



**GOVERNMENT OF  
THE REPUBLIC OF INDONESIA**



**UNITED NATIONS  
POPULATION FUND**

**Country Programme Action Plan  
2016 – 2020  
for the  
Programme of Cooperation  
between  
The Government of Indonesia  
and  
the United Nations Population Fund**

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**(2a) Narrative**

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## Acronyms, Abbreviations, Operational Definitions

AIDS	Acquired Immunodeficiency Syndrome
ANC	Anti Natal Care
APBN	<i>Anggaran Pendapatan dan Belanja Negara</i> /State Budget
APRs	Annual work plan Progress Reports
ARH	Adolescent Reproductive Health
ASFR	Age Specific Fertility Rates
ASRH	Adolescents Sexual and Reproductive Health
AWP	Annual Work Plan
BANPT	<i>Badan Akreditasi Nasional Perguruan Tinggi</i> /National Accreditation Agency for Higher Education
BAPPEDA	<i>Badan Perencanaan Pembangunan Daerah</i> /Regional Development Planning Agency
BAPPENAS	<i>Badan Perencanaan Pembangunan Nasional</i> /The National Development Planning Agency (also referred to as Men PPN/BAPPENAS)
BAST	<i>Berita Acara Serah Terima</i> / Project Asset Handover Form
BKKBN	<i>Badan Kependudukan dan Keluarga Berencana Nasional</i> /National Population and Family Planning Board
BNPB	<i>Badan Nasional Penanggulangan Bencana</i> /National Disaster Management Board
BPJSK	<i>Badan Penyelenggara Jaminan Sosial Kesehatan</i> /Health Care and Social Security Agency
BPPSDMK	<i>Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan</i> /Board for Health Workforce Development and Empowerment
BPS	<i>Badan Pusat Statistik</i> /BPS-Statistics Indonesia
CO	Country Office
COD	Cause of Death
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CRVS	Civil Registration and Vital Statistics
CSOs	Civil Society Organizations
CSR	Corporate Social Responsibility
DAP	District Action Plan
DEX	Direct Execution
DHS	Demographic and Health Survey
DM	Disaster Management
DRR	Disaster Risk Reduction
DSA	Daily Subsistence Allowance
EVAW	Elimination of Violence Against Women
FA	Focus Area
FACE	Fund Authorization and Certificate of Expenditures
FBO	Faith-based Organization
FDKKP	<i>Forum Data Kependudukan untuk Kebijakan Pembangunan</i> /Forum of Population Data for Development Policy
FGD	Focus Group Discussions
FP	Family Planning
GBV	Gender-Based Violence
GCA	Government Coordinating Agency
GE	General Election
GNI	Gross National Income
GoI	Government of Indonesia
GPI	Gender Parity Index
HACT	Harmonized Approach to Cash Transfers

HIV	Human Immunodeficiency Virus
IBI	<i>Ikatan Bidan Indonesia</i> (Indonesian Midwives Association)
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
ICPD POA	International Conference on Population and Development Programme of Action
IDHS	Indonesian Demographic Health Survey
IEC	Information Education and Communication
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IGO	Intergovernmental Organizations
IMDFF-DR	Indonesian Multi-Donor Fund Facility for Disaster Recovery
INAP	Indonesian Newborn Action Plan
IP	Implementing Partner
ITGSE	International Technical Guidelines on Education
KAP	Knowledge Attitude and Practice
KBKR	<i>Keluarga Berencana dan Kesehatan Reproduksi/</i> Family Planning and Reproductive Health
KIE	Komunikasi Informasi Edukasi/Communication Information and Education
KKB	Kependudukan dan KB/Population and family planning
KPAN	<i>Komisi Penanggulangan AIDS Nasional /</i> National AIDS Commission (NAC)
KTKI	<i>Konsil Tenaga Kesehatan Indonesia/National Council of Health Professional</i>
KUHP	<i>Kitab Undang-Undang Hukum Pidana/Criminal Code</i>
LAM	Local Area Monitoring
LAMPTKes	<i>Lembaga Akreditasi Mandiri Perguruan Tinggi Kesehatan/Indonesian Accreditation Agency for Higher Education in Health</i>
LoU	Letter of Understanding
MDG	Millennium Development Goal
MDSR	Maternal Death Surveillance and Response
MenPPN/BAPPENAS	<i>Kementrian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional/Ministry of National Development Planning/The National Development Planning Agency</i>
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MNH	Maternal and Newborn Health
MOEC	Ministry of Education and Culture
MOH	Ministry of Health
MOHA	Ministry of Home Affairs
MoU	Memorandum of Understanding
MOWECP	Ministry of Women Empowerment and Child Protection
MOYS	Ministry of Youth and Sports
MSM	Men who have sex with men
MSS	Minimum Service Standard
MSS VAWC	Minimum Service Standard Violence Against Women and Children
MPA	Maternal and Perinatal Audit
MUI	<i>Majelis Ulama Indonesia/Indonesia Ulama Council</i>
MYWP	Multi-Year Work Plan
NAC	National Aids Commission
NAP	National Action Plan
NCVAW	National Commission for the Elimination of Violence against Women
NGO	Non-Governmental Organization
NHRI	National Human Rights Institutions
NPOs	National Programme Officers
NU	Nadhlatul Ulama

OR	Operations Research
P4P	Partners for Prevention
PC	Population Census
PEDUM	<i>Pedoman Umum/</i> Programme Management Implementation Guideline
Perka BKKBN	Regulation of the Head of BKKBN
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PMTS	<i>Pencegahan HIV Melalui Transmisi Seksual/HIV</i> Prevention Through Transmission
PP	<i>Peraturan Pemerintah/Government</i> Regulation
Prolegnas	<i>Program Legislasi Nasional/National</i> Legislative Program
PRSP	Poverty Reduction Strategy Paper
PSA	Population Situation Analysis
PTSU	Policy and Technical Support Unit
Pulin	<i>Pusat Pelatihan dan Kerjasama Internasional/Center of</i> Training and International Cooperation
PUSDU	<i>Pusat Penelitian dan Pengembangan Kependudukan/Center of</i> Research and Population Development
Renstra	<i>Rencana Strategis/Strategic</i> Plan
RH	Reproductive Health
RPJMN	<i>Rencana Pembangunan Jangka Menengah Nasional/</i> National Mid Term Development Plan
RRF	Resource and Results Framework
SAI	Supreme Audit Institution
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
SIS	Strategic Information System
SIK	Sistem Informasi Kesehatan/health information system
SK	<i>Surat Keputusan/Decree</i>
SKI	<i>Survey Kematian Ibu/Maternal</i> Death Survey
SKPD	<i>Satuan Kerja Perangkat Daerah/Local</i> Apparatus Working Unit
SOP	Standard Operating Procedures
SoWMy	State of the World's Midwifery
SP	Strategic Plan
SRH	Sexual and Reproductive Health
SSC	South-South Cooperation
STI	Sexually Transmitted Infection
SUPAS	<i>Survei Penduduk Antar Sensus/Intercensal</i> Population Surveys
SWOP	State of World Population
SWOT	Strengths Weaknesses Opportunities Threats
TOT	Training of Trainers
TSU	Technical Support Unit
TOWG	Technical Outcome Working Group
UGM	Universitas Gajahmada/University of Gajahmada
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNPDF	United Nations Partnership for Development Framework
UU	<i>Undang-Undang/Law</i>
VAT	Value Added Taxes
VAW	Violence Against Women
VAWC	Violence Against Women and Children
WHO	World Health Organization

WPD	World Population Day
WPR	Workplan Progress Report
YDI	Youth Development Index

## **Operational Definitions**

### **Reproductive health:**

*(Based on Government Regulation No. 61/2014 on Reproductive Health)*

*Reproductive health is a state of physical, mental, and social health as a whole, not merely free from illnesses or disability associated with the system, function, and reproduction processes. Reproductive Health Service is a health service that is aimed to a series of organs, organ interactions, and substances in the human body that are used for reproductive purpose (Article 1). The Regulation on Reproductive Health aims to guarantee the fulfillment of Reproductive Health right of everybody acquired through quality, safe, and reliable health services; and ensure the health of mothers of reproductive age to be able to give birth to a healthy and quality generation as well as to reduce maternal mortality (Article 3); Every woman has the right to Reproductive Health Service. Reproductive Health Service is intended to protect the reproductive organs and functions in such a way that they are free from disruption, illness or disability in women. Reproductive Health Service shall take into account the stages of female reproductive cycle according to the standard (Article 30).*

### **Sexual health service:**

*(Based on Government Regulation No. 61/2014 on Reproductive Health)*

*Sexual health service is any activity and/ or a series of activities aimed at sexuality health (Article 1); Sexual health service shall be provided through: social skills; communication, information, and education; counseling; treatment; and service. Sexual Health services are provided in an integrated manner by medical professionals who own the competence and authority (Article 27).*

### **Rights-based Family Planning:**

*Rights-based Family Planning is a strategy that has the following outcomes:*

- 1. Equitable and quality family planning service delivery system sustained in public and private sectors to enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issues 2-3-7, Renstra BKKBN Policy and Strategy 1, MOH NAP on FP Strategy 2).*
- 2. Increased demand for modern methods of contraception, met with sustained use. (based on RPJMN Strategic Issue 1-3-4, Renstra BKKBN Policy and Strategy 2-3, MOH NAP on FP Strategy 3).*
- 3. Enhanced stewardship/governance at all levels, and a strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sectors to enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issue 1, Renstra BKKBN Policy and Strategy 6-7, MOH NAP on FP Strategy 1).*
- 4. Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes, and for sharing via South-South Cooperation (based on Renstra BKKBN Policy and Strategy 7-8).*

### **Rights-based maternal health and HIV-SRH linkages, Including in humanitarian settings:**

*(Based on MOH and WHO publication in 2006 on Using Human Rights for Maternal and Neonatal, A tool for strengthening laws, policies and standards of care)*

*Maternal, sexual and reproductive health with HIV linkages that are based on human rights, including in situations of emergency.*

*The definition above refers to the concept of equity or equality of rights of each individual or couple in maintaining their health responsibly, without discrimination, coercion and violence. Each individual/couple has the same opportunities and should be guaranteed in achieving their rights to access quality maternal health services; quality reproductive and sexual health; as well as quality services related to HIV prevention and treatment. The access and the same quality of services will have to be guaranteed to be obtained at any time, including in emergency situations/disasters.*

## **The Framework**

The Government of the Republic of Indonesia, hereinafter referred to as “the Government”, and the United Nations Population Fund, hereinafter referred to as “UNFPA”, being in mutual agreement to the content of the Country Programme Action Plan (CPAP) and to the outlined responsibilities in the implementation of UNFPA Ninth Country Programme of Assistance for the year 2016-2020; and,

**Furthering** their mutual agreement and cooperation for the fulfillment of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), ICPD+5, ICPD at 10, ICPD Beyond 2014, other related conferences, and the Sustainable Development Goals (SDGs);

**Building** upon the experience gained and progress made during the implementation of the previous country programmes of assistance, and based on the recently approved Country Programme Document; and in response to any emergency situation;

**Entering** into a new five-year period of cooperation as defined in United Nations Partnership for Development Framework (UNPDF) and in the Ninth Country Programme (2016-2020), in alignment to the national priorities conveyed through the Government of Indonesia *Rencana Pembangunan Jangka Menengah Nasional (RPJMN) 2015-2019* (or the National Medium Term Development Plan 2015-2019);

**Declaring** that the roles and responsibilities for the implementation of the Ninth Country Programme will be fulfilled in a spirit of friendly cooperation;

**Have agreed** on the Country Programme Action Plan (CPAP) as follows:

### **Part I. Basis of Relationship**

1.1. The programme described herein is based on the Revised Basic Agreement for the Provision of Technical Assistance signed by the Government and the UN in Jakarta on 29 October 1954, and its amendments contained in the exchange of letters of 1 and 17 November 1966 between the Government and UNDP, and the exchange of letters between the Government and UNFPA dated 14 June, and 7 and 19 November 1996.

### **Part II. Situation Analysis**

2.1. Indonesia is a low-middle income country, with a GNI per capita of \$3,630 in 2014, and the sixteenth largest economy globally and the largest economy in South East Asia. Indonesia has experienced improved standards of living as a result of steady economic development this past decade. The country has been a leader in the implementation of the Programme of Action (PoA) from the 1994 ICPD and has used South-South Cooperation (SSC) to share best practices with other countries, primarily in family planning. Committed to the SDGs, Indonesia realizes the need to achieve its targets for socio-economic development, addressing human rights and ensuring equity. Significant gaps in Indonesia’s implementation of the ICPD PoA will pose a challenge for the country to meet its national sustainable development goals in the next five years. The Ninth Country Programme will be a partnership plan that capitalizes on Indonesia's achievements and addresses the remaining challenges through engagement in policy, advocacy and knowledge management.

2.2. Regional, provincial, and district disparities in equitable distribution of development benefits remain. Around 65 million people, or 26 percent of the population, live on less than \$2/day. Decentralization continues to pose a challenge to nationwide development efforts. The provinces of Eastern Indonesia share the greatest burden of disparity, with poverty rates of 20-30 percent, compared to 3.7 percent in Jakarta.

2.3. The population will reach 256 million in 2015, and grow to 306 million by 2035. Total fertility rates declined from 5.2 in the 1970s to 2.6 in 2012 and remained steady from 2000-2012. Low fertility and mortality rates resulted in an increase of the working age population. Young people aged 10-24 years represent 27 percent of the population and are key to driving Indonesia's economy to 2035. This generation holds the potential for Indonesia to reap a demographic dividend that will present development opportunities if investments in young people's access to health, education, and employment, among others, are increased. However, youth in Indonesia face challenges related to high unemployment, access to higher education, and access to quality health services, including equitable youth-friendly reproductive health information and services. The age structure transitions taking place, consequent upon low fertility and mortality rates will see a doubling of the proportion of the population aged over 65 years from 5 percent in 2012 to 10.6 percent in 2035. Increasing urbanization is driven by rural-to-urban migration of young people seeking employment and education in high-population urban centers. Similarly, the feminization of internal migration is an evolving vulnerability of concern.

2.4. The maternal mortality ratio (MMR) increased from 228 to 359 deaths per 100,000 live births from 2007 to 2012 (Indonesian Demographic Health Survey or IDHS) – indicating that the MDG target to reduce MMR to 102 per 100,000 live births by 2015 was not met. Although 83-87.6 percent of births were attended by skilled birth attendants (2013 Basic Health Research), only 63.2 percent were in health service facilities (2012 IDHS). The quality of maternal health services – particularly the midwifery care and access to emergency obstetric care – is considered a significant factor influencing maternal mortality. Midwives are at the frontline in maternal health care and family planning in Indonesia but quality of training and services is an issue. Investing in midwifery education and regulation should improve quality of care and significantly decrease maternal deaths. A Government Regulation on Reproductive Health (No.61/2014) was introduced in 2014, representing a step forward in addressing reproductive health issues in Indonesia. The Ministry of Health endorsed a National Action Plan on Maternal Health (2016-2030) in 2015. However, implementation challenges at subnational levels may hinder the achievement of national goals on maternal health. There continues to be a need to address equitable and universal access, particularly for young people, to reproductive health services. In view of its commitments to the SDGs, the Ministry of Health established a secretariat for SDGs that will coordinate national efforts to achieve Goal 3, in particular reducing maternal mortality. Indonesia introduced a Universal Health Coverage (UHC) scheme in January 2014, and aims to achieve 95 percent coverage by 2019, including for maternal health and family planning. Overcoming the challenges in the implementation of the UHC, with attention to the quality of human resources and services, should be a priority for improving effectiveness of the scheme nationwide.

2.5 Although there is increasing indication of youth awareness on reproductive health, level of awareness is still low and continue to hamper efforts in addressing adolescent reproductive health challenges in Indonesia. The percentage of unmarried youth who use a condom for their first experience has increased between 2002 and 2012, from 4 to 22 percent among 15-19 year olds and 7 to 25 percent among 20-24 year olds (2012 IDHS). Early

marriage and early parenthood is prevalent in rural areas. In 2012, one in every 100 girls aged 15 years in Indonesia had begun childbearing—prevalence is strongly correlated with residence (urban-rural), education, and wealth (2012 IDHS). Comprehensive and age-appropriate education on reproductive health is key in delaying the age of marriage and unwanted or early pregnancy among adolescents, which is associated with higher risk of morbidity and mortality.

2.6 The national family planning programme began in the 1970s, with demand creation and supply chain management under the National Population and Family Planning Board (BKKBN), and service delivery under the Ministry of Health (MOH). Achievements in the reduction of total fertility rates and increased contraceptive prevalence rates slowed down following decentralization. Age-Specific Fertility Rates (ASFR) of girls aged 15-19 years is 48 births per 1,000 women and is increasing. Total unmet need for contraceptives was 11 percent in 2012. Indonesia's contraceptive prevalence rate for all methods, which is 62 percent for married women aged 15-49 years, has stagnated in the past decade and disparities between provinces are wide, with just 22 percent in the province of Papua compared to approximately 70 percent in Lampung and Yogyakarta. About 58 percent of married women rely on modern methods, falling short of the Millennium Development Goal (MDG) target of 65 percent by 2015. Use of long-term and permanent contraceptive methods is declining, with a narrowing of the method mix towards short-term hormonal methods. Implementing a comprehensive, national rights-based family planning framework, through ensuring equitable access to quality family planning services, is key to lowering total fertility rates, reducing the unmet need for family planning, and maximizing the benefits of the demographic dividend.

2.7 The national prevalence rate for HIV is estimated at 0.41 percent (2013) among people aged 15-49 years. However, the provinces of Papua and West Papua show a low level generalized epidemic, with HIV prevalence at 2.3 percent (2013). Comprehensive HIV knowledge is low, including among young people. The most recent Asian Epidemic Model (AEM) projections indicate that MSM, clients of sex workers and their intimate partners will become the largest groups of people living with HIV (PLHIV) between 2020 and 2030 and there are reports of increasing prevalence in low risk women. Linking HIV and reproductive health in both concentrated and generalized epidemics is critical to synergize efforts addressing HIV, maternal health and family planning. The current government decision to close down brothels may impact preventive and curative services for STI and HIV among key affected populations, as it will be difficult to deliver services and monitor progress, and thus may influence intimate partner transmission as well.

2.8 Despite substantial progress in gender equality, including increased access for women and girls to education, employment and health services, gender-based violence (GBV) remains a serious public health and human rights concern. The proportion of married girls aged 15-19 years increased from 9.2 percent in 2005 to 14.4 percent in 2010. The Minimum Service Standard Violence Against Women and Children (MSS VAWC), effective in 2010, was a step in advancing multi-sector coordination in GBV prevention and response. However, much needs to be done to continuously improve this coordination mechanism and in enhancing the Ministry of Women's Empowerment and Child Protection's role in taking the lead in national coordination to address GBV issues. According to RPJMN 2015-2019, the National Commission on Violence Against Women (NCVAW) data show that reported Violence Against Women (VAW) cases increased from 105,103 in 2010 to 279,760 cases in 2013 with the highest cases on domestic violence: 101,128 cases (96%) in 2010 to 275,004 cases (98%) in 2013. The Ministry of Women Empowerment and Child Protection (MOWECP) data also indicate that VAW cases increased from 15,648 cases (in 29

provinces) in 2010 to 21,507 cases (33 provinces) in 2012. Based on this data, Government has agreed to fund, through its national budget, a *KPHP Survey - Survei Kesehatan dan Pengalaman Hidup Perempuan* (or Women's Health and Life Experience) to commence in 2016. This survey is to measure prevalence of violence against women in Indonesia.

2.9 Availability of quality data and its utilization in national and subnational development planning and policy continues to be a challenge. Innovation in the collection and use of data will improve quality population data and will inform and monitor development policies and programmes. In the next five years, Indonesia aims to improve national coordination of data across sectors to improve service delivery and accountability, and promote evidence-based policymaking.

### **Part III. Past Cooperation and Lessons Learned**

3.1. From 1972 to 1994, UNFPA Country Programmes focused on the collection and analysis of population data, family planning and capacity-building. From 1995, the programme shifted towards assisting Indonesia in implementing the ICPD PoA. Since the articulation of the commitment towards the MDGs, UNFPA supported Indonesia in achieving targets on SRH, family planning, HIV prevention, GBV prevention and management, the utilization of data for planning and improving the understanding between linkages between population and development. The Eighth Country Programme had elements of service delivery and capacity building, and continued to transition to more upstream policy work compared to its previous cycles. The Ninth Country Programme, effective from 2016, will reflect a country programme that is fully working at the policy level, through evidence-based dialogue to provide policy options and advice, advocacy, and knowledge management, to support the achievement of national priorities in the context of the SDGs.

3.2. From 2011 to 2015, the Eight Country Programme focused on population dynamics, advocacy and SSC, universal access to reproductive health, family planning, prevention of sexually-transmitted HIV, gender equality, adolescent reproductive health and youth, and population data. A mid-term review of the UNFPA Strategic Plan in 2012 and its alignment at country level, allowed for further transition to capacity building for policy work. At the start of the country programme, UNFPA worked at both national and subnational levels (districts). At the subnational level, UNFPA worked in Nias and South Nias (North Sumatra Province), Mamasa and North Mamuju (West Sulawesi Province), Alor, Manggarai, and South Central Timor (East Nusa Tenggara Province), Jayapura and Merauke (Papua Province), and Manokwari (West Papua Province). However, at the start of 2013, the government instituted a regulation that no longer allowed donors to channel funds directly to subnational governments. Instead, funds intended for subnational work had to be channeled through the Ministry of Finance or central level ministries. With this change in funding modalities and very few ministries agreeing to take on the funds for district implementation, programmes in the districts were put to a halt and funds were reprogrammed to the national level. After a thorough Mid-Term Review of the country programme in 2013, funds that were intended for work at the subnational level were channeled to central ministries that agreed to take on the accountability for subnational programmes.

3.3. Quarterly and annual review coordination mechanisms with government partners facilitated refocusing and lessons learned of programme management and implementation. A Mid-Term Review in 2013 and a Country Programme Evaluation in 2014 identified achievements and lessons learned. Thematic assessments and reviews held throughout the

country programme period were on SSC, subnational population data initiatives on the District Information System, and on gender multi-sectoral coordination.

3.4. Notable achievements during the Eighth Country Programme included 2010 to 2035 population projections which were launched by the President and are now widely used for national development planning; estimation of MMR from the 2010 census data and 2012 IDHS to inform the third RPJMN for 2015-2019 and the MOH National Action Plan for the reduction of maternal mortality; technical assistance for the country's family planning revitalization programme and building the foundations for policy work to strengthen the implementation of the family planning component under the UHC; establishment of an innovative private sector-led social franchising model for adolescent reproductive health; and implementation of bilateral and international SSC programmes in family planning. In addition, a web-based geospatial emergency information portal was established in the National Disaster Management Agency that allows real time access to key population data on affected communities and other relevant information, thereby allowing rapid response in the event of humanitarian situations.

3.5. Through the Eighth Country Programme, emergency assistance was provided for the social conflict in Ambon Municipality, Maluku Province (2011), and Sampang District, Madura Island, East Java Province (2012). Assistance was also provided in 2013 to respond to the floods in Jakarta, DKI Jakarta Province, and the earthquake in Bener Meriah and Central Aceh Districts, Aceh Province. In 2014, UNFPA provided response to the floods in Jakarta and West Java and for the Mount Sinabung eruption. Humanitarian assistance was also provided for the Bay of Bengal crisis in Aceh Province in 2015, through distribution of hygiene kits.

3.6. Lessons learned from the Eighth Country Programme evaluation that have informed the preparation of the Ninth Country Programme including: (a) improving national and intersectoral coordination to increase linkages across outputs and better utilize data in policymaking; (b) improving internal capacity to deliver a programme focused on policy, advocacy and knowledge management; (c) identifying focus areas in maternal health, family planning, youth and adolescents, gender equality and population dynamics to reflect UNFPA's comparative advantage and achieve clear policy linkages to the national development agenda; and (d) broadening the work on youth issues to the policy implications of the demographic dividend and empowerment of young people.

## **Part IV. Proposed Programme**

4.1. In the context of the SDGs, UNFPA's Strategic Plan 2014-2017 and Indonesia's changing lower-middle income status, UNFPA has been transitioning its support to the Government from service delivery to upstream policy work, particularly since the Eighth Country Programme. The support for Indonesia will focus on evidence-based policy and strategic planning to ensure that a rights-based approach to quality service delivery is effective, the needs of addressing all disadvantaged groups, in the Ninth Country Programme 2016 to 2020 UNFPA will work in partnership with the Government of Indonesia on four outcomes on (a) integrated reproductive health—which includes maternal health, HIV Prevention, and family planning, (b) youth and adolescent issues, including youth development and adolescent sexual and reproductive health (ASRH), (c) prevention of GBV and harmful practices, and (d) population dynamics and data. UNFPA will support national

partners to achieve results by providing evidence-based, expert advice on strategic and targeted policy making and dialogue, advocacy, and knowledge management.

4.2. Since 2011, the partnership between the United Nations and the Government of Indonesia has been articulated through the UNPDF. The UNPDF, 2016-2020, focuses on four key priority outcomes on (a) poverty reduction, equitable sustainable development, livelihoods and decent work, (b) equitable access to social services and social protection, (c) environmental sustainability and enhanced resilience to shocks, and (d) improved governance and equitable access to justice for all. With the changing sustainable development context in Indonesia, as well as the changing resource allocation for development by donor institutions and countries, the four outcomes will be achieved through policy advocacy and advice, capacity building, and knowledge sharing. This framework is the basis of joint programming between the UN Agencies to significantly influence the achievement of development goals and targets. The UNPDF is aligned to the National Medium Term Development Plan and shares five cross-cutting priority areas of human rights, gender equality, HIV/AIDS, young people, as well as, statistics and data management. The UNPDF was developed in consultation with the Government of Indonesia, the United Nations Agencies, civil society, the private sector, development partners, academia, workers' groups, women and young people's groups.

4.3. To ensure that the country programme partnership aligns to national development priorities, the Ninth Country Programme takes into consideration national objectives from the RPJMN 2015-2019, which is the key strategic document from which all government sectors will base their strategic planning for the next five years. A Population Situation Analysis (PSA) was carried out, validated by government partners, civil society organizations (CSOs), as well as recognized national and international experts in the field, to gain an understanding of the situation in Indonesia on ICPD-related issues, such as reproductive health, HIV, family planning, youth, adolescent reproductive health, gender equality, data and population dynamics. The work undertaken through the Ninth Country Programme Partnership will contribute to Indonesia in achieving the targets of the RPJMN 2015-2019 and SDGs on health, gender equality, sustainable cities and communities, and in climate change.

4.4. The increase in the MMR calls for a comprehensive and integrated approach to reproductive/maternal health in the Ninth Country Programme, which takes into account regional and provincial disparities and the challenges faced in implementation within a decentralized context. In Indonesia, the highest MMR is seen in Sulawesi and Eastern Indonesia; with 459 maternal deaths per 100,000 live births in Sulawesi and 434 maternal deaths per 100,000 live births in Eastern Indonesia which includes the provinces of West Nusa Tenggara, East Nusa Tenggara, Maluku, North Maluku, and Papua Provinces (MOH and UNFPA Indonesia, 2012). Through the four outcomes and five outputs under this partnership, UNFPA Indonesia will support the Government of Indonesia in addressing the key challenges related to maternal mortality through improvements in quality of care in maternal health, strengthening data and data usage, access to comprehensive and rights-based family planning, linkages with gender equality and harmful practices, and linkages with youth, including on ASRH. UNFPA will work to improve the policy environment to accelerate efforts for improved maternal health, through the National Action Plan on Maternal Health. UNFPA will contribute to improving the quality standards of midwifery care, through providing technical support for regulation, education, and strengthening its professional association. Providing policy advice to close the gap in the implementation of the action plan, particularly in a decentralized context, will further increase subnational performance in implementing its maternal health programmes, which will later contribute to

the achievement of national targets in improving maternal health and in significantly reducing maternal mortality. Through the Ninth Country Programme, UNFPA will provide more evidence and analysis that will support the Government of Indonesia in implementing SDGs on health, especially in providing strategic advice to reduce maternal mortality. Improved standards in nation-wide midwifery education, supported by a strengthened midwifery component of the National Health Council, will result in midwives that can provide quality maternal health care. The continuing search for better methodologies for the estimation and surveillance of maternal deaths at national and subnational levels will result in quality data and a better understanding of the causes of maternal deaths, to respond more effectively to the reduction of maternal mortality. The work to ensure comprehensive and rights based family planning, together with the health and family planning sectors, as well as in strengthening the family planning component in Indonesia's Universal Health Coverage Scheme, will result in greater access to information and services that will be necessary in preventing maternal mortality. In the area of family planning, UNFPA Indonesia will support Government to test a model for a comprehensive, integrated and rights-based family planning programme, coordinated by BAPPENAS. Promoting the engagement of men and boys in reproductive health and family planning, as well as evidence-based advocacy on harmful practices, such as adolescent pregnancy as a result of early marriage, will address the barriers in reducing maternal mortality due to gender inequalities. Addressing the challenges related to youth and adolescents, especially in youth-friendly reproductive health information and services, will contribute to further reducing the number of unsafe and unwanted pregnancies among youth, which will have a positive impact in reducing maternal health. Engaging the private sector and young people will support Government efforts to fill existing gaps in ASRH programmes by bringing in resources and innovative ideas for effective interventions.

4.5. In order to address regional disparities in the decentralized context, through the Ninth Country Programme outputs, UNFPA will contribute at the subnational level to (a) policy advocacy and advice to address bottlenecks in implementation of national policies/plans (b) pilots or models that aim to overcome the implementation challenges of national policies. UNFPA will provide technical assistance through international, regional, and national experts, as well as share knowledge and lessons from other countries through SSC. In accordance with the government regulation on channeling funds to the subnational government, UNFPA will work with relevant national ministries in managing the implementation of the programme at the subnational level.

4.6. Through the Ninth Country Programme, UNFPA will provide the Government of Indonesia total resources amounting to \$24 million (twenty-four million dollars) consisting of \$20 million (twenty million dollars) in regular resources and \$4 million (four million dollars) in non-core resources. Of the \$20 million (twenty million dollars) from regular resources, \$13 million (thirteen million dollars) will fund nationally and UNFPA executed implementation to achieve the outputs; \$7 million (seven million dollars) will fund operations and management costs for UNFPA Indonesia (UNFPA Direct Execution). From the total amount of \$13 million (thirteen million dollars), \$5.8 million (five million and eight hundred dollars) will be allocated for the output on integrated reproductive health, \$1 million (one million dollars) for the output on adolescents and young people, \$2.1 million (two million and one hundred dollars) for the output on GBV and harmful practices, and \$4.1 million (four million and one hundred dollars) for the output on population dynamics and data. Resource mobilization efforts through the Ninth Country Programme may result in the addition to the total amount of non-core resources for the programme.

**A. Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including those related to family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.**

4.7. This outcome will contribute to the Government of Indonesia's priority agenda to improve the quality of life of the people of Indonesia through RPJMN 2015-2019, particularly through maternal health and family planning. UNFPA Indonesia will contribute to this outcome by strengthening evidence-based policy advocacy that will foster an environment for increasing demand for quality and rights-based services in maternal health, family planning, and HIV prevention leading to a reduction in the number of maternal deaths, increase in contraceptive prevalence and decrease in HIV prevalence. Building on current knowledge products, identifying and deepening evidence for advocacy and policy making around key strategic issues, including inequities, will pave the way for improvements and initiation of relevant regulations and policies and will provide the impetus for greater investment, commitment and accountability for equitable and rights-based quality care, in the decentralized system.

**4.7.1. Output 1: Improved policies and programmes to address barriers in ensuring rights-based maternal health and HIV-SRH linkages, including in humanitarian settings.**

*Alignment to SP Output: Increased national capacity to deliver comprehensive maternal health services.*

To significantly contribute to efforts to reduce MMR in Indonesia in support of the RPJMN 2015-2019, UNFPA will provide evidence-based policy options to improve national maternal health policies and programmes, with special emphasis on overcoming the implementation challenges for the National Action Plan on Maternal Health within a decentralized context. A pilot on Maternal Death Surveillance and Response will provide the evidence base to further strengthen maternal health policies and programmes. Improving quality of care through midwives will also significantly contribute to the reduction of maternal mortality. UNFPA will contribute to improved midwifery education standards and midwifery workforce governance through a strengthened health council. In supporting the National Programme on the Prevention of HIV through Sexual Transmission, UNFPA's comparative advantage in strengthening SRH-HIV linkages will assist Government in developing, and monitoring implementation of necessary protocols for an integrated HIV, maternal health and family planning programme.

**Strategic interventions under this output are:**

**1. Provision of evidence-based advocacy and technical support for development and implementation of national maternal health policies and programmes, in support of the National Action Plan on Maternal Health:**

- Provide technical support to MOH to strengthen evidence-based dialogue with national and subnational governments for achieving the third sustainable development goal (SDG) on health, particularly on maternal mortality.
  - Studies and/or analysis to understand bottlenecks, particularly in provinces with high burden of maternal deaths and high MMR, and high fertility rates including adolescent fertility.
  - Studies to deepen analysis of the existing national data sets (SUPAS, Census, IDHS) on SRH and persons with disabilities.

- Studies to assess quality of care and coverage of reproductive health, particularly maternal health and family planning in the UHC scheme, emphasizing on midwifery care.
  - Support the review, implementation, and monitoring of the MOH 15-year Acceleration of the National Action Plan on Maternal Health, through the joint work within H4+, with focus on Basic and Comprehensive Emergency Obstetric Care in provinces with high burden of maternal deaths and high MMR.
  - Support MOH through technical support for the five-year costing of the 15-year acceleration strategy of the National Action Plan on Maternal Health and related in-depth studies at the national and subnational levels (in selected districts across three provinces).
  - Support MOH in improving maternal death surveillance and response (MDSR) so that guidelines and policy briefs can be developed based on valid maternal death data and relevant operations research conducted in two selected provinces.
  - Review equitable access to maternal health under the UHC.
  - Provide technical support to study the tracking of expenditures in reproductive health.
- 2. Support for improved quality of midwifery care/services through evidence-based policy advice and advocacy for effective legislation and regulation on midwifery, standards for improved practice and education, and equitable human resource distribution:**
- Provide technical support to enable deeper analysis and understanding of the root causes and bottlenecks to quality midwifery services. This analysis will inform the shape and nature of the regulatory framework required to improve midwifery services as well as identify effective interventions to improve the quality of care to lower the MMR, through mapping of midwifery services (standards and practices), gap analysis of knowledge, skills and standards of midwifery practice, reviews of midwifery education and regulation, subsequent relevant advocacy related to their application, including how obstetrics emergencies can best be delivered where there is no midwifery coverage.
  - In collaboration with BPPSDMK (Board for Health Workforce Development and Empowerment), provide technical support to Indonesian Midwives Association (IBI) to map the current availability of midwives both in public and private sector, those not employed, and their distribution. Facilitate development of a human resource plan and supportive policies at national and subnational levels.
  - Strengthen the KTKI (National Council of Health Professionals) to support and facilitate application of and monitor adherence to quality standards for midwifery, including standardization in pre-service training. Relevant policy briefs based on international standards regarding the regulatory framework will be shared.
  - Enhance the capacity of IBI and its provincial/district branches to strengthen the quality of midwifery services in public and private sector and advocate steps for improved quality of care.

**3. Provision of evidence-based advocacy for policies on the integration of HIV-SRH within the national programme on the prevention of HIV through sexual transmission (PMTS), and its linkages with maternal health and family planning programmes:**

- Provide technical support to improve the national HIV prevention programme to prevent transmission among intimate partners (low risk women) through:
  - Situation analysis on intimate partner transmission in Indonesia which includes assessment of access on HIV/STI prevention information and services among intimate partners in five selected districts/cities.
  - Based on findings of the analyses, support the national HIV programme on how to deliver prevention programme for intimate partner transmission.
- Provide technical support to the National Aids Commission (NAC) Secretariat and BKKBN and MOH in the review of policies and programmes related to dual protection, including in Papua.
- Provide advocacy on programme coordination and alignment on SRH-HIV linkages between NAC (PMTS), MOH (STIs), and BKKBN (FP) including for prevention of mother to child transmission (PMTCT prongs 1 and 2) and for vulnerable populations, including in Papua.
- Provide technical support to Papua, in the context of addressing the general epidemic, particularly for PMTCT prongs 1 and 2.
- Provide technical support to improve the national HIV prevention programme to prevent transmission among key affected populations.

**4. Support for the ongoing operationalization of the Minimum Initial Services**

**Package on Reproductive Health in humanitarian settings:**

- Provide technical support to improve the implementation of the Health Minister's Regulation No. 63 of 2014 on health crisis management, particularly the integration of MISP for reproductive health into health crisis response.
- Provide technical support to improve the quality of MISP implementation through improved guidelines and protocols, as well as logistical support in the event of a major disaster. These guidelines and protocols will be tested in two disaster prone areas.

**Implementing Partner(s):** MOH, Coordinating Ministry of Human Development and Culture/NAC Secretariat.<sup>1</sup>

**Strategic Partner(s):** IBI, BKKBN, MOH, CSOs

**4.7.2. Output 2: Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South Cooperation.**

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<sup>1</sup> During the development of this document, The Coordinating Ministry of Human Development and Culture is reviewing the structure of the National AIDS Commission Secretariat for management, funding, and reporting lines. The result of the review will determine whether or not the implementing partner for HIV Prevention initiatives will be under the Coordinating Ministry or under the NAC Secretariat. This has been scheduled to be resolved by the first quarter of 2016.

*Aligned to SP Output: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives, and improve quality family planning services, that is free of coercion, discrimination and violence.*

UNFPA will provide evidence and policy options to achieve a comprehensive and rights-based family planning programme, and strengthen linkages between demand creation and family planning services between key institutions, in support of the RPJMN 2015-2019. A pilot/model that aims to overcome the implementation challenges of family planning at the district level will provide the evidence to improve Indonesia's family planning policies and programme planning. The Ninth Country Programme will also provide support to BKKBN in strengthening the family planning component under the UHC. Through SSC, UNFPA will support the government in sharing knowledge and good practices on family planning.

**Strategic interventions under this output are:**

**1. Provision of evidence-based advocacy to improve policy on family planning in UHC scheme through the review of policy implementation:**

- Work with BKKBN to support improved stewardship and coordination of family planning with other stakeholders managing the family planning component of the UHC scheme (BPJSK, MOH).
- Support BKKBN in monitoring and reviewing the implementation of the family planning component of the UHC for improvement of policies/strategies.
- Support BKKBN to undertake evidenced-based advocacy, including costing, implementation reviews, and in-depth studies on the family planning programme (in collaboration with research institutions), to advance equitable and rights-based family planning within the UHC scheme.
- Provide technical assistance for mapping of FP facilities and quality of care in collaboration with BKKBN, MOH, and BPJSK.
- Provide policy advice on strengthening supply chain management (SCM), in the context of reproductive health commodity security and quality-assured procurement, through the review of SCM modeling in nine selected districts.

**2. Provision of evidence-based advocacy on comprehensive, rights-based and gender sensitive family planning for national and subnational policies, under the coordination of BAPPENAS:**

- Building on the development of a comprehensive rights-based family planning strategy with key stakeholders, UNFPA will provide strategic advice in ensuring the incorporation of this strategy into the strategic planning processes within BKKBN, MoH as well as for other family planning stakeholders, at the national and subnational level, in selected districts.
- Undertake policy gap analysis and review relevant policies and guidelines for strengthening a broader method mix with a rights-based shift to promoting demand and availability of longer term methods at the subnational level.
- Strengthen national coordination and collaboration through the FP2020 mechanism on family planning as well as promote achievement of FP2020 commitments through the development, implementation and monitoring of the Rights-based Family Planning Strategy Costed Implementation Plan.

### **3. Support to the Government of Indonesia to develop best practices from Indonesia to be shared with other countries in the region through knowledge management and SSC:**

- Initiate partnership programmes with Indonesia as a lead advocate on ICPD issues among countries with a similar social and cultural context
- South-South Cooperation:
  - Provide technical support to continue SSC in rights-based, comprehensive family planning training. This collaboration between BKKBN, University of Gajahmada (UGM), and UNFPA Indonesia will result in the establishment of a “Centre for Excellence” for comprehensive family planning training.
  - Establish SSC among ASEAN member countries to strengthen family planning in UHC, and with the Philippines in advancing family planning in a decentralized context, particularly on leadership transformation. UNFPA Indonesia will support government in establishing SSC on the demographic dividend at national and subnational levels.
  - Facilitate, expand, and monitor strategic partnership with religious leaders on family planning
  - Upscale the global and bilateral SSC programme through building on lessons learned and expanding international partners

#### **Implementing Partner(s): BKKBN**

Strategic Partner(s): BAPPENAS, MOH, IBI, Faith-Based Organizations and Religious Leaders, Faculty of Medicine of the University of Gadjah Mada, CSOs, private sector (institutions).

### **B. Outcome 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**

4.8. Given the current demographic transition and emerging youth bulge, Indonesia is entering a critical window of opportunity with a potential demographic bonus. This resonates clearly in the RPJMN 2015-2019, where development policies and programmes are geared towards ensuring that the demographic dividend will indeed become a bonus for the nation. Under the fifth priority development agenda of improving the quality of life of individuals and communities in Indonesia, the RPJMN 2015-2019 strategic direction points at providing reproductive health information in schools, and improving reproductive health services for adolescents and youths. This demographic bonus can only be an opportunity if there is focused investments in an integrated set of policies and programmes on employment, education and health that also target marginalized adolescents and youths, paying attention to the context and realities in which young people live. UNFPA Indonesia will provide the government with evidence-based policy advice on the critical points for investment in adolescents and youth.

#### **4.8.1. Output 3: Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings.**

*Aligned to SP Output: Increased national capacity to conduct evidence-based advocacy for incorporating adolescents and youth, and their human rights/needs in national laws, policies, programmes, including in humanitarian settings.*

UNFPA will support the Government in fulfilling the rights and needs of youth and adolescents, to support the RPJMN 2015-2019, by developing an integrated and comprehensive National Action Plan on Youth Development and a Youth Development Index for Indonesia that capitalizes on the demographic dividend and improves the lives of young people in Indonesia. UNFPA will also provide support to strengthen the National Action Plan on School-Aged Child and Adolescent Health through providing reviews and policy briefs on ASRH education in schools and access to youth-friendly services, including via the private sector. In improving the policy environment for greater investment in youth, one of UNFPA's key strategies is to promote youth leadership and participation through their networks, particularly through the UNFPA Indonesia Youth Advisory Panel, to ensure active engagement in policy development and implementation, particularly on issues that directly affect their lives and future. Furthermore, UNFPA will support the establishment of a platform to increase private sector investment in ASRH programmes.

### **Strategic Interventions for UNFPA:**

- 1. 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:**
  - Advocate to and support Government to establish a national youth working group to inform Government's Youth Policy through knowledge sharing.
  - Support the development of a National Action Plan on Youth Development (2016 – 2019) and a Youth Development Index (YDI) for Indonesia, focusing on capitalizing on the demographic dividend. It is coordinated by BAPPENAS (with multi-stakeholder partnerships), in collaboration with Ministry of Youth and Sports (MOYS).
  - Strengthen the role of youth organizations and networks in Indonesia to enable meaningful youth participation in development and policy making with Government, including in humanitarian settings.
  
- 2. 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:**
  - Provide evidence-based policy guidelines and advice to the MOH to enhance the *National Action Plan on School Aged Child and Adolescent Health for 2016 – 2020*, particularly on the implementation of youth-friendly SRH services at the Community Health Centres (*Puskesmas*) as stipulated in the National Action Plan.
  - Provide technical support to strengthen coordination between MOH and Ministry of Education and Culture (MOEC) on ASRH education (based on ITGSE) to improve knowledge and life skills of young people in relation to ASRH, through advocacy, facilitation, and monitoring of the inclusion of ASRH education modules with MOH in new MOEC curriculum and textbooks.
  
- 3. Provide support for the implementation of MISP for adolescent reproductive health in humanitarian settings:**

- Provide technical support to MOH, building on existing work for the Minimum Initial Services Package (MISP) for Reproductive Health, to develop and implement a programme on ASRH in humanitarian settings that is appropriate for Indonesia.

**4. Provide evidence-based advocacy to expand equitable, youth-friendly ASRH services through the private sector:**

- Provide evidence-based advocacy to private sector companies for strategic resource mobilization including Corporate Social Responsibility (CSR) funds in ASRH programmes.
- Provide evidence-based advocacy to the private sector to continue and upscale the UNALA, ASRH services model, as part of efforts to improve access to ASRH services through relevant impact evaluation of effectiveness and efficiency.

**Implementing Partner(s):** BAPPENAS and MOH.

**Strategic Partner(s):** MOYS, MOEC, Private Sector, Ministry of Religious Affairs, BKKBN, BPS, Youth Organizations and Networks.

**C. Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.**

4.9. Gender equality is at the heart of strategies for poverty reduction and the achievement of sustainable development. It is also central in achieving success in SRH outcomes. Increasing its ranking in the Gender Development and Gender Empowerment Indices are part of Indonesia’s target in the RPJMN 2015-2019 in advancing gender equality and in improving the quality of life of women in Indonesia. Addressing GBV and other harmful practices, including early marriage, that are both concerns on global health and rights, including in conflict and disaster contexts, can facilitate achievement of SRH targets as well as other development goals. The engagement of men and boys, a component of Gender Transformative Programming, will cut across all thematic areas – UNFPA will strengthen advocacy and provide policy advice to government to further invest in improving the quality of life of women.

**4.9.1. Output 4: Improved policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings.**

*Alignment to SP Outcome: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings.*

UNFPA will support Government in prevention and response to GBV and harmful practices by providing evidence for programming and policymaking, strengthening policy-level coordination among sectors and stakeholders on GBV and harmful practices, and advocating for appropriate policies for health system response to GBV, in support of the RPJMN 2015-2019 targets in gender mainstreaming, gender equality, and women’s empowerment.

**Strategic Interventions for UNFPA:**

- 1. Evidence-based advocacy and policy advice on the prevention of GBV including the elimination of harmful practices, with particular emphasis on linkages to reproductive health :**
  - Provide technical assistance to the Ministry of Women’s Empowerment and Child Protection (MOWECP) and BPS-Statistics Indonesia for the in-depth analysis of the results of the VAW Survey to inform evidence-based policy making and advocacy on the elimination of VAW.
  - Provide technical assistance to Government to develop a background study for the RPJMN on VAW prevention and response.
  - Provide evidence-based advocacy to the Government for the development of a government decree on a multi-sectoral approach to GBV prevention and response
  - Provide technical assistance to the National Commission on the Elimination of Violence Against Women (NCVAW) to strengthen and improve existing GBV-related laws and policies, through the tracking of policy follow-up action plans resulting from policy dialogue.
  - Provide technical support for MOWECP to carry out multi-sector coordination to GBV prevention and response, including MOWECP coordination with MOH for a regulation on health sector response to GBV.
  - Provide technical support to MOWECP to develop a strategy to address harmful practices, and in developing SDG indicators related to harmful practices.
  - Provide technical support to NCVAW to develop evidence-based advocacy to key groups, such as religious and community leaders, health service providers, and the public, on the issues related to harmful practices.
  
- 2. Technical support and advocacy on integrating the engagement of men and boys in various programmes in SRH and GBV prevention:**
  - Provide technical support to MOWECP to develop monitoring tools to strengthen the implementation of the regulation on men and boys engagement for SRH and GBV prevention.
  - Provide evidence-based advocacy, through a gap analysis and policy briefs, for stakeholders (government and CSOs) in integrating the engagement of men and boys for SRH and GBV prevention policies and programmes, by strategically engaging the National Reference Group on the Engagement of Men and Boys. Building on the work from the Eighth Country Programme on community-based GBV prevention, the Partners for Prevention (P4P) initiative aims to foster gender equality by engaging young people and their caregivers—the results of this initiative will provide the evidence base for GBV prevention policy making and programming.
  
- 3. Provide technical support on the adoption of guidelines for prevention of gender-based violence in humanitarian settings**
  - Strengthen approaches to gender mainstreaming in disaster management by supporting improved coordination between Ministry of Women’s Empowerment (MOWECP) and BNPB.
  - Support implementation of GBV in humanitarian settings programme, including Women Friendly Spaces during disasters, improved coordination and improved national guidelines on GBV in humanitarian settings.

**Implementing Partner(s):** MOWECP, National Commission on the Elimination of Violence Against Women, MOH

**Strategic Partner(s):** BNPB, BPS, MOSA, Coordinating Ministry for Human Resources and Culture

**D. 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**

4.10. Population dynamics (growth and movement, fertility, changing age structures) is associated with critical development challenges and opportunities. In this sense, the linkages between population dynamics and integrated sexual and reproductive health (maternal health, family planning, ASRH and HIV) and gender dynamics are inter-connected with the achievement of inclusive and sustainable development. In the RPJMN 2015-2019, population dynamics, particularly the demographic dividend, and necessary investments to enable better opportunities for development and growth, resonates strongly in Indonesia's strategic direction. The availability of accurate and disaggregated data as well as the in-depth analysis of available data continues to be important in providing the evidence base for the development of appropriate policies and programmes, including in humanitarian settings and in the context of climate change.

**4.10.1. Output 5: Increased availability of quality population data and robust analysis on population dynamics and its linkages with national policies and programmes related to sexual and reproductive health, gender equality, humanitarian response, and sustainable development.**

*Alignment to SP Outputs: (1) Strengthened national capacity for production and dissemination of quality disaggregated data on population and development issues that allows for mapping of demographic disparities and socio-economic inequalities, and for programming in humanitarian settings (2) Increased availability of evidence through cutting-edge analysis on population dynamics, reproductive health, HIV and their linkages to poverty eradication and sustainable development.*

UNFPA will support the Government in generating, analyzing and using quality population data for in-depth analyses of linkages between population dynamics, including the demographic dividend, and SRH, gender equality, humanitarian response, and sustainable development, to support the RPJMN 2015-2019. A nationally-led coordination mechanism will create a platform for the use of population data for deepened policy analysis and engagement across sectors and thematic areas, at both national and subnational levels. Innovations in data collection and dissemination will be a key feature in the availability of quality data. Fostering partnerships with parliamentarians and key interest groups will advance ICPD issues in the context of the SDGs.

**Strategic Interventions for UNFPA:**

- 1. 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:**
  - Provide technical support to BAPPENAS on improved coordination to ensure the availability and utilization of quality data and on a cross-sectoral basis for national

development policy making and programming, including for humanitarian settings. Technical support will also be provided to strengthen capacities and facilitate consensus on national and subnational MMR estimation, as well as the analysis of the demographic dividend at the subnational level. UNFPA will provide technical support for BAPPENAS advocacy for inclusion of Cause of Death into the CRVS. UNFPA will also support the government in advancing SSC on the aforementioned population issues, as well as in the development of background studies as the evidence base for the RPJMN 2020-2024.

- Provide technical support to BPS Statistics Indonesia and BKKBN for improved coordination in the design, implementation analysis, and dissemination of the 2015 Inter-censal Population Survey, 2020 Population and Housing Census, and 2017 IDHS survey, to inform national development policies and planning.
- Provide technical support to improve the analysis and dissemination of population data from a range of sources and standardize the reporting of national development indicators, particularly SDG indicators.
- Provide technical support for deepened analysis on the policy implications of the issues relevant to Indonesia's SDGs, including those from the monographs on youth, ageing, migration, urbanization and gender; the Indonesia Case Study on Population Dynamics and Sustainable Development, and the initiative on Population Dynamics and Climate Change.

**2. Innovation in collection and use of data (2015 Inter-censal Population Survey, 2020 Population and Housing Census, 2017 Indonesia Demographic and Health Survey, MMR estimation, population data in Disaster Risks Reduction/Disaster Management):**

- Provide technical support to BKKBN for the web-based interactive and innovative dissemination design, analysis and dissemination of the 2017 IDHS.
- Provide technical support to BPS-Statistics Indonesia on the design of the 2020 Population and Housing Census and the innovative data collection methods using satellite imaging and Big Data to increase coverage of the Census, as well as innovation in data dissemination of Census results.
- Provide technical support to BPS-Statistics Indonesia in the utilization and dissemination of existing population data including the 2015 Inter-censal Population Survey and the revised national and subnational (in selected districts) Population Projections using already piloted interactive and innovative web-based dissemination system under the Eighth Country Programme.
- Provide technical support to improve the use of innovative data collection and sharing including mobile data collection protocols within the Disaster Management Agency (BNPB), building on past support on the mobile application for data collection in preparedness and acute response.

**3. Provide evidence-based advocacy on ICPD issues in the context of the SDGs and contribute to other global policy dialogues, through partnerships with parliamentarians and other key interests groups:**

- Work with CSOs to advocate to Indonesian parliamentarians on ICPD issues, in the context of SDGs, including population data and data usage for policy making, promoting an enabling environment for family planning programmes/policies, increasing the age of marriage, prevention of GBV, and strengthening commitment of local governments for the family planning programme.

- Work with Faith Based Organizations such as *Nahdatul Ulama* and *Muhammadiyah*, to improve their roles and commitment on family planning and prevention of harmful practices.
- Utilize international days, including *World Population Day* and *State of the World's Population Report*, to highlight evidence on progress on ICPD issues in Indonesia

**Implementing Partners:** BPS, BAPPENAS, BKKBN.

**Strategic Partners:** BPS, BNPB, BAPPENAS, MOH, MOHA, UNFPA, CSOs, Journalists Associations, faith-based organizations/religious leaders.

## **Part V. Humanitarian Preparedness and Response Strategy**

5.1. UNFPA Indonesia will support the Government of Indonesia through a humanitarian preparedness and response strategy, taking stock of UNFPA areas of expertise in reproductive health and rights, youth, gender equality, and population dynamics and data. Under the Ninth Country Programme, humanitarian preparedness and response are mainstreamed across all outputs. In responding to reproductive health needs during emergencies, UNFPA will provide technical assistance on MISP, which has been integrated into national preparedness and response mechanisms through the past country programme. This will expand to a protocol that involves young people in humanitarian response, as well as in fulfilling the special reproductive health needs of young people during emergency situations. UNFPA Indonesia will continue support for subnational level MISP implementation (province and district), as well as in strengthening health provider response to reproductive health needs in humanitarian situations by incorporating MISP into nurse education. Advocacy for a strong Government-led GBV humanitarian cluster and promoting women-friendly spaces in humanitarian situations will complement humanitarian response. Building on the success of the past country programme in bringing together population and humanitarian data, the Ninth Country Programme will continue to harness data integration and promote innovation for improved rapid assessments and coverage for humanitarian response and preparedness.

## **Part VI. Partnership Strategy**

6.1. UNFPA will continue to strengthen its partnership with Government, particularly with relevant ministries that will play the role as implementing partners of the country programme. Where partnerships with subnational government are necessary, national level government will be involved to ensure that policy implementation challenges are overcome and national policies are improved as a result. In the context of FP2020, UNFPA, together with USAID, will lead the support to BKKBN in coordinating the fulfillment of FP2020 commitments through the FP2020 Country Committee. UNFPA will also partner with Government in advocating for policy dialogue on issues related to the ICPD and SDG agenda to parliament, ministries, and relevant stakeholders. Partnerships will also be formed through the work on SSC. SSC initiatives in the Ninth Country Programme will be in the form of bilateral or multiple country partnerships.

6.2. The UNPDF 2016-2020 serves as a framework for partnership among UN Agencies in Indonesia. UNFPA will actively participate as a member or a co-chair in the UNPDF thematic working groups, and will participate in cross-cutting working groups such as communications, and monitoring and evaluation. UNFPA, together with WHO, UNICEF, The World Bank, and UNAIDS, will work together to support the MOH in addressing

maternal health challenges in Indonesia through the H4+. In the context of youth development, UNFPA Indonesia will play an active role in chairing the Inter-UN Agencies Network on Youth Development (IANYD) to ensure coordination and effective UN contribution to the Government of Indonesia on youth development programmes. Potential for joint programming with other UN Agencies may be identified within the context of the UNPDF. UNFPA will also actively participate in the UN-BAPPENAS Forum, to ensure coordination and quality implementation of the UNPDF together with national government counterparts.

6.3. As UNFPA will further focus its work on upstream policy and advocacy, it is ever more important to engage stakeholders that will provide an enabling environment for advocacy and policy making. Alongside partnerships with government, as well as non-government organizations/civil society organizations, the country programme will benefit from strengthened engagement with the media, faith-based organizations, religious/community leaders that will help shape public opinion, change mindsets, and become the medium of which evidence-based advocacy can be disseminated to the greater public. Beyond resource mobilization, engagement with the private sector in the context of the SDG goal on partnership will aim to cultivate greater private sector involvement in supporting national development goals, and to promote public-private partnerships.

6.4. An advocacy strategy will be developed for the Ninth Country Programme to accommodate for the overall needs across all four outcomes on integrated reproductive health (which includes maternal health, family planning, and HIV Prevention), youth and adolescents, GBV and harmful practices, and population dynamics and data. This strategy will identify key stakeholders from both executive and legislative bodies, CSOs and interest groups, religious leaders/organizations, and media that are the strongest agents of change, as well as seeking entry points for different methods of advocacy.

6.5. A resource mobilization strategy will be developed for the Ninth Country Programme to raise non-core resources for the country programme. In addition to the \$20 million in regular resources to the Government of Indonesia, UNFPA will be expected to raise \$4 million for non-core funding. A mapping of potential donors from development partners, bilateral donors, as well as the private sector will be undertaken. Potential for shared financing with government will also be explored.

## Part VII. Programme Management

7.1. The Ministry of National Development Planning/BAPPENAS acts as the Government Coordinating Agency (GCA), and has the responsibility of coordinating the implementation of the programme, under the leadership of the Deputy for Human and Societal Development and Cultural Affairs.

7.2. The National Steering Committee, chaired by BAPPENAS and co-chaired by the UNFPA Representative, will be responsible for guiding the Ninth Country Programme policy direction and providing recommendations to the GCA and outcome working groups for programme-related issues. The committee consists of Echelon I officials from Government Partners. These appointments will be made official through a decree from the Ministry of National Development Planning/BAPPENAS.

7.3. The Ninth Country Programme Technical Outcome Working Group (TOWG), chaired by BAPPENAS (Echelon II) and the UNFPA Assistant Representative will discuss substantive issues related to the contribution of outputs to outcomes, identifying policy barriers and progress towards the achievement of indicators. This working group will also provide recommendations to the National Steering Committee on strategic programme and management issues.

7.4. Implementing Partners will be designated accordingly, as per the CPAP, to implement programme activities in conformity with the Country Programme Multi-Year Work Plan (MYWP). This organizational structure and coordination mechanism will be stipulated in the Government Decree.

7.5. In order to ensure coordination among all stakeholders under the Ninth Country Programme partnership, a strong coordination mechanism is necessary between UNFPA, implementing partners, Ministry of Finance, non-IP ministries/institutions, CSOs, the private sector, and other international partners. In the event that the Ninth Country Programme will involve programme activities at the province/district level, IPs are required to establish coordination with the provincial and district BAPPEDAs, as well as related SKPDs (provincial and district sectoral offices). In the case where an NGO is a strategic partner of IPs, BAPPENAS, as GCA, should be informed. The coordination and accountability mechanisms as prescribed in the General Guidelines (*Pedoman Umum*) will apply to all implementing partners.

7.6. Cash transfers for activities detailed in MYWPs can be made by UNFPA using the following modalities: (1) Cash transferred directly to the Implementing Partner prior to the start of activities (direct cash transfer), or after activities have been completed (reimbursement); (2) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; (3) Direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

7.7. Cash transfer modalities, the size of disbursements, the scope and frequency of assurance activities, may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Agency and an assessment of the financial management capacity of the non-UN Implementing Agency<sup>2</sup>. A qualified

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<sup>2</sup> To include NGOs, INGOs, IFIs, and other types of donor and implementing agencies.

consultant may be hired by UN Executive Committee (ExCom) Agencies jointly or individually to conduct such assessments during 2016.

7.8. In order to operationalize the Country Programme, and to promote aid effectiveness as stipulated in the Jakarta Commitment, a Programme Management Implementation Guideline (PEDUM) is required for the management of programme implementation. The PEDUM takes as its reference relevant government regulations as well as UN (HACT) and UNFPA policies and procedures relating to financial and programme management accountability. This PEDUM aims to provide guidance for programme implementation and the coordination of implementing partners at the central and subnational levels, and the UNFPA Indonesia country office, in implementing, managing and coordinating the activities, as conveyed in the CPAP and Multi-Year Work Plan.

7.9. Indonesia's evolving development status requires a UNFPA Country Office with an experienced Representative and senior management team with an Assistant Representative and Operations Manager, and other programme staff equipped with policy and advocacy skills supported, by relevant administrative staff, within the framework of the approved country office typology. The Country Office structure, staff profile and size will be reviewed to ensure effective delivery of the Ninth CPAP. National and international personnel will be recruited, using regular and extra-budgetary programme resources to strengthen programme implementation. UNFPA Country Office may also draw upon technical expertise from the Asia Pacific Regional Office, UNFPA Headquarters, request support from other UN agencies or even recruit Junior Professional Officers, UN Volunteers, or seek national and international experts and institutions. Furthermore, UNFPA will also support Country Office staff and selected personnel of implementing partners to participate in key national and international meetings to share programme experiences and acquire knowledge and skills aimed to improve planning and programming for upstream policy work.

## **Part VIII. Monitoring and Evaluation**

8.1. Monitoring is a continuous process to collect and analyze information from a particular output and indicator; showing its progress and achievement, as well as the use of resources. "Regular" monitoring is mandatory for all programme activities regardless of whether implemented by the Implementing Partner or by UNFPA directly. Programme monitoring is one of the primary tasks of programme managers, who are expected to lead all UNFPA monitoring efforts with the support of operational and technical colleagues. (See Annex 2: Monitoring and Evaluation Framework).

8.2. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, IPs agree to the following:

1. Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives;
2. Programmatic monitoring of activities following UNFPA standards and guidance for site visits and field monitoring;
3. Special or scheduled audits. UNFPA, in collaboration with other UN agencies will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing Partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. Select from the following two options:

- (Where an assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution is high and willing and able to conduct scheduled and special audits.) *The Supreme Audit Institution may undertake the audits of government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services.*
- (Where no assessment of the Public Financial Management Capacity has been conducted, or such an assessment identified weaknesses in the capacity of the Supreme Audit Institution.) *The audits will be commissioned by UNFPA and undertaken by private audit services.*

8.3. UNFPA, in collaboration with other UN agencies will establish an annual audit plan including spot checks, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

8.4. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

8.5. Detailed guidelines on monitoring and evaluation including the roles and responsibilities of each partner and forms to be used are spelled out in detail in the Programme Management Implementation Guidelines (*pedoman umum*).

## **Part IX. Commitments of UNFPA**

9.1. UNFPA Indonesia has the total commitment of \$20 million from UNFPA regular resources (RR) to the Government of Indonesia, subject to the availability of funds, for the period 1 January 2016 to 31 December 2020, in support of the CPAP. Under the CPAP, UNFPA Indonesia will seek additional funding to support the implementation of the CPAP, referred therein as other resources, to an amount equivalent to \$4 million. The availability of these funds will be subject to donor awareness of, and interest in, the proposed programme. Resource mobilization efforts will be intensified, building on the positive experience. Therefore, the total resources for the CPAP from 2016 to 2020 is \$17 million. Budget allocation between UNFPA Indonesia and Government of Indonesia will be spelled out in the Programme Management Implementation Guidelines (*pedoman umum*).

9.2. UNFPA support for the development and implementation of activities included within this CPAP may include supplies and equipment, vehicles, procurement services. UNFPA will also support transport, technical staff and support, funds for advocacy, research and studies, consultancies, programme development, coordination and management, improvement of facilities, monitoring and evaluation, audits, information and programme communication, orientation and training activities. UNFPA shall appoint programme staff and consultants for programme development, programme support and technical assistance as well as monitoring and evaluation activities. Part of the funds will be provided to NGOs and CSOs within the framework of the agreed IP MYWPs.

9.3. The funds will support priority programmes as identified in the Results and Resources Framework (RRF) attached to this document (see Annex 1). Changes in the programme activities are subject to review by the Government and UNFPA. Funds will be committed annually based on the MYWP to be signed by the respective Implementing Partners and UNFPA. Disbursement of funds will be made on a quarterly basis following UNFPA financial rules and procedures. Specific details on the allocation and yearly phasing of UNFPA's assistance in support of the country programme will be reviewed by the National Steering Committee and UNFPA, and further detailed through the preparation of the MYWPs. UNFPA funds are distributed by calendar year and in accordance with this Country Programme Action Plan and subject to availability of funds. During the quarterly coordination meetings that discuss the progress of workplans, Implementing Partners will examine with UNFPA the rate of implementation for each programme component. Subject to the conclusions made in the review meetings, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that are expected to achieve faster rates of execution.

9.4. Activities that are carried out directly by UNFPA Indonesia to support nationally executed activities by Implementing Partners should be recorded in the form of a Handover Delivery Certificate (*berita acara serah terima*, or *BAST*), for IP reporting to Ministry of Finance.

9.5. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

9.6. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the MYWPs. Therefore, in consultation with concerned government ministries, UNFPA maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in this CPAP or MYWP, for the purpose of reprogramming those commodities within the framework of the CPAP. UNFPA will keep the Government informed about UNFPA Executive Board policies and any changes occurring during the programme period.

9.7. In the case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner, or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within the specified period of time. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

9.8. In the case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in

support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within a reasonable time.

9.9. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor.

## **Part X. Commitments of the Government**

10.1. The Country Programme Action Plan 2016-2020 will be implemented in conformity with the laws and policies of the Government of Indonesia. The Government, through the Ministry of National Development Planning/BAPPENAS and the collaborating line ministries, is responsible for providing UNFPA with information regarding its laws and policies and any changes occurring during the programme period.

10.2. As the programme will contribute to the achievement and implementation of national priorities and policies, the Government will provide the necessary support to UNFPA and concerned implementing agencies to carry out the Ninth Country Programme. The Government's contribution to the Country Programme will include personnel, office space and logistics support as available in the project areas. The Government is committed to support UNFPA in its efforts to raise funds required to meet the financial needs of the Country Programme.

10.3. The Government is also committed to organize periodic programme review and planning meetings and to facilitate the participation of donors and NGOs where appropriate and agreed.

10.4. The Government should recognize the important role of NGOs, including community-based organizations, as strategic partners of the CPAP at central, provincial and district levels and provide the support required for NGOs to participate in and contribute to programme planning, implementation, management, monitoring and evaluation. This includes allocation of funds from this programme directly executed by UNFPA or through the Government. NGOs should adhere to the Government and UNFPA regulations and guidelines governing the programme as spelled out in this CPAP document, the partnership agreements that are to be signed between NGOs and IPs, as well as other related documents.

10.5. Each of the UNFPA-assisted authorities and institutions shall maintain proper accounts, records and documentation in respect to funds, supplies, equipment, vehicles and other assistance provided under this country programme. Authorized officials of UNFPA shall have access to all relevant accounts, records and documentation concerning the procurement and distribution of supplies, equipment and other materials and the disbursement of funds. The Government shall also permit UNFPA officials, experts on mission, and persons performing services for UNFPA, to observe and monitor all phases of the programme of cooperation.

10.6. All supplies and equipment procured by UNFPA for the Government shall be transferred to the Government immediately upon arrival in the country. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed government receipt. The Government will be responsible for clearance, receipt, warehousing, distribution and accounting of supplies and equipment. This also applies to the commodity (for family planning) made available by UNFPA to the Government. The procurement for supplies, vehicles and equipment will be executed by the general accounting procedures of the Government, which will provide such information as required by UNFPA. Should any of the

supplies and equipment thus transferred not be used for the purposes for which they were provided as outlined in the MYWPs and this CPAP, UNFPA may require the return of those items, and the Government will make such items freely available to UNFPA.

10.7. The timing of transfer of commodity supplies (for family planning) procured by UNFPA for the Government will be done in agreement between the two parties. Final legal transfer shall be accomplished upon delivery to UNFPA of a signed Government Receipt (GR).

10.8. In line with the Convention on the Principles and Immunities of the United Nations which has been adopted by the Government of Indonesia with the Presidential Decree No. 33/1969 issued on 24 June 1969, UNFPA is exempted from all direct taxes and custom duties. In this regard all procurement financed by UNFPA should be made without payment of Value Added Taxes (VAT) and other direct taxes or customs duties. The Government shall provide the necessary assistance to ensure that this convention is applied.

10.9. Prior to the completion of UNFPA assistance to the MYWP(s), the Implementing Partner shall consult UNFPA as to the disposition of non-expendable property provided by UNFPA during the course of the MYWP(s). Title to such property shall normally be transferred to the Implementing Partner (or an entity nominated by it) when such equipment is required for the continued operation of the MYWP(s), or for activities that directly follows from there. Decision on transfer of property will be made during the final CPAP review meeting.

10.10. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Multi-Year Work Plan (MYWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner. Cash transferred to Implementing Partners should be spent for the purpose of activities as agreed in the MYWPs only.

Cash received by the Government and national NGO through Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for activities as agreed in the MYWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds. Where any of the national regulations, policies and procedures, are not consistent with international standards, the UN agency regulations, policies and procedures will apply.

In the case of international NGO and IGO strategic partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the MYWPs, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits, each Implementing Partner that receives cash from UNFPA will provide UN Agency or its representative with timely access to:

- all financial records which establish the transactional record of the cash transfers provided by UNFPA;

- all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will furthermore:

- Receive and review the audit report issued by the auditors.
- Provide a timely statement of the acceptance or rejection of any audit recommendation to the UNFPA that provided cash.
- Undertake timely actions to address the accepted audit recommendations.
- Report on the actions taken to implement accepted recommendations to the UN agencies on a quarterly basis.

10.11. With respect to the use of programme funds, UNFPA and the heads of Implementing Partners as indicated in the MYWPs, will sign separate UNFPA standard partnership agreements and approval providing details on accountability, use of funds provided by UNFPA, banking arrangements, accounting and financial reports, audit and control mechanisms, and closing procedures. The Government shall designate the names, titles and account details of the recipients authorized to receive such funds. Responsible officials will utilize such funds/assistance in accordance with Government regulations and UNFPA regulations and rules, in particular ensuring that funds are spent against prior approved MYWP budgets and ensuring adequate reporting as specified below. Any balance of funds unutilized or which could not be used according to the original plan shall be reprogrammed by mutual consent between the Government and UNFPA, or returned to UNFPA. Failure to do so will preclude UNFPA from providing further funds to the same recipient. Funds used for travel, DSA, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System, as stated in the International Civil Service Commission (ICSC) circulars.

10.12. Together with UNFPA, Implementing Partners are to prepare the Handover Delivery Certificate (*berita acara serah terima*, or *BAST*) for all programmes executed by UNFPA and that have been agreed on by IPs. This document should be submitted to the Ministry of Finance by the relevant IP.

10.13. The Government will be responsible for dealing with any claims, which may be brought by third parties against UNFPA and its officials, advisors and agents. UNFPA and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNFPA that such claims and liabilities arise from gross negligence or misconduct of UNFPA advisors, agents or employees. Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNFPA from civil liability under the law of the country in respect of programme vehicles under the control of or use by the Government.

10.14. The Government will support UNFPA's efforts to raise funds required to meet the financial needs of the Programme of Cooperation, including all components detailed in this CPAP, and will cooperate with UNFPA by encouraging potential donor governments to make available to UNFPA the funds mentioned in the CP document related to other resources.

## **Part XI. Other Provisions**

11.1. This CPAP and its annexes shall become effective upon signature, but will be understood to cover programme activities to be implemented during the period 1 January 2016 through 31 December 2020.

11.2. This CPAP and its annexes may be modified through mutual consent of the Government and UNFPA, based on the outcome of annual reviews, the mid-term review, or compelling circumstances.

11.3. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of Indonesia is a signatory.

11.4. This original document was written in English and subsequently translated into Bahasa Indonesia. In the event of a discrepancy between the two versions, the original English version shall take precedence.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this day and date of actual signing in Jakarta, Indonesia.

For the Government of Indonesia *SR*

For the United Nations Population Fund *RM*



**Dr. Sofyan A. Djalil, SH, MA, MALD**  
Minister of National Development Planning/  
Head of National Development Planning Agency

**Dr. Annette Sachs Robertson**  
Representative

**Date: 29 March 2016**

**Date: 29 March 2016**

# Annex 1

## CPAP RESULTS AND RESOURCES FRAMEWORK

National priority: To improve the responsiveness of the health system (National Medium Term Development Plan)									
UNPDF outcome #1: By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation									
UNFPA Strategic Plan Outcome	Country programme output(s)	Output indicators, targets and baselines, as well as means of verification	Implementing Partners	Indicative resources by output (per annum, in Million of USD)					
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<p><b>Outcome 1: Sexual and reproductive health</b> (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)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Maternal mortality ratio Baseline: 346; Target: 306</li> <li>Contraceptive prevalence rate Baseline: 62%; Target: 66%</li> <li>Unmet family planning need Baseline: 11%; Target: 9.9%</li> <li>HIV prevalence Baseline: 0.46%; Target: &lt;0.5%</li> </ul>	<p><u>Output 1:</u> Improved policies and programmes to address barriers to ensuring rights-based maternal health and HIV- sexual and reproductive health linkages, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of policy instruments that accelerate the National Action Plan for Maternal Health <u>Baseline:</u> Action plan exists ; <u>Target:</u> Ministerial decrees to enable implementation and monitoring of the action plan for maternal health at national and subnational level are available</li> <li>Existence of policy instruments to improve the quality of midwifery <u>Baseline:</u> Midwifery education accreditation standards available but not regulated; <u>Target:</u> Regulations to improve the quality of midwifery workforce nationally and sub-nationally available</li> <li>Existence of policy instruments that integrate HIV and-sexual and reproductive health linkages within the national programme on the prevention of HIV through sexual transmission into maternal health and family planning <u>Baseline:</u> National strategies on prevention of HIV through sexual transmission and prevention of mother-to-child transmission of HIV available; <u>Target:</u> Protocols/action plans on HIV-SRH linkages in maternal health and family planning programmes available</li> <li>Existence of policy instruments to monitor and manage RH in humanitarian settings (MISP) <u>Baseline:</u> Guideline on Minimum Initial Service Package (MISP) available; <u>Target:</u> Regulations for MISP implementation protocols at subnational levels available</li> </ul>	Ministry of Health	Regular Resources					
				1.339	1.684	2.105	2.073	1.263	8.464
				Other Resources					
				0.2	0.4	0.8	0.4	0.2	2

	<p><u>Output 2:</u> Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South Cooperation</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Evidence of improvement of national policies on family planning in universal health coverage <u>Baseline:</u> Regulatory framework on UHC exists but not specifically on FP services; <u>Target:</u> Revised Ministry of Health and National Population and Family Planning Board Decrees on family planning in the universal health coverage</li> <li>Existence of national policies incorporating comprehensive, rights-based family planning <u>Baseline:</u> Strategy on Family Planning 2015-2019 available; <u>Target:</u> National Population and Family Planning Board Strategy 2015-2019 and Annual Workplans also at subnational level incorporating rights-based elements available</li> <li>Number of South-South Cooperation good practices on family planning and other population issues <u>Baseline:</u> 0; <u>Target:</u> 4 SSC good practices on family planning shared nationally, regionally and internationally, available</li> </ul>	National Population and Family Planning Board (or BKKBN)	
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**National priority:** To improve the participation of youth in development, particularly in social, political, economic, cultural and religious affairs (National Medium Term Development Plan)  
**UNPDF outcome #2:** 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.

<p><b>Outcome 2: Adolescents and youth</b> (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)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Age Specific Fertility Rate (15-19yrs) Baseline: 48; Target:</li> </ul>	<p><u>Output 3:</u> Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Existence of policy instruments on an integrated national youth strategy capitalizing on the demographic dividend with opportunities for youth participation and leadership <u>Baseline:</u> Policies on youth exist but not integrated; <u>Target:</u> An integrated and comprehensive National Youth Strategy available</li> <li>Existence of policy instruments to improve implementation of the national action plan on adolescent health, particularly on adolescent sexual and reproductive health <u>Baseline:</u> Draft Action plan 2015-2019; <u>Target:</u> Regulations to monitor and implement the action plan nation-wide available</li> <li>National guidelines on adolescent sexual and reproductive health in humanitarian settings available</li> </ul>	Ministry of Health, Ministry of National Development Planning	<table border="1"> <tr> <td colspan="6">Regular Resources</td> </tr> <tr> <td>0.231</td> <td>0.300</td> <td>0.375</td> <td>0.369</td> <td>0.225</td> <td>1.500</td> </tr> <tr> <td colspan="6">Other Resources</td> </tr> <tr> <td>0.1</td> <td>0.2</td> <td>0.4</td> <td>0.2</td> <td>0.1</td> <td>1</td> </tr> </table>	Regular Resources						0.231	0.300	0.375	0.369	0.225	1.500	Other Resources						0.1	0.2	0.4	0.2	0.1	1
Regular Resources																												
0.231	0.300	0.375	0.369	0.225	1.500																							
Other Resources																												
0.1	0.2	0.4	0.2	0.1	1																							

38		<p><u>Baseline</u>: No; <u>Target</u>: Yes</p> <ul style="list-style-type: none"> <li>• A functional platform to increase private sector investment in adolescent sexual and reproductive health services established</li> </ul> <p><u>Baseline</u>: No; <u>Target</u>: Yes</p>														
<p><b>National priority:</b> To improve women’s quality of life and participation in development (National Medium Term Development Plan)  <b>UNPDF outcome #3:</b> By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation.</p>																
<p><b>Outcome 3: Gender equality and women’s empowerment</b>  (Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Gender Development Index  Baseline: 69.6; Target: Increased</li> <li>• Gender Empowerment Index  Baseline: 70.5; Target: Increased</li> </ul>	<p><b>Output 4:</b> Improved policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Existence of policies that accelerate gender-based violence prevention and response, including harmful practices  <u>Baseline</u>: Regulations on Violence Against Women and Children/MSS VAWC available; <u>Target</u>: Regulations to enable MOWECP coordination of GBV prevention and response available</li> <li>• Number of evidence-based policy dialogue to advocate for male involvement within national policies and subnational programmes  <u>Baseline</u>: None ; <u>Target</u>: 5 multi-stakeholder, national policy dialogues to promote male involvement within national policies and programmes</li> <li>• Existence of guidelines on the prevention of sexual and gender-based violence in humanitarian settings  <u>Baseline</u>: Regulations on gender-responsive disaster management available; <u>Target</u>: Regulations/protocols for Gender-Based Violence in humanitarian settings for MOSA and MOWECP available</li> </ul>	<p>Ministry of Women’s Empowerment and Child Protection</p>	<p>Regular Resources</p> <table border="1" data-bbox="1597 528 2175 620"> <tr> <td>0.428</td> <td>0.600</td> <td>0.750</td> <td>0.739</td> <td>0.450</td> <td>2.967</td> </tr> </table> <p>Other Resources</p> <table border="1" data-bbox="1597 700 2175 793"> <tr> <td>0.05</td> <td>0.1</td> <td>0.2</td> <td>0.1</td> <td>0.05</td> <td>0.5</td> </tr> </table>	0.428	0.600	0.750	0.739	0.450	2.967	0.05	0.1	0.2	0.1	0.05	0.5
0.428	0.600	0.750	0.739	0.450	2.967											
0.05	0.1	0.2	0.1	0.05	0.5											
<p><b>National priority:</b> To improve the availability of quality population data, and the utilization of population data for development planning and evaluation (National Medium Term Development Plan)  <b>UNPDF outcome #4:</b> 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.</p>																
<p><b>Outcome 4: Population dynamics</b> (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics</p>	<p><b>Output 5:</b> Increased availability of quality population data and analysis on population dynamics and its linkages with national policies and programmes related to sexual and reproductive health, gender</p>	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of policy reviews and recommendations on sexual and reproductive health, gender equality, population dynamics (including demographic dividend), disaster risk reduction and sustainable development by a functional mechanism for national policy coordination  <u>Baseline</u>: 0; <u>Target</u>: 10 policy reviews to improve national policies available</li> </ul>	<p>Ministry of National Development Planning, BPS-Statistics Indonesia, BKKBN</p>	<p>Regular Resources</p> <table border="1" data-bbox="1597 1297 2175 1353"> <tr> <td>0.928</td> <td>1.240</td> <td>1.695</td> <td>1.526</td> <td>0.611</td> <td>6.00</td> </tr> </table> <p>Other Resources</p> <table border="1" data-bbox="1597 1417 2175 1473"> <tr> <td>0.05</td> <td>0.1</td> <td>0.2</td> <td>0.1</td> <td>0.05</td> <td>0.5</td> </tr> </table>	0.928	1.240	1.695	1.526	0.611	6.00	0.05	0.1	0.2	0.1	0.05	0.5
0.928	1.240	1.695	1.526	0.611	6.00											
0.05	0.1	0.2	0.1	0.05	0.5											

<p>and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality)</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>Population surveys used to inform policy Baseline: Data not used optimally for policymaking; Target: Population Development data used for policy</li> </ul>	<p>equality, humanitarian response and sustainable development</p>	<ul style="list-style-type: none"> <li>Number of population data management exercises incorporating innovation in data collection or use, including in humanitarian settings <u>Baseline:</u> 0; <u>Target:</u> 5 innovations for the Mid- Censal Survey, Indonesian Demographic Health Survey, Census, Mortality Data, and population data in Disaster Management</li> <li>Number of multi-stakeholder policy dialogue, including with parliamentarians, on ICPD issues <u>Baseline:</u> 0; <u>Target:</u> 10 policy dialogues to improve policies on ICPD issues</li> </ul>														
<p><b>Programme Coordination and Assistance</b></p>				<p>Regular Resources</p> <table border="1"> <tr> <td>0.2</td> <td>0.2</td> <td>0.2</td> <td>0.2</td> <td>0.2</td> <td>0.2</td> <td>1.00</td> </tr> </table>						0.2	0.2	0.2	0.2	0.2	0.2	1.00
0.2	0.2	0.2	0.2	0.2	0.2	1.00										

## Annex 2

### **Annex 2a. Monitoring and Evaluation Framework** **UNFPA Indonesia –Government of Indonesia Country Programme Action Plan 2016-2020** **Ninth Cycle**

1. Monitoring is a continuous process to collect and analyze information on a particular programme activity within an output. in order to track progress and achievement, as well as the use of resources. “Regular” monitoring is mandatory for all programme activities regardless of whether implemented by the Implementing Partner or by UNFPA directly. Programme monitoring is one of the primary tasks of programme managers, who are expected to lead all UNFPA monitoring efforts with the support of operational and technical colleagues.

The mandatory completion and frequency of the monitoring and reporting activities are summarized below:

<b>Type of Monitoring/Reporting</b>	<b>Frequency</b>	<b>Responsible Entity</b>
Continuous Monitoring	Throughout	UNFPA with Implementing Partner
Workplan Progress Report (WPR)	Quarterly	UNFPA and Implementing Partner
FACE form	Quarterly	Implementing Partner
Annual Review Meeting	Annual	BAPPENAS, UNFPA and IPs
Update of CPAP Planning Matrix for M&E	Annual	BAPPENAS and UNFPA Country Office

2. The WPR aims to report progress from the implementation of quarterly AWP. The WPR should be prepared quarterly by implementing partners, together with output managers/NPOs and should be submitted along with the FACE form at the beginning of each quarter in January, April, July, and October. Output managers/NPOs will be responsible for updating quarterly progress through the UNFPA MyResults/Strategic Information System.

3. The Annual Review is an important element in the programme management cycle. Under the leadership of BAPPENAS, UNFPA must carry out an annual review meeting with each Implementing Partner. Careful assessment on progress and results can only be carried out if problems and obstacles in implementation are discussed in order to obtain the necessary recommendations on overcoming these challenges and move forward. During the Annual Review Meeting, UNFPA together with the Implementing Partner(s), will review the implementation of the workplan activities, expenditures and discuss progress made towards achieving the programme output(s) by using the established workplan indicators. The Implementing partner and UNFPA will revise/adjust the coming year(s), including activities, budget, annual targets (if any) reflecting the records, if requested. Results of the Annual Review and other reports and end-of year documents will feed into the work planning processes for the following year. With the facilitation and under the leadership of the BAPPENAS as Government Coordinating Agency (GCA), the Annual Review results will be validated by the National Steering Committee. Results of the annual review will be used by output managers/NPOs for the UNFPA Strategic Information System (SIS) annual reporting. The SIS aims to record programme performance and explains results achieved against targets that are set in the strategic plan. Submission of an annual report is mandatory for all UNFPA offices.

4. Updating the Planning Matrix for Monitoring and Evaluation must be made on the basis of annual progress review of output achieved and agreed during the Annual Review Meetings with implementing partners. The update of the matrix may include adding new data, and revising the existing one. The update should reflect actual achievement toward the planned annual target, Monitoring and Evaluation (M&E) activities completed during the year, relevant data gathered, and plans for M&E activities in the next year. The updated Planning Matrix for M&E will be shared with BAPPENAS as the GCA.
5. In the middle of the programme (June 2018), a Mid-Term Review will be held to review the relevance and validity, efficiency, effectiveness, impact, sustainability, and reliability of various initiative of the Ninth Country Program. The review is different from an evaluation as it is carried out mid-cycle and serves the purpose to provide the evidence-based grounds for corrective action for the remaining part of the cycle.
6. The final country programme evaluation (CPE) is carried out on the fourth year of the Country Programme, which in this case is scheduled for 2019. This timeline is very important as the results of the CPE will feed into the development of the Country Programme strategic documents for the following cycle between the end of 2019 to 2020. The CPE will focus on achievements, challenges, good/best practices, and lessons learned from the implementation in the previous four years. Results of the evaluation will be presented in the National Coordination Team meeting, under the leadership of and facilitation by BAPPENAS as GCA, and validated by the National Steering Committee.
7. UNFPA, in collaboration with other UN agencies will establish an annual audit plan including spot checks, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.
8. The audits will be commissioned by UNFPA and undertaken by private audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.
9. Detailed guidelines on monitoring and evaluation including the roles and responsibilities of each partner and forms to be used are spelled out in detail in the Programme Management Implementation Guidelines (*pedoman umum*).

## Annex 2

### Annex 2b. Planning Matrix for Monitoring and Evaluation

#### Output 1

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring Risks
		2016		2017		2018		2019		2020							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
<b>Outcome 1:</b> 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																	
<b>RPJMN 2015-2019:</b> - Maternal Health. Policy direction on the acceleration of access to quality maternal health service, management improvement, research and development and SIK. - Improvement on Human Resource of Health  - Disease control and environmental sanitation																	
<b>UNDAF Outcome 1:</b> By 2020 the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation																	
<b>SDGs Goal 3:</b> Good Health and Well Being																	
<b>CP Output 1:</b> Improved policies and programmes to address barriers to ensuring rights-based maternal health and HIV- sexual and reproductive health linkages, including in humanitarian settings	Indicator: Existence of policy instruments that accelerate the implementation of the National Action Plan for Maternal Health.  Baseline: - NAP	Review of existing National Action Plan on Maternal and Neonatal Health (NAP MNH) costing including bottleneck analysis		Advocacy Strategy for NAP MNH planning and budgeting								<ul style="list-style-type: none"> <li>- Draft health regulations</li> <li>- Health regulations</li> <li>- Draft local regulations</li> <li>- Local regulations</li> <li>- Report on the policy implementation</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting</li> <li>- Field visit</li> <li>- Review</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting :every semester</li> <li>- Field visit: once per quarter</li> <li>- Review: once per year</li> </ul>	<ul style="list-style-type: none"> <li>- Family health directorate (MOH)</li> <li>- RH unit (UNFPA)</li> </ul>	9% of the total yearly budget (according to AWP)	Unsynchronized Monitoring schedule between MOH and UNFPA

<p>Maternal Health 2016-2030</p> <ul style="list-style-type: none"> <li>- INAP 2015-2035</li> <li>- Implementation guidelines for NAP Maternal Health</li> <li>- NAP Maternal and Newborn Health Costing Guidelines</li> </ul>	<p>Implementation plan for modeling (OR) on NAP MNH planning and budgeting in selected districts in 2 provinces (West Java and South Sulawesi)</p>	<p>5-year costed district action plan (DAP) in selected districts in 2 provinces (West Java and South Sulawesi)</p>	<p>Annual review of implementation of costed DAP</p> <p>Advocacy and scale up strategy for DAP planning and budgeting for local government</p>	<p>Annual review of implementation of costed DAP</p> <p>Advocacy and scale up strategy for DAP planning and budgeting for local government</p>	<p>Evaluation and lessons learned documentation of the modeling (OR) on NAP MNH planning and budgeting</p>											
	<p>Inputs for monitoring of SRH related indicators in the SDGs.</p>	<p>Baseline of SRH related indicators in the SDGs.</p>	<p>Annual review of SRH related indicators in the SDGs as input for the SDGs National Report.</p>	<p>Annual review of SRH related indicators in the SDGs as input for the SDGs National Report.</p>	<p>Annual review of SRH related indicators in the SDGs as input for the SDGs National Report.</p>											
	<p>Mapping of policies, practice, and data availability on SRHR among persons with disabilities</p>	<p>Analysis of bottlenecks for equitable access to quality maternal health care for inputs to the SDGs achievement strategy.</p> <p>Secondary analysis of national data sets on SRHR among persons with disabilities</p>	<p>Policy brief for acceleration of SDGs achievement</p>			<p>Policy brief /recommendations as input to accelerate SDGs achievement by 2030</p>										

	<p>Baseline:</p> <ul style="list-style-type: none"> <li>- Draft guideline MDSR (SKI)</li> <li>- MPA guideline</li> <li>- LAM guideline</li> <li>- Joint decree MoH and MOHA on reporting and cause of death</li> <li>- Lessons learned report MDSR in several locations</li> </ul>	<p>MDSR Guidelines finalized</p> <p>Implementation plan for MDSR roll out (Operations Research – OR) in 2 selected districts</p>		<p>Review of year 1 MDSR implementation (OR) in 2 selected districts</p>	<p>Review of year 2 MDSR implementation (OR) in 2 selected districts</p>	<p>Policy brief on the adoption of MDSR at subnational level</p>	<p>Evaluation of MDSR initiative</p>		<ul style="list-style-type: none"> <li>- Stakeholder meeting</li> <li>- Field visit</li> <li>- Review</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting :every semester</li> <li>- Field visit: once per quarter</li> <li>- Review: once per year</li> </ul>	<ul style="list-style-type: none"> <li>- Family health directorate (MOH)</li> <li>- Population and civil registration district officer</li> <li>- DG of Administration and Population</li> <li>- RH unit (UNFPA)</li> </ul>		<p>Unsynchronized Monitoring schedule between MoH and UNFPA</p>
	<p>Indicator: Existence of policy instruments to improve the quality of midwifery.</p> <p>Baseline:</p> <ul style="list-style-type: none"> <li>- Standards accreditation for midwifery education exists but not regulated</li> <li>- UU BANPT</li> <li>- Policy LAMPTKes</li> </ul>	<p>Review of the standards for midwifery education and services, including the scope of practice and bottleneck analysis for implementation of the standards at national and subnational level</p> <p>Policy brief on quality assurance mechanism for midwifery education and services</p>	<p>Inputs for refinement of midwifery education accreditation mechanism</p> <p>Inputs for refinement of standards for midwifery education (vocational and professional)</p>	<p>Review of the implementation of revised midwifery education standards and revised accreditation mechanism at national and subnational level</p>	<p>Review of the implementation of revised midwifery education standards and revised accreditation mechanism at national subnational level</p>	<p>Evaluation of the implementation of revised midwifery education standards and revised accreditation mechanism</p>	<ul style="list-style-type: none"> <li>- Draft health regulations</li> <li>- Health regulations</li> <li>- Review and evaluation reports of the policy implementations</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting</li> <li>- Field visit</li> <li>- Review</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting :every semester</li> <li>- Field visit: once per quarter</li> <li>- Review: once per year</li> </ul>	<ul style="list-style-type: none"> <li>- Head of Center for education of HRH– MOH</li> <li>- RH unit - UNFPA</li> </ul>	<p>15% of the total yearly budget (according to AWP)</p>	<p>Unsynchronized monitoring schedule between MOH and UNFPA</p>	
	<p>Baseline:</p> <ul style="list-style-type: none"> <li>- UU 36/2014</li> <li>- Draft Government regulation derived from UU 36/2014 Draft law</li> </ul>	<p>Policy brief for input to the government regulation (PP) on the National Council of Health professionals (KTKI) for midwifery profession</p>	<p>Annual Review of the implementation of the government regulation (PP) on KTKI for midwifery profession</p>	<p>Annual Review of the implementation of the government regulation (PP) on KTKI for midwifery profession</p>	<p>Annual Review of the implementation of the government regulation (PP) on KTKI for midwifery profession</p>	<p>Review of the three pillars of midwifery profession in Indonesia</p>		<ul style="list-style-type: none"> <li>- Stakeholder meeting</li> <li>- Review</li> </ul>	<ul style="list-style-type: none"> <li>- Stakeholder meeting: every semester</li> <li>- Review: once per year</li> </ul>	<ul style="list-style-type: none"> <li>- Head of quality improvement of HRH– MOH</li> <li>- Chairman of KTKI</li> <li>- RH unit – UNFPA</li> <li>- President</li> </ul>		<ul style="list-style-type: none"> <li>- Council is not established as planned</li> <li>- Government regulation (PP) on the National Council of Health</li> </ul>	

	Midwifery		One policy follow up action plan in view of SoWMy 2017				Advocacy for strengthening midwifery in Indonesia through the 32 <sup>nd</sup> ICM congress in Bali					IBI		professionals finalized before policy briefs produced
Indicator: Existence of policy instruments that integrate sexual and reproductive health and HIV linkages within the National Programme on the Prevention of HIV through sexual transmission into maternal health and family planning.  Baseline: PMTS and PMTCT national guidelines	Situation analysis report in the context on the prevention of HIV/STI among intimate partner is available  Assessment report on access to health services for intimate partner is available	National guideline on the Prevention of HIV/STI among intimate partner is endorsed  Endorsement for the Implementation Manual on the prevention of HIV/STI among Intimate partner							<ul style="list-style-type: none"> <li>- SOPs for HIV/STI Prevention among Intimate Partner (2018)</li> <li>- Review report on the implementation of Intimate Partner guideline (2018)</li> <li>- Report on the lessons learned and good practices (2019)</li> <li>- Impact Evaluation Report - (2020)</li> </ul>	<ul style="list-style-type: none"> <li>- Annual review to document lessons learned and good practices for implementation of the IP pilot</li> <li>- Regular coordination meeting with IPs and strategic partners, and Technical Working Group Meeting (TWOG)</li> <li>- To conduct evaluation for the implementation of IP programme in CP (Impact Evaluation)</li> <li>- TA and Monitoring to piloting districts IP programme (Field Visits)</li> </ul>	<ul style="list-style-type: none"> <li>- Once a year in Q3 or Q4</li> <li>- Four times a year in quarterly basis</li> <li>- Once per country programme, will be conducted in 2019</li> <li>- At least 1 district per quarter.</li> </ul>	<ul style="list-style-type: none"> <li>- NPO HIV Unit (UNFPA)</li> <li>- Head of Subdit AIDS (MoH)</li> </ul>	20% from AWP	<ul style="list-style-type: none"> <li>- Delay implementation of the yearly activities could impacted to the implementation and quality of the review</li> <li>- Lack of participation of the strategic partners in the TWOG meeting will impacted to the monitoring activities process</li> <li>- The schedule to conduct the evaluation in the last quarter of the year will impacted to the availability of the IP due to the APBN implementation activities.</li> <li>- Availability and commitment of the monitoring team member to join the regular monitoring visit in district</li> </ul>
	Design of the pilot on HIV/STI prevention among intimate partners is available	Implementation pilot of HIV/STI Prevention among intimate partner in 5 districts/cities (with high HIV Prevalence, TBD)	Implementation pilot of HIV/STI Prevention for Intimate Partner in 5 districts/cities (with medium HIV Prevalence, TBD)  Review of year 1 implementation of the pilot on the prevention of HIV/STI among intimate partner available (in districts with high HIV Prevalence)		Policy brief on the prevention of HIV/STI among intimate partner is available  Review of year 1 implementation of the pilot on the prevention of HIV/STI among intimate partner available (in districts with medium HIV Prevalence)		Impact Evaluation report on the implementation of the intimate partner pilot is available  Best practices and lessons learned of the pilots on the prevention of HIV/STI among intimate Partner is available							
	Review on dual protection is available				Policy brief on dual protection strategy for general population and key affected population									

<p>Indicator: Existence of policy instruments for Reproductive Health in Humanitarian Settings</p> <p>Baseline: - Decision letter of MoH on health crisis management no 64 year 2013 - National Guideline on Minimum Initial Service Package (MISP) in health crisis available</p>	<p>Guidelines for RH Logistic support in health crisis and other humanitarian settings</p>	<p>Report on the field testing of the Operational Guidelines in two - disaster –prone areas</p>	<p>Report on preparedness exercise/simulation for MISP implementation during major disaster</p>	<p>Report on preparedness exercise/simulation for MISP implementation during major disaster</p>	<p>Evaluation report on MISP implementation</p>	<ul style="list-style-type: none"> <li>- List of policies related to health crisis issued by the Ministry of Health</li> <li>- Decree/circular letter on the establishment of reproductive health emergency team</li> <li>- Report on preparedness exercise/simulation</li> <li>- Module endorsed by the Centre for Health Provider's Education and Training</li> <li>- Good practices documentation</li> </ul>	<ul style="list-style-type: none"> <li>- Policy review: Ministerial Decree related to health crisis issued by MoH and module endorsement for nurse education</li> <li>- Review of preparedness exercise/simulation result and evaluation on the implementation of the national guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- Policy review conducted during year 3 (midterm review)</li> <li>- Review of simulation result and implementation of the national guidelines on year 4 and year 5</li> </ul>	<ul style="list-style-type: none"> <li>- Reproductive Health Sub-Directorate, Family Health Directorate of MoH</li> <li>- UNFPA Humanitarian Unit</li> </ul>	<ul style="list-style-type: none"> <li>- Budget according to AWP (10% of the total fund)</li> <li>- Focal Point from the Reproductive Health Sub-Directorate and UNFPA Humanitarian Unit</li> </ul>	<ul style="list-style-type: none"> <li>- Change of organization structure within MoH</li> <li>- Monitoring schedules adjustment between MoH and UNFPA</li> </ul>
	<p>Draft of Operational Guidelines for MISP implementation at sub-national levels (province and district)</p> <p>Establishment of National RH Emergency Team</p>	<p>Operational Guidelines for MISP implementation at sub-national levels (province and district)</p> <p>Ministry regulation on the implementation of MISP for RH in health crisis situation</p>	<p>Revised guidelines based on the implementation during response to major disaster/preparedness exercises</p>	<p>Sharing lessons learnt on MISP implementation in health crisis and other humanitarian settings</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>	<p>UNFPA timely and quality response (MISP) to major disaster(s) in Indonesia</p>
	<p>Review of the the diploma-3 nurse education curriculum</p> <p>Draft of MISP module for Nurse Diploma-3</p>	<p>Trial of MISP module in 6 selected nurse schools in disaster –prone areas</p> <p>MISP module is endorsed by PPSMD (Centre for Health Provider's Education and Training)</p>	<p>Report on the module implementation as part of the curriculum of diploma-3 nurse education</p>	<p>Evaluation of the module implementation</p> <p>Revised MISP module for Nurse Diploma-3</p>	<p>Sharing of good practices and lessons learned on MISP module integration into Nurse Diploma-3 curricula to relevant stakeholders</p>						

## Output 2

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring Risks
		2016		2017		2018		2019		2020							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
<b>Outcome 1:</b> Increased availability and use of integrated 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																	
<b>RPJMN 2015-2019:</b> Population and Family Planning. Policy direction on KIE advocacy, access to KB-KR service, youth awareness on KB-KR, family, legal foundation, institutional capacity and data accuracy																	
<b>UNDAF Outcome 1:</b> By 2020 the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation																	
<b>SDGs Goal 3:</b> Good Health and Well Being																	
<b>Output 2:</b> Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South Cooperation	Indicator: Evidence of improvement of national policies on family planning in universal health coverage  Baseline: - Regulatory framework on UHC exists, but not specifically on FP services - UU No. 40/2004 on SJSN - UU No. 24/2011 on BPJS - Perpres 12/2013 on Jaminan Kesehatan - Perpres 111/2013 on	Review report on the implementation of FP in UHC based on current guideline  Mapping of family planning facilities and quality of care	Advocacy strategy for strengthening FP in UHC policies  Two Policy briefs on: - Guidelines of FP in UHC - Recommendation for MoH decree	Revised guidelines on FP in UHC  Inputs to Decree of BKKBN Chairperson (perka) on the revised guideline of FP in UHC	Review report on the year 1 implementation of the revised guideline on FP in UHC	Review report of the 5-year implementation of FP in UHC	Policy documentation of government institution	- Review - Specific study - Stakeholder meeting	- Review: 3 monthly - Mid Term Review: after 2-3 years - Specific study based on the need - Yearly evaluation	Direktorat Bina Kesertaan KB Jalur Wilayah & Sasaran Khusus (DITJAL-SUS) BKKBN		Change in policy priorities					
		Review report on the 1 <sup>st</sup> year implementation of Supply Chain Management (SCM) modelling in 9 Districts: Banyuwangi, Pamekasan, Lamongan (East Java) and Kupang Municipality, Kupang District, Sikka, West Manggarai, West Sumba, and Sabu Raijua (East Nusa Tenggara)	Revised SCM guidelines available  Annual review of SCM models funded through state budget (special allocation fund)	Annual review of SCM models funded through state budget (special allocation fund)	Annual review of SCM models funded through state budget (special allocation fund)	Evaluation of contraceptive supply chain management in Indonesia	Policy documentation of government institution	- Review - Specific study - Stakeholder meeting	- Review: 3 monthly - Mid Term Review: after 2-3 years - Specific study based on the need - Yearly evaluation	Direktorat Bina Kesertaan KB Jalur Pemerintah (DITJAL-PEM) BKKBN		Change in policy priorities					

<p>perubahan pertama perpres 12/2013</p> <ul style="list-style-type: none"> <li>- Permenkes 28/2014 on pedoman pelaksanaan JKN</li> <li>- Permenkes 59/2014 on standar tarif JKN</li> <li>- SE Menkes 31/2014 on pelaksanaan standar tarif</li> <li>- PERKA BKKBN 185/PER/E1/2014 on pedoman penyelenggaraan KB dalam JKN</li> <li>- PP 101/2012: penetapan bantuan iuran</li> </ul>												
<p>Indicator: Existence of national policies incorporating comprehensive, rights-based family planning</p> <p>Baseline: - RPJMN 2015-2019 - Renstra Kemenkes - Renstra BKKBN - Rights based FP strategy</p>	<p>Establishment of national coordination forum for integrated, rights-based FP programming</p> <p>Review of national FP Programme, including budget review/analysis and total market share</p>			<p>Advocacy strategy on the integrated, rights-based FP programming to local government</p>	<p>Advocacy for replication of integrated rights-based FP programming at district level</p>		<p>Policy documentation of government institution</p>	<ul style="list-style-type: none"> <li>- Review</li> <li>- Stakeholder meeting</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Yearly evaluation</li> </ul>	<p>BAPPENAS</p>		<p>Change in policy priorities</p>
	<p>Design for piloting (OR) of rights-based FP programming</p>	<p>Year 1 pilot (OR) on rights-based FP programming in 2 districts (TBD)</p>	<p>Review and lessons learned on rights-based FP programming in 2 districts (TBD)</p> <p>Advocacy and scale-up strategy for the adoption of rights-based FP programming by other districts</p>	<p>Policy brief for the adoption of rights-based FP programming by other districts</p>	<p>Evaluation &amp; documentation of lessons learned on rights-based FP programming initiative</p>							

<p>Baseline: - FP2020 Global Report 2013-2014</p> <p>- Rights based FP Strategy</p> <p>- KAP studi pemberi layanan dan masyarakat tentang KB</p>	<p>Annual report for submission to global FP2020</p>		<p>Annual report for submission to global FP2020</p>	<p>Annual report for submission to global FP2020</p>	<p>Annual report for submission to global FP2020</p>	<p>Annual report for submission to global FP2020</p>	<p>FP2020 Country Report (2012-2020)</p>	<p>Indonesian report in global FP2020</p>	<ul style="list-style-type: none"> <li>- Review</li> <li>- Specific study</li> <li>- Stakeholder meeting</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Specific study based on the need</li> <li>- Yearly evaluation</li> </ul>	<p>Direktorat Kesehatan Reproduksi BKKBN</p>		<p>Change in policy priorities</p>
	<p>SWOT analysis for achieving the FP2020 commitments</p> <p>Policy Brief for achieving the FP2020 commitments</p> <p>Advocacy Strategy and Advocacy Materials for Achieving FP2020 Commitments</p> <p>National FP costed implementation plan</p>		<p>Inputs to Ministerial decree (SK Menko PMK) for the acceleration to achieve FP2020 commitments</p>										
<p>Baseline: - RPJMN 2015-2019</p> <p>- Renstra BKKBN</p>	<p>Report of Family Planning Policy and Technical Support Needs Assessment</p> <p>Establishment of the Policy and Technical Support Unit (PTSU) for strategic family planning programme implementation</p> <p>At least 3 policy briefs on family planning programme implementation (via PTSU) available</p>		<p>At least 3 policy briefs on family planning programme implementation (via PTSU) available</p> <p>Exit strategy and lessons learned of the PTSU model in providing technical support on family planning available</p>	<p>At least 3 policy briefs on family planning programme implementation (via PTSU) available</p> <p>Review of the PTSU for strategic family planning programme implementation</p>				<ul style="list-style-type: none"> <li>- Compilation of the products</li> <li>- Evaluation report of the TSU</li> </ul>	<ul style="list-style-type: none"> <li>- Review</li> <li>- Specific study</li> <li>- Stakeholder meeting</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Specific study based on the need</li> <li>- Yearly evaluation</li> </ul>	<p>Planning Bureau BKKBN</p>		<p>Change in policy priorities</p>

<p>Indicator: Number of South-South cooperation good practices on family planning and other population issues</p> <p>Baseline: 0</p>	<p>Technical inputs for Chairperson of BKKBN on Strategy of SSC on Population and Family Planning among others include:</p> <ol style="list-style-type: none"> <li>1) Strategic partnership with Muslim religious leaders (MRLs) in FP</li> <li>2) Comprehensive, rights-based FP</li> <li>3) UHC in FP</li> <li>4) FP in the decentralized systems</li> <li>5) Population data</li> <li>6) Demographic dividend</li> </ol>							<ul style="list-style-type: none"> <li>- Project reports</li> <li>- Policy documentation of government institutions</li> </ul>	<ul style="list-style-type: none"> <li>- Review meetings</li> <li>- Site visits</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Specific study based on the need</li> <li>- Yearly evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- BKKBN (Center of International Collaboration and Training)</li> <li>- Ministry of State Secretariat (Bureau for Foreign Technical Cooperation)</li> </ul>	In average 15% from total yearly programme budget	Priority change of the Gol on SSC	
	<p>Action Plan on SSC of Population and Family Planning, which among others include:</p> <ol style="list-style-type: none"> <li>1) Role strategic partnership with MRLs in FP</li> <li>2) Comprehensive, rights-based FP</li> <li>3) UHC in FP</li> <li>4) FP in the decentralized systems</li> <li>5) Population data</li> <li>6) Demographic dividend</li> </ol>	<p>Review of Action Plan on SSC of Strategic Partnership with MRLs in FP and comprehensive, rights-based FP</p>	<p>Review of Action Plan on SSC of Strategic Partnership with MRLs in FP and comprehensive, rights-based FP</p>	<p>Evaluation of Strategy on SSC of Strategic Partnership with MRLs in FP and comprehensive, rights-based FP</p>	<p>Lesson learned and best practices on SSC of Strategic Partnership with MRLs in FP and comprehensive, rights-based FP</p>									
	<p>SSC framework on FP services in the UHC in four countries of Indonesia, Thailand, Philippines, and Vietnam (in collaboration with ASEAN Secretariat) endorsed</p>	<p>Sharing experience among four countries through SSC on FP Services in the UHC (in collaboration with ASEAN Secretariat) endorsed</p>	<p>Policy action plan in FP Services in the UHC implemented in four countries (in collaboration with ASEAN Secretariat) implemented</p>	<p>Policy action plan in FP Services in the UHC implemented in four countries (in collaboration with ASEAN Secretariat) implemented</p>	<ul style="list-style-type: none"> <li>- Review of Action Plan of the four countries through SSC on FP Services in the UHC (in collaboration with ASEAN Secretariat)</li> <li>- Lessons learned on SSC on FP Services in the UHC (in collaboration with ASEAN</li> </ul>	<ul style="list-style-type: none"> <li>- Project reports</li> <li>- Policy documentation of government institutions</li> </ul>	<ul style="list-style-type: none"> <li>- Review meetings</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Specific study based on the need</li> <li>- Yearly evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- BKKBN (Center of International Collaboration and Training; Directorate for Private FP Services)</li> </ul>	In average 15% from total yearly programme budget	Priority change of the Gol on SSC			

								Countries)									
		Design of pilot project on FP under the decentralized system based on the lessons learned of the SSC with the Philippines (application of the leadership transformation programming)		Action plan of leadership transformation on FP at two districts of Bantul and Bangka Selatan		Action plan of leadership transformation on FP at two districts of Bantul and Bangka Selatan		Evaluation of Action plan of leadership transformation on FP at two districts of Bantul and Bangka Selatan		Lessons learned and best practices of leadership transformation programme on FP under the decentralized system through SSC with the Philippines shared		- Project reports - Policy documentation of government institutions	- Review meetings - Specific study - Stakeholder meeting	- Review: 3 monthly - Mid Term Review: after 2-3 years - Specific study based on the need - Yearly evaluation	- BKKBN (Center of International Collaboration and Training)	In average 15% from total yearly programme budget	Priority change of the GoI on SSC

### Output 3

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring Risks
		2016		2017		2018		2019		2020							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
<b>Outcome 2:</b> 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																	
<b>RPJMN 2015-2019:</b> To support the implementation of national development agenda in the RPJMN 2015-2019 in improving young people's productivity and competitiveness in the international market by developing policies and programmes that will support Indonesia to reap a bonus from the demographic dividend. Policy direction: a) Ensuring that the demographic dividend will indeed become a bonus for Indonesia; b) Improving the participation of youth in development, particularly in social, political, economic, cultural and religious affairs; c) Acceleration in meeting the access to quality maternal and adolescent health services by providing reproductive health information in schools, and improving reproductive health services for adolescents and youths.																	
<b>UNDAF Outcome:</b> 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.																	
<b>SDGs Goal 3: Good Health and Well Being</b>																	
Output 3: Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings	Indicator: Existence of policy instruments on an integrated national youth strategy capitalizing on the demographic dividend with opportunities for youth participation and leadership  Baseline: Policies on youth exist but not integrated	Support for the development of the Draft of National Action Plan on Youth Development for 2016 - 2019, in the context of Demographic Dividend, available	Strategic follow up action plan at subnational level to implement National Action Plan on Youth Development for 2016 – 2019	- Policy review of NAP on Youth 2016 – 2019 implementation and coordination mechanism - Background Paper on Youth as the reference to draft RPJMN 2020-2025	- Advocacy on the policy paper on youth as the reference to draft RPJMN 2020-2025 - Draft of NAP on Youth 2020-2024 available	Endorsement of NAP on Youth 2020 - 2024	- Revised National Action Plan (NAP) on Youth 2016 – 2019 (in 2017) - Report on the implementation and coordination mechanism of NAP on Youth 2016 – 2019 (in 2018) - Report on assessment on youth needs and Demographic Dividend in 2018	- Policy review of NAP on Youth 2016 – 2019 implementation and coordination mechanism	- 2019	- BAPPENAS - Directorate of Religious Affairs, Culture, Youth and Sports - Ministry of Youth and Sports – Deputy on Youth Empowerment - NPO Youth and ASRH	2% of total budget	Making sure that the policy will address youth issues comprehensively, will involve multisectors' participation. Therefore, a coordination mechanism among ministries should be well managed					
		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	Indonesian Youth Development Index available	Pilot of YDI in 1 selected province (TBD)	Sharing lessons learned of YDI implementation to advocate for sustainability											

<p>Indicator: Existence of policy instruments to improve implementation of the national action plan on adolescent health, particularly on adolescent sexual and reproductive health</p> <p>Baseline: Action plan 2015-2019 drafted</p>	<p>Support for endorsement of National Action Plan (NAP) on School Aged Child and Adolescent Health 2016 - 2020</p>	<p>Annual review of the implementation of the National Action Plan on School Aged Child and Adolescent Health 2016-2020</p>	<p>Annual review of the implementation of the National Action Plan on School Aged Child and Adolescent Health 2016-2020</p>	<p>- 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</p>	<p>NAP on School Aged Child and Adolescent Health 2021 – 2024 available and endorsed</p>	<p>- Report of Policy review on NAP on School Aged Child and Adolescent Health 2015-2019 implementation and coordination mechanism - NAP on School Aged Child and Adolescent Health 2020 – 2024 (2020) - Impact evaluation on the use of the ARH national reference materials education for teachers</p>	<p>Policy review of NAP on School Aged Child and Adolescent Health 2015-2019 implementation and coordination mechanism</p>	<p>2019</p>	<p>- MoH – Sub Directorate of Adolescent Health - NPO Youth and ASRH</p>	<p>5% of total budget</p>	<p>Making sure that the policy will address youth issues comprehensively, will involve multisectors’ participation. Therefore, a coordination mechanism among ministries should be well managed</p>
	<p>Impact evaluation on the use of module on Adolescent Reproductive Health (ARH) for teachers</p>	<p>Follow up Strategic Action with Ministry of Education to use the national reference materials for teachers on ARH in 2016</p>									
<p>Indicator: National guidelines on adolescent sexual and reproductive health in humanitarian settings available</p> <p>Baseline: International ASRH Guidelines to Indonesia context adapted; report on the assessment of ASRH and youth involvement in health crisis available</p>	<p>Draft of guidelines on MISP for adolescent and youth involvement in health crisis</p>	<p>Final guidelines based on the result from field testing</p>	<p>Report on the monitoring and review of guidelines implementation</p>	<p>Revised guidelines</p>	<p>Document on good practices and lessons learnt</p>	<p>- Monitoring and review report on the implementation of MISP Guidelines for ARH - MISP Guidelines for ARH - Pocket book on youth involvement in disaster response</p>	<p>- Desk review of MISP Guidelines for ARH - Desk review of the pocket book on youth involvement in disaster response</p>	<p>- End of year 3 and 4 for MISP Guidelines for ARH - End of year 3 for the pocket book on youth involvement in disaster response</p>	<p>- School Age and Adolescent Sub-Directorate, MoH - UNFPA Humanitarian Unit</p>	<p>- Budget according to AWP (10% of the total fund) - Focal Point from the School Age and Adolescent Sub-Directorate and UNFPA Humanitarian Unit</p>	<p>- Change of organisation structure within MoH - Monitoring schedules adjustment between MoH and UNFPA</p>
	<p>Draft of innovative pocket book on youth involvement in disaster response</p>	<p>Pocket book on youth involvement in disaster response</p>	<p>Report on the monitoring and review of pocket book implementation</p>	<p>Revised Pocket book</p>	<p>Youth forum on sharing good practices and lessons learnt on implementation of the pocket book</p>	<p>- Good practices and lessons learnt documentation</p>					

Indicator: A functional platform to increase private sector investment in adolescent sexual and reproductive health services established  Baseline: No	Mapping and analysis of private sector policies and strategies	Establishment of a platform to increase private sector investment in adolescent reproductive health	Follow up action plans in increased private sector investment (including resource mobilization) in adolescent reproductive health (ARH)	Evaluation on the platform to increase private sector investment in adolescent reproductive health					<ul style="list-style-type: none"> <li>- Evaluation on the platform to increase private sector investment in adolescent and reproductive health</li> <li>- Impact Assessment of Unala, ARH services model</li> </ul>	<ul style="list-style-type: none"> <li>- Evaluation on the platform to increase private sector investment in adolescent and reproductive health</li> <li>- Impact Assessment of Unala, ARH services model</li> </ul>	<ul style="list-style-type: none"> <li>- 2017</li> <li>- 2019</li> </ul>	<ul style="list-style-type: none"> <li>- Government for BAST (tbd)</li> <li>- NPO Youth and ASRH</li> </ul>	5% of total budget	Limited experience and leadership of Government Institution to engage with private sector, particularly on ARH issues
		Impact Evaluation of Unala, ARH services model and youth friendly health services at Puskesmas - Government setting	Policy follow up action plan to upscale Unala into a sustainable social franchising/ social marketing programme for ARH											

## Output 4

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring Risks
		2016		2017		2018		2019		2020							
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement						
<b>Outcome 3:</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth																	
<b>RPJMN 2015-2019:</b> Gender Mainstreaming and gender equality and women empowerment. Policy direction on improvement of women's quality of life, protection from violence and improvement of the gender mainstreaming institutional capacity																	
<b>UNDAF Outcome 1:</b> By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation																	
<b>SDGs Goal 3:</b> Gender Equality																	
Output 4: Improved policies and programmes to address barriers in the prevention and responses to GBV and harmful practices, including in humanitarian settings	Indicator: Existence of policies that accelerate GBV prevention and response, including harmful practices  Baseline: Ministerial Decree of MOWE CP No 6/2015 on Women Empowerment and Child Protection System	Reviewed and revised methodology incl. questionnaires of VAW survey to be applied for the Government funded survey in September 2016			In-depth analysis and policy brief document based on VAW survey as an input for: -evidence based policy advocacy - national coordination mechanism related to VAW prevention and response -background study for RPJMN on VAW prevention and response							VAW survey: - VAW survey document using the revised methodology - Policy brief using VAW survey results for policy advocacy and strengthen implementation of the Decree of the Coordinating. Ministry on multi-sectoral approach to GBV - Background study for RPJMN 2019-2023	Review regulatory framework on the national coordination mechanism for VAW prevention and response	- Year 4	MOWE CP: - Secretariat Deputy of Women's Rights Protection - Deputy Assistant for women 's rights protection against domestic violence - Deputy Assistant for women 's rights protection in employment - Deputy Assistant for women's rights protection from (human) trafficking  UNFPA:	Budget based on AWP (10% of AWP), human resource @1 focal point from each unit, joint-monitoring team	- Organization restructure of MOWECP - Time constraint, commitment from stakeholder involved
		Situation analysis on the national coordination mechanism related VAW prevention and response	Recommendation for development of regulatory framework on the national coordination mechanism for VAW prevention and response	Monitoring of year 1 implementation of regulatory framework on the national coordination mechanism	Review regulatory framework on the national coordination mechanism for VAW prevention and response	Sharing of lesson learned on national coordination mechanism related VAW prevention and response	Coordination mechanism: - Mapping analysis document - Recommendations for the development of the Decree										

									on coordination mechanism by coordinating ministry - Evaluation report			- NPO Gender Equality UNFPA	
		Policy brief on mechanism of health sector response to GBV	Recommendation for development of regulation to strengthen mechanism of health sector response to GBV	Annual Review of the mechanism of health sector response to GBV	Annual Review of the mechanism of health sector response to GBV		Evaluation and lessons learned documentation on the mechanism of health sector response to GBV	GBV health sector response: - Policy brief on mechanism of health sector response to GBV - Regulation on health sector response to GBV	- Stakeholder meeting - Review	- Stakeholder meeting: 1 x/ quarter - Review: 1 x/ year	MOH: - Directorate family health  UNFPA: • NPO Gender Equality UNFPA	Budget based on AWP (10% of AWP), human resource @1 focal point from each unit	- Organization restructure of MOH - Time constraint, commitment from stakeholder involved
		Follow-up action plans based on policy dialogue for policy recommendation on GBV related laws and policies	Follow-up action plans based on policy dialogue for policy recommendation on GBV related laws and policies	Background paper for government regulation to support the implementation of GBV related laws and policies	Policy review on draft of government's regulation on GBV related laws and policies		- Policy review on the implementation of GBV related laws and policies - Sharing lessons learned on the implementation of GBV related laws and policies	GBV related laws and policies: - Policy dialogue follow up action plans - Evaluation report	Policy review on government regulation on GBV related laws and policies	Year 4 and Year 5	NCVAW : - Commissioner, - Resource center division - Sub commission for monitoring, - Sub commission for education - Sub commission for community participation  UNFPA: - NPO gender equality	Budget based on AWP (10% of AWP), human resource @1 focal point from each unit	Time constraint, perspectives and commitment among NHRI
		Evidence based advocacy on harmful practices: - Stakeholder mapping analysis (including recommendation for SDGs indicator and strategy for SDGs achievement	Evidence based advocacy on harmful practices: - Systematic literature review on harmful practices - Field study on harmful practices - Policy brief on harmful practices	Evidence based advocacy on harmful practices: - National validation for study on harmful practices	Follow-up action plans based on policy dialogue with multi-stakeholders for policy recommendation on harmful practices		Sharing lessons learned and good practices from NCVAW on undertaking policy advocacy based on studies	- Study result and report document - Policy brief document - Stakeholder mapping document - Policy dialogue follow up action plans - Lessons	Sharing lesson learned and good practices	Year 5	MOWECP: - Secretary Minister of MOWECP - Deputy Assistant for Gender Equality in Education, Health and Family - Deputy Assistant	Budget based on AWP (10% of AWP), human resource @1 focal point from each unit	- Organization restructure of MOWECP - Time constraint and coordination inter-unit in MOWECP - Perspectives and

		related to harmful practices) - Design study on harmful practices		available as key reference for policy advocacy					learned and good practices document			for Parenting, Family and Environment Rights of Children - Deputy Assistant for child protection against violence and exploitation; - Deputy Assistant for Health Rights of Children, - Deputy Assistant for Human Trafficking - Head of planning bureau  NCVAW : - Commissioner, - Resource center division - Sub commission for monitoring , - Sub commission for education - Sub commission for community participation  UNFPA: - NPO gender equality		commitment among NHRI
Indicator: Number of evidence-based policy dialogue to	Gap analysis on male involvement in SRH and GBV		- Policy brief on male involvement on SRH and GBV - Monitoring tools	- Policy implementation review document of MOWECP policy related		Endorsement of MOWECP revised policy related male involvement on GBV		Best practice on male involvement in SRH and GBV document	- Best practice document - Evaluation report	Review	- Year 2 - Year 4	MOWE CP: - Deputy of Community Participa-	Budget based on AWP (10% of AWP) , human	- Organization restructure of MOWECP - Human

advocate for male involvement within national policies and programmes	Baseline: None		for implementation of MOWECP's policy related male involvement on GBV)	male involvement on GBV - Revised of MOWECP policy related male involvement on GBV			(MOWECP decree will be endorsed by the end of 2015): - Good practices available - Sharing lesson learned					tion - Deputy Assistant for women's rights protection against domestic violence (Deputy of Women's Rights Protection) - Head of planning bureau  UNFPA: - NPO Gender equality - Male involvement officer UNFPA	resource @1 focal point from each unit, member agency of P4P	resource constraint, time constraint, commitment and coordination among P4P member agency
		P4P Pilot in Papua: 1) 3 manuals on Engaging young people to change social norms and promote gender equitable relationships available 2) 25 facilitators trained to facilitate sessions based on the above manuals	P4P Pilot in Papua: 1) 75% of 160 participants (adolescents) trained have increasingly significant attitude change on gender equitable relationships 2) 75% of 40 participants (caregivers) trained have increasingly significant attitude change on gender equitable relationships 3) Evaluation report of the P4P pilot available	Sharing lesson learned and good practices on integrating SRH and GBV through the P4P Pilot in Papua										
Indicator: Existence of guidelines on the prevention of sexual and GBV in humanitarian settings	Technical assistance for situation analysis on the existing GBV prevention and response programme in Indonesia	Recommendation for the development of ministerial decree on the guidelines	Report on review/evaluation on the guidelines implementation	Revised guidelines based on the review of the implementation result					- National guidelines book - List of issued ministerial decrees related to disasters - Evaluation report on the guidelines implementation	- Policy review: ministerial decrees related to GBV prevention and response in humanitarian settings - Desk review of the guidelines book - Review and evaluation of the guidelines implementation	- End of year 2 for policy review - Early year 4 for review/evaluation of guidelines implementation	- Deputy Assistant for Women' Rights Protection in Particular Situations including in disasters - Humanitarian Unit of UNFPA	Fund/ budget according to AWP (10% of AWP)	- Change of organisation structure within MOWECP - Monitoring schedule adjustment between MOWECP and UNFPA
Baseline: - MoU between MOWE-CP and BNPB no. 02/MPPA/II /2013 on Gender Mainstreaming, Women and Child Protection in disaster management	Draft of the technical guidelines on GBV prevention and response in humanitarian settings													

	- Head of BNPB Regulation No. 13/2014 on Gender Mainstrea- ming in disaster manage- ment - Head of BNPB decree No. 173/2014 on National Cluster in Disaster Manage- ment																	
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## Output 5

Results	CP output indicators and baselines	Targets and achievements										Means of verification	M&E activities	Timing/frequency of M&E activities	Persons/units responsible for M&E activities	Resources available for M&E activities	Monitoring Risks		
		2016		2017		2018		2019		2020									
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement								
<b>Outcome 4:</b> 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																			
<b>RPJMN 2015-2019:</b> 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																			
<b>UNDAF Outcome 1:</b> 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																			
<b>SDGs Goal 1 :</b> No Poverty <b>Goal 3 :</b> Good Health and Well Being <b>Goal 5 :</b> Gender Equality <b>Goal 11:</b> Sustainable cities and communities <b>Goal 13:</b> Climate action																			
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 demographic dividend), disaster risk reduction and sustainable development	Assessment of the existing coordination mechanism on Population Data and Policy Making Entry Point.												- Consensus in Population Projection assumption - A number of available policy briefs - The existence of agreed Monitoring Mechanism - Draft of RPJMN that include recommendation from PSA	Stakeholder meetings	At least twice a year	BAPPENAS – Dr. Maliki (Director for Labour force and Increase in Employment Opportunity	Consultant: USD 4100  Stakeholder Meetings: USD 8200	Last minute disagreement by the Government on evaluation mechanism and assessment

sustainable development	by a functional mechanism for national policy coordination.  Baseline: Existing 5 monographs and Indonesian Case Study	The development of the concept and design of the Forum of Population Data for Development Policy ( <i>Forum Data Kependudukan untuk Kebijakan Pembangunan – FDKKP</i> )	Background Study and data for RPJMN 2020-2024 available, covering population and development issues in the context of SDGs	Background Study for RPJMN 2020-2024 on ageing, youth, internal migration, urbanization and gender in the context of SDGs	- Review and evaluation of the performance of the coordination mechanism of FDKKP and the Demographic Dividend RPJMN Policy Action Plan 2017-2019 and its implementation conducted - Policy brief for RPJMN 2020-2024 technocratic document developed	Sharing lessons learnt of coordination mechanism and the Demographic Dividend RPJMN Policy Action Plan 2017-2019 and its implementation conducted	- The existence of the policy studies on urbanisation and migration										
			Advocacy for the inclusion of COD component in CRVS														
			The development of policy studies on migration and urbanization														
						PSA developed and validated											
						Three Policy Reviews on Family Planning, Fertility, Mortality and Reproductive Health using innovative interactive web based data sources											
		RPJMN Policy Action Plan on Demographic Dividend and other implications of population dynamics	RPJMN Policy Action Plan on Demographic Dividend and other implications of population dynamics on youth health, education and employment	The implementation of RPJMN Policy Action Plan on Demographic Dividend 2017-2019 on education and health sectors supported													

		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	Population Dynamics and Climate Change Adaption Policy Review updated and shared at COP 22												
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	The concept of innovative and interactive web-based dissemination system of IDHS 2017 developed	- Innovative interactive web-based dissemination system is populated with IDHS 2017 data - Innovative interactive 2017 IDHS web is disseminated to stakeholders/users		Two Policy analyses on the selected topics: - Youth - Demographic Dividend		Evaluation conducted, Sharing of lessons learnt		- Survey baseline and endline - BKKBN's Chairperson Decree	- Evaluation and satisfaction survey - Stakeholders meetings	Once a year in year 1,2,3 and 5	PUSDU BKKBN, Ms. Flourisa Julian	Surveys & Consultant: USD 2500  Stakeholder meetings: USD 5000	Last minute disagreement by the Government on evaluation mechanism and assessment	
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														
	Innovative 2015 Inter-censal Survey (SUPAS) data management in: - 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	2015 SUPAS based-determinant analyses: Fertility, Mortality and Migration available			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.				- Annual Report - SUPAS Publication	- Review - FGD - Interviews - Stakeholder meetings	At least once a year as necessary	- Director for Demography and Labour Force Statistics: Dr. Razali Ritonga - Director for Dissemination Statistics: Ari Nugraha	Consultant, FGD, Interviews, Stakeholder meetings: USD 10000	Last minute disagreement by the Government on evaluation mechanism and assessment	

		<p>ToT to further improve innovative and interactive web based subnational data information system</p> <p>- Population data at the Indonesia Disaster Data and Information System (DIBI) is updated with the data from Inter Census Survey (2015 SUPAS)</p>												
			<p>Innovative design of 2020 Population Census including for disaster management purposes in:</p> <ul style="list-style-type: none"> <li>- Improve data collection quality and coverage</li> <li>- Advocacy for rapid access to a secured 2020 Population Census micro data for rapid policy making exercise</li> <li>- Provision of technical assistance to develop innovative interactive website for rapid access to 2020 Population Census</li> <li>- Provision of technical assistance and/or TOT to further improve innovative and interactive web based subnational data information systems</li> </ul>	<ul style="list-style-type: none"> <li>- 2020 Population Census Pilot using innovative data collection methods</li> <li>- Implementation of website design using the result of Census Pilot Data</li> </ul>	<p>Advocacy for direct rapid access for 2020 Population Census for rapid Policy planning formulation conducted</p>		<p>2020 Population Census: Evaluation conducted, lessons learnt identified, key issues to inform the formulation of the next census</p>							
		<p>SOP in using the innovative technology to collect data during rapid assessment in humanitarian</p>		<p>Disaster data information system:</p> <ul style="list-style-type: none"> <li>- Review implementation of disaster data</li> </ul>	<p>Sharing lessons learned on the implementation of innovative technology for disaster</p>			<ul style="list-style-type: none"> <li>- Indonesia Disaster Data and Information System (DIBI)</li> <li>- Indonesia's</li> </ul>	<ul style="list-style-type: none"> <li>- Review of Indonesia Disaster Data and Information</li> </ul>	<ul style="list-style-type: none"> <li>- End of year 1</li> <li>- Mid-term review</li> </ul>	<ul style="list-style-type: none"> <li>- Centre for data, information &amp; public relations</li> </ul>	<ul style="list-style-type: none"> <li>- Focal point from Pusdatin-mas of BNPB</li> </ul>	<ul style="list-style-type: none"> <li>- Disaster events (medium or large scale) may affect the M&amp;E</li> </ul>	

		situations			system - Improve and update disaster data system	management			disaster data portal - SOP document and Guidelines book	System (DIBI) - Desk review of guidelines, SOP and good practices documentation		of BNPB (Pusdatin-mas BNPB) - UNFPA Humanitarian Unit	- NPO Humanitarian	plan (will be postponed or cancelled) because data centre staff involved in disaster response - Change of BNPB organisation structure within BNPB	
Indicator: Number of multi stakeholder policy dialogue, including with parliamentarians, on ICPD issues  Baseline: 0	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability	Policy follow up action plan with parliamentarians on ICPD in the context of SDGs, including on data availability			- Policy documentation of the Parliament - Project reports	- Review - Specific study - Stakeholder meeting	- Review: 3 monthly - Mid Term Review: after 2-3 years - Yearly evaluation	- BKKBN (Directorate of Advocacy & IEC; Directorate of Inter Agency Relation) - IFPPD		- Structural change of Parliament - Priority change of Parliament - Change of Parliament based on GE 2019	
	Policy brief for parliamentarians on FP enabling environment (KUHP) and in improving commitment of Local Government to FP Programme	Policy brief for parliamentarians on FP enabling environment (KUHP) and in improving commitment of Local Government to FP Programme	Policy follow up action plan with parliamentarians on FP enabling environment (KUHP) and in improving commitment of Local Government to FP Programme												
		Policy follow up action plan with parliamentarians on increasing the age of marriage	Draft academic paper on increasing the age of marriage	Endorsement of academic paper on increasing the age of marriage	Policy follow up action plan with parliamentarians to develop draft bills on increasing the age of marriage										
	Impact evaluation design on Islam and Family Planning	Advocacy strategy on improving the roles of Muslim leaders in FP  Design of pilot for advocacy on the roles of Muslim leaders in FP	Pilot on the role of Muslim leaders in FP implemented in 2 districts (facilitated by BKKBN, NU, and Muhammadiyah)  Monitoring report on the pilot on the role of Muslim leaders in FP in 2 districts	Pilot on the role of Muslim leaders in FP implemented in 2 districts (facilitated by BKKBN, NU, and Muhammadiyah)  Monitoring report on the pilot on the role of Muslim leaders in FP in 2 districts	Good practices on advocacy in improving the role of Muslim leaders in FP				- Policy document of BKKBN - Project reports of Muhammadiyah, NU, and MUI.	- Review - Specific study - Stakeholder meeting	- Review: 3 monthly - Mid Term Review: after 2-3 years - Yearly evaluation	- BKKBN (Directorate of Advocacy & IEC; Directorate of Inter Agency Relation) - NU - Muhammadiyah - MUI		- Structural change of BKKBN - Priority change of NU - Muhammadiyah, and MUI	

				Policy follow up action plan with NU, Muhammadiyah, and MUI on prevention of harmful practices (including child pregnancy)		Policy follow up action plan with NU, Muhammadiyah and MUI on prevention of harmful practices (including child pregnancy)									
		Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP		Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP		Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP		Policy follow up action plan with decision makers and media on ICPD issues, including themes of WPD and SWOP		Project reports	<ul style="list-style-type: none"> <li>- Review</li> <li>- Specific study</li> <li>- Stakeholder meeting</li> </ul>	<ul style="list-style-type: none"> <li>- Review: 3 monthly</li> <li>- Mid Term Review: after 2-3 years</li> <li>- Yearly evaluation</li> </ul>	<ul style="list-style-type: none"> <li>- BAPPENAS</li> <li>- BKKBN (Center of International Collaboration and Training)</li> <li>- UNFPA</li> </ul>		Change of Government structure as a results of GE 2019.