United Nations

DP/FPA/CPD/IDN/11

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
2 June 2025

Original: English

Second regular session 2025
25 to 28 August 2025, New York
Item XX of the provisional agenda
UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Indonesia

Proposed indicative UNFPA assistance:	$38.5 million: $14.5 million from regular resources and $24.0 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Eleventh
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026–2030

I. Programme rationale

1. Indonesia has the largest economy in Southeast Asia and ranks 16th globally, with a projected economic growth rate of 5.3 per cent and a per capita gross national income (GNI) of $4,806 in 2024. Classified as an upper-middle-income country, Indonesia is a member of the G20, aiming at an 8 per cent economic growth rate by 2029, and aspires to join the Organization for Economic Cooperation and Development (OECD), envisioning becoming a high-income country by 2045.

2. As the world's fourth most populous country, Indonesia had a population of 280 million in 2024, of which 40 per cent is below age 25. It is an archipelago with 17,000 islands and 514 decentralized cities and districts. With its vast population, diverse geographic conditions, and varied governance capacities, Indonesia faces both opportunities and challenges in addressing regional inequalities, with poverty being highest in remote and rural areas (11.3 per cent of rural households, in comparison to 6.6 per cent in urban areas). In 2024, approximately 9.0 per cent of the population lived in poverty, and 3.6 per cent experienced multidimensional deprivation in health, education, and standard of living. The Gini index was measured at 0.379, indicating income distribution inequality.

3. As a Muslim-majority country, Indonesia is home to other religions and over 1,200 ethnic groups. The complex socio-cultural contexts, shaped by the diverse religious and cultural composition, significantly influence people's behaviours, attitudes and perceptions on various issues, including sexual and reproductive health and reproductive rights and gender equality and women's and girls' empowerment.

4. Indonesia has made substantial progress in achieving the Sustainable Development Goals (SDGs). In 2022, Indonesia achieved 62 per cent of SDGs targets. Progress in the social pillar is slightly lagging, compared to achievements in the economic and environmental sectors. Financing SDGs remains a challenge, as an estimated $8 trillion in public and private funding is required to meet all targets by 2030.

5. The total fertility rate has decreased from 5.6 in 1970 to 2.18 in 2020. The working-age population is expected to peak in 2030, which provides Indonesia with an opportunity to realize and sustain demographic dividends during the next two decades, contributing to the country's development goals through investments in human capital formation, especially among youth. However, the country also needs to adapt to a declining fertility context and a growing elderly population because the proportion of individuals aged 65 and older will surpass 14 per cent by 2042.

6. Indonesia has made significant progress in addressing the unmet need for family planning. The modern contraceptive prevalence rate has risen (57 per cent in 2017), and the age specific fertility rate among women aged 15-19 years has decreased to 26.6 births. Despite this progress, the number of births among girls and women aged 10 to 19 years remains high, the unmet need for family planning remains relatively high at 11.1 per cent and the discontinuation rate of contraceptive use is 20.2 per cent. These figures highlight ongoing challenges related to the quality of family planning services and disparities due to geographic and socioeconomic conditions.

7. Indonesia has reduced maternal mortality from 346 deaths per 100,000 live births in 2010 to 189 in 2020. This is still relatively high for an upper-middle-income country, especially when compared to other similar Association of Southeast Asian Nations (ASEAN) countries. The Government is determined to lower maternal mortality as a national priority by investing in primary health care facilities and health workforce. The National Medium-Term Development Plan (2025-2029) has set an ambitious target of achieving a maternal mortality ratio of 77 per 100,000 live births by 2029, nearing the SDG target of 70 by 2030. The fact that maternal mortality is still high, while Indonesia has significant numbers of midwives assisting 57.3 per cent of childbirths and more than 90 per cent of deliveries take place in health facilities, indicates the importance of the quality of midwifery training and practice as one of the main drivers for maternal mortality reduction in Indonesia. Moreover, maternal mortality is still dominated by obstetric causes driven by the poor quality and functionality of emergency obstetric and newborn

care. The poor quality is due to the low competency of the workforce, particularly midwives, the lack of monitoring and supervision systems, and complex referral networks.

8. Indonesia possesses a wealth of data and has a strong national capacity for collecting and analysing official statistics. Challenges are related to data accuracy and effective utilization for decision-making. To tackle these issues, Presidential Regulation 39/2019 has introduced the One Data Indonesia initiative, which mandates that government agencies produce accurate, up-to-date, integrated and accountable data accessible and usable by all. This approach aims to enhance accountability, transparency and interoperability while providing a solid foundation for policymaking.

9. Indonesia established the Indonesian Agency for International Development (Indonesian AID) in 2019 to strengthen its role in global leadership. This agency manages an international endowment fund to assist foreign institutions. The fund presents an opportunity for expanding the South-South and triangular cooperation (SSTC) programme, leveraging Indonesia's experience, in collaboration with UNFPA, to facilitate knowledge exchanges on family planning, sexual and reproductive health (SRH), violence against women and girls (VAWG) and harmful practices, and population and development themes with 46 countries in the Asia Pacific region and Africa since 2018.

10. Over the past two decades, key policies have been implemented to promote gender equality and women's and girls' empowerment and eliminate violence against women. The enactment of Law 23/2004 on Elimination of Domestic Violence and Law 12/2022 on Sexual Violence Crime have strengthened the legal framework addressing VAWG and facilitated the issuance of ministerial regulations and established the mandatory creation of technical units for women and child protection at the subnational level. These capacitated units are able to function as call centres and multisectoral service providers for cases involving violence against women and children and to respond to service delivery challenges faced by women due to financial constraints and geographic barriers, particularly in remote areas.

11. The 2024 National Survey on Life Experience of Indonesian Women revealed that one in four women aged 15-64 years has experienced physical and/or sexual violence in their lifetime; and 6.6 per cent in last 12 months. The 2024 National Survey on Life Experience of Indonesian Children and Youth reported that 8.8 per cent of girls aged 13-17 years have experienced sexual violence in their lifetime and 4.5 per cent in the last 12 months. Misuse of online technology has amplified VAWG aged 15-24 years. The survey also highlighted that 46.3 per cent of women in both rural and urban areas of Indonesia had undergone female genital mutilation/cutting (FGM/C). Despite the issuance of the government regulation that prohibits FGM/C, a guideline is needed for its implementation. The 2024 socioeconomic survey showed that child marriage continues to remain a critical issue, with 5.9 per cent of women aged 20-24 years married before the age of 18, with a higher prevalence in rural areas.

12. Indonesia is one of 35 countries with a high risk of natural disasters due to its geographic location along the Pacific Ring of Fire[1] and its extensive coastline. The country is particularly vulnerable to geological and hydrometeorological hazards. In 2024, the National Disaster Management Agency (BNPB) reported 2,107 major geological and climate-induced disasters, including earthquakes, volcanic eruptions, floods, and landslides.

13. The Government has established a comprehensive disaster management structure, coordinated by an effective entity (BNPB), alongside cross-sectoral response clusters at both national and subnational levels. The sex, age, and disability disaggregated data has been applied

[1] *The Ring of Fire* is a string of volcanoes and sites of seismic activity, or earthquakes, around the edges of the Pacific Ocean. Roughly 90 per cent of all earthquakes occur along the Ring of Fire, and the ring is dotted with 75 per cent of all active volcanoes on Earth.

in the existing One Disaster Data system, and reproductive health service packages have been provided that enhance health response during crises situations.[2]

14. Development challenges persist in Indonesia due to disparities across subnational levels, including differences in geographic conditions, access to health services, quality of human resources, institutional capacity to implement policies, and financial resources. Inequality in wealth and access to essential health services disproportionately affects certain population, particularly the poor, women, girls and persons with disabilities living in remote areas that are vulnerable to natural disasters and climate change. During crises, these disparities hinder the ability of subnational governance to respond effectively, increasing risks for communities in vulnerable situations.

15. Diverse socio-cultural landscapes may form pockets of adverse social norms toward sexual and reproductive health practices and may preserve gender stereotypes of men and women. These are potential drivers of violence and other harmful practices against women and girls. The involvement of educational and religious institutions is vital to changing the adverse social norms.

16. The evaluation of the previous country programme highlighted the relevance, coherence, efficiency and effectiveness of the programme in relation to national priorities and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025. The evaluation recommended that UNFPA should: (a) transit from providing pilot-level service delivery to enhancing policy linkages and utilizing results from pilot interventions; (b) advocate for policy changes at national level, based on insights gained at the subnational level; (c) extend technical assistance to ensure sustainability of impacts; (d) develop a systematic integration of the 'leave no one behind' approach across all programme components, particularly for persons with disabilities, and for addressing inequalities and disparities across different regions; and (e) review the partnership approach of the programme to enable the inclusion of those partners that can support replication of results and scaling-up of pilot interventions.

II. Programme priorities and partnerships

17. The recently inaugurated President of Indonesia has established eight missions, known as "Asta Cita," along with 17 priority programmes that will guide the nation's development from 2025 to 2029, leading to a "Golden Indonesia" in 2045. The UNFPA mandate aligns mainly with the fourth mission of Asta Cita, which focuses on human capital development by strengthening gender equality, education and integrated primary health coverage. It also supports priority programme 7 on health services for all and priority programme 10 on gender equality and protecting rights of women, children and persons with disabilities, to create a just and inclusive society.

18. Considering Indonesia's commitments to achieving the SDG targets by 2030, particularly SDGs 3 and 5, UNFPA is strategically positioned within the country's development landscape. Accordingly, UNFPA Indonesia will fully align its programme with the Government's long-term (RPJPN 2025-2045) and medium-term (RPJMN 2025-2029) national strategic plans and the new cycle of UNSDCF (2026-2030), to reinforce national ownership and support implementation of the recommendations of the International Conference for Population and Development (ICPD) Programme of Action, the UNFPA strategic plan, the reports on Universal Periodic Review, the Convention on the Elimination of All Forms of Discrimination Against Women, and other global instruments ratified by the Government of Indonesia.

19. The programme was developed in consultation with various government ministries, United Nations entities, civil society organizations (CSOs), academia and other key stakeholders,

[2] *Provision of reproductive health service packages in disaster management and health crises situations* – including their purposes, targets, methods, and implementation - refers to the Indonesia Minister of Health Regulation 2 of 2025 concerning the implementation of reproductive health efforts. Article 72 (1): Reproductive health services in disaster or health crisis situations are implemented by implementing a minimum initial service package for reproductive health as part of disaster or health crisis management. (3): Service components in the minimum initial service package for reproductive health include at least: (a) prevention and handling of sexual violence; (b) prevention and handling of sexually transmitted infections; (c) maternal and neonatal health services; (d) prevention of unplanned pregnancies; and (e) children and youth aged 7-18 years reproductive health services.

including representatives from persons with disabilities organizations, through strategic dialogue processes.

20. The vision of new UNFPA country programme (2026-2030) is to sustain results and accelerate progress in assisting the Government to address institutional capacity and disparity gaps, change adverse social norms and achieve national priorities of Indonesia, The programme will strive to achieve the three transformative results of UNFPA (ending preventable maternal deaths; ending unmet need for family planning; eliminating VAWG and harmful practices) and contributing to demographic resilience, focusing on persons in vulnerable situations and addressing disparities across regions.

21. The programme will prioritize the following contributions: (a) engaging in policy advocacy and dialogues as a thought leader in the areas of sexual and reproductive health, population and development, VAWG and harmful practices; (b) strengthening coordination between national and subnational stakeholders to advance population data analysis and utilization, to inform programme planning, implementation and evidence-based policies in response to demographic shifts and to promote digital-based knowledge sharing; (c) strengthening institutional capacity, at both national and subnational levels, in planning, implementation, monitoring and leveraging resources through the introduction of international standards, methods and norms as references to advance human capital, enhance system resilience, and attain measurable impacts; (d) expanding strategic partnership for replication and scaling up results, including with government agencies, the private sector, faith-based organizations, educational institutions and civil society, and through establishment of the Indonesia SSTC platform in SRH, family planning, VAWG, harmful practices and demographic thematic issues; and (e) facilitating the shift from funding to funding and financing opportunities through a more effective domestic public funding mobilization and allocation, leveraging partnerships with international financial institutions, the private sector and faith-based financing. Pilot-based service delivery will be limited to evidence gathering, with a clear pathway towards targeted policy advocacy and scaling-up of interventions.

22. The programme will be implemented across the humanitarian continuum and apply a risk-informed approach, including climate change risks that impact the access, availability and quality of services for SRH and VAWG. Supporting resilience building of government institutions will be prioritized, to strengthen institutional capacities to prepare for and respond to shocks. In collaboration with the national disaster management agency at the national and subnational levels, the programme will support the functionality of a disaggregated One Disaster Data system for disaster risk reduction and a better targeted and more effective SRH and VAWG response during crises, which will contribute to improve access to SRH and VAWG services.

23. Leveraging its convening role, UNFPA will enhance its partnership, at national and subnational levels, with government institutions, CSOs, women-led and youth-led organizations, faith-based organizations, academia, international development partners, private sectors, financial institutions and media, to support evidence-informed policy advocacy, changing adverse social norms, strengthening capacity development, programme implementation and mobilization of resources, emphasizing the meaningful participation of persons in vulnerable situations as both beneficiaries and partners in programme planning and implementation. Partnerships will be developed in coordination with the Government to ensure alignment with national priorities and aid effectiveness principles.

24. UNFPA will work closely with United Nations entities through joint programming and programmes, as well as national and subnational multisectoral coordination platforms and thematic UNSDCF groups, to reinforce synergies and complementarity towards achieving the UNSDCF, the SDGs and the ICPD. With UNICEF and the World Health Organization (WHO), UNFPA will continue technical collaboration on sexual and reproductive health and reproductive rights and, with UNICEF and UN-Women, on VAWG and harmful practices, to promote gender equality and women's and girls' empowerment, ensuring equal access to services and effective prevention and response, including during humanitarian situations.

25. The programme will be implemented at the national and subnational levels through a balanced, sustainable and inclusive participatory approach, promoting and respecting human rights, non-discrimination, and adhering to the principles of gender equality and women's and

girls' empowerment, to deliver the four country programme outputs, as outlined below. The programme implementation will contribute to the achievement of UNSDCF outcome 1 (inclusive human development) through strengthened SRH services, integrated planning and budgeting and VAWG prevention and response; outcome 2 (nature, decarbonization and resilience) through humanitarian-development interventions; and outcome 3 (economic and digital transformation) through enhanced population data production and utilization.

A. Output 1. Strengthened institutional capacity of national and subnational levels to provide high-quality sexual and reproductive health[3] services through improved quality of midwifery education and practice, emergency obstetric and newborn care, and family planning.[4]

26. Output 1 contributes to achieving integrated and sustainable access to SRH services according to government regulations by strengthening the quality of care in SRH and to the national priority of ending preventable maternal death and unmet need for family planning services.

27. The output will be achieved through the following interventions: (a) technical assistance and policy advisory to improve the quality of skilled birth attendance/midwifery, including adherence of pre-service and in-service education programmes to International Confederation of Midwives standards, development of a continuing professional development programme for midwives, and enhancement of data and monitoring systems on midwifery staffing needs and distribution; (b) development of private midwifery practice regulations; (c) strengthening the national health system institutional capacity and promoting digitalization to measure accessibility and functionality of emergency obstetric and newborn care; (d) developing a family planning strategy for maintaining the quality of family planning, including provision of family planning information and services, to expand choices in contraceptive methods mix, improve the quality of counselling, expand post-partum family planning services, advise policy makers on family planning strategies anticipating reduced fertility, and address disparities across subnational levels in unmet need and high risk pregnancies; and (e) developing guidelines and implementation tools, in line with national health regulations for improving quality of SRH, including through maternal and perinatal death surveillance and response.

B. Output 2. Strengthened institutional capacity of national and subnational governments in planning, budgeting, multi-stakeholder partnership coordination and accountability, for efficient and equal access of communities to SRH and VAWG[5] services in the development and humanitarian continuum.

28. Output 2 contributes to programme effectiveness and mobilization of domestic resources for reducing maternal mortality, VAWG and harmful practices (child marriage and FGM/C) by

[3] *Sexual and reproductive health* according to Indonesian Law 17/2023 on Health, Article 54 – Reproductive health efforts aim to maintain and improve the reproductive system, function and process in men and women. Reproductive health efforts include: (a) pre-pregnancy, pregnancy, childbirth, and postpartum periods; (b) pregnancy management, contraceptive services and sexual health; and (c) reproductive system health. Article 55 – Everyone has the right to: (a) live a reproductive and sexual life that is healthy, safe and free from discrimination, coercion and/or violence by respecting noble values that do not degrade human dignity following religious norms; (b) obtain correct and accountable information, education and counselling regarding reproductive health; and (c) receive health services and recovery as a result of criminal acts of sexual violence. The scope of sexual and reproductive health services is in accordance with the Indonesian Minister of Health regulation 2/2025 on the implementation of reproductive health efforts, Article 2 - Provision of reproductive health efforts include: (a) reproductive system health efforts according to the life cycle; (b) family planning services; (c) assisted reproductive health services; (d) sexual health efforts; (e) reproductive health efforts in special conditions.

[4] *Family Planning* according to Law 52/2009 on Population and Family Development refers to efforts to regulate childbirth, the spacing and ideal age for childbearing, and pregnancy, through promotion, protection, and support in accordance with reproductive rights, with the aim of realizing quality families. Article 1 (8) Family planning is an effort to regulate childbirth, the ideal spacing and age for giving birth, and manage pregnancy through promotion, protection, and assistance in accordance with reproductive rights to realize a quality family. Article 21 - Family planning is implemented to assist prospective or married couples in making decisions and realizing their reproductive rights responsibly concerning: (a) the ideal age for marriage; (b) the ideal age for childbearing; (c) the ideal number of children; (d) the ideal spacing between births; and (e) reproductive health counselling.

[5] *Violence against women and girls* as adopted in the United Nations Declaration on the Elimination of Violence Against Women (1993) and reflected in Indonesian Law No. 7/1984 on ratification of CEDAW.

strengthening institutional capacity in planning, budgeting, multi-stakeholder partnership coordination and accountability at national and subnational levels.

29. The expected output will be achieved through the following interventions: (a) improving the national and subnational regulatory and human resources capacity for prioritization of high-impact interventions for maternal mortality reduction and VAWG prevention and response programmes, development of national and subnational-level performance indicators, capacity development of programme planners in national and subnational agencies, and introduction of a budget tagging and tracking system for planning, budgeting and monitoring; (b) supporting the harmonization of maternal mortality reduction and VAWG prevention and response programmes between national and subnational levels; (c) engaging with international financial institutions and other development partners to align external funding for maternal mortality reduction and VAWG prevention and response programmes with national priorities; (d) developing innovative financing solutions to leverage funding and investments to mobilize resources for scale-up, including from faith-based finance, the private sector and philanthropists; (e) assisting the development of disaster preparedness plans, at national, provincial and/or district levels, to strengthen the SRH and VAWG preparedness and response capacity of national and subnational institutions in disaster management.

C. Output 3. Enhanced national and subnational capacity for the production and utilization of population data for evidence-based policymaking and development planning, integrating population dynamics.

30. Output 3 contributes to population data methodology and analysis, and its utilization to inform development policies related to population dynamics, sexual and reproductive health and reproductive rights, VAWG and harmful practices. The output also contributes to the use of data to address inequality issues related to access to SRH and VAWG services, demographic trends, and for building strategic partnerships. This output will be achieved through thought leadership in demographic shifts, data production and data utilization interventions.

31. Data production interventions will include: (a) technical assistance for population data production, including development of policy briefs on the importance of population data production, preparation for the 2030 population and housing census and other household surveys, technical assistance to support digital transformation and registry-based censuses, and standardization of methods for official statistics (including intercensal, Indonesia Demographic and Health Survey, Family Enumeration Data, violence against women survey, administrative data system for VAWG services, National Single Social and Economic Data); (b) technical assistance to support digital-based data interoperability for civil registration and vital statistics systems.

32. Data utilization interventions will include: (a) technical assistance to in-depth analysis by using disaggregated data of various surveys to inform decision-making in addressing development issues related to demography, SRH, VAWG and harmful practices, humanitarian, youth and persons in vulnerable situations; (b) technical assistance in producing high-quality demographic indicators through intercensal and the Indonesia Demography and Health Survey; (c) supporting the application of advanced demographic tools, including national transfer accounts and small area estimation, big data analytics and geospatial tools in analysing disparity, to inform policies on SRH, VAWG, harmful practices and health resilience in response to climate risks, particularly for persons in vulnerable situations; (d) supporting the dissemination of the results of in-depth analyses on population dynamics to sensitize stakeholders about interlinkages between population and development; (e) convening high-level policy dialogues among decision-makers, parliamentarians, development partners, academia, CSOs and other stakeholders on population-related development policies; (f) providing technical support for the revision and implementation of the population and development ‘grand design’ and its road map that takes into account demographic dividend and trends, and Indonesia 2045 Vision; and (g) facilitating the establishment of the Indonesia SSTC platform for knowledge sharing on population and development, SRH, family planning, VAWG and harmful practices, and expanding the One

Disaster Data system to the global South, including by leveraging Indonesian AID as potential source for co-financing SSTC.

D. Output 4. Strengthened national and subnational institutional capacity to prevent and respond to violence against women and girls and harmful practices,[6] including in humanitarian situations.

33. Output 4 contributes to ending VAWG and harmful practices of child marriage and FGM/C. The interventions will prioritize preventing and responding to VAWG and harmful practices, and transforming discriminatory gender and social norms, which drive VAWG and harmful practices, and restrict access to SRH education and services, including during humanitarian situations.

34. Prevention of VAWG and harmful practices will include the following interventions: (a) supporting development of the national VAWG prevention strategy, including 'drivers' analysis and integration of life cycle reproductive health education[7] into national curriculum for in-school, Islamic educational institutions, special schools for persons with disability, with a culturally sensitive approach; supporting youth-led efforts on reproductive health education and prevention of violence that occurred through, or amplified by, the misuse of technology; and development of online learning management system for teachers and health service providers; (b) technical assistance for development, roll-out and monitoring of prevention of FGM/C and child marriage, following the Ministerial Regulation, and in collaboration with Islamic institutions; (c) assisting with the inclusion of VAWG in emergency standards into the national protection cluster's disaster risks reduction plans, which align with international standards and are adapted to the Indonesian context.

35. Response to VAWG and harmful practices will include the following interventions: (a) supporting the operationalization of the Sexual Violence Crime Law (and other related laws) through strengthening the implementing regulations for VAWG response at the national and subnational levels, human resource capacity development and standardization of comprehensive service provision[8] for technical units (UPTD-PPA) and the social service workforce; (b) enhancing utilization of the existing VAWG data platforms for safe and ethical use of administrative data on VAWG cases, including strengthening data literacy, and building interoperable VAWG case data system to ensure comprehensive support services for survivors; (c) assisting development of implementing regulations for health sector response to VAWG; and (d) supporting establishment of relevant network, coordination mechanism, and referral system for VAWG response in humanitarian situation, involving VAWG response technical units, subnational agencies, health facilities, law enforcement, CSOs, and establishment of coordination with UNFPA global humanitarian response capacity, to enhance preparedness in case UNFPA emergency support is needed.

III. Programme and risk management

36. To build national ownership and accountability, the new UNFPA country programme will be implemented under the overall coordination of the Ministry of National Development Planning, in close consultation with the Ministry of Foreign Affairs. UNFPA will partner with government ministries, CSOs and academic institutions to deliver the country programme outputs.

[6] *Harmful practices* include child marriage and female genital mutilation/cutting (FGM/C). FGM/C practice is regulated by the Indonesian Government regulation 28/2024 on implementing the regulation of Health Law 17/2023, Article 102 – Health efforts for the reproductive system of infants, toddlers and preschool children must include the abolishment of the practice of female circumcision.

[7] *Reproductive health* education refers to the Indonesian Minister of Health Regulation 2/2025 concerning the implementation of reproductive health efforts. Article 2 – Regulatory scope of reproductive health services encompasses efforts aimed at maintaining reproductive system health throughout the life cycle. Article 13 – Health promotion efforts for the reproductive system of school-aged children and youth shall be implemented through the provision of communication, information and education, encompassing, at a minimum: (a) the reproductive system, its functions and processes; (b) maintenance of reproductive health; (c) risky sexual behaviours and their consequences; (d) family planning; (e) self-protection and the ability to refuse sexual intercourse; and (f) selection of age-appropriate entertainment media.

[8] *Comprehensive service provision by technical units* refers to Law 12/2022 on Sexual Violence Crime, Article 76 (3) – that in responding, protecting, and restoring Survivors, the Subnational Technical Implementation Unit for the Protection of Women and Children (UPTD PPA) is tasked with: (a) receiving reports or outreach to survivors; (b) providing information on survivors' rights; (c) facilitating the provision of health services; (d) facilitating the provision of psychological strengthening services; and (e) facilitating the provision of psychosocial services, social rehabilitation, social empowerment and social reintegration.

Implementing partners will be selected based on their strategic relevance, comparative advantage, ability to produce high-quality results, and appropriate risk analysis. Programme planning, monitoring, reporting and quality assurance will adhere to UNFPA policies and procedures.

37. In line with its comparative advantages and technical competencies, UNFPA country office will align its staffing needed to deliver on the programme and will mobilize relevant technical assistance from the UNFPA headquarters the regional office and other country offices, as well as the United Nations system, to leverage multidisciplinary expertise.

38. UNFPA will contribute to UNSDCF coordination mechanisms by participating in various management and working groups, to ensure effective coordination. UNFPA will also actively engage with UNSDCF results groups to provide opportunities for leveraging additional expertise and to deliver the programme and achieve United Nations collective results.

39. Several risks could impact programme implementation: (a) reduction in resources due to changes in the global financing landscape and position of Indonesia as an upper-middle-income country; (b) changes in priorities and programme implementation capacity in the new structures of Government at national and subnational levels; (c) opposition to reproductive health education and elimination of VAWG, child marriage and FGM/C; and (d) vulnerability to natural disasters and climate change, which could hinder access to life-saving SRH and VAWG services, particularly among persons in vulnerable situations.

40. UNFPA will implement enterprise risk management measures to address these potential risks, including when exploring additional funding opportunities, particularly from non-traditional donors, multi-country projects and other innovative schemes, such as Islamic financing; offering a portfolio-based approach and strategic partnership under SSTC to address complex development issues; and strengthening evidence-based policy advocacy and communicating results to ensure stakeholder commitment at all levels on programme priorities and common areas of interests. To prepare for unforeseen humanitarian emergencies, UNFPA will regularly update contingency plans with the responsible government entities and other United Nations partners and undertake mitigation measures, including reprogramming of funds. Humanitarian programme design will consider future climate risk and use geospatial analysis to better inform decision-making, especially to reach persons in vulnerable situations.

41. To strengthen risk mitigation in programme delivery by the implementing partners, UNFPA will apply the harmonized approach to cash transfers, in collaboration with other United Nations agencies, and conduct regular quality-assurance activities, including spot checks, monitoring missions, audits and regular review meetings. UNFPA, in close coordination with the Government, will select implementing partners based on their comparative advantage and ability to deliver high-quality results.

42. UNFPA will continue strengthening its resource mobilization and advocate financing the priority agenda through innovative financing mechanisms. UNFPA will also explore cost-saving measures, both in programmes and operations, such as supporting the Government's adoption of tested financing models, expanding digital technologies for programme monitoring and reporting, and readjusting administrative measures to reduce operational costs.

43. This country programme document outlines UNFPA contributions to national results. It serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of UNFPA managers with respect to country programmes is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

44. UNFPA will ensure accountability for programme resources by implementing a comprehensive results-based planning, monitoring and evaluation framework, to systematically obtain data on programme indicators at output and outcome levels. National official data sources and programme reports will be used to measure the output and outcome-level indicators.

45. In coordination with Ministry of National Development Planning, the country office will systematically track and conduct quarterly, midterm and annual reviews of progress toward the

targets and provide recommendations on readjusting programme strategies, if necessary. Since UNFPA has conducted two consecutive positive evaluations for the 9th and 10th country programmes, a country programme evaluation is not envisaged in the next cycle. However, other evaluations will be performed, following the costed evaluation plan, which includes project and thematic evaluations and contributing to the evaluation of the UNSDCF, 2026-2030.

46. UNFPA will align the country programme planning, monitoring and evaluation framework with the UNSDCF through UN-Info platform, contributing to the national voluntary national reviews and other national reports that will demonstrate progress and contributions at the outcome level. UNFPA will continue to provide technical support and capacity development in result-based planning, monitoring and reporting, particularly for implementing partners.

RESULTS AND RESOURCES FRAMEWORK FOR INDONESIA (2026-2030)

NATIONAL PRIORITIES: 4. Strengthening human resource development, science, technology, education, health, sports achievement, gender equality, and strengthening women, youth and people with disabilities; 6. Building from the village and from below for economic growth and equality and poverty eradication; 8. Strengthening harmonious alignment of life with the environment, nature and culture, as well as increasing tolerance between religious communities, to achieve a just and prosperous society.

UNSDCF OUTCOME(S): 1. (inclusive human development): All people in Indonesia are able to equitably participate in and benefit from sustainable and quality basic services for enhanced well-being. 2. (nature, decarbonization and resilience): A lower carbon, climate resilient Indonesia succeeds advancing a just energy transition and decarbonization efforts, and the sustainable management of biodiversity and natural resources for the benefit and well-being of all. 3. (economic and digital transformation): All people in Indonesia are able to contribute to and benefit from an inclusive, productive, diversified and sustainable economic prosperity.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 2. By 2025, the reduction of preventable maternal deaths has accelerated; 3. By 2025, the reduction in gender-based violence and harmful practices have accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF outcome indicator(s): • Maternal mortality ratio *Baseline: 189 per 100,000 live births (2020);* *Target: 77 per 100,000 live births (2029)* Related UNFPA strategic plan outcome indicator(s): • Proportion of births attended by skilled health personnel *Baseline: 83.6% (2015-2021);* *Target: Universal coverage (100%) (2030)* • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods *Baseline: 76.8% (2021);* *Target: 77.8% (2030)*	Output 1. Strengthened institutional capacity of national and subnational levels to provide high-quality sexual and reproductive health services, through improved quality of midwifery education, emergency obstetric and newborn care, and family planning.	• Number of government and private midwifery schools accredited as per national pre-service midwifery education standards that are aligned with the International Confederation of Midwives standards *Baseline: 10 (2024); Target: 40 (2030)* • Percentage of midwives that are re-licensed based on the newly developed and institutionalized continuing professional development *Baseline: 0 (2024); Target: 15% of total midwives practicing for a minimum of five years (2030)* • Number of districts with high maternal mortality that adopted new basic emergency obstetric and newborn care standards and monitored its signal functions *Baseline: 0 (2024); Target: 100 (2030)* • Number of districts with low modern contraceptive prevalence rates implementing an acceleration programme on family planning *Baseline: 0 (2024); Target: 30 (2030)*	Coordinating Ministry of Human Development and Cultural Affairs; Ministries of: Health; National Development Planning; Higher Education; Population and Family Development; Home Affairs; BPS-Statistics; LAMPTKes (accreditation body for health sector); BPJS Kesehatan (social security agency for healthcare); Indonesia Midwifery Collegium; Association of Midwifery Education Institutions; Indonesian Midwives Association; Midwifery schools	$21.8 million ($8.3 million from regular resources and $13.5 million from other resources)
UNSDCF outcome indicator(s): • Maternal mortality ratio *Baseline: 189 per 100,000 live births (2020);* *Target: 77 per 100,000 live births (2029)* • Gender inequality index *Baseline: 0.421 (2024); Target: 0.394 (2029)*	Output 2. Strengthened institutional capacity of national and subnational governments in planning, budgeting, multi-stakeholder partnership coordination and accountability, for	• Number of districts implementing integrated planning and budgeting to increase domestic financing for maternal mortality reduction *Baseline: 5 (2024); Target: 50 (2030)* • Number of districts implementing integrated planning and budgeting to increase domestic financing for VAWG and harmful practices reduction *Baseline: 5 (2024); Target: 50 (2030)* • Number of innovative financing models implemented, increasing resources allocated for SRH and VAWG	Coordinating Ministry of Human Development and Cultural Affairs; Ministries of: Health; National Development Planning; Population and Family Development; Home Affairs; Finance; National Disaster Management Agency; Indonesian Red	$2.5 million ($1.0 million from regular resources and $1.5 million from other resources)

Related UNFPA strategic plan outcome indicator(s): • Proportion of births attended by skilled health personnel *Baseline: 83.6% (2015-2021); Target: Universal coverage (100%) (2030)* • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods *Baseline: 76.8% (2021), Target: 77.8% (2030)* • Average annual rate of reduction of the proportion of women aged 20-24 years who were married or in a union, *(a) before age 15; (b) before age 18 Baseline: (a):3.6%; (b): 1.4% Target: (a): 22%; (b): 48% (2030)*	efficient and equal access of communities to SRH and VAWG services in the development and humanitarian continuum.	*Baseline: 0 (2024); Target: 2 (2030)* • Number of disaster preparedness plans at provincial and/or district level that integrate reproductive health service packages and cost estimates *Baseline: 3 (2024); Target: 50 (2030)*	Cross; National Zakat Agency; private Islamic financing institutions; Nahdatul Ulama; Muhammadiyah; University of Indonesia; Gadjah Mada University; the private sector	
UNSDCF outcome indicator(s): • Electronic-based governance system index *Baseline: 2.79 (2023); Target: 2.00 (2029)* Related UNFPA strategic plan outcome indicator(s): • Proportion of population expected to be counted in the 2020 census round (2015-2024) that is actually counted *Baseline: 58.2% (2021); Target: 75% (2030)*	Output 3. Enhanced national and subnational capacity for the production and utilization of population data for evidence-based policymaking and development planning, integrating population dynamics.	• Number of official statistics undertakings supported by UNFPA for enhanced quality (completion, standardization of methods, disaggregation) of population data *Baseline: 5 (2024); Target: 9 (2030)* • Number of evidence-based policy briefs and reports using analytics produced, disseminated and used to inform development policies on SRH, population dynamics, and VAWG and harmful practices *Baseline: 1 (2024); Target: 5 (2030)* • Number of global South countries participating in the Indonesia SSTC knowledge sharing platform for advancing sexual and reproductive health, demography and disaster management. *Baseline: 0 countries; Target: 10 (2030)*	BPS-Statistics; Coordinating Ministry of Human Development and Cultural Affairs; Ministries of: National Development Planning; Home Affairs, Finance; Population and Family Development; Health; Women Empowerment and Child Protection; Religious Affairs; Indonesian AID; National Disaster Management Agency; Global Pulse, parliamentarians	$6.2 million ($4.2 million from regular resources and $2.0 million from other resources)
UNSDCF outcome indicator(s): • Gender inequality index *Baseline: 0.421 (2024); Target: 0.394 (2029)*	Output 4. Strengthened national and subnational institutional capacity to prevent and respond to violence	• Number of schools implementing newly developed and institutionalized reproductive health education in the national curriculum *Baseline: 0 (2024); Target: 500 (2030)* • Number of districts implementing the Roadmap and the National	Coordinating Ministry of Human Development and Cultural Affairs; Ministries of: Primary and Secondary Education; National	$7.5 million ($0.5 million from regular resources and $7.0 million

• Percentage of local governments that adopt and implement disaster risk reduction strategies consistent with the national disaster risk reduction strategies *Baseline: 44.5% (2022); Target: 62.32% (2030)* <u>Related UNFPA strategic plan outcome indicator(s):</u> • Average annual rate of reduction of the proportion of women aged 20-24 years who were married or in a union, *(a) before age 15; (b) before age 18* *Baseline (a):3.6%; (b): 1.4%* *Target (a): 22%; (b): 48% (2030)* • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence *Baseline: 12.5% (2018);* *Target: less than 1% (2030)*	against women and girls and harmful practices, including in humanitarian situations.	Costed Action Plan on FGM/C *Baseline: 0 (2024); Target:30 (2030)* • Number of districts with government centres (UPTD-PPA) implementing a standardized VAWG case management system, through certified service providers and multisectoral referral mechanisms, including health care facilities *Baseline: 0 (2024); Target: 100 (2030)* • Number of disaster-prone provinces or districts that include VAWG prevention and response in the protection cluster disaster risk reduction plans *Baseline: 0 (2024); Target: 20 (2030)*	Development Planning; Health; Population and Family Development; Women Empowerment and Child Protection; Home Affairs; Religious Affairs; Social Affairs; National Commission on Violence Against Women; Indonesian Midwives Association; Muhammadiyah; Nahdlatul Ulama; journalist associations; social media content creators; NGOs; universities; law enforcement; FPL (service provider forum)	from other resources) _____ Programme coordination and assistance: $0.5 million from regular resources