

Enclosed: Annexes 1-6 and additional information Annex A to H
Annex 1. Terms of Reference

**TERMS OF REFERENCE FOR THE EVALUATION OF THE
9TH COUNTRY PROGRAMME OF ASSISTANCE TO THE GOVERNMENT
OF INDONESIA
(2016-2020)**

**UNITED NATIONS POPULATION FUND
INDONESIA**

5 July 2019

I. INTRODUCTION

UNFPA Indonesia is planning to conduct the independent evaluation of the UNFPA 9th Country Programme of Assistance to the Government of Indonesia (2016-2020) as part of its 2019 annual work plan, and in accordance with the UNFPA evaluation policy 2019.

As per the evaluation policy, evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute important lessons learned to the formulation of the next Country Programme in Indonesia.

The main audience and primary users of the evaluation are the decision makers and programme managers in UNFPA Indonesia (CO), UNFPA Asia and the Pacific Regional Office (APRO) and UNFPA Headquarter divisions (HQ), as well as counterparts in the Government of Indonesia (GOI), including the Department of Foreign Affairs and Trade (DFAT). Additionally, partners among donors (the Canadian International Development Agency (CIDA), civil society and other sister UN agencies (e.g. UN Women, United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) and the United Nations Resident Coordinator Office (UNRCO)) are the intended audience for the evaluation report.

The evaluation will be an external, independent exercise conducted by an independent team of evaluators, in accordance with UNFPA guidance on Country Programme Evaluations, ethical norms and UNEG standards. The evaluation will be managed by the CO in close collaboration with the Regional M&E Adviser in APRO and with oversight from the Independent Evaluation Office of UNFPA in New York.

These Terms of Reference (ToR) set out the details of the evaluation process, methodology, outputs and management arrangements, including quality assurance mechanisms.

II. INDONESIA COUNTRY CONTEXT

Along with shifts in the size, composition and distribution of Indonesia's population, the country is getting wealthier and education levels are increasing (please see also **Annex-12** on key facts at a glance). Indonesia has shown significant progress in both social and economic development in the past 10 years, although it is also recognized that there continues to be regional disparities and inequalities in the level of benefit sharing of development gains. Indonesia's emergence as a middle-income country means that UNFPA is changing the way it operates in a country that no longer requires service delivery support. UNFPA's work in Indonesia now focuses on upstream policy dialogue, advocacy, knowledge management and South-South Cooperation.

Indonesia, with 264 million inhabitants, is the world's fourth most populous nation, the world's 10th largest economy in terms of purchasing power parity, and a member of the G-20. An emerging middle-income country, Indonesia has made enormous gains in poverty reduction in the last decade, cutting the poverty rate to more than half since 1999, to 9.8% in 2018.¹ Despite the strong economic achievements in the past two decades, challenges remain. Out of a population of around 260 million, more than 25.9 million Indonesians still live below the poverty line. Based on March 2017 data, the incomes of approximately 21% of the population hover marginally above the national poverty line.²

¹ World Bank, September 2018 www.worldbank.org/en/country/indonesia/overview .

² Ibid

Reproductive health, progress and challenges. Indonesia's visionary leadership realized the value of investing in reproductive health for development and invested in safe motherhood way ahead of many of its counterparts in the South-East Asia Region. The cost-effective investments bore fruit, bringing a significant reduction in fertility, maternal mortality, and infant and child mortality, and an increase in life expectancy. However, in the late 1990s, progress was hampered by the economic crisis and efforts at decentralization. Key reproductive health indicators, such as total fertility rate (TFR), contraceptive prevalence rate (CPR) and maternal mortality ratio (MMR) have been stagnating and the related targets for the ICPD and Millennium Development Goals (MDGs) have not been met. While the child mortality and infant mortality rates were on track to achieve the ICPD and MDG targets, the reduction in neonatal mortality was not on track. Data from the Indonesia Demographic Health Survey (IDHS 2017) show that most of the National Medium-Term Development Plan (*RPJMN*) targets of reproductive health are unlikely to be met (the same is the case with the SDG targets related to reproductive health, please see also **Annex-11** on key facts at a glance). The TFR has decreased after almost two decades of stagnation; the rates for contraceptive use and unmet needs for family planning continue to stagnate; and the adolescent fertility rate has decreased. A closer scrutiny of the indicators points to the unevenness in the degree of achievement of various indicators, including stagnation in a few. The lack of progress or stagnation is rooted in inequities (geographical, across income groups and age groups), inadequate financing, inefficiency and poor quality of care, aggravated by social characteristics and cultural and religious values.

The increasing proportion of young people resulting from the high fertility rate in the past and the growing proportion of the ageing due to improved life expectancy are going to further tax the health system. The adolescent fertility rate has decreased; however, access to reproductive health education and services is still an issue, partly due to restrictive laws and partly due to constraints in the health system and sociocultural constraints. This has implications for reaping the benefits of the demographic dividend. The prevalence of HIV among the population above 15 years of age is less than one percent, and the concentrated nature of the epidemic continues with a significant increase among men who have sex with men. This puts the wives and partners of these men at high risk of HIV. The gaps in the coverage of services such as testing and antiretroviral therapy (ART) services are still significant, with the situation being worse in the case of key populations, such as men who have sex with others, people who inject drugs and female sex workers. Intimate partner transmission of HIV is a concern. Gender-based violence is being increasingly recognized as an important reproductive health problem and the GOI has passed laws and initiated services to support the survivors. The GOI has made much progress in incorporating reproductive health in humanitarian crisis resulting from natural disasters. One of the challenges the GOI is facing is rapid urbanization and the ability to provide services to the urban poor.

Gender-based Violence (GBV) and harmful practices (Child Marriage and FGM/C). Further, despite substantial progress in gender equality, including increased access for women and girls to education, employment and health services, gender-based violence (including early marriage) remains a serious public health and human rights concern.³ According to a 2017 National Women's Life Experiences Survey, an estimated 1 in 3 women in Indonesia between ages 15-64 have experienced physical and sexual violence by partners and non-partners in their lifetime. The proportion of married girls aged 15-19 years increased from 9.2 percent in 2005 to 14.4 percent in 2010.⁴ Likewise, the most recent Basic Health Survey-*RISKESDAS* (2013) revealed that FGM/C is practiced widely in Indonesia, 1 out of 2 girls aged under 11 years old have undergone Female Genital Mutilation/ Cutting (FGM/ C) with higher rates in rural areas.

³ UNFPA Indonesia Country Programme Action Plan: 2016-2020

⁴ Ibid, p 3.

Population Dynamics. Over the last four and a half decades the population has more than doubled from 118 million in 1971 to 255.6 million in 2015 (please see also **Annex-11** on key facts at a glance). It is projected to increase to 269.6 million in 2020 and 280 million by 2024 or a growth of 0.93 per cent between 2020 and 2024. Most of the relevant population change underway in Indonesia today can be described in terms of four major megatrends: population growth, changing age structure, urbanization, and the ‘rise of the middle class’. These major population trends by all means have tremendous bearing on social and economic development and environmental sustainability. Changing age structure of the population, Indonesia’s changing population age structure presents both opportunities and challenges for sustainable development. On the one hand an increase in the proportion in the working ages and a decrease in the proportion of children raise the potential for the production of more wealth per capita and higher investment; on the other the increase in the proportion of elderly raises the possibility of increasing poverty rates and overwhelming social services. Urbanization, Indonesia will proceed apace over the next quarter of a century. Roughly 54 per cent of Indonesia’s population resided in urban areas in 2015, compared to 26 per cent 30 years earlier and an anticipated 69 per cent by 2045. The rise of the Indonesia middle class, Indonesia’s middle class is growing quickly. It is vital that this growth is sustained (for economic growth), inclusive (for social equity), and that middle-class consumption patterns shift to ‘greener’ models (for environmental protection).

Humanitarian context. Indonesia is highly exposed to natural disasters due to its proximity to the geological “Pacific Ring of Fire” where the Indo-Australian tectonic plate and the Pacific plate are pushed under the Eurasian plate. This results in intense and frequent geological activity – volcanic eruptions, earthquakes, tsunamis, floods, landslides – throughout the archipelago. The most notable recent of these occurred in 2018, were a series of earthquakes that affected Lombok Island, Nusa Tenggara Barat (NTB) Province, and the magnitude 5.8 earthquake and subsequent tsunami that took place in Sulawesi Province in September 2018. The Lombok crisis resulted in the deaths of approximately 500 people, with an identified 218,530 affected, of which an estimated 42,498 were women of reproductive health age.⁵ The combined effects of the Sulawesi earthquake and tsunami led to the deaths of at least 2,100 people. The 2018 Sulawesi Earthquake Humanitarian Response Plan identified 1.5 million people in need. Of these, an estimated 350,000 were women of reproductive age, including an estimated 45,306 pregnant women.⁶

UNFPA’s 9th Country Programme of Support to the Government of Indonesia

UNFPA Indonesia began its partnership with Indonesia in 1972 to deliver strengthened family planning services, demographic research, and population education programmes at schools. To date, UNFPA works in collaboration with the Indonesian government on five core outputs:

- Maternal health and HIV-SRH linkages;
- Rights-based family planning;
- Youth and adolescent sexual and reproductive health;
- Prevention of gender-based violence and harmful practices;
- Population dynamics and data utilization.

Government of Indonesia (GoI) ministries, departments and agencies with which UNFPA primarily works on its development programme include:

- Ministry of National Development Planning/ National Development Planning Agency (BAPPENAS)
- National Family Planning Coordinating Board (BKKBN)
- Ministry of Health (MOH)
- Ministry of Women’s Empowerment and Child Protection (MOWECP)
- BPS-Statistics Indonesia;

⁵ UNFPA West Nusa Tenggara 2018 Humanitarian Response Circular.

⁶ UNFPA Donor Brief for Central Sulawesi, October 2018

- National AIDS Commission (NAC); and
- National Commission on Prevention of Violence Against Women (Komnas Perempuan).

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

Intrinsically, the 2016-2020 Ninth Country Programme (CP9) between the Government of Indonesia (GOI) and UNFPA, the United Nations Population Fund, provides the framework for UNFPA’s work in Indonesia. CP9 supports five of the eleven national priorities in the GOI’s Medium-Term Development Plan (RPJMN) 2015-2019: bureaucracy and governance reform; education; health; poverty reduction; and environmental protection and natural disaster management. CP8 also supports the three crosscutting objectives of the RPJMN: sustainable development, good governance, and gender equality. The GOI’s priorities and the economic, social and cultural context in Indonesia must continue to be the main influencing factors in determining UNFPA’s work supporting Indonesia’s development agenda.

Likewise, the Country Programme is linked to the United Nations Partnership for Development Framework 2016 – 2020 (UNPDF) and contributing to all four UNPDF Outcomes, namely (i) Outcome 1: Poverty Reduction, Equitable Sustainable Development, Livelihoods and Decent Work; (ii) Outcome 2: Equitable Access to Social Services and Social Protection; (iii) Outcome 3: Environmental Sustainability and Enhanced Resilience to Shocks; and (iv) Outcome 4: Improved Governance and Equitable Access to Justice for All.

CP9 focuses on the following four outcomes and five outputs⁷ that address the following key issues and challenges (please see also **annex-10** on the programme logic of each outcome):

Outcome	Outputs
1. Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access	1. Improved policies and programmes to address barriers to ensuring rights-based maternal health and HIV-sexual and reproductive health linkages, including in humanitarian settings 2. Strengthened rights-based equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South cooperation
2. Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	3. Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings
3. Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	4. Improved policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings
4. Strengthened national policies and international development agendas through integration of evidence-based analysis on	5. Increased availability of quality population data and analysis on population dynamics and its linkages with national policies and

⁷ These are brief descriptions, a full programmatic results framework will be provided for the evaluation team.

population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

programmes related to sexual and reproductive health, gender equality, humanitarian response and sustainable development

The results and resource framework (RRF) of the 9th CP clearly identified the outcomes and outputs with relevant indicators and resource requirements. The 9th CP set the target of a total of US\$ 24 million (US\$ 20 million from the Regular Resources) consisting of \$20 million in regular resources and \$4 million in non-core resources. Of the \$20 million from regular resources, \$13 million funded nationally and UNFPA executed implementation to achieve the outputs; \$7 million funded operations and management costs for UNFPA Indonesia (UNFPA Direct Execution). From the total amount of \$13 million, \$5.8 million was allocated for the output on integrated reproductive health, \$1 million for the output on adolescents and young people, \$2.1 million for the output on GBV and harmful practices, and \$4.1 million for the output on population dynamics and data over the 5 years of 2016-2020. Although there is a significant decrease of UNFPA's regular resources in the past 4 years, UNFPA has been able to mobilize more resources from local development partners that has exceeded the 21 million USD committed in CPD (please see **Annex-13**, Summary of Resources Mobilized for CP9).

During the last fourth years of the 9th Country Programme, the Country Programme has focused mainly on strengthening technical and institutional capacities of government counterparts. Capacity development activities have been promoted, including development of national guidelines, strategies, protocols and training materials, conducting training and orientations in relevant reproductive health and HIV prevention, youth and adolescent, population and development, and gender issues; supporting knowledge translation, and implementation of evidence-based high quality sexual reproductive care, life skills education and adolescent friendly services, and Gender-based Violence (GBV).

Reviews, Assessments and Evaluations prior to the 2019 CPE

At the end of 2019, a rigorous Mid-Term Review (MTR) was carried out aimed at assessing to what extent the country programme is on-track in achieving its targets, understanding the challenges and bottlenecks of implementation, and determining corrective action for the remaining two years of the five-year cycle across thematic outputs as well as in cross-cutting issues (management, coordination, strategic partnership, and knowledge management).

In 2018 to 2019, 5 (five) independent and thematically specific evaluations and assessments have been carried out prior to the country programme evaluation to assess the following areas, namely:

1. Evaluation of the UNFPA capacity in humanitarian action, under the output of humanitarian. This was a global evaluation assessing the UNFPA capacity in humanitarian action, and this country note on Indonesia contributes to this global evaluation;
2. Global fund programme evaluation on UNFPA technical assistance and capacity development to support the implementation of the Indonesia National AIDS commission's global fund technical assistance and training plan 2016-2017, under the output of HIV/ AIDS. As part of the close-out plan of Global Fund, the UNFPA CO was required to carry out an evaluation in order to assess the achievement of results throughout this transitional programme so that lesson learned can be incorporated into new grant cycle strategy for 2018-2020. This evaluation aimed to explore UNFPA performance in providing technical assistance to National Aids Commission (NAC) from April 2016 to December 2017, and in managing and implementing the programme (in place of NAC) from April 2017 until December 2017;
3. Evaluation of UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta-Indonesia, 2018. UNFPA CO commissioned the external evaluation of the UNALA pilot project,

implemented since 2014 in certain districts of Yogyakarta Province. UNALA is an innovative social franchising model, led by the private sector, to deliver high-quality, youth-friendly, and stigma-free sexual and reproductive health (SRGloIH) information and services for young people;

4. Programme assessment on South-South and triangular cooperation (SSTC) strategic partnership with Muslim religious leaders in family planning. UNFPA Indonesia has provided technical support to the SSTC on strategic partnership with Moslem Religious Leaders during its 8th country programme of assistance (2011-2015) and 9th country programme (2016-2020); and
5. Assessment on the implementation of Supply Chain Management (SCM) modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts, 2019. This assessment aimed at providing evidence for decision making, particularly in the development of new policies, regulations and guidelines to improve the implementation and performance of National Contraceptive Supply Chain Management.

The findings of these reviews and assessments should also be incorporated into the Country Programme Evaluation, after they are validated.

III.OBJECTIVES AND SCOPE OF THE EVALUATION

The 2019 Country Programme Evaluation (CPE) will serve two main purposes, namely:

- a. To demonstrate accountability to stakeholders on performance in achieving development results under the UNFPA-GOI 9th Country Programme Action Plan; and
- b. To provide the evidence base for decision-making, particularly in the development of the new UNFPA-GOI country programme strategic planning documents as well as for the development of a new UN framework through the United Nations Sustainable Development Corporation Framework (UNSDCF) 2021-2025.

The specific objectives of the evaluation are:

1. to provide an independent assessment of the progress and performance of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme, incorporating findings from reviews and assessments carried out prior to the CPE;
2. to provide an analysis of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country development results;
3. to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle, i.e. 10th Country Programme (2021-2025); and
4. to assess UNFPA's comparative advantage in the four programme areas in both development and humanitarian settings.

The evaluation will cover the time period 2016-2019; and will include all activities planned and/or implemented under the CP 9 at a national level and in selected target districts during this period within each programme component (sexual reproductive health and rights, adolescents and youth, gender equality and women's empowerment and population dynamics). Besides the assessment of the intended effects of the programme, the evaluation also will identify unintended effects.

IV. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS

In accordance with the methodology for CPEs as set out in the Evaluation Office Handbook on How to Design and Conduct Country Programme Evaluations (2019)⁸, the evaluation will be based on a number of questions (limited to a maximum eight) covering the following evaluation criteria:

Relevance

1. To what extent was the UNFPA support of the country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups; (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?; and
2. What are the main comparative advantages of UNFPA in Indonesia particularly in relation to other organizations operating in the country and how well were these utilized to achieve the results?.

Effectiveness

3. To what extent have the expected outputs of the 9th Country Programme been achieved in the development and humanitarian contexts? Likewise, to what extent have these outputs contributed to the achievements of the outcomes of the 9th Country Programme? What were the factors that influenced the achievement and/or the non-achievement of the results?; and
4. To what extent has UNFPA contributed to improved humanitarian preparedness in Indonesia in the area of SRHR, including maternal health, youth, data and GBV?

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th Country Programme in a timely manner.

Sustainability

6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?; and
7. To what extent has the CO established, maintained and leveraged different types of partnerships to utilize UNFPA's comparative strength to achieve the outputs and outcomes of the 9th Country Programme?.

Coordination

8. To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities / seeking synergies) within the United Nations system?; and
9. To what extent does the UNPDF fully reflect the interests, priorities and mandate of UNFPA in Indonesia? Have any UNPDF outputs or outcomes which clearly belong to the UNFPA mandate not attributed to UNFPA?

Coverage and Connectedness (Humanitarian Response)

10. To what extent did UNFPA contribute to humanitarian response coordination?; and
11. To what extent are UNFPA interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?

⁸ <https://www.unfpa.org/EvaluationHandbook>

The generic questions listed above are only indicative; the final set of evaluation questions (no more than eight) will be determined during the design phase, after a discussion with the evaluation reference group and key stakeholders.

V. METHODOLOGY AND APPROACH

Evaluation Approach

The Evaluation will utilize a mixed method approach, using qualitative and quantitative methods as necessary. The theory of change used to design the 9th Country Programme Action Plan will be reviewed and revised as necessary, based on stakeholder consultations to provide the basis for this evaluation.

The evaluation will pay special attention to ensure equity, gender and human rights based approaches are embedded into the data collection and analysis. It will be also guided by the United Nations Evaluation Group (UNEG) ethical guidelines for evaluation, as well as UNEG Norms and Standards.⁹ The evaluation will be transparent, inclusive and participatory as well as gender and human rights responsive. It will seek and utilize data disaggregated by age, gender, vulnerable groups, etc. to ensure findings are gender reflective and targeted.

Sampling Strategy

The team will identify suitable sampling strategy to select, interventions to scrutinize, field visits as well as stakeholders to interview. Sampled sites and stakeholders should reflect the full range of interventions under CP9 in terms of themes and contexts (development programming and humanitarian response) across priority geographic areas of work as well as target groups.

Data Collection

Primary data will be collected at the national and sub-national levels through semi-structured interviews, focus group discussions and direct observation during field site visits as appropriate. Secondary data will be collected through desk review of existing literature (evaluations, research and assessments conducted by UNFPA Indonesia and other partners in the country), annual reviews/progress reports, and other monitored data.

Validation Mechanisms

The Evaluation Team will use a variety of methods to ensure the validity of the data collected including systematic triangulation of data sources and data collection. Further, the team will validate findings with key stakeholders and ensure that there are no factual or interpretive errors or missing evidence that could materially change findings.

Stakeholder Participation

An inclusive approach, involving a broad range of partners and stakeholders, will be taken. The evaluation team will perform a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic area in the national context). These stakeholders may include representatives from the Government, civil-society organizations, the private-sector, UN organizations, other multilateral organizations, bilateral donors, and most importantly, the beneficiaries of the programme.

Evaluation Audience

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 9th CP and to inform the development of the 10th Country Program. In relation to transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA

⁹ <http://www.unevaluation.org/document/detail/102>

programme managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

Limitations to the methodology and constraints to the data collection process

Certain constraints have been identified that may have implications on methodological approach and data collection process during the evaluation. These include:

- a. Given the complex nature of the programming and time constraints for the data collection by the evaluation team, selection of stakeholders will be undertaken, and the results will be based on interpreting the responses obtained from the selection concerned. The evaluation team will need to ensure sufficient level of representation of the diversity of stakeholders and implementation areas concerned;
- b. Unavailability of key government officials and other stakeholders during data collection; and
- c. Lack of robust population-based indicators due to periodic conduct and availability of large-scale surveys and data systems in the country.

The evaluation team will assess the limitations and conclude with a clear description of mitigating measures such as triangulation and validation in the design report.

VI. EVALUATION PROCESS

The evaluation will unfold in five phases, each of them including several steps:

1. Preparation phase

This phase will include:

- a. Drafting the evaluation Terms of Reference;
- b. Approval of the ToR by IEO;
- c. Recruitment of a team of evaluators;
- d. Set up the Evaluation Reference Group; and
- e. Orientation of key national government counterparts to the evaluation process.

2. Design phase – (output: design report)

This phase will include:

- a. Desk review by the evaluation team of all relevant documents available at UNFPA Country Office with respect to the 9th Country Programme 2016-2020 for the period under assessment, i.e. 2016-2019;
- b. Develop a stakeholder map – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- c. Reconstruct the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- d. Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (please see the Country Programme Evaluation Handbook¹⁰);
- e. Develop a data collection and analysis strategy as well as a concrete work plan for the field phase, including division of labor;
- f. Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these;

¹⁰ <https://www.unfpa.org/EvaluationHandbook>

- g. Share with the Evaluation Reference Group (ERG) ERG for review, discussion and finalization of the report addressing all comments received; and
- h. Clearance of the design report by the Regional M&E Advisor (APRO) and UNFPA CO Approval of the design report.

At the end of the design phase, the evaluation team will produce a **design report (Ref: Annex-6)**, displaying the results of the above-listed steps and tasks.

3. Field phase – (output: debriefing presentation on the preliminary results of the evaluation and testing conclusions)

The evaluation team will collect data involving series of individual and group interviews, focus group discussions and field visits to answer the evaluation questions identified in the design phase. 4 weeks will be allocated to do these exercises. At the end of the field phase, the evaluation team will provide the UNFPA Indonesia with a **debriefing presentation** on the preliminary findings of the evaluation.

4. Reporting phase – (output: first draft final report).

During this phase, the evaluation team will continue the analytical work initiated during the field phase and prepare a **first draft** of the evaluation report, taking into account comments made by the UNFPA Indonesia at the field phase debriefing meeting. This **first draft report** will be submitted to the Evaluation Reference Group (ERG) (in writing). The evaluation will submit a **second draft** of the report addressing the comments made by the reference group.

This second draft report will form the basis for an in-country dissemination workshop, which will be attended by the UNFPA Indonesia as well as all the key programme stakeholders (including key national counterparts). The **final report** will be drafted taking into account comments received from the participants of the workshop.

The Report will be cleared by the UNFPA and submitted with an EQA to the Regional M&E Advisor for approval. The quality of the report will be assessed based on the criteria set out in the CPE Guidance (see **Annex-11** for details). Once approved, the Regional M&E Advisor (APRO) will submit EQA (along with the Report) to IEO for validation and finalization of the quality assessment of the CPE.

5. Facilitation of use and dissemination phase

This phase will include:

- a. Publishing and dissemination of the final evaluation report to key stakeholders including government partners, implementing partners, development partners including bilateral donors, sister UN agencies, relevant civil society/academic institutions, UNFPA (APRO, and HQ -IEO, and Programme and Technical Division);
- b. Preparation of the management response to the recommendations; and
- c. Periodic follow-up of the recommendations of the evaluation.

VII. EXPECTED OUTPUTS

The evaluation team will produce the following deliverables:

1. An approved design report including (as a minimum):
 - a. A stakeholder map;
 - b. The evaluation matrix (including the final list of evaluation questions and the corresponding judgement criteria and indicators); and
 - c. The overall evaluation design and methodology, with a detailed description of the data collection plan for the field phase.
 - d. The division of labor among the evaluation team with a work plan indicating timeline for key milestones.
2. A debriefing presentation document in the format of Power Point synthesizing the main preliminary findings, conclusions and recommendations of the evaluation, to be presented and discussed with the UNFPA Indonesia during the debriefing meeting foreseen at the end of the field phase;
3. A draft evaluation report (potentially followed by a second draft, taking into account potential comments from the ERG and UNFPA);
4. A power point presentation of the results of the evaluation for the in-country stakeholder workshop;
5. An approved final evaluation report, with annexes, based on comments expressed during the in-country stakeholder workshop; and
6. An evaluation brief, a 2-3 page summary of the key evaluation findings, conclusions and recommendations.

All deliverables will be in English.

VIII. WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

The timelines for the CP Evaluation are elucidated below:

Details of activities	June				July				August				September				October				November				December				January
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1
1. Preparatory Phase																													
Drafting of the Evaluation Terms of Reference	X	X	X	X	X																								
Constitution of an Evaluation Reference Group (ERG)			X	X	X																								
Feedback from APRO and ERG			X	X	X	X																							
Orientation of UNFPA main national partners to the evaluation process				X	X	X																							
Approval of the ToR by APRO and EO				X	X	X																							
Selection and recruitment of a team evaluators						X	X	X	X																				
Approval of the team by IEO										X	X																		
2. Design phase																													
Draft design report										X	X	X																	
Review and feedback from UNFPA CO, ERG and UNFPA APRO												X	X																
Final design report														X	X														
3. Field phase																													
																X	X	X	X										
4. Synthesis phase																													
1st draft report																		X	X	X									
Review and Comments																				X	X	X							
2nd draft/ final report																							X	X					
Stakeholder workshop (a half-day meeting in Jakarta) – <i>the exact date to be confirmed</i>																								X					
Final report and evaluation brief (and EQA by UNFPA Indonesia)																								X	X				
5. Dissemination and follow-up phase																													
Dissemination of the report within the UNFPA Indonesia and finalizing management response																										X	X		
Integration of recommendations into the new Country Programme Development (CPD)																										X	X		

IX. COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

Qualifications of the evaluation team members:

1. The **Evaluation Team Leader** will be an international expert in evaluation of development programmes with:

- Advanced degree in evaluation, development studies, public health, population and gender studies or any other social science studies;
- At least 10 years' proven experience in conducting evaluations in the field of development for UN organizations or other international organizations;
- Experience in leading complex programme and/or country level evaluations;
- Experience in the South East Asia region and preferably in Indonesia;
- Strong technical and analytical capacities and demonstrated knowledge of evaluation methods and techniques for data collection and analysis, an understanding of UNFPA mandate or the ICPD agenda;
- Familiarity with the humanitarian-development nexus is desirable;
- Excellent leadership, communication ability and excellent writing skills in English;
- Familiarity with UNFPA and/or UN; and
- Ability to lead a diverse team

The Team Leader will be responsible for:

- Providing overall leadership on the independent evaluation of the UNFPA CPE based on inputs and insights from the other consultants in the evaluation team;
- Covering at least one component (Coordination) of the CPE
- Supervising and coordinating the work of evaluation team members and responsible for the quality assurance of all evaluation deliverables;
- Developing the design report including the evaluation matrix and the work plan;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders;
- Drafting the first comprehensive draft of the evaluation report with inputs from team members, addressing the comments from ERG to produce the 2nd draft and final evaluation report in line with UNFPA evaluation quality standards; and
- Ensuring that all the evaluation team members selected to work under his/her supervision are fully briefed about the whole evaluation process, objectives, methodology framework, evaluation tools, ethical standards, and key milestones/deliverables.

2. An **Evaluator (Sexual Reproductive Health and Rights (SRHR))** will be a national/ international consultant, but preferably national, who fulfils the following criteria:

- Master's Degree in health sciences, including public health;
- At least 5 years of previous experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and significant experience in the area of sexual reproductive health and rights;
- Significant experience in and/or knowledge of humanitarian settings and fragile contexts;
- Familiarity with UN and/or UNFPA mandate and activities;
- Excellent management skills and ability to work with multi-disciplinary and multi-cultural teams;
- Excellent analytical, communication and writing skills; and
- Fluency in English is required.

The evaluator (SRHR) will be responsible for:

- Covering the SRHR component under the CP9, namely maternal health, midwifery and family planning, including Adolescent and youth SRHR, HIV/ STI, component of the CPE including under humanitarian contexts;
- Developing the SRHR part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area; and
- Draft the SRHR part of the 1st and 2nd drafts and the final evaluation report that meets UNFPA evaluation quality standards.

3. An Evaluator (Women’s Empowerment & Gender Equality and Humanitarian) will be a national/ international consultant, but preferably national who meets the following criteria:

- Master’s Degree in social sciences, including population and gender studies, and other relevant fields;
- At least 5 years of experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and/or significant experience in gender, especially in Gender-Based Violence and harmful practices (e.g. child marriage);
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Significant experience in and/or knowledge of humanitarian settings;
- Familiarity with UN and/or UNFPA mandate and activities;
- Expertise in humanitarian programming and vulnerable contexts;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills; and
- Fluency in English is required.

The Evaluator (Gender) will be responsible for:

- Covering the Gender component of the CPE, focusing on gender quality and women’s empowerment, with linkages to gender-based violence and harmful practices (i.e. child marriage and Female Genital Mutilation/ Cutting (FGM/C)), including under humanitarian contexts;
- Developing the Gender part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area; and
- Draft the Gender part (Gender equality and women’s empowerment) and provide inputs on GBV and child marriage related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA’s evaluation quality standards.

4. An Evaluator (Population Dynamics and Data) – as needed. Will be an national/ international consultant, but preferably national, who meets the following criteria:

- Master’s Degree in social sciences, demography, statistics and other relevant field;
- At least 5 years of experience in conducting complex evaluations, especially in the field of development aid for UN agencies and/or other international organizations evaluations;
- Specialization and/or significant experience in population & development and data issues, especially in changing age structure, urbanization and population mobility, and data;
- Significant knowledge and experience of complex evaluations in the field of development aid for UN agencies and/or other international organizations;
- Significant experience in and/or knowledge of humanitarian settings and fragile contexts;

- Familiarity with UN and/or UNFPA mandate and activities;
- Strong interpersonal skills and ability to work in a multi-cultural team;
- Excellent analytical, communication and writing skills; and
- Fluency in English is required.

The Evaluator (Population dynamics and data) will be responsible for

- Developing the overall country context of CPE;
- Covering the population dynamics and data of the CPE, focusing on population dynamics and the production, use and dissemination of quality statistical data, including in humanitarian settings;
- Developing the population dynamics and data part of the design report including the evaluation matrix;
- Collecting information, conducting desk reviews of relevant documents and interviews with key stakeholders in the respective area; and
- Draft the population dynamics and data part and provide inputs on population dynamics and data related parts of the 1st and 2nd drafts and the final evaluation report that meets all of UNFPA's evaluation quality standards

Repartition of workdays among the evaluation team will be the following:

- 40 (fourty) working days for Team Leader
- 25 (twenty five) working days for Evaluator (SRHR)
- 25 (twenty five) working days for Evaluator (Women's Empowerment and Gender Equality)
- 25 (twenty five) working days for Evaluator (Population Dynamics and Data)

Payment of fees will be based on the delivery outputs, as follows:

Upon receipt of the approved design report	20%
Upon completion of the field phase	20%
Upon receipt of the second draft evaluation report	20%
Upon receipt of the approved final evaluation report and evaluation brief	40%

Daily Subsistence Allowance (DSA) will be paid per nights spent at the place of the mission following UNFPA DSA standard rates. Travel costs will be settled separately from the consultant fees.

X. MANAGEMENT OF EVALUATION

The evaluation team will consist of the evaluation manager and the evaluation team members. In the following, the roles and responsibilities of each position are specified:

- A team leader (international consultant) with overall responsibility for the evaluation process including the production of the final report. S/he will lead and coordinate the work of the evaluation team and will also be responsible for the quality assurance of all evaluation deliverables. She/he will be responsible for putting together the design report, the draft final and the final evaluation reports based on inputs from other evaluation team members.
- Three team members (national/international consultants), who will each provide expertise in the following areas (i) Sexual Reproductive Health and Rights (SRHR); (ii) Gender Equality & Women's Empowerment and Humanitarian; and (iii) Population Dynamics and Data. Each evaluator will take part in the data collection and analysis work during the design and field phases. Each evaluator will be responsible for drafting key parts of the design report and of the draft final and final evaluation reports, including (but not limited to) sections relating to her/his area of expertise.
- The team might be assisted by a translator/interpreter, according to its needs.

The work of the evaluation team will be guided by the Norms and Standards established by the United Nations Evaluation Group (UNEG). Team members will adhere to the Ethical Guidelines for Evaluators in the UN system and the Code of Conduct, also established by UNEG. The evaluators will be requested to sign the Code of Conduct prior to engaging in the evaluation exercise.

The manager of the evaluation will be assisted by an **Evaluation Reference Group (ERG)** composed of the following members:

- Deputy Minister, Human and Societal Development and Cultural Affairs, Ministry of National Development Planning (BAPPENAS);
- Directorate General, Diseases Prevention and Control (P2P), Ministry of Health (MoH);
- Principal Secretary, National Family Planning Coordinating Board (BKKBN);
- Deputy, Social Statistics, BPS-Statistics Indonesia;
- Programme Manager, National Programme Coordinating Unit;
- UNFPA Asia Pacific Regional Office Monitoring and Evaluation Advisor;
- UNFPA Indonesia Assistant Representative;
- UNFPA Indonesia Monitoring and Evaluation Analyst (Coordinator);
- the Canadian International Development Agency (CIDA);
- Prof. Budi Utomo, Faculty of Public Health, University of Indonesia; and
- dr. Julianto Witjaksono, Director, University of Indonesia Private Hospital

The role of the reference group will be of a technical nature to provide constructive guidance and feedback on implementation and products of the evaluation, hence contributing to both the quality and compliance of this exercise. Its main tasks will be:

- Provide input to the ToR;
- Provide comments on the design report, including fine-tuning of the evaluation questions;
- Facilitate access of evaluation team to information sources (documents and interviewees) to support data collection; and
- Provide comments on the main deliverables of the evaluation including the draft and final CPE report.

The Coordinator and the reference group members will communicate mostly via e-mail, although face-to-face and “virtual” meetings (via tele or videoconference) may also be convened.

A CO evaluation manager (Monitoring and Evaluation Analyst) will be assigned to interact on a day-to-day basis with the evaluation team, and will ensure that all the necessary aspects of CP evaluation are well taken into account by the evaluation team.

The evaluation manager under the supervision of the Representative and in close collaboration with Assistant Representative, will manage the overall evaluation, and will carry out the following functions:

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO and EO;
- To correspond with the reference group members at strategic points throughout the evaluation;
- To provide/facilitate the provision of documents and other resources available in the country office;
- To support the evaluation team in the development of the inception report;

- To support all phases of the evaluation and assesses the quality of related deliverables (inception report, draft and final evaluation reports); and
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

APRO M&E Advisor will be responsible for clearing the ToR for IEO approval, and approving the design report and the final evaluation report.

IEO will be responsible for approving the ToR, the evaluation team, and providing the final EQA

XI. BIBLIOGRAPHY

The below documents can be derived at <http://bit.ly/2019CPE> . In relation to data, it can be accessed to several platforms, i.e. (i) 2015-2045 Population Projection at <http://proyeksipenduduk.bappenas.go.id/>; (ii) SDGs dashboard at <http://data-kesehatan.bappenas.go.id/sdg-dashboard/> ; and other data platform in the format of STATPLANET will provided to evaluators for easy reference.

#	Title
1	9 th Country Programme Document (CPD), 2016-2020
2	Country Programme Action Plan (CPAP), 2016-2020
3	Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (Independent Evaluation Office, Revised and updated edition, February 2019)
4	Programme Management Implementation Guideline Cooperation Between the Government of Indonesia and UNFPA 9 Cycle (2016 – 2020), 2016
5	UNFPA Strategic Plan, 2018-2021
6	Annual Work Plans for 2016-2020
7	Synthesis presentations/ analyses from quarterly or annual monitoring from 2016
8	Knowledge Products Database incl. national priorities and plans
9	Annual Reports
10	Mid-term Review Report of UNFPA 9 th Country Programme of Assistance to the Government of Indonesia (GOI), 2016-2020
11	the United Nations Partnership for Development Framework in Indonesia, 2016 – 2020 (UNPDF)
12	Evaluation of the UNFPA Indonesia in humanitarian action, 2019
13	Evaluation report of the Global Fund Programme Evaluation, UNFPA Technical Assistance and Capacity Development to Support the Implementation of the Indonesia National AIDS Commission's Global Fund Technical Assistance and Training Plan 2016-2017, 2018
14	The Population Situation Analysis (PSA), 2019
15	Evaluation of UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta-Indonesia, 2016-2018, 2018;
16	Programme assessment on South-South and triangular cooperation strategic partnership with Muslim religious leaders in family planning; and
17	Assessment on the implementation of Supply Chain Management (SCM) modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts, 2019. This assessment aimed at providing evidence for decision making, particularly in the development of new policies, regulations and guidelines to improve the implementation and performance of National Contraceptive Supply Chain Management.

XII. ANNEXES

Annexes can be derived at: <https://tinyurl.com/TORCPEAnnexes>

Annex	Title
1	UNFPA-Indonesia Ninth CPAP Results and Resources Framework (based on CPD RRF)
2	Programme Logic
3	List of Atlas Projects for the Period Under Evaluation
4	Information on main stakeholders by areas of intervention
5	Ethical Code of Conduct for UNEG/ UNFPA Evaluation
6	Template for the Design Report
7	Template for Final Evaluation Report
8	Template for Abstract of the Final Evaluation Report
9	A template for the evaluation matrix
10	Management Response
11	Evaluation Quality Assessment Grid (EQA)
12	Facts at Glance, Indonesia
13	Summary of Resources Mobilized for Cp9
14	United Nations-approved editing guidelines

Annex 2. List of Persons/ Institution Met

National Level				
Population Dynamics				
No	Name	M/F	Title	Institution
1	Dr Suhariyanto	M	Chief Statistician	BPS
2	Dr Margo Yuwono	M	Dep. Social Statistics	BPS
3	Mr Nashrul Wajdi	M	Head, SubDirectorate of Demography	BPS
4	Dra Hj Ermalena MHS	F	Executive Director, Indonesia Forum of Parliamentarians on Population and Development (IFPPD)	IFFPD
5	Dr Ir Agus Wibowo	M	Head of data and Information	BNPB
6	Suprpto	M	Sub Head, Geospatial Data	BNPB
7	Dr Muhammad Cholifihani	M	Director of Planning, Population and Social Security	Bappenas
8	Dr Maliki, ST	M	Director Poverty Alleviation and Development of Social Welfare	Bappenas
9	Hariyadi Sabar	M	Sub Director Population Analysis	Bappenas
10	Louis Henley	M	First Secretary (Development Cooperation)	DFAT
11	Novi Anggriani	F	Senior Development Officer	Canadian Aid
12	Diane Briand	F	First Secretary (Development)	Canadian Aid
13	Wayan Suriastini	F	Head	Survey Meter
14	Anggia Ermarini	F	Member of Parliament	Fatayat NU
15	Puji Pujiyanto	M	Consultant National Framework on Disaster Statistics	Private
16	Aryago	M		BPS
17	Setio	M		BPS
18	Dian Oktiari	F		BNPB
Sexual and Reproductive Health and Rights				
1	Dra Trini Nurwati, MKes	F	Head, Education Management Division	Pusdik SDMK, BPPSDM
2	Zaeni Dahlan, MPH	M	Head, Education Facility Subdivision	Pusdik SDMK, BPPSDM
3	Erie Irawati, MKes	F	Staff	Pusdik SDMK, BPPSDM
4	Tantra Trulyana	F	FAA	UNFPA-BPPSDM
5	Muhemi, SE	M	National Focal Point, Humanitarian	PKBI

6	Heny Widyaningrum, SKM	F	National Programme Coordinator, SRHR	PKBI
7	DR Emi Nurjasmi	F	Head	IBI (Midwife Association)
8	Yetty Irawan	F	Head II	IBI
9	Lukmanul	M	PJOK	IBI
10	Windhy Ayu Sulistyorini	F	FAA	UNFPA-IBI
11	Ade Zubaedah	F	Secretary General	IBI
12	Baby Rivona	F	National Coordinator	IPPI (Indonesian Positive Women Network)
13	Chintya Novemi	F	Program Manager	IPPI
14	Rika Nasution	F	Monitoring and Evaluation	IPPI
15	Maryuni	F	Parliamentary Advocate	IFPPD
16	dr Nida Rochmawati, MPH	F	Head, Maternal-Neonatal Subdirector	Family Health Directorate, MoH
17	dr Mularsih Restiningrum, MKM	F	Head, Maternal Health Section	Family Health Directorate, MoH
18	dr Bobby Marwal Syahrizal	M	Programme Officer	UNICEF
19	Dr Dwi Listyawardani	F	Deputy of Family Planning and Reproductive Health	BkkbN
20	Dr Lovely Daisy	F	Head, Reproductive Health Subdirector	Family Health Directorate, MoH
21	Ir Siti Fathonah	F	Head, Bureau of Planning	BkkbN
22	Ir Aris Firmanto	M	Head, Programme Planning Division	BkkbN
23	dr Kirana Pritasari, MQIH	F	Director General, Community Health	MoH
24	drg Wara Osing, MA	F	Head, Adolescent Health, Subdirector	Family Health Directorate, MoH
25	dr Anung Sugihantono, MKes	M	Director General, Communicable Disease Control	MoH
26	dr Lanny Lunukay	F	Head, HIV/AIDS Section	MoH
27	Subandi, MSc	M	Deputy for Human Development and Development of the Community and Culture	Bappenas
28	Woro Srihastuti Sulistya-ningrum, ST, MIDS	F	Director, Family Development – Women, Children, Youth and Sports	Bappenas
29	Pungkas Bahjuri Ali, PhD	M	Director, Public Health and Nutrition	Bappenas
30	Jerry Jose	M	Facilitator, Bridging Leadership Workshop	Zuellig Foundation, Philippines
31	Taufiq Maryansa Putra, SKM, MM	M	Head, Community Health Division	Province Health Office, South Sumatera

32	Drs Tudiono, MKes	M	Consultant, Health Management	PKMK, UGM
33	Ms Sri Wahyuni Puji Lestari	F	Head	Population Development and FP Office, Malang District, East Java
Adolescent and Youth				
1	Pending - Jojo	M	Pending	Aliansi Remaja Indonesia (ARI)
2	Mahendra Arfan Azhar, S.Sos., M.Si	M	Head of Sub.Dit for Youth and Sports	BAPPENAS
3	Anya Sapphira, M.Sc	F	Regional sustainability manager	H&M
4	Ir. Sri Renani Pantja Astuti, M.P.A	F	Director for Secondary and Special Education Teachers	MoEC
5	Dra. Tina Jupartini, M.Pd	F	Head of Sub.Dit. for Program and Evaluation, Dit. Secondary and Special Education Teachers	MoEC
6	DR. Awaluddin Tjalla, M.Pd	M	Head of Centre for Curriculum and Learning	MoEC
7	DR. Suprananto, M.Ed	M	Head of Curriculum Division, Centre for Curriculum and Learning	MoEC
8	Drs. Ariantoni	M	Staff, Centre for Curriculum and Learning	MoEC
9	Dra. Mariati Purba	F	Staff, Centre for Curriculum and Learning	MoEC
10	drg. Wara Osing, MA	F	Head of Sub.Dit. for School-Age Children and Adolescent Health	MoH
11	Esa Sukmawijaya, SP., M.Si	M	Head of planning bureau	MoYS
12	Suyadi Pawiro	M	Head of Organization, Governance, and Cooperation Division	MoYS
13	Widjajanti Isdijoso, M.ES	F	Director	SMERU
14	Athia Yumna, M.Sc	F	Deputy Director of Research and Outreach	SMERU
15	Kindy Marina, MA	F	Consultant for National Action Plan on School-age Children and Adolescents	MoH
16	Ticiania Garcia-Tapia	F	Youth and Adolescent Development Specialist	UNICEF
17	Anissa Elok Budiyan, MA	F	Adolescent Officer	UNICEF
18	Amanda Bissex	F	Chief of Child Protection Officer	UNICEF

19	Emilie Minnick	F	Gender and Child Protection Specialist	UNICEF
20	Ciptasari Prabawanti, S.Psi., M.Sc., PhD	F	Director for Secondary and Special Education Teachers	Yayasan Siklus Sehat Indonesia
21	Henri Puteranto, M.Sc	M	Technical Officer	Yayasan Siklus Sehat Indonesia
22	Isabella Veronica Sillahi, MA	F	Youth Advocate	Youth Advisory Panel (YAP)
23	Anggraini Sari Astuti, SKM	F	Former Youth Advocate	Youth Advisory Panel (YAP)
Gender Equality and Women Empowerment				
1	Dr Subandi	M	Commissioner	National Commission on Anti Violence Against Women
2	Woro Srihastuti Sulistyaningrum, ST, MIDS	F	Vice Chair	National Commission on Anti Violence Against Women
3	Dr Pribudiarta Nur Sitepu, MM	M	Commissioner	National Commission on Anti Violence Against Women
4	Faqih	M	Program Cooperation	National Commission on Anti Violence Against Women
5	Nyimas Aliyah	F	National Secretariate	Koalisi Perempuan Indonesia
6	Maydian Werdiastuti	F	Deputy Assistant for Participation of Religious and Social Affairs	The State Ministry of Women Empowerment and Child Protection
7	Doddy	M	Head of Division, Deputy Assistant for Participation of Religious and Social Affairs	The State Ministry of Women Empowerment and Child Protection
8	Anggia Erma Rini	F	Member of the House or Representative; Head of Fatayat NU	The State Ministry of Women Empowerment and Child Protection
9	Louis Henley	M	First Secretary, Development Cooperation	DPR RI
10	Gloria Panjaitan	F	Senior Program Manager for Humanitarian	DFAT, Australian Embassy
11	Lisa Humaidah	F	Senior Program Manager, Gender and Women Politics	DFAT, Australian Embassy
12	Emilie Minnick	F	Child Protection and Gender Specialist	DFAT, Australian Embassy
13	Amanda Bissex	F	Chief of Child Protection	UNICEF
14	Diane Briand	F	First Secretary, Development	UNICEF
15	Novi Anggriani	F	Senior Programme Officer	Global Affairs of Canada, Embassy of Canada
16	Anya Sapphira	F	Regional Sustainability Manager	Global Affairs of Canada, Embassy of Canada
17	Mohammad Nurhasyim	M	Founder	H & M
18	Masruchah	F	Commissioner	Aliansi Laki Laki Baru

19	Budi Wahyuni	F	Vice Chair	National Commission on Anti Violence Against Women
20	Adriana Venny	F	Commissioner	National Commission on Anti Violence Against Women
21	Yanti Ratna	F	Program Cooperation	National Commission on Anti Violence Against Women
22	Mimi Rasnam	F	National Secretariate	National Commission on Anti Violence Against Women
23	Dati Fatimah	F	Consultant for Policy Brief on Women Leaderships, Gender and Disaster	Koalisi Perempuan Indonesia
				UNFPA Consultant
	UNFPA CO			
	Melania Hidayat	F	Assistant Representative	UNFPA Country Office
	Restu Susanta	M	Operations Manager	
	Anggraini Sari Astuti		FP Partnership and Communication Associate	
	Aryanti Rianom	F	Programme Specialist SP/Res Mob	
	Asti Widiastuti	F	FSW Officer	
	Awalia Murtiana		NPA RH	
	Cahyo Heri Setiabudi	M	Procurement Assistant	
	Damaryanti Suryaningsih	F	Midwifery Coordinator	
	Dikot Pramdoni Harahap	M	M&E Analyst	
	Elisabeth Sidabutar	F	Programme Analyst Humanitarian	
	Ellen Sasha	F	Programme Assistant HIV M&E	
	Elvira Liyanto	F	Programme Analyst Maternal Health	
	Endang Arie Stiyani	F	Programme Assistant HIV	
	Hermi Yulianti	F	Finance Associate	
	Jumita Siagian	F	Programme Associate PD	
	Margaretha Sitanggang	F	Prog. Analyst Youth & ASRH	
	Mercy Panggabean		NPA Youth & ASRH	
	Narwawi Pramudhiarta	M	Geospatial of Population Census and Humanitarian Data Analyst	

	Neira Budiono		UNV Innovation Youth	
	Norcahyo Budi Waskito	M	Male Involvement Officer	
	Nurus Sadiyah	F	Finance Assistant	
	Okti Fauziah Maulani	F	Programme Assistant RH & ASRH	
	Oldri Sherli Mukuan	F	Programme Analyst HIV/AIDS	
	Priska Apriliani		Programme Finance Assistant HIV	
	Resnawati Kurniawan	F	Project Assistant PD & Gender	
	Richard Joanes Makalew	M	Programme Specialist PD	
	Risya Ariyani Kori	F	Programme Specialist Gender	
	Rizky Ashar Murdiono	M	Programme Associate for the Youth Engagement for SDGs Implementation	
	Riznawaty Imma Aryanty	F	RH Specialist	
	Ruth Gloria Saragi		Programme Associate HIV/AIDS	
	Samidjo	M	Programme Analyst Advocacy/Comm.	
	Sandeep Nanwani		Programme Associate ASRH	
	Satya Nugraheni	F	Programme Associate Advocacy	
	Sri Wahyuni		Programme Officer Gender	
	Wonju Kim		UN Youth Volunteer in Youth Engagement and Development	
	Arry Lesmana,	M	Health Governance	UNDP
	Christian Usfimit)	M	Recovery & Resilience (Disaster)	UNDP
	Yenny	F	Quality Assurance (M&E) and Gender	UNDP
		M	(prog. Manger for Government Financing & SSTC)	UNDP
	Anita Nirody	F	Resident Coordinator, United Nations	RCO
	(insert names)	F		RCO
	Lily Puspasari	F		UNWomen
	KT Boonto	F		UNAIDS
	Jerry L. Jose	M	(Manger, ZFF, HLGP)	ZFF
	(Ms)...., ZFF,)	F	Trainer/facilitator (HLGP)	

No	Name	Male/Female	Title/Position	Institution
People Interviewed in Palu during field visit				
1	Loly Fitri	F	Gender Officer	UNFPA Palu
2	Adi Kurniawan (Iwan)	M	Data Associate	UNFPA Palu
3	Ihsan Basir	M	Head of Office at the Provincial level	Women Empowerment and Child Protection unit, Province of Central Sulawesi
4	Irmayanti	F	Head of Office at the City/Mayor Level	Women Empowerment and Child Protection unit, City of Palu, Central Sulawesi
5	Soraya Sultan	F	Chair	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
6	Dullah	F	Secretary of Dinas	Women Empowerment and Child Protection unit, Province of Central Sulawesi
7	Esita Diana T	F	Head of Division	Women Empowerment and Child Protection unit, District of Donggala, Central Sulawesi
8	Hajalia	F	Program Manager	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
9	Malli Rizky	F	Program Coordinator	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
10	Ade Herwinda (F, 33)	F	Community	Loli Pesua, Donggala
11	Jaya (F 50)		Community	Loli Pesua, Donggala
12	Nismawati (F 35 years)	F	Community	Loli Pesua, Donggala
13	Asma (F 46years)	F	Community	Loli Pesua, Donggala
14	Misrani (F, 36)	F	Community	Loli Pesua, Donggala
15	Nur Ema (F 44)	F	Community	Loli Pesua, Donggala
16	Nismawati (F 40)	F	Community	Loli Pesua, Donggala
17	Lili (F 36)	F	Community	Loli Pesua, Donggala
18	Fanar (F 30)	F	Community	Loli Pesua, Donggala
19	Fera (F 32)	F	Community	Loli Pesua, Donggala
20	Muliati (F 35)	F	Community	Loli Pesua, Donggala
21	Ahna (P 49)		Community	Loli Pesua, Donggala
22	Hado (F 55)		Community	Loli Pesua, Donggala
23	Arlina (F 36)		Community	Loli Pesua, Donggala
24	Zulniar (F 28)		Community	Loli Pesua, Donggala
25	Rudia (F 41)		Community	Loli Pesua, Donggala
26	Fitri Aningsi (F 33)		Community	Loli Pesua, Donggala
27	Nurini Fadilah (F 17)		Student	Loli Pesua, Donggala
28	Diana Agustina (F 17)		Student	Loli Pesua, Donggala
29	Yonar (F 17)		Student	Loli Pesua, Donggala

30	Rina Saputri (F 13)		Student	Loli Pesua, Donggala
31	Yonar (F 31)		Community	Loli Pesua, Donggala
1	Renny, MD	F	Head Office (Echelon 2)	Health Office, Province of Central Sulawesi
2	Juamriani, MD		Head of Division of Community Health (Echelon 3)	Health Office, Province of Central Sulawesi
	Pantoloan Ova			
	Ms. Nisbah	F	Trainer	Univ of Tadulako
	Ms. Maya Safira	F	Project Officer	Libu Perempuan
	Nawirah Wakid	F	Volunteer?	"
	Ratmawati	F	Head Coordinator for Volunteers	"
	Group of women		Community – attendees (about 28)	
	Ms.. Dewi Ravia	F	Director	LIBU (IP for GBV)
	Ms. Maya	F		
Palu				
1	Moh Wahyu Yulianto, SSI, SST,		Head of Division of Social Welfare Data	Central Board of Statistics (BPS), Province of Central Sulawesi
2	Moh Rizal Damsud,		Secretary 2	Dinas DUKCAPIL, Province of Central Sulawesi
3	Adiman	M	Head	Public Relation Unit, Governor Office, Province of Central Sulawesi
4	Dinar		Project coordinator	Yayasan Kerti Praja
5	Prof Irawan		Adviser	Yayasan Kerti Praja
6	Parta, MD		Project Manager	Yayasan Kerti Praja
7	Amalun (52 years of age, 3 children)	M	Community member	Wombo Induk Village, Temporary House
8	Mansur (40 years of age, 3 children)	M	Community member	Wombo Induk Village, Temporary House
9	Usman (63 years of age, 1 child)	M	Community member	Wombo Induk Village, Temporary House
10	Samin (51 years of age, 4 children)	M	Community member	Wombo Induk Village, Owned House
11	Tamsun (43 years of age, 2 children with 1 child age of 4 years)	M	Community member	Wombo Induk Village, Temporary House
12	Irawan	M	Community Organizer	KPPST, Palu

1	Trisnawati	F	Midwife	HR Post, Balaroa, Palu district
2	Wirna	F	Midwife	HR Post Mpanau, Sigi district
3	Lilik		Volunteer, Women Friendly Space	Mpanau, Sigi district
4	Yohanna Morlian	F	Volunteer, Women Friendly Space	Pombewe, Sigi District
5	Sitti Sudarmi, SP.M.Si	F	Head of Dinas /Office at the District Level	Women Empowerment and Child Protection Office, Sigi District
6.	Suriani	F	Secretary of the Dinas/Office	Women Empowerment and Child Protection Office, Sigi District
7	Nurhana Suba	F	Head of Sub-Office Women Right	Women Empowerment and Child Protection Office, Sigi District
8	Selvina	F	Head of Sub-Office Gender Mainstreaming	Women Empowerment and Child Protection Office, Sigi District
9	Rini Muswantari	F	Head of Sub-Office of Child Protection	Women Empowerment and Child Protection Office, Sigi District
10	Soraya Sultan	F	Chair,	KPKPST (IP)
11	Yohanna	F	Head of Sub-Office of Women Quality of Life	Women Empowerment and Child Protection Office, Sigi District
<i>S.#</i>	<i>Name</i>	<i>M/F</i>	<i>Title</i>	<i>Institution</i>
1	Mr Ilham Sunusi, SKM, MKes	M	Head of Community Health Division,	Province Health Office
2	dr Mira KK Noya, MKes (MARS)	F	Head of Community Health,	Donggala Health Office
3	Ms Wahida, SKM, MPH	F	Head of Family Health and Nutrition Section	Donggala Health Office
4	Ms Ni Wayan Sulasih, Str Keb	F	Staff of Family Health and Nutrition Section,	Donggala Health Office
5	Ms Mardiani Mangun, S Sit, MPH	F	Head of Midwifery Association (IBI)	C Sulawesi Branch
6	dr Reny Lamadjido, SpPK, MKes	?	Head of Province Health Office	
7	Ms Yospina Liku La'Bi', SE, MA	F	Executive Director,	PKBI Central Sulawesi
8	Mr Challein K Bunea Allo, Shit	M	– Adolescent Programme Manager	PKBI Central Sulawesi
9	Ms Arini Riestasari	F	Adolescent Programme Coordinator,	PKBI Central Sulawesi
10	Wombo FGD Ms Asrini, 41 years –		Community member	Wombo Women Friendly Space (WFS)

11	Ms Maya, 35 years – beneficiary, Wombo WFS		“	“
12	Ms Femi, 28 years		“	“
13	Ms Kastin, 44 years		“	“
14	Ms Rusti, 60 years		“	“
15	Ms Samna, 56 years			
	(Voluntee group- IP)			
16	Ms Nurana (38 years)	F	KPKST volunteers	Wombo
17	Ms Kastin, 44 years	F	KPKST volunteers	
18	Ms Mawarni, 45 years	F	KPKST volunteers	
19	Ms Hayati, 51 years	F	–KPKST volunteers	
20	Mr Rachmat Wassi, SKM, MAP	M	Head of Puskesmas Talise, Palu City	
21	Ms Zahra Daulika)	F	D3 midwife, graduated in 2014	Tompe RH Post, Balentuma Donggala District
22	Zulfiani	F	(D3 midwife, graduated in 2011),	Tompe RH Post, Balentuma, Donggala District
23	Fatnur	F	D3 midwife, graduated in 2014	Tompe RH Post, Balentuma, Donggala District
24	Adi Kurniawan	M	(Humanitarian Data Associate,)	UNFPA Palu
25	Moh Wahyu Yulianto	M	(Head of Social Statistics	BPS Palu
26	Rizal	M	Secretary Dukcapil, Palu)	
27	SH Adiman	M	(Chief of Public Relations	PUSDATINA,Palu)
28	Ihsan Basir	M	Head POWE CP, Palu)	

In addition to these, 53 representatives out of 19 IPs, 25 of UNFPA CO , and 45 of those benefited from PD capacity development training responded to online surveys.

Annex 3. List of Documents Consulted

- Assessment on the implementation of Supply Chain Management (SCM) modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts, 2019.
- Atma Jaya HIV-AIDS Research Center, Field Study Report. Risk Factors and Protection against HIV Transmission in Heterosexual Intimate Couples in Indonesia. Jakarta. Atma Jaya University, 2016
- Badan Pusat Statistik (BPS). (2018a). Indeks pembangunan manusia 2017 [Human development index 2017]. Jakarta, Indonesia.
- Benarto, CL. Review of Contraceptive Supply Chain Management (SCM) Modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts. Jakarta 2017. Unpublished
- BKKBN. A Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals. Jakarta, undated.
- BKKBN. FP2020 in Indonesia.
- BKKBN. Programme Assessment South-South and Triangular Cooperation Strategic Partnership with Muslim Religious Leaders in Family Planning. Jakarta, 2018
- BPS. (2018b). Statistik pemuda Indonesia 2018 [Indonesia youth statistics, 2018]. Jakarta, Indonesia.
- BPS. (2018c). Survei demografi dan kesehatan Indonesia 2017 [Indonesia demography and health survey, 2017]. Jakarta, Indonesia. Retrieved from
- BPS. Intercensal Population Survey (SUPAS). Jakarta, 2015
- Brian O'Callaghan, Katie Tong, Jeanne Ward, Judith Helzner. (2019). Evaluation of the UNFPA capacity in humanitarian action, Country Note: Indonesia. UNFPA Evaluation Office: New York.
- Center for Health Policy and Management, Faculty of Medicine. The analysis of the planning situation of the integrated Family Planning in Indonesia. Yogyakarta, UGM, 2017
- Country Programme Action Plan (CPAP), 2016-2020
- *Evaluation of UNFPA support to prevention of, respons to and elimination of gender – based violence and harmful practices (2012 – 2017), UNFPA Evaluation Office, 2018.*
- Evaluation report of the Global Fund Programme Evaluation, UNFPA Technical Assistance and Capacity Development to Support the Implementation of the Indonesia National AIDS Commission's Global Fund Technical Assistance and Training Plan 2016-2017, 2018
- Evaluation Report: UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta, Indonesia November 2016 to July 2018
- Evaluation Team for the Midterm Review of CP9. Midterm Review Evaluation Report CP9. Jakarta 2019. Unpublished
- Family Planning 2020. Accessed at www.familyplanning2020.org on 12.11.2019
- *Female Genital Mutilation/Cutting: "At the Intersection of Tradition and Modernity. A Mixed-Methods Study of The Medicalization of Female Genital Mutilation/Cutting (FGM/C) at 17 Districts In 10 Provinces (2017)"* (both in English and Indonesian languages). (Indonesia Qualitative Research By: Komisi Nasional Anti Kekerasan Terhadap Perempuan (Komnas Perempuan) With Quantitative Research By: The Center for Population and Policy Studies (PSKK), University of Gajah Mada
- Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (Independent Evaluation Office, Revised and updated edition, February 2019)
- IDHS 2017
- Kementerian Koordinasi Pengembangan Sumber Daya Manusia dan Kebudayaan (Kemenko PMK), Rencana Aksi Nasional Kesehatan Anak Usia Sekolah dan Remaja Tahun 2017-2019 [National Action Plan on School Age Child and Adolescent Health, 2017-2019], Kemko PMK, Jakarta: 2017
- Knowledge Products Database incl. national priorities and plans

- Mathai, ST. Realizing Indonesia's Sustainable Development Goal 3 through accelerated, rights-based approaches to achieving universal access to reproductive health. 2018. Unpublished
- *Men's Engagement in UNFPA Indonesia Programming, in UNFPA Indonesia Programming : Strengthening understanding, capacity and policy to transform inequitable and unhealthy gender attitudes and norms.*
- Ministry of Health (MOH). (2018) Pedoman Pelaksanaan Paket Pelayanan Awal Minimum (PPAM) Kesehatan Reproduksi Remaja pada Krisis Kesehatan [Minimum Initial Service Package (MISP) on Adolescent Reproductive Health in Health Crisis]. Jakarta, Indonesia
- MOH. (2018). Buku Saku Pedoman Remaja pada Krisis Kesehatan [Pocket Book Guide for Adolescents in Health Crisis], Jakarta, Indonesia
- National Action Plan for HIV Control. Jakarta, 2015, MOH
- National Action Plan for Maternal Health 2016-2030. Jakarta, 2016. MOH
- National AIDS Programme Data, MoH – 2017
- National Medium-Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional/RPJMN. 2015 Ministry of National Planning and Development/Bappenas.
- Palladium. (2015). Expansion strategy and viable operationalization models for long term sustainability: UNALA [powerpoint presentation, unpublished material], Palladium & UNFPA: Jakarta, 16 October 2015
- Policy Brief on Female Genital Mutilation/Cutting (FGM/C): Practices in Ten Indonesian Provinces (2017) (both in English and Indonesian languages), The State Ministry of Women Empowerment, BKKBN, Bappenas, Min of Health, Kalyanamitra, Komnas Perempuan.
- Policy recommendations on harmful practices (including child marriage) prevention with religious leaders (NU, Muhammadiyah, MUI and KUPI);
- Population Situation Analysis (2019), UNFPA Indonesia
- Programme assessment on South-South and triangular cooperation strategic partnership with Muslim religious leaders in family planning
- Programme Management Implementation Guideline Cooperation Between the Government of Indonesia and UNFPA 9 Cycle (2016 – 2020), 2016
- Sherratt, DR. Grand Design for Piloting the Development of Centers of Excellence (CoEs) in Midwifery Education. 2018. Unpublished
- SMERU. (2017). 2017 Youth Development Index. Jakarta, Indonesia
- SMERU. (2018). Background Study on Youth Development in RPJMN [draft]. Jakarta, Indonesia
- SMERU. (2018). Laporan Baseline Tujuan Pembangunan Berkelanjutan (TPB)/Sustainable Development Goals (SDGs) Pemuda dan Remaja [Baseline report of Sustainable Development Goals (SDGs) on Youth and Adolescents, draft]. Jakarta, Indonesia.
- Study on Medicalization of Female Genital Mutilation/Cutting in Indonesia (2017);
- UNFPA 9th Country Programme Document (CPD), 2016-2020
- UNFPA Annual Work Plans for 2016-2020
- UNFPA Indonesia. (2019). WEALTH Project Progress Report 2019 [draft,unpublished document], Jakarta. Indonesia
- UNFPA Strategic Plan, 2018-2021
- UNFPA, 2018. *Summary of report on rapid assessment on GBViE. "Prevention and Response to GBViE", UNFPA, KPKPST, LIBU, Women Empowerment Office of Central Sulawesi Province, UNFPA, Australian AID.*
- UNFPA, Plan International, Persatuan Keluarga Berencana Indonesia (PKBI). (2019). Adolescent Girls and Youth in Crisis: Voices from Central Sulawesi, Indonesia [a joint report with Plan International and PKBI], Jakarta: Indonesia

- UNFPA. (2019). Terms of Reference: SDG Youth Hub. [unpublished material]. Jakarta, Indonesia
- UNFPA. (2019). Terms of Reference: Women’s Health and Wellbeing Programme. [unpublished document], Jakarta. Indonesia
- UNFPA. Country Office Financial Information. 2019
- UNFPA. Evaluation of UNFPA Support to the HIV Response. Evaluation Office, New York. 2019. Unpublished
- United Nations Partnership for Development Framework in Indonesia, 2016 – 2020 (UNPDF)
- United Nations Population Funds (UNFPA) (2018). Midterm review evaluation report, UNFPA 9th Country Programme of Assistance to Indonesia. Jakarta, Indonesia
- Yayasan Siklus Sehat Indonesia (YSSI). (2016). Expression of Interest: Implementation of UNALA, a private sector led ASRH services model in Yogyakarta [unpublished document]. Jakarta, Indonesia
- Youth group report on FGM/C stakeholder mapping and advocacy strategy plan

Annex 4. Stakeholder Map

STAKEHOLDER MAPPING BY INTERVENTION – SRH	
Intervention	Stakeholder
<p>1. Development of tools/guideline on MNH/FP costing and OR on MNH planning and budgeting in selected districts in 2 provinces (W Java and S Sulawesi)</p> <p>Note: Not achieved in 2016, was planned to be implemented in 2017 but no follow up in 2017 onwards.</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Subdit MNH, Family Health Directorate, MoH – FP focal points, BKKBN – IPs?
<p>2. Monitoring of SRH related indicators in the SDGs: analysis of bottleneck; policy brief</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Subdit MNH and RH, Family Health Directorate, MoH – FP focal points, BKKBN – IPs?
<p>3. Map of policies, practice and data availability on SRHR among persons with disabilities</p> <p>Note: Not implemented due to no funding (to be combined with RFP model)</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA
<p>4. Adaptation of WHO MDSR guideline; its OR/pilot in Sampang and Central Lombok; study on FP determinants for maternal deaths</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Subdit MNH, Family Health Directorate, MoH – FKM UI/Epidemiology Dept
<p>5. Review of standards for midwifery education and services and follow up actions (policy brief on QA mechanism for midwifery education and services – not achieved; policy brief for input to the government regulation on the National Council of Health Professionals/KTKI for midwifery profession)</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – BPSDM focal points, MoH – IBI – Subdit MNH, Family Health Directorate, MoH – IPs
<p>6. Situation analysis report in prevention of HIV/STI among intimate partner and piloting of prevention of HIV/STI among intimate partner through MH and FP services in 5 districts; development of National guideline on the Prevention of HIV/STI among intimate partner; review on dual protection</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – Subdit HIV/AIDS focal points, MoH – Subdit MNH and RH, Family Health Directorate, MoH – FP focal points, BKKBN – IPs
<p>7. Development of guidelines for MISP and RH logistic support in health crisis and other humanitarian settings; establishment of RH emergency team.</p> <p>Note: review of the Diploma-3 nurse education curriculum and MISP module for Nur-seDiploma-3 not implemented.</p>	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – BPSDM focal points, MoH – IBI – Subdit MNH, Family Health Directorate, MoH – IPs?

8. Review of universal health coverage in FP services and development of guideline; implementation of FP in UHC (?)	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – FP focal points, BKKBN – Subdit RH, Family Health Directorate, MoH – IPs?
9. implementation of Supply Chain Management (SCM) modeling in 9 districts	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – FP focal points, BKKBN – Subdit RH, Family Health Directorate, MoH – IPs?
10. Integrated, rights-based FP programming: OR and analysis in 10 districts; report on FP2020, including SWOT analysis; effectiveness of the Policy and Technical Support Unit (PTSU) for strategic FP programme	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – FP focal points, BKKBN – Subdit RH, Family Health Directorate, MoH – IPs?
11. Implementation of implementation of the South-South and Triangular Cooperation (SSC) strategic partnership with Muslim religious leaders (MRLs) in FP; comprehensive, rights-based FP; UHC in FP; and FP in the decentralized systems. (Details of the stakeholders under the Adolescent and Youth will be included later).	<ul style="list-style-type: none"> – Programme Officer-SRH UNFPA – FP focal points, BKKBN – Subdit RH, Family Health Directorate, MoH – IPs?

STAKEHOLDER MAPPING BY INTERVENTION – GEWE

Intervention	Stakeholder
<p>1. GBV and Harmful Practices (Health sector response to GBV, VAW, FGM/C and Child Marriage)</p> <p>A. GBV/VAW Survey Pengalaman Hidup Perempuan Indonesia (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPPA) (2018), published by BAPPENAS and BPS in partnership with UNFPA 2016 Indonesian National Women’s Life Experience Survey (2016 SPHPN): Study on Violence Against Women and Girls. Key Findings (Publication year not indicated)</p> <p>B. FGM/C Policy Brief on Female Genital Mutilation/Cutting (FGM/C): Youth engagement in FGM/C stakeholder Policy recommendations on harmful practices (including child marriage) prevention with religious leaders (NU, Muhammadiyah, MUI and KUPI);</p>	<ul style="list-style-type: none"> – Programme Officer-GWEE UNFPA – Programme Officer – UN Women – MOWECP – Pak Bandi, Deputy Minister of Human Resources, Bappenas; Ibu Lisa, Bappenas, Directorate WE – IPs – Komnas Perempuan (NCVAW), Kalyanamitra - Center for Population and Policy Studies (PSKK), University of Gajah Mada;

<p>C. Child Marriage D. Male Involvement</p> <p>E. GBViE - Situation Analysis on existing GBV Prevention and Response in the humanitarian setting; - Technical Guideline on GBV Prevention and Response in Humanitarian Setting - Guideline and SOP on GBV Prevention and Response in Humanitarian Setting</p>	<p>Programme Officer UNICEF (BERANI)</p> <p>See also Intervention 3.</p>
<p>2. Male Engagement to change gender norms in handling intolerance of GBVs in communities</p>	<p>– Programme Officer-GEWE UNFPA – NU, Muhammadiyah, MUI, KUPI – IPs</p>
<p>3. Policies and programs to address barriers in the prevention of GBV in humanitarian settings</p>	<p>MoH MOWECP BNPB, BPPBD Pusdatin BPS</p> <p>Sub Cluster Working Group See also list of contact for the field work in Palu</p>
STAKEHOLDER MAPPING BY INTERVENTION – PD	
<p>Intervention</p>	<p>Stakeholders</p>
<p>Advocacy and technical support on the coordination of quality data and analysis to inform national development policies and programmes, with emphasis on the utilization of data and analysis, including from the monographs and policy studies undertaken in CP8.</p>	<p>Bappenas BPS BKKBN Sectoral Ministries (MOH, MOE, Ministry of Law and Human Rights, Ministry of Sports and Youth Development, Ministry of Women’s affairs, Ministry of employment) Parliamentarians NGOs with population-related mandates. Academics (IPs)</p>
<p>Innovation in collection and use of data (SUPAS, 2020 Population Census, 2017 IDHS, MMR Estimation, Use of Population data in DRR/Disaster Management)</p>	<p>BPS MOH Bappenas Disaster Management Authority Government Ministries and agencies that regularly utilize population data for their planning, implementation and monitoring.</p>

Provide evidence-based advocacy on ICPD issues in the context of the SDGs and contribute to other global policy dialogues, through partnership with parliamentarians and other interest groups.	Bappenas Parliamentarians BkkBN Religious Leaders/Faith-based organizations National Youth Group National Women’s Group BPS Coordination Committee for SDGs
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STAKEHOLDER MAPPING BY INTERVENTION – A&Y

Intervention	Stakeholder
12. Evidence-based advocacy and policy to inform the development of a national youth strategy that capitalizes on the demographic dividend and improved outcomes for young people in Indonesia.	<ul style="list-style-type: none"> • SMERU • BAPPENAS Dit. Family, Women, Children, Youth and Sports; • MoYS • IP in Pilot district • UNFPA relevant officer(s)
13. Evidence-based advocacy and policy advice on ASRH, through the National Action Plan on Adolescent Health, with a particular focus on improving SRH access for vulnerable adolescents and young people, and the incorporation of life skills education (based on ITGSE) in the school curriculum	<ul style="list-style-type: none"> • MoEC: Directorate Teachers and Education Personnel (Guru dan Tenaga Kependidikan) • MoH: • (Dit. Family Health, Sub.Dit. school-age children and adolescent health); • Ministry for Coordination of Human and Culture Development (Menko PMK);
14. Provide support for the implementation of MISP for adolescent reproductive health in humanitarian settings	<ul style="list-style-type: none"> • BNPB – which section? • MoH (Dit. Family Health, Sub.Dit. school-age children and adolescent health); • PKBI or Yayasan Plan International Indonesia • Other adolescent cluster members? • UNFPA relevant officer(s) – incl. in Palu; • IP in Palu • Adolescent beneficiaries in Palu
15. Provide evidence-based advocacy to expand equitable, youth-friendly ASRH services through the private sector	<ul style="list-style-type: none"> • MoH (Dit. Family Health, Sub.Dit. school-age children and adolescent health) • Yayasan Siklus Sehat Indonesia (YSSI); • UNALA service providers (private); • • • Youth beneficiaries (individuals or organisations) • UNFPA relevant officer(s)

Annex 5. Evaluation Matrices

EVALUATION MATRICES-FOUR OUTCOME AREAS (SRHR, A&Y, GE AND PD)			
SRHR – RELEVANCE			
Evaluation question: To what extent was the UNFPA Country Programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?			
Assumptions to be assessed	Indicators	Sources of information	Methods for data collection
1. The needs of marginalized and vulnerable women and girls were incorporated into the CP9	– Evidence that the needs of women and girls, including vulnerable and marginalized ones, were identified and incorporated into the design of CP9	– UNFPA staff – UNFPA CP9, CPAP – CP9 Monitoring data – MTR CP9	– Document review – Interviews
2. The CP9 output and outcome-level targets of SRH program are in line with the GoI strategies and plans, and the global agenda	– Evidence that CP 9 is in line with the National Development Plan (RPJMN), relevant Government strategies and policies regarding SRHR – Evidence that CP 9 is in line with the ICPD, SDGs and other international commitments	– UNFPA staff – RPJMN and related National SRH Policy/Strategy documents – Knowledge documents related to ICPD, SDGs	– Document review – Interviews
3. SRH strategic interventions of CP9 responded to national needs and priorities of women, girls and vulnerable women in humanitarian crisis contexts	– Availability of examples of SRH Programme activities on SRH responded the needs and priorities of women/ girls and vulnerable women/girls in humanitarian crisis in humanitarian crisis context	– UNFPA staff – UNFPA Guide on Humanitarian Support – UNFPA Strategic Plan, CP9, CPD and CPAP – MTR CP9, Assessment documents	– Desk review – Interviews

SRHR – EFFECTIVENESS			
Evaluation question: To what extent have the expected outputs of the 9th Country Programme been achieved in the development and humanitarian contexts? Likewise, to what extent have these outputs contributed to the achievements of the outcomes of the 9th Country Programme? What were the factors that influenced the achievement and/or the non-achievement of the results?			
Assumptions to be assessed	Indicators	Sources of information	Methods for data collection
1. Policy instruments exist and being utilized that: <ul style="list-style-type: none"> • accelerate the implementation of the National Action Plan (NAP) for MH; • improve the quality of midwifery education 	<ul style="list-style-type: none"> – Availability of adapted WHO MDSR guideline and report on its piloting – Midwifery education and midwifery school accreditation standards developed, including the establishment of ‘Centers of Excellence (CoEs) for Midwifery Education’ 	<ul style="list-style-type: none"> – CPAP, progress and final reports – National level stakeholders – CO staff – MTR CP9 – CPAP PMME 	<ul style="list-style-type: none"> – Document reviews – Interviews
2. Strategy that integrates SRH and HIV linkages within the National Programme on the prevention of HIV through sexual transmission into MH and FP services exist and utilized	<ul style="list-style-type: none"> – Prevention of HIV/STI among intimate partner of key-affected population implemented through SRH services – Case finding and treatment among key affected population/FSWs is improved through the provision of HIV-SRH service linkage 	<ul style="list-style-type: none"> – IP reports – Evaluation and assessment reports – MTR CP9 – CPAP PMME – IPs, CO staff 	<ul style="list-style-type: none"> – Document review – Interviews
3. Policy instruments for RH in humanitarian settings exist and are being utilized	<ul style="list-style-type: none"> – MISP implemented in humanitarian settings to ensure availability of SRH services during the emergency crises – Availability of Diploma-3 midwifery education curriculum on humanitarian crisis and MISP module 	<ul style="list-style-type: none"> – IPs and assessment reports – MTR CP9 – Guidelines and MISP curriculum – CO staff, IPs 	<ul style="list-style-type: none"> – Document review – Interviews
4. National FP in universal health coverage reviewed and strengthened	<ul style="list-style-type: none"> – Availability of reviews on FP services in universal health coverage – Key issue on the implementation of Supply Chain Management (SCM) modelling addressed 	<ul style="list-style-type: none"> – Evaluation reports; CO staff – Assessment/ survey reports – MTR CP9 – IPs, BKKBN staff 	<ul style="list-style-type: none"> – Document review – Interviews
5. National policies that incorporated comprehensive, rights-based FP services developed	<ul style="list-style-type: none"> – Availability of Strategy on Rights-based Family Planning as an operational strategy for implementing FP programme – The implementation of the Strategy on Rights-based Family Planning piloted 	<ul style="list-style-type: none"> – IPs reports – Assessment reports – MTR CP9 – IPs, BKKBN staff, CO staff 	<ul style="list-style-type: none"> – Document review – Interviews

6. Implementation of the South-South and Triangular Cooperation (SSTC) good practices on FP and other population issues continued	<ul style="list-style-type: none"> – Availability of reports in the implementation of SSTC programme – Availability of assessment report on the effectiveness of the SSTC programme 	<ul style="list-style-type: none"> – Assessment/ survey reports – MTR CP9 – IPs, relevant BKKBN staff 	<ul style="list-style-type: none"> – Document review – Interviews
SRHR – EFFICIENCY			
Evaluation question: To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 9th Country Programme in a timely manner?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> – Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner 	<ul style="list-style-type: none"> – Evidence that the planned resources were received to the foreseen level in AWP and in a timely manner 	<ul style="list-style-type: none"> – UNFPA (including finance/administrative departments) – IPs – MTR CP9 	<ul style="list-style-type: none"> – Document reviews – Interviews
<ul style="list-style-type: none"> – The resources provided by UNFPA have had a leveraging effect 	<ul style="list-style-type: none"> – Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government and other partners, including donors/INGOs 	<ul style="list-style-type: none"> – UNFPA (including finance/administrative departments) – IPs – MTR CP9 	<ul style="list-style-type: none"> – Document reviews – Interviews
SUSTAINABILITY			
Evaluation question: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
<ul style="list-style-type: none"> – Capacities of IPs and beneficiaries have been improved in addressing the SRH challenges they face 	<ul style="list-style-type: none"> – The IPs and beneficiaries are motivated to continue addressing the SRH challenges they face 	<ul style="list-style-type: none"> – CPD, AWP – Country office staff, IPs – MTR CP9 	<ul style="list-style-type: none"> – Document reviews/analysis – Interviews

2. The SRH interventions continue to be implemented without UNFPA support	– Availability of plans to continue using SRH interventions using their own resources	– CPD, AWP – Country office staff – IPs, beneficiaries – MTR CP9	– Document reviews – Interviews
COORDINATION			
Evaluation question: To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities/seeking synergies) within the United Nations system?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
The UNFPA Country Office has actively contributed to UNCT working groups and joint initiatives	– Evidence of active participation in UN working groups, participation in humanitarian coordination structures, including leading SRH working groups, exchanges of information between UN agencies and joint programming initiatives (planning and implementation of programmes)	– Programming documents regarding UNCT joint initiatives – Monitoring/evaluation reports of joint programmes and projects – Minutes of Humanitarian Country Team (HCT) and humanitarian spaces for coordination	– Document analysis – Interviews with UNFPA country office staff – Interview with the UN agencies
COVERAGE AND CONNECTEDNESS (HUMANITARIAN RESPONSE)			
Evaluation question: To what extent are UNFPA interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
1. UNFPA interventions helped address SRH issues in humanitarian situations	– Evidence that UNFPA’s SRH related interventions made a difference in those specific cases of humanitarian crises, or in its mitigation	– Donor reports, monitoring reports – UNCT humanitarian crisis reports – MTR CP9	– Documentary analysis – Interviews, FGDs
2. Data is available to measure the extent to which major population groups facing life-threatening suffering reached by humanitarian action	– Number and nature (population segments) of population who did not receive assistance (as opposed to who should have received)	– Monitoring reports – UNFPA Humanitarian staff on the ground and at CO – KoboCollect, PHO data – MTR CP9	– Documentary reviews/analysis – Interviews – FGD
3. UNFPA interventions helped address SRH issues in humanitarian situations	– Evidence that UNFPA’s SRH related interventions made a difference in those specific cases of humanitarian crises, or in its mitigation	– Donor reports, monitoring reports – UNCT humanitarian crisis reports – MTR CP9	– Documentary analysis – Interviews, FGDs

Youth and Adolescent (A&Y) Programme

RELEVANCE

EQ 1: To what extent was the UNFPA Country Programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Incorporation of marginalized female and other marginalized or vulnerable youth groups into the CP9, encompassing design, implementation, M&E and programme results	Evidence that the needs of marginalized female and other marginalized youth (e.g., poor, out-of-school, sex workers) were identified and incorporated into the design, implementation, and M&E system of CP9	<ul style="list-style-type: none"> – UNFPA staff – UNFPA CP9, CPAP, MTR, Annual reports – CP9 Monitoring data – Government and NGO IPs 	<ul style="list-style-type: none"> – Desk review – interview
Alignment of strategic interventions under the CP9 with government priorities and global agenda on adolescent and youth	<ul style="list-style-type: none"> - Evidence that CP 9 is aligned with the National Development Plan (RPJMN), relevant Government strategies and policies regarding adolescent and youth; - Evidence that CP 9 is aligned with the ICPD, SDGs as well as other global commitments on adolescents and youth 	<ul style="list-style-type: none"> – UNFPA staff – RPJMN – Related National adolescent and youth Policy/Strategy documents – ICPD, SDG Report 	<ul style="list-style-type: none"> – Document review – interview
Adaptability and flexibility of adolescent and youth interventions to changing national priorities and needs in facing humanitarian crisis and natural hazards	Activities of youth and adolescents that responded to the changing needs and priorities of young people, including in humanitarian crisis	<ul style="list-style-type: none"> – UNFPA Humanitarian Programme Officer – UNFPA Guide on Humanitarian Support – UNFPA Strategic Plan, CP9, CPD and CPAP – MTR CP9 	<ul style="list-style-type: none"> – Desk review – Interviews

EFFECTIVENESS			
EQ 3. To what extent have the expected outputs of the 9th Country Programme been achieved in the development and humanitarian contexts? Likewise, to what extent have these outputs contributed to the achievements of the outcomes of the 9th Country Programme? What were the factors that influenced the achievement and/or the non-achievement of the results?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
policy instruments on an integrated national youth strategy capitalizing on the demographic dividend are available	<ul style="list-style-type: none"> – Availability of reviewed 2016-2019 National Action Plan on Youth Development; – Significance of policy paper on youth to RPJMN; – Availability and utilisation of Youth Development Index; – Engagement of youth participation and network 	<ul style="list-style-type: none"> – CPAP, MTR, Annual Project Reports – Implementing partners’ reports; – Specific program documents (e.g. YDI, NAP); – Other reports (e.g., Meeting minutes with BAPPENAS on RPJMN); – MTR CP9 	<ul style="list-style-type: none"> – Desk review – Interviews
policy instruments to improve implementation of the national action plan on adolescent health, particularly on adolescent SRH are available	<ul style="list-style-type: none"> – Availability of reviewed and endorsed 2016 – 2020 National Action Plan (NAP) on School Aged Child and Adolescent Health (by year); – Scale and progress of integrating ARH Module for teacher as part of government’s training system – Utilisation and effectiveness of Adolescent Reproductive Health (ARH) module for teachers; 	<ul style="list-style-type: none"> – Annual project reports; – Implementing partners’ reports; – Specific program documents (e.g. modules, NAP); – Evaluation on ARH Modules – Other reports; – MTR CP9 	<ul style="list-style-type: none"> – Desk review – Interviews
national guidelines on adolescent in humanitarian settings are available and utilised	<ul style="list-style-type: none"> – Availability and utilisation of final guidelines on MISP for adolescent and youth involvement in health crisis; – Availability and utilisation of final version of Pocket book on youth involvement in disaster response 	<ul style="list-style-type: none"> – Annual project reports; – Implementing partners’ reports; – Specific program documents (e.g. MISP, pocketbook); – Other reports; – MTR CP9 	<ul style="list-style-type: none"> – Desk review – Interviews
Establishment of functional platform to increase private sector investment in adolescent SRH services	<ul style="list-style-type: none"> – Availability of established platform for private sector investment in ARH – Effectiveness of functional platform for private sector investment in ARH; – Scale and progress of upscaling UNALA into a sustainable social franchising / social marketing program for ARH 	<ul style="list-style-type: none"> – Annual project reports; – Implementing partners’ reports; – Specific program documents (e.g. UNALA, PKPR); – Other reports; – MTR CP9 	<ul style="list-style-type: none"> – Document Desk review – Interviews

EFFICIENCY			
EQ5. To what extent has UNFPA made good use of its human, financial and technical resources in pursuing the achievement of the outcomes defined in the 9th Country Programme in a timely manner?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner	<ul style="list-style-type: none"> – Evidence that the planned resources were received to the foreseen level in AWP – Evidence of coordination and complementarity among the programme components of UNFPA and coherence among government ministries 	<ul style="list-style-type: none"> – UNFPA (including finance/administrative departments) – Partners (implementers and direct beneficiaries) 	<ul style="list-style-type: none"> – Desk review; – Interviews
The resources provided by UNFPA have had a leveraging effect	<ul style="list-style-type: none"> – Evidence that the resources provided by UNFPA triggered the provision of additional resources from the government – Evidence that the resources provided by UNFPA triggered the provision of additional resources from other partners, including other donors/INGOs 	<ul style="list-style-type: none"> – UNFPA (including finance/administrative departments) – Partners (implementers and direct beneficiaries) – Other relevant actors on youth and adolescent development 	<ul style="list-style-type: none"> - Desk review; - Interviews
SUSTAINABILITY			
EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Capacities of implementing partners and beneficiaries have been improved in addressing youth and adolescent challenges	Development in adolescent and youth programming (needs identification, planning, implementation and evaluation)	<ul style="list-style-type: none"> – CPD, AWP, Country office staff – Implementing partners: Planning or programme documents, official statements 	<ul style="list-style-type: none"> - Desk review; - Interviews

Continuation of adolescent and youth development programme beyond UNFPA's interventions	Commitment of implementing partners and beneficiaries to continue adolescent and youth programmes	<ul style="list-style-type: none"> – CPD, AWP, Country office staff – Implementing partners: Planning or programme documents, official statements 	<ul style="list-style-type: none"> – Desk review; – Interviews
COORDINATION			
EQ8. To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities/seeking synergies) within the United Nations system?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
The UNFPA Country Office has actively contributed to UNCT working groups and joint initiatives	<ul style="list-style-type: none"> – Evidence of active participation in UN working groups – Evidence of the leading role played by UNFPA in the working groups and/or joint initiatives corresponding to its mandate areas – Evidence of joint programming initiatives (planning and implementation of programmes) 	<ul style="list-style-type: none"> – Minutes of UNCT working groups – Programming documents regarding UNCT joint initiatives – Monitoring/evaluation reports of joint programmes and projects – Minutes of Humanitarian Country Team (HCT) and related humanitarian spaces for coordination – UN agencies 	<ul style="list-style-type: none"> – Desk review; – Interviews
COVERAGE AND CONNECTEDNESS (HUMANITARIAN RESPONSE)			
EQ11. To what extent are UNFPA interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
UNFPA interventions helped address Adolescent and Youth issues in humanitarian situations	Evidence that UNFPA's Adolescent and Youth related interventions made a difference in those specific cases of humanitarian crises, or in its mitigation	<ul style="list-style-type: none"> – UNCT humanitarian crisis reports – Reports of Disaster Management Agency, MoH MTR CP9 	<ul style="list-style-type: none"> – Desk review; – Interviews
Data to measure the extent to which major population groups facing life-threatening	Number and nature (population segments: age and gender) of population who did not receive assistance (as opposed to who should have received)	<ul style="list-style-type: none"> - Monitoring Reports - UNFPA Humanitarian staff on the ground and at CO - OCHA and other agencies on the ground 	<ul style="list-style-type: none"> – Desk review; – Interviews

suffering were reached by humanitarian action		- MTR CP9	
Linkages between the relief and the recovery phases is supported and local capacity has been supported and developed	Evidence of UNFPA support to linking the relief and recovery phase	- People in the affected areas and camps - UNFPA Humanitarian staff on the ground and at CO	- Desk review; - Interviews
Gender Equality and Women Empowerment			
Evaluation Criteria - Relevance			
CP Outcome (3): Advanced gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth			
EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
-The needs of women and girls, especially marginalized and vulnerable women and girls were incorporated into the CP9	Evidence that the needs of women and girls, vulnerable and marginalized women and girls (such as the poorest quintiles, adolescent girls) were identified and incorporated into the design of CP9. (Will be checking with Gender POs who exactly the vulnerable and marginalized and ensure that they were included in the design)	- MTR - UNFPA Annual Reports - CP9 Monitoring data (including gender & sex disaggregated data. - UNFPA CO staff	Document Review and analysis Interviews with UNFPA CO staff
Strategic interventions of CP9 were in line with government priorities and global agenda on GEWE The CP fulfilled to SDG5, the ICPD agenda and other international commitments, and the government's priorities;	Evidence that the background paper on GEWE for RPJMN is integrated into the RPJMN on GEWE Evidence that National VAW survey and the use of human rights-based approached to address FGM/C was integrated in the work of the MoWECP and NCVAW (Komnas Perempuan)	Minutes of the proceedings of the consultation process of CPD and CPAP development Draft of the RPJMN 2015-2019 The MOWECP Strategic Plan 2015-2019 Ibu Lisa Fitri, Directorate of WE, Youth and Population, Bappenas The MoWECP UNFPA CO staff	Doc review semi structured interviews
Strategic interventions of CP9 responded to national needs and priorities of women, girls and	Presence and reflection of Policies and programs on GBV and harmful practices (Health sector response to GBV, VAW, FGM/C and Child Marriage)	- UNFPA Strategic plan 2014-17 and 2018-21 - CP9 CPD and CPAP	- interviews with implementing partner organizations, semi structured interviews)

<p>vulnerable women in humanitarian crisis contexts</p> <p>The Protection of Women Sub Cluster (PWR), which was established in 2016 and coordinated by the MoWECP and the Ministry of Social Affairs responded the need of data (baseline) on the need of women and girls in relation to awareness raising, protection, and services on GBV in disaster locations in Lombok, Palu, and Banten</p>	<p>UNFPA response during the humanitarian crisis of Lombok earthquake and Palu earthquake and tsunami</p> <p>Evidence of how the PWR, which was established in 2016 and coordinated by the MoWECP and the Ministry of Social Affairs responded to the need of women and girls to be aware of issues of GBV, and how they protect and get services in the disaster locations in Lombok, Palu, and Banten</p> <p>The UNFPA's funded a study on need assessment of women, girls and youth survivors and/or IDPs, following a triple natural disaster (earthquake, tsunami and liquefaction) in Central Sulawesi adopted by the government (BMPD and the PWR) to respond to the targeted vulnerable groups.</p>	<ul style="list-style-type: none"> - UNPDF and its annual results framework - Sets of disaggregated data (sex, age, province, etc) used to inform the design of the country programme <p>Documented evidence from Palu and Lombok, Humanitarian Assistance reports, Donor reports OCHA? UNWomen? UNFPA CO staff, Palu and Lombok staff?? The State Ministry of Women Empowerment, BKKBN, Bappenas, Min of Health, Kalyanamitra, Komnas Perempuan Local staffs of UNFPA in Palu, PKBI, and Dinas of Women Empowerment of Palu, and Dinas Sosial of Palu</p>	<p>FGDs with the PWR FGDs in local stakeholders in Palu</p>
<p>Gender Equality and Women Empowerment – Effectiveness</p>			
<p>EQ 3. To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>

<p>Policies and programmes addressed barriers in the prevention and responses to GBV</p> <p>Policies and programmes to address harmful practices in the area of (Health sector response to GBV/ VAW achieved and contributed to the CP9's Outcome #3</p> <p>Policies and programmes to address FGM/C achieved and contributed to the CP9's Outcome #3</p>	<p>Policies and programmes</p> <ul style="list-style-type: none"> - Evidence-based advocacy and policy advice on the prevention of GBV, including the elimination of harmful practices (Health sector response to GBV, VAW, FGM/C, and Child Marriage) with particular emphasis on linkages to reproductive health addressed and used in policy making, planning and implementation in Evidence of GBV -related databases are accessible through web-based platforms and user friendly for policy makers, women groups, non-traditional groups, with UNFPA contribution; -Evidence of the UNFPA-supported knowledge products in the prevention and responses to GBV and harmful practices were used by the intended audiences; -Evidence of strengthened capacity of the Government to address GBV in the national policies and programs through policy dialogues and piloting; -Evidence of strengthened capacity of the national government and IPs to work together and coordinate to demonstrate effective program implementation and overcoming the challenges; 	<p>MTR</p> <p>Progress reports from IPs</p> <p>GBV/VAW</p> <p>Survey Pengalaman Hidup Perempuan Indonesia (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPPA) (2018), published by BAPPENAS and BPS in partnership with UNFPA</p> <p>2016 Indonesian National Women's Life Experience Survey (2016 SPHPN): Study on Violence Against Women and Girls. Key Findings (Publication year not indicated)</p> <p>FGM/C</p> <p>Study on Medicalization of Female Genital Mutilation/Cutting in Indonesia (2017);</p> <p>Policy Brief on Female Genital Mutilation/Cutting (FGM/C): Practices in Ten Indonesian Provinces (2017) (both in English and Indonesian languages);</p> <p>Youth group report on FGM/C stakeholder mapping and advocacy strategy plan;</p> <p>Policy recommendations on harmful practices (including child marriage)</p>	<p>Desk Review (extensive document review)</p> <p>Semi structured interviews with MoWECP, Bappenas, Kalyanamitra, UNFPA staff, Komnas Perempuan</p> <p>On Site observation</p> <p>UNFPA CO staff interviews</p> <p>Doc review</p> <p>Semi-structured</p>
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<p>Policies and programmes to address Child Marriage) achieved and contributed to the CP9's outcome #3.</p> <p>Policies, frameworks, and programme to integrated male involvement achieved and contributed to the CP9's outcome #3</p>		<p>prevention with religious leaders (NU, Muhammadiyah, MUI and KUPI); Female Genital Mutilation/Cutting: At the Intersection of Tradition and Modernity. A Mixed-Methods Study of The Medicalization of Female Genital Mutilation/Cutting (FGM/C) at 17 Districts In 10 Provinces (2017) (both in English and Indonesian languages). (Indonesia Qualitative Research By: Komisi Nasional Anti Kekerasan Terhadap Perempuan (Komnas Perempuan) With Quantitative Research By: The Center for Population and Policy Studies (PSKK), University of Gajah Mada;</p> <p>Child Marriage</p> <ul style="list-style-type: none"> - Stakeholder mapping and advocacy strategy of child marriage prevention - Policy brief on harmful practices as key reference for policy advocacy <p>Report on Lessons learned and model for child marriage prevention</p> <p>Male Involvement</p> <ul style="list-style-type: none"> - Gap Analysis on male involvement in SRHR and GBV prevention to inform the formulation of the National; Framework for male involvement in GBV prevention and SRHR; - Facilitators Manual for male involvement and boys in GBV prevention at community level; - National Framework on male involvement on SRHR and GBV prevention. - Kerangka Kerja Nasional Pelibatan Laki-Laki Dalam Penghapusan Kekerasan 	<p>Doc review Semi-structured interview</p> <p>Doc review Semi-structured interviews</p>
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<p>Policies, frameworks, and programme to address GBV in humanitarian setting achieved and contributed to the CP9's outcome #3</p>		<p>Berbasis Gender Dan Pemenuhan Hak Kesehatan Reproduksi (2017), published by Kementerian Pemberdayaan Perempuan Dan Perlindungan Anak Bekerjasama Dengan UNFPA</p> <ul style="list-style-type: none"> - Evaluation of Reimay: Reaching Papuan Prosperity (Publication year not indicated) - Reimay: Reaching Papuan Prosperity Engaging Young People to Change Social Norms and Promote Gender Equitable Relationships. Policy Brief: Talk, Listen, Engage: Improving Communication Between Adolescents And Caregivers (Publication year not indicated) - Lessons Learned Report. Reimay: 'Reaching Papuan Prosperity' Community- Based Primary Prevention Intervention with Young Adolescents and Caregivers Jayapura District, Papua, Indonesia (Publication year not indicated) - Fact Sheets: Reimay (Reaching Papuan Prosperity) (Publication year not indicated) <p>GBVIE</p> <ul style="list-style-type: none"> - Situation Analysis on existing GBV Prevention and Response in the humanitarian setting; - Technical Guideline on GBV Prevention and Response in Humanitarian Setting - Guideline and SOP on GBV Prevention and Response in Humanitarian Setting <p>Others:</p>	
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		<ul style="list-style-type: none"> - Background paper for RPJMN 2020-2024 and the MOWECP strategic Plan 2020-2024 - The draft of Sexual Violence Advocacy laws with UNFPA's supports/TA - Data and analyses are included in the draft of Penal Code Revision Law; - The MOU between MOWECP and National Disaster Management Agency on Gender Mainstreaming, Women and Children Protection in Disaster Management; - Notes of sub cluster at the national level (if any?) - The government's reports on SOPs on GBV; - Report on BERANI (Better Reproductive Health and Rights for All in Indonesia) UNFPA monitoring data; and - Guideline for MISP for Adolescent Reproductive Health in Health Crisis Situations 	
<p>9th CPE has brought positive changes in gender knowledge in relation to GBVs</p> <p>9th CPE has brought positive changes in gender attitude in relation to GBVs</p>	<p>Technical Support and advocacy on integrating the engagement of men and boys in various programmes in SRH and GBV prevention developed and implemented;</p> <p>Advocacy strategies to non-traditional groups (traditional and religious leaders, for GBV prevention developed and implemented;</p> <p>Increased male engagement including youth in GBV prevention;</p> <p>Faith based organizations are actively engaged in preventing GBV;</p>	<p>MTR</p> <p>Periodic reports from the field</p> <p>M& E reports by UNFPA</p> <p>The National Framework on Male Involvement of MOWECP</p>	<p>Desk Review</p> <p>Semi structured KII with GoI partners, CSOs, UNFPA staff</p> <p>Field Observations</p> <p>Desk review</p> <p>Semi Structured interviews with GOI and CSOs, UNFPA staffs</p> <p>Field Observations</p>

<p>9th CPE has brought positive changes in gender practices related to GBVs in communities</p>	<p>Community protection mechanisms for addressing GBV in normal settings are strengthened;</p> <p>Strengthened partnerships among and between CSOs and the private sector for addressing GBV</p>		
<p>Improved policies and programs to address barriers in the prevention of GBV in humanitarian settings</p>	<p>UNPFA’s technical supports on the adoption of guidelines for the prevention of GBV in humanitarian settings were adopted by the intended audiences;</p> <p>Referral systems (multi-sectoral GBV response) functional at district levels established and operated;</p> <p>Increased availability of women friendly services in humanitarian works and locations;</p> <p>GBV cluster operationalized to coordinate GBV multi-sectoral prevention and response in humanitarian settings;</p> <p>Community protection mechanisms/NNPC for addressing GBV in humanitarian settings are strengthened;</p>	<p>Annual reports MTR Reports from the field National Action Plan on Youth Development 2017-2019; Presidential Decree Number 66-2017 on Cross-Sectoral Strategic Coordination for Youth Services; Youth Development Index 2017; National Action Plan on School Age Children and Adolescent Health 2017-2019; Guideline for Minimum Initial Service Package (MISP) for Adolescent Reproductive Health in Health Crisis Situations; Pocket book on youth involvement in disaster response Modules for Teachers on Adolescent Reproductive Health Education (for Elementary, Junior and Senior High Schools) (publication of MoH, Ministry of Education and Culture, Ministry of Religious Affairs in 2017) Periodic reports from the field</p>	<p>Desk Review</p> <p>Semi structured interviews MoWE, Bappenas, Min of Health, Implementing partners (CSOs) UNFPA staff</p> <p>Field Observations</p>
<p>Gender Equality and Women Empowerment –Efficiency</p>			
<p>EQ 5. To what extent has UNFPA made use of its human, financial and administrative resources, and used an appropriate combination of tools to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in 9th country programme in a timely manner?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>

9 th CP has sufficient resources to implement activities on gender equality and women empowerment	Budget allocated Cost sharing were committed and allocated;	Budget and Expenditure Analysis MTR	Document review Interviews with KIIs and IPs
9 th CP is adequately staffed with appropriate skills to implement activities on gender equality and women empowerment	Program operated with optimal staffing, vacancies filled in a prompt manner	Quarterly status reports Annual reports MTR	Document review Interviews with CO , Clusters, Implementing partners
9 th CP has used appropriate combination of tools to achieve GEWE outcomes in a timely manner	Annual project calendar has been observed	Results Framework Progress of CPPAP Indicators towards Targets Annual reports MTR	Document review Interviews with CO staff, Clusters, Implementing partners
9 th CP demonstrated accountability to achieve GEWE outcome	Periodic reporting to Partners, Donors Observed	Partner communication, reports of coordination meetings MTR	Document review Interviews with CO staff , Clusters, Implementing partners

Gender Equality and Women Empowerment –Sustainability

EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights holders) in developing capacities and establishing mechanisms to address the challenges to ensure ownership and durability of effects?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection.
UNFPA developed the skill and capacities required to follow through addressing the specific gender equality and women empowerment challenge the programme sought to address in harmful practices, including in humanitarian setting	Evidence of capacities built/developed to sustain the interventions, providing cross-learning, lessons learned and best practices sharing, financial support, technical assistance and cost-sharing modality with the IPs in the area of FGM/C, advocacy strategy on abandoning FGM/C, for Young People and Religious Leaders used by the government	UNFPA CO (GEWE programme manager; and finance/administration) MTR Monitoring/Evaluation reports. Interviews with MoWECP, MoH Reports on “Child Friendly City” at the relevant district level Coordination meeting notes Annual reports Government and IP’s reports Reports on ‘Puspaga’ and ‘PATBM’ Reports on FGCM/MTR	Review of reports (IP, FGM/C, Puspaga, PATBM) UNFPA staff interviews Field visit and observation

<p>IP has exit strategies in place</p>	<p>IP and fund commitment, and staff time to follow through on interventions to make it sustainable beyond the programme cycle.</p> <p>Mechanisms in place to ensure sustainability after termination of funding.</p> <p>Availability of a model for replication/scale up using the state budget</p> <p>Endorsement of the government to integrate child marriage prevention strategy into the Gol's programme at the sub-national level.</p> <p>Budget allocation provided by the MOWECP for the coordination related activities, i.e. sub-cluster on GBV</p> <p>Data and information used by the government for policy development</p> <p>Integration of male involvement in the national policy framework</p>		
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Gender Equality and Women Empowerment –Coordination

EQ 8. To what extent did the UNFPA country office contribute to the functioning of coordination mechanisms and to an adequate division of tasks (avoiding overlap and duplication of activities/seeking synergies) within the UN system?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>UNFPA mandate to promote GEWE was incorporated into the UNPDF through UNFPA efforts.</p> <p>Mechanisms for coordination on GEWE mandates are in place within the UNFPA and UNCT</p>	<p>Evidence of active participation of UNFPA in the development of UNPDF.</p> <p>Evidence of UNFPA's involvement in the gender related planning and subsequently in the implementation of joint programming activities</p>	<p>UNPDF</p> <p>UNCT planning documents</p> <p>Evaluation /Assessment of UNCT coordination and joint activities.</p> <p>MTR</p>	<p>Review of documents</p> <p>Interview with UNFPA staffs an UNCT</p> <p>Interviews with relevant UN agencies.</p>

Gender Equality and Women Empowerment - Coverage and connectedness

Q11. To what extent are UNFPA interventions and approaches to addressing SRH and rights, GBV and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?

Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
<p>UNFPA interventions helped address gender issues of SRHR, GBV and harmful practices, women, girls and disadvantage women and girls in humanitarian situations.</p> <p>Coverage Assumption Data is available to measure the extent to which major population groups facing life-threatening suffering were reached by humanitarian action.</p> <p>Connectedness Assumption</p> <p>Linkages between the relief and the recovery phases is supported</p> <p>Local capacity has been supported and developed.</p>	<p>Evidence of UNFPA's gender related interventions in addressing SRHR; GBV and harmful practices; youth; data;</p> <p>Evidence that UNFPA's gender related interventions made a difference in those specific cases of humanitarian crises, or in its mitigation.</p> <p>Number and nature of the populations who received GBV assistance/responses Number and nature (population segments) of population s who did not receive assistance (as opposed to who should have received)</p> <p>Connectedness Indicator -</p> <p>Evidence of UNFPA support to linking the relief and recovery phase</p> <p>Evidence that local populations have the capacity to be own their own without outside support</p>	<p>AWPs Donor Reports Monitoring Reports UNCT humanitarian crisis reports Reports of GOI Disaster Management Agency, MOH, Ministries of Youth, Gender, and BPS. MTR</p> <p>Monitoring Reports UNFPA Humanitarian staff on the ground and at CO</p> <p>OCHA and Other agencies on the ground</p> <p>MoH MoE MoWECP</p> <p>People in the affected areas and camps</p>	<p>Desk reviews Interviews with UNFPA staffs FGD with government agencies dealing with humanitarian response, women, children and youth, health and data. (MoWE, MoHealth, BKKBN)</p> <p>Document review</p> <p>Interview FGDs Observation</p>
Population and Development (PD)			
Evaluation Criteria - Relevance			
- Relevance			
<i>CP Outcome (4): Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.</i>			
EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
Needs and priorities of the population, including the marginalized and vulnerable	Evidence that the needs of the population, vulnerable groups and marginalized groups were identified and incorporated into the design of CP9.	Secondary Data -Population Situation Analysis 2015	-Document Review - interviews

<p>communities incorporated in CP9 design.</p> <p>The PD component of CP9 and its output and outcome level targets are consistent with national strategies and plans, ICPD and 2030 Agenda</p> <p>PD interventions have been able to respond to national needs and priorities in humanitarian crisis contexts</p>	<p>CP 9 is in line with the RPJMN as well as with relevant Population and Development-related Government policies and strategies.</p> <p>CP 9 is in line with UNFPA strategic plans and guidelines for humanitarian support (specifically on Data & Analysis)</p> <p>CP9 is aligned with the SDGs and the UNPDF for Humanitarian support</p> <p>PD Outcome, Outputs and Interventions are in line with the CPAP and have addressed the needs and priorities of the marginalized communities that are most vulnerable in times of humanitarian crises</p>	<p>-CP9 Monitoring data (including disaggregated data. -Minutes of the proceedings of the consultation process of CPD and CPAP development -AWPs -RPJMN</p> <p>Primary Data P&D related stakeholders (government, parliamentarians, development partners/donors, UNFPA staff</p> <p>Secondary Data -national Policy & Strategy Documents related to P&D, Letters of Understanding with IPs, minutes of round table dialogues, -SDGs, 2030 Agenda, ICPD -P&D related publications –specifically funded and assisted by UNFPA -RPJMN --CP8 final and mid-term evaluation reports</p> <p>Secondary Data UNFPA Guideline on Humanitarian Support UNFPA Strategic plan 2014-17 and 2018-21 CP9 CPD and CPAP UNPDF and its annual results framework CP8 Final Evaluation.</p> <p>Primary Data National Disaster Management Agency (BNPB), Government implementing partners UNFPA Humanitarian Programme Specialist OCHA UNFPA PD staff</p>	<p>- Desk Review</p> <p>Desk Review and analysis</p> <p>Interviews</p>
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<p>Gender equality and human rights dimensions were incorporated into the CP design, implementation and monitoring of PD outcome priority areas and concerns relevant to Indonesia</p>	<p>CP design had a focus on data collection/analysis on women and girls and men and boys.</p> <p>Disaggregated data (sex, age, province, etc) used to inform the design of the country programme.</p>	<p>Secondary Data CP9 CPD& CPAP CPE-8 and MTR</p> <p>Primary Data Government implementing partners</p> <p>Development partners /donors</p>	
<p>Population Dynamics and Data – Effectiveness</p>			
<p>EQ 3. To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?</p>			
<p>Assumptions to be assessed</p>	<p>Indicators</p>	<p>Sources of information</p>	<p>Methods and tools for data collection</p>
<p>UNFPA contributed to improved quality data and analyses on population, for use in the development and humanitarian contexts</p> <p>National capacity of data increased to provide and use disaggregated data</p> <p>Data produced are used to inform evidence-based planning</p> <p>Current Theory of Change reflects the linkage between interventions and expected</p>	<p>Evidence of population-related databases that are accessible through web-based platforms, user friendly databases with UNFPA support</p> <p>Evidence that national statistical authorities are producing disaggregated population data for utilization in development and humanitarian settings.</p> <p>Evidence of UNFPA engagement in the development of SDG monitoring framework and used for tracking results</p> <p>M and E Results show evidence of current theory of change.</p>	<p>UNFPA monitoring data UNFPA CO staff BPS BKKBN Bappenas BNPB</p>	<p>Document review interviews</p> <p>Interviews with IPs Interviews with UNFPA PD staff</p> <p>Desk review Interviews</p>

outputs contributing to outcomes.			
Quality knowledge products, background papers and technocratic reports produced are frequently used	Enhanced availability and accessibility of demographic information and knowledge products on population issues	Secondary Data Knowledge products on PD. Background papers for RPJMN 2020- 24 AWP IP progress reports CO Annual Reports Monitoring data Primary Data National level stakeholders	Desk Review of knowledge products and reports interviews
Population Dynamics and Data –Efficiency			
EQ 5. To what extent has UNFPA made use of its human, financial and administrative resources, and used an appropriate combination of tools to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in 9th country programme in a timely manner?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection
-Implementing partners were provided planned quarterly allocations on a timely basis. - UNFPA procedures and policies enabled CO to carry out upstream policy work. Number of staff and skill set to implement CP9 population and Development adequate	Planned resources were reflected and allocated in the AWP. Planned resources were received by IPs according to schedule Above activities were budgeted for and implemented as planned and on time. Adequate staff capacity	UNFPA CO records Implementing partners and direct beneficiaries. UNFPA CO (PD, finance) IPs Evaluation and monitoring reports UNFPA CO	Review of IP annual reports and monitoring reports Interviews with implementing partners Desk review of CO financial and programme documents interviews. Review of financial and monitoring documents Interview and review of documents
Population Dynamics and Data –Sustainability.			
EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights holders) in developing capacities and establishing mechanisms to address the challenges to ensure ownership and durability of effects?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for data collection.

UNFPA developed the skill and capacities required to follow through on programme interventions. there is commitment among IPs to continue with the programme intervention beyond the programme cycle.	Evidence of capacities built/developed to sustain the interventions. Evidence of IP commitments including commitment of funds and staff time to follow through on interventions to make it sustainable.	UNFPA CO (PD programme manager and finance/administration) Relevant IPs Monitoring/Evaluation reports.	Review of CO reports interviews. Review of Reports Interviews. On-line survey
Population Dynamics and Data – Coordination			
EQ 8. To what extent did the UNFPA country office contribute to the functioning of coordination mechanisms and to an adequate division of tasks (avoiding overlap and duplication of activities/seeking synergies) within the UN system?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
UNFPA mandate was incorporated into the UNPDF through UNFPA efforts. UNFPA contributed towards the functioning of UNCT mechanisms such as working groups, joint programming initiatives, etc. - mechanisms to coordinate UNFPA/ GOI programmatic actions were utilised to ensure better results	Evidence of active participation of UNFPA (PD section) in the development of UNPDF. Evidence of UNFPA mandate especially with respect to population data and analysis and population and development issues introduced into UNPDF Evidence of UNFPA's involvement in the planning and subsequently in the implementation of joint programming activities	UNPDF UNCT planning documents Evaluation /Assessment of UNCT coordination and joint activities.	Review of documents Interview Interviews
Population Dynamics and Data - Coverage and connectedness			
Q11. To what extent are UNFPA interventions and approaches to addressing SRH and rights, GBV and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection.
UNFPA interventions helped address issues of data in humanitarian situations.	Evidence of UNFPA's interventions in addressing issues of data; Evidence that UNFPA's interventions made a difference in those specific cases of humanitarian crises, or in its mitigation.	AWPs Donor Reports Monitoring Reports IP information reports.	Desk reviews Interviews

<p>Coverage Assumption Data is available to measure the extent to which major population groups facing life-threatening suffering were reached by humanitarian action.</p> <p>Connectedness Assumption Linkages between the relief and the recovery phases is supported</p> <p>Local capacity has been supported and developed.</p>	<p>Number and nature of the populations who received assistance</p> <p>Number and nature (population segments) of population s who did not receive assistance (as opposed to who should have received)</p> <p>Connectedness Indicator -</p> <p>Evidence of UNFPA data support to link the relief and recovery phase</p> <p>Evidence of local institutional capacity for using reliable data for disaster management including addressing the needs and vulnerabilities of target beneficiaries.</p>	<p>Monitoring Reports UNFPA Humanitarian staff on the ground and at CO</p> <p>OCHA and Other agencies on the ground</p> <p>People in the affected areas and camps Provincial/district disaster management authorities.</p>	<p>Document review</p> <p>Interview</p> <p>Direct Observation</p>
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Annex 6 - Data Collection Tools

Population Dynamics and Data

Interview guide (additional questions were used as appropriate – these are guides/outline only)

RELEVANCE

Has the programme relating to PD been consistent with national policies and strategies?

Has it targeted vulnerable and marginalised groups?

EFFECTIVENESS

Have results been achieved?

Any interesting example of achievement/ failure?

Are you satisfied with capacity building initiatives of the programme? How many were covered by these capacity building initiatives? Feedback from beneficiaries?

Has policy advocacy/advice provided by UNFPA helped achieve intended objectives? How? Any good examples? Could it have been done better? How?

SUSTAINABILITY

What capacities have been built to ensure that UNFPA interventions can be sustained.

Can you continue to fund and implement UNFPA's program interventions without UNFPA's presence?

Are there mechanisms in place to ensure sustainability after termination of funding

EFFICIENCY

Were the Planned resources reflected and allocated in the AWP's?

Were the planned resources received by you according to schedule?

Any good examples of technical backstopping and other upstream policy work provided by the PD team.?

Were these activities budgeted for and implemented as planned and on time.?

Did the above activities lead to expected outputs by planned schedules?

COORDINATION

Extent to which UNFPA (PD section) actively participated in the development of UNPDF. Any concrete examples of their participation?

Is there any evidence to show UNFPA mandate especially with respect to population data and analysis and population and development issues introduced into UNPDF

Evidence of UNFPA's involvement in the planning and subsequently in the implementation of joint programming activities

COVERAGE AND CONNECTEDNESS

Evidence of UNFPA's interventions in addressing SRHR; GBV and harmful practices; youth; data;

Evidence that UNFPA's interventions made a difference in those specific cases of humanitarian crises, or in its mitigation

Gender Equality and Women Empowerment**Evaluation Questions (Question Guide)**

EVALUATION QUESTIONS	GOVERNMENT	IPs	UNFPA STAFF	OTHER UN AGENCIES
RELEVANCE Has the programme relating to GEWE been consistent with national policies and strategies?	V	V	V	V
Who are the targeted vulnerable and marginalized groups under GEWE? Has it targeted vulnerable and marginalised groups?	V	V	V	V
How do you find specific target group/issues in the CP9 and the national policies, considering the country's context that has become more conservative -LGBT - FGM/C	V	V		
EFFECTIVENESS Have results under GEWE been achieved? Can you identify any example of achievement or good work?/Not so good work? Has policy advocacy/advice provided by UNFPA helped achieve intended objectives? How? Any good examples? Could it have been done better? How?	V	V	V	V
Have the capacity building initiatives covered your organizations' needs?	V	V		

Have you satisfied with them? Which are those? How have been the feedback from beneficiaries, particularly the vulnerable groups?				
What do you think about the UNFPA's knowledge products in GEWE? How useful they are to contribute to your policy advocacy work?	V	V		
Do you have specific comment on the male involvement in the national policy framework?	V	V		
In pilot development, how did the selection criteria to develop it? (particularly to the government officials)	V	V		
SUSTAINABILITY What capacities have been built to ensure that UNFPA interventions can be sustained?	V	V		
Can you continue to fund and implement UNFPA's program interventions without UNFPA's presence?	V	V		
Any specific exit strategy/ mechanism to ensure sustainability after termination of funding	V	V		
EFFICIENCY Were the Planned resources reflected and allocated in the AWP's?	V	V		
Were the planned resources received by you according to schedule? Any good examples of technical backstopping and other upstream policy work provided by the GEWE team?	V	V		
Were these activities budgeted for and implemented as planned and on time? Did the above activities lead to expected outputs by planned schedules?	V	V		V
Were these interventions adequately staffed with appropriate skills to implement activities on gender equality and women empowerment within the current context?	V	V	V	V
COORDINATION			V	V

Which UNFPA (GEWE section) actively participated in the development of UNPDF?. Any concrete examples of their participation?				
Is there any evidence to show UNFPA mandate especially with respect to GEWE issues and analysis introduced into UNPDF ? Evidence of UNFPA's involvement in the planning and subsequently in the implementation of joint programming activities on GEWE? In what as aspect the join programming is useful?			V	V
COVERAGE AND CONNECTEDNESS Evidence of UNFPA's interventions in addressing gender in SRHR; GBV and harmful practices; youth and data;	V	V	V	V
Evidence that UNFPA's interventions on GEWE (GBV and harmful practices) made a difference in those specific cases of humanitarian crises, or in its mitigation	V	V	V	V

Interview Guide-SRHR

Implementing Partners Interview Guide CPE UNFPA

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
- b. Four person evaluation team
- c. Expected use of results
- d. Confidentiality of discussion in line with UNEG norms and standards

1. Objectives of the SRH of the UNFPA programme and ways in which this is meant to be achieved

- a. SRH programme outcome areas concerned
- b. Results chain of the intervention
- c. Rationale of interventions at national and sub-national levels

2. Fit with IP strategies and policy frameworks

- a. Relation to IP strategies
- b. Issues of targeting of equity and vulnerability

3. Results achieved compared to planning: focus on output level changes

- a. Outputs achieved so far (e.g. capacity development at individual, organizational and enabling environment levels)
- b. What has worked and what has not worked
- c. Enabling and constraining factors to achieving results

4. Partnership and process issues

- a. UNFPA as a partner: duration and kind of relationship

- b. Efficiency and timeliness issues
 - c. Types of engagement at policy and implementation level
5. **Monitoring and Evaluation**
 - a. M&E system in place – own system and provision of data for UNFPA– fit concerned
 - b. Disaggregation of data for monitoring purposes
 - c. Use of data to inform programme management
 - d. Other use of M&E data and M&E capacities built
 6. **UNFPA Comparative advantage and value added**
 - a. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/(I)NGOs
 - b. Overlap with other UN agencies/DPs/(I)NGOs
 - c. What has been the added value of UNFPA so far
 7. **Lessons learned**
 - a. Which experiences would be useful for future programme implementation
 8. **Recommendations for future support**
 - a. What would UNFPA need to focus on in the next country programme cycle
 - b. Which aspects of the programme need to be continued, what needs to change
 9. **Other issues** that you would like to mention relevant to the present evaluation?

Donor Interview Guide CPE UNFPA

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
 - b. Four person evaluation team
 - c. Expected use of results
 - d. Confidentiality of discussion in line with UNEG norms and standards
1. **Support provided to UNFPA in programme areas concerned**
 - a. SRHR
 - b. In development and humanitarian context
 2. **Relation of support to donor strategies and UN frameworks**
 - a. Relation to donor strategies and policies
 - b. Support to reaching the SDGs
 - c. Targeting of programme interventions
 3. **Monitoring and Reporting System in place - in development/humanitarian context**
 - a. M&E system in place – UNFPA reporting regularity and quality
 - b. Disaggregation of data for monitoring purposes
 - c. Use of data to inform programme management
 4. **Results achieved compared to planning - focus on output level changes - in development and humanitarian programming**
 - a. Capacities developed so far – what is still required?
 - b. What has worked and has not worked?
 - c. Enabling and constraining factors to receiving results
 5. **Partnership and process issues - in development and humanitarian programming**
 - a. UNFPA as a partner and kind of relationship
 - b. Efficiency and timeliness issues
 - c. Types of engagement at policy and implementation level

6. **Coordination of support with other DPs - in development and humanitarian programming**
 - a. Coordination mechanisms in place
 - b. Role played by UNFPA
 7. **UNFPA comparative advantage and value added - in development and humanitarian programming**
 - a. Comparative advantage of UNFPA vis a vis other UN agencies
 - b. Overlap with other UN agencies
 8. **Lessons learned - in development and humanitarian programming**
 - a. Which experiences would be useful for future programming
 9. **Recommendations for UNFPA's future programming**
 - d. What would UNFPA need to focus on in the next country programme cycle
 10. **Other issues** that you would like to mention relevant to the present evaluation?
- Discussion of results at Facility Level making use of selected RRF indicators**

Outcome Level Changes

- Enhanced capacities of health service providers
- Increased access of adolescents and youth to SRH services
- Demand for contraceptives satisfied
- Live births attended by midwives/skilled birth personnel

Output Level Changes

Maternal and Neonatal Health

- District monitoring system in place for midwives
- Percentage of puskesmas providing 24/7 basic EMONC services (network for reference)
- Number of midwives trained in provision of 24/7 EMONC services for complex deliveries
- Number of stock outs of life saving drugs
- Implementation of MPDSR according to the national guideline and results obtained
- Coverage of births at public facilities

Family Planning

- Percentage of facilities where service providers are inserting post-partum IUDs
- Percentage of facilities providing at least four modern contraceptive methods
- Access to family planning for married adolescents and youth
- Access to family planning for unmarried adolescents and youth

Fistula

- Number of fistula cases identified, and number referred for treatment
- Rehabilitation of fistula survivors and use of a multi-sector approach
- Treatment of fistula survivors

Cervical Cancer

- Percentage of facilities that provide cervical cancer screening by trained service providers
- Costs of cervical cancer screening for women concerned
- Number of women screened for cervical cancer using VIA method
- Percentage of facilities that provide treatment for cervical cancer by trained service providers

STI/HIV/Equity

- Does the district hospital provide STI screening?
- Does the district hospital provide STI treatment?
- Does the district hospital have a clear STI case management protocol and referral pathway?

GBV

- Number of health workers capacitated in provision of health services for GBV survivors
- Number of UHCs with standardized rape treatment kits available
- Inclusion of GBV in health MIS at facility level

Humanitarian

- Disaster prone district with MISP implementation capacity
- Agency identified to lead the implementation of MISP
- Plan for comprehensive reproductive health services integrated into primary health care

Midwife Interview Guide CPE UNFPA

Introduction

- a. Explanation of the Country Programme Evaluation purpose and objectives
- b. Four person evaluation team
- c. Expected use of results
- d. Confidentiality of discussion in line with UNEG norms and standards

1. Health related experience and Midwifery training received

- a. Background before entering the midwifery training
- b. Midwifery training received, balance between theory and practice
- c. Access to library, internet and skills lab during the training
- d. Satisfaction with training and learnings concerned

2. Position in facility

- a. Posting in hospital and level of satisfaction with placement
- b. Relationships with doctors and nurses
- c. Opportunity to conduct deliveries in practice
- d. Enabling and constraining factors to practice learnings

3. Facility related issues

- a. To what extent are the EMONC requirements in place in the facility that you work in
- b. Does the facility operate on a 24/7 basis?
- c. Do you make use of a partograph during delivery?
- d. Do you work together with another midwife for most of the time?
- e. Number of stock-outs of life saving drugs?
- f. Are SRHR services available to vulnerable groups, including married and unmarried adolescents and youth and other vulnerable groups?

4. Results achieved informed by training

- a. What support have you been able to provide on ANC and number of women concerned?
- b. How often have you been able to recognize danger signs of pregnancies?
- c. How have you responded to these signs in the instances concerned?
- d. What is the number of normal deliveries that you have attended to in a month?
- e. Has the training prepared you sufficiently to deal with all aspects of the normal deliveries?
- f. To what extent were women of vulnerable groups part of the women served?
- g. What type of support have you provided to post-natal care and family planning (PPFP)?
- h. What enabling/constraining factors can you identify in terms of your achievement of results?

5. Monitoring and Evaluation

- a. M&E system in place – hospital system and provision of data for UNFPA – fit concerned
- b. Disaggregation of data for monitoring purposes
- c. Use of data to inform management of deliveries
- d. M&E capacities built

6. Lessons learned

- a. Which experiences would be useful for application beyond the context in your work place?

7. Recommendations for future support

- a. Based on your experience, what adaptations are needed to the midwifery training?
 - b. What other support is required for you to implement what you have learned ?
8. **Other issues** that you would like to mention relevant to the present evaluation?

Interview Guideline: Adolescent and Youth

1. Introduction

- Purpose and objectives of the evaluation;
- Introducing the evaluation team;
- Use of interview data, methods of analysis, and confidentiality (UNEG Norms & Standards)

2. Participant's understanding about UNFPA programme, participant's involvement in UNFPA programmes (capacity), intensity, and duration (length) of involvement

3. Results from the partnership with UNFPA

- Implementation process (stories)
- General output (perspectives) and detailed outputs (need to be verified);
- What work at best?
- What can be improved?
- Have the interventions addressed issues of equity and reaching the most vulnerable?
- Ministerial / national level: policy issuance vs. sub-national implementation
- Sub-national and non-governmental level: addressing the problem, beneficiaries' point-of-view
- All: planning, implementation, and effectiveness of an intervention (Material, policy and policy tools)
- Factors that enable / constrain achievements?
- Lessons learned

4. Compatibility and significance of participant's objectives with UNFPA's programmes

- Description on the objectives and strategies of the participants, compatibility with UNFPA programmes (ARH social franchise, ARH education, youth development, humanitarian settings);
- How UNFPA programme can help facilitating or give impacts to their institutional objectives?
- Ministerial/national level: addressing the gaps, scaling up / replication, policy;
- Sub-national level: compatibility within the national system framework; advocacy
- Non-government level: non-government vs. government strategy

5. Technical process

- Procedures, timeline, reporting (compatibility), and assistance;
- Value for money

6. Positioning UNFPA

- Vis-à-vis other organisations working on youth development and ARH (UN, INGOs, other development partners) – overlap, comparative advantage;
- The extent of UNFPA's presence in providing support;
- What is expected from UNFPA's comparative advantage?
- Complexity and advantage from being UNFPA's partners

7. Recommendations

- What should be UNFPA focus: primary and secondary
- What needs to be changed, continued, or stopped?

8. Other issues

For additional Feedback and to reach out to more stakeholders an Online Survey conducted for three separate audiences (IPs, UNFPA CO staff and training participants – PD)

IP survey guide is attached:

ONLINE SURVEY: Targeted respondents: UNFPA Implementing Partners/IPs (Including government, non-government (public and private) IPs)

Dear Colleagues,

As you are aware, UNFPA is currently undertaking an independent evaluation of the UNFPA Indonesia's Ninth Country Programme (CP9), 2016-2020.

In this connection, the independent evaluation team is seeking your kind assistance in providing the evaluators with your insights and feedback on the work during 2016-2019. Your feedback will be treated with the utmost confidentiality. Results will be aggregated and will not be attached to any name.

I am a Government Implementing Partner *I am a Non- government Implementing Partner*

Below are a few statements related to UNFPA and your work in general for your kind assessment.

All statements are for the CP9 (2016 to 2020): Please assess to what extent you agree with the following statements – rating scale is given below and please choose only one option (click on the selected option)

Statement	Strongly Agree	Agree	Partially Agree	Do not Agree	Strongly Disagree	I Do not Know /Not Relevant
UNFPA Country Programme Action Plan (CPAP) is <u>relevant</u> to the current context of the country's development agenda						
Country Office has been able to accommodate the changing dynamics during CP9 (think of the development agenda of Indonesia during 2016-2019)						
UNFPA's <u>organizational capacity</u> (structure, system, resources) is <u>sufficient</u> to provide quality technical assistance to achieve program results						
UNFPA's <u>staff capacity</u> (knowledge, skills and competency) is <u>sufficient</u> to provide quality technical assistance to achieve program results						
UNFPA Country Office is effective in establishing partnerships for achieving objectives in <u>policy changes</u>						

Statement	<u>Strongly Agree</u>	Agree	Partially Agree	Do not Agree	<u>Strongly Disagree</u>	<u>I Do not Know /Not Relevant</u>
I (as a member of IP) have been actively engaged in policy level work with UNFPA Country Office staff						
UNFPA Country Office work in advocacy effectively contributed to improve targeted institutions' behavior change						
UNFPA has supported generating: a. useful new information and data b. Lessons learned and/or good practices						
The knowledge, data and information, lessons learned and good practices from the programme have been <u>used</u> for policy making and programming						
UNFPA has been effective in supporting Implementing Partner in developing capacities to ensure ownership (and sustainability)						
UNFPA has demonstrated specific technical contribution to the country's development agenda						
<p>I (as a representative of the IP) would like to see <u>UNFPA improve on</u> (please mark all that is applicable to you)</p> <ul style="list-style-type: none"> a. Coordination <input type="radio"/> b. Communication <input type="radio"/> c. Programme Monitoring & Supervision <input type="radio"/> d. Reporting <input type="radio"/> e. Administrative & Financial procedures <input type="radio"/> f. Technical Substance <input type="radio"/> g. Other: please specify 						
<p>Please provide any <u>Recommendations</u> you have for the rest of the CP9 (2019-2020) period and CP10 in the space given here:</p>						
<p>Thank you very much for your input!</p>						

The following attachments consist of Additional Information that are not mandatory, but useful for the readers/intended audience of this CPE.

Annex A – SRHR Additional Information (A-1 to A-3)

Annex B – Adolescents and Youth (B-1 to B-4)

Annex C – Gender Equality and Women’s Empowerment (C-1 to C-3)

Annex D- Population Dynamics and Data (D-1 to D-3)

Annex E – UNFPA Coordination Role (during CP9)

Annex F- Results of Online Survey

Annex G – Financial Data

ANNEX H- Map of Palu

ANNEX A- SRHR Additional Information

Table on RPJMN Targets 2015-2019 for Maternal Health and Family Planning Indicators (SRHR relevance related)

Indicator	Progress 2017	Target RPJMN 2015-2019
MMR (per 100,000 live births)	305	306
IMR (per 1000 live births)	20 (2015 SUPAS)	24
Neonatal mortalityrate (per 1000 live births)	15	14
Deliveries by skilled birth attendants (%)	90.9	95
Deliveriesin health facilities (%)	79.4	85
TFR	2.28 (2015 SUPAS) (2.4 – 2017 IDHS)	2.25
AdolescentFertility Rate	40 (2015 SUPAS) 36 (2017 IDHS)	38
CPR All Methods (%)	61.9	66
CPR Modern Methods (%)	57.2	61.3
CPR long-actingandpermanentmethods as a proportionof total CPR (%)	23.5	23.5
UnmetNeed (%)	10.6	9.5
Discontinuation Rate (%)	34	24.6

Source: IDHS 2017, SUPAS 2015.

Annex A-1: The CP9 SRH Programme Achievement (2016-2019)*

Key areas	2016	2017	2018	2019
Maternal Health and Midwifery	<ul style="list-style-type: none"> Improved National Action Plan for Maternal Health through the use of evidence-based costing and budgeting guideline Improved Midwifery Regulations and education standards through evidence-based advocacy Improved national capacities to provide Minimum Initial Service Package (MISP) and logistics in humanitarian settings Establishment of a reproductive health subcluster and national RH emergency team 	<ul style="list-style-type: none"> Vocational and professional midwifery education standards endorsed Maternal Death Surveillance and Response model implemented MISP operational and logistics Guidelines endorsed and incorporated into national disaster preparedness and response policies Updated SRH-related SDG Indicators available 	<ul style="list-style-type: none"> MDSR model adopted by government for replication (MOH) Design of Midwifery Centres of Excellence endorsed by MOH and IBI for implementation Background studies available for the new RPJMN technocratic paper on SRH Timely and high quality disaster response in Lombok and Central Sulawesi through the RH Subcluster. Reaching over 72,000 beneficiaries; 77 midwives were deployed for the response, and 127 were trained for RH response. 	<ul style="list-style-type: none"> Policy brief on the adoption of MDSR at subnational level available for multi-stakeholder dialogue Midwifery supervision and coaching mechanism established, to improve midwives' competencies

HIV Prevention	<ul style="list-style-type: none"> Provision of evidence on HIV transmission to intimate partners resulted in government-led pilot to improve outreach and policies among Key-Affected Populations 	<ul style="list-style-type: none"> Over 92,000 female sex workers reached through HIV prevention outreach and services 	<ul style="list-style-type: none"> Together with MOH, HIV prevention initiative implemented in 88 districts/municipalities across 30 provinces in Indonesia for key-affected population; reached 82,702 FSWs with 34,009 tested (yielding 1,241 case findings and 490 accessed ART) 	<ul style="list-style-type: none"> Policy brief to upscale pilot on HIV/STI prevention among intimate partners available and discussed in multi-stakeholder dialogue
Family Planning	<ul style="list-style-type: none"> Incorporation of rights-based and gender-sensitive elements into the national strategy on FP Strengthened coordination for FP2020 Provision of policy recommendations for FP within the context of the UHC Establishment of a National cross-sector Coordination Team for integrated RFP programming (BAPPENAS, BKKBN, MOH) South-South Cooperation with 12 Asian and African countries on role of MRLs in FP, RFP, f Islamic Youth Leaders in ARH 	<ul style="list-style-type: none"> Availability of mapping of FP facilities in 2 districts, in context of FP in UHC Report on the implementation of the Supply Chain Management model and a review of FP in special allocation funds in nine districts available National FP costed implementation plan available Continued SSC through international training and bilateral programmes with the Philippines (government co-financing/financial contribution) 	<ul style="list-style-type: none"> Continued South-South Cooperation through the international training programme and the bilateral programme with the Philippines (government co-financing/financial contribution) SSTC Global Conference on Population and Development conducted Advocacy for an enabling environment for FP and SRH towards the draft Penal Code, together with government and CSOs 	<ul style="list-style-type: none"> Advocacy strategy for strengthening FP in UHC policies available Guideline on FP services in disaster contexts available and endorsed. Lessons learned on bilateral SSC between Indonesia and the Philippines conducted and shared in multi-stakeholder dialogue.

*Source: CPAP UNFPA CO

Annex A-2: List of SRH Knowledge Products

No.	Knowledge Products (2016-2019)
1	Policy Brief on FP in UHC (Background Paper) "The Role of Indonesia Health Insurance in FP Service"
2	Policy Brief on Policy Options for ASRH "Standing for ASRHR Fulfillment: Recommendations for Adolescent Sexual and Reproductive Health Policies and Programme in Indonesia"
3	Policy Brief: Population and Demographic Dividend "Harnessing the demographic dividend and windows of opportunity through human capital development using life cycle approach"
4	Annual Report FP2020
5	Kajian Standar Pendidikan dan Pelayanan Bidan di Indonesia
6	Analisis Anggaran Kesehatan Ibu dalam Upaya Penurunan AKI
7	Evaluation of the contraceptive SCM modelling in UHC
8	Revision of SCM Guideline

9	Evaluation of PTSU
10	Design for modelling of planning & budgeting for integrated maternal health and rights-based family planning programming at district level
11	Policy brief on FP determinants for maternal deaths
12	Analysis and Studies for Access and Quality MH and FP care in the context of UHC
13	Policy brief on acceleration of SRH-related indicators achievement
14	Secondary analysis on SRHR among persons with disabilities
15	Lessons learned and good practices of implementation pilot 2018
16	Background Paper RPJMN 2020-2024 for FP and Family Development
17	Advocacy strategy for strengthening FP in UHC policies
18	Revised guidelines on FP in UHC
19	Policy brief for SCM Models
20	Review of SCM Models
21	Study on contraceptive commodity at private sector
22	FP2020 report and FP2020 data sheet
23	Policy brief for acceleration to achieve the FP2020 commitments and its contribution to the SDGs
24	Review FP policy and programme for Renstra 2020
25	SSTC evaluation and lessons learned

Annex A-3: Budget expenditure: Outcome 1/SRHR Implementation Rate per Implementing Partner incl. MISP Regular Resources (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Board for Health Workforce Development and Empowerment, Ministry of Health	13,555	13,545	100%	17,259	17,258	100%	3,556	3,556	100%				34,370	34,359	100%
Directorate General of Community Health Care Services, Ministry of Health	99,904	99,726	100%	34,624	34,623	100%	49,312	49,006	99%	108,712	79,404	73%	292,552	262,759	90%
Faculty of Public Health-University of Indonesia	19,485	19,282	99%	174,398	174,398	100%	38,364	37,565	98%				232,251	231,342	100%
General Directorate of Disease Prevention & Control, Ministry of Health	31,323	31,322	100%	22,026	22,025	100%	7,851	7,652	97%	11,015	4,448	40%	72,215	65,449	91%
International Council on Management of Population Programmes	91,090	88,610	97%	1	-	0%							91,091	88,610	97%
National Development Plan Agency (BAPPENAS)	45,060	52,705	117%	1	-	0%	48,971	43,986	90%	66,097	29,574	45%	160,129	126,265	79%
National Family Planning Coordinating Board (BKKBN)	94,617	92,319	98%	39,071	38,505	99%	70,667	67,587	96%	113,370	49,358	44%	317,725	247,768	78%
Organisasi Perubahan Sosial Indonesia										3,748	3,740	100%	3,748	3,740	100%
Pusat Kesehatan Reproduksi UGM										56,319	18,123	32%	57,495	18,087	31%
The Indonesian Midwives Association (IBI)							30,704	29,889	97%	3,138	-	0%	33,842	29,889	88%
UNFPA Execution	886,509	880,951	99%	580,621	580,737	100%	730,569	726,594	99%	681,038	529,859	78%	2,878,736	2,718,141	94%
Yayasan Kalandara										432	382	88%	432	382	88%
Yayasan Kerti Praja										62,670	15,155	24%	62,670	15,155	24%
Grand Total	1,281,542	1,278,460	100%	868,001	867,547	100%	981,170	965,798	98%	1,106,543	730,141	66%	4,237,256	3,841,946	91%

Source: Global Programming System/ATLAS financing reporting

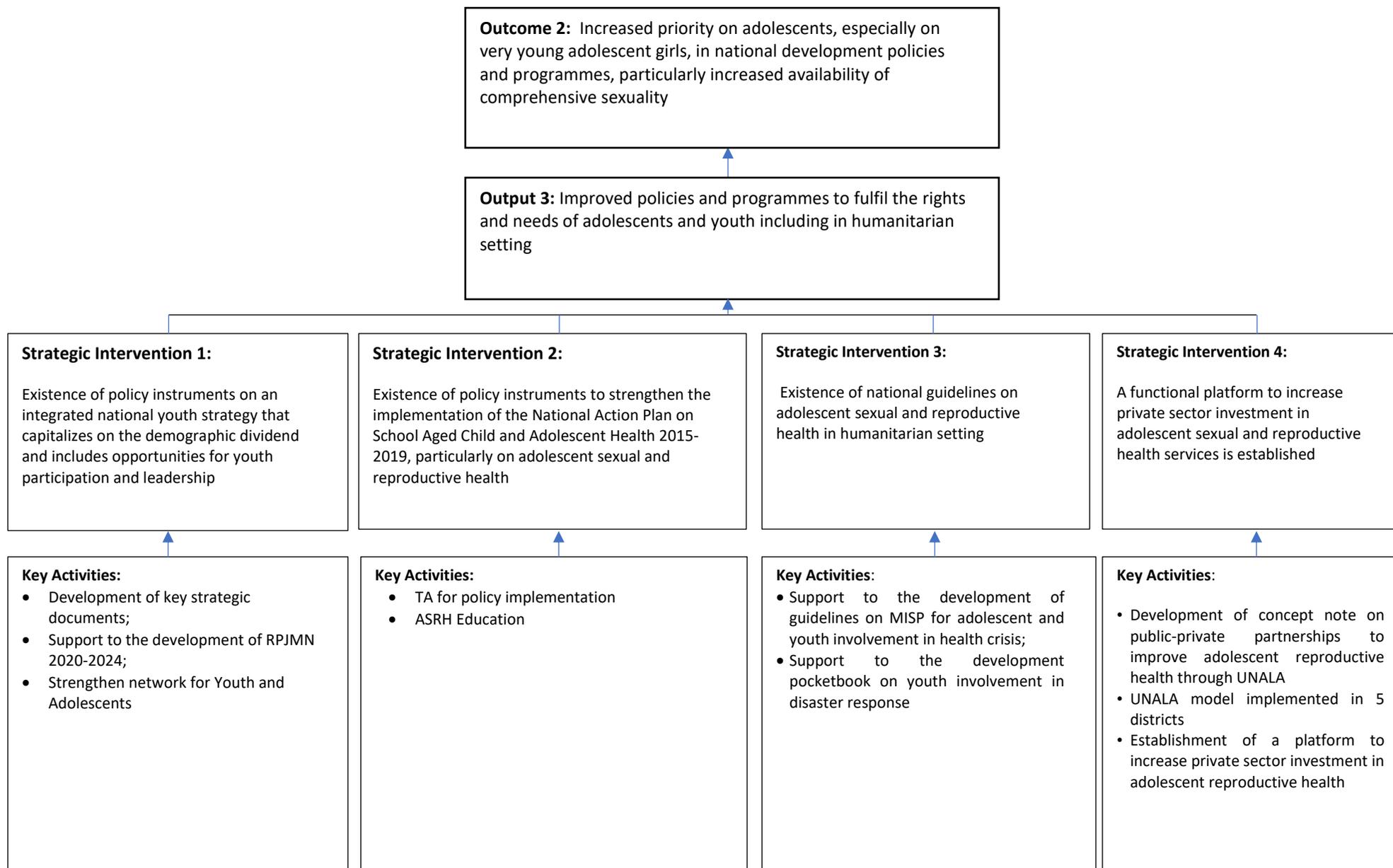
Other Resources (2016-Sep'2019)

	2016			2017			2018			2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Board for Health Workforce Development and Empowerment, Ministry of Health							23,584	19,363	82%	223,500	60,923	27%	247,084	80,286	32%
Directorate General of Community Health Care Services, Ministry of Health							24,709	18,067	73%	62,020	48,081	78%	86,729	66,149	76%
Faculty of Public Health-University of Indonesia							132,612	129,563	98%	99,996	906	1%	232,608	130,469	56%
General Directorate of Disease Prevention & Control, Ministry of Health							18,055	14,304	79%	10,413		0%	28,468	14,257	50%
National Development Plan Agency (BAPPENAS)				34,118	34,118	100%							34,119	34,118	100%
National Family Planning Coordinating Board (BKKBN)							28,947	13,625	47%	32,664	15,840	48%	61,611	29,465	48%
Organisasi Perubahan Sosial Indonesia							107,090	99,337	93%	112,183	86,571	77%	219,272	185,908	85%
Pusat Kesehatan Reproduksi UGM							59,758	24,302	41%	34,232	24,393	71%	93,990	48,695	52%
The Indonesian Midwives Association (IBI)							41,842	22,896	55%	171,672	112,001	65%	213,514	134,898	63%
The Indonesian Planned Parenthood Association (PKBI) in DKI Jakarta				804,769	804,769	100%	502,617	489,905	97%	843,070	516,669	61%	2,150,455	1,811,343	84%
The Indonesian Planned Parenthood Association (PKBI) in Papua				378,325	378,325	100%	195,095	186,730	96%	279,909	158,022	56%	853,329	723,077	85%
UNFPA Execution	269,031	262,969	98%	530,342	523,527	99%	617,619	524,656	85%	1,423,197	603,632	42%	2,840,189	1,914,784	67%
Yayasan Kalandara				402,596	402,596	100%	240,265	233,552	97%	505,978	291,851	58%	1,148,840	927,999	81%
Yayasan Kerti Praja				446,690	446,690	100%	392,055	379,542	97%	879,938	582,908	66%	1,718,683	1,409,139	82%
Grand Total	269,031	262,969	98%	2,596,841	2,590,025	100%	2,384,248	2,155,843	90%	4,678,772	2,501,750	53%	9,928,891	7,510,587	76%

Source: Global Programming System/ATLAS financing reporting

ANNEX B- Adolescent & Youth Additional Information

Annex B-1: Strategic interventions and key activities of Outcome 2, Output 3 (Adolescent & Youth)



Annex B-2: The CP9 A&Y Programme Achievement (2016-2019) *

Key areas	2016	2017	2018	2019
Youth Development	<ul style="list-style-type: none"> Support for the development of the Draft of National Action Plan on Youth Development for 2016 - 2019, in the context of Demographic Dividend, available; Support for the development of the draft of Youth Development Index within Indonesia context available 	<ul style="list-style-type: none"> Support for the development of the draft of Youth Development Index within Indonesia context available; Support to establish a consensus for Youth Development Index available 	<ul style="list-style-type: none"> Policy review of NAP on Youth 2016 – 2019 implementation and coordination mechanism Background Paper on Youth as the reference to draft RPJMN 2020-2025 Indonesian Youth Development Index available 	<ul style="list-style-type: none"> Endorsement of NAP on Youth 2020 - 2024 Sharing lessons Learned of YDI implementation to advocate for sustainability
ASRH	<ul style="list-style-type: none"> Support for endorsement of National Action Plan (NAP) on School Aged Child and Adolescent Health 2016 - 2020 	<ul style="list-style-type: none"> Support for endorsement of National Action Plan (NAP) on School Aged Child and Adolescent Health 2016 – 2020 Impact evaluation on the use of module on Adolescent Reproductive Health (ARH) for teachers 	<ul style="list-style-type: none"> Annual review of the implementation of the National Action Plan on School Aged Child and Adolescent Health 2016-2020 Follow up Strategic Action with Ministry of Education to use the national reference materials for teachers on ARH in 2016 	<ul style="list-style-type: none"> Policy review of NAP on School Aged Child and Adolescent Health 2016 – 2020 particularly on ARH Draft NAP on School Aged Child and Adolescent Health on ARH issues 2021 – 2024 available
ASRH Humanitarian	<ul style="list-style-type: none"> Draft of guidelines on MISP for adolescent and youth involvement in health crisis Draft of innovative pocketbook on youth involvement disaster response 	<ul style="list-style-type: none"> Final guidelines based on the result from field testing Pocket book on youth involvement in disaster response 	<ul style="list-style-type: none"> Report on the monitoring and review of guidelines implementation Report on the monitoring and review of pocketbook implementation 	<ul style="list-style-type: none"> Revised guidelines Revised pocketbook

Private Sector Investment (UNALA)	<ul style="list-style-type: none"> • Mapping and analysis of private sector policies and strategies 	<ul style="list-style-type: none"> • Establishment of a platform to increase private sector investment in adolescent reproductive health • Impact evaluation of UNALA, ARH service model and youth friendly health services at Puskesmas – Government setting 	<ul style="list-style-type: none"> • Follow up action plans in increased private sector investment (including resource mobilization) in adolescent reproductive health (ARH); • Policy follow up action plan to upscale UNALA into a sustainable social franchising /social marketing programme for ARH 	<ul style="list-style-type: none"> • Evaluation on the platform to increase private sector investment in adolescent reproductive health
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*Source: CPAP UNFPA CO

Annex B-3: List of A&Y Knowledge Products (2016-2019)

No.	Knowledge Products
1	Youth Development Index, 2017 [with SMERU]
2	Pedoman Pelaksanaan Paket Pelayanan Awal Minimum (PPAM) Kesehatan Reproduksi Remaja pada Krisis Kesehatan [Minimum Initial Service Package (MISP) on Adolescent Reproductive Health in Health Crisis]
3	Background Study on Youth Development in RPJMN [with SMERU]
4	Baseline on Adolescent and Youth in the Sustainable Development Goals (SDGs) [with SMERU; complete; not yet disseminated]
5	Evaluation Report: UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta, Indonesia November 2016 to July 2018
6	Rencana Aksi Nasional Kesehatan Anak Usia Sekolah dan Remaja Tahun 2017-2019 [National Action Plan on School Age Child and Adolescent Health, 2017-2019]

- 7 Buku Saku Pedoman Remaja pada Krisis Kesehatan [Pocket Book Guide for Adolescents in Health Crisis]
- 8 Adolescent Girls and Youth in Crisis: Voices from Central Sulawesi, Indonesia [a joint report with Plan International and PKBI]

Annex B-4: Budget expenditure: Outcome 2 (A&Y) Rate per Implementing Partner (2016-2018) Regular Resources (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)									
Directorate General of Community Health Care Services, Ministry of Health	17,143	17,124	100%	9,535	9,519	100%	18,153	18,040	99%	35,579	9,354	26%	80,410	54,037	67%
National Development Plan Agency (BAPPENAS)	116,131	113,367	98%	69,665	68,201	98%	45,541	45,541	100%	32,724	10,209	31%	264,061	237,318	90%
UNFPA Execution	278,392	277,348	100%	144,398	144,040	100%	209,178	207,520	99%	156,364	99,452	64%	788,332	728,360	92%
Yayasan Kerti Praja										12,166	3,536	29%	12,166	3,536	29%
Yayasan Siklus Sehat Indonesia (YSSI)	33,523	33,497	100%	79,161	75,658	96%	15,133	15,063	100%				127,816	124,218	97%
Grand Total	445,189	441,336	99%	302,759	297,419	98%	288,005	286,164	99%	236,833	122,553	52%	1,272,786	1,147,471	90%

Source: Global Programming System/ATLAS financing reporting

Other Resources (2016-Sep'2019)

Implementing Partner	2018			2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Directorate General of Community Health Care Services, Ministry of Health	37,494	26,849	72%	132,813	79,052	60%	170,307	105,901	62%
UNFPA Execution	125,188	110,067	88%	259,752	158,597	61%	384,940	268,664	70%
Yayasan Kerti Praja				61,985	47,909	77%	61,985	47,909	77%
Yayasan Siklus Sehat Indonesia (YSSI)	166,418	149,910	90%	244,564	162,773	67%	410,982	312,683	76%
Grand Total	329,100	286,827	87%	699,114	448,331	64%	1,028,214	735,157	71%

Source: Global Programming System/ATLAS financing reporting

ANNEX C – GE Additional Information

Annex C-1: Key Strategic Areas: Achievements of GE through 2016 to 2019

Key strategic areas	2016	2017	2018	2019
GBV/EVAW	<ul style="list-style-type: none"> • Situation Analysis on GBV with a set of recommendations to strengthen the National Coordination Mechanism of GB/VAW prevention and response • Concept Paper on GBV in Health Sector Response • Policy dialogue based on a policy brief on GBV and SRHR, covering 9 issues: VAW, child marriage, FGM/C, trafficking in persons, sexual minority and adolescent) 	<ul style="list-style-type: none"> • The 2016 National Survey on Women’s Life Experience (VAW Survey) • Development of Recommendations and Follow up Actions Matrix based on the Concept Paper on GBV in Health Sector Response 	<ul style="list-style-type: none"> • Development of background paper for RPJMN and MOWECP strategic Plan 2020-2024 • GBV HSR: Policy dialogue to integrate in Planning and Budgeting • Piloting strengthening GBV HSR in 1 district, which include conducting capacity assessment; revising and developing TOT manual; conducting GBV training for Health Service Providers and integrating data on GBV • Advocacy on GBV related laws: 1. Draft Sexual Violence Law; 2. Draft Penal Code Revision Law 	<ul style="list-style-type: none"> • Policy brief on GEEW issues with 5 themes (GBV and harmful practices, economy, education, women in politics, environment) → on going • Workshop to provide inputs to develop in depth analysis. → on going • Stakeholder meeting to provide input for MOWECP Strat Plan on GEEW → on going • Advocacy on GBV related laws : Series of policy dialogue on advocating Penal Code with parliament, government, religious leader, inter-faith group, expert group and CSO at national and sub national (Yogyakarta) • Draft of Sexual algorithm for Health Sector → on going • Pilot on strengthening GBV Health Sector response in 1 district, which include GBV HSR

Child Marriage

FGM/C

				ToT, monitoring → on going in Cirebon
	<ul style="list-style-type: none"> Stakeholder mapping on child marriage including the mapping of mainstreaming gender child marriage issues into ministerial programmes Inclusion of child marriage and other issues related to GBV and harmful practices into the national Ministry of Women's and Child Protection (MOWECP) priority agenda 	<ul style="list-style-type: none"> Documenting lesson learned 	<ul style="list-style-type: none"> Modeling of child marriage prevention strategy to be integrated in "Child Friendly City" 	<ul style="list-style-type: none"> Background paper on the age of marriage from socio-cultural-religious perspective and health-reproductive health perspective → on going National Strategic Plan on the Child Marriage Prevention (collaboration with Bappenas, UNICEF, DFAT Mampu) → on going Prevention GBV and harmful practices using male involvement: <ul style="list-style-type: none"> 2 community discussion manual for adolescent and caregiver Supplement manual for religious leader
	<ul style="list-style-type: none"> Stakeholder mapping on FGM/C to be used as a reference document by MOWECP in the development of MOWECP advocacy strategy on FGM/C 	<ul style="list-style-type: none"> FGM/C study in 10 provinces Policy brief on FGM/C Advocacy strategy guidelines and IEC (Information, education, communication) materials for dialogues with progressive religious groups 	<ul style="list-style-type: none"> Advocacy Guideline and IEC for Health sector Advocacy Guideline for NGO/CSO family approach National Ulema Meeting Follow up socialization of the result in 3 districts 	<ul style="list-style-type: none"> 2030 road map and action plan on the prevention of FGM/C → on going Follow up socialization of the Bogor's Recommendation in 2 pesantren in 2 districts (Bogor District, Sumenep-Madura)

	and young people in FGM/C prevention.	<ul style="list-style-type: none"> • Implementing Youth guideline in 2 child friendly schools and 2 child forums • Concept note on education setting (in partnership with MORA and MOEC) 	<ul style="list-style-type: none"> • Follow up dissemination of FGM/C advocacy guideline at national level and 4 districts (Bogor, Pandeglang, East Belitong, Banjar) → national and 1 district completed, 3 other districts on going • Implementing Youth guideline in 1 child forums 	
Male Involvement	<ul style="list-style-type: none"> • Gap analysis on male involvement in GBV prevention and SRHR • Module on Men and Boys Engagement in GBV prevention for P4P project • ToT for Engaging Men and Boys in GBV prevention in Jayapura District of Papua for 28 facilitators • Baseline Survey and 1st community session 	<ul style="list-style-type: none"> • Inclusion of male involvement approaches in the National Framework on GBV prevention and SRHR. • P4P pilot in Papua 	<ul style="list-style-type: none"> • Integrating National framework in pilot project • Sharing and advocating lesson learned in P4 pilot project locations 	<ul style="list-style-type: none"> • Initial draft SOP on male involvement for GBV prevention and SRRH • List of recommendation on male involvement in SRHR and GBV for ICPD
GBViE	Situation Analysis on the existing GBV prevention and response programmes in Indonesia	<ul style="list-style-type: none"> • The SOP and Guidelines of GBV in Humanitarian Settings. • Integration of GBV issues into the revised MOU between MOWECP and National Disaster Management Agency on Gender Mainstreaming, 	<ul style="list-style-type: none"> • Establishing Sub Cluster GBV/WRP in National • Advocating GBViE into Regulation • Revising SOP based on Humanitarian Response Experience 	<ul style="list-style-type: none"> • Gender Check list • GBViE recommendation • Recommendation for the draft of ministerial decree on women protection in disaster • Draft on WFS (Women Friendly Space) SOP → on going

Women and Children
Protection in Disaster
Management.

- Draft on GBViE SOP → on going
- GBViE training manual

Annex C-2: UNFPA Gender Knowledge Products 2016-2018

Strategic Interventions	Knowledge Products	Year
GBV/VAW	<ul style="list-style-type: none"> 2016 Indonesian National Women's Life Experience Survey (2016 SPHPN): Study on Violence Against Women and Girls. Key Findings (Publication year not indicated) 	March 2017
	<ul style="list-style-type: none"> Survey Pengalaman Hidup Perempuan Indonesia (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPPA) (2018), published by BAPPENAS and BPS in partnership with UNFPA → draft 	2018
	<ul style="list-style-type: none"> Background paper on Gender Equality and Women Empowerment for RPJMN (collaboration with Bappenas, UN Women, DFAT-MAMPU) 	2018
	<ul style="list-style-type: none"> Policy brief on GEEW issues with 5 themes (GBV and harmful practices, economy, education, women in politics, environment) → on going 	2019
	<ul style="list-style-type: none"> Revise GBV Health Sector Response Training of Trainer Manual and Training Manual for Health Workers 	2018
	<ul style="list-style-type: none"> Draft of Algorithm for Health Sector Response to Sexual Violence → on going 	2019
	<ul style="list-style-type: none"> Study on Medicalization of Female Genital Mutilation/Cutting in Indonesia (2017) 	2017
FGM/C	<ul style="list-style-type: none"> Female Genital Mutilation/Cutting: At the Intersection of Tradition and Modernity. A Mixed-Methods Study of The Medicalization of Female Genital Mutilation/Cutting (FGM/C) at 17 Districts In 10 Provinces (2017) (both in English and Indonesian languages). (Indonesia Qualitative Research By: Komisi Nasional Anti Kekerasan Terhadap Perempuan (Komnas Perempuan) With Quantitative Research By: The Center for Population and Policy Studies (PSKK), University of Gajah Mada 	2017
	<ul style="list-style-type: none"> Policy Brief on Female Genital Mutilation/Cutting (FGM/C): Practices in Ten Indonesian Provinces (2017) (both in English and Indonesian languages) 	2017
	<ul style="list-style-type: none"> Advocacy Guideline on FGM/C prevention for Youth group report on FGM/C stakeholder mapping and advocacy strategy plan 	2017
	<ul style="list-style-type: none"> Advocacy Guideline and IEC kits (IEC flipchart) on FGM/C prevention for Health Sector Response 	2018
	<ul style="list-style-type: none"> Advocacy Guideline How to communicate FGM/C prevention for CSO using family approach 	2018
	<ul style="list-style-type: none"> Policy recommendations on harmful practices (including child marriage) prevention with religious leaders (NU, Muhammadiyah, MUI and KUPI) (Bogor's Recommendation) 	2018
	<ul style="list-style-type: none"> 2030 road map and action plan on the prevention of FGM/C → on going 	2019
Child Marriage	<ul style="list-style-type: none"> Stakeholder mapping and advocacy strategy of child marriage prevention 	2016
	<ul style="list-style-type: none"> Report on Lessons learned and model for child marriage prevention 	2017
	<ul style="list-style-type: none"> Modelling strategy for child marriage prevention 	2018
	<ul style="list-style-type: none"> Background paper on the age of marriage from socio-cultural-religious perspective and health-reproductive health perspective → on going 	2019

Male involvement	<ul style="list-style-type: none"> National Strategic Plan on the Child Marriage Prevention (collaboration with Bappenas, UNICEF, DFAT Mampu) → on going 	2019	
	<ul style="list-style-type: none"> 2 Manual for Community Discussion with Adolescents and Caregiver on GBV and harmful practices prevention using male involvement and gender transformative approach) and 1 supplementary manual for religious leader on GBV and harmful practices prevention 	2019	
	<ul style="list-style-type: none"> Gap Analysis on male involvement in SRHR and GBV prevention contribute to the formulation of the National; Framework for male involvement in GBV prevention and SRHR 	2016	
	<ul style="list-style-type: none"> Facilitators Manual for male involvement and boys in GBV prevention at community level (for adolescents and caregiver) 	2016	
	<ul style="list-style-type: none"> National Framework on male involvement on SRHR and GBV prevention 	2017	
	<ul style="list-style-type: none"> Kerangka Kerja Nasional Pelibatan Laki-Laki Dalam Penghapusan Kekerasan Berbasis Gender Dan Pemenuhan Hak Kesehatan Reproduksi (2017), published by Kementerian Pemberdayaan Perempuan Dan Perlindungan Anak Bekerjasama Dengan UNFPA 	2017	
	<ul style="list-style-type: none"> Evaluation of Reimay: Reaching Papuan Prosperity (Publication year not indicated) 	2018	
	<ul style="list-style-type: none"> Reimay: Reaching Papuan Prosperity Engaging Young People to Change Social Norms and Promote Gender Equitable Relationships. Policy Brief: Talk, Listen, Engage: Improving Communication Between Adolescents And Caregivers (Publication year not indicated) 	2018	
	<ul style="list-style-type: none"> Lessons Learned Report. Reimay: 'Reaching Papuan Prosperity' Community- Based Primary Prevention Intervention with Young Adolescents and Caregivers Jayapura District, Papua, Indonesia (Publication year not indicated) 	2018	
	<ul style="list-style-type: none"> Fact Sheets: Reimay (Reaching Papuan Prosperity) (Publication year not indicated) 	2018	
	<ul style="list-style-type: none"> Initial draft SOP on male involvement for GBV prevention and SRRH 	2019	
	GBViE	<ul style="list-style-type: none"> Situation Analysis on existing GBV Prevention and Response 	2016
		<ul style="list-style-type: none"> Technical Guideline on GBV Prevention and Response in Humanitarian Setting 	2017
<ul style="list-style-type: none"> Guideline and SOP on GBV Prevention and Response in Humanitarian Setting 		2018	
<ul style="list-style-type: none"> Gender Check list on disaster setting, produced by the MOWECP, BPDB Province of Central Sulawesi, Provincial Office of Women Empowerment and Child Protection Central Sulawesi 		2019	
<ul style="list-style-type: none"> Clinical management for Rape Survivor 		2019	
<ul style="list-style-type: none"> GBViE Training Manual 		2019	
<ul style="list-style-type: none"> Draft of SOP for Women Friendly Space → on going 		2019	
Additional impact		2019	
<ul style="list-style-type: none"> Governor Decree of Central Sulawesi on gender response during disaster, including the WFS and draft of WFS's SOP 		2019	

- Draft of Governor Regulation of Central Sulawesi on GBV multi-stakeholder Referral Mechanism for Violence against Women and Children Cases in Central Sulawesi
- Draft of Central Sulawesi Provincial Action Plan on Gender Mainstreaming and Child Protection in Post Disaster in Central Sulawesi
- Draft of Head of Donggala District on the Mechanism of Response for Violence against Women and Children Cases in Donggala District
- Draft of Head of Sigi District on the District Action Plan on the Protection of Women and Children 2019-2021

Annex C-3: Budget expenditure: Outcome 4 Rate per Implementing Partner (2016-2018) Regular Resources (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Center for Population and Policy Studies University of Gadjah Mada				922	878	95%							922	875	95%
Directorate General of Community Health Care Services, Ministry of Health	25,845	25,670	99%	9,029	9,029	100%				32,422	21,186	65%	67,296	55,885	83%
Ministry of Women's Empowerment & Child Protection	53,231	53,109	100%	39,609	39,609	100%	121,653	116,035	95%	109,386	40,385	37%	323,879	249,138	77%
National Commission Elimination of Violence Against Women (NCEVAW)	43,284	43,283	100%	25,574	25,574	100%	41,200	40,509	98%	44,646	24,839	56%	154,704	134,206	87%
The Indonesian Planned Parenthood Association (PKBI) in Nusa Tenggara Barat							65,630	57,125	87%		0		65,630	57,125	87%
UNFPA Execution	243,416	242,032	99%	170,113	168,606	99%	208,846	207,393	99%	167,367	126,302	75%	789,742	744,333	94%
Yayasan Kerti Praja										11,620	-	0%	11,620	-	0%
Grand Total	365,776	364,095	100%	245,247	243,695	99%	437,330	421,059	96%	365,441	212,712	58%	1,413,794	1,241,561	88%

Source: Global Programming System/ATLAS financing reporting

Other Resources (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Center for Population and Policy Studies University of Gadjah Mada				142,592	142,311	100%		(198)					142,592	142,113	100%
Directorate General of Community Health Care Services, Ministry of Health							32,341	29,840	92%	42,995	37,935	88%	75,336	67,775	90%
Ministry of Women's Empowerment & Child Protection				4,343	4,343	100%	45,295	30,279	67%	72,480	59,799	83%	122,118	94,421	77%
National Commission Elimination of Violence Against Women (NCEVAW)				88,072	88,072	100%							88,072	88,072	100%
UNFPA Execution	25,474	25,207	99%	110,232	109,745	100%	118,309	85,998	73%	236,097	197,007	83%	490,112	417,957	85%
Yayasan Kerti Praja										123,372	102,061	83%	123,372	102,061	83%
Grand Total	25,474	25,207	99%	345,239	344,471	100%	195,945	145,918	74%	474,945	396,803	84%	1,041,602	912,399	88%

Source: Global Programming System/ATLAS financing reporting

Humanitarian

Regular Resources (2016-Sep'2019)

Implementing Partner	2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Directorate General of Community Health Care Services, Ministry of Health	21,543	21,543	100%	33,164	22,980	69%	54,707	44,523	81%
Ministry of Women's Empowerment & Child Protection				5,136	-	0%	5,136	-	0%
The Indonesian Midwives Association (IBI)				8,254	(0)	0%	8,254		0%
The Indonesian Planned Parenthood Association (PKBI) in Nusa Tenggara Barat	56,626	55,481	98%				56,626	55,481	98%
UNFPA Execution	98,651	98,594	100%	47,588	24,769	52%	146,239	123,363	84%
Grand Total	176,820	175,618	99%	94,142	47,749	51%	270,962	223,367	82%

Source: Global Programming System/ATLAS financing reporting

Other Resources (2016-Sep'2019)

Implementing Partner	2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Directorate General of Community Health Care Services, Ministry of Health	42,003	41,984	100%	16,611	15,748	95%	58,613	57,732	98%
The Headquarter of Indonesian Planned Parenthood Association (PKBI)	138,032	137,017	99%	312,354	311,382	100%	450,386	448,399	100%
The Indonesian Midwives Association (IBI)	228,999	228,999	100%	57,172	57,172	100%	286,171	286,171	100%
UNFPA Execution	725,667	703,321	97%	187,174	156,374	84%	912,841	859,695	94%
Grand Total	1,134,700	1,111,321	98%	573,311	540,676	94%	1,708,011	1,651,997	97%

Source: Global Programming System/ATLAS financing reporting

ANNEX D: PD Additional Information

Annex D-1: The CP9 PD Programme Achievement (2016-2019)

Results	CP output indicators and baselines	Targets and achievements							
		2016		2017		2018		2019	
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality									
RPJMN 2015-2019: To support the implementation of RPJMN 2015-2019 and the formulation of RPJMN 2020-2024 in the areas of Population Dynamics and Data. Policy direction: a)Improving the quality of population data; b)Improving the dissemination of population data; c)Harnessing the demographic dividend; d)Improving policies in relation to fertility, mortality and migration including in humanitarian settings within the context of SDG's and climate change									
UNPDF Outcome 1: By 2020, more vulnerable, low-income and food-insecure people have an adequate standard of living and equitable access to decent work, sustainable livelihoods, economic development and income-earning opportunities									
CP Output 5: Increased availability of quality population data and analysis on population dynamics and its linkages with national policies and programmes related to SRH, gender equality, humanitarian response and	Indicator: Number of policy reviews and recommendations on SRH, gender equality, population dynamics (including	Assessment of the existing coordination mechanism on Population Data and Policy Making Entry Point.	Fully Achieved						
	demographic dividend), disaster risk reduction and sustainable development by a functional mechanism for	The development of the concept and design of the Forum of Population Data for Development Policy (<i>Forum Data Kependudukan untuk Kebijakan</i>)	Fully Achieved	Background study and data for RPJMN 2020-2024 available, covering population and development issues in the context of SDGs	No funding for 2017, to be carried over to 2018	Background Study for RPJMN 2020-2024 on ageing, youth, internal migration, urbanization and gender in the context of SDGs	Fully Achieved	Forum data on Population and Development established (through a Bappenas Ministerial Decree), to mainstream population data into the One Data	Fully achieved

sustainable development	national policy coordination. Baseline: Existing 5 monographs and Indonesian Case Study	<i>Pembangunan – FDKKP)</i>						Initiative and the RPJMN 2020-2024 relevant targets	
								Technical papers on internal circular migration and National Transfer Accounts using a life-cycle approach in a changing population age structure available, for the RPJMN 2020-2024 technocratic paper	Fully achieved
				Advocacy for the inclusion of COD component in CRVS (unfunded)	Not implemented due to no funding; carried out with state budget through MOH				
				The development of policy studies on migration and urbanization (Unfunded)	Fully achieved				

								Population Situation Analysis available	Fully achieved
								Three Policy Reviews on Family Planning, Fertility, Mortality and Reproductive Health using innovative interactive web based data sources	Partially achieved. The Interactive and innovative web for 2017 IDHS was fully developed. However, BKKBN changed the priority not to conduct policy reviews, instead, to develop directions on policy research to achieve BKKBN national goals. This document has been completed.
		RPJMN Policy Action Plan on Demographic Dividend and other implications of population dynamics	Fully Achieved	Comprehensive and Integrated Demographic Dividend Action Plan (Health, Education and Employment) available, as inputs to RKP and RPJMN	Fully achieved	Implementation of RPJMN Policy Action Plan on the Demographic Dividend 2017-2019 on education and health sectors	Fully Achieved		

		Population Dynamics and Climate Change Adaption Policy Mapping developed to strengthen the Current National Policy Action Plan on Climate Change Adaptation and be shared at COP 22	Fully Achieved	Population Dynamics and Climate Change Adaptation Policy Review updated and shared at COP 22 (Unfunded)	Not implemented due to no funding				
						Subnational Population Projections and identification of alternative methodology available and disseminated, with BAPPENAS and BPS-Statistics Indonesia	Fully Achieved	Policy analysis on adolescent fertility determinants and behavior based on 2017 IDHS available 2017 IDHS interactive website is updated and disseminated to stakeholders/users	Fully achieved. BKKBN decided to use national budget, instead of UNFPA. Fully achieved.
						Assessment on the availability, quality, and use of data produced by BKKBN for evidence-based	Partially Achieved		

						programming available			
						Quality Population Data available and used for BKKBN programming and policies	Fully Achieved		
	Indicator: Number of population data management exercises incorporating innovation in data collection or use, including in humanitarian settings	The concept and design of the innovative interactive web on the IDHS 2017 is discussed, agreed and finalized, including about the M&E mechanism of the existing dissemination system	Fully Achieved	The concept of innovative and interactive web-based dissemination system of IDHS 2017 is developed.	Partially achieved	Innovative interactive web based dissemination system is populated with IDHS 2017 data	Fully Achieved	Policy analysis on adolescent fertility determinants and behavior based on 2017 IDHS available	Fully achieved.
	Baseline: None	Endorsement of Chairperson's Decree on the overall implementation of IDHS 2017, from the quality assurance, coordination, as well as dissemination point of view, including about the data centre team	Fully Achieved			Innovative interactive 2017 IDHS web is disseminated to stakeholders/users	Fully Achieved	2017 IDHS interactive website is updated and disseminated to stakeholders/users	Fully achieved.
								Resource Flow Indonesia Study (RFIS) data collection conducted	Partially achieved. Recruitment of consultant has just

									completed, and the consultant has just started. The work is to be completed in early 2020.
		<p>Innovative 2015 Inter-censal Survey (SUPAS) data management in:</p> <ul style="list-style-type: none"> - MMR estimate , including at provincial level(cluster) - Selected Population related SDG's indicators - Revision in demographic parameters for 2015-2035 Population Projection - Provision of technical assistance and or ToT to further improve innovative and interactive web based subnational data information system - Population data at the Indonesia Disaster Data and Information System (DIBI) is updated with the data from 	Fully Achieved	2015 SUPAS based determinant analysis: Fertility, Mortality and Migration for 2015 – 2045 population projection available	Fully achieved			Programme evaluation conducted, including innovative technology for disaster management, lessons learnt identified, key issues to inform the formulation of the next cycle, CP 10 available.	Fully achieved.

		Inter Census Survey (2015 SUPAS)							
				<p>Innovative design of 2020 population census, including for disaster management purposes:</p> <p>(i) development of web GIS design, digitized mapping databased design and field trial of the instruments for innovative design of 2020 population census and development instruments and SOPs for improved data collection including CAPI</p> <p>(ii) Provision of technical assistance and or ToT to further improve innovative and interactive web based subnational data information system</p>	Fully achieved	<p>2020 Population Pilot using innovative data collection methods implemented</p> <p>Website design facilitating the use and result of Pilot Census Data available</p> <p>Register-based 2020 Population Census data available</p> <p>Consensus on the methodology to estimate selected SDG indicators using BPS data reached</p>	<p>Fully Achieved</p> <p>Fully Achieved</p> <p>Fully Achieved</p> <p>Fully achieved (ASFR and migration)</p>	<p>2020 Population Census preparation for implementation conducted, this includes:</p> <ul style="list-style-type: none"> - methodology finalization (combined method) - grand design development - command centre established - campaign strategy developed and implemented <p>Policy analysis on adolescent fertility aged 10 to 14 years old for SDGs target 3.7.2 available and discussed in a multi-stakeholder dialogue</p>	Fully achieved.

									Fully achieved.
		SOP in using the innovative technology to collect data during rapid assessment in humanitarian situations	Not Achieved	Improved questionnaire of Computer Assisted Personal Interview (CAPI) system for wider use of innovative technology to collect data during rapid assessment in humanitarian situations	Not implemented due to no funding	Disaster data information system: - Review implementation of disaster data system - Improve and update disaster data system	Partially Achieved	Disaster management using Big Data and geospatial technology initiatives	Revised as UN IOM and UNICEF have more complete data and have analyzed. Results have been shared to Government.
		National guidelines on the use of disaster geospatial portal system	Not Achieved	Migration of Geospatial Portal System (InaDDX) to the BNPB server and InaDDX's user guide (unfunded)	Not implemented due to no funding			Post-disaster census pilot in 2 villages, and capacity building in Palu and Lombok conducted	Fully Achieved The pilot census has been completed, with the results of the instrument of data collecting including questionnaires, field mechanism, and chats messenger communication apps are available ready to use

									<p>for post disaster data collecting</p> <p>The SOP document are available and will be implemented by BNPB starting 2020.</p> <p>Fully Achieved</p> <p>The geospatial portal is available will be part of BNPB one data portal on 2020. BNPB will migrate all the geospatial data from old portal to the new one.</p> <p>Fully Achieved</p> <p>The communication data via web</p>
								<p>The SOP document for the use geospatial data and Information Management during disaster emergency response</p> <p>Development of The Disaster Geospatial</p>	

								Portal Information System	service has been established and can be accessed through the link http://data.bn.pb.online
								Development of communication and dissemination protocol on web service based data.	Partially Achieved
								National Framework on data collection for pre-disaster, during emergency response, and post disaster, developed	The national framework on disaster statistics is Under development, will be finalized by the end of December 2019
	Indicator: Number of multi stakeholder policy dialogue, including with	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Partially Achieved	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Not implemented due to no funding	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs	Fully Achieved	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs available, based on multi-	Fully Achieved

parliamentarians, on ICPD issues			(unfunded)				stakeholder dialogue		
	Baseline: 0	Policy brief for parliamentarians on FP enabling environment (KUHP) and in improving commitment of Local Government to FP Programme	Fully Achieved	Policy brief for parliamentarians on FP enabling environment (KUHP)	Fully achieved	Policy follow up action plan with parliamentarians on family planning enabling environment (KUHP)	Fully Achieved	Policy follow up action plan with parliamentarians on family planning enabling environment (KUHP), based on multi-stakeholder dialogue	Fully Achieved
			Policy follow up action plan with parliamentarians on increasing the age of marriage (unfunded)	Not implemented due to no funding	Policy brief to the parliament on increasing the age of marriage	Partially Achieved	Policy follow up action plan with parliamentarians on increasing the age of marriage, based on multi-stakeholder policy dialogue	Fully Achieved	
		Impact evaluation design on Islam and Family Planning	Not Achieved	Advocacy strategy and messages on improving the roles of Muslim leaders in FP	Fully achieved				
		Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP	Fully Achieved	Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP	Fully achieved	Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP	Fully Achieved	Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP	Fully Achieved

Annex D-2: UNFPA PD Knowledge Products 2016-2018*

2016 - 2017 Knowledge Products

No	Subject	Output	Unit	MYWP Year
1	SUPAS Based 2015-2045 Indonesian Population Projection	IDN09PDA	PDA	2017
2	The Dynamics on Internal and International Migration in Indonesia	IDN09PDA	PDA	2017
3	Comprehensive and Integrated Demographic Dividend Action Plan (Health, Education and Employment) as inputs to RKP and RPJMN	IDN09PDA	PDA	2017
4	Policy Studies on Migration and Urbanization	IDN09PDA	PDA	2017

2018 Knowledge Products

No	Knowledge Products	Output	Unit	MYWP Year
1	Population Projection 2015-2045	IDN09PDA	PD	2018
2	Background paper for RPJMN 2020-2024: 1. Population Mobility on Internal Migration, International Migration with Special Attention to Female Migrant Workers and Urbanization 2. Population Aging 3. Demographic Dividend and The Changing Age Structure	IDN09PDA	PD	2018
3	One data on population	IDN09PDA	PD	2018
4	Policy papers on the operationalization of demographic dividend at sub-national levels	IDN09PDA	PD	2018
5	Policy brief on child marriage for parliamentarians, as follow up of advocacy works jointly undertaken by MOWECP and UNFPA	IDN09PDA	ADVO	2018
6	Newsletters for parliamentarians	IDN09PDA	ADVO	2018
7	Advocacy materials related to ICPD and SDGs for 2019 political campaign (video and printed materials)	IDN09PDA	ADVO	2018
8	IEC Materials	IDN09PDA	ADVO	2018

Annex D-3: Budget expenditure: Outcome 5 Rate per Implementing Partner (2016-2018)

Regular Resources (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
BPS-Statistics Indonesia	196,104	183,972	94%	54,605	54,074	99%	124,221	124,107	100%	138,599	112,741	81%	513,529	474,894	92%
National Development Plan Agency (BAPPENAS)	100,017	94,035	94%	22,972	22,766	99%	145,474	145,392	100%	198,414	107,785	54%	466,877	369,978	79%
National Family Planning Coordinating Board (BKKBN)	94,728	94,653	100%	39,418	39,343	100%	55,779	55,192	99%	107,723	55,890	52%	297,648	245,079	82%
UNFPA Execution	468,532	465,358	99%	336,237	336,669	100%	475,338	475,017	100%	462,690	385,167	83%	1,742,797	1,662,211	95%
Grand Total	859,381	838,018	98%	453,232	452,852	100%	800,812	799,709	100%	907,426	661,583	73%	3,020,851	2,752,162	91%

Source: Global Programming System/ATLAS financing reporting

Other Resources(2016-Sep'2019)

Implementing Partner	2016			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
BPS-Statistics Indonesia				75,648	51,907	69%	75,648	51,907	69%
National Family Planning Coordinating Board (BKKBN)				17,973	646	4%	17,973	646	4%
UNFPA Execution	4,675	4,675	100%	19,603	16,320	83%	24,278	20,995	86%
Grand Total	4,675	4,675	100%	113,224	68,874	61%	117,899	73,548	62%

Source: Global Programming System/ATLAS financing reporting

Annex E: UNFPA Coordination role in working groups during CP9

Within UNCT	UNFPA Position in Working Groups	Objective	Composition and Membership
UN data for sustainable development goals working group	Chair	<ul style="list-style-type: none"> To support the Government of Indonesia in a coordinated manner for the reporting and monitoring of the SDGs, using internationally accepted definitions and metadata for indicators as well as Government of Indonesia approved indicators, through innovative and traditional sources and technology To facilitate the application of UN Common data standards and methodologies, to promote SDG monitoring for harmonized national and subnational evidence-based planning, programme development, and project monitoring and evaluation. To unify and strengthen the UN's (and development partners') collective support to the BPS-Statistics Indonesia, the National Development Plan Agency (BAPPENAS) and line ministries in terms of data and statistics. To explore and promote joint resource mobilization efforts and pooled resource mechanisms for information management and capacity building efforts in support of the SDGs data. 	All UN agencies including Pulse Lab Jakarta, at the level of heads of agencies and/or heads of programme, involved in data collection and information management issues. The chair of the DfSDGs Working Group liaises with the BPS-led Statistics Taskforce, BAPPENAS SDG Task Force and other similar government coordination entities. The chair acts as the UN focal point on data, working closely with the Resident Coordinator and the UNCT.
UN Gender Thematic Working Group	Co-chair with UN Women	<p>A forum for a joint UN strategic response to promote gender equality and equity, and specifically to:</p> <ul style="list-style-type: none"> Create a platform for debate and capacity development within the UN System on gender and gender mainstreaming to enhance coherence and synergy between UN agencies for a more coordinated and strengthened support to the government of Indonesia programmes and policies that enhance gender equality, gender policy application and cross ministerial gender mainstreaming. Enhance the capacity and understanding of the United Nations Partnership for Development Framework (UNPDF) working groups and managerial and technical staff within the UN to provide leadership, guidance and facilitation in developing gender specific and gender sensitive programmes/projects and monitoring systems and integrating standards set in the gender score card. Share and discuss UN agency strategies and programmes that address gender equality with a view to ensuring stronger coherency, consistency, coordination and harmonization of the UN support on gender. 	All UN agencies including Pulse Lab Jakarta, at the level of heads of agencies and/or heads of programme.

		<ul style="list-style-type: none"> • Introduce to the broader UN System in Indonesia new thinking on gender and gender mainstreaming, successful initiatives and best practices from other countries in the region and beyond that may expand and enhance the Namibian strategies and approaches on gender. 	
The United Nations Inter-Agency Network on Youth Development (IANYD)	Chair	<p>The United Nations Inter-Agency Network on Youth Development (IANYD) is a network consisting of UN entities. The aim of the Network is to increase the effectiveness of UN work in youth development by strengthening collaboration and exchange among all relevant UN entities, while respecting and harnessing the benefits of their individual strengths and unique approaches and mandates. The main objectives of the UN Inter-Agency Network on Youth Development are:</p> <ul style="list-style-type: none"> • To identify key joint priorities and plan collaboratively to implement related initiatives; • To share good practices and expertise and to promote effective cooperation among the entities in programming at country and regional levels; and • To identify global strategic opportunities, ensure coordinated input, facilitate and support sustainable follow-up mechanisms. <p>The current meetings have objectives as follows:</p> <ul style="list-style-type: none"> • To collaborate with other UN agencies on preparation of International Youth Day 2019 (The theme of International Youth Day 2019, “Transforming education”, highlights efforts to make education more inclusive and accessible for all youth, including efforts by youth themselves) • To map out programme priorities of IANYD members • To learn and update on the progress of UNAIDS on ‘AI for Good’ 	The Network consists of representatives identified by the heads of UN entities whose work is relevant to youth issues. UNFPA is selected as chair of the Network.
UN Human Rights Working Group	Member	<ul style="list-style-type: none"> • To promote the effective and comprehensive dissemination and implementation of the Guiding Principles on Business and Human Rights: Implementing the United Nations “Protect, Respect and Remedy” Framework; • To identify, exchange and promote good practices and lessons learned on the implementation of the Guiding Principles and to assess and make recommendations thereon; • To provide support for efforts to promote capacity-building and the use of the Guiding Principles, as well as, upon request, to provide advice and recommendations regarding the development of domestic legislation and policies relating to business and human rights; • To integrate a gender perspective throughout the work of the mandate and to give special attention to persons living in vulnerable situations, in particular children; • To date activity was, the Human-rights based Approach (HRBA) and GE Training conducted on August 2019 facilitated by UNFPA APRO and OCHRC Asia Pacific for UN Staff. The Training aimed to enhance the capacity of UN Staff on addressing HR and GE in the UN Programme and Documents. The training participated by approximately 40 Staffs from 15 UN Agencies. The UNCT Briefing conducted after the training aimed to provide opportunities to the UN Trained Staff in the on review of CCA document. In addition to that, Along with RCO, UNAIDS and UNICEF, the HR WG developed the 1 (one) page Summary of Penal Code Reservation Issues as a basis reference for OCHCR Asia Pacific in the development of UN Complaint Letter to the UN Special Rapporteurs 	Led by UNESCO and all UNCTs are members

UN Communications Working Group	Member	<ul style="list-style-type: none"> • Support and guide the implementation of the communicating as one pillar of “delivering as one”, including helping to facilitate the relevant deliverables in the United Nations Partnership for Development Framework 2016 – 2020 (UNPDF) strategic priorities. • Support and promote UNCT approaches in communication, advocacy and outreach that advance the UN brand and the sustainable development agenda among the public at the country level. • Share examples of good practices, lessons learned and innovations from UNCTs on practical application of communications and advocacy. • Improve, add to or create an appropriate Knowledge and Innovation sharing forums to enable routine information sharing, troubleshooting and capture innovations in support of UNCTs implementing or planning, for UNCTs seeking guidance or best practices, and for UNCTs who are building on other national outreach and public engagement forums such as SDGs process, and so on 	All UN agencies with a public communication function are eligible to participate, through their representation by a senior level professional led by UNIC
FP2020 Country Committee in Indonesia	Co- chair / Country focal point	<p>With a wide range of stakeholders who are invested in the advancement of family planning in Indonesia, this forum serves as a unique opportunity to bring together a variety of parties to voluntarily engage with one another in the exchange of knowledge, information, and concerns.</p> <ul style="list-style-type: none"> • To work with existing partners to provide a supportive policy and programme environment to accelerate the implementation of quality country family planning (FP) plans and programme • To work through partners and country committees to identify needs, particularly around implementation of country FP plans; work with partners to address gaps and facilitate access to technical, funding or other assistance • To work with key partners to identify best practices and facilitate information sharing and peer-to-peer support across countries on family planning 	<p>FP2020’s country focal point structure typically includes representatives from the government, donor organizations, and, the civil society community.</p> <p>In Indonesia, there are four country focal points who convene, lead and determine the agenda for FP2020 Country Committee meetings. The National Population and Family Planning Board (BKKBN) has chaired the FP2020 Country Committee together with the United Nations Population Fund (UNFPA), Global Affairs Canada and Yayasan Cipta.</p>
The H6 partnership	Member	<p>H6 has brought increased coherence by:</p> <ul style="list-style-type: none"> • Strengthening health systems for SRMNCAH: H6 contributes across all WHO health system building blocks to improve capacity and quality of services for SRMNCAH. It also improves quality of care, especially at the subnational level, and integration of services in SRMNCAH, including HIV, health worker capacity, referral and outreach. Its interventions are complementary, catalytic and aligned with national priorities. 	The H6 partnership (formerly H4+) harnesses the collective strengths of the UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank

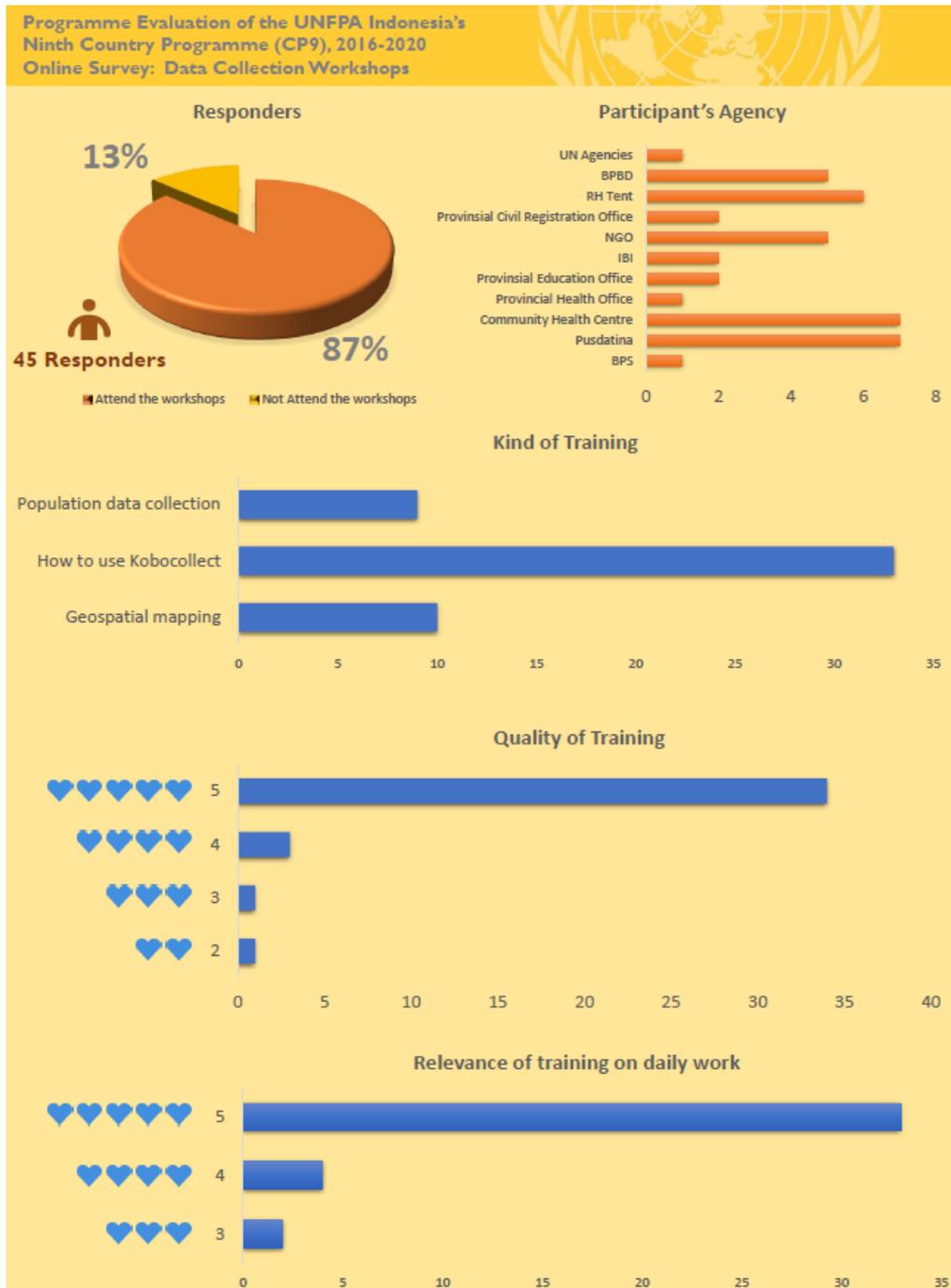
		<ul style="list-style-type: none"> Expanding access to services: H6 contributes to increasing people's ability to access integrated SRMNCAM services. It does so by consistently targeting service provision to underserved and hard-to-reach areas and poor populations; engaging communities to strengthen demand for quality, non-discriminatory services; and empowering women, children and adolescents to claim their rights to health. Responding to changing national and local needs: H6 is a flexible, responsive partnership, able to adjust and respond to changing needs and priorities at the country level, including by strategically engaging additional partners. Supporting innovations: H6 supports scaling up of new interventions and approaches at the national level and facilitates cross-country learning, among other things, through South-South cooperation. Leveraging comparative advantage through an informal division of labour: H6 partners deliver through an effective division of labour to optimize individual contributions and collective strengths, resulting in more effective technical assistance and advocacy as 'one voice' at the country level, as well as through the development of high-quality global knowledge products. UNFPA CO actively participated in H6+ regular meetings as well as collaborative meetings with the technical ministries. UNFPA hosted the H6+ meeting in early December 2019. 	Group to advance the Every Woman Every Child (EWEC) Global Strategy and support country leadership and action for women's, children's and adolescents' health.
UN working group on Nutrition and Food Security	Member	<ul style="list-style-type: none"> To work with other UN Agencies (UNICEF, FAO, WFP, WHO) and its partner to strengthen political and policy commitment to nutrition across multiple sectors in Indonesia To unify and strengthen the UN's contribution to SUN (Scaling-up Nutrition) movement in Indonesia 	UN Agencies: UNICEF, FAO, WFP, WHO, UNFPA Donor: World Bank, DFAT
The Harmonized Approach to Cash Transfers (HACT) Working Group	Member	<p>The Harmonized Approach to Cash Transfers (HACT) working group provides advisory to UN country teams and policy analysis and recommendations on matters related to effective HACT implementation. Likewise, its member agencies with a view to:</p> <ul style="list-style-type: none"> Improve the effectiveness of the framework; Streamline agency practices and reduce burden on implementing partners (IPs) and agencies; Clarify or develop additional guidelines to support consistent implementation of the framework; and Address issues and recommendations identified in assessments performed by various United Nations agencies of the HACT framework. 	UN Agencies led by UNRCO.
Joint UN Team on AIDS (UNJTA)	Member	<p>Under the authority of the UN RC and chaired by the UNAIDS Country Director, the Joint UN Team on AIDS will:</p> <ol style="list-style-type: none"> Develop a joint UN programme on AIDS (Joint UN Support Programme and a Work Plan and Budget) with a clear set of deliverables and designated responsible parties to support the national response to AIDS; Coordinate all UN-supported HIV and AIDS initiatives/activities in Indonesia; Provide technical support, as requested, to the national response in accordance with the division of responsibilities stated in the UN Joint UN Support Programme; Facilitate, monitor and report on the implementation of the UN Support Programme and its Joint Work Plan; Facilitate joint resource mobilization for Joint UN Support Programme and the national programme on AIDS; Monitor and facilitate UN system learning activities on HIV and AIDS; 	UN Agencies: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and World Bank

		<p>7. Provide as needed a forum for Development Partners to discuss and coordinate on issues related to the national AIDS response, GF-Country Coordination Mechanism (CCM) matters and ensure harmonisation of support to the national response;</p> <p>8. Providing technical advice to the UN Country Team on decisions related to HIV and AIDS.</p>	
UNFPA participation in the UNPDF 2016-2020 and the development of the UNPDF 2021-2025 processes (participation in the steering group, in consultations with different stakeholders, UNCT retreats and consultative meetings, and GOI-UN forums		UNFPA took active roles in all processes on UNSDCF development: led group work during the consultative meetings; took active participation in 4 outcome working groups on (i) inclusive human development; (ii) transformative economy; (iii) greening development and (iv) innovation; provide written inputs to all draft of documents produced during the process	All UN Agencies (UNCT) led by UNRCO
UN Sustainable Development Working Group	Member	The overall scope of the UNDG Sustainable Development Working Group is to guide UN Country Teams in their role supporting Member States in achieving the 2030 Agenda for Sustainable Development by formulating policies and strategies for implementation, monitoring, and reporting. The Working Group also follows up on concrete activities related to UNDG strategic priorities. UNFPA has been involving through active participation in, provision of support to, and internal UNFPA coordination of UN SDG implementation, particularly but not limited to, SD Goals 3,5,11,16,17.	All UN Agencies (UNCT) led by UNRCO
UN/Donors/NGOs coordination	<p>Active Member</p> <ul style="list-style-type: none"> • Lead the Reproductive Health (RH) Sub Cluster; and • Lead the GBV Sub Cluster 	<ul style="list-style-type: none"> • Active participation in the UN humanitarian coordination mechanism for disaster management to get update on the Disaster Risk Reduction, Humanitarian update and provide inputs and feedback on the UNFPA related mandate • Lead the RH sub cluster. The reproductive health sub-cluster is part of the health cluster, responsible for ensuring availability and proper running of reproductive health services during health crisis to reduce excess reproductive health morbidity and mortality among the vulnerable groups. • To advocate that Reproductive health sub cluster will be established at the central and district level since pre crisis, during crisis and post crisis situation • Lead the GBV Sub cluster. To advocate the GBV integration in the humanitarian preparedness, response and recovery plans/interventions • Active participate in Cash and Voucher Assistance Working Group, Community Engagement Working Group, Information, data and Monitoring Working Group together with related UN agencies and NGOs 	<p>UN Agencies: UNOCHA, UNICEF, WHO, WFP, IOM</p> <p>NGOs: HFI, IFRC, OXFAM, PLAN</p>

		<ul style="list-style-type: none"> Coordinate all RH and GBV related programmes under National Health Cluster (Coordinated by Ministry of Health) and National Protection and Settlement Cluster (Coordinated by Ministry of Social Affairs) 	
HCT Working Group	<p>Active Member</p> <ul style="list-style-type: none"> Lead the RH Sub Cluster; and Lead the GBV Sub Cluster 	<p>A forum for a joint UN strategic response to on Disaster Management: preparedness, response, recovery phases</p> <ul style="list-style-type: none"> Coordination forums, to share and discuss UN agency strategies and programmes that address humanitarian preparedness, response, recovery including mitigation plans. Coordination and Partnership for achieving the Sendai Framework and UNPDF relate to humanitarian programme. Enhance the understanding of the United Nation agencies on Reproductive Health and Prevention and Management of GBV during preparedness, response and recovery humanitarian interventions. Forum to share UN updates and National relate policies and update <p>UNFPA is the main agency who support/lead the RH and GBV Sub Cluster. UNFPA actively participate the UN/NGO/Donors coordination meeting UNFPA actively participate the National Health Cluster and National Protection and Displacement Cluster UNFPA actively participate the UN agencies/HCT technical team regular meeting UNFPA currently is part of Data and IM working group, and CVA - Cash for Voucher Assistance working group UNFPA is one of agency who lead the community engagement initiatives (UNOCHA, UNFPA, UNICEF and IFRC)</p>	UNCT members
Government Cluster Coordination Mechanism	Active Member	<ul style="list-style-type: none"> Active member in National Health Cluster, and provide main support, and technical Assistance for strengthening the National RH Sub Cluster Active member in National Protection and Settlement Cluster, and provide main support, Technical Assistance for strengthening the National GBV Sub Cluster 	UNCT and Government related partners such as Ministry of Health (MoH), Ministry of Social Affairs (MOSA), the National Disaster Management Agency (BNPB), and Ministry of Women's Empowerment and Child Protection (MOWECP)

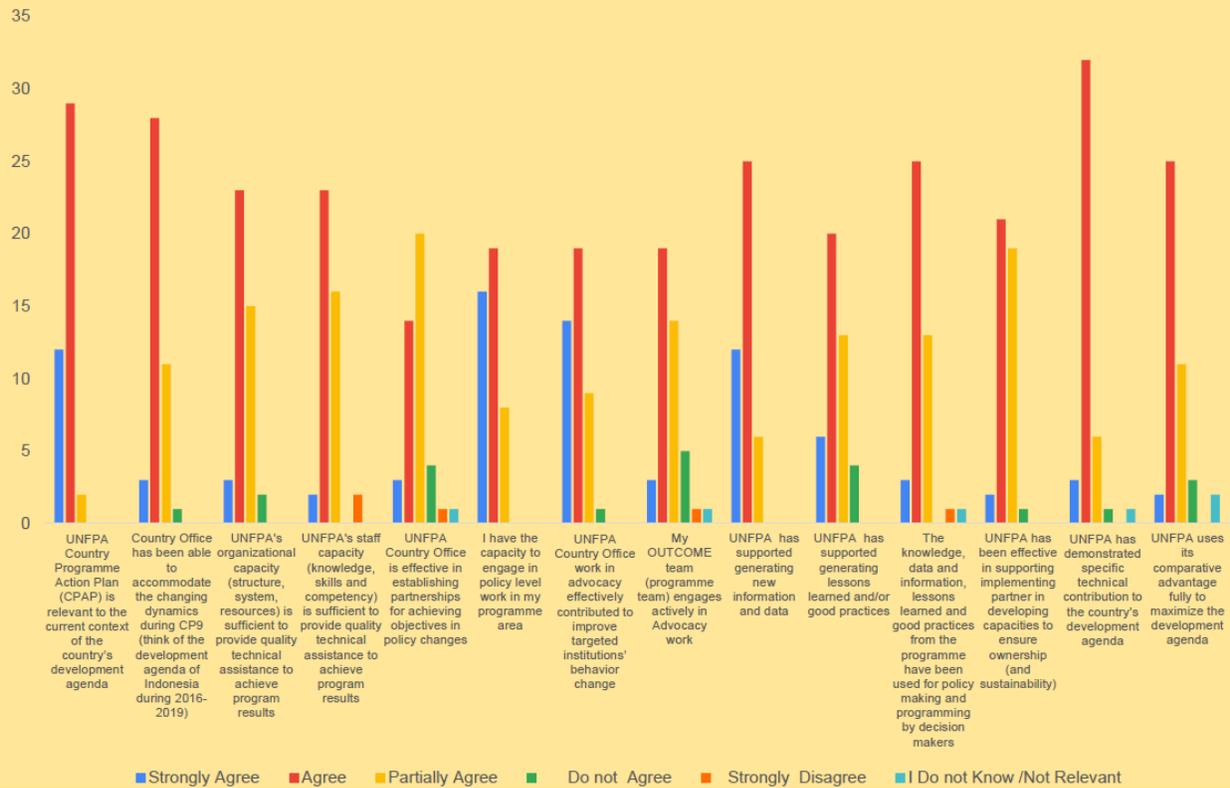
Source: 2019, UNFPA Country Office.

Annex F: Results of Online Surveys



**Programme Evaluation of the UNFPA Indonesia's
Ninth Country Programme (CP9), 2016-2020
Online Survey: UNFPA Country Office Staff**

Response of Questionnaire

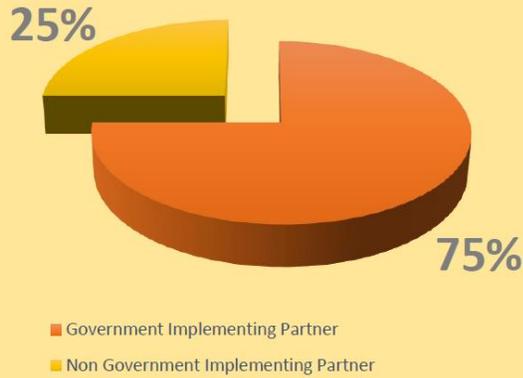


Recommendations for the rest of the CP9 (2019-2020) period and CP10

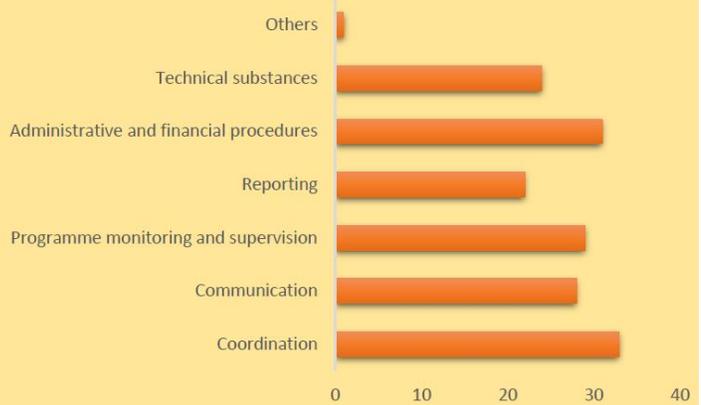




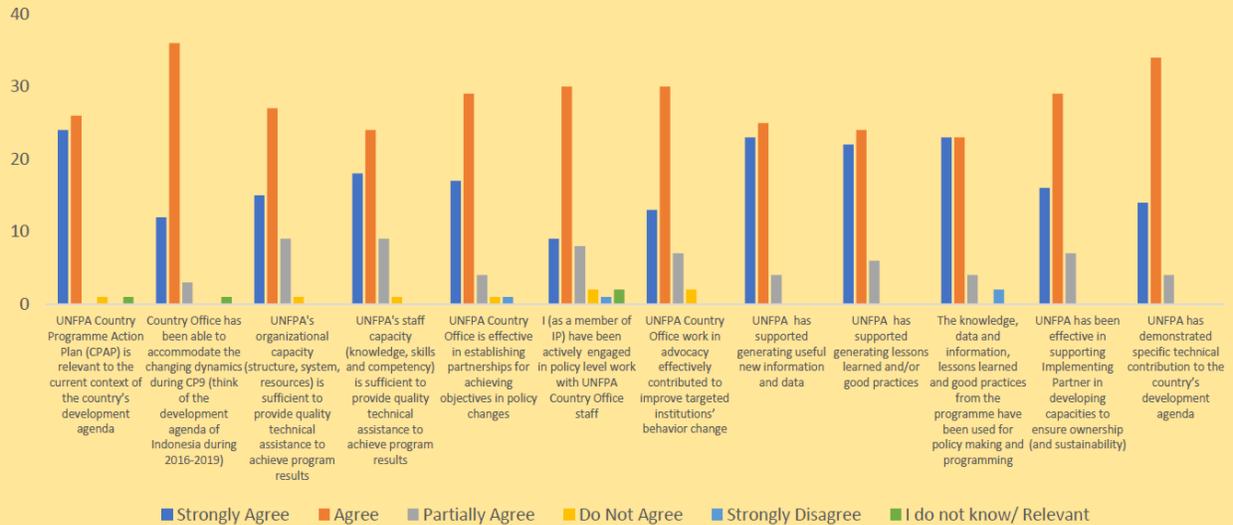
Responders



Need to be improved



Response of Questionnaire



52 Responders

Annex G: Financial Information

Resource Mobilization

Donors	Fund Code	Output	Project Period	Sum of Project Budget
Global Affairs Canada	UZJ32	IDN09GEN	21 March 2018 - 31 Dec 2022	1,003,000
		IDN09MHH		1,888,000
		IDN09RFP		354,000
		IDN09YPD		2,655,000
Total				5,900,000
Global Fund	IDN02	IDN09MHH	01 Jan 2019 - 31 Dec 2020	9,395,744
Global Fund	IDN01	IDN09MHH	16 May 2016 - 31 Dec 2017	2,595,702
CSB (CIP)	ZZT05	IDN09RFP	31 Dec 2019	401,267
DFAT	AUB03	IDN09GEN	23 Jan 2019 - 01 February 2020	191,688
		IDN09MHH		212,118
		IDN09PDA		113,576
		IDN09RFP		3,595
		IDN09YPD		84,078
Total				605,055
UBRAF	UQA66/ UQA67/UQA68/ UQA70	IDN09MHH	2016-2019	444,692
DFAT	AUA78	IDN09MHH	03 May 2016 - 03 April 2017	28,600
	AUA79	IDN09GEN		352,439
	Total			
CERF	UOG67	IDN09HUM	11 Oct 2018 - 10 April 2019	759,434
		IDN09MHH		9,861
	UOG68	IDN09HUM		948,578
Total				1,717,873
Innovation INADDX	ZZM14	IDN09PDA	Jan to July 2016	4,675
	ESA34	IDN09GEN	2016	12,073
	UWA06	IDN09GEN	2016	6,201
GRAND TOTAL				20,618,362

Regular Resources per Output (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Bengkulu & Maluku Humanitarian Responses							176,820	175,618	99%	94,142	47,749	51%	270,962	223,367	82%
Gender Equality and Women's Empowerment	365,776	364,095	100%	245,247	243,695	99%	437,330	421,059	96%	365,441	212,712	58%	1,413,794	1,241,561	88%
Maternal Health, HIV-SRH, MISP	628,625	625,584	100%	529,739	529,781	100%	433,557	428,838	99%	383,559	266,902	70%	1,975,480	1,851,104	94%
Population Dynamics and Data	859,381	838,018	98%	453,232	452,852	100%	800,812	799,709	100%	907,426	661,583	73%	3,020,851	2,752,162	91%
Programme Coordination and Assistance	123,282	122,912	100%	18,623	18,582	100%	92,684	91,605	99%	96,057	77,297	80%	330,645	310,396	94%
Right-based Family Planning	652,917	652,876	100%	338,262	337,766	100%	547,613	536,960	98%	722,984	463,239	64%	2,261,776	1,990,841	88%
Youth Policies Development	445,189	441,336	99%	302,759	297,419	98%	288,005	286,164	99%	236,833	122,553	52%	1,272,786	1,147,471	90%
Grand Total	3,075,170	3,044,821	99%	1,887,861	1,880,095	100%	2,776,820	2,739,952	99%	2,806,442	1,852,035	66%	10,546,293	9,516,903	90%

Source: Global Programming System/ATLAS financing reporting

Regular Resources per IP (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Board for Health Workforce Development and Empowerment, Ministry of Health	13,555	13,545	100%	17,259	17,258	100%	3,556	3,556	100%				34,370	34,359	100%
BPS-Statistics Indonesia	196,104	183,972	94%	54,605	54,074	99%	124,221	124,107	100%	138,599	112,741	81%	513,529	474,894	92%
Center for Population and Policy Studies University of Gadjah Mada				922	878	95%							922	875	95%
Directorate General of Community Health Care Services, Ministry of Health	142,892	142,520	100%	53,188	53,171	100%	89,008	88,589	100%	209,877	132,924	63%	494,964	417,204	84%
Faculty of Public Health-University of Indonesia	19,485	19,282	99%	174,398	174,398	100%	38,364	37,565	98%				232,251	231,342	100%
General Directorate of Disease Prevention & Control, Ministry of Health	31,323	31,322	100%	22,026	22,025	100%	7,851	7,652	97%	11,015	4,448	40%	72,215	65,449	91%
International Council on Management of Population Programmes	91,090	88,610	97%										91,091	88,610	97%
Ministry of Women's Empowerment & Child Protection	53,231	53,109	100%	39,609	39,609	100%	121,653	116,035	95%	114,522	40,385	35%	329,015	249,138	76%
National Commission Elimination of Violence Against Women (NCEVAW)	43,284	43,283	100%	25,574	25,574	100%	41,200	40,509	98%	44,646	24,839	56%	154,704	134,206	87%
National Development Plan Agency (BAPPENAS)	261,208	260,107	100%	92,638	90,968	98%	239,986	234,919	98%	297,235	147,568	50%	891,067	733,561	82%
National Family Planning Coordinating Board (BKKBN)	189,345	186,972	99%	78,489	77,848	99%	126,446	122,779	97%	221,093	105,248	48%	615,373	492,847	80%
Organisasi Perubahan Sosial Indonesia										3,748	3,740	100%	3,748	3,740	100%
Pusat Kesehatan Reproduksi UGM							1,176	(36)	-3%	56,319	18,123	32%	57,495	18,087	31%
The Indonesian Midwives Association (IBI)							30,704	29,889	97%	11,392	0	0%	42,096	29,889	71%
The Indonesian Planned Parenthood Association (PKBI) in Nusa Tenggara Barat							122,256	112,606	92%				122,256	112,606	92%
UNFPA Execution	2,000,131	1,988,600	99%	1,249,992	1,248,633	100%	1,815,267	1,806,723	100%	1,611,104	1,242,847	77%	6,676,493	6,286,804	94%
Yayasan Kalandara										432	382	88%	432	382	88%
Yayasan Kerti Praja										86,456	18,692	22%	86,456	18,692	22%
Yayasan Siklus Sehat Indonesia (YSSI)	33,523	33,497	100%	79,161	75,658	96%	15,133	15,063	99%				127,816	124,218	97%
Grand Total	3,075,170	3,044,821	99%	1,887,861	1,880,095	100%	2,776,820	2,739,952	99%	2,806,442	1,852,035	66%	10,546,293	9,516,903	90%

Source: Global Programming System/ATLAS financing reporting

Other Resources per Output (2016-Sep'2019)

Implementing Partner	2016			2017			2018			Sep'2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Female Genital Mutilation/ Cutting (FGM/C) Joint Programme										2,962	2,935	99%	2,962	2,935	99%
Gender Equality and Women's Empowerment	25,474	25,207	99%	345,239	344,471	100%	195,945	145,918	74%	471,982	393,868	83%	1,038,640	909,464	88%
HIV Prevention UBRAF Indonesia										162,453	123,503	76%	162,453	123,503	76%
Maternal Health, HIV-SRH, MISP	229,831	223,783	97%	2,446,071	2,442,530	100%	2,235,729	2,076,128	93%	4,287,690	2,305,056	54%	9,199,320	7,047,498	77%
Policy Advocacy for FP2020										134,228	25,301	19%	134,228	25,301	19%
Population Dynamics and Data	4,675	4,675	100%							113,224	68,874	61%	117,899	73,548	62%
Right-based Family Planning	39,200	39,186	100%	150,770	147,495	98%	148,519	79,715	54%	94,401	47,890	51%	432,890	314,285	73%
Sulawesi Response for Humanitarian settings							1,134,700	1,111,321	98%	573,311	540,676	94%	1,708,011	1,651,997	97%
Youth Policies Development							329,100	286,827	87%	699,114	448,331	64%	1,028,214	735,157	71%
Grand Total	299,179	292,851	98%	2,942,080	2,934,496	100%	4,043,994	3,699,909	91%	6,539,365	3,956,433	61%	13,824,618	10,883,689	79%

Source: Global Programming System/ATLAS financing reporting

Other Resources per IPs (2016-Sep'2019)

Implementing Partner	2016			2017			2018			2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Board for Health Workforce Development and Empowerment, Ministry of Health							23,584	19,363	82%	223,500	60,923	27%	247,084	80,286	33%
BPS-Statistics Indonesia										75,648	51,907	69%	75,648	51,907	69%
Center for Population and Policy Studies University of Gadjah Mada				142,592	142,311	100%							142,592	142,113	100%
Directorate General of Community Health Care Services, Ministry of Health							136,547	116,740	85%	254,439	180,817	71%	390,986	297,557	76%
Faculty of Public Health-University of Indonesia							132,612	129,563	98%	99,996	906	1%	232,608	130,469	56%
General Directorate of Disease Prevention & Control, Ministry of Health							18,055	14,304	79%	10,413	0	0%	28,468	14,257	50%
Ministry of Women's Empowerment & Child Protection				4,343	4,343	100%	45,295	30,279	67%	72,480	59,799	83%	122,118	94,421	77%
National Commission Elimination of Violence Against Women (NCEVAW)				88,072	88,072	100%							88,072	88,072	100%
National Development Plan Agency (BAPPENAS)				34,118	34,118	100%							34,118	34,118	100%
National Family Planning Coordinating Board (BKKBN)							28,947	13,625	47%	50,637	16,486	33%	79,584	30,111	38%
Organisasi Perubahan Sosial Indonesia							107,090	99,337	93%	112,183	86,571	77%	219,272	185,908	85%
Pusat Kesehatan Reproduksi UGM							59,758	24,302	41%	34,232	24,393	71%	93,990	48,695	52%
The Headquarter of Indonesian Planned Parenthood Association (PKBI)							138,032	137,017	99%	312,354	311,382	100%	450,386	448,399	100%
The Indonesian Midwives Association (IBI)							270,841	251,895	93%	228,844	169,173	74%	499,684	421,068	84%
The Indonesian Planned Parenthood Association (PKBI) in DKI Jakarta				804,769	804,769	100%	502,617	489,905	97%	843,070	516,669	61%	2,150,455	1,811,343	84%
The Indonesian Planned Parenthood Association (PKBI) in Papua				378,325	378,325	100%	195,095	186,730	96%	279,909	158,022	56%	853,329	723,077	85%
UNFPA Execution	299,179	292,851	98%	640,574	633,272	99%	1,586,783	1,424,043	90%	2,125,823	1,131,929	53%	4,652,359	3,482,095	75%
Yayasan Kalandara				402,596	402,596	100%	240,265	233,552	97%	505,978	291,851	58%	1,148,840	927,999	81%
Yayasan Kerti Praja				446,690	446,690	100%	392,055	379,542	97%	1,065,295	732,877	69%	1,904,040	1,559,109	82%
Yayasan Siklus Sehat Indonesia (YSSI)							166,418	149,910	90%	244,564	162,773	67%	410,982	312,683	76%
Grand Total	299,179	292,851	98%	2,942,080	2,934,496	100%	4,043,994	3,699,909	91%	6,539,365	3,956,433	61%	13,824,618	10,883,689	79%

Source: Global Programming System/ATLAS financing reporting

ANNEX H: Map of Palu (C. Sulawesi)

Indicates the location of RH tents, WFS and YFS tents. The evaluation team visited a few of these sites.

