency for Disaster Management (BNPB). Local strategic partners also included provincial and district health offices, NGOs, community leaders and community-based organisations at the district and village levels.

During the pandemic, the prevention of GBV and support services for GBV survivors are integral to Integrated SRH and MHPSS. The LNOB has been instrumental in adopting an intersectionality lens in protecting vulnerable populations and the inter-related human rights they are entitled to, including the right to health, the right to non-discrimination and the right to protection from violence.

Key achievements of the LNOB UNFPA have been reflected through successful policy advocacy activities, such as developing local regulations and standards operating procedures (SOP), capacity building of implementing partners, front-liners and programme beneficiaries. The programme also provided supplies such as dignity kits for pregnant women, women and girls living with disabilities and or with HIV (see Chapters 4 and 5).

Table 2: Key Achievements for Addressing Issues on Gender-Based Violence

Policy Advocacy
<ul style="list-style-type: none"> • Pocketbook on Mental Health and Psychosocial Support (MHPSS) for GBV survivors • Practical notes on minister MOWECP regulation on protection of women’s right from GBV in emergency circulated • Pocketbook on remote and online services
Capacity Building
<ul style="list-style-type: none"> • Approximately 100 women-led NGOs and 100 front-liners received training on GBV prevention and the Standard Operating Procedures (SOP) for Women Friendly Space during disasters • 100 Programme Managers, Medical Doctor and Nurses sensitised on protection of women’s rights from GBV and GBV management in health crisis situations • Twenty-six members completed the first phase of the (Training of Trainers/TOT) on the Psychosocial First Aid (PFA) for GBV survivors • Training materials on basic psychosocial skills on SRH/GBV (PFA & MHPSS) • E-learning and training materials for Gender Based Violence in Emergency (GBViE) with Yayasan Pulih
Direct Service Provision
<ul style="list-style-type: none"> • 4000 dignity kits (including 500 psychosocial kits) were distributed to GBV survivors, women, and male and female adolescents • 560 PPEs were distributed to GBV front-liners

- Five types of IEC materials on Psychosocial First Aid (PFA) and MHPSS were developed and distributed to health providers and GBV front line workers
- Inputs and feedback gathered from the beneficiaries following the distribution of dignity kits conducted in Central Sulawesi, Pasaman and Pasaman Barat (West Sumatera)

and community-based stakeholders on the prevention of GBV and protection and services for GBV survivors.

Ms M, a midwife from Puskesmas Sleman was proudly standing at the front of *Klinik Cemara*, an abbreviation of *Cepat, Aman, Rahasia*, a dedicated service to provide timely and safe and confidential service to violence survivors.



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BUILDING SOLID TEAMWORK AND COLLEGIALITY

Midwives from Puskesmas Sleman, Puskesmas Turi, Puskesmas Pakem and Puskesmas Cangkringan - in DIY were the front-liners during the 2010 Mt Merapi Eruption. Within a 20 km radius of the Merapi Slope, these four villages were among those hit hardest.

Yayasan Kerti Praja in collaboration with Yayasan Rifka Anissa, Puskesmas and the Dinas Pemberdayaan Perempuan dan Perlindungan Anak, Pengendalian Penduduk dan Keluarga Berencana (DP3AP2KB) – District Office for Women Empowerment, Child Protection, Population Control and Family Planning of District Sleman, as well as other related stakeholders at the district and the village levels, built and strengthened existing networks and collegiality, and advocated for policy changes on gender issues and GBV in disasters.

The focus group discussions with the DP3AP2KB, District Health Office (DHO), Puskesmas midwives, and relevant stakeholders at the district level were informal, fun, and respectful. The FGD participants unanimously agreed that the LNOB interventions have strengthened the intersectoral engagement of public, private



The biggest impact we felt from working in this programme is that our team is now more solid. For example, all of us here [midwives] from these four Puskemas now have SOPs on supporting survivors of violence and the referral system during disasters. Our villagers are vulnerable to Mt Merapi eruption – currently we are at level 3 alert



(FGD, Yogyakarta, September 2022)

Ensuring the protection of the most vulnerable women and girls, with technical support from the Rifka Anissa Foundation and DP3AP2KB, the District of Sleman released a Regulation – *Peraturan Daerah Sleman No. 11 of 2021* - on the Protection and Human Rights of People with Disabilities (PWD).

ADVOCACY AND BEYOND

Strengthening the FPKK (Forum Perlindungan Korban Kekerasan)³ or Forum for the Protection of Violence Survivors in a disaster context was seen as an innovative and strategic initiative by stakeholders involved. This policy and programme advocacy was led by the Provincial Office for Women Empowerment, Child Protection and Population Control (Dinas Pemberdayaan Perempuan, Perlindungan Anak dan Pengendalian Penduduk – DP3AP2).



We wrote a Policy Brief ... arguing to not develop a new sub-cluster of GBV response in emergencies but rather expand the functions of existing FPKK - established in 2005, for the normal situation to be expanded to disasters ... which led to the revision of Governor Decree No. 21/2019.



(FGD with DP3AP2 Yogyakarta Province and DP3AP2KB Sleman District, September 2022).

Simultaneously, new members were included in the revised FPKK, including BPBD (*Badan Penanggulangan Bencana Daerah* or Local Disaster Management Agency and the disasters unit of provincial and district health offices and social affairs.



We also revised the guidelines of the existing service for survivors of violence in disasters for women and children and distributed them to our existing networks... approximately 70 including hospitals, local government officials, NGOs, community and religious leaders and the local Women's Welfare Organisations (PKK)



(FGD, DP3AP2 Yogyakarta Province, September 2022).

EMPOWERING FATHERS, MOTHERS AND ADOLESCENTS

The LNOB project has built community capabilities across different groups of the community. The YKP or Kerti Praja Foundation worked closely with the Rifka Anissa Foundation conducted online and offline training on Gender Justice and GBV to fathers, mothers, and adolescents in four villages in the Sleman District of Central Java. The themes taught in those classes included gender concepts, prevention of gender-based violence, personal communication and social skills, and women's empowerment and entrepreneurship.

Addressing the Root Causes of Gender Inequality: Women's Livelihood and Empowerment

Eight themes included in the comprehensive GBV awareness and prevention class were developed to include different community members, including fathers' and mothers' class in the Sleman district. Each class consisted of 15 members. Each class was completed in eight weeks. During the large social mobility restriction phase, some of the course elements were delivered online. Participants were given internet vouchers to attend the class.

The mother's group found the sessions on women's empowerment, financial independence and "*Learn about budgeting*", "*Build self-confidence and independence in running your own business*", and "*Ability to self-evaluate*" were particularly useful.

³FPKK is unique to the DIY Province. LNOB provided technical support to strengthen the function and build the capacities of the FPKK, a GBV sub cluster in the DIY Province.



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“
Now I feel more confident in providing support to my peers. The most important theme I learned from the mother’s class was about entrepreneurship so we can build a strong family and

have enough income to be independent. The family’s economic situation is no longer a source of conflict.”

(Mrs S, Trainee from Mothers’ Class, Women Empowerment Cadre)

The community cadres who also participated in the mother’s classes can now understand where they can report violence and what services are available for survivors of gender-based violence.



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“
I learned about reproductive health and gender... the most interesting topic was sexual violence against women. In our community, we had young girls who got pregnant before they finished their studies. Maybe she didn’t know about relationships with men and sexual violence ... now I can talk to them and their parents... I now know where to report sexual violence or harassment ... and all support is free.”

(Ms D, trainee from the Mothers’ Class, she was also a village support worker, Pakem Village of Central Java)

MEN’S INVOLVEMENT IN GBV PREVENTION

Inviting men to participate in the classes or workshops was difficult initially. Mr A from Sleman district of Central Java province (DIY) participated in the father’s class. Mr A was a young farmer. He came to the group discussion with his wife, who was heavily pregnant, and proudly shared his insights.



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“
I learned so much from the father class, especially on family relationships; not all household chores are the responsibility of the woman ... We need to work together in educating our children, washing clothes, dishes ... when my wife is busy, I can help, even working in the kitchen... which I used to think was a woman’s duty ...”

(Mr A, a young father from Girikerto Village)

Focus group discussions with the fathers’ class in Palu of the Central Sulawesi province also built men’s awareness of gender-based violence, how to prevent, report and protect women and girls in their community, and support women’s reproductive health.



I used to yell at my wife and kids...I felt like hitting them when I was so emotional... but from today, I will try to change... the knowledge I got today ... using bad words is actually considered a form of psychological abuse that is harmful.



(Mr A, trainee from the fathers' class)

Some men also admitted that they “didn’t know that a man can use contraception – ‘ber-KB” and thought that “reproductive health ... as women’s only business”. After the class, some learned that “fathers also had a responsibility to give reproductive health education to their girls”. Others encouraged their wives to attend important classes like the ones they attended.



4 WORKING WITH OLDER PERSONS AND PERSONS WITH DISABILITIES



4 WORKING WITH OLDER PERSONS AND PERSONS WITH DISABILITIES

THE MOST VULNERABLE FIRST

Disabilities and gender equity are two intersectional issues that increase the risk of violence on women with disabilities and older women. In addition, there are great barriers for them to access health services and social support, and information on violence prevention and response. All of which were exacerbated by the pandemic. During the COVID 19, cases of violence against women with disabilities and older women in Indonesia increased. ⁽¹²⁾ A quarter of all women aged 14-64 years has experienced physical and sexual violence either by their partners or by non-partners in their lifetime. ⁽¹³⁾

Statistics on Older Persons in Indonesia

Based on the 2020 national census, the size of Indonesian older persons population is 9,78% or approximately 27 million, with more female than male.⁽¹⁴⁾

Almost three out of ten of all households in Indonesia have an older person member. However, approximately one in ten of all older persons live alone which increases their vulnerabilities. In addition, around one third of older persons are still working with low wages.⁽¹⁵⁾

Indonesia has a National Action Plan for Disabilities for 2021-2025, which is regulated by the Presidential Regulation (Perpres) No. 53 of 2021, to mainstream the response to the needs

of persons with disabilities. The Government has also taken steps to identify/recognize the needs of older persons through the National Strategy on Older Persons (Strategi Nasional Lansia) No. 88 of 2021. In regards to gender-based violence, the Government of Indonesia has ratified the Sexual Violence Crime bill (UU TPKS - Undang Undang Tindak Pidana Kekerasan Seksual) on 12 April 2022, which provides a strong basis for protection of women, girls, and gender-based violence survivors. However, there is a gap to fill in ensuring access to such supports, especially for older persons and persons with disabilities. Therefore, these national commitments need further technical support to be realised.

FILLING THE GAP – KEY ACHIEVEMENTS

UNFPA with the National Commission on Violence Against Women (NCVAW) and BKKBN, in coordination with other strategic partners, as well as the Ministry of Health and BNPB, worked to ensure access to inclusive health and psychosocial support for older persons (OP) and persons with disabilities (PWD) during the pandemic. This was done through **policy advocacy** via the development of various knowledge products, as well as dissemination of national guidelines to local actors, and **capacity building** for social workers/programme managers. In addition, the LNOB partners distributed Personal Protective Equipment (PPE) for social workers/volunteers working for older persons and persons with disabilities and tailor-made dignity kits for older persons and persons with disabilities.

Table 3: LNOB Key Achievements for Older Person and Persons with Disabilities

Policy Advocacy	
<ul style="list-style-type: none"> • Mapping instrument and study report “Living in Vulnerability and Ignorance: The Urgency of Fulfilling the Right to Sexual and Reproductive Health Services for Women with Disabilities and the Older Women in Bekasi, Cirebon, Kulonprogo, Situbondo and Kupang” • Three modules developed on (1) Protection and services for older women and women with disabilities during disaster situations; (2) Gender-based Violence (GBV) prevention and Sexual Reproductive Health (SRH) for women with disabilities; (3) Village fund inclusive budgeting for women with disabilities and older person • Study report on the impact of COVID 19 pandemic on older person (including those with disabilities) in Indonesia with BKKBN using the GoLantang application • Disaster profile book including vulnerable population exposure to natural hazards • Development of IEC materials in Braille in COVID 19, GBV, SRH and social protection. 	<ul style="list-style-type: none"> • 282 health workers disseminated the Minimum Health Services for Older Person (MHSOP) guideline in 10 provinces namely the Special Capital Region of Jakarta (Daerah Khusus Ibukota Jakarta/ DKI Jakarta), Central Sulawesi, West Nusa Tenggara (Nusa Tenggara Barat/ NTB), West Sumatra, West Java, Central Java, East Java, Special Region of Yogyakarta (Daerah Istimewa Yogyakarta/DIY), South Kalimantan, and Maluku
Direct Service Provision	
	<ul style="list-style-type: none"> • 2000 tailored dignity kits distributed to older persons and persons with disabilities • 1000 PPEs distributed to social workers and volunteers working for older persons and persons with disabilities in Jakarta, Bekasi, Cirebon, Kupang, Situbondo • Assistive tools for older persons and persons with disabilities distributed to improve services, including wheelchairs, axillary crutches, elbow crutches, walkers, and hearing aids. • Input and feedback following the deliveries of the dignity kits and assistive tools were received from beneficiaries from greater Jakarta, Cirebon, Situbondo, Kupang, Yogyakarta and Central Sulawesi
Capacity Building	
<ul style="list-style-type: none"> • 250 social workers/programme manager trained on outreach, education referral to older persons and PWD on SRH services, GBV services and other social assistance programmes 	

Post Distribution Monitoring sessions, both offline and online, were conducted for each direct service provision as a tool to gather feedback and input from beneficiaries as ‘Accountability

to Affected Population’. This was done to ensure that beneficiaries were involved in meaningful decision making that directly impacts their lives. Thus, the Dignity kits and assistive tools designed and distributed for older persons and PWD were more varied compared to other target beneficiaries. These dignity kits included a chamber pot, underwear, and medicines in addition to the hygiene kits. The sessions highlighted an appreciation for the supplies, as well as some feedback for future improvements such as unfit sizes for the undergarments.

BUILDING COLLECTIVE AWARENESS ON THE RIGHTS OF OLDER PERSONS AND PERSONS WITH DISABILITIES

The NCVAW **developed and launched** three modules; 1) Protection and services for older women and women with disabilities during disaster situations; 2) GBV prevention and SRH for women with disabilities; 3) Village fund inclusive budgeting for women with disabilities and older persons. These three comprehensive modules were piloted in five locations involving 250 social workers and local stakeholders. The five pilot locations were in Bekasi - West Java Province, Kupang - East Nusa Tenggara, Yogyakarta – DI Yogyakarta, Situbondo - East Java, and Cirebon - West Java.

Considering the decentralisation policy in Indonesia, support from the district government is crucial to ensure programme sustainability. Hence, the pilot intervention in the five districts also consisted of advocacy activities for inclusive village budgeting and village funds with districts/municipalities offices, social affairs offices, local planning and development offices, village community empowerment offices, education offices, and women empowerment and child protection offices. The budgeting is tailored to the needs of women with disabilities and older women.



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Bu Puji Head of Temon Wetan Village – Proudly telling the story of her village

BEYOND AWARENESS - 360° EMPOWERMENT

At the grassroot level, the NCVAW worked with local NGOs to deliver the programme. In Yogyakarta it worked with YAKKUM (Yayasan Kristen untuk Kesehatan Umum) which has been working in the area since 2017. YAKKUM’ work covers 5 villages, one of them is “Temon Wetan” where the newly appointed head of the village is a female named Bu Puji. The LNOB and its approach through the three modules has been an eye opener for all stakeholders, including YAKKUM, village leaders, as well as caregivers and persons with disabilities in the village, of which the majority are older persons with disabilities and people with a psychosocial disability. It has not only developed awareness but has successfully developed collective empowerment.

The LNOB project has been able to build capacity and advocacy across the communities, and as a result, the village leaders issued a decision letter to the officiated “*Kelompok Disabilitas Berdaya*”, a village forum to empower persons with disabilities and their caregivers. This decision letter was followed by another decision on the

financing of the forum; “*Bank Sampah Berdaya*”, a waste bank managed by the forum. Any recyclable waste handed to the bank and sold, 80% of the money will be given to the owner, 10% will be used as operational cost of the waste bank and another 10% is for financing the forum. The programme also enabled participation from the wider community in which some villagers often brought in recyclable materials, not for money but simply as a way to contribute to the forum.



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..instead of only receiving consumptive donations, as the head of the village mentioned earlier, let us together develop a waste bank which is managed, and the profits generated are used by the disability group. The activities also encourage people who have not known us before (disability group) to now recognise us and say “Oh, I want to donate”, and the benefits are not only economic. For people with disabilities, being involved in the programme also helps boost their confidence and independence to socialise outside of their own family



*(Pak G Caregiver of a girl with disabilities and the head of *Bank Sampah Berdaya*)*

Barriers were removed to ensure inclusive participation and contribution from persons with disabilities and their caregivers. The forum has

been given a place to be actively involved in the village monthly meetings; thus, their voices can be heard. Both the YAKKUM volunteers and the village leader acknowledge this transformation as previously, any programme related to older persons and persons with disabilities were often coming from the perceived needs decided by the volunteers, however, now it is coming from the primary beneficiaries and their caregivers. As a result, this inclusion process has made both the PWD, and their caregivers feel that they are now treated with respect and dignity. The forum has grown stronger and more inclusive as it now involves not only older persons and women with disabilities, but also their caregivers. The forum has been able to open the stakeholders’ eyes in understanding the multi-dimensionality of disability perspective. In addition, the LNOB has been able to transform local norms and push all stakeholders to see PWD and their caregivers with a different lens, the lens of empowerment. In addition to policy advocacy and capacity building, the village also received supplies of dignity kits for the elderly and wheelchairs, as many of the older persons with disabilities are elderly couples who support each other.



*...it (the wheelchair) has helped me to bath him, now he can sit on the porch and say hi to the neighbours and come to meetings or visit *posyandu lansia* (village health post for older persons)*



(Mrs H, Female, Yogyakarta, Interview, September 2022)

This amazing transformation in Yogyakarta would not have been possible without the support of strong local NGOs such as YAKKUM, with their open-minded leaders as well as empowered champions from PWD, their caregivers and older persons in the village. YAKKUM has helped the village leader, Puji, to go through the village fund regulations to be able to advocate for feasible

ways to use the village fund in financing the wellbeing of all villagers without leaving PWD and older persons behind. Therefore, local leadership at the village level, supported by the district and national programme, should be the best strategy. Targeted Joint audience and advocacy to the national and district level government are encouraged. However, what has been missing is the wellbeing and psychosocial support for the volunteers and caregivers. To care for older persons with or without disabilities and PWD is a continuously demanding task, therefore support to ensure the wellbeing of caregivers is also just as important.

YOUTH FORUM KEREN: A SAFE SPACE FOR ADOLESCENTS AND YOUTH WITH DISABILITIES:

Persons with disabilities, including adolescents and youth, have the same SRH needs as others. Yet those needs are often neglected, and in many cases are even not recognized. As many adolescents and youth experience barriers to information and services, those with disabilities face even more barriers that put them at higher risks of SRH problems. UNFPA LNOB advocates for removing barriers and transforming society and individuals' perceptions and attitudes, including health providers, to easily accommodate persons with disabilities. Much can be accomplished through engaging and involving persons with disabilities in programme design and direction.

With support from UNFPA LNOB and Kerti Praja Foundation (YKP), youth-based organisations and supporters, PKBI, and local leaders established the 'Youth Forum for the Vulnerable Group' (Youth Forum KEREN) in 2022. KEREN stands for *Kelompok Rentan* or vulnerable groups. Membership included members of the Youth Forum, PKBI, and adolescents with disabilities.

In a focus group discussion with three adolescents who were 'hard of hearing', and two "vision impaired", they shared their experience in participating in the sexual reproductive health classes and the Youth Forum. Furthermore, they expressed that KEREN had built their knowledge on SRH, GBV and prevention of child marriage, and they were now more confident in becoming peer supports.

One of the board members of the Youth Forum Keren, T, a 19-year-old girl who had hearing problems, shared her experience of having to go through a steep learning curve in understanding reproductive health, and its terminologies. All the SRH's issues discussed were alien to her. A sign language-trained interpreter interpreted her story for us. She now understands what constitutes gender-based violence, and now knows how to report violence.



At first, it was very hard to understand the term Posyandu (health integrated post), what it was and what was expected of me. But one of the youth workers (pendamping) explained it to me ... and I was flabbergasted and had no clue about the activities of the Posyandu.

The facilitator from the Family Planning Association also allowed us to share our concerns and ask questions. We also watched videos on reproductive health.



(T, Female, 19 years old, Palu – FGD with primary beneficiaries, September 2022)

All FGD participants shared their concerns and wanted the Posyandu Remaja (adolescent health post) abbreviated as Posrem, and its services for adolescents and youth with disabilities, to be inclusive and available

especially in the most remote Sulawesi villages. They wanted ‘all adolescents with disabilities and those without disabilities to be able to access the Posrem, especially those with poor literacy’, as well as more interactive and relevant learning materials, such as a “simple video with captions and sign-language modalities” for those with limited hearing and literacy regarding the topic. Some of these needs are addressed by the LNOB programme, including IEC materials on reproductive health now available in Braille as the programme’s commitment to reach out to adolescents with disabilities. In addition, more and more adolescents with disabilities are now involved in the Posrem activities thanks to the work of the Youth Forum KEREN. The Youth Forum KEREN is also appreciated by youth with disabilities and their parents. Future capacity building of the health staff and youth support workers needs to include training in communication, engagement and building rapport with persons with disabilities.

REACHING OUT AND ENGAGING YOUTH WITH DISABILITIES IN “POSYANDU REMAJA”

The LNOB and YKP focused their activities on strengthening the Posyandu Remaja (Posrem) or the Adolescent Health Post to reach out and engage adolescents with disabilities on SRH and GBV issues, in Palu municipality, Sigi and Donggala districts of Central Sulawesi province.

One of the youth advisors with the Indonesian Plan Parenthood Association (PKBI) Central Sulawesi, illustrated the establishment of the Youth with disabilities engagement in *Posyandu Remaja* {Posrem) or Adolescent Health Post services.



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“

We already had Posrem in most villages. However, it did not include adolescents and youth with a disability until we worked with the LNOB. In the past 18 months, we established an Inclusive Youth Forum to also include adolescents and youth living with disabilities, gender diversity, or those living with HIV, namely the Youth Forum Keren. We invited friends with disabilities to join and subsequently established Posrem Inclusive

”

(K, Male, Youth Advisor and Volunteer, PKBI, Central Sulawesi)

ASSISTING GOVERNMENT AGENCIES TO IDENTIFY THE NEEDS OF OLDER PERSONS

As the number of persons, including those with disabilities, is growing following the Indonesian demographic shift and the COVID 19 pandemic in the backdrop, there is a need to better understand social, health, and economic conditions of older persons including those with disabilities during the pandemic nationwide. The UNFPA, through the LNOB, provided

technical assistance to conduct a study in collaboration with BKKBN (National Population and Family Planning Coordination Board) and ERIA (Economic Research Institute for ASEAN and East Asia). The impact of the pandemic was obtained from primary data collection based on sets of questionnaires to older persons using the GoLantang application, an abbreviation for Go Lansia Tangguh or Go Resilient Older Person. This application is a newly developed application designed for this purpose and is expected to be adopted or developed further as a tool to gather national data regarding older persons in the future. Results of this study are published bilingually (Indonesian and English) and can be found on the UNFPA website: <https://indonesia.unfpa.org/en/publications>

BKKBN, as an agency responsible for leading the country's family-based programme, including for older persons, has been involved in the study from the beginning. This includes the use of GoLantang application for data collection, enumerators and supervisors recruited from BKKBN family development cadres, to capacity building on conducting data collection. This strategy expected to ensure utilisation of both the method and the results in future inclusive policymaking targeted to older persons in Indonesia. In addition, this study highlights the link to the National Strategy on Older Persons which has become one of key priorities of the Government of Indonesia. The study also received feedback and collaboration from various ministries, so it could be cascaded down to future regulations at national and subnational levels.

There are three lessons learned from conducting the study. Firstly, the strong multi-stakeholders' partnership can be very useful in obtaining first-hand information on government interventions

on older persons. Secondly, with the COVID 19 pandemic as the backdrop and its various policies on mobility restrictions, which can apply to other emergency conditions, there is a need for alternative plans, as a risk mitigation strategy in case of other unforeseen circumstances, to ensure that activities can be implemented according to planned timelines. Thirdly, improving the robust application system and data backup processes to ensure data validity and respondents' confidentiality in the future.

WORKING WITH OLDER PERSONS AND PERSONS WITH DISABILITIES IS WORKING WITH WICKED SOCIAL PROBLEMS

The NCVAW commissioner highlighted the term "Cost of Exclusion", which reflects his concern that development without inclusion is costly as it doesn't remove barriers for PWD and older persons to contribute to nation-building. Development without inclusion continues to hinder the potential of PWD and older persons to become productive members of society. Take the example of COVID 19 services, where care and isolation facilities are often inaccessible for PWD and older persons or those with mobility issues. Inclusive services will ensure no one is left behind in accessing public services, including health care, and increase the participation and productivity of PWD.

Additionally, Dignity kits and wheelchairs distributed have helped older persons in many ways, and they openly expressed their gratitude. They underlined that the support went beyond fulfilling their physical needs and answered their longing for social connections.



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“

I am 70 years old, but my husband is 80 years old, he is still able to walk but his mobility is limited, the wheelchair help improved his mobility and independence, thank you

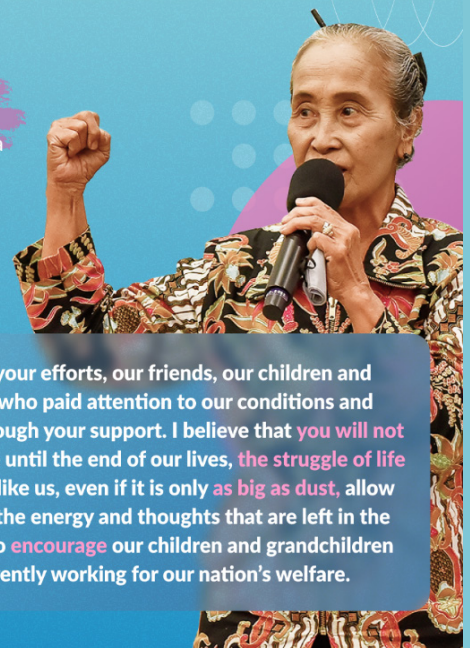
”

(Ms N, caregiver, a wife of an older man, Jakarta)

Regarding support for older persons and PWD, the NCVAW also worked with *Yayasan Indonesia untuk Kemanusiaan* (Yayasan Ika) – or Indonesia for humanity, an NGO working with survivors of human rights cases across Indonesia, to reach older persons with disabilities. The same theme was raised by one of the LNOB project recipients, a 75-year-old survivor of the 1965 Coup (1965 Gestapu), who also highlighted the role of older persons and their contributions to nation-building.



Sumiyati
75 year-old
Klaten, Central Java



”

Thank you for your efforts, our friends, our children and grandchildren, who paid attention to our conditions and vulnerabilities through your support. I believe that **you will not stop here**, because until the end of our lives, **the struggle of life never stops**. Just like us, even if it is only **as big as dust**, allow us to contribute the energy and thoughts that are left in the rest of our lives to **encourage** our children and grandchildren who are currently working for our nation's welfare.



5

WORKING WITH PEOPLE LIVING WITH HIV AND FEMALE SEX WORKERS WITH DISABILITIES



5 WORKING WITH PEOPLE LIVING WITH HIV AND FEMALE SEX WORKERS WITH DISABILITIES



HIV prevalence in Indonesia is at 0.26% of the adult population over 15 years, except in Papua which has a widespread epidemic with a prevalence of 1.8%. Indonesia has a complex pattern of HIV epidemic and covers a large area and population, and among the 514 districts/cities, 90% of them have reported cases of HIV and AIDS. It is estimated that there are 543,100 people living with HIV (PLHIV) in 2020. The latest report in 2019 showed that 377,564 PLHIV knew their HIV-infected status and 127,613 PLHIV (23.5% of the total estimated PLHIV in 2020) were in ARV treatment. ⁽¹⁶⁾

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IMPACT OF COVID 19 ON THOSE FURTHEST LEFT BEHIND – OLDER PEOPLE LIVING WITH HIV, AND FSW INCLUDING THOSE WITH DISABILITIES

According to the UNFPA rapid assessment, COVID 19 has negatively affected the community's socio-economic situation and their access to health services. Specifically, almost half (47.6%) of respondents had to cope with limited supply (less than one month) of ARV (Antiretroviral). ⁽¹⁷⁾ Thus, it is important to address the needs of

PLHIV during the COVID 19 pandemic, including their access to ARV and prevention tools to reduce their morbidity and mortality while enriching and strengthening the information and education to reduce HIV transmission. **Female sex workers (FSW)** are one of the most vulnerable populations, given their risk to HIV and COVID 19 infection, economic challenges, as well as limited access to social and health services during the pandemic. ⁽¹⁸⁾ In addition, successful ARV treatment resulted in a new cohort of **older people living with HIV**, however the need assessment is also absent for this group.

Pathway of COVID 19 pandemic for PLHIV and FSW access to SRH services

Supply problem

- Disruption in ART supply chain due to lock down and travel restrictions both in ART producing countries and in Indonesia
- Large shifting in priorities and resources in the health sector toward COVID 19

Demand problem

- Increased vulnerability due to increased socioeconomic tension and multiple burden of risk for severe COVID 19
- Limited mobility and economic access due to older age and disabilities

Modified from (18,19)

FILLING THE GAP – KEY ACHIEVEMENTS

The UNFPA LNOB was a proactive effort to respond to the needs of services for PLHIV. Such efforts included **policy advocacy** through national guideline development and studies to assess the needs of PLHIV during the pandemic, including older people living with HIV and FSW. Other activities included training and TOT for volunteers and programme managers on preventing and managing STIs/HIV, community engagement and communication skills, and building professional and institutional capacities. The distributed dignity kits (PLHIV-KIT), **cash voucher assistance (CVA)** for transportation to access ARV, and Information, Education, Communication (IEC) materials for PLHIV and FSW on HIV and COVID 19, received positive feedback and appreciation.

Table 4: LNOB Key Achievements for PLHIV and FSW including those with Disabilities

Policy Advocacy
<p>Development of various product knowledge related to target groups</p> <ul style="list-style-type: none"> • Technical guideline on prevention and management of STIs/HIV in health crisis situations • TOT module on community engagement and communication skills on HIV and COVID 19 • TOT module on prevention and management of HIV/STIs during health crisis situations • Ageing with HIV: findings from a study in ten Indonesian cities - Study report, Positive Indonesia Network – 2022 • Study report – Access to HIV Prevention, Support and Care Programmes for Female Sex Workers including those with Disabilities in DKI Jakarta • Guideline for geriatric health care management and treatment for older people living with HIV
Capacity Building
<ul style="list-style-type: none"> • 50 HIV volunteers trained on the technical guideline on the prevention and management of HIV/STIs in health crisis situations • 100volunteerstrainedonTOTforcommunity engagement and communication skills on HIV and COVID 19 • 50 programme managers trained on TOT for prevention and management of HIV/STIs during health crisis situations

- 28 Non-Government Organisations (NGOs) trained on gender-based violence case management for People Living with HIV (PLHIV)
- PLHIV community-based task force for disaster preparedness and health crisis in 9 Provinces developed (Jawa timur, NTB, NTT, South Sulawesi, Yogyakarta, Maluku, Kalimantan Barat, Riau, North Sulawesi).

Supply

- 500 DK (Dignity Kit) PLHIV procured and distributed 462 DK PLHIV in 10 provinces
- 2000 CVA (Cash Voucher Assistance) provided to PLHIV in 73 cities and districts in 17 provinces
- Developed and disseminated Information, Education, Communication (IEC) materials: 3 videos on COVID 19 prevention and access to services, access to CVA, disaster preparedness, and ageing with HIV

RECOGNIZING THE NEEDS OF PLHIV DURING THE PANDEMIC

The LNOB, together with *Jaringan Indonesia Positif (JIP)* as strategic partners, conducted a peer led study in ten cities using an online survey and in-depth interviews for data collection. It involved people living with HIV (PLHIV) aged 50 years old and older (50+), and people aged 18-49 who are living with HIV and are on ART for at least 10 years. The study found that due to the pandemic, 30% of participants experienced difficulties in accessing certain health services.



For the past two years, I have had to pay for access to medicine myself because I can't pay BPJS. Indeed, ARV is free, but I must pay for transportation and the registration counter for a total of Rp. 45,000, -. Since the pandemic, the medications are delivered through online ride services, but costing around 35,000, - So I must pay a total of Rp. 80,000, -. Of course, I always keep money to get medicine. But once I'm out, then I'm out. Especially when my business went quiet. My husband is only a freelancer, with a monthly income of 1.2 million, this is not enough to meet the family's daily needs. We have to manage it smartly, otherwise we can't eat.



(Ms K, PLHIV)

The study highlighted the need to extend, integrate and diversify the types of services available for PLHIV to enhance the economic and social protection of older people living with HIV, including supporting ARV adherence, inclusive health and social services, and commitment to the elimination of stigma and discrimination in the public sector. This gap has been partly answered by the distribution of PLHIV kits and Cash Voucher Assistance, and the development of national guidelines for geriatric healthcare management and treatment for older people living with HIV.

JIP and the Ministry of Health, together with the directorate of disease prevention, developed two guidelines to ensure comprehensive service for STIs/HIV in a crisis. The guidelines helped develop training for managers and front liners on preventing and managing STIs/HIV cases during crises. PLHIV is one of the most vulnerable groups to gender-based violence due to social stigma and their condition. Hence the project also trained NGOs on GBV response for PLHIV.

ENSURING ACCESS AND UPHOLDING HUMAN DIGNITY

Throughout the pandemic, PLHIV faced a complex situation. Firstly, the COVID 19 pandemic hindered their access to regular care. Secondly, some were also affected by a natural disaster on top of the pandemic. The LNOB provided PLHIV dignity kits for those affected by the pandemic and natural disasters. However, the UNFPA MISP dignity kits differed based on gender needs. In addition, the PLHIV dignity kits also included medicine containers and IEC materials to respond to the specific needs of the PLHIV. At the same time, those affected by the pandemic also offered a claim based - Cash Voucher Assistance (CVA). The LNOB also distributed personal protective equipment (PPE) for front-liners working with PLHIV.

Additionally, a PLHIV community-based – disaster task force was established in nine provinces in Indonesia through the LNOB project in collaboration with local government and the province/district agency for disaster management. PLHIV support groups identified and mapped their peers living in the disaster-impacted areas and distributed the dignity kits with the assistance from other disaster response network organisations.

Several areas highlighted the success of these community-based task forces during the disasters. For example, during a flash flood and landslide in Garut, West Java (Feb and July 2022), despite challenges in accessing areas affected, the local disaster-PLHIV task force, in collaboration with Jabar Quick response, was able to deliver PLHIV kits to those affected, and during the flood in Sintang, West Kalimantan (September 2022), the task force, in collaboration with the Indonesian Red Cross (PMI), distributed the kits to their affected peers. And as testament to its sustainability, after a year of earthquakes and tsunamis affecting South Sulawesi (2018),

the PLHIV community task force is now included in the province-integrated disaster budget, and a similar initiative is advocated in other areas too.

The economic and social protection for PLHIV during the pandemic is pivotal to ensuring continued access to health services. The LNOB CVA programme assisted PLHIV of low socio-economic groups who encountered difficulties in accessing ARV, counselling services and reproductive health, as well as COVID 19 related health care, to access services and maintain follow-ups. The CVA was a claim-based non-cash voucher assistance connected to the recipient's bank account or digital wallet. The CVA amounted to 150 thousand rupiahs and was calculated based on the average need in various provinces. Those eligible for the CVA included women with HIV, women with HIV who experienced violence, PLHIV with disabilities, and adolescents with HIV who had not disclosed their status to their parents but who needed access to reproductive health services. The eligible recipients also included PLHIV, who were affected by COVID 19 and needed healthcare and older people living with HIV.



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The CVA is claim-based. Firstly, beneficiaries should register for the CVA, provide valid ID, a support letter from the health service HIV/SRH clinic and confirmation of their socio-economic status by local peer-support volunteers recruited from local NGOs. They had to provide their bank

details or a digital wallet account under their names. ARVs are free. However, access to them is neither cheap nor easy.

During our field visits, LNOB partners, support workers, and beneficiaries acknowledge the difference the CVA programme has made to the beneficiaries. For example, the CVA could support a family of three – both parents and a child- who were living with HIV so that all family members could access services. The CVA has been instrumental in motivating PLHIV to obtain their civil registry and later register for national health insurance that will give legitimate access to the national social security net programme.

The role of local peer support in validating the claim has been pivotal. In addition, the CVA evolution from a web-based to a mobile app-based registry has eased the process and enhanced transparency for both peer volunteers and beneficiaries. However, one evident based barrier to the CVA distribution has been the difficulty in obtaining a confirmation letter from government-based HIV clinics. Not all clinics have been willing to provide those letters.

SEEING WHAT WAS ONCE INVISIBLE: RESPONDING TO THE NEEDS OF FSW WITH DISABILITIES

Regarding HIV prevention, support, and care, the FSW community (and other key populations) are often generalised as a homogenous group. For example, the needs of FSWs living with disabilities for HIV services have been overlooked. A study by PKBI showed that only 60% of FSWs with disabilities were exposed to information regarding HIV compared to 90% of FSWs without disabilities. Only one in every four FSWs with disabilities had ever accessed HIV services.



...I often get scammed [by guest] because [I] have difficulties in speaking and it is hard to ask for help or scream, and I am not sure if anyone will come to help either



(JT, FSW with Disability)

The image consists of two parts. On the left is a poster titled "Diperpanjang" (Extended) for the "Registrasi Terbuka Calon Penerima Bantuan Voucher Tunai" (Open Registration for Potential Beneficiaries of Cash Voucher Assistance). The poster is for "Tahap 2" (Phase 2) and lists eligible regions: Sumatera Utara, Jawa Barat, Jawa Tengah, Jawa Timur, DKI Jakarta, Banten, Sumatera Selatan, Kepulauan Riau, DI Yogyakarta, Bali, Nusa Tenggara Barat, Nusa Tenggara Timur, Kalimantan Timur, Sumatera Barat, Sulawesi Utara, and Sulawesi Selatan. It includes a list of target beneficiaries (Sasaran penerima bantuan) such as HIV+ women, HIV+ men, pregnant women, and those with HIV and COVID-19. A four-step registration process is outlined: 1. Prepare documents, 2. Register via link, 3. Submit registration, 4. Select beneficiaries. A registration link is provided: <https://bit.ly/HIV/CVAFase2>. On the right is a smartphone displaying the "CVA ACCOUNT" registration screen. The screen shows the JARINGAN INDONESIA POSITIF logo, a "CVA ACCOUNT" title, a warning to read terms and conditions, a "Nomor handphone" input field, a "Selanjutnya" (Next) button, and a "Masuk atau daftar dengan" (Sign in or register with) section featuring the Google logo. A disclaimer at the bottom states: "Dengan masuk atau mendaftar, Anda menyetujui Syarat & Ketentuan serta Privasi Jaringan Indonesia Positif (JIP)." (By logging in or registering, you agree to the Terms & Conditions and Privacy Policy of Jaringan Indonesia Positif (JIP).)

Mainstreaming disability issues in HIV-related services still have many lessons to learn for stakeholders in Indonesia, both at the programme implementation and policymaking levels. The findings from the PKBI study listed several recommendations:

- The need for policies and programme to build the capacity of field officers, health workers and programme implementers
- Raising awareness for relevant stakeholders working on disability issues.
- Building public policies and establishing programme guidelines relevant to programme implementers (i.e., health services, social protection)
- Adoption of inclusive language and responses, and equitable access to services for PLHIV living with disabilities, including FSWs with disabilities



“... she can't hear and speak; how should we explain it to her? What is the best way to educate her? If she can read, that is good but if she can't that will be even more complicated and difficult ...



(FGD, PL Non-FSW)

The PKBI study and its findings have been used as an advocacy tool for inclusive, sensitive, and disability-friendly language in their publications, and IEC materials accessible for PWE on social media. The PKBI has now included FSWs as one category relating to HIV programme and documentation.



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6 THE WAY FORWARD APPRECIATION, INNOVATION, TRANSFORMATION AND SUSTAINABILITY





6 THE WAY FORWARD APPRECIATION, INNOVATION, TRANSFORMATION AND SUSTAINABILITY

The 'Leaving No One Behind' (LNOB) project has mandated the continuity of support and equal opportunities to access sexual reproductive health (SRH) services, addressing gender-based discrimination and harmful practices during the COVID 19 Pandemic, especially to the most vulnerable populations, women and girls, pregnant women, GBV survivors, people living with HIV, older persons, and persons with disabilities.

This chapter reflects on the three-week field visits to gather the stories that people are proud of, inspiring initiatives, and highlighting the perceived impacts of the LNOB on the lives of people on the ground, including the front-liners, local peer support or organisations and local implementing partners.

The Partners have integrated sensitive and inclusive languages across policies and programme. Women, young girls, young people with disabilities, older persons and persons with disabilities were invited to participate in decision making, community consultations, and needs analysis. The involvement of local people, government agencies, and local NGOs was instrumental in the success of the LNOB project - referred to as '**Pelokalan**'. Protection of the most vulnerable populations in times of emergencies and disasters was the utmost goal of the ones who bore the most burden of the pandemic and LNOB.

LNOB IS IN LINE WITH THE UNFPA MANDATE, LEADERSHIP AND ENGAGEMENT IN HIGH LEVEL ADVOCACY

Keeping in line with the UNFPA Country Programme Action Plan (CPAP) 2020-2025, ICPD POA, strategic plans and modes of operation, and working with strategic partners, the UNFPA LNOB programme remains relevant to the UNFPA mandate and the Indonesian priorities and needs of the targeted beneficiaries.

By strengthening institutions and systems, building national and local capacities, providing technical support, and establishing and expanding public-private partnerships (non-traditional partners), UNFPA has engaged in high-level policy advocacy and catalyst work, and has provided effective and replicable working models in the humanitarian-development-resilience nexus.

Strategically, by building on respectful relationships with strategic partners and its corporate strengths, the LNOB strengthens the UNFPA's strong presence in policy and key decision-making functions relating to the UNFPA mandate.

Through the LNOB project, UNFPA, continues to advocate on sensitive issues, for example, in combatting GBV and child marriage and raising

awareness on GBV, SRH, PLHIV, PWD, and Older Persons during the COVID 19 Pandemic. The values added by the UNFPA to humanitarian development are substantial.

LNOB UNFPA has demonstrated **good leadership roles**, appreciated by strategic partners in all areas of the three outcomes.

Regular advocacy, technical and coordination meetings for policy and programme support have produced sustainable outcomes and built a community of learners among the strategic partners.

Regular technical meetings at the national level, led by the BAPPENAS, leveraged synergies across all four outcome areas. Through those meetings, UNFPA has been able to advocate on and strengthen the partners' understanding of the LNOB mandated expectations and advocate on the human rights approach, reaching out to those left furthest behind first. Good practices were identified, and networks and knowledge were shared, resulting in improved operational results.

Subsequently, the strategic partners' collaboration with local community, or non-government-based organizations with proven track records of working on similar issues, was pivotal in gaining support from local communities and village and district governments, enhancing the success and achievements of the LNOB.

LNOB: WHAT HAS BEEN BORN AND HOW CAN WE HELP IT TO ARRIVE WELL?

The following section includes insights on the central themes which emerged during the field visits and the inspirational stories collected:

BUILDING ON STRENGTHS

Despite the impact of COVID 19, the LNOB team and 15 strategic and local partners effectively enhanced its business operations in 22 provinces and 76 districts. The initiatives and activities delivered were vast, including the distribution of dignity kits, PPEs, assistive tools for PWD and older persons, CVA, as well as capacity building of local leaders and front-liners, advocacy for local policy and programme makers, and improved local leadership and solidarity amongst health workers and protection services.

See also Product Knowledge

https://docs.google.com/spreadsheets/d/15zu0oR_fGPezl_MaP_WH9--i8_tEGnAR/edit#gid=743875744

All workshop attendees agreed that building on local strengths, resourcefulness, champions, and networks is central to the success of the LNOB and the capacity to overcome challenges in programme implementation. The concept of 'Pelokalan' was mentioned by all strategic partners. At the same time, insights from the field visits, highlighted awareness of local practices promoting social justice and the integration of the humanitarian concept to community development and resilience.

BUILDING ON 'PELOKALAN': HARNESING LOCAL NARRATIVES, CHAMPIONS, AND SOLUTIONS

During the workshop with the 15 strategic partners, the UNFPA LNOB team, and the representative from the Ministry of Development Planning (BAPPENAS), in Denpasar, Bali, on 5-8 October 2022, referred to the concept of 'Pelokalan' as the 'identification of local leaders, including women's leaders and champion',

'front-liners in health and social protection', 'local NGOs', 'local youth organisations', 'local universities and academics', 'local narratives and modalities', 'village level governance', 'local health cadres', 'local influencers, selebgram and YouTuber'

The LNOB committed to invest in both the people and the system to plant the seed for sustainability. This includes improving local capacity for financing through empowerment of local government to plan and budget for maternal health and SRH, which was practiced in five districts, and which has already been adopted into the district's action plan. Further, at village level, the LNOB also provides support to help village leaders to utilize village funds in order to finance inclusive development.

INTEGRATING THE TRIPLE NEXUS: BUILDING ON COMMUNITY RESILIENCE WITHIN THE FIELD OF HUMANITARIAN-DEVELOPMENT

Within disaster management, resilience is a concept that goes beyond mitigation but embraces adaptation, change and transformation. It is a concept that now plays a key role in international, national, and local policy and development. ⁽²⁰⁾ It underpins the UN's Sendai Framework for Disaster Risk Reduction 2015-2030 ⁽²¹⁾, Paris Agreement on Climate Change ⁽²²⁾ and the 2030 SDGs. ⁽²³⁾

The LNOB project and its mission was challenging given its relatively short duration and the complexity of COVID 19 impacts affecting all. It encompassed the nexus of humanitarian, development, and resilience. The concept of resilience was implied within the LNOB project when it aimed to build local, national, and regional capacities and advocate policies for

inclusive and effective services for those left behind.

During the COVID 19 Pandemic, the concept of resilience covers all stages, from **prevention (when possible) to adaptation, and transformation** in capacity building, strengthening the ability of current and future generations to be better prepared and withstand future emergencies. This nexus approach is particularly relevant in choosing Strategic Partners, working with young local people and communities of PLHIV, PWD and Older persons, and health and social services to build their resilience and preparedness for future crises or emergencies.

STRENGTHENING THE PRACTICE OF SOCIAL JUSTICE

The 'Leaving No-One Behind' project has promoted a transformative learning platform for the 'real' practice of social justice. For example, a village midwife in Palu, South Sulawesi, adopted flexible hours, meeting venues and weekend sessions for the *Posyandu Remaja* (adolescent health post) activities.

The LNOB project and the lessons learned by those involved further informed the formulation of **inclusive documents, programme, policies, and using sensitive and empowering language.**

Other examples include:

- The establishment of inclusive village budgeting and development of a community based social enterprise subsequent to facilitation on the use of village funds through the LNOB programme in Kulon Progo, DIY.
- The establishment of the 'Forum for Youth with Disabilities' to promote and support the engagement of young people with disabilities to access the services and information on

Adolescent Sexual and Reproductive Health (ASRH) in Palu, Sigi and Donggala of South Sulawesi

- The establishment of the online CVA (cash voucher assistant) to PLHIV indirectly encouraging PLHIV to have their civil registration, which enables PLHIV to access the national health insurance (BPJS) and other social safety net programme.

The LNOB project gave health workers and those working in the field of social protection the confidence to change their mindset and be creative in finding inclusive practices that prioritize the needs and support of those often left behind, especially during the pandemic.

RECOMMENDATIONS - WHAT'S NEXT

The following recommendations in this section include three themes: 1) Transform, innovate, motivate, and proactively respond to 'megatrends', 2) 'Pelokalan' and removing underlying structural barriers and inequalities, especially at the district and village level, 3) Expanding partnerships and building Indonesia's leadership in South-South cooperation.

The 'Leaving No-One Behind' project prompted us to keep asking, 'Who is still being left behind?' We were challenged to recalibrate our social justice lens. We witnessed the underlying social and cultural barriers and structural inequities between and within regions, and the vast variations in capacity and leadership of local governance in delivering policies and programme to marginalised populations, especially communities within the 3T regions (*terdepan, terluar* and *tertinggal* or areas on the country's border, the outermost areas and areas lagging in development).

TRANSFORM, INNOVATE, MOTIVATE, AND PROACTIVELY RESPOND TO 'MEGATRENDS'

- In regards to UNFPA' mandate on transformative and innovative solutions, **transformational leadership** is needed within professional bodies and **front-liners at the village level**, especially midwives, intern **midwives** (bidan pengabdian) as well as community-based care providers such as social workers and caregivers.
- In response to the 'bonus demographic' opportunities and challenges, future initiatives must ensure **capacity building for young people, including those with disabilities, youth-led organisations, and youth-based partnerships, as a crucial parameter for strategic partnerships.**
- **Social protection is central** to achieving the 2030 SDGs and ICPD PoA. The LNOB provides a critical platform and the confidence for advocating policies and programme that are inclusive to ALL. The intersectionality lens is pivotal in understanding marginalised groups' social vulnerabilities and resilience. We asked how the intersectionality lenses can be applied in inclusive policy and programme. For example, the provision of BPJS to GBV survivors and their children, especially for underage survivors of rape. Failure to support GBV survivors worsens the violation of their rights to health, protection, and no discrimination. Such protection and health services must include services to infants born of teen mothers or teen mothers who are GBV survivors.
- **Mental health and psychosocial support** are crucial during the pandemic and emergencies. LNOB's success in strengthening the provision of psychosocial support by training front-liners, as well as in providing mental health support for front-

liners and caregivers of PWD and Older persons. These supports were much needed and proven effective to improve the quality of life for both the caregivers and subjects. These mechanisms need to be replicated across different regional and village levels.

NOTES FOR SUSTAINABILITY

The LNOB has successfully developed many knowledge products, including training materials, guidelines, SOPs, policy briefs and research reports. However, it needs to reach a wider audience for impactful utilisation. Therefore, developing a microsite as a knowledge hub to pool these knowledge products can help ensure accessibility and utilisation. This can be done through the Bappenas and UNFPA portals in order to reach a wider and more diverse audience. In parallel, advocacy to increase awareness of these resources to national and local governments, NGOs, front-liners and other potential stakeholders is also needed.

Strengthening the people and the system is one of the key lessons learned in the LNOB programme. At the national level, it works with the BKKBN to develop the GoLantang application, while with the BNPB, it has successfully initiated the 'One Disaster Data within the One Data Indonesia'. Integration of these best practices into the government system should be continued so as to reach other related ministries and government bodies. This can apply to other best practices that have not been integrated into the government system such as the CVA programme.

However, more financing is needed to sustain and scale up the transformation achieved by the LNOB programme. Traditional financing from internal sources from central and local government as well as external funding from donors must be increased and sustained,

as well as a need to scale up innovative and privately source funding. This can be applicable to sustaining the CVA platform that has proven its accountability for example, by tapping into crowd funding and advocacy for corporate social responsibility programme as a source of financing.

'PELOKALAN': REMOVING UNDERLYING STRUCTURAL INEQUALITIES, AND PROACTIVELY FOCUSING ON STRENGTHENING THE CAPACITY OF VILLAGE GOVERNANCE

'Pelokalan' was quoted by all programme partners as the main denominator for the programme's successes. Future programme and implementation, therefore, must include proactive efforts and parameters that promote:

- The use of inclusive and locally sensitive language
- The integration of intersectionality concepts in social protection, social support, and health services
- The practice of 'Pelokalan' promoting the co-designing of programme and programme management involving local partners
- Women and youth leadership and the leadership of peer supports and caregivers of PLHIV, PWD and older persons at the village level
- The establishment of a disaster-resilient village that is vital in community preparedness during disasters and health emergencies

- Local social capital, access to information and social relationships and networks which are instrumental in facilitating collective action in emergency crises at the village level
- Research-based/informed practice that provides strong evidence for actions and behaviour change
- Local protocols and practical cooperations and plans for vulnerability reduction and emergency strategies, involving civil society at the village level.

For example, innovative product knowledge such as the GoLantang App, One Disaster Data Indonesia, and local regulations at the district and village levels must be socialized and trialled at the grassroots level.

EXPANDING PARTNERSHIPS AND INDONESIAN LEADERSHIP AS EXPERTS IN HUMANITARIAN AND EMERGENCY CONTEXT IN THE GLOBAL SOUTH REGIONS

Indonesia is one of the world's most disaster-prone regions, with over 97% of Indonesians living in a disaster-prone area. ⁽²⁴⁾ How can we, as a nation, harness our knowledge and experiences and contribute to humanitarian works and leadership within the South-to-South cooperation?

The LNOB project gave us a platform for learning and building national, regional, and local-village capacities to respond to emergencies and disaster situations.

The LNOB project produced extensive product knowledge that must be made available to ALL. Proactive efforts for knowledge dissemination

may include meetings and socialization with ministries, institutions, and parliamentary members. Roadshows may include community meetings and workshops at the district and village levels inviting local initiatives and recommendations for future actions.

Front-liners are central members of the local communities. They have a pivotal role in providing leadership, advocating policies and capacity building the local communities to build community resilience in disasters and emergencies. At the same time, education for front-liners, especially midwives, nurses, social workers, and community health promoters, must be transformational and inspirational. How can we advocate for education and training for our front-liners to build internationally recognized competencies in disaster risk management and development.

LNOB: WHO IS STILL BEING LEFT BEHIND?

The 'Leaving No-One Behind' project prompted us to keep asking, 'Who is still being left behind?' We were challenged to recalibrate our social justice lens. We witnessed the underlying social and cultural barriers and structural inequities between and within regions and the vast variation in capacity and leadership of the local governance in delivering policies and programme to marginalised populations, especially the communities within the 3T regions (*terdepan, terluar* and *tertinggal* or areas on the country's border, the outermost areas, and areas lagging behind in developments).

'Leaving No One Behind' is a philosophical stance, a way of doing, a way of working. Through the LNOB project, our life and work has been enlightened by what is possible, now what are our questions moving forward?



WHO IS STILL BEING LEFT BEHIND...

Indigenous women and populations

Intersecting forms of vulnerabilities

**People living in the 3T regions, especially
NTT and Papua**

**Front-liners (Indigenous and working in the
3T regions)**

**Leaders and policymakers of those 'often left
behind and forgotten regions
Regions and communities experiencing the
most digital divide disparities**



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ANNEXES



Annex 1. Financial Report

Output	Sum of Project Budget	Sum of Budget Implementation 2021	Sum of Budget Implementation 2022	Sum of Budget Implementation 2021-2022	Sum of Project Budget Remaining	Implementation Rate
Output 1: Health Sector Response	875,784.00	510,297.38	365,286.00	875,583.38	200.62	99.98%
Output 2: GBV Case Management	751,700.00	317,335.54	434,214.00	751,549.54	150.46	99.98%
Output 3: Protection of Vulnerable Population	797,288.00	355,341.86	441,846.00	797,187.86	100.14	99.99%
Project Management (including M&E and Communication)	226,743.00	145,396.58	81,346.42	226,743.00	0.00	100.00%
Indirect Support Cost	212,121.00	106,656.22	105,464.00	212,120.22	0.78	100.00%
GRAND TOTAL	2,863,636.00	1,435,027.58	1,428,156.42	2,863,184.00	452.00	99.98%

* UNFPA CO will submit the detailed final financial report 6 months after the date of the project completion, UNFPA HQs, will submit a certified financial statement no later than 30 June of the year following the financial closing of the project. All statements will be expressed in US dollars.

Annex 2. Communication and Visibility

Web Article and Social Media

Organization	Date	Title	Channel
UNFPA	2021-10-23	日本政府の支援を受け、 UNFPA はインドネシアで、弱い立場にある女性や高齢者、若者などを対象に、「誰ひとり取り残さない」新型コロナウイルス感染症対策に関するプロジェクトを実施しています。	Facebook
UNFPA	2021-10-23	日本政府の支援を受け、 UNFPA はインドネシアで、弱い立場にある女性や高齢者、若者などを対象に、「誰ひとり取り残さない」新型コロナウイルス感染症対策に関するプロジェクトを実施しています。	Instagram
UNFPA	2021-10/29	Female Religious Leaders Champions of Sexual and Reproductive Health in Indonesia	Website
UNFPA	2021-10/29	Female Religious Leaders Champions of Sexual and Reproductive Health in Indonesia	Facebook
UNFPA	2021-10/29	Female Religious Leaders Champions of Sexual and Reproductive Health in Indonesia	Twitter
UNFPA	2021-10/29	Community engagement and listening is our key strategy to making sure that no one is left behind in the national COVID-19 pandemic response.	Facebook
UNFPA	2021-10/29	Community engagement and listening is our key strategy to making sure that no one is left behind in the national COVID-19 pandemic response.	Twitter
UNFPA	2021-10/29	Strengthening the capacity of service providers in Mental Health and Psycho-Social Support (MHPSS) to support survivors of gender-based violence (GBV)	Facebook
UNFPA	2021-10/29	Strengthening the capacity of service providers in Mental Health and Psycho-Social Support (MHPSS) to support survivors of gender-based violence (GBV)	Twitter
UNFPA	2021 - 11/19	Ensuring services for GBV survivors is critical. By following health protocols & wearing personal protective equipment, the frontliners at Integrated Care Center for the Empowerment of Women and Children serve GBV survivors safely during the pandemic.	Twitter
UNFPA	2021 - 11/19	The Personal Protective Equipments (PPE) Helps GBV Frontliners Continue Their Services	Facebook
MOH - Family Health Directorate	2021 - 12/04	Mother's Day Commemoration - Roles of Partners in Post Disaster Areas	Event
UNFPA	2021-12/04	PRESS RELEASE - Mother's Day 2021 Celebration Highlighted the Importance of Maternal Healthcare in Post Disaster Areas	Website
UNFPA	2021 - 12/14	Handover of 50 maternity kits, 51 postpartum kits, and 75 newborn kits funded by the Government of Japan to the Garut District Government to be deployed in emergency situations during Mother's Day Event	Facebook

UNFPA	2021 - 12/14	Personal protective equipment (PPE), maternity kits, postpartum kits, as well as newborn kits funded by the Government of Japan to the Garut District Government to be deployed in emergency situations.	Twitter
UNFPA	2022 - 01/03	Launching of NCVAW Mapping Report and Modules on Services for Women with Disabilities and Older Women during Pandemics	Twitter
UNFPA	2022 - 01/03	Launching of NCVAW Mapping Report and Modules on Services for Women with Disabilities and Older Women during Pandemics	Facebook
UNFPA	2022-01/27	Self-care during Pandemic	Facebook
UNFPA	2022 - 01/28	Monitoring and Evaluation Innovation in LNOB	Twitter
UNFPA	2022 - 01/28	Monitoring and Evaluation Innovation in LNOB	Facebook
UNFPA	2022 - 01/31	Impacts of 2nd wave COVID to the services	Facebook
UNFPA	2022 - 01/31	Impacts of 2nd wave COVID to the services	Twitter
UN in Indonesia	2022 - 02/04	Impacts of 2nd wave COVID to the services	Facebook
UNFPA Indonesia	2022 - 27/05	Public Discussion on “2 Years of the COVID-19 Pandemic: The Role and Contribution of the State and Society in COVID-19 Management for Vulnerable Groups”	Facebook
UNFPA Indonesia	2022 - 27/05	Public Discussion on “2 Years of the COVID-19 Pandemic: The Role and Contribution of the State and Society in COVID-19 Management for Vulnerable Groups”	Instagram
UNFPA Indonesia	2022 - 27/05	Public Discussion on “2 Years of the COVID-19 Pandemic: The Role and Contribution of the State and Society in COVID-19 Management for Vulnerable Groups”	Twitter
Komnas Perempuan/ NCVAW	2022 - 27/05	Public Discussion on 2 Years of the COVID-19 Pandemic: The Role and Contribution of the State and Society in COVID-19 Management for Vulnerable Groups & Distribution of Assistive Tools for beneficiaries.	Youtube
UNFPA Indonesia	2022 - 27/05	The Role and Contribution of the State and Society in Handling COVID-19 for Vulnerable Groups. Part 1 & Part 2	Youtube
UNFPA Indonesia	2022 - 26/07	The Launch of Results National Study on the Impact of COVID-19 Pandemic on Older Persons, including Those with Disabilities in Indonesia	Instagram
UNFPA Indonesia	2022 - 26/07	The Launch of Results National Study on the Impact of COVID-19 Pandemic on Older Persons, including Those with Disabilities in Indonesia	Facebook
UNFPA Indonesia	2022 - 26/07	The Launch of Results National Study on the Impact of COVID-19 Pandemic on Older Persons, including Those with Disabilities in Indonesia	Youtube
UNFPA Indonesia	2022 - 19/08	Cash Voucher Assistance for PLHIV	Facebook
UNFPA Indonesia	2022 - 19/08	Cash Voucher Assistance for PLHIV	Instagram

UNFPA Indonesia	2022 - 29/08	UNFPA programme in ensuring the access to reproductive health services for vulnerable group in COVID-19 pandemic through LNOB	Facebook
UNFPA Indonesia	2022 - 29/08	UNFPA programme in ensuring the access to reproductive health services for vulnerable group in COVID-19 pandemic through LNOB	Instagram
UNFPA Indonesia	2022 - 09/09	Discussion on inclusive disaster response & HIV response with key populations & people living with HIV	Facebook
UNFPA Indonesia	2022 - 09/09	Discussion on inclusive disaster response & HIV response with key populations & people living with HIV	Instagram
UNFPA Indonesia	2022 - 30/09	Leaving No One Behind project closure	Facebook
UNFPA Indonesia	2022 - 30/09	Leaving No One Behind project closure	Instagram
UNFPA Indonesia	2022 - 03/10	Leaving No One Behind programme	Instagram
UNFPA Indonesia	2022 - 03/10	Leaving No One Behind programme	Facebook
UNFPA Indonesia	2022 - 19/10	How has COVID-19 pandemic affected the lives of older persons, including those with disabilities, in health, social and economic aspects?	Facebook
UNFPA Indonesia	2022 - 19/10	How has COVID-19 pandemic affected the lives of older persons, including those with disabilities, in health, social and economic aspects?	Instagram
UNFPA Indonesia	2022 - 21/10	What did older persons say about vaccines, healthcare, and assistance received during the COVID-19 pandemic	Facebook
UNFPA Indonesia	2022 - 21/10	What did older persons say about vaccines, healthcare, and assistance received during the COVID-19 pandemic	Instagram

Media Coverage

Date	Title	Media
2021 - 12/05	UNFPA Beri Bantuan Tenda Kespro untuk Siaga Bencana di Garut-Jabar (UNFPA distributed reproductive health tent for disaster preparedness in Garut - West Java)	Antara News
2021 - 12/05	Peringati Hari Ibu, Pemdakab Garut Terima Bantuan Alat Kesehatan dari UNFPA dan Mitra Strategisnya (In Mother's Day Commemoration, the District Government of Garut Received Medical Devices from UNFPA and its Strategic Partners)	Jabarprov.id
2021 - 12/05	Peringati Hari Ibu, Pemkab Garut Terima Bantuan Alkes dari UNFPA dan Mitra Strategisnya (In Mother's Day Commemoration, the District Government of Garut Received Medical Devices from UNFPA and its Strategic Partners)	Garutkab.id
2021 - 12/05	Pemkab Garut Dapat Bantuan Tenda Kespro Untuk di Lokasi Bencana (Garut District Government Received Reproductive Health Tent for (response) in Disaster Location)	Infoka
2021 - 12/05	Jelang Hari Ibu, Pemkab Garut Terima Bantuan Alat Kesehatan dari UNFPA (Ahead of Mother's Day Commemoration, District Government of Garut Received Medical Devices from UNFPA)	Dobrak News
2021 - 12/05	Peringati Hari Ibu, Pemkab Garut Terima Bantuan Alkes dari UNFPA dan Mitra Strategisnya (In Mother's Day Commemoration, the District Government of Garut Received Medical Devices from UNFPA and its Strategic Partners)	Kilas Garut
2021 - 12/05	Peringati Hari Ibu, Pemkab Garut Terima Bantuan Alkes dari UNFPA dan Mitra Strategisnya (In Mother's Day Commemoration, the District Government of Garut Received Medical Devices from UNFPA and its Strategic Partners)	GarutKab TV
2021 - 12/05	Sambut Hari Ibu 2021, Yayasan Kartini Manakarra Gelar Diskusi Literasi Kesehatan Reproduksi (To Welcome Mother's Day 2021, Kartini Manakkara Conducted Discussion on Reproductive Health Literation)	Sulbar 99 News
2021 - 12/05	Yayasan Kartini Manakarra Gelar Kegiatan Menyambut Hari Ibu 2021 (Kartini Manakkara Foundation Conducted Mother's Day 2021 Activities)	Koreksi News ID
2022 - 27/05	Kekerasan pada Perempuan Naik, Komnas Perempuan: Pemerintah Harus Lindungi Kelompok Rentan (Violence against Women Rises, Komnas Perempuan: Government Must Protect Vulnerable Groups)	iNewsYogya.ID
2022 - 27/05	Kekerasan Terhadap Perempuan Meningkat Selama Pandemi Covid-19, Pemerintah Dituntut Perhatikan Kelompok Rentan (Violence Against Women Increases During the Covid-19 Pandemic, Government Demands to Pay Attention to Vulnerable Groups)	harian merapi.com
2022 - 27/05	Pandemi, Kekerasan Pada Perempuan Meningkat (pandemic, violence against women increases)	RRI

2022 - 27/05	Peran dan Kontribusi Negara dan Masyarakat dalam Penanganan Covid-19 bagi Kelompok Rentan (The Role and Contribution of the State and Society in Handling Covid-19 for Vulnerable Groups)	Website Resmi Kalurahan Temon Wetan
2022 - 27/05	Kelompok Rentan di Kuloprogo Dapat Bantuan Programme Pemberdayaan (Vulnerable Groups in Kuloprogo Receive Empowerment Programme Assistance)	Sorot Kulon Progo
2022 - 28/05	Komnas Perempuan Kab.Kulon Progo Gelar Diskusi Publik (Komnas Perempuan Kulon Progo District Holds Public Discussion)	Surya Post
2022 - 29/05	Kulon Progo Melibatkan Empat KUBE Disabilitas Perempuan Pemasok e-Warong (Kulon Progo Involves Four Women with Disabilities KUBE Suppliers of e-Warong)	Antara Yogya
2022 - 26/07	Rekomendasi Kebijakan untuk Lansia Saat Pandemi (Policy Recommendations for the Older Persons During a Pandemic)	KOMPAS.com
2022 - 26/07	Lansia Menjadi Kelompok Paling Rentan Selama Pandemi Covid-19 (The Older Persons Becomes the Most Vulnerable Group During the Covid-19 Pandemic)	GalamediaNews.com
2022 - 26/07	Hasil Kajian UNFPA dan BKKBN Rekomendasikan Kebijakan untuk Lansia Saat Pandemi (UNFPA and BKKBN Study Results Recommend Policies for the Older Persons During a Pandemic)	Radar Bandung
2022 - 27/07	Dukungan untuk Warga Lansia agar Tetap Terus Berdaya (Support for the Older Persons to Stay Empowered)	KOMPAS
2022 - 27/07	Vaksinasi Covid-19 bagi Lansia Belum Maksimal, BKKBN Gercep Lakukan... (Covid-19 Vaccination for Older Persons Not Maximum, BKKBN Quickly Performs...)	Warta Ekonomi
2022 - 27/07	Studi Nasional UNFPA dan BKKBN Sebut Lansia Kelompok Paling Rentan Selama Pandemi (National Study of UNFPA and BKKBN Calls the Older Persons the Most Vulnerable Group During the Pandemic)	Pikiran Rakyat
2022 - 28/07	Kajian UNFPA dan BKKBN, Hasilkan Rekomendasi Kebijakan untuk Lansia Saat Pandemi (UNFPA and BKKBN Study, Generate Policy Recommendations for the Older Persons During a Pandemic)	iNewsBandungraya.id
2022 - 29/07	Lansia Kelompok Paling Rentan Selama Pandemi Covid-19, Vaksinasi Terkendala Ongkos hingga Pendamping (The Older Persons is the Most Vulnerable Group During the Covid-19 Pandemic, Vaccination Is Constrained by Costs to Companion)	KOMPAS
2022 - 04/10	Bappenas Sampaikan Apresiasi Kerjasama UNFPA dan Pemerintah Jepang dalam Perlindungan Masyarakat Rentan (Bappenas Expresses its Appreciation for Cooperation between UNFPA and the Government of Japan in the Protection of Vulnerable Communities)	Bappenas Website

2022 - 04/10	Bappenas Sampaikan Apresiasi Kerjasama UNFPA dan Pemerintah Jepang dalam Perlind... (Bappenas Expresses Appreciation for Cooperation between UNFPA and the Government of Japan in Protecting...)	Indonesia Kini
2022 - 04/10	Penutupan Programme Leaving No One Behind: Bappenas Apresiasi Kerja Sama UNFPA-Pemerintah Jepang (Closing of Leaving No One Behind Programme: Bappenas Appreciates UNFPA-Government of Japan Cooperation)	Liputan 6
2022 - 05/10	Bappenas Apresiasi Kerjasama UNFPA Jepang (Bappenas Appreciates Japan's UNFPA Cooperation)	Berita Daerah

Annex 3. Knowledge Products & IEC Materials



Knowledge Products

No	Title	Download
1	Buku Panduan Dakwah: Islam, Kesehatan Reproduksi dan Penghapusan Kekerasan Terhadap Perempuan (Handbook of Da'wah: Islam, Reproductive Health and Elimination of Violence Against Women)	Link
2	Buku Panduan: Kesehatan Reproduksi Remaja (Handbook of Adolescent Reproductive Health)	Link
3	Buku Panduan: Kesetaraan Gender dalam Dakwah Islam (Guide Book: Gender Equality in Islamic Da'wah)	Link
4	Buku Saku Kesehatan dan Gender untuk Kelompok Laki-laki (Health and Gender Handbook for Men's Group)	Link
5	Buku Saku Kesehatan dan Gender untuk Kelompok Perempuan (Health and Gender Handbook for Women's Group)	Link
6	Buku Saku Kesehatan dan Gender untuk Kelompok Remaja (Health and Gender Handbook for Adolescent's Group)	Link
7	Braille for Persons With Disabilities for Female and Male on Covid-19, SRH, GBV and social protection	Link Female Link Male
8	Curriculum and teaching material for Contraceptive Services in Health Crisis Situations	Link
9	Deployment kit for MISP Online ToT for Health Providers	Link
10	Deployment kit on CMR for survivors, contraceptive services, and prevention of STIs and HIV in health crisis situations	

11	Integrasi Dukungan Kesehatan Jiwa dan Psikososial pada Layanan Kesehatan Reproduksi dan Kekerasan Berbasis Gender yang Terintegrasi: Buku Saku Panduan Bagi Manajer Program dan Aktor Kemunusiaan Pada Situasi Krisis Kesehatan ((Integration of Mental Health and Psychosocial Support in Integrated Reproductive Health and Gender-based Violence Services: A Handbook for Managers Programme and Humanitarian Actors in Health Crisis Situations)	Link
12	Laki-Laki Baru Peduli Perempuan dan Kesehatan Reproduksi (New Men Care About Women and Reproductive Health)	Link
13	Laporan Akhir: Rise Implementasi Integrasi Layanan Pencegahan dan Penanganan Kekerasan Berbasis Gender & Kesehatan Reproduksi di Provinsi Sulawesi Tengah dan Daerah Istimewa Yogyakarta (Final Report: Research on Implementation of Integrated Services for Prevention and Response of Gender-based Violence & Reproductive Health in the Provinces of Central Sulawesi and the Special Region of Yogyakarta)	Link
14	Laporan Asesmen: Akses terhadap Program Pencegahan, Dukungan, dan Perawatan HIV bagi Pekerja Seks Perempuan dengan Disabilitas di DKI Jakarta (Assessment Report Access to HIV Prevention, Support and Care Programs for Female Sex Workers with Disabilities in DKI Jakarta)	Link
15	Manual Pelatihan: Pencegahan dan Penanganan Kekerasan Berbasis Gender dalam Situasi Wabah (Training Manual: Prevention and Management of Gender-Based Violence in Outbreak Situations)	Link
16	Menjadi Perempuan Berdaya, Responsif Gender, dan Peduli Kesehatan Reproduksi (Becoming an Empowered Woman, Gender Responsive, and Concerned about Reproductive Health)	Link
17	Membangun Keluarga & Komunitas Responsif Gender dan Peduli Kesehatan Reproduksi (Building Gender Responsive Families & Communities and Caring for Reproductive Health)	Link
18	Modul Pelatihan bagi Pelatih: Pemberian Dukungan Psikologis Awal dalam Layanan Bagi Korban Kekerasan Berbasis Gender di Situasi Bencana (Training Module for Trainers: Provision of Initial Psychological Support in Services for Victims of Gender-Based Violence in Disaster Situations)	Link
19	Module on village budgeting advocacy	Link
20	Module on Protection for Disabled Women and Older Women during pandemic	Link
21	Module on Reproductive Health and GBV Prevention for women with disabilities.	Link
22	Modul program pencegahan HIV/IMS dalam situasi krisis kesehatan di tingkat komunitas (HIV/STI prevention programme modules in health crisis situations at the community level)	Link

23	National Study on the impact of COVID-19 on older persons including those with disabilities	Link
24	Panduan Pemberian Dukungan Kesehatan Jiwa dan Psikososial untuk Penanganan Kekerasan Berbasis Gender dalam Situasi Bencana (Guidelines for Providing Mental Health and Psychosocial Support for Handling Gender-Based Violence in Disaster Situations)	Link
25	Panduan Pemberian Layanan Jarak Jauh Bagi Penyintas KBG dalam Situasi Bencana (Guidelines for Providing Remote Services for KBG Survivors in Disaster Situations)	Link
26	Panduan program pencegahan HIV/IMS dalam situasi krisis kesehatan di tingkat komunitas (Guidelines for HIV/STI prevention programmes in health crisis situations at the community level)	Link
27	Pembelajaran dan praktek baik: Partisipasi remaja dengan disabilitas pada layanan posyandu remaja (Lessons Learned and Good Practices: Youth with Disabilities Engagement in Adolescent Health Post services)	Link
28	Pengayaan Modul Pelatihan Bidan (Enrichment of Midwife Training Module)	Link Kurikulum Link Modul
29	Policy Brief Ageing With HIV	Link
30	SOP Posyandu Remaja Inklusi (SOP of inclusive Adolescent Health Post)	Link
31	Study Ageing with HIV	Link
32	Updated MISP Midwifery Teaching Material - Individual Consultant (pengayaan modul)	Link

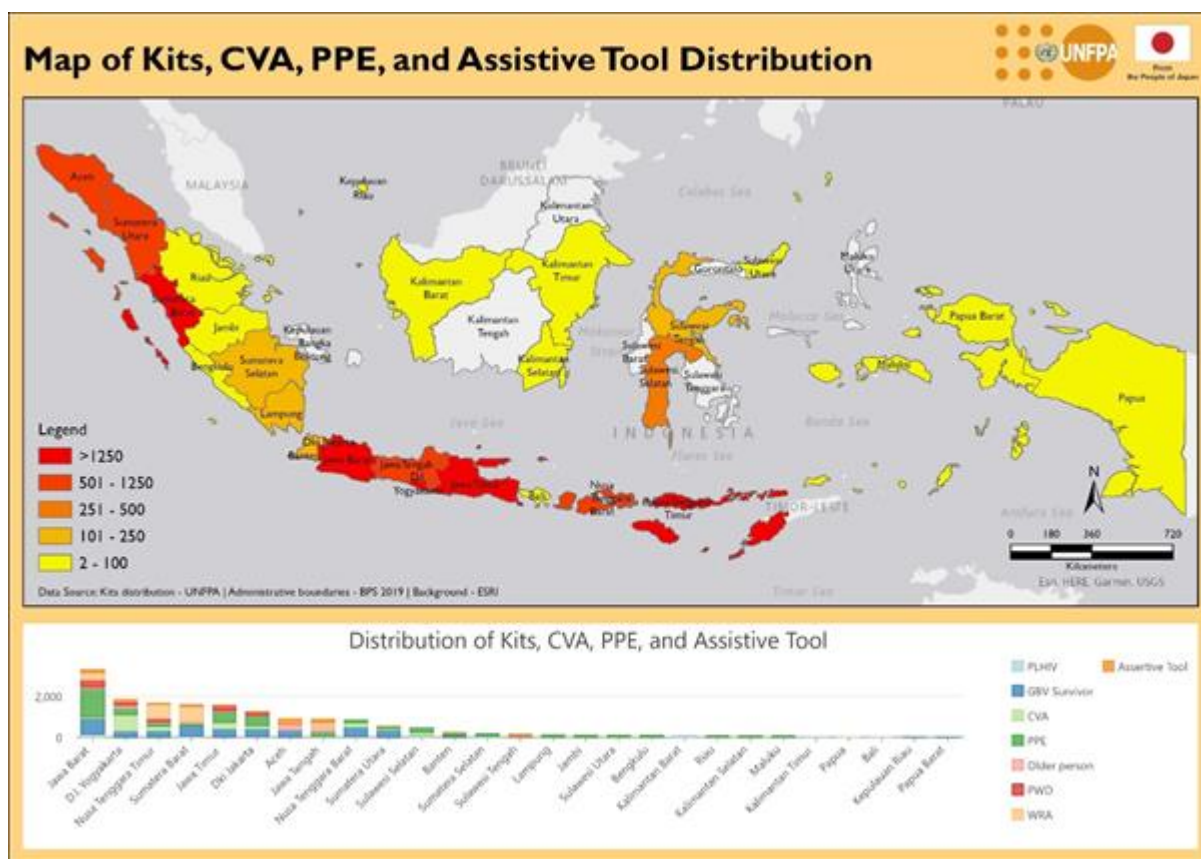
IEC Materials

No	Title	Download
1	Aplikasi CVA (Cash Voucher Assistance Application)	Link
2	Article Ageing With HIV	Link
3	Article: Dampak Pandemi terhadap Layanan Kesehatan Seksual Reproduksi dan Kekerasan Berbasis Gender (The Impact of the Pandemic on Sexual Reproductive Health and Gender-based Violence Services)	Link
4	Article: Peran Tenaga Kesehatan dalam Pencegahan dan Penanganan Kekerasan Berbasis Gender (The Role of Health Workers in the Prevention and Response of Gender-based Violence)	Link
5	Article: Inovasi Pemberian Layanan Kekerasan Seksual yang Berkualitas (Innovation in Providing Quality Services in Sexual Violence)	Link
6	Article: Kebutuhan Kelompok Rentan dalam Mengakses Layanan Kekerasan Berbasis Gender di Masa Pandemi (The Needs of Vulnerable Groups in Accessing Gender-based Violence Services during a Pandemic)	Link
7	Article: Akses Layanan dan Dukungan Penyintas Kekerasan Berbasis Gender yang Ramah Disabilitas (Access to Friendly Disabilities Support and Services for Gender-Based Violence Survivors)	Link
8	Article: Inovasi Layanan Kekerasan Berbasis Gender Bagi Kelompok Rentan dalam Situasi Kebencanaan (Gender-based Violence Service Innovation for Vulnerable Groups in Disaster Situations)	Link
9	Article: The Shadow Pandemic: Ketika Pandemi Meningkatkan Risiko Munculnya Kekerasan Berbasis Gender (When the Pandemic Increases the Risk of Gender-based Violence)	Link
10	Article: Bentuk dan Jenis Kekerasan Berbasis Gender yang Meningkat dalam Situasi Pandemi COVID-19 (Forms and Types of Gender-based Violence Increasing in the Situation of the COVID-19 Pandemic)	Link
11	Article: Bagaimana Cara Berpihak Pada Penyintas Kekerasan Berbasis Gender? (How to Support Survivors of Gender-Based Violence?)	Link

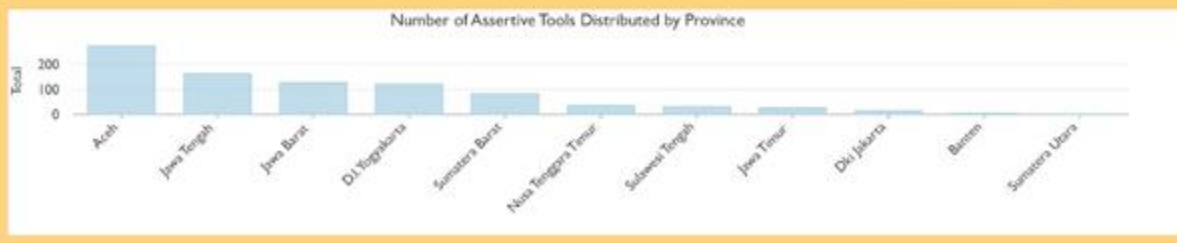
12	Artikel: Call to Action: Respons KBG yang Inklusif Terutama dalam Situasi Kebencanaan (Inclusive GBV Response Especially in Disaster Situations)	Link
13	Block Note	Link
14	Calendar	Link
15	Fact Sheet LNOB	Link
16	Infographic: policy recommendation on Older persons	Link
17	Infografis - KBG (GBV Infographic)	Link
18	Infografis - Dukungan Psikologis Awal (Infographic Early Psychological Support)	Link
19	"KECELE" : Mari kita dukung anak-anak kita meraih mimpinya dg menghentikan praktik perkawinan anak! (Let's support our children to achieve their dreams by stopping the practice of child marriage!)	Link
20	Komik "KBG Online" (Comic: Online GBV)	Link
21	Leaflet on Older persons	Link
22	Live a national webinar titled "Aging with HIV: Living Life to the Fullest"	Link
23	Integrated SRH Disaster Risk Reduction Contingency Plan Concept Note	Link
24	Podcast Ageing With HIV	Link
25	Podcast: Kekerasan Berbasis Gender dalam Situasi Kebencanaan (Gender-based Violence in Disaster Situations)	Link
26	Podcast: Intimate Partner Violence (Part 1)	Link
27	Podcast: Intimate Partner Violence (Part 2)	Link
28	Podcast: Kekerasan Berbasis Gender Online (Online Gender-based Violence)	Link
29	Podcast: Kekerasan Berbasis Gender pada Lansia (Gender-based Violence in Older Persons)	Link
30	Podcast: Kekerasan Berbasis Gender Pada Penyandang Disabilitas (Gender-based Violence in Persons with Disabilities)	Link

31	Podcast: Pendampingan Psikologis bagi Penyintas Kekerasan Berbasis Gender (Psychological Assistance for Survivors of Gender-based Violence)	Link
32	Podcast: Self-care bagi Pendamping Korban Kekerasan Berbasis Gender (Self-care for Facilitators/caregivers of Gender-Based Violence Victims)	Link
33	Podcast: Pelibatan Laki-laki dalam Pencegahan dan Penanganan Kekerasan Berbasis Gender (Male Involvement in Prevention and Handling of Gender-based Violence)	Link
34	Podcast: Pelibatan Masyarakat dalam Pencegahan dan Penanganan Kekerasan Berbasis Gender (Community Involvement in Prevention and Handling of Gender-based Violence)	Link
35	Poster Layanan Konseling (Poster Counseling Service)	Link
36	Posters on MISP, Vulnerable groups, dan GBV	Link 1 Link 2 Link 3 Link 4 Link 5
37	Video PPAM/MISP (documentation on Mother's Day)	Link
38	Video: Education on Ageing With HIV	Link
39	Video Kebencanaan (Video on Disaster)	Link
40	Video Diseminasi Ageing with HIV (Video on Dissemination Ageing with HIV)	Link
41	Video - Film Pendek "Audisme dalam Kopi" (Short Movie: "Audism in Coffee")	Link
42	Video - Kosa Isyarat (Sign Vocabulary)	Link
43	Videos (MISP and GBViE)	Link MISP Link GBViE
44	Webinar and podcast (Protection from GBV)	Link 1 Link 2 Link 3 Link 4 Link 5

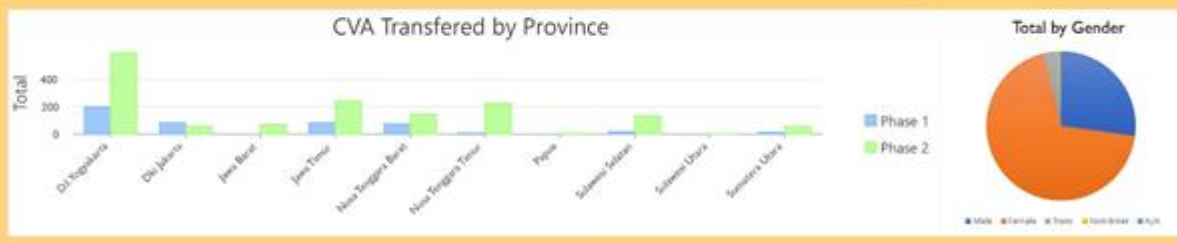
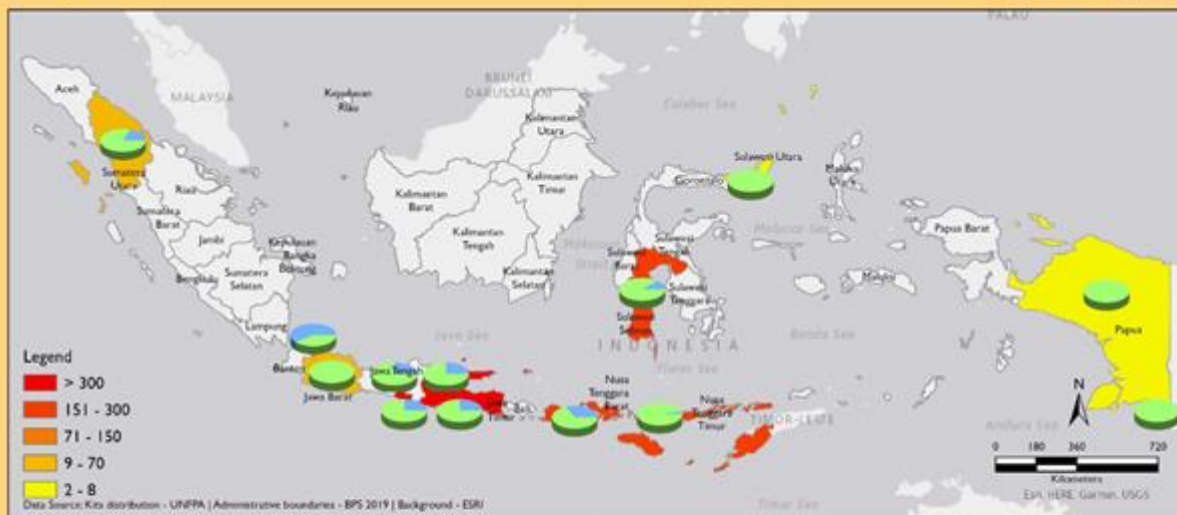
Annex 4. 3W Map Dignity Kits, Assistive Tools and CVA



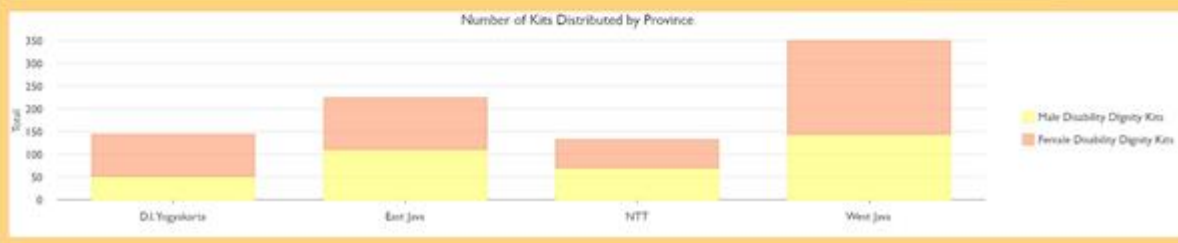
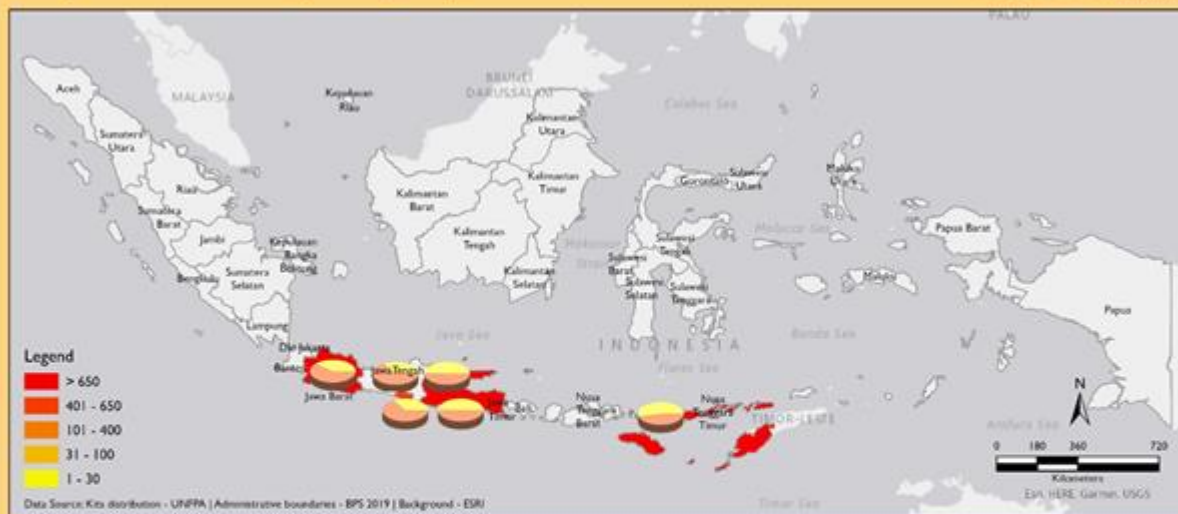
Map of Assistive Tools Distribution



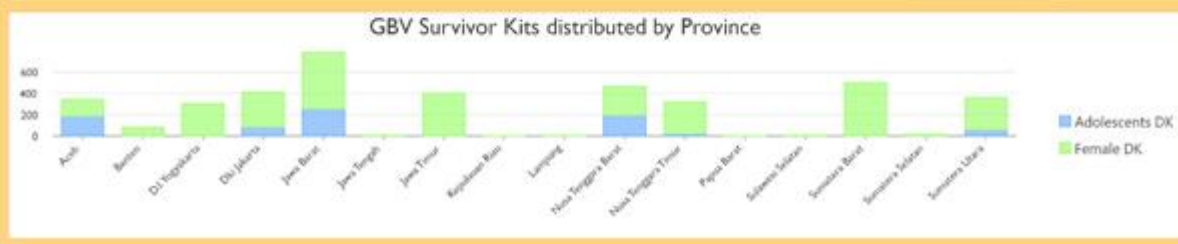
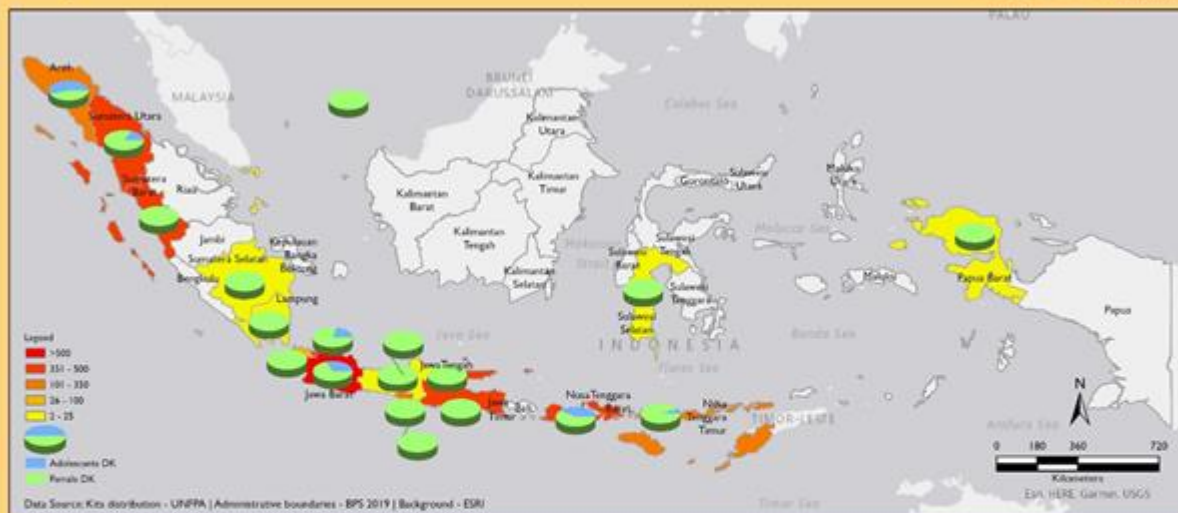
Map of CVA Distribution



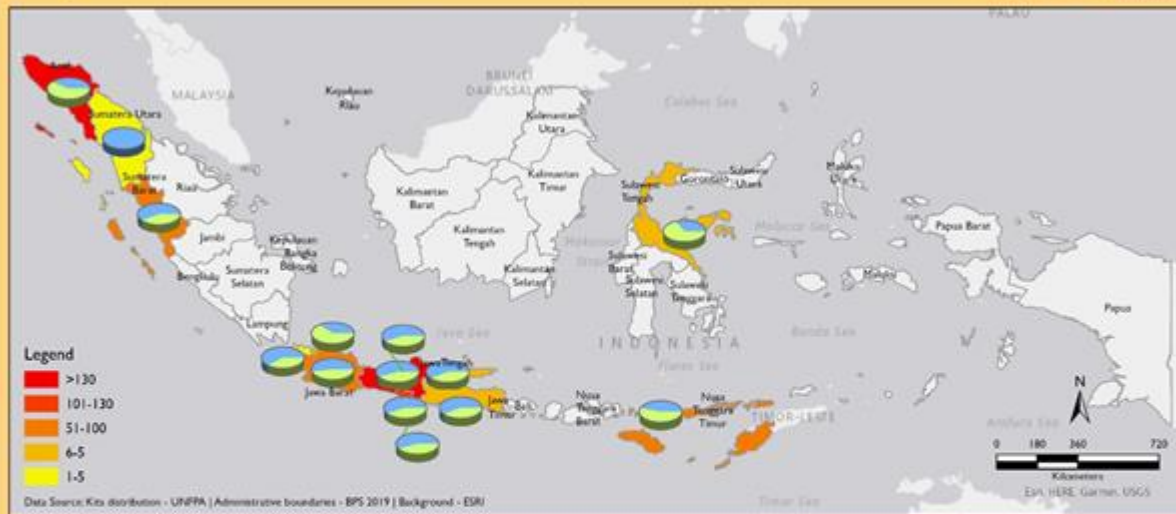
Map of Disability Dignity Kits Distribution



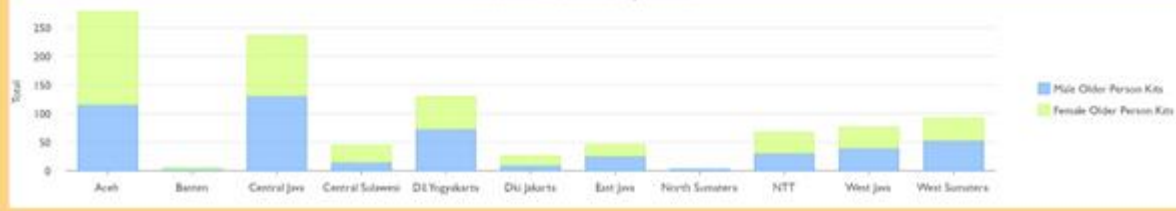
Map of GBV Survivor Kits Distribution



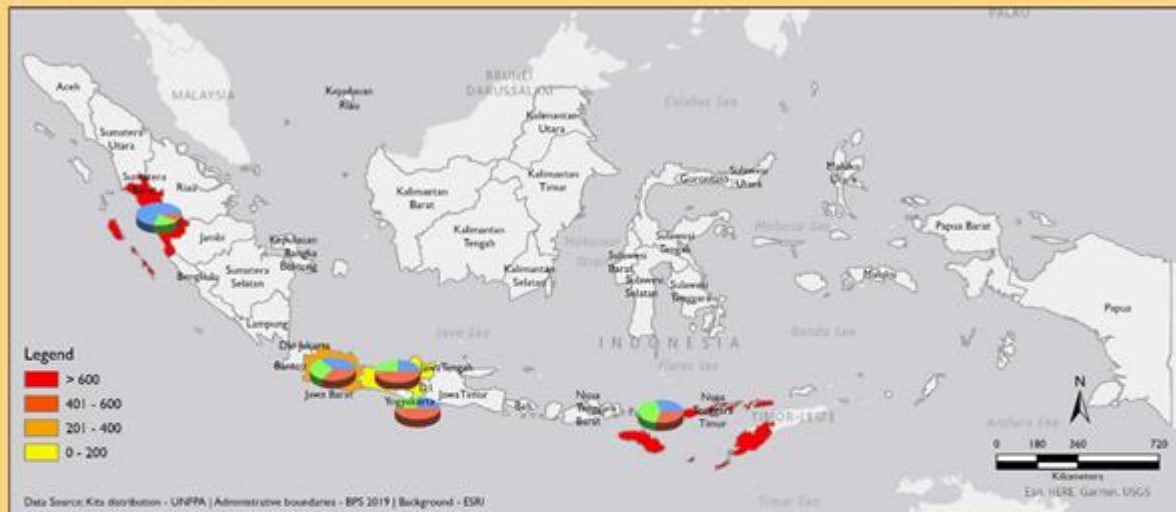
Map of Older Person Kits Distribution



Number of Kits Distributed by Province



Map of Reproductive Health Kits Distribution



Number of Kits Distributed by Province



Map of PPE Distribution

