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2022



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WOMEN, GIRLS AND MIDWIVES
HAVE THE RIGHT TO LIVE SAFE FROM
HARM, VIOLENCE,
DISCRIMINATION AND ABUSE

NO WOMAN SHOULD DIE
WHILE GIVING LIFE

THE INTERNATIONAL
CONFERENCE ON MATERNITY
AND CHILD HEALTH
2022

MEDIA

Khadijah Nur
Arizah



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MATERNAL HEALTH AND MIDWIFERY

Ending Maternal Mortality & Strengthening
Midwifery Excellence





Strengthening Data to Reduce Maternal Deaths in Indonesia

With 189 maternal deaths per 100,000 live births (2020 Population Census), Indonesia has a substantially higher Maternal Mortality Ratio (MMR) compared to other countries in Southeast Asia.

With support from the Australian Department of Foreign Affairs and Trade (DFAT), UNFPA Indonesia works with the Ministry of Health in improving maternal health and reducing maternal mortality in Indonesia by strengthening the maternal and perinatal audit, surveillance and response (MPDSR) systems and implementation. With robust sexual and reproductive health data recording and analysis, we can ensure service monitoring, resource allocation, quality improvement, and decision making that accelerates MMR reduction in Indonesia.

Continuous improvement to address underreporting

Dr. Mularsih Restianingrum, MKM, Head of Nutrition and Maternal & Child Health Surveillance Working Group at the Ministry of Health, serves as the focal point of the Maternal and Perinatal Mortality Audit, Surveillance, and Response (MPDSR/AMPSR - Audit Maternal Perinatal, Surveillance and Response) working group that focuses on developing guidelines and policies, monitoring and evaluation, and meeting indicators of MMR reduction.

“We have implemented the audit of maternal and perinatal mortality since the 1990s. When maternal and infant deaths happen, we would discuss with midwives and community health centers (puskesmas),” Dr. Mularsih, also known as Ningrum, elaborated.

With support from UNFPA and DFAT, the Ministry of Health made critical changes in the policy.

“In 2018, we changed the policy to ‘no naming, no shaming, no blaming’. And then we revised it again in 2020, from AMP to AMPSR, adding the surveillance and response elements,” she continued.

Ningrum hopes the revisions can address the underreporting of maternal and infant mortality cases and improve the quality of care through the response mechanisms. “Now AMPSR engages all stakeholders. Back then, only district/municipal health offices did the assessment. But now, healthcare facilities like hospitals as well as the provincial and national health offices also do it... at every level and administration,” Ningrum added. The assessment is a critical part of AMPSR as it helps to identify causes of deaths and recommend follow up actions to respond to the cases.

According to Ningrum, in many cases maternal death happens when women are not prepared to get married and get pregnant. However, the quality of healthcare for pregnant women plays a key role in preventing maternal deaths.

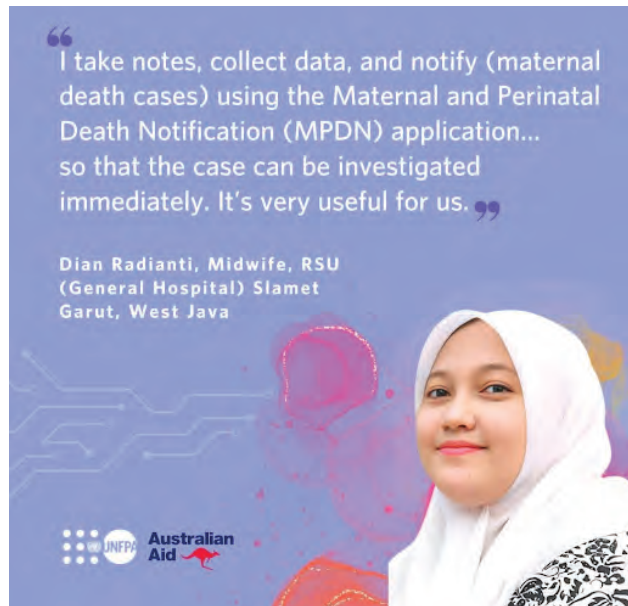
Improving data collection at hospitals

To collect and store maternal and infant mortality data, the Ministry of Health has developed the Maternal and Perinatal Death Notification (MPDN) application. “MPDN is an application for reporting maternal and infant mortality, by name and by address... We are now adding new features to the MPDN application so that we can include analysis of cases at district/ municipal and hospital levels,” Ningrum explained.

“To conduct evaluation on the MMR reduction program, we need data. We gather the data through MPDN... It helps inform policymakers... AMPSR analyzes mortality cases so that we know where the problems lie and we can prevent them in the future... It helps us improve the quality of services,” Ningrum explained.

“We fully use and analyze the data we have collected to inform planning, budgeting, and addressing maternal mortality and infant mortality issues,” said Ningrum.

Dian Radianti, a midwife at RSU (General Hospital) Slamet in Garut, West Java, uses MPDN in



her daily work. “I take notes, collect data, and notify (maternal death cases) using MPDN,”

she explained. “With MPDN we get warnings to investigate maternal deaths quickly... So it’s very useful for us,” she continued.

“I work with pregnant women everyday. Each day we can take around 20 patients... Every year, the hospital assists 5,000 pregnancies. Many come to the hospital in terrible conditions,” Dian said. “In 2021, 67 of the 5,000 pregnant patients died, 23 of which were caused by COVID-19.... In 2022, we saw a decrease to 48.”

Noorkarmila, Dian's colleague at RSU (General Hospital) Slamet, echoes Dian's concern about the high number of maternal deaths in Garut. "It saddens me to see the journey of a pregnant woman from the moment she's admitted to the hospital to the moment she dies... especially when there are things we can do to prevent it," she said.

Noor finds the MPDN application helpful in preventing maternal deaths in the future. "We can at least help in reporting... which helps us identify causes such as the long distance that it takes them to get to the hospital and limited facilities," she said.

"The MPDN helps us because it has the statistics, causes of deaths, all kinds of data... And we can issue a warning when there is a maternal death case," she said.

Thanks to MPDN, they can better identify the causes of maternal deaths. "We are required to identify causes of deaths and take concrete actions to respond to them," Noor said. According to Noor, the most common causes of maternal deaths at RSU Slamet in 2023 are preeclampsia, bleeding, and infection.

"With AMPSR, we can ensure follow up actions to respond to the cases... local health offices and the ministry at national level are more involved as well," Dian said.

Both Noor and Dian also coordinate AMPSR meetings with experts and members of the working group, recap recommendations, and develop reports. "I'm proud to be sitting in the same room, at the same table with decision makers, experts... We might only play minor roles, but without us there won't be data that can be the basis of policies," Noor admitted.



Ending maternal mortality requires a comprehensive solution

All in all, AMPSR helps the government and health care providers in improving MMR data, monitoring progress, and identifying causes of deaths and gaps in services, which will in turn help them in designing the interventions to address the causes and close the gaps to prevent similar cases in the future from happening.

Ningrum believes that AMPSR has contributed to the significantly lower maternal mortality ratio in Indonesia as reported by the 2020 Population Census. “We have reduced the maternal mortality rate from 305 (per 100,000) live births (in 2015) to 189... Our target is to meet the 2030 Sustainable Development Goals, less than 70 in Indonesia,” she affirmed.

However, challenges remain in the implementation of the AMPSR. “We face challenges in human resources, training, funding, data analysis, and monitoring and evaluation,” said Ningrum. “We need support from partners to improve AMPSR, including financial support in areas not covered by the national budget.”

Ningrum is aware that addressing MMR requires a comprehensive solution with sensitive and specific interventions. “The key is in the quality of healthcare services and the basic capital that women have,” she affirmed. “Many women do not have adequate education, socioeconomic status, empowerment... many don’t have the power to make their own decisions... even when they are bleeding to death they still wait for the decisions made by their husband or inlaw.”

“My hope is that the pregnant woman is healthy, the health system works well, the healthcare facilities are prepared, referrals are on time... I hope everybody is healthy, and we can end maternal and infant mortality,” Ningrum concluded.

Dian and Noor echo Ningrum’s hopes. “I hope for the reduction of maternal and infant mortality rates... And I hope more pregnant women can access, and more health workers can provide integrated and high quality antenatal care,” Dian said. “I hope more women in the productive age are healthy. And I hope in the future health workers can improve their knowledge,” Noor said, optimistically.

INTEGRATED SEXUAL & REPRODUCTIVE HEALTH

Inclusive Access to Sexual and
Reproductive Health Services in
Development & Humanitarian Settings





(Photo: Dian Agustino/UNFPA Indonesia)

Cash assistance helps make HIV services more equitable

Wati*, 38, did not know she had HIV until she had to take a test after her husband got hospitalized and tested positive for HIV. “When I first learned that I had HIV, I felt like my world was falling apart. I really didn’t expect to get infected,” Wati recalled. “What’s worse was that my husband was really sick... He couldn’t work and we could not use BPJS (the national health insurance, ed.) to pay for the hospital,” she continued.

Wati and her then four-year-old child also went through voluntary counseling and testing (VCT). “Initially my child had to take the test once a month, and then once every three months, once every six months, and once a year. After she continuously tested negative for a year, the testing stopped,” she explained.

Women are vulnerable to HIV infection from their partners. In Indonesia, around 200,000 women aged 15 and over live with HIV, which account for about 38% of 520,000 adults aged 15 and over living with HIV.

With additional burdens of misinformation, stigmatization, and discrimination, women are often rendered unable to access healthcare services, and thus are at risk of not getting proper treatment. As part of the Leaving No One Behind programme funded by the Government of Japan, UNFPA Indonesia initiated cash voucher assistance (CVA) in 73 cities and districts that seeks to help people living with HIV access life-saving HIV treatment during the COVID-19 pandemic.

Women living with HIV face layers of vulnerabilities

Sari*, 36, also became infected with HIV from her late husband. “He was really sick... At that time we had been separated... His family did not tell me what he was sick of,” she recalled. “He probably didn’t want to take the antiretroviral (ARV), or wasn’t aware that he needed the treatment. His family didn’t understand what’s going on, so they put him in a separate home.”

Sari finally took an HIV test after a relative told her that her former husband died of HIV. She did not get ARV treatment right away after knowing her status, however. “I was scared. And then I tried herbal medicines from a relative. But it didn’t work.” So, four months after knowing her HIV status, Sari finally started her ARV treatment.

After HIV infection, women often face misinformation, stigmatization, and discrimination that make them more vulnerable.

When Wati was about to deliver her baby, a major hospital refused to take her because they did not have the equipment. “I didn’t know what equipment they were talking about. I had to go to another hospital,” she said with tears in her eyes.

On top of it, Wati also has had to face double economic burdens due to HIV. After her husband got sick from HIV infection, she has had to work as a tailor to support her family, and pay off their medical debts. “My husband couldn’t work for a while, so I had to work hard by myself. We had to take out loans to pay for our debts. Thankfully we have paid them off now. There was a time where we didn’t have anything to eat,” Wati said.

Not long after her husband and her tested positive, Wulan*, 38, lost her husband due to long untreated HIV. Ever since, Wulan has had to work three shifts a day to make ends meet. Her two children depend on her. But after she got into an accident at work in early 2021, where one of her legs was hit by a forklift, she had to leave her two shifts a day job cooking at a canteen.

“I had to work three times a day until I got into a work accident... I used to work at a factory in the morning, and then at a canteen where I worked two shifts, afternoon and evening,” Wulan reminisced. “I have left the canteen job, so now I only work at the factory,” she continued. At the factory, she is paid Rp 85,000 a day. She works 8 hours a day and only takes a day off on Sunday every week. At the canteen, she was paid Rp 40,000 for a three-hour shift. She is planning to go back to the canteen job after her leg recovers. “The money I make from the factory is not enough,” she said.

These multiple burdens may impact the mental health of women living with HIV. They are also at risk of gender-based violence (GBV). UNFPA Indonesia’s CVA initiative allows them to access counseling as well as referrals for sexual and reproductive health and GBV services as part of a comprehensive intervention package.

Role of peer support group

Wati, Sari, and Wulan find consolation from a peer support group. Having joined a peer support group for the past three years, Wati has learned about the hardship that her peers have gone through. “A lot of my friends in the peer support group also have the same experience as me... A friend even died because they stopped their ARV treatment and didn’t get enough information. They also struggled with their HIV status,” Wati recalled. “I also felt down when I first knew I had HIV. I cried everyday... Thankfully I found support from the group,” Wati said.

“I have no choice but to accept the fact. Thankfully there are peer supporters who help. After feeling down for some time, I feel better now,” Wulan said. Wulan met her peer support at the hospital she was referred to by the community health center (puskesmas) where she tested for HIV.

"Sometimes the people we support are very closed off even though we try our best to help. Sometimes they don't believe that they have to take the ARV treatment regularly for the rest of their life. They cannot accept the fact that they are 'sick like that'," Dedi, a peer supporter at a hospital in Gresik, said. "Sometimes they take alternative treatment like herbal medicines and then their condition drops," he continued. Nur, who also works as a peer supporter at the Gresik hospital, has the same experience. "Some of them would misunderstand us. When we encourage them to do the treatment routinely, they feel like we force them," Nur said.

Despite the challenges they face, both Dedi and Nur are determined to support their peers. "We have been there... When we first learned of our HIV status we felt really down and needed friends. Many of them also don't talk to their family, so they really need support," Dedi shared his motivation as a peer supporter.

Dedi, Nur, and Rizki are passionate about their role as peer supporters.



“

I finally decided to work in the community to eliminate the stigma.

“When I tested positive for HIV in 2010 I didn’t have any support at all. I was forced to leave the village I was living in three times because of my HIV status. Only after I met people from the Mahameru Foundation did I get support,” Nur recalled.

Budi, a peer supporter at a hospital in Mojokerto, had a similar experience as Nur. “I have experienced being rejected and judged by the village chief because of my HIV status,” Budi recalled. “I finally decided to work in the community to eliminate the stigma,” he continued.



Learning from his experience Budi is determined to eliminate stigma against people living with HIV.

Rizki, a peer supporter who works with Dedi and Nur, wants to motivate people living with HIV to be more optimistic. “Most people think that your life will be cut short because of HIV. But we share the information that we can lead a long and healthy life,” Rizki said. “We convince them that this virus is not a killer. I think what kills people is not HIV but opportunistic infections and mental health,” Nur added.

With the CVA initiative, UNFPA Indonesia empowers communities, and builds effective peer support mechanisms. It was from the peer supporters that Wulan heard of the CVA that UNFPA provides in collaboration with Mahameru Foundation in East Java. “The mechanism is pretty easy... I had to fill out a form and sign it... A month after registration I received the first cash disbursement,” she said.

Every selected recipient gets up to eight cash disbursements worth Rp 150,000 each, depending on their needs. “The amount is pretty good. Now I have more money for transportation to pick up the medicine. The rest I can use for other needs like my children’s pocket money, so I am thankful,” Wulan said.

“I get ARV treatment from the hospital,” Wulan said. She has visited the hospital in Gresik, East Java, every month to pick up her ARV. It takes her a 45-minute motorcycle ride from home to the hospital. After the work accident, her neighbor and child have helped her pick up the ARV. “There was a period where I would get the ARV late, however. Now thankfully I consume the ARV regularly. I am happy because the virus is undetected now,” she said.

A peer supporter also informed Sari of the cash assistance that she could receive. “It’s really helpful. I have used the money for the transportation to go to the hospital. And then I used the rest for household expenses like groceries,” Sari explained. Wati has also found the CVA to be helpful. “It helps with our household expenses. I hope that this assistance can be expanded so more people can get it,” Wati said.

Hope for the future

Wulan is also one of the few lucky ones whose family knows of their HIV status and provides the support they need.

Wulan plans to remarry, although she is not sure of her prospect. “I am scared that I cannot

find someone who can accept me, with my condition and two children,” Wulan said.

Sari, on the other hand, has found someone who loves and accepts her. “I was scared about telling him my situation at that time... But then he told me that there’s no need to be afraid of another human being. He said he accepts me for me,” Sari reminisced. With her current husband, she has a three-year-old daughter.

Having worked with people living with HIV in the health system, Dedi, Nur, and Rizki highlighted the worrying stigmatization against HIV at healthcare facilities. “We need to educate more people that HIV is not like what people think, so that we can eliminate the stigma,” Nur said. “Stigmatization still occurs at puskesmas. That’s why many of our peers are reluctant to go there,” Rizki explained.

Another prevalent issue among people living with HIV is ARV treatment dropout due to either stigmatization, lack of information, or economic barriers.

There are many single mothers and older persons who rely on their neighbors because they cannot work. “Around 50 percent of patients here have dropped out of their treatment,” Nur said. “We would usually collect donations to help people access ARV treatment,” she continued.

Budi said peer supporters in his area would help the patients with money from their own pocket. “We do it pretty frequently, at least once every one or two months,” he explained. “The cash voucher assistance is really helpful for my peers. My peers who are less fortunate are really happy to get the assistance. It has thankfully eased their financial burden,” Budi said.

To address this issue, Budi said costs of healthcare services need to be reduced, provision of vitamins and supplements need to be improved, and more doctors need to be available at puskesmas.

Nur also has another suggestion. “I want to see people living with HIV empowered. Maybe they can be supported to start their own business,” Nur said firmly.

The cash voucher assistance is a significant first step to remove the barriers that people living with HIV face and make services more equitable so that no one is left behind.



Cash Voucher Assistance Improves Maternal Health in Post-Disaster Areas

When the Semeru volcanic eruption on 4 December 2021 struck Sumber Wuluh village where she lives, Safa Atin Ridho (26) had to flee with her husband to her in-law's house in Jember, around 89 km east of Sumber Wuluh, Lumajang Regency, East Java. She was three months pregnant. "We stayed in Jember for two weeks, and then moved to my aunt's house in Lumajang City for a week. I returned home after three weeks," Safa reminisced. "Although the situation was stable at that time, I was scared because Sumber Wuluh was still a red zone."

Women and girls are especially vulnerable in emergency situations. In addition to physical and mental health hazards, pregnant women and those in the postpartum period often face barriers to the maternal and reproductive health services they need to ensure healthy pregnancy and safe delivery. When disaster strikes amid the COVID-19 pandemic, women face multiple layers of risks and burdens.

The United Nations Population Fund (UNFPA) works with [Yayasan Kerti Praja](#), [Rifka Annisa](#), and Provincial and District Health Offices to provide cash voucher assistance to 300 pregnant women urgently needing life-saving reproductive health assistance in three post-disaster areas, Sleman (Yogyakarta), Lumajang (East Java), and Pasaman and West Pasaman Barat (West Sumatra). The cash assistance is part of the [“Pulih Bersama: COVID-19 Surge Response and the UNFPA Emergency Fund”](#) (C-Surge Pulih Bersama) programme supported by Australia’s Department of Foreign Affairs and Trade (DFAT).

With the cash transfers, pregnant women are enabled to access life-saving health interventions to prevent maternal deaths. After each appointment they attend, they will receive cash through bank transfers. Each woman would receive IDR 700,000 (around USD 46) maximum to cover transportation to access antenatal care (ANC), delivery services, and post-natal care (PNC) services, purchase hygiene items and complementary nutritious food for mothers or newborn babies, or cover any other ancillary costs related to accessing health services. Nutritional packages and maternal health classes are also part of the intervention.

The impact of disasters on maternal health

Luckily for Safa, a distant relative of her husband in Jember is a midwife. So, in displacement, she could still consult a health worker on her pregnancy. “I was worried at that time because I had to run during the eruption. I didn’t even remember that I was still early in my pregnancy (when I was running). So I had to make sure that it was okay,” she said. A midwife also visited her at her aunt’s house in Lumajang City.

The disaster still affected her and her pregnancy, nevertheless. Her water broke early, so she had to undergo a C-section to give birth. “The midwife took me to the community health center (puskesmas)... When the water nearly ran out but the baby still hadn’t come out, I was referred to a hospital,” Safa recalled. “Thank God it went well.”

Safa thought that the stress caused by the volcanic eruption contributed to the complications she experienced during labor. “Until now I still get scared when the sky is dark or when it rains... At the hospital, the doctor and midwife warned me to not get too stressed out,” she said.



Her three-month old baby also feels the impact. “I still can’t breastfeed my baby. I have tried so many ways but nothing worked because of the stress. So I have to feed the baby with formula milk,” Safa explained.

Safa has used the cash assistance to buy milk for her baby. “As soon as I got the cash, I bought milk. I used all the money to buy milk,” she said. “The cash assistance really helped.”

After her husband lost her job at a local lumber mill after the Semeru volcanic eruption, Safa and her family have relied on selling iced drinks at home to make a living.

“The cash voucher assistance came at the right time, when all humanitarian assistance has ceased,” said Erni Eryuni, the coordinator midwife of the Penanggal community health center (puskesmas), around 4 km from Sumber Wuluh. “It has really helped because we actually need comprehensive assistance in this post-disaster period,” she continued.



At maternal health classes, pregnant and postpartum women learn how to make sure they and their babies are healthy.

*(Photos: Rahmi Dian Agustino/
UNFPA Indonesia)*



As part of the comprehensive response, the “C-SURGE Pulih Bersama” programme has also provided maternal health classes for the cash voucher assistance recipients. From these classes, Safa has gained critical knowledge about sexual and reproductive health that she needs as a new mother.

She learned a lot about family planning. “I didn’t know much about family planning. From the classes I have attended, I learned that there are many methods of family planning... and I don’t have to be afraid of the side effects,” Safa explained. With all the information she has received, now Safa knows which contraceptive method is best for her. “I think IUD would be best for me because it’s simple and can last for years.”

“People say that the first breast milk should be discarded. But from the classes, I learned that the first breast milk is actually really good,” she said.

Additionally, through the classes Safa gained a new support system. “I never participated in gatherings with other pregnant women in the village before... Now I can increase my knowledge and share with my peers,” she said. Safa said that she would still go to such classes after the programme is completed. “These classes are important for pregnant women, especially since it was my first pregnancy,” she said.

“I am really thankful for the assistance because it has really benefited me and my family... I hope this programme will continue so that more people can benefit from it,” Safa concluded.

Midwife Erni echoed Safa’s hopes. “The cash voucher assistance has really helped women and health workers here,” she said. “I hope the programme is extended into a comprehensive programme that does not just help pregnant women in post-disaster but also other reproductive health sub-cluster targets.”



Indonesian midwife continues to innovate amid the pandemic

The COVID-19 pandemic has made sexual and reproductive health service provision more challenging. Midwife Nur Hidayah, known by her nickname Bidan Aya, does not let the challenges deter her, however. The 36 year-old village midwife from Sidenreng Rappang, South Sulawesi, who has delivered services at her private clinic in Sidenreng Rappang for 11 years, is determined to do her best to serve her patients.

Bidan Aya continues to develop herself and innovate. The training she participated in as part of UNFPA's Leaving No One Behind (LNOB) programme helped her respond to challenges that the health crisis has brought.

Challenges in delivering services during the pandemic

Bidan Aya admitted that the beginning of the COVID-19 pandemic was tough for her. The lack of knowledge on how to handle COVID-19 led to worries and confusion.

In 2020, she assisted a delivery where the patient was later tested COVID-19 positive.

"I wore PPE (personal protective equipment, ed.) when I helped with the delivery, but was still worried," she recalled. "After that I shut down my practice for three days. My assistant and I underwent self isolation until we received our COVID-19 test results."

That incident reminded her that her job exposes her and staff risks of COVID-19 transmission. "We cannot just assume that a patient is fine, because someone who looks just fine could be a suspect."

Despite the fear of COVID-19 infection, Bidan Aya still continues to provide her services under strict terms and conditions. "If a patient does not have any symptoms, I recommend her to just read the KIA, -the mother and child health guidebook, and implement the recommendations," Bidan aya said. She also encourages pregnant women to observe their own pregnancies and be aware of pregnancy danger signs.

"If they find any concerning signs, I advise them to seek immediate medical attention in our midwifery practice with prior appointment," she elaborated. Bidan Aya also provides online service using WhatsApp and Instagram platforms where her patients can make appointments and consult with her.

The inspiring and life-changing training

In August 2021, Bidan Aya enrolled herself in a midwifery training organized by the University of Indonesia's Faculty of Public Health (FKM UI) and the Indonesian Midwife Association (IBI) with support from UNFPA and the Government of Japan. The training was part of the LNOB programme, which ensured the continuity and inclusivity of access to sexual and reproductive services for people most impacted by the COVID-19 pandemic.

Bidan Aya did not expect that the training would teach her new knowledge in the ways she had never experienced before. She admitted that the training significantly increased her knowledge on personal protective equipment and infection management.

"The training turned out to be extraordinary... I like joining webinars and training, but this one is different, because really, this training is really good!," she exclaimed.

“When I saw the list of the participants, I just realized that many participants are from all over Indonesia.. Eight training modules, delivered in five days. From module 1 to 8, we learned the basics,” she recalled. “About the pandemic, antenatal care (ANC), services during COVID-19, delivery, contraception, medical waste management, psychosocial support, infection prevention. They’re all very relevant to the current situation and very well delivered by the trainers,” she continued.

The discussions in break out rooms and WhatsApp groups with other participants soon inspired her to create another innovation. “I created ‘Paman Maco’,” Bidan Aya said. The catchy acronym stands for “Papan Pengumuman Praktik Mandiri Bidan (PMB) Cegah COVID” (“Independent Midwifery Practice’s Announcement Board for Preventing COVID”), a board displaying information on COVID-19 prevention and vaccination for the visitors of her clinic. “This training also allowed me to see how other midwives run their clinics. They look beautiful, so I was inspired to improve mine too,” she said.

She also received constructive inputs for “Kurindu Bumil”, a WhatsApp Group that she initiated and has used to communicate with expecting mothers. Established before the pandemic, Bidan Maya initially used “Kurindu Bumil”, which in Indonesian literally translates to “I miss pregnant mothers” but actually an abbreviation that stands for “pregnant mothers routine gathering after visiting integrated healthcare center”, to share information on pregnancy classes and ultrasonography (USG) schedules. The platform later grew its function to connect its participants to healthcare providers, including midwives, general practitioners, and obstetricians/gynecologists (OBGYNs). The participants, who have joined the group from when they were pregnant until their babies have grown into 5 year-olds, can ask questions about their health concerns at the platform. The rise of the pandemic has elevated the importance of this online communication platform. Now, more than 300 participants have joined the group.

For Bidan Aya, innovation in sexual and reproductive health services is important to make sure that there is no pregnant woman and young person left behind in access to health services. “If you don’t innovate, it means you are stuck in place, there is no progress. (We should innovate) to support Puskesmas (local community health centers, ed.) programs, for example, in motivating pregnant women to routinely take iron supplements,” she provided an illustration.

“Pregnant women used to not take iron supplements regularly. In 2018-2019 there were 12 bleeding cases, 2 maternal deaths, and 5 low birth weight babies (LBW). Consuming iron supplements can reduce bleeding rates, miscarriages, LBW, and maternal deaths,” she continued.

Turning inspiration into action

Further, the respectful midwifery principles taught in the training led Bidan Aya to reflect on the ways she treated her patients. “Before this training, sometimes I felt irritated when patients came in the middle of the night, when I was exhausted,” she recalled. “I have learned that I was not supposed to behave that way to the community members, and especially my patients. The training taught me ways to regulate my emotions... I hope I can have more patience now,” she said.

Bidan Aya admitted that being a midwife in a village means being ready to serve as a healthcare provider, a friend, a counselor, public health promoter. “Aside from those intense duties, we still have a family to take care of, and now, COVID.” Thankfully, the training also reminded her to take care of herself. “After the training on mental health and selfcare, I took a vacation with my husband and gave my assistant 2-day leave.”

From the training, she also learned about gender-based violence (GBV) and harmful practices. The module made Bidan Aya realize that the female genital mutilation (FGM) and child marriage practices that are still common in her area are actually harmful to women and girls.

“There are a lot of adolescent pregnancies here. In 2018, there were 15 teenagers who got pregnant, five of which happened out of wedlock... Some of them were only 13 years old, and had to have a cesarean section because their pelvis was still small,” she recalled. “A child dropping out of school can be seen as a signal that they are ready for marriage. For example, if you don’t go to junior or senior high school, it means you are waiting to be proposed,” Bidan Aya provided context to the child marriage prevalence in her village.

“Female circumcision is also common... I discussed what happened here with the trainers and other participants during the training, and they agreed that we need to end FGM

because it's harmful," she continued.

That realization drove her to reach out to adolescents and further initiated a reproductive health network for educating girls named after a famous martial art comic book character, "Wiro Sableng 212". The name stands for "education center for adolescent girls to prevent pregnancy at a young age through reproductive health education and stunting prevention". She uses the number "2+1+2" to refer to five essential things for adolescent reproductive health in her village: 1) weighting and physical examination, 2) contraceptive pills to delay pregnancies among married adolescents, 3) education for grandparents who raise adolescents, 4) literacy for adolescents (reproductive health books), and 5) control card for anemia among adolescents.

"I have identified 58 young girls who were already out of school, and started to educate them on reproductive health to prevent sexual violence and child marriage," Bidan Aya explained. "I hope it will turn out well and help them to think of other options for their future, and to shift their focus from seeing marriage as the only option available to them," she affirmed.

With local Puskesmas cadres, she also rolls out a monthly health examination for young people. "I also coordinated with the Women's Empowerment and Child Protection District Office to discuss female circumcision. It is part of our tradition, but we will try to change it, slowly."

The journey goes on

As innovative and hardworking as she has been, Bidan Aya still encounters significant challenges. "From those eight modules, the hardest one to implement is the prevention of sexual violence and child marriage." She has attempted to prevent child marriage cases in her village, but failed as institutions gave the permission for the marriages despite her testimony about the children's unfitness for marriage.

"If only we could implement all eight modules of the training, then it would be possible for us to reach zero maternal and neonatal death... but it is impossible for me to do everything on my own," she said. "But I am not giving up. I will continue my service and innovation," she concluded optimistically.



UNFPA provides minimum initial service packages such as dignity kits to provide people living with HIV with basic necessities in disaster-affected areas. (Photo: JIP and Ikatan Perempuan Positif)

Reaching the Furthest Left Behind in Disaster Response in Sintang, Indonesia

From October to November 2021, the heavy rainy season has caused flooding in Sintang, a regency in the West Kalimantan province. This location was severely submerged in its worst flood in 58 years. Among more than 112,000 people affected and displaced based on the National Disaster Management Authority report, there were vulnerable groups, including people living with HIV (PLHIV).

As soon as the flood became massive, volunteers mobilized themselves swiftly. Ika Rizka, the Provincial Coordinator of West Kalimantan of Ikatan Perempuan Positif/IPI (Association of Positive Women), received the donation to provide meals for the flood survivors. She established a public kitchen at a cafe she runs as the meeting point for activists in West Kalimantan. Ika found that volunteers' awareness to not leave anyone behind was remarkable. "A volunteer in the kitchen asked me if special assistance was needed for PLHIV," she recalled.

Ika has been an activist in the PLHIV community for the past 15 years. “It was the HIV diagnosis that turned me into an activist. I joined PLHIV organizations because I am a PLHIV myself. Before that, I was a housewife who knew nothing about HIV,” Ika shared her story. “I wanted to fully understand what happened to myself, so I actively searched for information on HIV. Having access to information about HIV has helped me to empower myself. It further motivated me to help other PLHIVs too,” she continued.

Not only active in Sintang, Ika is well connected to a broader network. On the third day of the emergency response, she received a phone call from the West Kalimantan branch of Jaringan Indonesia Positif (JIP), the National Network of PLHIV. “They asked me if I would be able to distribute the aid for PLHIV... Of course, I said yes!” she said enthusiastically.

Reaching the furthest left behind

As part of the Leaving No One Behind (LNOB) programme supported by the Government of Japan, the United Nations Population Fund (UNFPA) works with JIP on designing and distributing the first-ever dignity kits tailored to the needs of PLHIV during emergencies. The kits contain basic toiletries and a box for storing antiretroviral (ARV) medicines safely, as it is important for PLHIV to maintain their ARV treatment.

The PLHIV welcomed the kits with excitement. “A recipient told me that she was grateful to receive the kit. With her house being submerged for a month, most of her clothes were destroyed. The kit provided her needs,” Ika explained. “This is a different kind of relief goods. They (PLHIV) found the kits so thoughtful. Undergarments, sandals, and hygiene kits are important but often overlooked when the provision of meals and groceries become the main priorities of most donors,” she added.

Ika and her fellow volunteers took boats and 4x4 vehicles to pick up and distribute the kits. In the beginning, the handover of the kits was challenging. “Many PLHIVs lived in the evacuation shelters with other evacuees, and asked why not everyone in the shelter received the kit,” she said. Ika then changed the distribution strategy. “We avoided the shelters and finally met the PLHIVs one-by-one in pre-decided meeting points,” she said.



There are very few people who have the courage to disclose their PLHIV identity. Many PLHIVs still feel stigmatized. I think we can actually prove that PLHIVs are not like what most people think... We can show people that we have good attitudes, and we are capable of working.

As the IPI Provincial Coordinator, Ika is still fighting to stop the stigmatization and discrimination of women with HIV. “There are very few people who have the courage to disclose their PLHIV identity. Many PLHIVs still feel stigmatized. I think we can actually prove that PLHIVs are not like what most people think... We can show people that we have good attitudes, and we are capable of working,” she asserted.

After the emergency response in Sintang, efforts to reach the PLHIV affected by disasters continued. As of 20 March 2022, dignity kits have been distributed to hundreds of PLHIV affected by disasters such as Mount Semeru eruption in Lumajang, East Java, and earthquakes in Pasaman and West Pasaman, West Sumatera.

Collaboration for a more efficient response

Humanitarian crises increase PLHIV’s vulnerability due to absence of healthcare services and social instabilities. Reaching out to PLHIV beneficiaries requires orchestrated coordination with other stakeholders within the network. “We work with the provincial chapters and the PLHIV peer companion coordinators in targeted areas to obtain PLHIV data and plan the distribution mechanisms,” Rully Winata, JIP’s Programme Officer, explained.

“To respond to the emergencies in Pasaman and West Pasaman, we worked with Medan Plus Foundation of West Sumatera,” Rully added. Meanwhile, in the Sintang response, JIP West Kalimantan secretariat worked with the AIDS Commission and the provincial chapter of the Indonesian Red Cross Society (PMI) to deliver the goods.

Indonesia is prone to disaster due to its location near the pacific ring of fire. In 2021 alone, there were 1,969 natural disasters nationwide. Local volunteers like Ika play essential roles to reduce risks, identify survivors, and deliver the aid immediately.

In the case of the Sintang response, what makes it successful is the strong collaboration between national and local stakeholders.



*Affected earthquake areas in Pasaman Barat
(Photo: Lucky Putra/UNFPA)*



ADOLESCENT & YOUTH DEVELOPMENT

Enabling Meaningful Participation, Leadership,
and Equal Access for Adolescent & Youth



Indonesian teachers lead comprehensive sexuality education at special needs schools

Teaching is a challenging job that requires not just skills but also dedication and compassion. It takes special skills, dedication, and compassion to teach sexual and reproductive health to students with intellectual disabilities.

Nurlinawati, a 44-year-old teacher at the State Special Needs School (SLB) Bina Bangsa Syamtalira Aron, North Aceh Regency, and Win Jeroh Miko, a 33-year-old teacher at the State Special Needs School (SLB) Kebayakan Takengon, Central Aceh Regency, did not know right away that teaching was their calling.

Nurlinawati, also known as Lina, studied economics in college and used to work at a bank. She became interested in teaching after seeing teachers at a special needs school near where she lives. “After that, I participated in various training, some I had to pay for by myself, some I attended online.

I was excited to teach,” Lina recalled. Her first experience teaching an autistic child motivated her to pursue this passion further. “I felt that what I did for the student was something good... So I went back to school to get another bachelor’s degree and a master’s degree in special needs education,” she said.

Win, after graduating with a degree in English, had two options: teaching at a vocational high school or a special needs school. “I don’t know why I chose the latter, but when I taught the children, I felt happy and attached to them. That’s why I continue to teach at a special needs school until now,” he explained. After getting another degree in special needs education, like Lina, Win felt like he found his life’s calling. “I might not know what I wanted to do before, but after teaching I found what I had been looking for. My purpose is to teach children with special needs so that they can be independent.”

So, when they both had the opportunity to participate in a national training on adolescent sexual and reproductive health (ASRH) education for special needs school teachers, they immediately said yes. The training Adopting a multi-level marketing approach in the teacher’s training, UNFPA has trained a batch of Master Teachers, Partner Teachers, and Peer Teachers to deliver ASRH education in their respective schools. Various topics such as personal hygiene, puberty, prevention of sexual violence and gender-based violence, and the active involvement of parents and schools are the core topics of this program. This training aims to develop students’ knowledge and skills about SRH, so they are capable of protecting themselves from sexual harassment, HIV and sexually transmitted infections, as well as unwanted pregnancies.

Lina and Win both admitted that they learned a lot from the training.

“Initially I was not sure what reproductive health actually entails... I finally learned that the scope is broad. It covers personal hygiene, puberty, protecting yourself, gender equality, and many more,” Lina said.





(Photo: Lucky Putra/UNFPA Indonesia)

“

I might not know what I wanted to do before, but after teaching I found what I had been looking for. My purpose is to teach children with special needs so that they can be independent.

Win echoed Lina's testimony. "We have already taught our students to wash their hands as part of our self-development curriculum, but from this training, I personally just learned that reproductive health education is complex and includes personal hygiene," he said. "After teaching materials about puberty, my students started to open up about the issues they faced. Additionally, they started to care and be responsible for their reproductive health," he continued.

"The training was very useful for my students. Before, they had a hard time even just to identify the names of their body parts," Lina recounted. "I didn't even know that you have to change menstrual pads every 4 hours," she continued.

Today, not only have her students learned about menstrual hygiene, they can also overcome their embarrassment to discuss menstruation and wear their own menstrual pads.

(Photo: Nurlinawati's personal documentation)



"Sometimes students would feel ashamed, especially those aged 14 years or older, because they didn't know how to wear menstrual pads correctly," Lina said. From the training, she became inspired to come up with new methods to make teaching more effective. "After reading some references, I had the idea to make a 'cuda' doll. 'Cuda' is a word in the Acehnese language that means 'sister'," Lina elaborated. "So by using these tools, students' interest is piqued... They wanted to know more... We continued training students to fit the menstrual pad correctly in their underwear using the 'cuda' doll, until the students are capable of using it on their own."

For Win, the training helped him break down barriers to discuss sensitive matters with his students and their parents. "A challenge I faced was using terms considered to be taboo such as 'vagina' and 'penis' even though students need to learn them," he said.



(Photo: Lucky Putra/UNFPA Indonesia)

Facing resistance in the beginning, he had to continuously make the students and parents understand the importance of learning about reproductive health. “After time goes by, the resistance has been minimized. Today I still teach reproductive health in my class, and even have reproductive health pictures and posters all over the walls,” he said.

ASRH education also provides students with the knowledge they need to protect themselves from gender-based violence. “One of the reasons why reproductive health education is important is to teach the students to protect themselves,” Win said. “We have heard several times that some students have experienced sexual harassment.. They don’t understand that no one should touch certain body parts. So we teach students not to allow anyone to touch their body parts that are covered. In this case, I use role-playing,” Lina said.

Passionate and dedicated, Lina and Win have been awarded as the Outstanding Teacher (“Guru Berprestasi”) by the Aceh Provincial Office of Education for their innovative interventions in delivering ASRH education for students with intellectual disabilities.

“Students with intellectual disabilities have the same rights as us. There is no difference, be it access to education, the right to reproductive health education... the right to marry, or other rights. They’re the same,” Lina said firmly.

“Providing such learning will improve their capacity not only for the time being, and not only for their family, but also for their own future,” she concluded.

“We need collaboration with parents, schools, the society, and the surrounding community in order to fully realize the rights of our students,” Win affirmed.



RAN PIJAR: Creating an Enabling Environment for Young People's Well-being

Sixty-nine million people in Indonesia are school-aged children and adolescents aged 5 to 19 years old (Statistics Indonesia, 2019). While adolescence is often thought to be the healthiest time of life, they continue to face challenges such as rising levels of obesity, mental health disorders, high unemployment, and sexual violence. To help them deal with these challenges, we need an enabling environment where young people have optimal opportunities to develop their full potential and live free of poverty, discrimination, and violence – this is why RAN PIJAR is crucial.

Launched in April 2022, the National Action Plan for Improving the Wellbeing of School-Aged Children and Adolescents (RAN PIJAR) is a joint commitment among 20 ministries and government institutions to advance the well-being of young people aged 8 to 16 years.

Since the beginning, the United Nations Population Fund (UNFPA) Indonesia has been a strategic partner to the Coordinating Ministry of Human Development and Culture (Kemenko PMK), the lead ministry steering the development of RAN PIJAR.

RAN PIJAR includes five strategies to improve youth well-being, which consists of 1) strengthening commitment, coordination, and cooperation across different sectors and stakeholders; 2) expanding access to quality health and nutrition services; 3) creating a safe and supportive environment for the development of school-aged children and adolescents; 4) improving the quality and access to education, life skills, and participation of school-aged children and adolescents; and 5) strengthening information systems, data, research, and innovation in programme development.

RAN PIJAR is one of the first of its kind to systematically integrate intersectoral government agencies to advance adolescents' physical, mental, sexual and reproductive health, as well as their life skills, agency, and meaningful participation in society.

"Adolescents are a significant part of the Indonesian population, particularly in building a more advanced Indonesian society. However, if this population group does not have adequate capacity and skills, they might not be able to contribute optimally to building the nation. Stakeholder collaboration at the central and district levels is the key to optimizing our efforts," said Mr Agus Suprpto, Deputy for Coordination in Improving Health Quality and Population Development of Kemenko PMK, during the High-Level Meeting to Increase the Well-being of School-Aged Children and Adolescents, held in Bali, 3 November 2022.

This High-Level Meeting was held to gain support from the local government units on RAN PIJAR, encouraging them to develop local policies and work plans to improve the well-being of school-aged children and adolescents in their respective regions. The meeting was arranged by Kemenko PMK in collaboration with UNFPA Indonesia and Yayasan Siklus Sehat Indonesia – with attendance from approximately 100 local government representatives in Bali and 500 representatives from various government agencies at the national and local levels via video conference.

“Preventable and treatable health problems like early pregnancy, unsafe sex, HIV, depression, injury, and violence remain a daily threat to Indonesian adolescents’ health, well-being, and life chances,” said Anjali Sen, UNFPA Representative to Indonesia, in her remarks. “I am delighted to learn that RAN PIJAR has comprehensively covered the promotive, preventive, and curative programmes and aimed to reach out to the most marginalized and vulnerable adolescents,” she continued.

Moving forward, the Provincial Government of Bali and Daerah Istimewa Yogyakarta (DIY) have agreed that the city of Denpasar and Kulonprogo will become the pilot cities to implement RAN PIJAR. The two local governments will form local action plans and work alongside non-government organisations (NGOs), academicians, and development partners to advance the well-being of school-aged children and adolescents in the two cities.

More importantly, UNFPA Indonesia will continue to work alongside youth networks in various areas of Indonesia to document young people’s needs and best practices to improve their well-being, as well as improve their capacities in advocacy and establishing youth-led reports.

“Please allow me to re-highlight the key roles of young people and adolescents in policy development. Do not forget to involve us in every strategic meeting at the local level. This policy is about our well-being, and thus should reflect our aspirations,” said Eka Purni, a youth representative from Kisara PKBI Bali.

The Action Plan serves as a reminder to strengthen joint commitments to invest in Indonesia’s young people without forgetting to involve them to participate meaningfully and equally at the decision-making tables at the regional and national levels.



GENDER EQUALITY & Women's Empowerment

Addressing Heightened Risks of
Gender-based Violence



Indonesian women religious leaders call for ending female genital mutilation or cutting

“The law of conducting female genital mutilation or cutting (FGM/C) without medical reasons is haram (forbidden, ed.),” according to the Indonesian Women Ulema Congress (KUPI)’s religious view and stance on female FGM/C. “All stakeholders are responsible for preventing FGM/C without medical reasons. And the law for religious leaders, community leaders, health workers, and families to use their authority to protect women from the harms of FGM/C without medical reasons is obligatory,” it says firmly.

Announced at the closing of the second KUPI congress at Hasyim Ashari Bangsri Pesantren (Islamic boarding school) in Jepara, Central Java, from 24-26 November 2022, KUPI’s firm religious view and stance (also known as fatwa) is an important milestone in their advocacy for ending FGM/C in Indonesia, and ultimately protecting women’s rights and promoting their wellbeing.



(Photo: Lucky Putra/UNFPA Indonesia)

FGM/C was one of the five urgent issues (waste management for environmental sustainability and women's safety; women's roles in protecting the country from risks of religious extremism; protection of women from forced marriage; protection of women's life from the harms of pregnancy from rape; and protection of women from the harms of FGM/C without medical reasons) discussed during the second KUPI Congress through discussion circles led by panelists, known as halaqah, and religious deliberations, called musyawarah keagamaan. These consultative processes culminated in the issuance of KUPI's religious views and stances (also known as fatwa) on the issues at the closing of the congress on 26 November 2022.

The damaging and extensive impact of the harmful practice on women and girls--not only for their physical and mental health but also their overall wellbeing and future--make FGM/C a priority issue for KUPI.

"The harms that FGM/C causes are incredible... We found a case in the KUPI network where a baby died because of it. It's a human rights violation... KUPI cannot allow this to happen," Masruchah, a member of the management board of Islamic women's organization Rahima and former

commissioner of the National Commission on Violence against Women (Komnas Perempuan) who serves in KUPI's Deliberation Council, explained. "We have conducted a lot of research on FGM/C... KUPI is present in Indonesia to discuss the wellbeing of the humankind, of women... as part of the movement of religious justice."

For Dr. Nur Rofiah, Bil, Uzm, a prominent ulema, scholar, and post-graduate lecturer at the Institute of Quranic Sciences Jakarta who serves as KUPI Committee's First Chair, the controversies surrounding FGM/C make the issue even more urgent to address.

"We prioritize the urgency of the issues... and the level of controversies surrounding them. The Islamic knowledge system that integrates women's experience is nearly contradictory to the mainstream," said Rofiah, who is known as a strong advocate for gender equality. "The impact of FGM/C is significant because people see it as something good when in fact it brings atrocity... That is why FGM/C was included in the religious deliberation... We must be courageous in challenging controversies," she affirmed.

One of the ulemas leading the discussions and deliberations on FGM/C during the second KUPI congress, Rofiah has made powerful statements about integrating women's experience into the Islamic knowledge system. "Don't make men the sole standard of justice for women," she said firmly at the KUPI International Conference in Semarang, Central Java, on 23 November 2022. "And what we call justice, well-being, state policy, social wisdom... must not make women's reproductive system more painful and exhausting, even though men do not experience it."

Amid controversies and pushbacks using religious, cultural, policy, and even medical arguments, KUPI courageously and powerfully call for ending the harmful practice while addressing gender inequality as the root cause.

"The mapping of FGM/C is clear for us. There is no benefit for women, it's actually harmful. However, this information is not known by the public. We need to build new knowledge so that the community has the awareness to prevent and not do it even without a law that forbids it," Rofiah elaborated.



“Not only knowledge about interpreting religious texts, but also the Islamic knowledge system that integrates women’s experience. This is what’s missing... KUPI counters the texts with women’s experience, which is useful not only in responding to FGM/C but also other women’s issues,” she continued.

KUPI first started to work with UNFPA in 2019 under the partnership with the Ministry of Women’s Empowerment and Child Protection, for socializing the prevention of FGM/C through module development, discussions, and information dissemination with support from Global Affairs Canada, through the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI) programme.

“FGM/C is an issue that we have discussed for a long time within the KUPI network, especially since we started our partnership with UNFPA,” Rofiah explained. “But even before then, members of the KUPI network such as KH Husein and Maria Ulfah have long discussed FGM/C, and have even become the pioneers,” she continued.

With the fatwa, KUPI’s journey towards changing mindsets, and breaking down gender inequality and patriarchy in the community will continue stronger.

“The fatwa will become an advocacy tool... as the source of argument from a religious perspective... It will help our advocacy in dialogues with mass organizations,” Rofiah said.

“We are planning the launch of the fatwa and dissemination of knowledge in several regions



where KUPI's fatwa method is not recognized yet. We will also lobby strategic stakeholders such as the government and religious mass organizations," Masruchah added.

The dissemination of the fatwa is a long-term plan for KUPI. "We are hoping that the fatwa can echo everywhere... especially in regions where the FGM/C prevalence rates are high," Rofiah said. "This is a long term investment for the generation of kiyai and nyai (male and female religious leaders/scholars, ed.) who have the awareness... not only of FGM/C and other women's issues but also for mubadalah (reciprocity) for moderate Islam and for Indonesia," Rofiah explained.

Therefore, partnerships with various stakeholders, including the government and UNFPA, is critical for KUPI. "We collaborate with the government and other sectors... We also take advantage of the digital space to reach and strengthen the capacity of students at pesantren and majelis taklim (religious education forums, ed.)," said Masruchah. "We work with UNFPA because primarily we share the same vision and work approach," Rofiah said.

Ultimately, this partnership seeks to protect women and girls and promote their wellbeing. "(My hope for women and girls) is that they have the awareness that they are, and are seen as others, as complete human beings, not only physical or sexual objects... intelligent human beings who are aware and seen by others as full subjects, not just secondary subjects or objects," Rofiah affirmed. "Men and women must be positioned together as complete human beings."



Community Volunteer's Commitment to Provide a Safe Space for Women and Girls in Sigi, Central Sulawesi

"I am happy to help other women to be empowered and to be able to find the right information to get help and safety," said Faizah, a woman community volunteer from Bulubete village, Sigi, Central Sulawesi.

Faizah was one of the active participants of the of training programme to strengthen community response for the prevention of gender-based violence (GBV) in Palu and Sigi, Central Sulawesi, that the United Nations for Populations Fund (UNFPA) and Ministry of Women's Empowerment and Child Protection (KPPPA) conducted in collaboration with Kelompok Perjuangan Kestaraan Perempuan Sulawesi Tengah (Central Sulawesi Group for Women's Equality/KPKP-ST), a non-government organization (NGO) working on women's rights and protection from violence, in 2019.

She is now an active community volunteer of KPKP-ST and a member of a task force in Bulubete village who works tirelessly to provide care support to the survivors of gender-based violence in Bulubete Village, Sigi district.

This year, she participated in the training on the reproductive health behavior change communication for the prevention of child marriage by Yayasan Kesehatan Perempuan (Women's Health Foundation/YKP) in 2022, in collaboration with KPPPA and UNFPA. Supported by the Global Affairs Canada, this training is part of a joint initiative with UNICEF entitled the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI).

Empowering women and girls in her community

Just after the earthquake, tsunami, and liquefaction hit Central Sulawesi in 2018, women and girls faced relentless insecurity in dire conditions. In overcrowded shelters, women and girls lived next to men and boys that they are not related to, often without secure closures between the tents.

As a response to the disaster, UNFPA Indonesia in collaboration with the Government of Indonesia's humanitarian assistance joined hands to ensure life-saving sexual and reproductive health services reach women and girls. In collaboration with KPPPA, Palu District Office of Women Empowerment and Child Protection (DP3A), and local NGOs like KPKP-ST and Libu Perempuan, UNFPA Indonesia set up women-friendly tents in 12 areas in Palu, Sigi and Donggala. In collaboration with partners, UNFPA also established women and youth-friendly spaces where women and girls could access psychosocial support for trauma recovery, as well as reproductive health and GBV services and other essential information.

Soraya Sultan, the Head of KPKP-ST, highlighted the importance of women-friendly tents and spaces, especially during emergencies and disasters. "Various forms of gender-based violence often take place even in post-disaster situations. Just going to the bathroom is risky for women and girls living in tents. We received reports on sexual violence cases (during the Central Sulawesi disaster)," Soraya said. "Women-friendly tents made an important difference in ensuring the safety of women and providing support for the victims of gender-based violence by delivering psychosocial service and trauma healing when services were disrupted," she said.

Safe spaces for women and services for GBV survivors must remain even after the disaster, according to Soraya. It has also led to KPKP-ST's initiative to equip and strengthen capacities of volunteers to support the handling and accompaniment of GBV victims. With UNFPA's support, KPKP-ST trained more than 60 volunteers to become supporters and case managers for GBV survivors in 2019.

Faizah, as a community volunteer, participated in the training. Driven by her spirit to help and empower GBV survivors and to prevent child marriage among girls in her village, Faizah started to feel the calling after witnessing the impact of 2018 earthquake and tsunami in Central Sulawesi on women and girls. That was what compelled Faizah to join as a volunteer in the women-friendly tent, and this is where her journey began.

Women-friendly space: a safe space for women and girls to seek care and protection

As a community volunteer, Faizah's active role in providing care and support for GBV survivors has not stopped even after the emergency situation ended. Today, she runs a women-friendly space in Bulubete village where she facilitates educational sessions for women, adolescents, and men, as well as providing care and support for GBV survivors to access help and safety.

"The women-friendly space is a safe space for women from Bulubete and surrounding villages to gather and share their stories. Women and girls gather to discuss important topics such as sexual and reproductive health and even just to share how their days went," Faizah said. "GBV survivors also come to the women-friendly space to seek help and support... This is how I can reach more women and provide support through provision of safe space for GBV survivors," she continued. This women-friendly space also serves as a place where youth integrated center (Posyandu Remaja) activities are conducted.

In her village, Faizah has been known as the guardian to survivors who seek support when they face GBV, such as intimate partner violence. She has also developed close relationships with GBV frontliners in Bulubete village, including those from DP3A and law enforcement, making her a skilled and knowledgeable community volunteer in providing services for GBV survivors.



*Faizah has improved her confidence in discussing important topics such as prevention of child marriage with women and girls after the training.
(Photo: Cresti Eka Fitriana/UNFPA Indonesia)*

“

I have many plans and hope for the women-friendly space after returning from this training. I want to conduct educational activities for women and girls and discuss important topics such as sexual reproductive health that are important for prevention of child marriage in my village (Bulubete).

Participating in the recently held training on Sexual Reproductive Health for the Prevention of Child Marriage, Faizah enthusiastically shared her active support to survivors of gender-based violence and contribution to the women-friendly space in Bulubete village. She also hoped to share her knowledge to women and girls in Bulubete village to raise awareness on reproductive health and prevention of child marriage.

“I have many plans and hope for the women-friendly space after returning from this training. I want to conduct educational activities for women and girls and discuss important topics such as sexual reproductive health that are important for prevention of child marriage in my village (Bulubete),” she added.

Continuous support for GBV survivors at community level urgently needed

The 2021 National Women Life Experience Survey (SPHPN) found that 1 in 4 Indonesian women have experienced violence in their lifetime. This daunting statistic reflects urgent support needed for GBV survivors to access good quality services, particularly at community level, and seek justice.

As an active facilitator and volunteer of the women-friendly space, Faizah has experienced herself the journey of providing care and support to GBV survivors from the post-disaster phase until today.

Faizah hopes for greater support for GBV survivors. “With the constraints we face, I wish for more resources or support. I would like to reach and support more women, especially the ones who experience sexual violence and domestic violence, through more women-friendly spaces,” she affirmed.



(Photo: Lucky Putra/UNFPA Indonesia)

Involving Men in Eliminating Gender-based Violence in Lombok

“Cleaning, washing dishes are not only women’s responsibilities but also men’s. We must share responsibilities,” said Abdurrahman, a 32-year-old community facilitator in Tenige Village, North Lombok, West Nusa Tenggara (NTB).

Abdurrahman was one of the participants of the pilot programme of community-based prevention of GBV and harmful practices in Teniga and Tanjung villages in North Lombok District led by the United Nations Population Fund (UNFPA) and Ministry of Women’s Empowerment and Child Protection (MOWECP). As gender equality can only be achieved with the involvement of everyone in society, the programme engaged men and boys in the elimination of gender-based violence (GBV) and harmful practices like child marriage and female genital mutilation/cutting (FGM/C). The programme involved male figures in women’s and children’s lives, including husbands, fathers, sons, brothers, peers, and teachers as the primary prevention strategy.

Started in 2019, the programme was implemented with the North Lombok District Office of Social Affairs for Women's Empowerment and Child Protection North Lombok (DOWECP), Lembaga Perlindungan Anak (Child Protection Institution), and Lembaga Pengembangan Sumber Daya Manusia (Human Resource Development Institute), with the support of Global Affairs Canada as part of a joint initiative with UNICEF entitled the Better Sexual and Reproductive Health and Rights for All in Indonesia (BERANI).

Hundreds of people, including youth, participated in various activities such as training, discussions, community projects, and initiatives. Some of the significant achievements of this programme included the endorsement of two village regulations on GBV and harmful practices prevention in both Teniga and Tanjung villages, the establishment of the Child Village Forum, and the budget allocation to fund activities to promote eliminating GBV and harmful practices by the local government.

More profoundly, in its effort to promote zero tolerance of violence against women and girls in their families and the village, the programme has encouraged young people to be more confident in expressing their opinions and be more active in their community, and influenced change of perspectives among men and boys.

"We learned about why gender equality is important and the division of tasks among women and men," Abdurrahman recalled. After participating in the training and group discussions, he explained that young people in Tenige village reached a consensus that all forms of violence must end, and that gender equality must be realized not just among young people, but also within the family. "We all agreed to end all forms of violence," he affirmed.

Marnia, a 36 year-old businesswoman, admitted that the training she participated in has impacted a lot of personal change in her life. For example, the programme has helped her improve her communication with her children. "Communication with my children has been much better. They are in their teenage years, and I have been able to talk to them about maintaining reproductive health, and the harms of child marriage," Marnia said.



*Youth participants of the programme have become more confident
in expressing their opinions.*

(Photo: Lucky Putra/UNFPA Indonesia)



Thanks to this programme, we now have the basic capacity to approach the community and discuss not just FGM/C, but also child marriage and GBV.

Religious leaders also play a major role in promoting GBV prevention. Through training of trainers, religious leaders learn how to communicate with and educate the community on issues considered taboo to discuss such as reproductive health and violence against women. “It’s very difficult to discuss FGM/C in the village because it correlates with people’s beliefs,” explained Kartono, a religious teacher who became a training facilitator in the programme. “Thanks to this programme, we now have the basic capacity to approach the community and discuss not just FGM/C, but also child marriage and GBV,” he added.

The programme reflects UNFPA’s commitment to ensuring universal access to reproductive health services and information so that no one is left behind. It is also part of the collective effort to achieve the Three Transformative Results (Three Zeros) agreed by signatory countries at the 25 year anniversary of the International Conference on Population and Development (ICPD25) in Nairobi: ending preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices against women and girls.

“There should be no more victims of violence and harmful practices. We will continue to build a community where there is zero tolerance for violence against women and children,” Anjali Sen, UNFPA Indonesia Representative, proclaimed at the pilot programme closing event in North Lombok District, on 30 November 2021.

The closing of the pilot does not mean the end of the programme nor the collaborative work to eliminate GBV and harmful practices. The pilot programme will be replicated and adopted in 43 villages in Lombok. “We would like to become a model for the other 43 villages to follow. What we want is also a follow-up action, so that our programme doesn’t stop here,” Maswandi, Head of the Tenige Village (which MOWECP selected as one of the exemplary women and children-friendly Villages for the elimination of GBV and harmful practices), asserted.



Marnia has improved communication with her teenage children after training.
(Photo: Lucky Putra/UNFPA Indonesia)

A photograph of three people outdoors. In the center, a man with dark hair and a blue face mask is looking down at a smartphone. To his left, a woman wearing a blue patterned hijab, glasses, and a blue face mask is also looking at the phone. To his right, another woman wearing a brown patterned hijab and a white face mask is looking at the phone. The man is wearing a black t-shirt with a graphic that reads 'ABNER A.B SLTU NSC R.D' with diagonal lines crossing through the text. The background shows a residential area with houses and trees. The image has an orange border at the top and bottom.

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Women Serve as the Backbone of Cianjur Earthquake Response

Family resilience motivators (Motekar) of the Cianjur district Office of Population Management, Family Planning, Women Empowerment, and Child Protection (DPPKBP3A) are the backbone of the sex, age, disability disaggregated data (SADDD) collection for the Cianjur earthquake humanitarian response in late 2022. Despite all the challenges they have faced in visiting displacement tents in hard-to-reach areas, for Ati Sumiati (45), Ani Yunengsih (40), and Nursyaidah (46), this is an important task they proudly take on to help make sure that the needs of women and girls affected by the Cianjur earthquake are prioritized.

As part of the Pulih Bersama C-Surge Project supported by the Australian Department of Foreign Affairs and Trade (DFAT), UNFPA Indonesia collaborated with the National Disaster Management Authority (BNPB) and the Ministry of Women's Empowerment and Child Protection (KPPPA) to train enumerators on the utilization of baseline population and online

rapid disaggregated data collection tools for disaster response: ArcGIS Survey123 and its visualization through ArcGIS Dashboard Operation. These tools were used for SADDD collection in the Cianjur earthquake response.

Ati, Ani, and Nur were among the 77 enumerators conducting the SADDD collection in November 2022 in the five most affected sub-districts in Cianjur: Cugenang, Pacet, Warung Kondang, Cianjur, and Gekbrong.

“The training took only 1-2 days because we needed them to start working as soon as possible. We focused on introducing the tools, how to read questionnaires, understanding of the content and purpose of the questionnaire, and how to ask the questions so that the respondents understand,” Narwawi Pramudhiarta, UNFPA Indonesia’s Geospatial and Humanitarian Data Analyst, said.

“The use of the ArcGIS survey application helped make the data collection faster and the data more accessible... so that the government can provide assistance faster and more precisely in the most affected areas,” Ati recalled.

“From the data collection, we found that the earthquake survivors have many urgent needs... We collected data from women and girls... from all villages, the needs of women and girls are basically the same such as blankets, menstrual pads, medicines, and underwear,” Nur elaborated. SADDD also helps identify the specific needs of women and girls who face higher risks of gender-based violence in disaster settings as well as other vulnerable groups such as women with disabilities and older women who have specific needs. With this critical information, humanitarian response can provide targeted assistance that meets the needs of women and girls.

For Nur, who used to volunteer at integrated health service centers (posyandu), being involved in the Cianjur disaster response is part of her responsibility as a motekar. “I decided to work as a motekar so that I can dedicate my life to helping the community, especially women and children.” Similarly, Ani and Ati are also motivated to contribute to improving the health and protection of women and children in their communities.



Nur wants to dedicate her life to help the community, especially women and children.

(Photo: Rahmi Dian Agustino/UNFPA Indonesia)

As the family resilience motivators, Ati, Ani, and Nur have helped make a difference in the lives of the community members.

Providing informal education to local women, Ati has contributed to changed health behaviors. “As a motekar, I help raise awareness among mothers so that they would visit integrated service centers (posyandu) to access maternal and child health services.”



*Ati has contributed to changed health behaviors in her community.
(Photo: Rahmi Dian Agustion/UNFPA Indonesia)*

Ani is also proud for improving awareness of the people in her community, which has helped reduce teenage pregnancy and child marriage. “We educated men and women about causes of child marriage that usually happen at the age of 15-19, and that the minimum age for marriage is 19,” Ani explained. “We also assist couples in navigating the legal process of documenting their marriage. “We have provided guidance for women to delay and plan their marriages and pregnancies,” Nur added.

Just as important, motekars also help with gender-based violence cases. “Motekars identify victims of violence, mediate in divorce cases, assist with the legal documents of babies,” Ati explained.

The role of motekars in protecting the rights of women and children in everyday life makes them the right personnel to conduct the SADDD collection.



“The earthquake happened on Monday. On Sunday, we already planned to conduct an educational session in Cugenang on Tuesday. After the earthquake impacted the area, we still went there, not for the educational session, but for distributing aid that we gathered from individual donations,” Nur recalled. “It was heartbreaking to see the impact of the earthquake... but thankfully the area where I live is not impacted.”

Accessing the impacted areas was not easy. “The streets are congested and slippery because of the rain. Cars cannot go there. So we have to either walk or ride a motorcycle. We separate ourselves into different teams that go to different areas. There were four people in each team,” Nur explained. “It would rain a lot, but we try to enjoy it.”

Even though Ati, Ani, and Nur are not affected by the earthquake, helping the Cianjur community is their priority. “When we met a woman, she was so excited to see us that she hugged us... She said, ‘I don’t know who else would listen to me.’ So, we do this work not only to collect data but also to provide moral support,” they said.

In the end, Ati, Ani, and Nur hope that the lives of the people can go back to normal in Cianjur. “We hope Cianjur will recover soon,” they said firmly.



(Photo: M. Aldy Amali/UNFPA Indonesia)

Older persons in Indonesia most vulnerable during the COVID-19 pandemic

The COVID-19 pandemic has brought widespread, adverse impacts to all populations, including older persons. As of 15 March 2022, persons aged 60 and over make up 12 percent of the total COVID-19 confirmed cases in Indonesia. Nearly half of deaths due to COVID-19 have also happened to older persons, positioning them among the most vulnerable groups in the pandemic.

At the same time, Indonesia has also seen an increase in the percentage of older persons. According to the BPS-Statistics Indonesia's data in 2021, there are 29,82 million older persons in Indonesia, making up 10,82% of the national population. BPS-Statistics Indonesia also recorded a trend of increasing life expectancy rate from 2012-2021, from 70.2 years to 73.5 years.

“The 2021 Older Persons Population Statistics shows that the number of older persons in Indonesia has reached 10.82 percent,” DR. (H.C.) dr. Hasto Wardoyo, Sp. OG(K), the Chief of the National Population and Family Planning Board (BKKBN) stated. “With that proportion, this country has entered the phase of an ageing population structure,” he affirmed.

To develop inclusive development programs and policies for older persons in the pandemic context, BKKBN and the United Nations Population Fund (UNFPA) launched the results of a national study on the impact of the COVID-19 pandemic on older persons, including those with disabilities in July 2022 in Bandung, West Java.

Through UNFPA’s Leaving No One Behind (LNOB) programme supported by the Government of Japan, an inclusive COVID-19 response targeting the furthest left behind population



(Photo: Lucky Putra/UNFPA Indonesia)

groups, BKKBN led the national study. With experts on older persons-cum-economists, Professor Yasuhiko Saito from the Economic Research Institute for ASEAN and East Asia (ERIA) and Dr. Lilis Heri Mis Cicih from Universitas Indonesia who led the research, BKKBN trained and deployed 365 older person cadres as the enumerators who collected the data from nearly 9,000 respondents in 19 cities and 21 districts across ten provinces of Indonesia.

“This study informs us the critical need of adopting the life cycle approach as one of the ways to address population ageing and to mitigate the harmful impacts of the COVID-19 on older persons,” Anjali Sen, UNFPA Indonesia Representative, explained in her opening remark at the national study launch.

“We expect that the report will provide future detailed proposals to the Government of Indonesia in order to leave no one behind, and will be used to further discussions between the Government of Indonesia and various parties in the future,” Nakao Yusuke, the First Secretary of the Embassy of Japan in Indonesia, affirmed.

Ultimately, the end goal of the study is inclusion and prioritization of the needs of older persons. “The policy recommendations on social and economic policies resulting from this study – that are in line with the National Strategy of Older Persons – will inform the inclusive development programmes for older persons,” Nopian Andusti, BKKBN’s Deputy for Family Welfare and Family Empowerment, assured at the report launch event.

Economic, Physical And Mental Health Challenges

The study found that due to the pandemic, older persons have worked shorter hours. As a result, more than 60 percent of the respondents reported that their income has also decreased. More than half of older persons aged 60 and over have also struggled in meeting daily expenses. “The hardest-hit are older persons with lower levels of education and those living alone,” Professor Saito explained.

In terms of physical health, the percentage of older persons who admitted to being unhealthy has increased during the pandemic. The prevalence of heart disease and stroke has shown a slight increase. Additionally, many older women and those aged 80 and over have been reported to fall.

Meanwhile, on the mental health side, it was found that the social wellbeing of older persons as measured by loneliness and social isolation has shown deterioration. “This could imply that the mental health status of older persons may worsen in the future,” said Professor Saito. However, the study found “no significant change between the prevalence of depression and dementia prior to the pandemic and during the survey,” which means that with the right intervention, there is still hope for the betterment of older persons’ mental health.



(Photo: Grady Kayzel/UNFPA Indonesia)

To address the challenges, the study made a number of recommendations, including financial assistance to help older persons cover their daily expenses. Since during the pandemic many older persons stay at home and that falls commonly occur there, Professor Saito recommends programmes that can reduce or prevent the risk of falling among older persons, which usually includes fall risk assessment, improvement of home and environment that helps make mobility safer for older persons or people with fall risks, and training for people-at-risk and their caregivers.

Another recommendation is to improve mental health support for older persons such as by establishing hotlines and increasing the frequency of visits from cadres, providing more mental health personnel and facilities and developing educational programmes for them, as well as developing programmes that encourage older persons engagement in social interactions while maintaining a safe distance.

Prevalence of Disability

Living with disability makes older persons even more vulnerable to difficulties in accessing services, which prevents them from living full lives. The study found that in the past 12 years the prevalence rate of the older persons who have at least one difficulty in doing activities related to seeing, hearing, mobility, communication, cognition and self-care has increased by 30 percent.

As the number of older persons with disability increases and the length of years with disability is expected to increase, the quantity of personnel and facilities to care for older persons need to be increased. “Programmes to train formal care workers and informal caregivers also need strengthening,” Mis Cich emphasized.

Effectiveness of Policies to Protect Older Persons

The study discovered that as of February, 2022, 34 percent of older persons have not been vaccinated. Nearly 70 percent of those who were not vaccinated mentioned health conditions as the reason, while 21.8 percent others described that they were unwilling to be vaccinated partly because they thought the information conveyed about the pandemic and vaccination was “unclear, imprecise, absurd, and untrue”. The rest stated that they did not know that vaccination was necessary.

“Many health experts have stated that the vaccines are suitable for the majority of people, including those with comorbidity,” Mis Cich said. “Thus, reassessment of individual health conditions is recommended for those who have not been vaccinated due to health reasons,” she continued. Information for older persons must also be factually accurate, targeted, and easy to understand.

Healthcare Utilization

The research indicated minimal impacts of COVID-19 on access to healthcare. “Only about three percent of older persons reported that they had some problems accessing healthcare services,” said Saito.

“Three-quarters of older persons have not experienced delays or cancellations of health care services, and 21.6 percent of older persons have not needed to use healthcare services,” he described. On the other hand, the study found that among older persons needing medication, 15.5 percent of them have experienced some difficulties receiving their medicine during the pandemic.

Nevertheless, ensuring that core general healthcare services continue to be made available easily, exploring ways to deliver medicines to those who have difficulties obtaining them, and promoting the use of telemedicine should remain a priority.

Assistance Received

Overall, the percentage of older persons reporting a decrease in assistance and support was much higher than the percentages of those reporting an increase. Around 29 percent older persons who have received support from the government, and 31 others who received support from non-government organizations (NGOs) and other organizations reported a decrease. Female older persons were the majority of respondents who reported decreased support.

“Government and NGOs need to investigate the reported decrease in support and formulate ways to increase it. In particular, women and the younger-old may need extra forms of support,” Saito added.

The study attempted to understand how COVID-19 has been affecting the lives of the older persons and found that older persons are not a homogeneous population with varying backgrounds and needs. “Policies targeting older persons may need to reconsider moving from treating older persons as a whole to focus more on differences by the characteristics of older persons such as by age group and their specific conditions,” Mis Cich concluded.

“The study and analysis provide valuable policy recommendations in strengthening government response and informing the government program in inclusive development policies,” Anjali Sen assured. “We need to focus more on individual needs, rights, and choices, and come up with an individualization approach in programs and policies. That’s the way to move forward,” she affirmed.

About UNFPA

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

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

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