

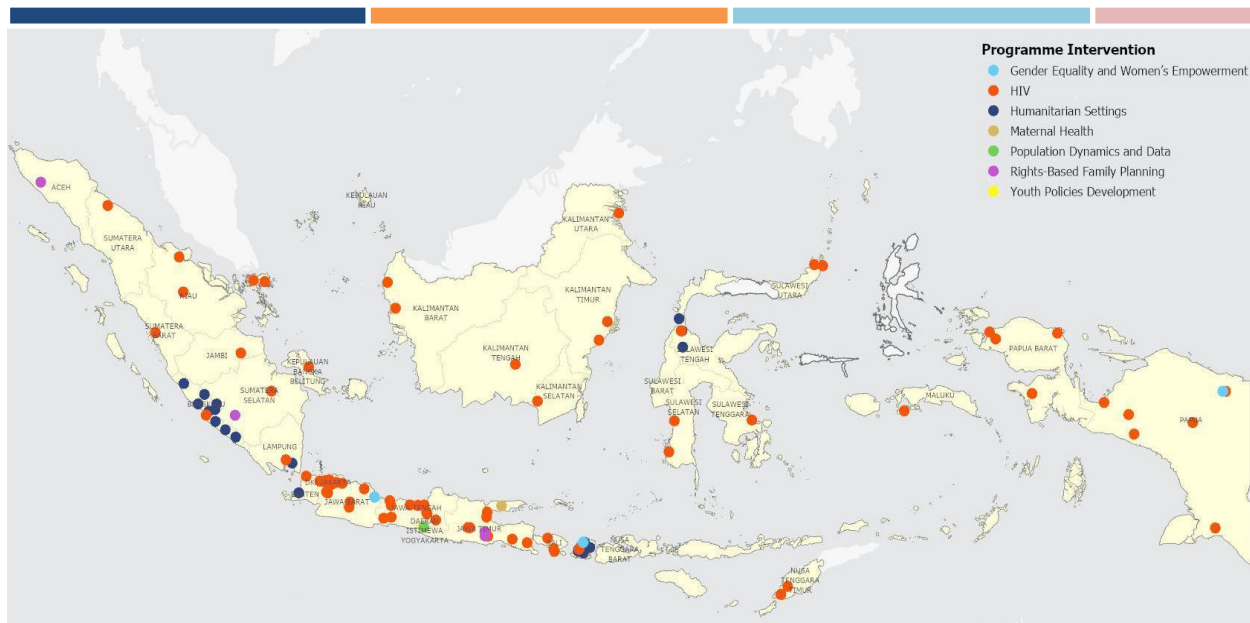


**EVALUATION OF THE UNFPA 9<sup>TH</sup> COUNTRY PROGRAMME  
OF ASSISTANCE TO THE GOVERNMENT OF INDONESIA**

**Final Report**

**February 10, 2020**

## Indonesia Country Map (With Country Programme Intervention Areas)



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**Disclaimer:** This is a product of the independent evaluation by the above team and the content, analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund (UNFPA), its Executive Committee or Member States. The report is not professionally edited.

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## Abbreviations and Acronyms

A&Y	Adolescents & Youth
APRO	Asia-Pacific Regional Office of UNFPA
APBN	<i>Anggaran Pendapatan dan Belanja Negara</i> (State's Revenue and Expenditure Budget)
ARM	Annual Review Meetings
ASRH	Adolescent sexual and reproductive health
ARH	Adolescent reproductive health
ART	Antiretroviral therapy
AWP	Annual Work Plan
Bappenas	National Development Planning Agency
Bappeda	Subnational Development Planning Agency
BERANI	Better Reproductive Health and Rights for All in Indonesia
BKKBN	National Population and Family Planning Board
BNPB	National Agency for Disaster Management
BPJS	Social Insurance Administration Organization ( <i>Badan Pengelolaan Jaminan Sosial</i> )
BPS	<i>Badan Pusat Statistik</i> (BPS - Statistics Indonesia)
CCA	Country Common Assessment
CEDAW	Convention on the Elimination of Discrimination against Women
CO	Country office
COAR	Country office annual report
CoC	Continuum of care
CoE	Centre of Excellence
CP	Country Programme
CP8	Eighth Country Programme
CP9	Ninth Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRVS	Civil Registration and Vital Statistics
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DAC	Development Assistance Committee (of the OECD)
DHO	District Health Office
IDHS	Indonesia's Demographic and Health Survey
DIS	District Information System
DUKCAPIL	The Population Office
ET	Evaluation Team
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
FP	Family Planning
FSW	Female sex worker
GAC	Global Affairs of Canada

GBV	Gender-based Violence
GF	Global Fund
GoI	Government of Indonesia
GSHS	Global School Health Survey
GTK	<i>Guru dan Tenaga Kependidikan</i> (Teacher and Education Personnel, DG under MOEC)
H&M	Hennes & Mautriz AB (a Swedish-based fashion-retail company)
HIV	Human immunodeficiency virus
HMIS	Health management information system
IANYD	(United Nations) Interagency Network on Youth Development
IBI	IkatanBidan Indonesia
ICPD-PoA	International Conference on Population and Development-Plans of Action
ICT	Information and communication technology
IDHS	Indonesian Demographic and Health Survey
IFPPD	Indonesian Forum of Parliamentarians for Population and Development
INGO	International non-governmental organization
IPs	Implementing partners
JAMKESDA	The Local Health Financing Scheme
JKN	<i>Jaminan Kesehatan Nasional</i> (managed by BPJS)
LAPM	Long-Acting and Permanent mMethods
Kemendikbud	Kementerian Pendidikan dan Kebudayaan (Ministry of Education and Culture - MoEC)
Kemenkes	Kementerian Kesehatan (Ministry of Health - MoH)
Kemempora	Kementerian Pemuda dan Olahraga (Ministry of Youth and Sport - MoYS)
LPMP	Lembaga PenjaminMutu Pendidikan (Education Quality Assurance Institution, MoEC)
M&E	Monitoring and evaluation
MDGs	Millennium development goals
MDSR	Maternal Death Surveillance and Response
MH	Maternal health
MIC	Middle income country
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOEC	Ministry of Education and Culture (Kemendikbud)
MOHA	Ministry of Home Affairs
MOWECP	Ministry of Women's Empowerment and Child Protection
MoYS	Ministry of Youth and Sport (Kemempora)
MPDSR	Maternal and perinatal death surveillance and response
MRLs	Muslim Religious Leaders
MSS (SPM)	Minimum Service Standard ( <i>Standar Pelayanan Minimal</i> )
MSS VAWC	Minimum Service Standards for Integrated Services to Victims of Violence against Women and Children
MTR	Mid-term Review
NAB	National Advisory Board
NAC	National AIDS Commission
NAP	National Action Plan

NCVAW	National Commission for Violence against Women
NGO	Non-governmental organization
NPCU	The National Programme Coordinating Unit
OECD	Organization for Economic Co-operation and Development
P4TK	<i>Pusat Pengembangan dan Pemberdayaan Pendidik dan Tenaga Kependidikan</i> [Center for Teacher and Education Personnel Development and Empowerment, under MoEC]
PD	Population and development
PEDUM	Pedoman Umum/Programme Management Implementation Guideline
PERMENKES	Ministerial Regulation ( <i>Peraturan Menteri Kesehatan</i> )
PODES	Village potential data collection
PosRem	Posyandu Remaja (Outreach programme on adolescent health)
PHO	Province Health Office
PKBI	Indonesia Planned Parenthood Association
PLHIV	People living with HIV
PMME	Planning Matrix for Monitoring and Evaluation
P2TP2A	Integrated Services for Violence Against Women and Children ( <i>Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak</i> )
PROLEGNAS	National Legislation Program
PSI	Population Services International
PSKK UGM	Centre for Population and Policy Studies at University of Gadjah Mada
PSEA	Prevention from Sexual Exploitation and Abuse
PUSDIK SDM	the Center for Health Workforce Education at Ministry of Health
Puskesmas	Primary Health Center ( <i>Pusat Kesehatan Masyarakat</i> )
Puskurbuk	Pusat Kurikulum dan Perbukuan (Centre for Curriculum and Books, under MOEC)
PWID	People who Injected Drugs
RAD	Rencana Aksi Daerah (Subnational Action Plan)
RBM	Results-based management
RFP	Rights-based Family Planning
RPJMN	National Medium-Term Development Plan
RPJPN	National Long-Term Development Plan
RRF	Results and resources framework
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
SISN	National Social Security System
SGBV	Sexual and gender-based violence
SKPD	Local Government Work Unit
SNPK	A National System for Monitoring Violence Cases ( <i>Sistem Nasional Pemantauan Kekerasan</i> )
SP	Strategy Plan
SPR	Standard Progress Report
SRHR	Sexual and Reproductive Health and Rights
SSC	South-South Cooperation (SSTC: South-South and Triangular Cooperation)
STI	Sexually Transmitted Infection
SUPAS	Intercensal Population Survey
SWAP	Sector Wide Assistance Programme

TA	Technical Assistance
TFR	Total Fertility Rate
TL	Team Leader
TOC	Theory of Change
TOR	Terms of reference
TWG	Technical Working Group
UHC	Universal Health Coverage
UPTD	Technical unit for the implementation at the sub-national level ( <i>Unit Pelaksanaan Tingkat Daerah</i> )
UNAIDS	Joint UN Programme on HIV/AIDS
UNALA	A name comes from Sanskrit, and means ‘your ability to make decisions’
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNPDF	United Nations Partnership for Development Framework
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
UNSDCF	the United Nations Sustainable Development Cooperation Framework
USAID	US Agency for International Development
VAW	Violence against Women
WASH	Water, Sanitation and Hygiene
WFS	Women Friendly Services
WHO	World Health Organization
YAP	Youth Advisory Panel
YFS	Youth Friendly Space
YKB	Yayasan Kusuma Buana (NGO/IP)
YKP	Yayasan Kerti Praja (NGO/IP)
YDI	Youth Development Index
YP	young people
YSSI	Yayasan Siklus Sehat Indonesia (NGO/IP)



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### Annex Part 1:

1. Terms of Reference
2. List of persons/institutions met
3. Stakeholders Map
4. List of documents consulted
5. Evaluation Matrix
6. Data Collection Tools

### Annex part 2: Other supporting documents (Annex A-H)

- A – SRHR, B- A&Y, C - GEWE, D- PD
- E – UNFPA Coordination Role
- F – Results of Online Survey
- G – Financial Data, and
- H – Map of Palu (Central Sulawesi)

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**Box 1. Structure of the Indonesia Country Programme Evaluation (CPE) Report**

This report comprises an executive summary, six chapters, and annexes and follows the structure recommended in the evaluation handbook by the UNFPA Independent Evaluation Office.

Chapter 1, the **Introduction**, provides the background to the evaluation, objectives and scope, the methodology used, and the evaluation process including the limitations encountered. The **second chapter** describes the Indonesia country context and the development challenges it faces in the UNFPA mandated areas. The **third chapter** refers to the response of the UN system and then leads on to the specific response of UNFPA through its country programme to the national challenges faced by the country in the areas of sexual and reproductive health and rights, Adolescent and youth, gender equality and women's empowerment, and population dynamics including in the humanitarian context. The **fourth chapter** presents the findings for each of the evaluation question specified in the evaluation matrix (which is annexed); the **fifth chapter** discusses conclusions and the **sixth chapter** concludes with strategic and programmatic level recommendations based on the conclusions.

As listed above, Annexes 1-6 contain the required documents for CPE, Annexes A-H provide additional reference documents and compiled as CPE Part2. Due to the CPE page limit, useful details not included in the main report and additional information which may be beneficial to the country office and other interested readers could be found in these annexes. The titles of annexes are mentioned in the list above.

## Key Facts Table

**Table 1: Key Facts and MDG Progress**

Geographical location	South East Asia; an enormous archipelago, Indonesia has 16,056 <sup>1</sup> islands straddling the equator and is the most southerly of all of the countries of South-East Asia
Land area	1,916862.20 km <sup>22</sup>
Terrain	Diverse terrain with masses of coastline, mountainous regions mostly made of active and dormant volcanoes and very large forested areas.
<b>People</b>	
Population	266.9 million <sup>3</sup>
Urban/ rural ratio	0.181 <sup>4</sup>
Total Fertility Rate	2.4 <sup>5</sup>
<b>Government</b>	
Type of government	Parliamentary Democratic Republic with lower and upper houses and regional parliaments at national, province and district levels
% of seats held by women in national parliament	17.32% <sup>6</sup>
<b>Economy</b>	
GDP per capita	USD 3.927 <sup>7</sup>
GDP Growth rate	5.17 <sup>8</sup>
Main industries	Oil, Gas, Forestry, Palm Oil, Coal, manufacturing, tourism inter alia <sup>9</sup>
<b>Social indicators</b>	
Human Development Index Rank	116 <sup>10</sup>
Gender Inequality Index Rank	104 <sup>11</sup>
Gender parity in tertiary education (GPI)	85 <sup>12</sup>
Adult literacy rate (15+ years)	95.5% <sup>13</sup>
Unemployment rate	5.01 <sup>14</sup>
Youth not in education, employment or training (NEET)	22.5% <sup>15</sup>
Life expectancy at birth	73.0 <sup>16</sup>
Under-5 mortality (per 1000 live births)	32 <sup>17</sup>
MMR	305 <sup>18</sup>
Health expenditure (% of GDP)	3.6% (2015) <sup>19</sup>

<sup>1</sup>Indonesian Statistical year book 2018.

<sup>2</sup>*Ibid.*

<sup>3</sup>BPS, BAPPENAS & UNFPA, 2018, 2015-2045 Indonesia Population Projection.

<sup>4</sup>*Ibid.*, Urban Rural Growth Difference Rates (URGD) for 2015-2020.

<sup>5</sup>2017, IDHS.

<sup>6</sup>BPS-Statistics Indonesia, 2015, Percentage of Women House of Representatives (*Dewan Perwakilan Rakyat/DPR*) Members in 2014 General Election

<sup>7</sup>BPS-Statistics Indonesia, 2019, Per Capita of GDP at Current Price in 2018.

<sup>8</sup>*Ibid.*

<sup>9</sup>Indonesian Statistical year book 2018.

<sup>10</sup>[http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/IDN.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/IDN.pdf), accessed August 26, 2019

<sup>11</sup>*Ibid.*

<sup>12</sup>2018, The Global Gender Gap Report 2018: [http://www3.weforum.org/docs/WEF\\_GGGR\\_2018.pdf](http://www3.weforum.org/docs/WEF_GGGR_2018.pdf) accessed August 26, 2019

<sup>13</sup>Indonesian Statistical year book 2018.

<sup>14</sup>BPS-Statistics Indonesia, 2019.

<sup>15</sup>Statistic Indonesia, cited in Voluntary National Review (VNR) 'Empowering People and Ensuring Inclusiveness and Equality', Republic of Indonesia, 2019.

<sup>16</sup>BPS, BAPPENAS & UNFPA, 2018, 2015-2045 Indonesia Population Projection.

<sup>17</sup>2017, IDHS.

<sup>18</sup>2015 Intercensal Population Survey (SUPAS).

<sup>19</sup>2018, Ministry of Health, Indonesia Health Profile 2017.

% of births attended by skilled health personnel	91% <sup>20</sup>
Antenatal care coverage by at least 4 visits	77% <sup>21</sup>
Percent of births delivered by C-section	17.0% <sup>22</sup>
Adolescent birth rate	36 <sup>23</sup>
% of women age 15–19 who have begun childbearing	7% <sup>24</sup>
Contraceptive Prevalence Rate	64% (any method) and 57% (any modern method) <sup>25</sup>
Unmet need for family planning	11% <sup>26</sup>
Percent of women aged 20-24 who were married before age 18	11.2% <sup>27</sup>
Median age at first marriage	21.6 <sup>28</sup>
% of people living with HIV, 15-49 years old	0.4% <sup>29</sup>

#### Millennium Development Goals (MDGs): Progress by Goal

1. Eradicate Extreme Poverty and Hunger	Indonesia achieved Goal 1 in 2008 as the figure of poverty under \$1.25 a day decreased to 5.9% from 20.6% in 1990. Additionally, a reduction was observed in the proportion of people suffering from hunger between 1989 and 2010 as the prevalence of under-five children with low weight went down from 31% to 17.9%.
2. Achieve Universal Primary Education.	The net enrolment rate for primary education was close to 100% in 2010 and the literacy rate was recorded at 99.47% in 2009.
3. Promote Gender Equality and Empower Women	In 2011, the net enrolment rate of girls to boys at primary school level was 98.8. The numbers of women in the work force and in politics were increasing. An increase in females' contribution was observed in the labour market, notably in wage employment in the non-agricultural sector, which reached 36.67% in 2011 (from 29.24% in 1990). Additionally, the proportion of seats occupied by women in the parliament reached 19.8% in 2014 (from 12.50% in 1990).
4. Reduce Child Mortality.	The mortality rate of under-five children decreased from 97 per thousand live births in 1991 to 44 in 2007. While Indonesia was reported to be on track to achieve the goal in 2011, the government recognized that there were regional disparities in the achievement of targets related to health because of differential access to health services across the country.
5. Improve Maternal Health	The maternal mortality ratio reduced from 390 in 1991 to 305 per 100,000 live births in 2015, but Indonesia is not on track to achieve Goal 5 by the end of 2015.
6. Combat HIV/AIDS, Malaria and Other Diseases	While incidence of tuberculosis has reached the 2015 targets and the incidence of malaria has also decreased, the incidence of HIV/AIDS has increased.

<sup>20</sup>2017, IDHS.

<sup>21</sup>*Ibid.*

<sup>22</sup>*Ibid.*

<sup>23</sup>*Ibid.*

<sup>24</sup>*Ibid.*

<sup>25</sup>*Ibid.*

<sup>26</sup>*Ibid.*

<sup>27</sup>BPS-Statistics Indonesia, 2018 the National Socio-Economic Survey (SUSENAS).

<sup>28</sup>2017, IDHS.

<sup>29</sup>2018, UNAIDS at <https://www.unaids.org/en/regionscountries/countries/indonesia> accessed August 26, 2019.

## Executive Summary

### Background

The Ninth Country Programme (CP9), 2016-2020, between the Government of Indonesia (GoI) and the United Nations Population Fund (UNFPA), provides the framework for UNFPA's work by supporting five of the eleven national priorities in the GoI's Medium-Term Development Plan (RPJMN) 2015-2019. The GoI's priorities and the economic, social and cultural context in Indonesia continue to be the main influencing factors in determining UNFPA's work supporting Indonesia's development agenda. With an indicative budget of US\$ 24 million, \$20 million in core resources and \$4 million in non-core resources, CP9 spanned two strategic plan (SP) cycles during 2014-2017 and SP 2018-2021, without deviating much from the planned programme. With Indonesia's move to classification status "yellow", the mode of engagement moved away from service delivery to advocacy, policy dialogue, capacity development, partnerships and coordination, including South-South and Triangular Cooperation, and knowledge management. Exception to these is in the humanitarian settings where service delivery can be deployed.

**Programme interventions** implemented in cooperation with the national and local government partners, UN agencies, donors, INGOs and NGOs, CP9 cover four strategic outcome areas, namely, Sexual and Reproductive Health and Rights (SRHR); Adolescent and Youth (A&Y), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics (PD) delivering on five core outputs such as, Maternal health and HIV-SRH linkages, Rights-based family planning (RFP), Youth and adolescent sexual and reproductive health (ASRH), Prevention of gender-based violence (GBV) and harmful practices, and population dynamics and data utilization.

In line with UNFPA Evaluation Policy, this external evaluation of the country programme was conducted in 2019 (October to December) by a five member independent evaluation team, managed by the Country Office (CO), in close collaboration with the Asia and the Pacific Regional Office (APRO) M&E Adviser with oversight from the Independent Evaluation Office of UNFPA Head Quarters in New York.

### The Purpose of the Evaluation

Country Programme Evaluation (CPE) serves two main purposes. To demonstrate accountability to stakeholders on performance under the UNFPA-GOI 9<sup>th</sup> Country Programme Action Plan (CPAP), and to provide an evidence base for decision-making for the development of the new UNFPA-GOI country programme strategic planning documents as well as for the development of a new UN framework through the United Nations Sustainable Development Corporation Framework (UNSDCF) 2021-2025.

The main audience and primary users of the evaluation are the decision makers and programme managers in UNFPA Indonesia Country Office (CO), UNFPA Asia and the Pacific Regional Office (APRO) and UNFPA Headquarter divisions (HQ), counterparts in the Government of Indonesia (GOI), development partners, donors, civil society and other United Nations agencies and the UN Resident Coordinator's Office (UNRCO).

Given the above purpose, the **specific objectives** of the evaluation are to provide an independent assessment of the progress and performance of the programme towards the expected outputs and outcomes set forth in the results framework of the country programme, incorporating findings from reviews and assessments carried out prior to the CPE to provide an analysis of how UNFPA has positioned itself within the development community and national partners with a view to adding value to the country's development results, to draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programming cycle, i.e. 10th Country Programme (CP10, 2021-2025), and to assess UNFPA's comparative advantage in the four programme areas in both development and humanitarian settings.

## Scope

The evaluation covered 2016-2019 time period and included all activities planned and/or implemented under the CP9 at national level and in selected target districts for each programme component (SRHR, A&Y, GEWE and PD) and humanitarian response. Besides the assessment of the intended effects of the programme, the evaluation also was expected to identify unintended effects and good practices.

## Methodology

Structured around seven evaluation criteria, Relevance, Effectiveness, Efficiency, Sustainability, Coordination, and specific to humanitarian sector, Coverage and Connectedness, the evaluation used purposive sampling method applying mixed method approach for data collection both from secondary and primary sources. This included documentary review of CP9 related publications, research, monitoring and evaluation (M&E) reports, financial and operations system; structured and semi-structured individual and group face-to-face interviews, phone interviews, informal and focused group discussions, on-line surveys, participation in workshops, and field observations. Triangulating the sources and methods of data collection, the evaluation adopted an inclusive approach involving a broad range of partners and stakeholders. Totalling 184 (with nearly two thirds being female) respondents, UNFPA CO staff, national and local level development partners, donors, UNCT, service beneficiaries and providers, contributed their input to this evaluation. In addition to this interview feedback, three on-line surveys collected additional feedback from 123 respondents representing IPs, CO staff, and academics and experts participated in capacity development interventions. The evaluation design was validated by APRO and the evaluation reference group (ERG) and CO staff. For validation of the preliminary findings, a workshop was held with Co staff, RCO and other key stakeholders.

## Main Conclusions

With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties and commitments, CP9 has delivered the planned results, with some degree of variability, contributing to strengthening the national ownership and sustainability of most of the programme interventions. Evident by the theory of change (TOC), the programme design shows clear linkages between the interventions and outputs, leading to expected outcomes. CP9 lacks an overall TOC (however a broader vision was available) and risks and mitigation plans also not very clear. Monitoring and evaluation framework development and follow up is mainly by CO and joint analysis with IPs for forward looking strategies, for programme decision making, is observably low and has room for improvement with some changes in the organizational aspects of programme management, coordination and supervision.

Responding to and meeting the needs of important emerging issues in the country, especially in humanitarian assistance, UNFPA mobilized funds and human resources in a timely manner. High relevance to the GoI needs has been a key facilitating factor in the CP9 achievements. However, the relevance to provincial/district level plans and strategies, especially given the country's commitment to leaving no one behind; and in making data available for planning is yet to be strengthened. In addition, interventions on ageing and strengthening preparedness and guidelines in humanitarian coordination aspects, where UNFPA could use its comparative advantage to the highest, seem missed opportunities. Specific activities and active participation, especially the inclusive coverage and involvement of marginalised and vulnerable groups such as youth and adolescents, though form a part of the current programme, further improvements are needed to make a meaningful contribution given the size of the youth population. UNFPA's trusted working relationship/collaboration with key government partners has contributed towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results. Classified in the category of "yellow," the GoI partners' needs are not financial, but the global experience and expertise that UNFPA brings in, and the demand and GoI interest is for more "lessons learned" that are appropriate and applicable to Indonesia. While such exchange of lessons learned is already in practice via South-South Cooperation (SSC), government further encourages UNFPA to be a broker in bringing global experience and technical expertise to the table. Humanitarian sector also could benefit from such transferable lessons.

Achievements of results in outputs such as the improvement of midwifery education and promoting the importance of the regulatory act for midwifery profession with the passing of the Midwifery Act in 2019, introduction of RFP, SSC on FP, GBV and harmful practices and in humanitarian setting, Youth Development Index (YDI) and SDG Baseline to strengthen government's policy and capacity; the teachers' training module, PD's contribution both with respect to data as well as policy related interventions have achieved good results and are good examples on effectiveness. However, the National Action Plan (NAP) on school-age children and adolescents is completed but the implementation is challenged with the problem of coordination; the MISP and Pocket Book for youth in humanitarian settings are also completed but their utilization remains low; and UNALA's effectiveness is hampered by the weak baseline data that could provide the project with guided targets and by changing implementation partners (IPs). Cordial relationships established with the government as well as with appropriately selected IPs, UNFPA has made productive and strategic engagement with non-traditional partners (male, youth, religious and traditional groups) in preventing GBV, including harmful practices. Engagement of parliamentarians and media for advocacy seem to be under-utilized.

Given Indonesia's ambitions to become an advanced nation by 2045, GOI informants are seeking strategic advice and new ideas from development partners. UNFPA will have to respond in innovative ways to meet these emerging needs of Government, mainly in institutional capacity of key partners. The need for skill enhancement for longer term institutional capacity continues to resonate in all discussions with IPs. With respect to population and demographic analysis, GOI counterparts have been strengthened through training and learning by doing with the help of UNFPA specialists. However, the current sets of demographers are observably getting older. This has consequences for the future supply of such skills.

A good number of knowledge products are available and has more room for improving their follow up on utility and dissemination, specifically for evidence based planning to close the gender gaps and to effectively target and coordinate multisectoral approaches. Brokering knowledge and contribution to capacity building are two key areas UNFPA focuses and has been appreciated for/recognized for their quality. A capacity development strategy – with more focus on institutional capacity building, beyond an annual plan or a country programme cycle would bring more sustainable and meaningful impact. Indicators to measure capacity development, found to be a weak area in CP9, should form a key part of the M&E Plan.

Despite limited budget and human resources, UNFPA has shown tremendous effort in terms of its efficiency. Some inefficiency, which is beyond the country office control, was observed due to UNFPA corporate administrative policies, process of technical recruitment of new IPs and the lengthy operational procedures of getting consultants on board. By joint programmes and working on government requested interventions have shown to be efficient and effective. UNFPA is a highly valued partner at UNCT level and appreciated the joint programmes. There are areas that GOI has not yet embarked on, but are very much within UNFPA mandate, leaving more room for meeting the needs of the beneficiary/target populations. When selecting the CP9 interventions, targeting has been done but has more room for improvement. Interventions supporting the generation of data and analysis on identifying key population groups could provide a base to address the needs of beneficiaries. UNFPA advocacy programme has more room to step up to cater to the current needs of those populations that may not be empowered yet to voice their opinions. This again, would contribute to achieving “no one left behind” agenda.

UNFPA efforts on IP capacity building has improved results achievement, and based on the relevance and maturity of the programmes their sustainability varied with an overall rating as good, specifically the work at policy level. UNFPA has embarked on several pilot interventions (such as UNALA/project named “*your ability to make decisions*”, RFP,) but still the focus remains on inventing a model and has not yet considered the continuity of such practice through private-sector investment; or other appropriate mechanism with sustainability in mind.

Planning on exit strategies (sustainability strategies) at the programme design stage has room for strengthening. However, the government buy-in is observed as a prerequisite for ensuring sustainability, even where the beneficiaries and service providers have high felt needs. For example, on the referral system of cases of violence against women is challenged by the revoke of a Ministerial Decree on the integrated system for responding to cases of violence against women. UNFPA facilitated District of Sigi and Donggala to release a Mayor regulation on the establishment of referral system for cases of violence against women.

The on-going pilot in Yogyakarta initiated by BAPPENAS in collaboration with UNFPA support for the development of a data system to match the demand for long-term care by older persons, with the supply of facilities and care providers, has been beneficial in several aspects. Firstly, the result of the pilot will assist the Government to move forward from a strategic intent (National Strategy on Ageing) towards operationalising program delivery which is expected to materialize in the next five year plan period. The implementation of the pilot has resulted in the identification of potential funding sources for replication of the pilot in other urban centres which would go a long way towards sustainability of the intervention.

UNFPA work in the humanitarian assistance is highly appreciated by other agencies interviewed. Many disaster-prone areas in the country are with limited preparedness plans that may put additional burden for UNFPA in the response work requiring UNFPA support in strengthening preparedness plans. To improve coverage and connectedness in the area of SRHR, ASHR and GBV in humanitarian settings, UNFPA's current human and financial resources are limited.

UNFPA programme staff, sometime share IP role, overloading their daily tasks and leaving inadequate time for monitoring, supervision and catalytic function. Evaluation team observed weak synergies across programme/outcome teams with limited cross-fertilization and information sharing resulting in weak internal communication between programmatic areas. The organizational structure of the programme itself may have contributed to such a silo approach. While sharing of information and working together in areas such as gender, youth, and data exist, there is more room for enhancing synergies across the outcome areas to increase the effectiveness and efficiency of the overall CP. Given the catalytic role and the advocacy agenda, human and technical resources are of critical importance to elevating UNFPA's comparative advantage and presence in the country's development agenda, as reflected by key government partners and donors. This calls for increased technical and leadership skills within CO staff.

### **Recommendations**

Establish cross functional teams (in the country office) to avoid vertical project planning and management. Develop a TOC for the entire country programme with a clear and shared understanding of how all parts of the programme fit together, including risks and risk mitigation assumptions, to provide a framework indicating linkages across parts of the country programme. Focus on planning that multidisciplinary teams are collectively accountable for final results. This will be timely, given the UNSDCF preparation and to avoid any overlaps.

Engage IPs, especially those responsible for pilot projects, in the development of a monitoring plan, with assigned roles and responsibilities for monitoring results that includes data collection mechanisms, timeplan with exit strategy, and quality assurance mechanisms. Seek new approaches to advance key SRH programmes such as maternal health where even with high coverage of institutional deliveries MMR continues to be high. Identify key underlying causes of stagnant family planning indicators and develop plans with the government counterparts on how to address them. Strengthen SRH linkage with other relevant programmes to improve comprehensiveness of SRH service including advocacy for quality care for facilities beyond national level with improved referral systems, improve rights-based approach and international partnership, e.g. with HIV service, rights-based FP, humanitarian, adolescent health, gender equality and partnership in the South-South Cooperation (SSC) and make use of gender analyses outcomes to close the gender gaps.



In CP10, SRHR Programme should continue to be aligned with the national priorities and international commitments that lay emphasis on maternal health and family planning, as elaborated in RPJMN 2020-2024, SDGs, ICPD+25, and aimed at addressing key issues at advocacy and legislative levels that have the potential to remove major barriers in achieving the SRHR goals, especially in maternal health and family planning, as well as its linkage with other relevant programmes. Strengthen SRHR, A&Y, and GBV Programmes in humanitarian settings in its design, implementation modalities, coordination and monitoring progress and results throughout preparedness, emergency response and recovery stages. Strengthen emergency preparedness aspect in addition to response and in general, Humanitarian and Development nexus to be better understood for budget and human resource planning to enhance resilience.

To show results and strengthen the overall strategic interventions in the next CP, speed up pending activities and streamline the interventions to focus only on a few key messages. A&Y component needs to consider stronger coordination functions to increase the quality and coverage of ASRH policy and for meaningful contributions to the policy and the private-sector involvement in the ASRH services vis-a-vis the environmental dynamics (i.e. conservatism, demographic dividend, ICT use, millennial decision makers). UNFPA should actively engage with relevant ministries in ensuring comprehensive sexuality education (CSE) implementation in Indonesia. To ensure better awareness at the community level and enabling environment, UNFPA should strengthen partnerships with influential institutions with strong advocacy and community presence to sensitively and sustainably improve access to ASRH such as CSOs, creative media, and other elements.

Continue working with champions, including non-traditional groups (male/religious/traditional leaders) at the national and local level and with newly assessed IPs whose roles go beyond one CP cycle with objective of finding innovative ways to increase the likelihood of effective implementation of policy work, particularly in sensitive areas such as harmful practices related to women and girls. Initiate dialogue to support the State Ministry of Women Empowerment and Child Protection (MOWECP) in mapping, designing and implementing regulation of a Ministerial Decree on technical unit for implementation at the sub-national level and use of a national system for monitoring violence cases as a replacement of a Ministerial Decree on the Integrated Services for Violence Against Women and Children and use of Minimum Service Standard (SPM,) referral mechanism for responding to cases of VAW, including in humanitarian settings.

UNFPA PD to be more proactive and play an aggressive role in providing fresh ideas to government planners, statisticians, Parliamentarians, etc. as to what Government could do on various population-related matters through a continuous process of active policy engagement. Support MOWECP with disaggregated data for gender analyses, particularly as an input to work on demographic dividend. UNFPA should broker capacity building through arrangements with local universities, Statistics Indonesia (BPS), and related Government Ministries whereby local universities will undertake to provide capacity development in population projections and population data analysis. An important priority for the Government is the establishment and strengthening of the One Data Initiative. This initiative will involve and require strong coordination between data producers and data users across central and sub-national levels. Given its comparative strength in population data, UNFPA should play a supportive role in providing technical assistance and capacity development towards the realization of the One Data Platform.

Provide proper technical expertise and evidence generation to ensure that UNALA project can be accelerated to meet its initial design as a private-sector led ASRH service. This can include analysis of ASRH financing under social insurance or other private schemes (private insurance, out-of-pocket), exploration and dialogue with the private sector actors including online networks of doctors, and engagement with the local and national government. Provide technical and substantial coordination support to facilitate improved A&Y health, including in ASRH to follow up National Action Plan (NAP) on school-age children and adolescents.

## Chapter 1: Introduction

UNFPA Indonesia is conducting an evaluation of the UNFPA 9<sup>th</sup> Country Programme of Assistance to the Government of Indonesia (2016-2020) in accordance with the UNFPA evaluation policy. The evaluation is an external, independent exercise conducted by an independent team and managed by the Country Office (CO) in close collaboration with the Regional M&E Adviser in Asia and the Pacific Regional Office (APRO) and with oversight from the Independent Evaluation Office of UNFPA in New York.

### 1.1 Purpose and Objectives of the Country Programme Evaluation

As specified in the Terms of Reference (TOR) issued by the CO, the 2019 Country Programme Evaluation (CPE) is expected to serve two main purposes, namely:

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

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

#### Specific Objectives

The specific objectives of the evaluation are:

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

### 1.2 Scope of the Evaluation

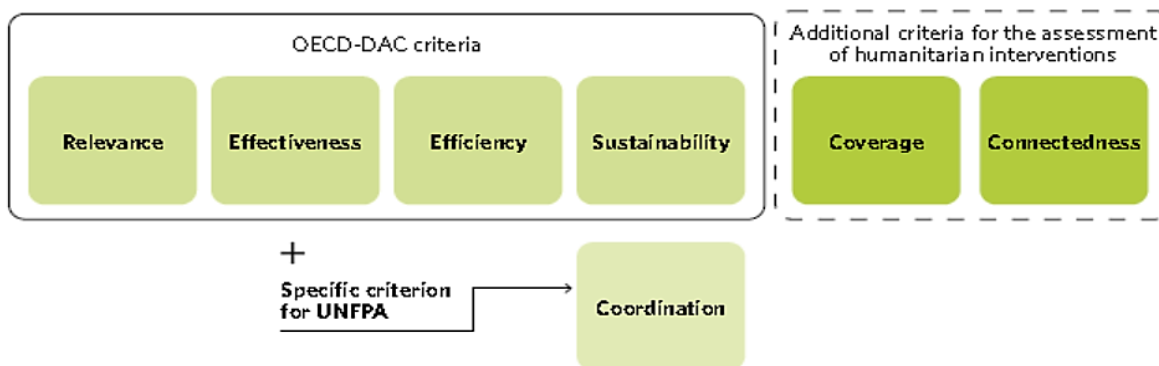
The evaluation is expected to cover the time period 2016-2019; and included all activities planned and/or implemented under the CP9 at a national level and in selected target districts during this period within each programme component: Sexual Reproductive Health and Rights (SRHR), Adolescents and Youth (A&Y), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics & Data (PD)). Besides the assessment of the intended effects of the programme, the evaluation also expected to identify unintended effects.

### 1.3 Methodology and Process

**Evaluation criteria and evaluation questions:** CPE evaluated the programme outcome areas using OECD/DAC evaluation criteria of **Relevance, Effectiveness, Efficiency and Sustainability**. Specific to UNFPA evaluation, another criterion is the Coordination, which analysed UNFPA’s contribution to the existing coordination mechanisms and strategic positioning in the country with a focus on UNCT Coordination and UNFPA’s comparative advantage in the development agenda within the development community and national partners in responding to national needs. Evaluation Team (ET) assessed how UNFPA has been able to support its partners and the beneficiaries in developing capacities and establishing mechanisms to achieve planned results, ensure ownership and the sustainability of effects.

As Indonesia is prone to face multiplication of humanitarian crises and the CO is in the lead to provide humanitarian assistance, the second component in the evaluation is the assessment of humanitarian interventions. Two additional evaluation criteria are considered, namely, **Coverage** and **Connectedness** which consider the ability of UNFPA to respond to humanitarian crises and the extent to which the CO has been able to apply a resilience approach by linking prevention, preparedness, response and early recovery with national capacity building.

Figure 1: Evaluation Criteria for the CPE



Source: Handbook UNFPA Evaluation Guidelines (2019 version)

**Coverage**, according to UNFAP, measures the extent to which major population groups facing life-threatening suffering were reached by humanitarian action. Evaluation team, to the extent possible based on data availability, assessed the extent of inclusion bias – that is, inclusion of those in the groups receiving support who should not have been (disaggregated by sex, socio-economic grouping and ethnicity); as well as the extent of exclusion bias, that is exclusion of groups who should have been covered but were not (disaggregated by sex, socio-economic grouping and ethnicity). However, this is heavily dependent on the availability of data and the understanding of those on the ground to provide the data as specified above.

**Connectedness** measures the extent to which activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account. Connectedness has been adapted from the criterion of sustainability used for the assessment of development interventions. ET looked at: i) the establishment of linkages between the relief and the recovery phases; and ii) the extent to which local capacity has been supported and developed. The connectedness criterion allows assessing the contribution of UNFPA to the humanitarian-development-peace nexus.

To assess the above seven evaluation criteria, 11 evaluation generic questions, with several sub- questions, were proposed in the TOR (Annex 1). Considering the feasibility given the short time period allocated for the CPE, the availability of recent evaluation reports, and the utility value for the CP10 development, ET selected six key questions (with multiple sub-questions embedded in them) based on priority without overlapping or repeating recent reviews and evaluations. However, most of the questions not selected are partially addressed when answering the six selected evaluation questions. Selected questions for the CPE were agreed with the CO management. All 11 questions proposed in the TOR and the 6 selected EQs are below.

**Table 2: The Evaluation Questions**

Evalua- tion Criteria	Eleven Evaluation Questions (EQs) as per TOR	Selected Six EQs for CPE	Justification for including in CPE
<i>Relevance</i>	1 To what extent was the UNFPA support of the country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups; (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?	<b>EQ 1</b>	Relevance and specifically targeting is important given the “no one left behind” responsibility by 2030. Readiness and focus on humanitarian response are also important.
	<u>2 (not selected):</u> What are the main comparative advantages of UNFPA in Indonesia particularly in relation to other organizations operating in the country and how well were these utilized to achieve the results?		Evaluation of this is automatically embedded in EQ 3, EQ5, EQ6 & EQ8.
<i>Effectiveness</i>	3 To what extent have the expected outputs of the 9 <sup>th</sup> CP been achieved in the development and humanitarian contexts? Likewise, to what extent have these outputs contributed to the achievements of the outcomes of the 9 <sup>th</sup> CP? What were the factors that influenced the achievement and/or the non-achievement of the results?	<b>EQ 2</b>	This question is the key in evaluating the results achieved in CP9.
	<u>4 (not selected)</u> -To what extent has UNFPA contributed to improved humanitarian preparedness in Indonesia in the area of SRHR, including maternal health, youth, data and GBV?		This is addressed under EQ 11.
<i>Efficiency</i>	5 To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9 <sup>th</sup> CP in a timely manner?	<b>EQ 3</b>	Efficiency criterion is a key aspect to be evaluated.
<i>Sustainability</i>	6 To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?	<b>EQ 4</b>	Sustainability is a key area to evaluate – includes partnerships and capacity building.
	<u>7 (not selected)</u> To what extent has the CO established, maintained and leveraged different types of partnerships to utilize UNFPA’s comparative strength to achieve the outputs and outcomes of CP9?		This question is covered under the Effectiveness, as well as Efficiency criteria.
<i>Coordination</i>	8 To what extent did the UNFPA CO contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities/seeking synergies) within the United Nations system?	<b>EQ5</b>	Coordination is a UNFPA specific evaluation criterion
	<u>9 (not selected)</u> -To what extent does the UNPDF fully reflect the interests, priorities and mandate of UNFPA in Indonesia? Have any UNPDF outputs or outcomes which clearly belong to the UNFPA mandate not attributed to UNFPA?		With the change in environment given the focus on UNSDCF efforts, this question may not produce much utility value to the CO.
<i>Coverage and Conne</i>	<u>10 (not selected)</u> -To what extent did UNFPA contribute to humanitarian response coordination?		Partly addressed in EQ11. A recent Evaluation covers these aspects and will use

<p>11 To what extent are UNFPA interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?</p>	<p>the findings.</p> <p><b>EQ 6</b> Given the emphasis on humanitarian-development nexus, this question is important for CP10.</p>
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Upon selection of the EQs, desk review of key documents was done by the team and specific details were clarified by CO staff members. ET prepared evaluation design matrices (Annex 5) which covered the six evaluation questions with assumptions, indicators, data sources and data collection methods. Stakeholder map (Annex 4) was prepared to identify the sources for interviews, discussions and feedback. The methods for data collection and analysis were determined by the type of evaluation questions formulated to test the assumptions.

**Evaluability Assessment and Reconstruction of the programme logic:** The team reviewed the TOC to understand the logical linkages and the objectives behind the interventions. CPAP was reviewed in detail to understand the indicators used to measure achievements. The reconstruction of TOC was not necessary as it was clear and the TOC provided by CO was developed during the mid-term review which was helpful in understanding the links from outputs to outcome level; however, in the absence of an overall TOC for the entire CP, it was not clear where the overlaps would occur in the programme design and implementation. Furthermore, risks, critical assumptions and limitations were not included in the CP9 Programme Logic. ET did not attempt to develop an overall TOC (for entire CP9) due to tight timeline and made use of the overall vision (One Voice diagram) which was somewhat similar to the overall TOC presented by the country office.

### Selection of the Sample

**Selection of sites for field visit and Interview participants:** CP9 development has been guided mainly by government needs, as well as UNFPA corporate priorities and strategies. Site selection for the CPE was based on the in-depth knowledge gained by discussions with CO programme officers (POs) and the strategic direction of CP9 presented by them. ET selected areas and interventions based on contribution towards SDGs, pilot interventions, high impact interventions that will have a contribution to SDGs and those that have a likelihood of sustaining for a long time. Given the number of reviews and evaluations completed by CO, UNDP, UNFPA HQ, and other agencies during CP9 and the limited number of days allocated (25 days) for the evaluation, the team, in consultation with CO programme staff, decided to keep time spent on travel to a minimum. With the growing need and the focus of UNFPA's role on humanitarian assistance, in agreement with CO, a field visit to Palu was selected for several reasons and they were, among others:

- Presence of significant interventions under all four programmes: SRHR, A&Y, GEWE and PD<sup>30</sup>;
- the geographical coverage of the disaster involving wide (three separate) locations;
- the nature of the disaster (unique to Palu) that involved an earthquake, a tsunami, as well as liquefaction at the same time with no time for prepare);
- continued UNFPA field presence in Palu, as well as camps that are housing significant number of displaced population there;
- availability of several evaluations with some baseline data; and the felt need to obtain "lessons learned" in the humanitarian response in different stages of humanitarian response.

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<sup>30</sup>UNFPA Evaluation Office, Evaluation of the UNFPA Capacity in Humanitarian Action. Draft Country Note: Indonesia. April 2019

Palu (Central Sulawesi) was the only field site the team visited. The team's intention was to explore further, in Palu, what was not covered by previous studies, e.g. issues relating to credible data for planning, including capacity issues, referral pathways in SRHR and gender-based violence (GBV), specifically related to local coordination and humanitarian and development nexus.

***Sampling of Stakeholders for interviews:*** Indonesia is classified as a “yellow country” and the mode of operation in CP9, is to be a catalyst and operate on advocacy and policy level. Some service delivery implementation takes place in the pilot interventions under SRHR, A&Y and GEWE. PD is mainly at the national level and with most other outcome areas work is being done at the national level. Some district level implementation exists, in collaboration with national and district level government officials and non-government IPs.

Stakeholders for data collection were selected from the stakeholder map which was discussed in detail with the POs and senior management. Selection was purposive based on the evaluation questions and ET's programme knowledge. National stakeholders included all key government IPs, donors, key UN agencies that UNFPA has joint collaborations, and RCO. Palu had a separate stakeholder map and key stakeholders were selected for interviews based on the stakeholder map covering SRHR, AY,GBV, GE, and PD. Temporary camps, temporary tents, health facilities and relevant government and non-government IPs were selected based on purposive sampling. Stakeholder map as well as those selected for interviews is attached (Annex2 ). A recent MTR was done, much similar to a CPE and several evaluation reports were available as input to the evaluation and ET felt given the few days (25 days for the consultants) it was best to extract the evaluation results from the reports and obtain additional information from the stakeholders by interviewing them.

Most of the key IPs were interviewed face-to-face as well as via skype and telephone. All 19 IPs (7 governments key IPs with several directorates responsible for specific areas under the outputs; and 12 non-govt.) were contacted via an online survey to obtain additional feedback. In Palu, ET used the stakeholder map and programme beneficiaries were selected by Palu programme managers. ET made use of the opportunity to participate, as observers, in already earmarked workshops for CP9 and selected convenient samples of participants for interviews. UNFPA CO office programme staff, operations staff and a few programme assistants were included in the sample.

The recent evaluation and assessment reports (table in Annex 3) provided adequate input to the CO thus, ET made use of the results and got them further validated by stakeholders. Although only Palu was selected to be visited, the IPs responsible for the key interventions under all field programmes were interviewed, as per the stakeholder map. Those who could not be reached for face-to-face were interviewed via telephone and skype. Online survey was administered to all IPs for additional information (details in Annex F).

### **Data Sources, Collection and Analysis**

Primary data was collected at the national (including government and other implementing partners/IPs, UNFPA CO staff, other UN agencies and donors), and sub-national levels as needed, through semi-structured interviews, focus group discussions and direct observations during field visit, to Palu in C. Sulawesi, as appropriate. Secondary data were collected through desk review of existing literature (evaluations, research and assessments conducted by UNFPA Indonesia and other partners in the country), annual reviews/progress reports, and other monitoring data. Administration of an online survey (separate surveys for IPs, CO staff and participants of PD capacity building programmes) was necessary to fill in information gaps, as well as in cases where the stakeholders could not be reached for interviews due to time conflict and other logistical issues.

**Data Sources:** Based on the selected evaluation questions, the sources of data were both secondary and primary.<sup>31</sup> The type of data was based on a mix of quantitative and qualitative, derived from multiple sources. The evidence in this evaluation included data collected from the field, desk review of documents, direct observations (of service facilities, services, programme workshops, and programme implementation procedures) structured and semi-structured interviews, informal group discussions, focus group discussions (FGDs), online survey, and secondary sources. Desk review included CP-related documentation, relevant national policies, strategies and action plans, national statistics, review reports monitoring reports (quarterly reports, project-specific reports, annual reports, trip reports) submitted by IPs and UNFPA staff etc. A detailed list of documents reviewed and data collection tools are attached (Annex 3 and 6). Data collection tools were prepared based on the indicators to assess following the assumptions made in relation to the evaluation questions. The type of data available was decided based on the sources identified at the time evaluation matrix development.

The evaluation triangulated data sources, data types and data collection methods to minimize the weaknesses of one method, offset by the strengths of another, enhancing the validity of the data. Validation of the findings was done through debriefing with key stakeholders, UNFPA staff, ERG members and IPs.

**Data Collection Methods: A purposive sample was used.** Data collection via individual as well as group face-to-face interviews including both males and females (from IPs, CO and donors and programme beneficiaries, service providers) adopted a participatory approach. Online survey of IPs, CO staff, and academics and experts of PD programme, and direct observation method (service facilities, service delivery, selected programme interventions – workshops, meetings, office procedures etc.) were used to collect data. In the data collection conscious effort was made to select a fair representation of male, female, and the young.

Anonymity was maintained when reporting results. Participants were informed that only aggregate measures will be reported without divulging names. The respondents (e.g. IPs, civil society, programme participants, donors etc.) had the opportunity to discuss freely and to propose what works for them to make the programme better in their own context. Selection of KIs for interviews was based on stakeholder map. UNFPA CO maintained its objectivity by not being present at the meetings with informants, unless the ET invited them when ET felt it was useful for the evaluation. Similarly, IP managers were not present when programme beneficiaries were interviewed, except when they were requested (by ET) to be present.

**Data Analysis:** Data analysis was mostly limited to content analysis. Analysis of quantitative data from sources such as CO, online survey, and secondary sources was limited to descriptive statistics and was based on the availability of primary and secondary data, their quality and comparability. Content analysis was employed to interpret qualitative data from the interviews, survey feedback, discussions and report findings. Qualitative data, secondary quantitative data and other evaluation findings from existing reports were triangulated in making conclusions from the findings. Special consideration was made, where feasible, to include and reflect how boys, girls, men and women, and those belonging to marginalized groups (as specified by the CO staff and IPs) are affected differently in the CP9 design and implementation. Effort was made to, where feasible and possible, to disaggregate data by age and sex in the analysis of data.

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<sup>31</sup>Primary data is mainly qualitative in nature, obtained from key informants (key government IPs, donors, other UN agencies, CO senior management), CO staff, programme beneficiaries, other partners etc.

**Data Quality:** Data quality was maintained by triangulating the data sources and methods of collection and analysis. Validation of preliminary findings, by key stakeholders, enhanced the quality of data collected ensuring absence of factual errors or errors of interpretation and no missing evidence that could materially change the findings. Evaluation team held follow up discussions with CO programme staff to assure that the data (secondary) used in the evaluation are from valid sources and the reported limitations were taken into consideration when using the secondary data.

**Validation Mechanisms.** The ET used a variety of methods to ensure the validity of the data collected, including systematic triangulation of data sources and data collection. Further, the team validated findings with CO staff and key stakeholders to ensure that there are no factual or interpretive errors or missing evidence that could materially change findings.

**Retrospective and Prospective Analysis and the Evaluation Criteria:** The evaluation team assessed the extent to which results have been sustainable, and in cases where expected results have already been generated, the team assessed the prospects for sustainability, i.e., the likelihood that the effects of UNFPA interventions will continue once the funding comes to an end. Questions were formulated to elicit this information; however, this was based on respondents' perceptions. Where interventions have been in effect for over several cycles (maturity), actual effects were observed. Previous evaluation findings and programme documents, CO monitoring and performance data, and field observations were combined with interview data to substantiate ET findings. Relevance and Efficiency were assessed mainly by reviewing the related policy and strategy documents, financial documents and face-to-face interviews with relevant stakeholders.

**Stakeholder Participation:** An inclusive approach, involving a broad range of partners and stakeholders, was followed. The evaluation team did a stakeholder mapping in order to identify both UNFPA direct and indirect partners (i.e. partners who do not work directly with UNFPA and yet play a key role in a relevant outcome or thematic areas in the national context). These stakeholders included representatives from the Government, civil-society organizations, the private sector, UN organizations, other multilateral organizations, bilateral donors, and the beneficiaries of the programme. Key stakeholders were involved in several vital stages of the evaluation providing input to the design of the evaluation, validating the findings, and contributing to the future recommendations.

**Table 3: List of Representing Institutions and Number of Stakeholders Met**

<b>Institution</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
UNFPA	8	15	23
Other UN Agencies (UNRCO, UNDP, UNICEF, UNOCHA, UNAIDS, UN Women)	5	7	12
National Government Level (BAPPENAS, BKKBN, BPS, BNPB, MoH, MOEC, MOYS, Pusdik SDMK, BPPSDM)	27	28	55
Parliamentarians (IFFPD)		2	2
Other development partners (DFAT, Canada-CIDA, and academic institutions: UGM)	5	5	10
Private Partners (H&M)			
Provincial Level (Health Office, South Sumatra, Humanitarian setting data)	10	3	13
District Level (Population Development and FP Office, Malang District, East Java)	1	2	3
Village level	5	22	27
NGOs/CSOs and other organisation: SMERU, YSSI, PKBI, Fatayat NU	4	12	16
Youth groups: Youth Advisory Panel (YAP), Aliansi Remaja Indonesia (ARI), Youth Facilitators from YFS in Palu	3	4	7
Beneficiaries of health facilities, WFS		16	16
<b>Total (Approximate numbers)</b>	<b>78</b>	<b>116</b>	<b>184</b>

Detailed list in in Annex 2



After the face to face interviews, three on-line surveys were launched to obtain additional feedback from members representing 19 IPs (53 respondents), CO staff (25) and a selected group of academics and experts (45 respondents) participated in capacity building interventions under the PD programme. Some of those participated in face to face interviews were included in the online survey as well.

**Ethics and Maintaining the Quality of Evaluation:** Ensuring the protection of respondents' rights, an informed consent was sought before all interviews were made and the data collected were confidentially kept, with no identifiers. Where written consent was not applicable or feasible, verbal agreement was sought. UNFPA CO informed the respondents about the evaluation purpose and the rights and confidentiality of those participating in the evaluation. Online survey was undertaken without requiring indicating the names. The team made every effort to ensure that evaluation findings were credible based on reliable data and observations. Conclusions and recommendations show evidence of consistency and dependability in data, findings, judgments and lessons learned appropriately reflecting the quality of the methodology, procedures, and analysis used to collect and interpret data. The team followed UNEG guidelines and standards, as well as UNFPA's Handbook on "How to Design and Conduct a Country Programme Evaluation at UNFPA" in carrying out the CPE to ensure its quality. From the design stage to the implementation of the CPE, the team ensured that gender concerns and human rights based approach was integrated.

**Limitations and Risks:** While TOC was available for each outcome area, the lack of details of an overall TOC for the entire CP9 limited understanding the areas where the overlaps may have occurred in the programme design and implementation. Critical assumptions and limitations were also not included. However, in-depth discussions with CO staff and IPs, ET were able to obtain this information. CO had an overall vision "One Voice" depicting the linkages of the CP9 programme which was helpful.

Due consideration was given to establish a convenient sample of beneficiaries for focus group discussions to gather information on service quality and its accessibility and utility in the humanitarian setting. However, the time available and the logistical feasibility given the situation on the ground were not very conducive for conducting methodologically sound FGDs. ET mitigated this by meetings several small groups in different locations in the area to elicit required information.

CPE was allocated a relatively a short time (25 days per consultant) and given the size of the country and spread of the interventions, the team could not visit development programme sites. ET, considering the time limitation, mitigated this by making use of the available evaluation findings (several evaluations were done during CP9, including a detailed MTR in 2018) and in-depth interviews with relevant staff, in some cases repeated consultations with the key informants and using an online survey to collect additional information.

## Process Overview

Of the CPE five phases i) preparation, ii) design, iii) field, iv) reporting, and v) management response, dissemination and follow up, the preparatory phase completed by the CO. The Design Phase included desk review of key documents; stakeholder mapping; analysis of the programme/intervention logic, finalization of the evaluation questions, development of data collection and analysis strategy, and a plan for field phase; preparation of the evaluation matrix and presentation of the design report to the ERG and CO. ET met with UNFPA CO programme teams to go over the outputs and expected results in detail to agree on the indicators to be used and the list of key stakeholders for interviews.

Upon approval of the design report by CO, APRO and ERG, data collection tools were refined and field work started. Due to the limited number of days for the CPE, only one field site (Palu, Annex H) was visited to obtain in-depth information on the humanitarian situation in Central Sulawesi. The rest of the information on CP9 was collected via document review and interviews as discussed above.

**The Implementation Phase/Data collection and Analysis Phase:** After the Design Phase, the team initiated data collection. Depending on the time factor, the team members split into teams to cover a satisfactory number of interventions/service facilities and locations in the field (Palu). At the national level, data collection was from lead ministries, selected donors, UNFPA staff and other strategic partners (UN Agencies)



**Group discussions (IPs) at validation meeting**

and implementing partners. At the sub-national level, data were gathered through a series of consultations with the health office, the Statistical Office (BPS), the population office (Dukcapil), and the Provincial and District Gender offices as well as with partner organizations. At the end of the data collection phase, a debriefing, on the preliminary results, was done with CO staff and selected IPs to validate the findings and testing tentative conclusions and recommendations. Half day workshop was done to receive IPs' feedback on the preliminary findings and possible recommendations.

**Reporting Phase:** After the preliminary analysis of data and the debriefing session, the draft report was reviewed by CO staff, ERG, Regional Office M&E Advisor, and Evaluation Manager for feedback. The final draft was shared with the national stakeholders and CO staff for validation. Several discussions were held with CO staff, and revisits to national stakeholders also took place during reporting period to fill the gaps. Finalization of the CPE report was done based on these feedback.

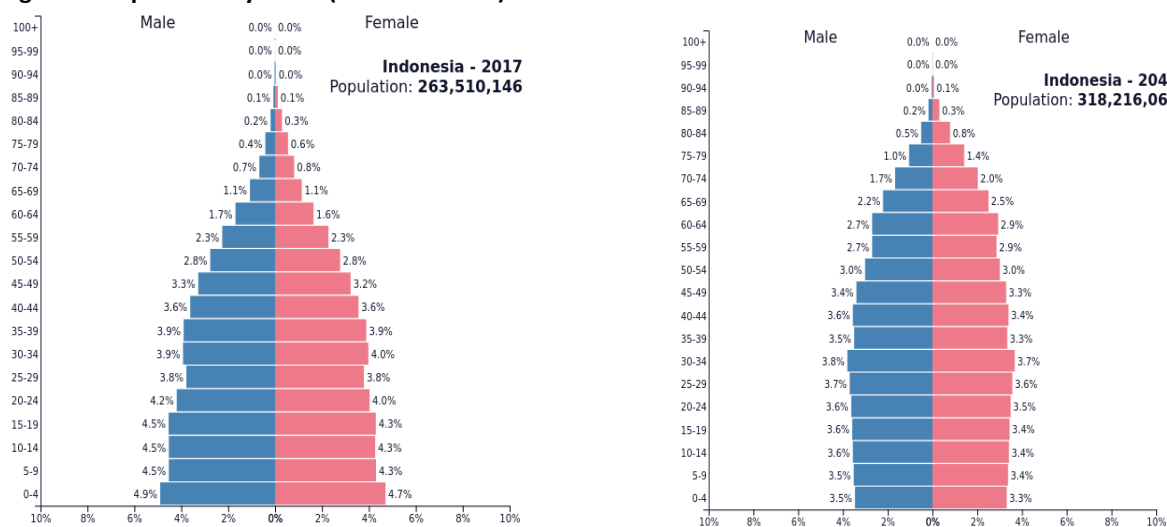
**Preparation of the Management Response and the Dissemination** of the final recommendations will be the CO responsibility. The CPE findings and recommendations will inform the development of CP10. The final report and evaluation quality assessment (EQA) will be posted in the UNFPA evaluation database and the country office will have the results and recommendations uploaded in their website.

**Integration of Gender Equality and Women Empowerment (GEWE) in the evaluation:** GE was integrated in the design, evaluation questions, selection of interview participants, in the overall evaluation methodology and analyses as well as in the conclusions and recommendations. GEWE is considered cross-cutting in CP9 and mainstreamed, the team attempted to answer all the evaluation questions with a reflection on gender concerns, while findings under Effectiveness provide detailed information of the CP9 GE strategic outcome.

## Chapter 2: Country Context

Along with shifts in the size, composition and distribution of Indonesia's population, the country is getting wealthier and education levels are increasing (please see Table 1: Key Facts and MDGs Progress). Indonesia has shown significant progress in both social and economic development in the past 10 years, although it is also recognized that there continues to be regional disparities and inequalities in the level of benefit sharing of development gains. Indonesia's emergence as a middle-income country means that UNFPA is changing the way it operates in a country classified under "yellow" category that no longer requires service delivery support. UNFPA's work in Indonesia now focuses on upstream policy dialogue, advocacy, knowledge management and South-South Cooperation.

**Figure 2: Population Pyramid (2017 and 2045)**



Indonesia, with 264 million inhabitants, is the world's fourth most populous nation, the world's 10th largest economy in terms of purchasing power parity and a member of the G20. An emerging middle-income country, Indonesia has made enormous gains in poverty reduction in the last decade, cutting the poverty rate to more than half since 1999, to 9.8% in 2018.<sup>32</sup> Despite the strong economic achievements in the past two decades, challenges remain. More than 25.9 million Indonesians still live below the poverty line. Based on March 2017 data, the incomes of approximately 21% of the population hover marginally above the national poverty line.<sup>33</sup>

Rapid changes in demographic parameters in the past two decades impacted the current population age structure and distribution by sex in Indonesia causing rapid decline of fertility and mortality, and migration direction and patterns. As a result, Indonesia has entered the era of demographic dividend/bonus where working age population is growing more than non-working age population. In addition, the proportion of people aged 60 and over has also increased substantially. Currently, one out of two Indonesians lives in urban areas and this is projected to become 3 out of 4, making urban area population to grow fast<sup>34</sup>

<sup>32</sup>World Bank, September 2018 [www.worldbank.org/en/country/indonesia/overview](http://www.worldbank.org/en/country/indonesia/overview).

<sup>33</sup>*Ibid.*

<sup>34</sup>BPS, BAPPENAS & UNFPA, 2018, 2015-2045 Indonesia Population Projection.

## 2.1 Development Challenges and National Strategies

### **Development Challenges: *Sexual and Reproductive Health and Rights***

Key reproductive health indicators such as maternal mortality ratio (MMR), total fertility rate (TFR) and contraceptive prevalence rate (CPR) have been stagnating for over two decades; and the related targets for the ICPD and Millennium Development Goals (MDGs) have not been met. Data from the IDHS 2017 show that at current rates, most of the National Medium-Term Development Plan (RPJMN) SRHR targets are unlikely to be met. Key challenges that have to be addressed include inequities in the provision of SRH services due to geography, income levels, and age, and systemic issues within the health system such as health financing, inefficiencies and quality of care.

Maternal health faces a paradox. While the proportion of deliveries by skilled birth attendants has increased to 95.8% (IDHS 2017)<sup>35</sup>, predominantly by midwives (60.9%); and the proportion of facility deliveries – has increased to 79.4%, yet the MMR remains high at 305 per 100,000 live births.<sup>36</sup> Some studies indicated that approximately 70% of maternal deaths occur at hospitals, particularly district hospitals. Poor maternal nutrition, including maternal anaemia and chronic malnutrition are still great challenges. The reduction in neonatal mortality was also not on track.

The TFR fell to 2.28 in 2015<sup>37</sup> but selected provinces face continuing higher rates. The CPR for modern methods of contraception has declined to 57.2% from 57.9% in 2012, with selected provinces reporting below 50%. The unmet needs for family planning (FP) have shown a slight decrease (10.6% from 11.4% in 2012). Non-accessibility of contraceptives to unmarried through the public health system is one dimension of unmet need. The discontinuation rate for FP is also high at 28.9%<sup>38</sup>. Percentage of demand satisfied for modern methods has decreased from 79% in 2012 to 77% in 2017. The current method mix is skewed towards short acting methods, e.g. injectable. There have been an increasing number of users of traditional methods, which may be associated with method failures and discontinuation rate.

Maintaining the quality, quantity and timeliness in FP service delivery are also challenges. FP programme recognizes BKKBN as the responsible government board for provision of contraceptives, equipment and supplies, including educational materials, while the MoH is responsible for FP service delivery. The Law No. 23/2014 on Local Government defines the role of provincial and district administrative structures, as well as the roles of district health office and FP services in decentralized settings. The Law No. 23/2014 states that health is a compulsory basic service, while FP is a compulsory non-basic service. The implication of this is that there is no minimal service standard for FP, which means that district health office (DHO) cannot get the local government budget for FP service delivery. This hampers DHO in maintaining the quality of FP services. FP services provided by the MoH staff at primary care level also depends on the timely supply of contraceptives procured by BKKBN.

The prevalence of HIV among the population above 15 years of age is less than one percent. The epidemic is concentrated, and there is an increasing trend among men who have sex with men (MSM)<sup>39</sup> this puts the

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<sup>35</sup> Evidence shows that deliveries by SBAs (as per definition) by more than 80 percent can reduce MMR to below 200 per 100,000 live births.

<sup>36</sup> BPS. Intercensal Population Survey (SUPAS). Jakarta, 2015.

<sup>37</sup> *Ibid.*

<sup>38</sup> IDHS 2017.

<sup>39</sup> National AIDS Programme Data, MoH– 2017.

wives and partners of these men at higher risk of HIV infection. The gaps in the coverage of services, such as testing and antiretroviral therapy (ART) services, continue to be significant, with the situation being worse in the case of key populations, such as MSM, people who inject drugs and female sex workers. Intimate partner transmission of HIV is a concern.

Pregnant women's access to hospitals and emergency facilities is challenged in remote areas but also in areas where the national health insurance/JKN-BPJS is not accessible. Women and girls also face constraints to reproductive health facilities and to report cases of violence against women both in development and humanitarian circumstances.

**National Strategies:** The GOI is a signatory to the Programme of Action of the 1994 Cairo ICPD and ICPD beyond 2014, as well as ICPD-25. The Government's international commitments in the area of SRHR extend to the UN Secretary General's Every Woman Every Child initiative and the FP2020 Framework. More recently, GOI has shown strong commitment towards achieving the Sustainable Development Goals (SDGs) and ensure that 'no one is left behind' by 2030. The National Plan of Action on the SDGs identifies the relevant SDG indicators that are in line with national priorities.

The MoH key priorities in **maternal health** include: ensure reduction in MMR through achieving universal coverage and reduction of disparities for maternal health services; strengthen the continuum of care and promote integrated maternal health services, including strengthening human resources development within the health system; quality maternal health services, particularly the midwifery care and access to emergency obstetric care. A special emphasis is given to addressing equity, quality and data gaps. In the spirit of zero tolerance for preventable maternal death, the MOH has launched the Regulation No 4/2019, to ensure reproductive health services are provided in humanitarian settings. Integrated services are also included in the national strategy for the prevention and control of HIV.

The quality of midwifery care, distribution of midwives, as well as obstetricians and anesthetists, regulation for midwifery education and quality of educational institutions are given special attention. Service linkages with FP and prevention of HIV infection are strengthened. As a commitment in achieving the SDGs in 2030, the Government recently has developed the Roadmap of Indonesia SDGs, including for Goal 3: "Ensure healthy lives and promote well-being for all at all ages." (Table with RPJMN targets for 2015-2019 for key maternal health and family planning indicators is in Annex A under SRHR).

**On family planning,** following the global commitment on FP 2020 in 2012, BKKBN adopted the concepts of rights-based family planning (RFP) by launching the RFP Strategy. The strategy aims at ensuring the fulfillment of the rights of all individuals and families to have the highest quality FP and reproductive health information and services. The strategic objectives include among others: provision of quality FP services in public and private facilities to ensure that every citizen can fulfill their reproductive goals; increase demand for modern contraceptive methods that is fulfilled by continuous use; increasing effectiveness and efficiency of FP program, and to share experiences through the South-South Cooperation (Ref. FP2020 in Indonesia, BKKBN). The GOI has been actively promoting long-acting and permanent methods (LAPM) of contraception and has included them as one of the indicators of the RPJMN.

#### **Development Challenges: *Adolescents and Youth***

Nationally, adolescent as population of 10-18 year old is defined by ministerial regulation under MoH (Permenkes No.25/2014, article 1.7); meanwhile, the age range of 16 - 30 year old for youth is governed by

Law on Youth (No. 40/2009, article 1.1.) The big age-range (10-30 year old) requires closer examination and age-group specific interventions to maintain and improve demographic dividend. The education, skills, and well-being of youth are key factors to ensure the optimum results from the demographic dividend. Currently, the national average length of schooling is only 8.10 years (BPS, 2018a). This means Indonesia still has a large percentage of young people dropping out from secondary schools, and very few can further their education to tertiary level. The overall school participation for female youth (26.33%) is slightly higher than the male (25.93%, BPS, 2018b). Access to education also plays a critical role in preventing adolescent pregnancy.

Access to knowledge and safe practices on Adolescent Sexual and Reproductive Health (ASRH) remain a significant issue due to legal barriers, socio-cultural factors, as well as health system issues. Early pregnancy (7% of 15 to 19-year-old girls; BPS, 2018c) continues to be a great challenge, especially in terms of health, economics and education. One out of every six girls was married before they turned 18, about 340,000 girls every year. Around 50,000 girls are married before they reach the age of 15 every year. Nationwide, 6% of boys and 13.7% of girls aged 15-19 have already married. Percentages of girls who become mothers tend to be higher in rural (10%) than in urban areas (5%) and in more deprived (13%) than in wealthier families (2%). As much as 61% of girls who are married in their childhood years do not access secondary education.<sup>40</sup>

While marriage of girls under age 15 has declined, marriage among girl's aged 16-17 has risen steadily indicating that protection for girls falls away around age 16. Cases of child marriage were found in all provinces. Poverty is also a main push factor of child marriage and an increase in child marriage is observed in the post disaster conditions. Premarital pregnancy is one of the highest contributing factors that lead to child marriage. Adolescent mothers from low socio-economic background also tend to be malnourished and give birth to a low birth weight baby; with 12% youth give birth to babies with low birth weight (BPS, 2018c).

**National Strategies:** The GOI has committed to increasing access to secondary schools. One of the most notable programs is the 'Program Indonesia Pinter' (Smart Indonesia Programme), a scholarship fund for 6-21-year-old people from low-income families, orphans, people with disabilities, and disaster survivors (MoEC, 2019a). The GOI has also emphasized its commitment to increase compulsory education, program from 9 to 12 years (MoEC, 2019b). The mandatory schooling could generate positive effects in increasing educational attainment, improving work opportunity and protecting girls from pregnancy.

Commitment to ASRH is still part of the ICPD in Cairo, 1994, as well as SDGs and at the national level, objectives, scope, and methods of ASRH have been articulated in Government Regulation on RH (No 61/2014, Article 11-12). Nationally, youth issues and provision of services for youth are governed by the Law on Youth (No 40/2009) which stipulates awareness, empowerment and development as three main areas of youth development. There also have been some significant development of youth-friendly services initiated by some ministries and non-governmental organizations (NGOs), yet implementations tend to be done in a limited scale with limited impacts and still far from comprehensive. In 2017, a Presidential Decree (No 66/2017) on youth services was issued to ensure inter-ministries coordination under the leadership of the Ministry of Youth and Sports (MoYS). The decree is expected to push for better synergy and formulation of youth policy, strategies, and measurements.

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<sup>40</sup> BPS, 2017

### **Development Challenges: *Gender Equality and Women's Empowerment***

Gender mainstreaming in development has been mandated to the government organizations from the national to the local level through a Presidential Instruction 9/2000. Nevertheless, gender gaps have persisted. Its implementation has been slow, particularly due to the absence of gender analyses and a clear directive at the organizational level. Governance is critical from gender perspectives, including issues in legal enforcement, politics, and accountability. Low representation/leadership of women is one of the challenges to articulating women's interests in policy making. Strong policy commitments also have not yet ensured the fulfillment of the rights and protection of women and vulnerable groups. The emerging issues, e.g. radicalism and extremism where gender is important to be recognized as issues that has to be anticipated and monitored.

The National Women's Life Experience Survey (BPS, 2016) revealed that one third of women aged 15-64 years reported having experienced physical and/or sexual violence. According to the 2018 National Commission on Violence against Women (NCVAW) Annual Report, 348,486 or thirteen-fold increase in the number of cases of violence against women and girls have been reported in 2018 compared with 25,552 cases reported in 2007. Physical and sexual violence were the most common types of cases reported in 2018. Violence cases were reported in public space and transportation, housing complexes and apartments, universities and schools, as well as in migration processes and during disasters, including in public toilets and temporary shelters.

Studies carried out by Gadjah Mada University (PSKK UGM) and the National Commission on Violence Against Women (Komnas Perempuan) on FGM/C in 2017 show that Type 1 and Type 4<sup>41</sup> are symbolic and most commonly practiced forms of FGM/C, with mothers and grandmothers as the main drivers of the practice and mostly carried out by traditional birth attendants in rural and by midwives in urban communities.

**National Strategies:** The Indonesian Constitution states that every citizen has the right to employment commensurate with human dignity. The government has ratified the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) emphasizing equality between men and women, the inalienable right to work, and the need to eliminate discrimination against women in employment. In practice, however, women still lag far behind men in terms of equal opportunities in the labor market. For many unskilled women, international migration has become a coping strategy to avoid poverty and increase their income. Female migration increased significantly during the economic crisis. In some areas, such as Lombok, female migration increased during and after natural disaster. Currently, there are two critical legislations, i.e., revision of the penal code and draft bill of Sexual Violence Law being discussed. Both have been on the list of regulations (Prolegnas) to be discussed by parliamentarians.

**Development Challenges- *Population Dynamics and Data:*** Indonesia's population has more than doubled from 118 million in 1971 to 255.6 million in 2015 and it is projected to increase to 269.6 million in 2020 and 280 million by 2024 or at an annual growth of 0.93 per cent between 2020 and 2024 (PSA, 2019). Continued population growth, changing age structure, and urbanization are three major population-related

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<sup>41</sup> The 2010 WHO Classifications are Type 1) Often referred to as clitoridectomy; Type 2) Often referred to as excision, this is the partial or total removal of the clitoris and the labia minora; Type 3) Often referred to as infibulation, this is the narrowing of the vaginal opening; and Type 4) All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterizing the genital area.

megatrends that will have important implications on sustainable development in the country over the medium and long-term. The 2015-2045 Population Projections indicate that the total population will increase from 255.59 million in 2015 to 318.96 million in 2045, an increase of 63.37 million people in 30 years or 2.11 million people every year (Bappenas et al. 2018). A critical development challenge will be ensuring better living standards for an increasing population.

The changing population age structure presents both opportunities and challenges for sustainable development. While on the one hand, an increase in the proportion in the working ages and a decrease in the proportion of children raise the potential for the production of more wealth per capita and higher investment; on the other the increase in the number and proportion of older persons raises the possibility of increasing poverty rates and heightened demand for social services. The country is expected to urbanize further from 54% of the population being urban residents in 2015 to 69% in 2045.

Women presently constitute 54% of older persons. This share is expected to increase with rising and higher life expectancy among women. Life expectancy at birth among women is projected to increase from 74.5 years in 2015 to 76.4 years in 2030 to 77.3 years in 2045. The corresponding data for men is 70.6, 72.8 and 73.7 years. There are also older widowed women among older age-groups. For instance, 56% of older women are widowed compared to 16% of older men. Older women would be more likely to depend economically on their children than older men (50.2% for older women versus 28.6%, Susenas, 2017). Studies on internal migration show people mobility between the islands, Java, accounting for 51% of the total population, remains the largest sending and receiving island. This level of population concentration has its consequences in terms of population density, environmental impact and also weakens government's goal of balanced regional development. Most development indicators are better off too in Java relative to other provinces and regions.

The latest set of population projections 2015-2045 projects continued growth of the population albeit at a slower rate; a lower rate of the population 0-14 years; a rise of the working age population; and an increase in the share and size of older persons. The resulting decline in the dependency ratio provides the country with an opportunity to benefit from the demographic dividend, which is conditional upon the state's investment in human capital, labour market reforms and institutional strengthening.

Monitoring progress on the SDGs and national development plans which are both aimed at addressing inequalities/leaving no one behind require reliable and timely disaggregated data. Addressing this challenge would require broadening and deepening the existing data collection system and additionally making data better available for utilization in the development of plans, strategies and programmes.

**National Strategies:** Recognizing the importance of formulating and coordinating population-based policies to achieve the demographic dividend, the Government has developed a comprehensive and integrated National Action Plan (NAP) for Youth that explicitly identifies how young people can harness the benefits of the demographic dividend. With respect to population ageing, the National Strategy on Ageing, 2015-25 which is now in its midpoint of implementation is currently being reviewed.

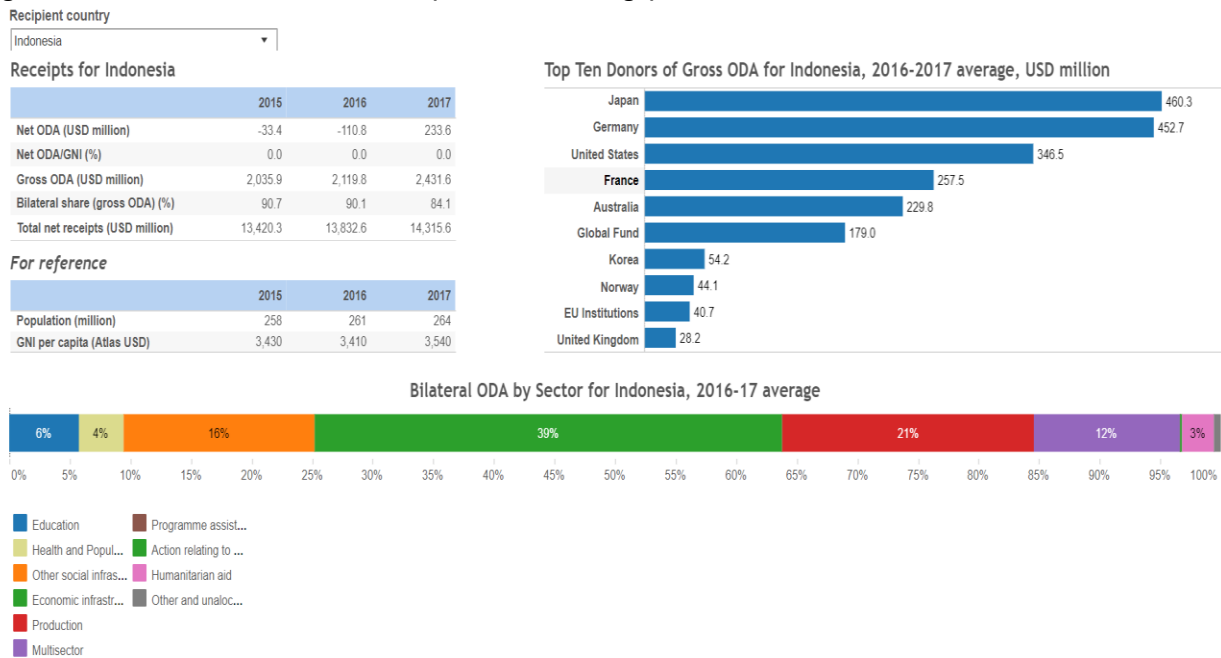
Indonesia will be conducting its next Population and Housing Census in 2020 and plans to use a combined method using both civil registration information and canvassing information through enumeration. Given that this is the first time such an approach will be used, capacity challenges will have to be addressed in the run-up to the Census.



## 2.2 The Role of External Assistance

In 2016-2017 (data not available beyond this), Indonesia ranked 8th on the list of the top ten countries receiving the most foreign assistance (2016-17 average: US\$ 1,978 million - see figure 3 below), with about 20% of the share of gross bilateral ODA. The top donors to the country were (2016-17) Japan, Germany, USA, France and Australia among others. Indonesia being a middle income country, the ODA share is gradually decreasing. Realising the minimal and declining official development assistance, GoI sees the potential to leverage international private investments. While the figures are not available to report, international public and private resources will continue to play a role in supporting the realisation of sustainable development in Indonesia. The development assistance in view of the vulnerability context of the country plays a significant role in Indonesia's development programmes.

**Figure 3: ODA for Indonesia USD million (2016-2017 average)**



Source: OECD - DAC: <http://www.oecd.org/dac/financing-sustainable-development/development-finance-data/aid-at-a-glance.htm>

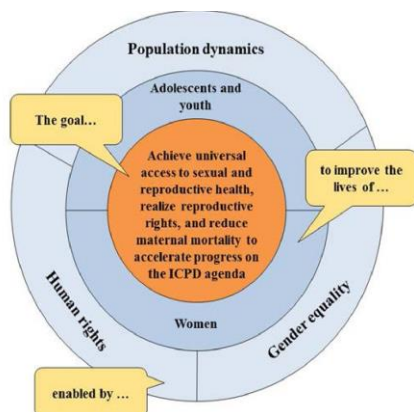
## Chapter 3: UNFPA Response and Programme Strategies

### 3.1 UNFPA Strategic Response

Guided by the global corporate strategy set out in the UNFPA Strategic Plan (SP), the 2018–2021 SP covers the first of three UNFPA strategic plans leading to 2030. It describes the transformative results that will contribute to the achievement of the SDGs. The 2030 Agenda provides an opportunity to pursue the UNFPA goal and to implement the Programme of Action of the ICPD. By aligning the SP to the SDGs, most directly to Goal 3 (Ensure healthy lives and promote well-being for all at all ages); Goal 5 (Achieve gender equality and empower all women and girls); Goal 10 (Reduce income inequality within and among countries); Goal 16 (Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and Goal 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development), UNFPA will advance the work of the Programme of Action, contribute to achieving the goals of its strategic plan and, ultimately, to the eradication of poverty.

The strategic direction represented by the “bull’s eye” was reaffirmed in SP 2014-2017, but no longer strictly associated with the three previous programmatic areas. Instead, they formed a coherent package of core areas to allow the organization to better focus its support. UNFPA strategic response was to focus on four strategic outcomes (see Table 4) and present a set of organizational changes to improve management effectiveness with a strengthened results framework, a new business model, and improvements to the funding arrangements. The new SP 2018-2021 goal is the same as that of SP 2014-2017.

**Figure 4: Strategic Direction of UNFPA**



CP9 started during SP cycle 2014-2017 and aligned with SP 2018-2021. However, the programme focus did not deviate much as the planned programmes were well aligned with the UNFPA mandate. The mode of engagement shifted as per the UNFPA business model. Indonesia is classified as a “**yellow**” country and the mode of engagement is via capacity development, partnerships and coordination, including South-South and Triangular Cooperation, knowledge management, advocacy, policy dialogue and advice.

However, in humanitarian settings, when the country responds to natural or man-made emergencies, in addition to the above, service delivery can be deployed (SP 2018-2021) without requiring justification in the form of a business case.

### 3.2 UNFPA Response through the Country Programme

#### 3.2.1 Brief Description of Previous Cycle Strategy, Goals and Achievements

In accordance with the UN ‘delivering as one’, and with the government systems and procedures, as per the Jakarta Commitment, previous CP (CP8) was developed with a budget of \$29 million: \$25 million from regular resources and \$4 million through co-financing modalities. Guided by human rights-based, gender-sensitive and culturally sensitive approaches, CP8 adopted a capacity development strategy, with some elements of service delivery, and promoting South-South cooperation and technical exchanges as an integrated approach to organizational development for key ministries and local governments in selected districts. UNFPA and the Government supported UN joint programmes in several priority provinces.

A humanitarian response component was mainstreamed in the new programme. One year after the CP8 document was signed, UNFPA had to undertake a significant realignment exercise with SP changes, resulting

in an increase in programme outcomes and related outputs. In 2013 project documents (PRODOCs) were written, delineating UNFPA's assistance to GOI in a results based format familiar to government: i) with a view to monitoring and measuring CPAP outputs more easily; and ii) to show responsiveness to GOI wishes, including the Ministry of Finance, who requested for both UNFPA and UNICEF to undertake this exercise.

The programme goals were to contribute to increasing access to high-quality social services and protection. The country programme assisted Indonesia in attaining Millennium Development Goal 1 on eradicating extreme poverty and hunger, 3 on promoting gender equality and empowering women, 5 on improving maternal health and 7 on ensuring environmental sustainability, and responding to the ICPD Programme of Action.

While the increase to seven outcomes and nine outputs in CP8 had contributed to a silo effect and more work-load on the staff, CP8 had stayed relevant and achieved the outputs. Notable achievements during CP8 included 2010-2035 population projections that are being 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 NAP for the reduction of maternal mortality; technical assistance for the country's family planning (FP) revitalization programme and strengthening the implementation of the FP 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 FP. 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 for rapid response in the event of humanitarian situations. With good collaboration with other stakeholders, CP8 had added value through core programme sectors keeping in line with its counterpart GOI programmes without overlapping with them. A significant amount of new knowledge products had been developed that were of great value to GOI and enhanced UNFPA's brand. CP8 engagement with academics and CSOs has been useful, but non-conventional partners such as parliamentarians and the private sector has room to do more there.

### 3.2.2 Current UNFPA Country Programme

UNFPA's programmatic response is presented in the CPD, with details in the CPAP and annual work plans that guide the implementation of CP9.

***UNFPA's 9<sup>th</sup> Country Programme of Support to the Government of Indonesia:*** UNFPA began its partnership with Indonesia in 1972 to deliver strengthened FP services, demographic research, and population education programmes at schools. To date, UNFPA works in collaboration with the GOI on five core outputs: i) maternal health and HIV-SRH linkages; ii) rights-based FP; iii) youth and adolescent sexual and reproductive health; iv) prevention of gender-based violence and harmful practices; and v) population dynamics and data utilization.

The GOI ministries, departments and agencies with which UNFPA primarily works on its development programme include: i) Ministry of National Development Planning (National Development Planning Agency/BAPPENAS); ii) National Family Planning Coordinating Board (BKKBN); iii) Ministry of Health (MoH); iv) Ministry of Women's Empowerment and Child Protection (MoWECP); v) BPS-Statistics; vi) National AIDS Commission, which was abolished in 2017 and responsibility now moved to MoH; and vi) National Commission on Violence Against Women (Komnas Perempuan).

The programme is also implemented through UNFPA partnerships with several strategic partners, active partnerships with other UN agencies, parliamentarians, faith-based organizations, the private sector, philanthropists, and youth and women's networks. CP9 (2016-2020) works 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.

CP9 supports five of the eleven national priorities in the GOI's Medium-Term Development Plan (RPJMN) 2015-2019: i) bureaucracy and governance reform; ii) education; iii) health; iv) poverty reduction; and v) environmental protection and natural disaster management. CP9 also supports the three crosscutting objectives of the RPJMN: i) sustainable development; ii) good governance; and iii) gender equality. The GOI's priorities and the economic, social and cultural context continue to be the main influencing factors in determining UNFPA's work supporting Indonesia's development agenda.

Likewise, the CP is linked to the UN Partnership for Development Framework 2016-2020 (UNPDF) and contributing to all four UNPDF Outcomes, namely: i) Outcome 1: Poverty Reduction, Equitable Sustainable Development, Livelihoods and Decent Work; ii) Outcome 2: Equitable Access to Social Services and Social Protection; iii) Outcome 3: Environmental Sustainability and Enhanced Resilience to Shocks; and iv) Outcome 4: Improved Governance and Equitable Access to Justice for All. CP9 focuses on four outcomes and five outputs that address the following key issues and challenges.

**Table 4: CP9 Outcomes and Outputs**

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

### ***Geographical coverage of CP9 Interventions***

CP9 interventions are spread throughout the islands, as shown in the map up front. The GOI's priorities and the economic, social and cultural context continue to be the main influencing factors in determining UNFPA's assistance to Indonesia's development agenda. As such, the selection of the programme areas has mainly been based on meeting the requests of the GOI. Exception to this is the priorities tied to donors' requests and preferences of particular interventions where the funds are being utilized. Likewise, CP9 is linked to UNPDF 2016-2020 contributing to all four UNPDF Outcomes. By supporting strategic partnerships within the UN system and with government and other stakeholders, and providing support to Bappenas, UNFPA CO successfully contributed to the domestication of SDGs into the RPJMN, resulting in the National SDG Coordination and Implementation Framework against which to monitor progress and sustain close alignment in development planning.

### 3.2.3 The Country Programme Financial Structure

The results and resource framework (RRF) of the CP9 clearly identified the outcomes and outputs with relevant indicators and resource requirements. The CP9 set the target of a total of US\$ 24 million consisting of \$20 million in core/regular resources (RR) and \$4 million in non-core/other resources (OR). Of the \$20 million from regular resources, \$13 million funded nationally and UNFPA executed implementation to achieve the outputs; \$7 million funded operations and management costs for UNFPA Indonesia (UNFPA Direct Execution).

From the total amount of \$13 million, \$5.8 million was allocated for the output on integrated reproductive health, \$1 million for the output on adolescents and young people, \$2.1 million for the output on GBV and harmful practices, and \$4.1 million for the output on population dynamics and data over the 5 years of 2016-2020. Although there is a significant decrease of UNFPA's regular resources in the past 4 years, UNFPA has been able to mobilize more resources from development partners that has exceeded the 21 million USD committed in CPD (Ref: Summary of Resources Mobilized for CP9).

**Table 5: Overview of the budget Allocation (indicative vs Actual) for the programmatic areas of CP9, 2016-2020**

CPD Indicative Allocation & Actual Amounts for CP9 Implementation (USD million) 2016-2020							
Strategic plan outcome area	Output	RR (core resources)		OR (non-core res.)		TOTAL	
		Indicative	Actual	Indicative	Actual	Indicative	Actual
Outcome 1: Integrated Sexual & Rep. Health	MHH	8.5	2.0	2.0	9.3	10.5	11.3
	RFP		2.3		0.6		2.9
Outcome 2: Adolescent and Youth	YPD	1.5	1.3	1.0	1.0	2.5	2.3
Outcome 3: Gender equality & Women's empowerment	GEN	3.0	1.4	0.5	1.0	3.5	2.5
Outcome 4: Population Dynamics	PD	6.0	3.0	0.5	0.1	6.5	3.1
Programme coordination & assistance (PCA)	PCA	1.0	0.3			1.0	0.3
Humanitarian Response	Hum	-	0.3	-	1.7	-	2.0
<b>Total</b>		<b>20.0</b>	<b>10.5</b>	<b>4.0</b>	<b>13.8</b>	<b>24.0</b>	<b>24.4</b>

Note: Humanitarian programme resource allocations integrated within SRHR and Gender thematic areas. Source: Country Office

**Table 6: Implementation Rates (IR) in terms of fund disbursements (in %) for RR and OR (2016- Sept. 2019)**

Implementation Rates (IR) in terms of fund disbursements (in %) for RR and OR (2016- until Sept. 2019)								
Output	2016		2017		2018		2019*	
	RR	OR	RR	OR	RR	OR	RR	OR
Output 1 (MHH)	100	97	100	100	99	93	63	53
Output 2 (RFP)	100	100	100	98	98	54	60	31
Output 3 (YPD)	99	-	98	-	99	87	47	62
Output 4 (GEN)	100	99	99	100	96	74	51	74
Output 5 (PD)	98	100	100	-	100	-	67	60
PCA	100	-	100	-	99	-	80	-
Humanitarian		-		-	99	98	51	94

Source UNFPA CO. \*Q3 data are not available at the time of reporting

## Chapter 4: Findings - Answers to the Evaluation Questions

This chapter will provide the answers to the six selected evaluation questions. Key assumptions were made to ensure that issues raised in these questions were addressed in CP9 and the triangulated findings<sup>42</sup> follow those assumptions.

### 4.1 Answer to Evaluation Questions on Relevance

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

Answers to evaluation question 1, under Relevance evaluation criteria, are reported together for all four strategic outcome areas to avoid repetition as there are commonalities across the CP9.

#### **Summary of findings**

Well aligned with and highly relevant to the needs of the GOI priorities, policies, and strategies, as well as UNPDF and international commitments, and UNFPA mandate and to the needs of the beneficiaries. CP9 planned outcomes and outputs, as in the design and the programme intervention logic address the needs of the beneficiaries, including vulnerable and marginalized groups. This was noted in the humanitarian response as well, with some drawbacks as stated in the following discussion. CP9 responded well to changes in the national development and humanitarian needs.

Programme design and implementation focused on the collection and use of disaggregated population data to reflect on output and outcome level targets are consistent with national strategies and plans, ICPD and 2030 Agenda. Humanitarian context is integrated in all four outcome areas to be able to quickly contribute to the humanitarian needs and priorities as well.

**The needs of marginalized and vulnerable women and girls were incorporated into CP9:** CP9 addressed the various needs of women/girls, including vulnerable and marginalized ones; identified and incorporated into the CP9 design. This was done by addressing the needs of pregnant women/girls, women at reproductive age, female sex workers and partners of people at risk of/living with HIV infection and vulnerable women, girls, and boys in development and humanitarian crisis context. These are reflected in the CP9 Programme Logic. The current A&Y strategic interventions aim at serving adolescents and youth, due the socio-cultural values that constraint them from accessing knowledge and safe SRH practices. YAP is known to be a safe platform for young people from minority populations to speak up. In the 2019-2020 batches, the panel involves two organisations working on youth with disabilities-Cheshire Indonesia and Young Voice Indonesia, into its membership structure. The UNALA project also included A&Y with disability in the outreach coverage. Through dialogue, UNFPA facilitates the introduction of the rights-based approach to FP, analysis of young people's situation and the needs of women and girls. Strategic interventions in relation to gender equality and women empowerment are in line with GoI's priorities, UNPDF, SDG5, ICPD and other global commitments (ECOSOC, CEDAW). Nevertheless, limited attention to LGBT was given, due to the local norms raised by the government stakeholders.

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<sup>42</sup> Findings based on KI interviews including CO programme staff, group and focused interviews, observations, online survey feedback, document review and general participants' interviews. Only when quotes are used the source is mentioned, otherwise, the findings come from a combination of various source as stated.

**CP9 responded to national needs and priorities of women, girls and vulnerable women in humanitarian crisis contexts** and included the development of a Minimum Standard of Protection of Women and Child rights in humanitarian situations and a work plan of the PWR's sub cluster funded by UNFPA and MOWECP. There were some initiatives carried out, including a) the introduction and establishment of women Friendly Space in North Lombok (during NTB earthquake) in August 2018, b) a need assessment of women, girls and youth survivors and/or IDPs, following a triple natural disaster (earthquake, tsunami and liquefaction) in Central Sulawesi, c) a GBV assessment as part of the overall integrated gender mainstreaming assessment as a basis for the development of evidence-based early recovery programmes in all humanitarian sectors and clusters in the affected areas of Central Sulawesi.

In Palu, for example, 12 Women Friendly Spaces (WFS) were established as community facilities, managed by local women organizations, KPKPST and Libu Foundation. The WFS distributed the developed culturally sensitive hygiene kits to meet the specific needs of women, pregnant women and those who have just given birth. Also the WFS have facilitated community activities and awareness rising sessions on women's rights, health, gender, empowerment, livelihood skills and disaster mitigations are routinely conducted. There was also feedback from the youth that commercial sex workers were discriminated from reliefs, during the emergency as well as after the emergency support. This could not be validated through other sources, however, it is worthy to make note of such incidents for future consideration and inclusion.

**CP9 outputs and outcomes are consistent with national strategies and plans, ICPD, 2030 Agenda and global agenda:** The majority of key informants concurred that the Ninth Country Programme (2016-2020) is strongly relevant to the RPJMN (2015-2019), Strategic Plan of MoH, UNPDF<sup>43</sup>, SDGs, FP2020 and ICPD. CP9 is aligned with the national policies/strategies, including the RPJMN 2015-2019; as well as the United Nations Partnership for Development Framework (UNPDF) 2016-2020, ICPD and also SDGs 3<sup>44</sup> "Ensure healthy lives and promote well-being for all at all ages". It is also in line with the national policies/strategies/action plans for Maternal Health (MH), Family Planning (FP) and Control of HIV/AIDS. The CP9 shows direct relevance to the national priorities, especially in support of universal health coverage, increased equity and quality of service. The MH strategy emphasises on the importance of an integrated SRH services, including FP and prevention of HIV infection, which is also spelled out in the strategy for HIV control<sup>45</sup>. Under FP2020 Initiative, GoI developed rights-based FP strategy (RFP) and guidelines at the national level and piloted its implementation. The RFP approach is highly relevant to the RPJMN 2015-2019, Strategic Planning of BKKBN and MoH, FP2020 and SDGs<sup>46</sup>.

The RPJMN clearly states the importance of SRH education and practice as promotive interventions that can delay pregnancy, prevent child marriage, and reduce stunting prevalence,<sup>47</sup> reflected in the policy area of population and family planning, education, and health. As stated by a key informant from Bappenas: *"The [UNFPA's] work on policy was able to create strong linkages between youth as significant contributor of the global achievements [SDGs], and the urgency of youth as demographic dividend, both are very important for*

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<sup>43</sup> Ninth Country Programme Development (2016-2020)

<sup>44</sup> Mathai, ST. Realizing Indonesia's Sustainable Development Goal 3 through accelerated, rights-based approaches to achieving universal access to reproductive health. 2018. Unpublished.

<sup>45</sup> MoH. National Action Plan for HIV Control. Jakarta, 2015.

<sup>46</sup> A Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals, pages 23-25.

<sup>47</sup> RPJMN 2015-2020, p. 6.66.

*the government.*” The A&Y Programme is also in line with the UNPFD's outcome 2 (equitable social justice and protection), particularly in addressing child marriage as violent practice affecting youth, provision of SRH services, and promoting adolescent development.

The GoI considers that midwives play an important role in providing MH and FP services, including integrated services, such as HIV/STI prevention; however, while this service is very relevant, the quality of midwifery education and standards for midwifery schools remain a great challenge. The CP9 provides support in this area. Also, in 2018-2019, in service midwifery supervision and coaching mechanism established in order to improve the existing midwives' competencies. Key informants from the Indonesian Midwifery Association (IBI) raised the following issue. *“Currently, the number of midwifery schools is too many: more than 700 ... This review of midwifery standards and accreditation of midwifery schools are very important activities in ensuring the production of good quality midwives...”*

Key informants from the MoH stated that CP9 supported activities were very relevant to the needs of the MoH, e.g. in the area of MH, one of the priority activities was the adaptation of the WHO guideline on Maternal Death Surveillance and Response (MDSR) and its piloting. As for the local government, Bappeda West Aceh, (KI from Bappeda) RAD (district action plan) development activities with RFP approach was highly in accordance with the District Medium Term Short Plan (RPJMD) 2017-2022.

As part of its central mandate, UNFPA Indonesia has responded and supported the needs of women and girls as well as vulnerable and marginalized women and girls in the promotion of gender equality and the empowerment of women and adolescent girls both as a stand-alone dedicated area and as a mainstreamed approach. UNFPA, for example, has worked in key interventions in ending gender-based violence and all harmful practices, including child marriage and female genital mutilation.

The CP9 is designed based on lessons learned, achievements and good practices from CP8 and past cooperation and experiences, developed in participatory multi-stakeholder planning process to include GoI's agencies and IPs. These enabled UNFPA to harmonize the planned activities, technical and financial support with the GoI plan and budget; which contributed to strengthening the national ownership and partnership between UNFPA, GoI and IPs on the effort to promote gender equality and women's empowerment. Specifically, Gender-based violence and harmful practices, such as child marriage and FGM/C, which have become a growing concern of government and its development partners due to its high prevalence, have been timely responded by UNFPA. Nevertheless, the MoWECP expects to have support and capacity development from UNFPA in relation to demographic transition from gender perspectives.

CP9 is relevant to Indonesia's national policies, plans and priorities for advancing gender equality and women's empowerment, outlined in the RPJMN 2015-2019 and MOWECP Strategic Plan 2015-2019. For example, the CP9 helped preparing background paper for RPJMN 2020-2024 and VAW survey analyses, which both were relevant to the RPJMN 2015-2020 and the MOWECP Strategic Plan 2020-2024.

CEDAW and other global agenda combat all forms of violence against women, including in the practices of FGM/C and sexual violence. Also, the key informants expressed that generally the CO is responsive to emerging new initiatives. For example, UNFPA was able to accommodate an urgent request from the IPs to support the national 16 days Activism against GBV and the participation of NCVAW in Commission on the Status of Women (CWS) meeting in New York to conduct advocacy activities at the national and international



levels. Feedback from an informant was that with the support of UNFPA, FGM/C issues are addressed using human rights-based approach and added that *“UNFPA is the only organization that supported the National Commission on Violence Against Women (NCAVAW) to actively participate in the CSW annual meetings, providing the NCAVAW capabilities to voice the situation and status of women and girls of Indonesia in the CSW’s global forum.”*

The CP9 was also able to accommodate the emerging initiative and request from MOWECP to change the planned target from supporting the development of policy brief to development of the National Framework on Male Involvement. UNFPA, in partnership with UNICEF, has also led the work around prevention of sexual exploitation and abuse at the local level.<sup>48</sup>

UNFPA’s programmatic contributions on Population Dynamics and Data are closely aligned to the Government’s focus in the current RPJMN (2015-19) on human capital development, strengthening the data system and achieving the demographic dividend as well other national development priorities. The work of the PD programme with respect to providing technical support for the preparation of the Population Projections 2015-2045 as well as for the development of the National Transfer Accounts has been foundational for the policy thinking on the demographic bonus, as mentioned by a Bappenas informant. In RPJMN 2015-19, population dynamics particularly in the context of the demographic dividend and the investments required to capture its benefits, resonates strongly as strategic issues for development planning consideration. The availability of accurate and disaggregated data as well as the in-depth analysis of the available data also provided the evidence base for appropriate policies and strategies and programmes to influence inclusive and sustainable development. Discussions with Bappenas informants also confirmed that UNFPA’s PD programme was highly relevant to the next RPJMN (2020-24) which is currently in the final lap of development. Maternal mortality, population ageing, and the demographic dividend which the PD team has contributed towards are expected to feature highly in the coming RPJMN. There was clear stakeholder recognition that UNFPA was the primary UN agency providing technical support for the collection of quality population data as resonated by a KI. *“UNFPA is the only international donor that has played a continuing and active role in resourcing activities designed to extend the use of data on population and development issues in Indonesia.”*

CP9 is aligned with most UNPDF outcome areas and in particular the UNPDF outcome on equitable access to social services and social protection as well as the cross cutting issue of statistics and data management. In view of the importance of data and UNFPA’s recognized role in population data collection and dissemination, UNFPA was assigned as chair of the Working Group on Data under the UNPDF. In the UNCT’s Common Country Assessment 2019, population issues were incorporated within the country context and population projections developed by Bappenas/ BPS/ UNFPA used to provide the demographic backdrop for programme development. Regarding national commitments to the SDGs, UNFPA’s PD programme component played a lead role in the initiative to use the SDGs portal developed by the United Nations for the use by Bappenas, and this role has been acknowledged by other UN agencies.

The Protection of Women Sub Cluster (PWR), which was established in 2016 and coordinated by the MoWECP and the Ministry of Social Affairs needed baseline data on the needs of women and girls in relation

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<sup>48</sup> Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to The Government of Indonesia (GOI) 2016 – 2020

to awareness raising, protection, and services on GBV in disaster locations in Lombok, Palu, and Banten and UNFPA facilitated and supported the collection and analyses of multi-sectoral GBV risks and cases to be addressed through immediate response by local government and aid organizations. This has been recognized by the Government of Indonesia agencies, including Bappenas and the MoWECP as well as other partners such as the NCAVAW.

UNFPA has strengthened multi-sectoral GBV prevention and response through its policies and programmes. In specific, a statement was made by a respondent of IP survey: *“the Government is generally supportive of gender empowerment programmes and the prevention of GBV and harmful practices [including on contentious issues such as FGM/C, Government continues to be open to dialogue and discussion of emerging evidence]”*. This is a change in the mind set of policy makers that could be attributable to UNFPA advocacy work because a few years ago it was not possible to include the term FGM/C in the government documents. UNFPA has been responsive to promoting women rights, through facilitation of discussions in the preparation of the revision of the Penal Code and Sexual Violence legislation.

***Programme design and implementation focused on the collection and use of disaggregated population data:*** The PD programme, specifically on data, did not focus on any specific vulnerable group, but the data collected provided the base for deeper analysis to identify the groups. The programme has sought to support BPS (national statistics bureau) in the collection of robust, reliable and consistent set of population-related data disaggregated especially by age-group, sex, urban-rural, and sub-national levels. This has been of special focus especially following the international consensus on the SDGs, and the importance given to leaving no one behind. A senior BPS informant confirmed that the current focus is on the SDGs and thus the collection of disaggregated data by age groups, sex, province, etc. is very critical. That said, the PD programme team has assisted other programme activities in CP9 especially in identifying issues related to specific vulnerable groups such as in the development of the Youth Development Index (YDI), providing technical inputs for the design of the questionnaire for the Survey on Violence against Women, and contributed towards the estimation of Maternal mortality ratios using information from several data sources. Through these specific efforts, gender equality and human rights dimensions were incorporated into the CP implementation.

Interviews with the PD team indicated that the remit of the programme was the entire population and ensuring that disaggregated data was available for the population. Nevertheless, the key groups of concern to the CP9 programme agenda were women, girls and boys in their reproductive ages, older persons, young people, urban slum dwellers, internal and international migrants, who were impacted most by population dynamics and development. Provincial data was also of relevance, given the differing demographic transitions taking place in different provinces and regions. UNFPA informant indicated that Government regulations did not however allow for UNFPA to work directly with Provinces and districts.

SDG 3 focuses on ensuring healthy lives and promoting the well-being of all at all ages. SDG target 3.7 is on ensuring universal access to reproductive health services, which is at the heart of CP9. As defined by the ICPD PoA and reaffirmed in 2014, RH includes various services that are linked to Indonesia’s and global targets. Among the list of SDG 3 indicators of Indonesia, the following are linked to RH and included in CP9 programme: reduction in maternal mortality, decreased prevalence of new infections of HIV, increased modern contraceptive use, increased use of long-term and permanent methods, reduced adolescent fertility,

reduced total fertility, improved essential health care coverage specifically for reproductive, maternal and newborn health, including disadvantaged, decreased unmet need of health services coverage<sup>49</sup>.

***UNFPA was flexible and adaptable in its response to government's changing priorities including during humanitarian crisis.*** The quality of flexibility and adaptability was shown through humanitarian responses in 2018, when a series of earthquakes and a tsunami shook some parts of the country. UNFPA was able to quickly introduce and streamline youth-friendly approach into relief and recovery efforts in most affected areas through Youth-Friendly Tents, together with the creation of Youth Forums, and policy discussion on emergency preparedness and response to meet the needs and the involvement of young people with national and local government, as well as the NGOs. UNFPA initiative with Youth-Friendly Space (YFS) was recognised as it helped to raise the awareness of young people's specific needs and capacity in emergency situations.

UNFPA's Global Humanitarian Strategy highlights the importance of mainstreaming humanitarian action, retaining a clear focus on the UNFPA mandate, and prioritizing preparedness. UNFPA Indonesia's CPAP 2016-2020 incorporates humanitarian targets across all four outcomes linked to SRH, GBV, youth and data. The coordinating and supportive role of UNFPA in data collection and geo-spatial mapping in humanitarian contexts such as in Central Sulawesi and Lombok has been well recognized. UNFPA's Humanitarian Response evaluation undertaken in 2019 found that interventions by the population dynamics and data component of CP9 to be highly relevant. Interventions such as conducting joint rapid needs assessments with MOH to complement its population-level analysis, helped identifying service delivery needs and capacity of service providers, thus providing a basis for UNFPA support for direct interventions in maternal health, GBV response, and adolescent friendly spaces.

The CPE evaluation team in its visit to Central Sulawesi also found clear evidence that UNFPA played a critical role bringing together population data related agencies such as BNPB, BPS, and Dukcapil (Population Administration unit at the Ministry of Home Affairs) to harmonise efforts at collecting disaster-related statistics for humanitarian response and in so doing contributed to meeting the needs of the affected population. UNFPA also assisted service providers to collect and monitor data on services provided at camps and service points through use of Kobo-Collect and WhatsApp applications. Overall, CP9 stayed relevant to the national priorities and responded well to the changes in development context, as well as the humanitarian context, e.g. by supporting changing of priority activities as requested by the government counterparts.

## 4.2 Answer to Evaluation Questions on Effectiveness

***The Evaluation Question 2: To what extent have the expected outputs of the 9<sup>th</sup> Country Programme been achieved in the development and humanitarian contexts? Likewise, to what extent have these outputs contributed to the achievements of the outcomes of the 9<sup>th</sup> Country Programme? What were the factors that influenced the achievement and/or the non-achievement of the results?***

Indonesia being classified as "yellow" key mode of operation is in policy, advocacy, knowledge management and institutional capacity building, with appropriate service delivery in the preparedness

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<sup>49</sup> Mathai, ST. Realizing Indonesia's Sustainable Development Goal 3 through accelerated, rights-based approaches to achieving universal access to reproductive health. 2018. Unpublished.

and response to humanitarian crises. In CP9, humanitarian preparedness and response are mainstreamed across all outputs. With heavy budget cuts at the start of CP9, the country office had to do more in resource mobilization to fill the gaps and they were able to succeed. However, funds mobilized are tied to certain interventions leaving some targets unachieved as activities related to these targets were unfunded in the AWP. Additionally, follow up on planned interventions lie within GOI IPs – such as enactment of policies developed, endorsement and dissemination of knowledge products etc., and any delay on the part of the IPs for various reasons such as lack of staff, staff turnover, conflicting priorities, limited coordination among institutions etc. result in the inability to fully achieve the planned targets.

CO M&E framework monitors the target achievement and categorise them as “fully achieved,” “Partially achieved”, and “not achieved” which sometimes gets moved to the next year. As in table 6 above on implementation rate, expenditure (IR-2016-2018) is almost 100%, while the associated target achievement is under 100% as in table 7 below which includes only the fully achieved targets according to the CPAP. Detailed discussions with CO programme staff and operational staff, KI interviews with IPs and document review revealed that majority of the targets that were within the control of UNFPA have been fully achieved, but the low performing targets were due to the unfunded activities in AWP and delays with IPs as discussed above. Furthermore, CP9 outputs are at policy and advocacy level and the full achievements of them depended heavily on the GOI with less control of the CO. Thus in general, in the following discussions, the evaluation team found most of the CP9 outputs to be fully achieved or on the right direction to achieve them in the remaining period of CP9. The funds have been expended according to plan although the M&E framework shows less than 100% full achievement of planned targets and the reasons for these are discussed in the following sections. CO had to respond to a number of major humanitarian crises and amid those CP9 achievements are commendable.

**Table 7: Level of Target Achievement**

Targets “fully achieved” (in percentages)				
CP9 Outputs	2016	2017	2018	2019*
Output 1 (MHH)	63	41	72	50
Output 2 (RFP)	72	28	50	71
Output 3 (YPD)	75	50	50	27
Output 4 (GEN)	89	75	92	75
Output 5 (PD)	69	53	81	77
Annual Average	73	45	69	61

(Source: UNFPA CO, M&E framework) \* CPE data collection concluded in November, 2019 and complete last quarter input was not available (IP reporting not in) at the time of this reporting. CP9 ends in 2020.

The following section discusses programme effectiveness under the four outcome areas (SRHR, A&Y, GEWE and PD) separately.

#### 4.2.1 Sexual and Reproductive Health and Rights: Effectiveness

##### **Summary of findings**

The SRHR component of the CP9 has varying degrees of achievements in the development and humanitarian contexts. UNFPA is acknowledged for its support according to its mandate and has received a high appreciation from all stakeholders; however, there is room for improvements in the new country programme, as discussed under strategic interventions below. Based on M&E data and other documented data indicate that the outputs are likely to be achieved by the end of CP9.

The Output 1 and Output 2 contributed to some extent to the achievements of the Outcome 1. Both outputs are at policy level and UNFPA strategic interventions have supported the achievement of the outputs, however the implementation of policies is beyond the control of UNFPA. While the contribution to the policies has been achieved to some extent, achievement of the outcome depends on the joint contribution of other relevant stakeholders. Overall, the outputs contributed satisfactorily to the achievement of Outcome as discussed below. Results chain reveals contribution of outputs towards achieving the outcomes, however the direct impact cannot be shown as the outcomes are a cumulative effects of multi-partners, not only UNFPA. Risks assessments are not adequately explained in the results framework. Output achievements, as discussed below show positive contribution to the outcomes.

Two outputs under SRHR are “Improved policies and programmes to address barriers to ensuring rights-based maternal health and HIV-sexual and reproductive health linkages, including in humanitarian settings,” and “Strengthened rights-based equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South Cooperation” that are expected to contribute to the outcome: “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.” Seven strategic interventions involving the development of policy instruments, RFP and SSC are included in CP9 to achieve the two outputs.<sup>50</sup> Key activities planned to achieve the two SRHR outputs are explained in Annex A-1 with detailed achievements under SRHR in Annex A-2. The assessment of the interventions logic (theory of change) did not require any drastic changes. However, in the absence of a TOC for the entire CP9, where the overlaps may occur across outputs under other outcome areas were not very clear. Risks and their mitigation plan was also absent, although they were noted in the RRF.

**Policy instruments exist and being utilized that: a) accelerate the implementation of the National Action Plan for maternal health; and b) improve the quality of midwifery education:** The adaptation of the WHO guideline on Maternal Death Surveillance and Response (MDSR) and its pilot in two districts (Sampang and Central Lombok), which are implemented by the Department of Epidemiology, Public Health Faculty, University of Indonesia as IPs, to support Family Health Directorate, MoH with UNFPA support have been achieved. This support is very much appreciated by the MoH, as it meets their need. The adapted guideline put more emphasis on surveillance of maternal deaths, as reflected in the title of the product: *Surveilans Kematian Ibu* (SKI/Maternal Death Surveillance)<sup>51</sup>. The original purpose of the WHO MDSR initiative is to

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<sup>50</sup> Develop policy instruments: a) that accelerate the implementation of the National Action Plan for MH; b) to improve the quality of midwifery services; c) that integrate SRH and HIV linkages within the National Programme on the Prevention of HIV through sexual transmission into maternal health and FP services; d) for RH in humanitarian settings; e) Conduct a review of national FP in universal health coverage; f) Develop national policies incorporating comprehensive, rights-based FP services; & g) Support South-South Cooperation good practices in FP and other population issues.

<sup>51</sup> FKM UI, MoH and UNFPA. Report On Maternal Death Surveillance And Response Year 1 (2016-2017). Jakarta. Unpublished.

strengthen maternal death reviews and response for preventing future deaths by identifying avoidable factors. The process includes notification of all deaths (as surveillance activity) of women at reproductive age that need to be validated as maternal deaths<sup>52</sup>.

According to MoH informants, SKI initiative was then merged into the work of the Family Health Directorate, MoH, on MPDSR that strengthen the perinatal part of the existing Maternal and Perinatal Audit guideline. In the future, the surveillance model could support the strengthening of civil registration and vital statistics (CRVS) by Dukcapil Directorate, Ministry of Home Affairs and the Research and Development Board, MoH, on sample registration system (SRS). The approach would be an effective way to support the improvement of CRVS, with special attention to maternal and perinatal death reporting. A policy brief for multi-stakeholder dialogue is being developed on the adoption of SKI at subnational level.

***The quality of midwifery education is Improved:*** The initiative supported by UNFPA focuses on strengthening the midwifery education standard, which is carried out jointly with the Human Resources Development and Empowerment Board (BPPSDM), MoH, with the implementing unit: the Center for Health Workforce Education (Pusdik SDM). The Pusdik SDM in collaboration with the Indonesian Midwife Association (IBI) focuses on establishment of quality national midwifery education standards, backed up by a rigorous accreditation system for both vocational and professional midwifery education. It also emphasized the importance of a specific regulatory mechanism for the accountability of midwife service provision.<sup>53</sup>

UNFPA assisted a review on the gaps between the midwifery education and midwifery service standards in 2017. The result showed that there was a wide gap to be addressed. To ensure quality of midwifery graduates meet the needs for midwifery service, the midwifery education standard was improved. Accordingly, the accreditation standard was synchronized with the improved education standard, which will be used by the Independent Accreditation Board for Health Higher Education (LAM-PTKes), an independent body for health-related school accreditation. These two standards are currently waiting for an endorsement from the Ministry of Higher Education and the MoH. The targets within the control of UNFPA have been fully achieved.

Next, an international consultant was recruited in 2018, with UNFPA support, to develop a guideline on the “Grand Design for Midwifery School Center of Excellence (CoE).” It was proposed to create ‘CoEs in Midwifery’ over a 3-year period that include five midwifery schools: in Jakarta-3 and those in Tanjung Karang, Surabaya, Makassar and Jayapura with the intention to help them build their capacity in five key areas. CoEs then developed a 5-year plan with its implementation under the supervision of the Pusdik SDM, and UNFPA with support from IBI and AIPKIND (an association of midwifery education institution)<sup>54</sup>. A draft design and midwives supervision and coaching mechanism and tools are developed, which will be trialed in the location of CoE in late 2019.

UNFPA support was provided for the development of two policy briefs on midwifery regulation in 2016 and 2018. This is to support IBI’s advocacy efforts to the Parliament and MoH for the enactment of Midwifery

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<sup>52</sup> WHO. Maternal Death Surveillance and Response. Geneva. 2013.

<sup>53</sup> As stated by key informants from Pusdik SDM, IBI and CO staff.

<sup>54</sup> Sherratt, DR. Grand Design for Piloting the Development of Centers of Excellence (CoEs) in Midwifery Education. 2018. Unpublished.

Law and the establishment of a regulatory mechanism for midwifery education and practice. An international expert was invited to present the importance of the regulatory act for midwifery profession leading to successful passing of the Midwifery Act in February 2019.

Almost all of the results are achieved and expected to be fully achieved by the end of 2019 (KI interviews and M&E data). Officials from the Pusdik SDM acknowledged that activities related to improvement of quality of midwifery schools were very effective, as well as important and urgent, because midwives contribute to more than 60% of the total childbirths in the country. There has been a paradox during the last decade: while the coverage of childbirth by skilled attendants is high, the MMR remains high, which – among others – poor quality of midwifery services may contribute to the paradox. *“The maternal death phenomenon in Indonesia reveals a paradox: World-wide there is a direct negative association between the proportion of deliveries by Skilled Birth Attendances (SBAs) and MMR. Despite a reported high proportion of deliveries by SBAs (90.9% - IDHS 2017), the MMR continues to be high. Many analyses show that poor quality of care is a major contributory factor”*. With the improvement of midwifery training, the quality of care is expected to be enhanced. Thus UNFPA support to this output has a clear linkage to achieving the SRHR outcome.

***Strategies that integrate SRH and HIV linkages within the National Programme on the prevention of HIV through sexual transmission into MH and FP services exist and utilized.***

In 2016, UNFPA commissioned Atma Jaya HIV-AIDS Research Center to conduct field research to develop an intervention model for partner notification, i.e. to encourage and facilitate people living with HIV (PLHIV) to disclose their status to their intimate partners and encourage those partners to take an HIV test and/or take appropriate steps to avoid infection<sup>55</sup>. UNFPA also funded the development of outreach and peer support guidelines with support from the MoH and Spiritia Foundation and in 2017, these guidelines were used to pilot HIV/STI Prevention among Intimate Partner Transmission in five high prevalence cities (West Jakarta, Bandung, Surabaya, Denpasar, and Makassar). From mid-2019, UNFPA worked with Jaringan Indonesia Positif (JIP)/Indonesian Positive Women’s Association (IPPI), the national network of PLHIV to implement the pilot test. UNFPA also collaborates with MoH, WHO, UNAIDS, UN Women, Spiritia, OPSI, Gaya Warna Lentera as the advisory team and also facilitates in the implementation of the pilot test. Policy brief to upscale pilot on HIV/STI prevention among intimate partners is available and discussed in multi-stakeholder dialogue.

Although all the results are likely to be fully achieved by the end of CP9, the HIV-SRH service linkage approach still needs to be strengthened, especially on how to provide one-stop HIV-SRH services at primary care level through MH/FP services from screening, counseling, testing, care to treatment for all, male, female, including youth. This approach is also promoted through the Prevention of Mother to Child Transmission (PMTCT) of HIV infection, which opens up opportunities for collaboration.

UNFPA, at the request of MOH (after The National AIDS Commission (NAC) was dissolved in early 2017), took over the implementation of the female sex worker (FSW) initiative funded through the Global Fund, in 2016. The core team for the initiative consists of the MoH, UNFPA, Organisasi Perubahan Sosial Indonesia (OPSI, the FSW network organization, as technical advisor) and Indonesian AIDS Coalition. UNFPA then sub-granted the work to four civil society organizations (CSOs): PKBI DKI Jakarta, Yayasan Kalandara (Semarang),

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<sup>55</sup> Atma Jaya HIV-AIDS Research Center, Field Study Report. Risk Factors and Protection against HIV Transmission in Heterosexual Intimate Couples in Indonesia. Jakarta. Atma Jaya University, 2016.

Yayasan Kerti Praja (Bali) and PKBI Papua, - to help them fulfill their technical advisory role. The involvement of the CSOs is effective in expanding outreach services.

After brothels closure in some cities, new 'hotspots' are emerging and some FSWs going online. Community led mapping was conducted to identify new places and channels. Technical guidelines for the implementation of the peer-to-peer outreach model were developed and being used in the FSWs intervention implemented in 88 districts/municipalities across 30 provinces. Indicating that the approach worked and the achievements in 2018 were: 82,702 FSWs reached and 34,009 FSWs referred to HIV testing; the total case finding for 2018 was 1,241 with a total ARV uptake 490 (40% from the total case findings) and only 160 stay on ART at least up to three months. The low ART uptake remains a challenge.<sup>56</sup>

Supported by the WHO, UNFPA and Linkages (USAID), currently an application for a partner notification is being developed and this initiative aims to track couples from PLHIV and the partners are referred to health facility for HIV testing and ARV treatment for those who are tested positive for HIV.

The NAC was dissolved in early 2017 based on the Presidential Regulation 124/2016 and its responsibilities are now covered by the MoH. This situation impacted in the GF funding mechanism to Civil Society Organization (CSO). The CSOs felt that they lost an important chain of network that supported them, as there are SRHR sensitive issues that cannot be easily implemented by the ministries, especially those related to sexual and reproductive rights. UNFPA with its mandate on SRHR, thus, faces great challenges on how to progress the broader human rights agenda (beyond the work with FSW), e.g. how to reposition human rights at the core of an effective national HIV strategy and find ways of creating a more enabling environment to increase meaningful participation of CSOs and key-population communities in policy and legislative discussions<sup>57</sup>. UNFPA is also challenged to act as a broker to facilitate the participation of a broad spectrum of actors and to forge partnerships.

The expected results are likely to be fully achieved by the end of CP9. Moreover, UNFPA has been promoting enabling environment of key population communities as stated above, e.g.: i) JIP as an important partner on partner notification activities; ii) sex worker representative/OPSI participates in the Country Coordinating Mechanism (CCM) of the GF programme; iii) OPSI provides technical assistance for the FSW outreach activities; and iv) promoting involvement of Inti Muda (young key-affected population national network) on national, regional and global HIV-SRH dialogue. These need to be further expanded to include participation in legislative discussions.

Stakeholders emphasized (KI interview) that the strategy for promoting SRH and HIV service linkages/integration needs to focus on linking HIV-SRH (especially MH/FP) services and improving referrals between services. The HIV-SRH service linkage initiative is considered by all stakeholders as effective in preventing HIV transmission and in improving the HIV treatment cascade, and even more when targeting key-affected population and people living with HIV. The experiences are potential for further expansion, including addressing various key-affected populations- within the national HIV Programme; however, comprehensive approach at every level is not yet promoted and limited only to just test and treat. Effective prevention relies on the complementary impact of diverse strategies that involve behavioural, biomedical

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<sup>56</sup> HIV Team Report, UNFPA Country Office. 2019.

<sup>57</sup> UNFPA.Evaluation of UNFPA Support to the HIV Response. Evaluation Office, New York. 2019.



and structural interventions. The broader socio-economic issues, rights abuses, and common barriers that key-affected populations experience which impact on HIV transmission, access to services and ART retention are not yet addressed through a comprehensive advocacy and policy development approach<sup>58</sup>.

**Policy instruments for RH in humanitarian settings exist and are being utilized:** Guideline on FP services in disaster contexts available and endorsed. UNFPA supported the development of the guidelines Minimum Initial Service Package (MISP) and RH Logistic Support in Humanitarian Settings. MoH utilized the two guidelines for addressing humanitarian initiative. Its utilisation at district level and below is still to be promoted. UNFPA also provides phenomenal support in humanitarian emergencies, when requested by the GoI.

Among the most significant humanitarian emergencies supported by UNFPA were a series of earthquakes that affected Lombok Island, Nusa Tenggara Barat Province, in 2018, and the magnitude 6.4 earthquakes and subsequent tsunami and liquefaction that took place in Central Sulawesi Province in September 2018. The Evaluation Team visited Palu in October 2019, which provides the following example on the effectiveness of UNFPA support in emergency situations.

UNFPA humanitarian support was acknowledged as a very important and timely by all stakeholders. The Central Sulawesi Province RH Sub-cluster led the overall coordination within the province. Recruitment of midwives, provision of tents and kits, as well as capacity building for midwives are the main support provided by UNFPA during the crisis. It was provided from Day-5 after the earthquake, among the first ones to arrive at the affected areas. The 15 RH tents (out of 400 IDP spots) provided RH services in the absence of routine services during the crisis<sup>59</sup>. Under the coordination of the National Reproductive Health Sub Cluster, the Americares provided equipment and supplies to support RH services; and later – during the recovery stage – built RH posts that replaced the RH tents. There were also five RH tents supported by IPPF UK that was run by PKBI.

Key government informants in Palu had very high appreciation for UNFPA's coordination role and the timely presence. Message that resonated was *“this was the first time some units ever came together and now we know what to do in a crisis like this.”* However, due to UNFPA capacity limitation, coverage on the ground was limited. Nevertheless, as observed, UNFPA's role in the humanitarian assistance was appreciated and well recognized by the IPs and the coordinating government agencies. Given the limited HR and financial resources, the focus on strengthening the coordination and advocacy side in all thematic areas seem to be more useful on the ground and enhance UNFPA visibility as well.

Key informants from IBI stated that during the first month, 68 midwives were recruited, followed by 90 midwives for two months. During the transition period in January 2019, the number of the recruited midwives was reduced to 45. The implementing partner was the Midwifery Association (IBI) in Jakarta, with funds channeled through BPPSDM, MoH. They received training on psychological first aid, MISP, gender-based violence, adolescent RH, midwifery and midwifery laws. Other midwives in the affected areas (about 200) received training on clinical management of rape and MISP after six months of response. The trainings were held for 293 health workers and health office staff, facilitated under MoH and IBI execution.

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<sup>58</sup> *Ibid.*

<sup>59</sup> As reported by CO staff and humanitarian staff at the site in Palu, ET's observation, as well as review of available documents.

Data on RH services from the RH tents were collected through Kobo-Collect app (see table 8 under section 4.6 for coverage details) and sent directly to the Province Health Office (PHO). During the emergency response, there was insufficient coordination and communication with district health offices (DHOs), as many of the staff were affected by the disaster. PHO made efforts to improve the communications through better involvement of the DHOs in the recruitment of midwives and in channeling reports. Recruitment of the next batch of midwives was then managed by Yayasan Kerti Praja, Bali, as the MoU with IBI has ended. The number of recruited midwives remained 45 in April to September 2019, which was then extended to December 2019.

There was no outreach RH service arranged by the midwives in a RH post visited in Tompe. FP services were limited, e.g. injectables and implants were not available. The challenges faced by the three midwives working at the RH Post were lack of support from other midwives from Puskesmas that was located just next to the RH Post. UNFPA support is only up to the end of December 2019 when the midwives' contract will be ended. Feedback from the midwives indicates the need for improved design, strengthened coordination, communication, monitoring, as well as preparedness measures under the humanitarian setting. UNFPA also supported the development of curriculum on humanitarian crisis and MISP module for the Diploma-3 midwifery education. The curriculum and MISP 10 modules have been developed and utilised, as stated by the MoH informant. Overall, UNFPA support in humanitarian settings is effective and timely in meeting the expectations of MoH at various levels; however, there are opportunities for improvement, especially on the design of the intervention, including modality, coordination and monitoring, besides preparedness measures.

***National FP in universal health coverage (UHC) reviewed and strengthened:***

**Reviews on FP services in UHC.** UHC, the coverage of national health insurance (*Jaminan Kesehatan Nasional/JKN*) under the National Health Insurance Agency (*Badan Pengelola Jaminan Sosial Kesehatan/BPJS Kesehatan*) provides an opportunity to deliver equitable and high-quality FP services, and aim for higher coverage of modern methods of FP. However, there are still unresolved issues related to the limited coverage of FP methods covered by JKN at primary care level and the overall low utilization of FP services under JKN<sup>60</sup>.

UNFPA supported BKKBN to review the implementation of FP in UHC, which was fully achieved in 2016. The review was used as background document for the development of a guideline on FP in UHC. By the end of 2018, a consultant was hired for the development of an advocacy strategy for strengthening FP in UHC policies. Unfortunately, there was a problem in contacting the consultant; as such the expected product was only partially achieved. The advocacy strategy identifies many issues that need to be addressed related to financing of FP services through JKN. With UNFPA support, Advocacy strategy for strengthening FP in UHC policies is available (CO M&E data).

***The Supply Chain Management (SCM) modeling:*** frequent stock-outs of contraceptives that can be as high as 45%<sup>61</sup>, leads to the assessment of three models of the supply chain management that were tested in East

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<sup>60</sup> BKKBN.A Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals. Page 19.Undated.

<sup>61</sup> Mathai, ST. Realizing Indonesia's Sustainable Development Goal 3 through accelerated, rights-based approaches to achieving universal access to reproductive health. 2018. Unpublished.

Java and East Nusa Tenggara provinces. Supported by UNFPA, SCM is intended to provide options for districts in contraceptive management and distribution.

Some of the findings are summarized as follow: i) each district has different conditions that lead to variations in the management of contraceptive supply chain system; ii) no model is suitable for all district conditions and suitable model should be identified and selected by district FP office; iii) the roles of FP staff at field level (PLKB) in contraceptive supply chain management are significant; however, such a role is not a part of PLKB roles and responsibility; iv) none of the midwives (from health service delivery points) and PLKB interviewed applied min-max principle in maintaining stock availability; v) no sufficient training opportunity in contraceptive supply chain management available for both midwives and PLKB.

The findings show that there are basic issues, which need careful and effective strategy to address it<sup>62</sup>. Both PLKBs and midwives do not have the basic skills related to SCM that they are supposed to have in order to do their functions well. It may just be “the tip of an iceberg” of a much bigger underlying problem. To leave addressing the challenges with the district FP offices is unlikely to provide effective solutions.

The above issues challenge UNFPA to provide support in a much more meaningful and take a strategic approach at policy and advocacy levels in the next CP. The support should touch the critical issues of FP programme in decentralized settings, e.g. those related to the Law No 23/2014, coverage of JKN for FP services and address the root cause of the contraceptive stock outs, which seem to be interlinked one to another.

#### **National policies that incorporated comprehensive, rights-based FP services:**

***Development of the Strategy on Rights-based Family Planning.*** The GoI is committed to Family Planning 2020 (FP2020), a global partnership on family planning that aims to support the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. UNFPA supported the establishment of the four working groups under the FP2020 Country Committee: i) the Family Planning Strategy; ii) Rights and Empowerment; iii) Data, Monitoring and Evaluation; and iv) Youth working groups. The primary purpose of establishing the working groups was to ensure that the national FP strategy and program is grounded in rights-based approaches, and that its implementation ensures the right of every woman to choose a FP method that meets her fertility goals. Bappenas led the development of the rights-based FP strategy, with the involvement of BKKBN and MoH, as well as other related institutions. The strategy provides a rights-based programming framework and an operational strategy for implementing FP programme<sup>63</sup>.

The working groups agreed on the four strategic outcomes of the RFP strategy that are: i) equitable and high-quality FP service delivery system sustained in public and private sectors to enable all citizens to meet their reproductive goals; ii) increased demand for modern methods of contraception met with sustained use; iii) enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable FP programming in the public and private sectors to enable all citizens to meet their reproductive goals; and iv) fostered and applied innovations and operations research for improving

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<sup>62</sup> Benarto, CL. Review of Contraceptive Supply Chain Management (SCM) Modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts. Jakarta 2017. Unpublished.

<sup>63</sup> BKKBN.A Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals. Unpublished.

efficiency and effectiveness of programmes and for sharing through South-South Cooperation<sup>64</sup>. The strategy is being used as a guide in implementing FP programme and UNFPA is supporting the implementation of RFP in three pilot districts as discussed below. All the indicators used are similar to the SDGs indicators. Further commitment and actions are necessary to achieve the goals related to the new ICPD-25 initiative: zero maternal death, zero unmet need and zero gender-based violence.

To achieve a balanced growing population in 2025, the target to be achieved by the GOI in 2019 includes: reduce the TFR to 2.3, increase CPR for married women (15-49 years) for all methods to 66% and decrease unmet need for FP to 9.9%. UNFPA support to this focused on providing technical assistance to the government in the development of a strategic and effective FP programme, mainly on programming, planning, and budgeting which are integrative and based on human rights<sup>65</sup>. Piloting of this approach was carried out in three districts (Malang, Lahat and West Aceh), as elaborated below.

**Piloting the implementation of the RFP Strategy:** is carried out in the above three districts and fully achieved by the end of 2019 with UNFPA support. The pilot facilitates the development of an integrated planning and budgeting for MH and FP programmes in the district action plan/RAD. In the development of integrated RAD, the districts are supported by mentors from the University of Gajah Mada. The Rights-based FP Strategy and the National Action Plan for Maternal Health are being referred in development of the integrated planning and budgeting for reducing maternal mortality and implementing rights-based FP based on local data. An integrated information system is also developed using an application<sup>66</sup>.



**Bridging Leadership (BL) Workshop**



**Group discussions - BL workshop**

Three teams from the above stated districts, consisting of mayor, chief of district planning board, heads of district health and district FP offices engaged in the Bridging Leadership (BL) workshop supported by UNFPA, with the aim to strengthen district leadership. The workshop is one of the interventions promoted by the South-South and Triangular Cooperation, a multi-country collaboration in FP.—Assisted by UNFPA, piloting the RFP Strategy that is integrated with the implementation of

the National Action Plan for Maternal Health -and use of local data for planning - provides good opportunities for building more meaningful collaboration in achieving shared goal to reduce maternal mortality. However, nurturing local champions to guide the process leading to self-reliance seemed limited. The existing tools for planning purposes was also under-utilized and can be further improved.

**Implementation of the South-South and Triangular Cooperation good practices on FP** Indonesia with UNFPA support has adopted a stronger international development programme through South-South and Triangular Cooperation (SSTC) or South-South Cooperation (SSC) to share best practices with other countries. The GOI has instituted a National Coordination Team, comprising of Moffat and State Secretariat, Bappenas,

<sup>64</sup> *Ibid.*

<sup>65</sup> Center for Health Policy and Management, Faculty of Medicine, UGM. The analysis of the planning situation of the integrated Family Planning in Indonesia. Yogyakarta, 2017.

<sup>66</sup> Evaluation Team for the Midterm Review of CP9. Midterm Review Evaluation Report CP9. Jakarta 2019. Unpublished.

and Ministry of Finance to guide and oversee the implementation of SSTC programme, in collaboration with technical agencies.

There are several SSTC flagship programmes that include FP, implemented by BKKBN, e.g.: i) the Strategic Partnership with Muslim Religious Leaders (MRLs) in Family Planning; and ii) a comprehensive, Rights-based Family Planning Training Programme. The training programme on MRLs started in 2013 and up to the present date, the programme has been attended by more than 209 participants from 20 countries in Asia and Africa. UNFPA Indonesia has provided technical support to the SSTC on strategic partnership with MRLs during its CP8 (2011-2015) and CP9 (2016-2020). A bilateral SSTC programme between Indonesia and the Philippines is also built in the area of RFP, e.g. through the Bridging Leadership Programme.<sup>67</sup>

The SSTC programme of the MRLs in family planning has won UNFPA global awards and has been replicated in at least 10 countries, as revealed by the Review of the MRL programme. It is considered a best practice by UNFPA HQ and seen as a leading example of faith based organization involvement for advocacy and training. Lessons learned on bilateral SSC between Indonesia and the Philippines have been shared in multi-stakeholder dialogue and based on an assessment reporting<sup>68</sup> many participating countries have applied the principles to further the training in their country.

Results of an assessment of the SSTC on Strategic Partnership with MRLs programme (in Indonesia and other selected recipient countries that have regularly sent trainees to the Indonesian MRL training programme) shows that the MRLs programme met the needs and expectations of the recipients, as well as the programme managers. It is proposed that the training includes selected legislators and government decision makers, young MRLs and more women MRLs and community leaders. Several countries such as the Philippines, Chad, Nepal, Niger, Guinea and others have conducted similar training in their own countries for large number of participants. It is recommended that the success stories such as these should be captured systematically as case studies for discussion and analysis during the training course in Indonesia<sup>69</sup>.

The seven strategic interventions have many achievements and useful knowledge and assessment products (**Annex A**) that are appreciated by the government counterparts. Due to limited time and space, the SRHR evaluation prioritized some key interventions for in-depth reviews and analysis.

### ***The factors that influenced the achievement and/or non-achievement of the results***

Overall, the factors that influenced the achievement of the results include: i) a good relationships with Gol, donors, IPs and CSOs, so that the partners built a strong trust in working with UNFPA; ii) UNFPA flexibility in responding to important requests from stakeholders to optimize results has been a factor that strengthened good relationships with all stakeholders; iii) close monitoring of programme activities can ensure whether the programme and use of the funds are on track and timely achievement of results.

The factors that influenced the non-achievement of the results include: i) lack of funding, e.g. work on disabilities; ii) weak coordination at various levels of programme management (e.g. related to planning,

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<sup>67</sup> BKKBN. Programme Assessment South-South and Triangular Cooperation Strategic Partnership with Muslim Religious Leaders in Family Planning. Jakarta, 2018.

<sup>68</sup> *Ibid*

facilitating and monitoring implementation, etc); iii) external work environment, such as frequent turn- over of GoI officials; iv) delays in approval procedures; v) lack of collaboration among CO technical units.

#### 4.2.2 Adolescent and Youth: Effectiveness

##### **Summary of findings**

Key achievements under the strategic interventions such as improved access, knowledge, safe practices and policy coordination, ASRH initiatives, completion of MISP on youth's ARH and Pocket Book in youth in humanitarian conditions; have contributed to the planned A&Y output and has demonstrated effective engagement with government as well as innovative methods of improving ARH access. Valuable insights on A&Y were generated from activities under the Youth in Development. (Strategic Intervention 1). UNALA was recognized as a model that could improve ASRH services. However, there is room to improve the interventions' effectiveness by strengthening baseline data, M&E, and focus on outcomes and impacts, such as increased utilisation of MISP and Pocket Book materials, stronger evidence on adolescents' behaviors, and teachers' capacities.

Planned output in A&Y is to improve policies and programmes to fulfill the rights and needs of adolescents and youth, including in humanitarian settings, contributing to the outcome "Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and SRH." Four key strategic interventions, with the planned activities to achieve the A&Y output, are explained in Annex B-1 with detailed achievements in Annex B-2.

These four strategic interventions have provided governments and stakeholders with better information, knowledge and models to improve A&Y situations in Indonesia. Approach used in YDI, for example, has applied the government partners with more substantial, comprehensive and right-based approach, which were critical in maintaining the position of youth as the demographic dividend. The introduction of right-based framework enabled identification of gaps and potential, strengthened government's capacity, and facilitated transformation of youth as empowered agencies. In the area of youth and development, UNFPA has demonstrated a high-level advocacy skills through technical policy engagements ( e.g. the development of National Action Plan (NAP) on Youth Development (2017-2019) and the Background Paper for Youth Issues in RPJMN) as well as the evidence-based activities involving data mobilisation in the form of Youth Development Index (YDI) and the SDG Baseline on Youth. The initiatives also increased the significance of the NAP as it helped to highlight the need for inter-sectoral work; BAPPENAS' facilitating roles in planning; and, the demand for better programme coordination under the MoYS. The work is well appreciated by key ministries. Informants from BAPPENAS and MoYS referred the work as "strategic", "good quality", and "eye opening."<sup>70</sup>

UNFPA has great potential in strengthening participation through the Youth Advisory Panel (YAP) and other youth coalition networks through offline and online modality. Yet, the organisation of youth involvement

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<sup>70</sup> Evaluation report done by Kobilke and Majid (2018) refers to the 2015-2016 period as "vacuum phase" as the activities dropped significantly with only four active health providers on limited scale. See Angelika Kobilke, Nurholis Majid, and Evaluation Report: UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta, Indonesia November 2016 to July 2018, UNFPA: Jakarta, Indonesia.

activities were still on ad-hoc basis serving specific activities of UNFPA's projects than being systematic and oriented towards the young people's identified needs. Some plans for improvement are in place to generate more structured engagements. In September 2019, UNFPA completed the recruitment of the 3<sup>rd</sup> batch of YAP, showing the organisation's great commitment in spite of the budget constraint. Within the short span of its organisational period, YAP has become UNFPA's flagship for youth participation. All YAP members' interviews stated that the panel has provided them and their fellow members with a safe space and a chance to speak and act, regardless of their backgrounds.<sup>71</sup> As an attempt to increase the number of young people's participation in policy making, UNFPA also planned to launch the SDG Youth Hub, an online platform for young people in improving achievement of SDGs and also for stakeholders who need to enhance their programme with institutional mapping.<sup>72</sup>

Beyond the number and coverage achievement, UNFPA had not promoted or developed a mechanism for more meaningful youth participation to show the extent of the participation in influencing programmes and strategies. Interviews with a few YAP members revealed a diversity of perceptions on the expectation of their involvement and on rewards, which include *capacity development*, *leadership role*, as well as *financial*. Length, depth, and relevance of involvement in YAP may explain these different opinions. Involving adolescents and youth as part of UNFPA's activities in programme design, implementation, and conducting M&E activities may help improve quality of the programme while maintaining the relevance to the GOI and UNFPA interest and priorities.

In the area of adolescent health, UNFPA has supported the development and completion of NAP for School-Age Children and Adolescents (2017-2019). The process of developing the NAP in itself was able to approach and raise awareness on the intersectoral work for the sake of adolescent health. As a result, the NAP was able to identify and develop a comprehensive picture on eight health issues: SRH, HIV and AIDS, addictions, violence and injuries, mental health, sanitation and hygiene problems and non-infectious diseases. NAP also offered comprehensive view as it included diverse government's programmes, including children and adolescents who were under institutional care of prisons, orphanages, and rehabilitation facilities. The plan was officiated through the Ministerial Regulation No.1/2018 under the responsibility of Coordinating Minister for Human Resources and Culture (Kementerian Koordinasi Pembangunan Manusia dan Kebudayaan, or KEMENKO-PMK). Regardless of the ministerial regulation, the coordination is limited to area where MoH led the process. Three informants from different ministries identified some possible reasons: (1) a lack of capacity and awareness among senior officials in different ministries, especially on the health needs of children and adolescents under non-health ministerial responsibility; (2) a lack of ownership. One of the explanations was due to the emphasis on "health" which could lead to a perception that associated health only with the responsibility and interests of MoH; (3) the rigidity of the results, which might have discouraged some participating ministries; (4) the work of school-age children and adolescents was considered a new area for KEMENKO-PMK; (5) several ministries have been involved in too many action plans, which could lead to underestimation of concrete actions.

Other key achievement is the development of teacher training module for primary schools and counselling, physical education, and science for subject teachers at secondary schools. As this report is written, the

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<sup>71</sup> Based on data provided by UNFPA officers

<sup>72</sup> UNFPA Indonesia, Terms of Reference: Women's Health and Wellbeing Programme, May 2019.

module has just completed its field testing in 12 provinces and would soon be finalized. The activities were carried out by MoH and in collaboration with MoEC. Informants from MoH and MoEC shared their belief that the strength of the module development lied on its system-based work and UNFPA's willingness to explore such a possibility. Using their own funds, MoEC took the modules for field testing in 10 provinces involving 97 core teachers at the secondary education level. However, this exploration has been taking too much time. From 2014-present, no modules have been finalised. The delay in module production means a delay in improving teachers and students' lack of knowledge and attitudes.

The development of national guidelines for youth in humanitarian settings consisted of development of MISIP on ARH in humanitarian and Pocket Book. Both materials have been produced and printed, while their distribution was done by MoH. However, the number of people who read and actually used the materials as reference was very low according to the health-sector informants interviewed. MoH pointed at the lack of time to adequately sensitize the publication as Tsunami in Palu occurred only a few weeks after its completion. Similar to MISIP, the pocketbook for youth involvement in disaster response was also considered too wordy and not straightforward. The A&Y fourth strategic intervention is to establish functional platform for private investment in ARH, which was implemented through UNALA. The project offered innovations in methods of beneficiary engagement and funding mechanisms. The project had a difficult start and the condition was improved after Yayasan Siklus Sehat Indonesia (YSSI) - a non-profit foundation working on health issues took over as a registered IP and after proper amount of funds secured in 2018 from the Canadian Government's support to the "Better Reproductive Health and Rights for All in Indonesia" (BERANI) Project. Under YSSI, UNALA expanded its coverage from 4 to 29 private clinics and from 9 to 34 doctors and midwives. The latest CO M&E data in 2019 reported 372 male adolescents and 1,274 female adolescents had access to UNALA improved health services; meanwhile, 1,578 male and 5,189 female adolescents were covered through its outreach activities. In late 2019, the module on mobile clinic was finalized.

By design, UNALA consists of three pillars: (1) service provision; (2) creative demand generation; and (3) private investment. Between 2016-present, the focus was more on creating the model for ASHR and engaging young people through online and offline outreach mechanism.<sup>73</sup> The current UNALA model development in Yogyakarta if strengthened it may be able to answer the question whether the private sector investment (incl. social franchising) can lead to better services and sustainable upscaling for ARH. Beyond the increased number of improved stakeholders and beneficiaries, and great potentials for innovations, the effectiveness of UNALA is difficult to measure, mainly due to the weak baseline reference and M&E system (before 2018). Several improvements have been made especially in the area of M&E and evidence-based analysis. At the time of this report being written, a study on adolescents' health-seeking attitude in Yogyakarta was almost finalised by Universitas Gadjah Mada (UGM). To meet its design's objective, UNALA will need support with more and stronger expertise, evidence, and tested practices on social franchising as part of the private investment mechanism. This view reiterates the finding reflected in the Mid-Term Report (MTR), as well as in the 2018 UNALA Evaluation Report. As a powerful statement from the UNALA's evaluation report: "*UNALA is a viable business model because it includes private sector partners; however, it needs a strong and convincing value proposition to motivate and maintain the franchisees*".<sup>74</sup>

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<sup>73</sup> Interview with YSSI personnel.

<sup>74</sup> Kobilke and Majid, *op.cit* p. x.



Beyond the intervention in Yogyakarta, UNFPA has creatively repackaged UNALA to improve the SRH of female garment factory workers in Yogyakarta and Solo.<sup>75</sup> This initiative is done through Wealth Project with H&M, a clothing-retail company. A tailored module on gender and reproductive health education for training of factory workers was developed and used in the training of 175 facilitators/workers from six factories. The mobile clinic was accessed by 56 workers; meanwhile, 24 workers used the online platform. In the Wealth Project, UNALA did not provide services to adolescents but to the overall young female workers.<sup>76</sup> This partnership with H&M demonstrates a good example of creative funding mechanism as it relied on the H&M's system on maintaining their sustainability standards and not on Corporate Social Responsibility (CSR) scheme. It showed that public-private engagement could be more than CSR mechanism, which often deployed based on a one-off funding and external to the private corporate system.

#### 4.2.3 Gender Equality and Women's Empowerment: Effectiveness

**Summary Findings:** On the evidence based GBV Policies, UNFPA has established strong leadership and comparative advantages in the prevention and responses to GBV and harmful practices (FGM/C and Child Marriage) with particular emphasis on linkages to RH in policy and planning. Increased capacity of GoI to address GBV was recognized, including how the MoWECP, Bappenas, and Ministry of Health to address sensitive issue, such as FGM/C. Monitoring of the implementation of the respective GBV policies is needed.

Positive changes indicated gender norms for preventing GBVs, including harmful practices (child marriages, FGM/C) among non-traditional groups (male/youth/traditional/religious leaders). On GBViE in humanitarian setting, UNFPA helped to address GBV experienced by women and girls/disadvantaged women and girls through evidence based policies and programs. UNFPA has facilitated the GBV sub-cluster operation and interventions at the national and sub-national level.

Planned output in GEWE is to improve policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings with the objective of contributing to the outcome “advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.” Key strategic interventions, with the planned activities to achieve the GEWE output, are explained in Annex C-1 with detailed achievements under GEWE in Annex C-2.

**Policies and programmes to address barriers in the prevention and responses to GBV and harmful practices (Health sector response to GBV, VAW, FGM/C and Child Marriage) achieved and contributed to the CP9's outcome 3:** UNFPA has made significant contributions to response to gender based violence and harmful practices at all levels. UNFPA's technical supports to NCVAW to conduct a series of policy dialogues and policy recommendations to various relevant ministries align with the sexual violence law and the revised Penal Code that will be adopted by the parliament. UNFPA has been recognized by most, if not all interviewed government agencies, on the good production of evidence based advocacy and policy dialogue on child marriage and GBV related issues, which both have been integrated into the MOWECP's priority agenda.

In general, the partnership mechanism is effectively implemented. The partnership has been expanded through various joint initiatives with government bodies and agencies, women's networks, religious leaders,

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<sup>75</sup> WEALTH Project Progress Report 2019 (*still in draft*).

<sup>76</sup> Data from WEALTH Project shows that more than 80% of female factory workers aged below 30 see UNFPA Indonesia, Terms of Reference on Women's Health and Wellbeing Programme, May 2019.

universities and CSOs, which contributed to the achievement of the targets under Output 4. The partnership between UNFPA and the national government counterparts working on GBV and harmful practices (i.e., MOWECP, NCVAW, and MoH) and other UN agencies are generally effective in achieving policy change and advocacy. This has been demonstrated such as through the successful implementation of joint project, the integration of GBV and harmful practices related issues into the National Framework and the work of government agencies including the use of knowledge products for policy advocacy<sup>77</sup>.

From 2016 to early November 2019, in partnership with IPs strategic partners, UNFPA has produced up to 60 knowledge products which informed evidence-based policies and advocacies to advocate for GBV and harmful practices in development programs and in humanitarian settings. From the time of MTR development in April 2019, additional knowledge products were produced, to include policy brief on GEEW in 5 themes: GBV and harmful practices, economy, education, a draft survey report on Sexual algorithm for Health Sector, and a pilot on strengthening of GBV Health Sector response, which included a Training of Trainers.

Interventions in policy and advocacy support have effectively improved the government policies at the national and sub-national level and encouraged behaviour change among key stakeholders (government, civil society organizations, community organizations, religious leaders, and 'adat' or traditional leaders). Interviewed stakeholders from both the government and non-government institutions found that such results have been demonstrated by the acceptance of FGM/C as a sensitive issue to be addressed in CP9 by the GoI. UNFPA gained support from religious leaders and organizations such as MUI and KUPI and work collaboratively with UNFPA in addressing this issue. The findings from the FGM/C study and policy brief have been used as policy advocacy to religious leaders and youth.

**Male Engagement:** The programme implementation generates good practices and lessons learned from the P4P Project in Papua on "Engaging Men and Boys in GBV Prevention". Endorsed by MOWECP, the National Framework on Male Involvement has been used as guidance for initiatives to engage men in relevant sectoral programmes in GBV prevention and SRHR.

Involvement of male in the SRH and prevention of GBV has been part of the policy dialogue among the partners of the UNFPA, including the government and CSOs. A strategy on male engagement in UNFPA Indonesia programming – Strengthening understanding, capacity and policy to transform inequitable and unhealthy gender attitudes and norms was used as a reference. Working with men is vital for ensuring Gender Transformative Programming (GTP). For example, the CP has worked with male religious leaders and 'adat' traditional leaders in stopping GBV and child marriage.

On male engagement in GBV prevention, relevant interviewed stakeholders reported that there have been many sharing on good cases for promoting progressive religious judges involved in an effort to promote gender equality was carried out. CSO engagement on this matter is strong, using this platform. These were benefited from the existence of a reference group mechanism, being facilitated by the UNFPA. Nevertheless, wider and stronger integration of the male engagement strategy into other works, such as family planning have been strongly recommended by many stakeholders. No quantitative measures on the reduction of

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<sup>77</sup> Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to The Government of Indonesia (GOI) 2016 – 2020, February 20, 2019.

cases of GBV yet can be generated, but there have been some local government policies in GBViE produced and implemented by the Province of Central Sulawesi.

Joint program BERANI with UNICEF on GBV, including harmful practices, which contributes to the output 5 has been implemented for a year. The program is expected to contribute to the strengthening of the national legal framework. While it is too early to recognize its results, some notes on the planning and management related aspects can be noted. Interviewed stakeholders indicated the need for having more systematic way of designing and planning of any joint programme such as BERANI. This is to include a need to have clearer arrangements on program management coordination.

Key informants from the donor organization indicated that this project considered to be a high profile, where they need to have timely updates on possible critical changes in relevant policies, i.e. status of the increased minimum age for girls, status of the proposed revision of penal code, child marriage, and other policy changes that have happened prior to the end of parliamentary period. Due to the importance of the project agenda for the donor organization, it was expected that UNFPA dedicates more engagements of senior leadership in the project.

In the humanitarian setting, in Donggala and Sigi district, a mayor regulation on Referral System to Respond Cases of VAW was in its final stage to be released. These were contributed by a collaborative work among Women Empowerment and Child Protection Unit of District of Donggala and Sigi, KPKPST and UNFPA. These have considered as proactive initiatives, recognizing that the former mechanism of integrated system for responding cases of violence against women and child (P2TP2A) was revoked by the national government. This set of efforts may be worth to be taken as models among options for the State Ministry of Women Empowerment and Child Protection to learn about how the local governments can explore and develop referral mechanism for responding cases of violence against women.

The MoWECP actually expected that UNFPA to discuss and explore such critical mechanisms to be facilitated at the national level. This would include a mapping of possible mechanisms for establishing referral for cases of VAW, replacements of mechanisms that used to be played by the former minimum service standard, and relevant implementing and technical guidelines of the referral system.

Out of 400 temporary shelter in Central Sulawesi, UNFPA was able to establish and function only 12 WFSs in 12 temporary shelters (due to limited funds and human resources) and women volunteers were trained how to do outreach and provide basic psychosocial support to the survivors. It was expected that the training material to also cover legal aspects regarding health responses, and this to be delivered by a relevant expert in this area. The 12 WFS managed by women led NGOs, facilitated women, girls, and survivors to access the WFS and referral services. UNFPA provided training on information related to GBViE as well as orientation on Clinical Management of Rape for survivors (CMR). The CMR orientation training was attended by participants of relevant sectors, including from health sector, women crisis center, and one stop services (P2TP2A), police, and midwife. An interviewed participant found the CMR training was useful to provide exposure not only on the right of survivors to receive health response but also for providing tools for getting evidence, which will be useful for litigation processes. The training method was practical in providing basic knowledge on health responses, facilitation skills, and gender perspectives.

The GBV sub-cluster is considered as an effective mechanism for discussing issues in an emergency situation. This is also considered as good information sharing among relevant organizations. There has been evidence of strengthened capacity of the national government and IPs to work together and coordinate to demonstrate effective program implementation and overcoming the challenges. Nevertheless, it was reported that when concerns were raised regarding location of toilets (for females and males) in areas where the WFS are available with limited lighting in these areas, there was hardly any effective solutions. Evaluation team's field observations confirmed the mere lack of attention to these concerns, although they had been discussed at the design stage of infrastructure construction.

GBV prevention and response have been integrated into the revised MOU between MOWECP and National Disaster Management Agency on Gender Mainstreaming, Women and Children Protection in Disaster Management. A gender checklist in disaster and emergency situation had been prepared jointly among the State Ministry of Women Empowerment and Child Protection, BNPB at the provincial level of Central Sulawesi, and Women Empowerment and Child Protection of the Central Sulawesi Province, based on experiences from Central Sulawesi was developed. Unfortunately, an informant who participated in a workshop on policy brief on gender and disaster and emergency situation claimed not knowing about the existence of the gender checklist.

#### 4.2.4 Population Dynamics and Data: Effectiveness

**Summary of findings:** UNFPA contributed to improved quality data and analyses on population, for use in the development and humanitarian contexts. There is increased national capacity to provide and use disaggregated data and analysis for policy planning and data produced were used to inform evidence-based planning. Current Theory of Change reflects the linkage between interventions and expected outputs contributing to outcomes. Quality knowledge products, background papers and technocratic reports produced were used for policy planning.

Planned output in PD and Data programme is to “increase the availability of quality population data and analysis on population dynamics and their linkages with national policies and programmes related to sexual and reproductive health, gender equality, humanitarian response and sustainable development” to contribute to the outcome “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<sup>78</sup>.” To achieve these, UNFPA worked with and through three important Implementing Partners, namely the Ministry of National Development Planning (BAPPENAS), BPS-Statistics Indonesia, and BKKBN on the 3 strategic interventions relating to policy, data and advocacy respectively.

**UNFPA contributed to improved quality data and analyses on population, for use in the development and humanitarian contexts:** The evidence is clear that the Population Dynamics and Data programme component supported national efforts in collecting, analysing and disseminating population data in both development and humanitarian contexts. Review of minutes of meetings and interviews with both UNFPA PD informants and IPs indicate significant progress towards improved quality data and analyses for decision-making. During the CP9 period, the PD team contributed to brokering several innovations as part of the preparations for the next 2020 Population Census. Working closely with the Ministry of Home Affairs which is responsible for civil

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<sup>78</sup> CPD and CP9 CPAP (2016-2020)

registration data, and the BPS-Statistics Indonesia, UNFPA supported the process of reviewing several methods for conducting the next Census before the adoption of a combined method for Population Census taking. UNFPA further supported this process which was being tried for the first time, by providing national statisticians the opportunity to learn from the experiences of KOSTAT (Korea Statistics), the Malaysian Department of Statistics and the Indian Bureau of Census on this approach to Population Census. UNFPA further provided technical advice to BPS for the conduct of the pilot census including using computer assisted personal interviewing methods as well as bringing on board assistance from telecommunication companies to help in innovative mobile positioning data collection. Technical assistance and support for the population census is an area, where UNFPA has played a long-term role in support of BPS, has recognition within the UNCT, and is widely perceived to be UNFPA's comparative advantage compared to other development partners.

BPS informants confirmed the strong collaboration between UNFPA PD Team and BPS. A high level BPS informant stated that *"UNFPA support for the 2020 Population Census, the 2017 Indonesian Demographic and Health Survey (IDHS) and Big Data for improving the quality of population statistics had met our highest expectations."*

Other notable areas of UNFPA technical assistance on population data included the collaboration on disaster statistics between BPS and the National Disaster Management Authority (BNPB); technical assistance for the development of the population projections 2015-2045 done in 2017; and support for census risk assessments and in preparing the Grand Design on the 2020 Census. BPS informants also credited UNFPA's PD team for being able to source higher-level technical expertise from UNFPA Headquarters and the Regional Office to guide BPS's technical understanding of using the combined method for the 2020 Population Census.

In the estimation of MMR in 2016, UNFPA provided consultancy support to estimate MMR using the 2015 SUPAS (Intercensal Population Survey) results. A workshop and seminar were then organized by UNFPA to have stakeholders discuss and validate the MMR estimates. However, according to a UNFPA PD informant, the final report of the activity has yet to be finalized, although the results are being used including by national health sector planners.

Discussions with several agencies on the ground in Central Sulawesi confirmed that the availability of uniform data and information was a challenge after the occurrence of the disaster with each department or sector developing its own data collection mechanisms. UNFPA did assist data coordination once on the ground, providing technical support to BNPB and BPS on disaster-related data for the Central Sulawesi and Lombok natural disasters emergencies which has been well acknowledged including by DFAT, the principal donor to UNFPA for this set of activities. There has been recognition of UNFPA's data initiatives by other organizations. One UN informant indicated that *"UNFPA helped us a lot on data and had strong linkages with the Data Information Management Unit at BNPB. UNFPA shared disaggregated data on affected populations which was invaluable in the development of the SITREP. UNFPA has been the "link" with BPS. UNFPA helped in the development of the data bank by providing provincial data on demographic information and availability of social services providers."*

A national framework on disaster statistics, brokered by UNFPA and involving BPS and BNPB, is being developed through a UNFPA consultant. When this framework is completed and endorsed by the Government, it is expected that there will be a standard format for data collection which can be used in all

disaster settings. The issue of data coordination that bedeviled previous efforts at data collection in disaster contexts such as in the cases of Lombok and Central Sulawesi are also expected to be addressed through this framework.

***National capacity to provide and use disaggregated data and analysis for policy planning increased:*** On capacity development, UNFPA budgets for capacity development while small have been used flexibly by IPs to strengthen institutional and individual capacity. Informants from BAPPENAS highlighted that the budgets for capacity development have included training of other stakeholders while another key informant from BAPPENAS emphasized that UNFPA's contributions to capacity development have been very useful. For instance, "the training of staff in using data has strengthened staff capacity to undertake better analysis of the data". An issue often mentioned in discussions with government agencies has been that frequent staff transfers have negatively impacted on capacity development efforts, and thus the need for continuous capacity development. MOWECP expressed the need for disaggregated data and support with gender analysis as an input towards work on demographic dividend.

Areas for further institutional capacity building highlighted by informants included policy development, population projections and the use of Bayesian methods, and National Transfer Accounts (NTA). At a recent stakeholder meeting to review the preliminary findings of this evaluation, other areas emphasized included geospatial mapping. While it was recognized that UNFPA had provided useful support for training in NTA, this would have to be further extended and continued. There was also a view that the capabilities of younger staff needed to be strengthened.

Another key Bappenas informant summed up by saying that "*Indonesia is a lower middle income country. She still requires UNFPA to play a role in policy advocacy but also in the development of human capacities which is a prerequisite for our staff. UNFPA's comparative advantage is its ability to mobilize talents both from overseas as well as from local universities and provide us with their technical advice and support*". Several informants raised the issue of the ageing of local demographers.

A BPS informant while acknowledging strong institutional capacity within BPS given that it has its own internal staff training institution, felt that UNFPA's contributions helped expose staff to new experiences such as in the use of combined methods of population census, National Transfer Accounts, the use of Bayesian Methods for estimating parameters, etc. An online survey of UNFPA supported training on disaster data conducted as part of this CPE showed that participants overwhelmingly credited the above training for its course content as well as the relevancy of the training for their current job (detailed findings in Annex F).

***Data produced were used to inform evidence-based planning:*** As discussed previously, UNFPA contributed significantly towards strengthening national capacity in population data. Quality disaggregated population data such as that contained in the 2015-2045 Population Projections, Census-based District Information System, and the IDHS Website developed by UNFPA to show innovatively the results of the 2017 IDHS are now available to support policy and programme formulation. The use of National Transfer Accounts data to guide planning efforts towards the realization of the Demographic Dividend was an idea introduced by UNFPA. BAPPENAS can now be credited to having internal expertise to analyse and use NTA for planning. According to a BAPPENAS informant, in the future, the demographic dividend will have to be disaggregated to provincial levels and National Transfer Accounts will have to be developed by provinces.

BAPPENAS, BPS and UNFPA jointly developed population projections 2015-2045 was another good example of data that has been used widely, including in the development of RPJMN 2020-2024. It provided great visibility for the work of the three organizations especially when it was launched by the Vice-President. A new set of projections is expected to be done on the back of the 2020 Population Census.

UNFPA collaboration with BAPPENAS on national coordination on “one population data” and its application for cross-ministerial development planning through the establishment of a Population Data Forum for Development Policy under BAPPENAS also reflects the growing interest given to the use of data in development planning. Through a Ministerial Decision 10/2019 a Team has been established to coordinate the work of the Population Data Forum of which UNFPA is a member. It is the wish of the President that there be only one Data framework for the entire country.

A UNFPA supported pilot in collaboration with BAPPENAS on the Development of a Community-Based Elderly Information System (SILK) to support the National Action Plan on the Elderly is currently under development in Yogyakarta. The pilot will be extended to Bali and Jakarta later with assistance by the Asian Development Bank. This initiative is aimed at identifying long term care requirements of older persons as well as matching these needs with the availability of nearby health providers through the community based information system for the elderly population.

***Current Theory of Change reflects the linkage between interventions and expected outputs contributing to outcomes:*** The current TOC or programme logic of the PD and data component is clear. The programme involves three strategic interventions, i.e. (i) advocacy and technical support on the coordination of quality data and analysis to inform national development policies and programmes, (ii) innovations in the collection and use of data); and (iii) the provision of 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 interest groups.

The implementation of these interventions are expected to lead to the 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 sustainable development. Programme achievements noted in this evaluation also support that the TOC is a realistic one.

***Quality knowledge products, background papers, technocratic reports produced are frequently used:*** Government IPs strongly supported that the knowledge products by UNFPA including several produced earlier in the 8<sup>th</sup> Country Programme have been useful in developing the next RPJMN and other strategy papers. An online survey of academics who work closely with UNFPA also vouched the same. BAPPENAS informants mentioned that all knowledge products are reviewed and used as inputs during the planning process. A total of 18 knowledge products related to population and development was developed and disseminated between 2016 and June 2019, of which some were products for general advocacy to parliamentary groups, civil society and other IPs. Another informant from BAPPENAS indicated that the quality of UNFPA knowledge products was “good” and the products on internal migration, population ageing and demographic dividend were extremely useful during the preparation of the upcoming RPJMN as

indicated elsewhere in this report, knowledge products on family planning, gender and youth provided valuable inputs for the RPJMN preparation process.

**The population projections have been used widely, including in the development of the RPJMN.** It was iterated by key informants that the set of population projections was foundational to setting the stage for national planning and also served as the basis for discussions on the demographic dividend.

UNFPA provided technical support to BKKBN on the development of ICPD@25 report, policy dialogue on ICPD issues including child marriage, family planning as human rights, and the power of choice with decision makers, parliamentarians, religious leaders and the media. Five policy briefs on issues related to family planning and gender equality covered in the draft penal code were developed and used to advocate to the related stakeholders especially Parliament and the Government. Messages related to Family Planning and Islam and its advocacy and communication strategy were developed which were used for national interventions on the involvement of religious leaders in family planning and for South-South Technical Cooperation (SSTC). The commemoration of World Population Day and SWOP launches were also used to advocate UNFPA central messages. The effectiveness however of advocacy interventions is not easy to evaluate within the time span of a country programme. UNFPA informants felt that advocacy strategies were more necessary now to counter growing conservatism against family planning, and other related issues. Overall, output targets were achieved and the details are as indicated in the Annex D-1.

Achievement of the results and effectiveness of the PD and data programme are due to the global consensus and Indonesia's commitments to the SDGs as well as the long tradition of UNFPA support to both national planning and statistical institutions. Non-achievement is partly due to frequent government agency staff turnover which has had an effect on capacity building.

### 4.3 Answers to Evaluation Questions on Efficiency

***The Evaluation Question 3: To what extent has UNFPA made good use of its human, financial and administrative resources, and used an appropriate combination of tools and to demonstrate accountability to stakeholders and pursue the achievement of the outcomes defined in the 9th Country Programme in a timely manner?***

#### 4.3.1 Sexual and Reproductive Health and Rights: Efficiency

##### ***Summary of findings***

Most of the IPs expressed satisfaction on their partnership with UNFPA, especially for the flexibility in the development of activities, as well as availability of supportive UNFPA staff. However, there is room for improvement to further promote efficiency, which can be exercised in the next Country Programme.

Most of the intended results have been achieved within the approved budget. The support from UNFPA triggered the provision of additional resources from the government and other partners. The leveraging effects of UNFPA financial support can be manifested through the increased of allocated government funds for an initiative, or facilitate other agencies and donors to fund the expansion of the initiative.

***Beneficiaries of UNFPA support received the resources that were planned, to the level foreseen and in a timely and sustainable manner.*** Most of the IPs expressed satisfaction on their partnership with UNFPA, especially for the flexibility in the development of activities, as well as availability of supportive UNFPA staff,



who are posted in the office of IPs, such as in BPPSDM and IBI. Delays in receiving funds were experienced by several IPs mainly due to administrative procedure related to completion of the annual work plans by IPs. Bappenas as the Government Coordinating Agency should endorse the multi-year work plan of all IPs; and thus, wait for completion of all IPs work plan. Some IPs were late in completing their work plan; thus, resulted in delays in the endorsement process and in transferring funds to the IPs.

Most of the intended results have been achieved within the approved budget. The achievement in 2016 to 2018 reached over 97% of the annual achievement of targets.<sup>79</sup> Generally, the activities carried out by IPs are considered efficient although there is room for improvement such as in the area of facilitator involvement by engaging and empowering local experts. Direct engagement of the GoI, instead of assignment of a third party for the work that needs to be streamlined in the existing system would be more efficient and more effective. Contractors that subcontract the work to some subcontractors would increase the administrative costs. Disparities of unit costs applied for different parties have been signaled by high level authorities and thus require review of the PEDUM for the next CP.

The assignment of UNFPA staff in the offices of IPs receiving significant amount of funding has been highly appreciated by partners, as it saves the time of IPs for technical matters and less for administrative matters. Accordingly, the UNFPA technical staff also needs such administrative support to make best use of their time for technical matters. However, of the 52 representatives of some IPs (75% government and 25% other IPs) that responded to a survey mostly agree that administrative and financial procedures should be improved.

***The resources provided by UNFPA have had a leveraging effect:*** Quality knowledge products provided by UNFPA (**Annex A-2**) are highly appreciated by GoI, although the day-to-day technical support to the GoI and provision of internal oversight for the technical staff sometimes are considered as insufficient. Such products had created further inputs in optimizing technical contents of relevant issues. On financial support, the leveraging effects of UNFPA can be manifested through the increased allocated government funds, or facilitate other agencies and donors to fund the expansion of the initiative.

In many cases, the support from UNFPA triggered the provision of additional financial resources from the government and other partners, such as the case of MDSR initiative that evolves into MPDSR, with the inclusion of perinatal component. So is the case for the development of Center of Excellence of midwifery schools. Another example is the SSTC initiative. Although limited, the funding of SSTC activities starts involving government funding.

On the other hand, some government IPs, such as Pusdik SDM, BPPSDM, expects more technical involvement in the future in order to improve their accountability, as some activities put BPPSDM only as a channel of funding for activities implemented by other institutions or by UNFPA (see the section on Effectiveness that relates to Pusdik SDM). Pusdik SDM also proposed that PEDUM regulations be reviewed so that it can be followed consistently by all. To operationalize CP9 and to promote aid effectiveness, UNFPA assisted the completion of the Programme Management Implementation Guideline (PEDUM) which is used by the GOI and other IPs for the management, implementation and coordination.

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<sup>79</sup>Evaluation Team for the Midterm Review of CP9.UNFPA, 2018. Unpublished.

Overall, there has been some evolution on the budget allocation by group of IPs from 2016 to 2019. The major part is still allocated for UNFPA execution (approximately USD 4 million in 2019), and the second position is provided to the NGOs and universities (about USD 3 million). The Government IPs received the least, with approximately USD 1.7 million in 2019.

#### 4.3.2 Adolescent and Youth: Efficiency

##### **Summary of findings**

Albeit the strong commitment to provide support as planned, the A&Y programmes (Youth and Development and UNALA) have experienced some delays due to technical and operational problems. Significant effort has been taken to catch up with the lost time. In the area of ASRH, UNFPA's work has triggered a leveraging effect in MoEC.

A significant portion of activities under A&Y in CP9 were implemented as planned (**see Annex B, Table1 on Programme Achievement**). The Table 3 in **Annex B** shows that the average implementation rate is 87%, including the latest rate in 2019, which is not final. However, in spite of the serious attempts to follow the schedule of the work plans, some A&Y activities were significantly delayed due to technical and operational hindrances. UNALA and some activities under the youth in development had to face this technical and operational problem. The implementation of UNALA was delayed in 2015 - 2016, after the resignation of Yayasan AngsaMerah as implementing partner in March 2015. For an interim period of 19 months (March 2015-November 2016), UNALA had to operate under UNFPA's direct supervision, which was inefficient. During this period, UNALA's activities dropped significantly, beneficiaries were not monitored, and only four out of nine trained doctors were active.<sup>80</sup> The recruitment of YSSI returned the project back to its pace; yet, UNALA needs to be accelerated so that it can cope with the lost time and to rebuild the momentum. In 2019, another major delay occurred under the A&Y with 'Youth and Development' activities as the recruitment of an institutional consultant took lengthy procedures. Without the consultant on board, activities on YDI and SDG 2019 update, policy brief development, and the NAP on youth and development could not be implemented in a timely manner. Disbursement of funds under this component was still at 51.7% by October 2019.

From the four A&Y strategic interventions in CP9, only activity on the ARH training module shows a leveraging effect. In the process, a significant number of activities were facilitated by MoEC in the form of financial support and use of their facilities. Financial support from APBN fund has been provided by MoEC to facilitate the development and dissemination of the training module. There was no official record or documentation to support this figure, but a key informant estimated the total financial support to be at least around \$200,000 including the expenditure for disseminating the work and field testing with 97 teachers in ten provinces across Indonesia. Besides funding, MoEC also provided its facilities and experts for training and module development (through in-service training with LPMP and module development with P4TK). The draft of modules were also introduced and discussed with core secondary teachers utilizing their communication platform of "GaharuMekar" – an online-based video conference to connect MoEC with the associations of core teachers (*guru inti*) at district level.

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<sup>80</sup>Kobilke and Majid, *op.cit*

### 4.3.3 Gender Equality and Women's Empowerment: Efficiency

#### **Summary of findings**

In general, it can be found that the UNFPA has sufficiently resourced and adequately staffed with appropriate skills and facilitated a good combination of mode of operation. There are areas for improvements with regard to administration, reporting, and coordination, particularly in joint programmes and those in humanitarian work. While there have been 26 knowledge products related to gender issues, quality assurance (ERC) requires time, leading to some for the organization to disseminate and follow up on the knowledge products.

**CP9 has sufficient resources to implement activities on gender equality and women's empowerment and is adequately staffed with appropriate skills to implement activities on gender equality and women's empowerment:** Interviewed informants shared their overall view on the efficiency of UNFPA to achieve the intended results under Output 4 of CP9. Good working relationships and communications between UNFPA and the IPs, coupled with the technical, administrative and finance backstopping provided to the IPs, have been some contributing factors to this efficiency as explained by the key informants.<sup>81</sup>

Nevertheless, some efficiency issues were noted. In 2016 and 2017 due to some external factors, such as the change in government focal points and coordination between the UNFPA and its UN partners have delayed the disbursement of some activities, including those that were funded by the donor, the Global Affairs of Canada (GAC). Despite the delay, the UNFPA Country Office was able to overcome this issue and successfully achieved the 2016 and 2017 targets for the development of policy brief and recommendations for the development of regulation to strengthen mechanism of health sector response to GBV. This included 1) policy brief on mechanisms of health sectors response to GBV in 2016; 2) A report on the Situation Analysis on the existing GBV prevention and response programmes in Indonesia in 2016; and 3) the draft technical guidelines on GBV prevention and response in humanitarian settings in 2017.

While review of so many knowledge products (Ref Annex C) for quality assurance purposes is critical, interviewed staff reported that the processes have been cumbersome and taken too long following the UNFPA's required standards. This has contributed to the delay for dissemination and adoption by partners.

**CP9 has used appropriate combination of tools to achieve GEWE outcomes in a timely manner:** Interviewed partners recognized the good and intensive participation of UNFPA staff in contributing to the development and policy dialogues for producing key policies and knowledge products. However, these have taken much of the UNFPA staff, which competes with time for carrying out more strategic work, including taking opportunities for responding critical works needed by partner organizations. For example, the critical need for the MWECP to have a systematic mapping and exploration on the possible form of referral system for cases of VAW, where the formerly revoked ministerial decree on P2TP2A in 2018 has not been responded in a timely manner. Thanks to UNFPA support of GBV response in humanitarian settings which provided two districts (Sigi and Donggala) to equip them with a mayor decree for building referral system to replace the old one. More importantly, these two forms of referral system at the district level can be further explored as exemplary models.

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<sup>81</sup> Mid Term Review Evaluation Report, UNFPA 9th Country Programme of Assistance to the Government of Indonesia (GOI), 2016 – 2020, page 90.

#### 4.3.4 Population Dynamics and Data: Efficiency

##### **Summary of findings**

Implementing partners were provided planned quarterly allocations on a timely basis and UNFPA procedures and policies enabled CO to carry out upstream policy work. The number of staff and the skill set to implement CP9 Population and Development is adequate.

**Implementing partners were provided planned quarterly allocations on a timely basis:** Review of financial documents indicates that IPs was provided planned quarterly allocations on a timely basis. However, using 2019 as a case in point, the implementation rates could have been better. As of Q3 of 2019, while the utilization rate for BAPPENAS was 98%, the implementation rate was 53%. For BKKBN the implementation rate was 25 % and BPS 66%. Several informants indicated that it was up to UNFPA programme managers to alert IPs about their rates of implementation. IPs also intimated that UNFPA allocations should ideally come in early in the year as it was then that Government IPs needed finance most urgently and could implement UNFPA related activities. UNFPA informants however advised that this was possible if IPs could be ready with their AWP and face forms that early too.

**UNFPA procedures and policies enabled CO to carry out upstream policy work:** There was no indication from any IPs or from the UNFPA PD team that UNFPA procedures and policies hindered upstream policy work.

**Number of staff and skill set to implement CP9 Population and Development adequate:** IP informants were generally satisfied with the technical capacities of the PD team. One key informant was however strongly of the view that there needed to be staff changes as most of UNFPA programme staff were the same people over several country programme cycles. There should be a focus on people who could provide new ideas as the country needed strategic advice.

Online survey results (Annex F) showed that UNFPA staff had the skills to be engaged in upstream work. To a question, from UNFPA staff, on “how effective UNFPA with respect to policy level advocacy”, out of 25 staff, 84% (21) responded with “very effective”. When IPs were asked “if UNFPA staff has sufficient capacity (knowledge, skills and competency) to provide quality technical assistance,” out of the 53 IPs 79% agreed (“strongly agreed” 34% and “agreed” 45%) with the rest partially agreeing to the statement. However, when asked the question “if UNFPA’s organizational capacity (structure, system and resources) is sufficient to provide quality technical assistance”, out of 53 IPs again, 79% agreed with the statement, but only 28% Strongly Agreeing and 51% agreeing. The statistical significance of these differences is or not tested.

#### 4.4 Answers to Evaluation Questions on Sustainability

***The Evaluation Question 4: To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?***

#### 4.4.1 Sexual and Reproductive Health and Rights: Sustainability

##### **Summary of findings**

UNFPA has been able to support implementing partners in developing capacities through training, interactions with experts and provision of knowledge products. For beneficiaries, training and mentoring have improved their capacities to contribute to the ownership of interventions. Plans are available for both IPs and beneficiaries to continue SRH interventions using other sources of funding.

**Capacities of IPs and beneficiaries have been improved in addressing the SRH challenges they face:** To ensure sustainability, capacities of IPs and beneficiaries developed through the following activities: training for IPs and opportunities to interact with experts, as well as provision of knowledge products, reviews and assessments. These activities improve the capacity of IPs to continue the interventions that was supported by UNFPA. It also motivates them to continue with the implementation of initiatives, such as the case of MPDSR that evolved from surveillance of maternal deaths and MDSR. The GoI plans to expand it to 120 priority districts, while the approaches for surveillance of maternal and perinatal deaths can be utilized in strengthening death reporting through Dukcapil Directorate (CRVS) and the work of Research and Development Board in establishment of Sample Registration System. Strengthened IPs capacity for programme planning, budgeting and monitoring, such as in piloting RFP in the three districts, is also a way to improve motivation of IPs to continue addressing the FP issues.

The training and mentoring for beneficiaries have improved their capacities to contribute to the ownership of interventions that at the early stage was supported by UNFPA. For instance, the HIV positive women network appreciated the support given to them that provides opportunities for strengthening their network all over the country.

**The SRH intervention continues to be implemented without UNFPA support:** The SRH interventions will continue to be implemented although with a reduced support from UNFPA; or by using other sources of funding. This is the case for the establishment of Centre of Excellence of midwifery schools and also the implementation of MPDSR, which were planned using various sources of funding. The beneficiaries, such as the HIV positive women network, plans to maintain communication among its members. They also share skills and ability in order to mobilize resources. The above issues are confirmed by most of the 52 representatives of 19 IPs that responded to a survey (detailed results in Annex F).

#### 4.4.2 Adolescent and Youth: Sustainability

##### **Summary of findings**

The UNFPA's work on policy level has provided the GOI with enhanced method in understanding A&Y issues. The greater and more exciting challenge may come from UNALA as the project seeks to instrumentalize private sector investment to improve access on ASRH in a sustainable manner.

Most of the strategic interventions of A&Y focus on policy, although significant attention is still given to the areas of capacity building and pilot project. A key activity of A&Y strategic interventions is reflected in **Annex B**. Below is finding from capacity building and question found around UNALA as ASRH project.

The comprehensive and right-based principles introduced through YDI and SDG Baseline has provided the government with "indirect capacity building" as it shifted and enriched the government's policy perspective

on youth. Policy research on youth policy analysis done by SMERU<sup>82</sup> mentions that youth in Indonesia's policy is still traditionally viewed as potential generations that need to be protected from risky behavior. The YDI has provided high officials with information on the importance of right-based approach that sees youth as empowered agencies, a perspective which was considered 'new' to the ministry. "To be honest, the work on YDI has triggered complex reactions within our ministry", according to a key informant from MoYS "This YDI is a great material. I feel we (MoYS) should do more. But we need to internally convince ourselves" The informant shared his story about some senior officials that might not be accustomed to the rights-based perspectives. Hence continuous dialogue and advocacy are needed to assist the government in adopting the right-based and comprehensive policy (SMERU, 2017).

There is a need to update and test the sustainability strategy of UNALA based on evidence generation and the current private investment condition. Social franchise mechanism, in UNALA's case, was opted to generate low-cost upscaling impacts.<sup>83</sup> In this regard, UNALA can be an innovation for ASRH provision as it could potentially demonstrate a non-governmental replication scenario. From the interviews, most of the participants were curious about this non-governmental path,<sup>84</sup> however, in their opinion, UNALA needs to address several issues. A statement of a key informant from BAPPENAS emphasized the urgency of sustainability strategy for UNALA: "We have to think beyond the project mindset. I ask the UNALA team many times, please think about what would happen to the voucher system once UNFPA phases out?" while other informant highlighted: "who would take care UNALA doctor network or do the outreach activities? So far I know, there is nothing similar currently in place." However, to do this, UNFPA needs to review UNALA's current model and to test its sustainability based on some different scenarios at a limited scale.

#### 4.4.3 Gender Equality and Women's Empowerment: Sustainability

##### **Summary of findings**

UNFPA developed the skills and capacities required to address the specific GEWE challenges in harmful practices, including in humanitarian settings. Some room for improvement in following up and disseminating policy documents/knowledge products, e.g. referral system in health response in cases of GBV and GBViE.

UNFPA developed the skills and capacities required to follow through addressing the specific gender equality and women empowerment challenge the programme sought to address in harmful practices, including in humanitarian settings.

On sustainability of referral on GBV cases, UNFPA will need to link to the new form of mechanism, which replaced the P2TP2A, following to the Government of Indonesia's regulation.

The P2TP2A, an integrated response for cases of violence against women, which was established in 2006 and had a minimum service standard, was abolished by the Government of Indonesia, due to the finding that the implementor of the P2TP2A was not a service delivery unit. While a decree on the new form of the referral system was released by the Government of Indonesia, challenging transition of the implementation of the new mechanism is still ongoing.

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<sup>82</sup> WidjantilSdijoso, FatinNuhaAstini, Rika KumalaDewi, PrioSambodho, *Background Study: Youth in RPJMN 2020-2024*, SMERU and UNFPA: Jakarta, 2018.

<sup>83</sup> See Palladium, *Expansion strategy and viable operationalization models for long term sustainability: UNALA*, (Powerpoint presentation), Palladium & UNFPA: Jakarta, 16 October 2015.

<sup>84</sup> A similar finding is also reflected in UNALA evaluation report, see Kobilke and Majid (2018).

#### 4.4.4 Population Dynamics and Data: Sustainability

##### **Summary of findings**

There is commitment among IPs to continue with the programme intervention beyond the programme cycle as PD interventions have largely been collaborative arrangements and have become part of activities of Ministries/agencies. Capacities in population data and demographic analysis continue to be built, although strong appeal from IPs for continuing capacity building.

Interviews with Government stakeholders indicate that interventions undertaken through UNFPA technical assistance will be sustained especially because most of these activities have become part and parcel of the activities of relevant Ministries or agencies. This reflects to a large extent the PD team's approach and style of engaging with Government IPs whereby they have been successful in bringing together and working alongside to accomplish results. This was very evident in the way UNFPA and relevant agencies collaborate around the development of the population projections, the 2020 Population Census, the setting up of the DIBI data system in BNPB, the national framework on disaster statistics, etc. IP Informants spoke highly of the collaborative approach of the PD team resulting in greater national ownership of all outputs. Many informants echoed that the strength of the UNFPA PD team *"has been its ability to understand our needs and helping us achieve it."*

In the case of the recently initiated pilot in Yogyakarta by UNFPA and BAPPENAS on assessing the demand and supply of long-term care and programs for older persons through the community-based information system for the elderly population, the evaluation showed a few interesting points: i) it was an idea originating from BAPPENAS as part of its endeavor to better understand areas for operationalizing the National Strategy on Ageing, thus adding to its sustainability; ii) it stands a high probability of sustainability since the ADB has indicated interest in funding its replication and continuation in other parts of the country. Third, it has been cost-effective as the Grant by UNFPA for the survey of the status of elderly population in Yogyakarta was only around \$50,000. On the Youth Development Index, its further development at the provincial level is already on the future work-plan of Bappenas, Ministry of Youth Affairs and BPS.

**UNFPA developed the skills and capacities required following through on programme interventions:** As indicated earlier under effectiveness, UNFPA during CP9 contributed to building the capacity of important government ministries and agencies. That said, almost all IPs interviewed felt strongly that UNFPA should continue to play a capacity development role in order to broaden the skill base in population data and demographic analysis. One informant highlighted that a major challenge in Government was the quick turnover of staff which had implications on sustainability of capacity built.

#### 4.5 Answer to Evaluation Questions on Coordination

***The Evaluation Question 5: To what extent did the UNFPA country office contribute to the good functioning of coordination mechanisms and to an adequate division of tasks (i.e. avoiding overlap and duplication of activities/seeking synergies) within the United Nations system?***

##### **Summary findings**

UNFPA contributed towards the functioning of UNCT mechanisms such as working groups, joint programming initiatives, etc. and is a highly valued partner at UNCT level. Mechanisms to coordinate UNFPA/ GOI programmatic actions were utilized to ensure better results.

Representing in many working and coordinating groups, UNFPA's contribution to a good functioning mechanism to UNCT was well received and appreciated by other UN agencies. Participating in about 15 working groups and coordinating committees, with clear roles and responsibilities, UNFPA represents either as Chair, Co-Chair or active member contributing to the good functioning of UNCT coordination mechanism avoiding overlaps. A further detail of UNFPA's coordinating role is explained in **Annex E**. Specific examples and results of some of the coordinating activities under individual outcome areas are given below to illustrate UNFPA's contribution.

With UNFPA's coordination role in RH and GBV under National Health Cluster and National Protection and Settlement Cluster, UNFPA's comparative advantage in actively participating in humanitarian settings has been strongly appreciated by the donors and partners.

#### **4.5.1 Sexual and Reproductive Health and Rights: Coordination**

UNFPA is the main agency supporting the RH and GBV Sub Cluster and actively participates in the UN/ NGO/donors coordination meeting, National Health Cluster and National Protection and Displacement Cluster. Also participates in the UN agencies/HCT technical team regular meeting, UNFPA currently is part of Data and IM working group, and Cash for Voucher Assistance (CVA) working group, and one of the lead agencies for the community engagement initiatives (UNOCHA, UNFPA, UNICEF, and IFRC).

UNFPA participates in the coordination meeting (UN-H6 for MCH issues; and UNCT) where all UN agencies map their activities as a means for coordination. The UNFPA participation in those meetings has enriched the discussions that relates to SRHR, including humanitarian actions. Improved collaboration was also resulted from the regular meetings. From next year, this mechanism will be improved by sharing work plans aiming to avoid overlap/duplication of activities and seeking synergies as much as possible.

#### **4.5.2 Adolescent and Youth: Coordination**

Coordination has been highlighted as a critical role of UNFPA especially in the area of A&Y. Through the IANYD, UNFPA is able to show its capacity to strategically convene different programme areas among UN members and advocate for integrated strategies. In CP9, UNFPA also leads the join-programming for the BERANI Project with UNICEF. Due to many differences in terms of procedures and standards, most of the coordination remains at the technical administrative level. Effort and leadership needs to be improved and strengthened to ensure the joint programming resulted in substantial coordinated outputs as well as partnerships.

Despite UNFPA's prominent work on ASRH, the recent work on youth and development also demonstrated UNFPA's capacity as a convener for diverse UN programmes through the Inter-Agency Network for Youth and Development (IANYD). The IANYD is also strengthened through UNFPA's programmes, such as the YDI, SDG Baseline, and NAP on Youth and Development. An informant from UNICEF appreciated the UNFPA's evidence-based policy work and policy platform through which they can further leverage the work with their comparative strength and resources. An independent consultant states that UNFPA's work in coordinating UN agencies could be strengthened through results generation, technical skills, and leadership.

In the area of UN Joint Programming, UNFPA is in charge of coordinating the BERANI Project, a project on RH done with UNICEF and funded by the Canadian Government. The BERANI project was launched in 2018 with an expected outcome of "improved health and fulfilment of sexual and reproductive health." On UNFPA's side, the project is incorporated into four key programmes, they are: (1) Maternal Health, HIV and SRH Linkages; (2) Right-based family planning; (3) Youth policies and rights; and (4) GBV and harmful practices;



meanwhile on UNICEF's side, BERANI Project is mainly translated into prevention of child marriage under the Child Protection's programme and Menstrual Hygiene Management (MHM) under the WASH programme.

Interviews with the donor, UNICEF, and UNFPA staff convey the challenging learning process from performing the coordinated work. Fund channeling to UNICEF was delayed in the first six months of implementation, which in turn also delayed the overall implementation in 2017. Reporting was also an area identified as "heavy" for both parties as it required intense consolidation and adjustments of three different reporting standards (i.e. UNFPA, UNICEF, and the Canadian Embassy). Regardless of the pressures and constraints, UNFPA was still able to complete a timely report submission that met the donor's expectations. For the BERANI Project, UNFPA entirely relies on its existing programme staff to provide leadership, coordinate the transfer of funds to UNICEF as well as the implementation report from activities under UNFPA and UNICEF. According to a CO staff, *"These functions added significant responsibilities on top of the existing officer's programmatic and administrative workload."* Consequently, the scope of coordination was more on completing the administrative process; while exchanges of substantial information such as results, lessons learnt and partnerships could only be limitedly discussed. Key informants representing the donor commented that the joint programme coordination was considered as *"good, but it definitely could be improved."*

#### **4.5.3 Gender Equality and Women's Empowerment: Coordination**

Mechanisms for coordination on gender mainstreaming mandates' i.e. GWG, in the UNFPA and across UN Agencies are in place; With UN Women, UNFPA facilitated Gender ScoreCard Assessment & Gender integration in the CCA processes.

On Gender Working Group, UNFPA has shared a coordination role as well as a catalytic role with UNWomen to mainstream gender within the UN agencies. An assessment on the gender scorecard indicated that 6 out of 15 indicators met requirements, 5 out of 15 indicators are approaching minimum requirements, and 4 out of 15 indicators are missing the minimum requirements. While the members of the Gender Working Group viewed GWG mechanism as less effective at the beginning of CP implementation up to the mid of 2019, GWG has improved significantly during the gender score card audit and preparation of the new UNSDCF. UNFPA staff realized the importance of having GWG meetings and dialogues for promoting more effective gender mainstreaming within the UN agencies. However, availability of staff time has been a challenge for organizing regular GWG meetings.

The concerns over limited coordination meeting between UNFPA and MOWECP due to conflicting priorities of staff responsible for coordination meeting at MOWECP. The quarterly coordination meeting, led by MOWECP was held only once in 2018. The establishment of UNFPA Secretariat at MOWECP, with support from UNFPA Gender Officer, administrative and finance staff placed at the ministry at least help in maintaining regular updates and communication between UNFPA and MOWECP.

#### **4.5.4 Population Dynamics and Data: Coordination**

**UNFPA mandate was incorporated into the UNPDF through UNFPA efforts:** Interviews with UNRCO interviewees pointed towards UNFPA working hard within the UN mechanism to ensure that UNFPA inputs on Population dynamics and data for development were incorporated into the United Nations Partnership Development Framework (UNPDF). These efforts paid off as indicated in the responses to the question on relevance. UNFPA also is reported to have actively participated to advance ICPD in joint UN initiatives

through the Inter Agency Network on Youth and Development, Gender Working Group, H6, the Humanitarian Country Team, HIV Working Group, Working Group on Data for SDGs, the SDG Bappenas Forum, and the human rights Working Group. UNFPA participated in discussions around UN Reform, and led sessions at the UNCT retreat. A key UNCT informant explained that within the UNCT, UNFPA played an important role in the following: (i) SDG data portal where UNFPA plays a coordination role and the key link with BPS, while UNICEF is the chair. The portal contains both qualitative and quantitative information (ii) Joint programs on gender based violence; and (iii) child marriage (with UNICEF).

#### 4.6 Answer to Evaluation Questions on Coverage and Connectedness

***Evaluation Question 6: To what extent are UNFPA interventions and approaches to addressing Sexual Reproductive Health and Rights (SRHR), Gender-based Violence (GBV) and harmful practices, youth and data in humanitarian settings in line with the principles of coverage, coherence and connectedness?***

##### ***Summary of findings***

With limited funds and human resources available for Humanitarian work, the coverage and coordination work accomplished is commendable. Even though UNFPA has the mandate to assist in humanitarian emergencies, the agency does not have adequate funds or human resources to respond to large scale emergencies. For example, in Palu, although the YFS interventions have shown significant differences, the scope of the interventions is very small in comparison to the 400 camps scattered across the Central Sulawesi Province (KI interviews, document review, and field observation).

PD programme interventions on data did make a difference, in the case of the disaster-affected regions during the CP9 period. However, there is no available data on the total number of youth affected by humanitarian crisis in Palu. UNFPA has accumulated a wealth of experience in addressing SRHR, GBV, and A&Y issues in humanitarian settings and respected as a leader in this field, but adequate capacity and a strong preparedness plan could have contributed to expand the coverage. For SRH, the service coverage could be even further improved if preparedness measures during the initial stage had been attended to, e.g. by preparing a list of competent midwives from all districts in Central Sulawesi who can be mobilised for humanitarian response. Such an arrangement would significantly reduce the number of midwives recruited from faraway places.

The earthquake, tsunami and liquefaction in Central Sulawesi in September 2019 have severe impact and displaced a large part of the population in three major districts of the province. The natural disaster led to the deaths of at least 2,100 people, documented 1.5 million people in need with an estimated 350,000 women of reproductive age, including an estimated 45,306 pregnant women, while the earthquake in Lombok resulted in the deaths of about 500 people, with an identified 218,530 affected, of which an estimated 42,498 were women of reproductive health ages. There were Reproductive Health, Protection of Women's and Youth Services sub-clusters to provide MISP and other needed services, including prevention of GBV and youth engagement. It was found that the 12 WFS, which are located scattered across the Central Sulawesi Province consider insufficient. Nevertheless, volunteers of women NGOs partners have gone to the field to try doing outreach to serve more women and girls. Nevertheless, limited human resources on the ground were reported. Humanitarian assistance considers as a new area for the UNFPA to work on. In this regard it is critical that the humanitarian and development nexus need to be better understood for future planning and sustainability.

##### 4.6.1 Sexual and Reproductive Health and Rights

An example of data related to SRHR services, e.g. delivery service, in humanitarian settings was taken during the Evaluation Team visit to Palu (map in Annex H), Central Sulawesi in October 2019. With 1.5 million IDPs, it was estimated that there were approximately 45,000 deliveries occur in the affected areas in a year. From the Kobo-Collect, it was recorded that the number of deliveries assisted by the 15 RH tents/posts in the affected areas during October 2018 to September 2019, were 610 (plus 4 in Parigi Moutong District), while there were 17,284 deliveries in the rest of the town/districts of Palu, Donggala and Sigi - the affected areas - as reported by the PHO. There were no maternal deaths, while there were five infant deaths occurred in the RH tents supported by UNFPA. There were 29 maternal deaths and 134 infant deaths in the rest of the affected areas in the entire three districts.

**Table 8: Number of deliveries, maternal and infant deaths in affected areas of humanitarian crisis in C Sulawesi**

District/Town	Deliveries		Maternal death		Infant death		Total deliveries-district/ town
	DHO*	RH Tents**	DHO*	RH Tents**	DHO*	RH Tents**	
<b>Palu</b>							
Oct-Dec 2018	1671	130	0	0	4	0	1801
Jan-Sep 2019	5531	43	5	0	14	0	5574
<b>Total</b>	<b>7202</b>	<b>173</b>	<b>5</b>	<b>0</b>	<b>18</b>	<b>0</b>	<b>7375</b>
<b>Donggala</b>							
Oct-Dec 2018	1526	47	3	0	27	1	1573
Jan-Sep 2019	4328	221	12	0	59	3	4549
<b>Total</b>	<b>5854</b>	<b>268</b>	<b>15</b>	<b>0</b>	<b>86</b>	<b>4</b>	<b>6122</b>
<b>Sigi</b>							
Oct-Dec 2018	1079	46	1	0	7	1	1125
Jan-Sep 2019	3149	123	8	0	23	0	3272
<b>Total</b>	<b>4228</b>	<b>169</b>	<b>9</b>	<b>0</b>	<b>30</b>	<b>1</b>	<b>4397</b>
<b>ParigiMoutong</b>							
Oct-Dec 2018	N.A	4	N.A	0	N.A	0	4
Jan-Sep 2019	N.A	N.A	N.A	0	N.A	0	N.A
<b>Grand Total</b>	<b>17,284</b>	<b>614</b>	<b>29</b>	<b>0</b>	<b>134</b>	<b>5</b>	<b>17,898</b>

\*) Source: PHO, Central Sulawesi; \*\*) Source: KoboCollect– reported from 15 RH tents/posts

The coverage of services could have been improved, even when resources are limited. The coverage of deliveries provided by the 15 UNFPA supported tents during Oct 2018 to Sept 2019 was 3% of the total deliveries in the affected areas (see table). The key emergency support, such as recruitment of midwives from outside the affected areas, is a very urgent and useful support when the health infrastructure collapsed. However, when the health infrastructure starts to function, the services should be slowly brought back to the health system with involvement of all available health providers. Reach-out services are critical to those who are affected but unable to access services at RH tents/posts or health facilities. For SRH, the service coverage could be even further improved if preparedness measures during the initial stage had been attended to. In relation to connectedness, the above data also indicates the right time for services to be shifted from the RH tents/posts to the routine services. For example, the RH tent in Parigi Moutong



*Group discussion at a WFS*

District, the least affected area, only operated for two months, then it was moved to areas that need more support, such as Palu town that has a low number of childbirth services assisted by the RH tent. However, the decision should be made based on field reality.

#### 4.6.2 Adolescent and Youth: Coverage and Connectedness

The eight YFS have provided beneficiaries and volunteers with a sense of belonging, safe space, and knowledge as well as capacity development. Assurances given and received from YFS in turn tremendously helped them to regain their motivation and strength to live with positive attitudes and support their families and communities' survival. Three voluntary facilitators interviewed in Palu all stated that YFS activities had helped them to recover from feeling despondent and to uncover their potentials as active and able young people. One of the facilitators said: *"The [YFS] activities had saved me from anger, depression, and family pressures. It showed me something that I – myself – was not aware of in the beginning; that I could still do something for others instead of being drowned in anger and self-hate."*<sup>85</sup>

From visits to two temporary compounds: one with YFS and one without, the difference were quite notable. People from the compound with YFS were more aware about the needs of A&Y. Meanwhile, in non-YFS compound, the A&Y in non-YFS areas were generally treated either as adults or "little" children (*anakkecil*). ARH is a strategic and an important entry point to respond to A&Y in humanitarian crisis; however, interventions and the scope for advocacy can and need to be broader than reproductive issues. This positioning of adolescents beyond the health issues is also highlighted in the evaluation document.<sup>86</sup> At the implementation level, The YFS have been able to flexibly manage youth issues outside the ASRH scope although examinations and professional assistants are still needed.

There is no available data on the total number of youth affected by humanitarian crisis in Palu. The eight YFS was set up based on the assessment on the number of adolescents covered in the eight major refugee tents (now is the temporary shelter compound).<sup>87</sup> Between 2018-present, YFS programme has provided services (including outreach) to more than 14,000 A&Y beneficiaries.<sup>88</sup> Although the YFS interventions have shown significant differences, the scope of the interventions is very small in comparison to the 400 camps scattered across the Central Sulawesi Province. Informant from a puskesmas in Palu City shared a story how commercial sex workers were still discriminated from reliefs, during the emergency as well as after the emergency support. An anecdotal observation in Tompe RH Facility also showed that the number of adolescents giving birth, not covered by YFS, is quite high (18 incidences between January 2019 - October 2019), suggesting the magnitude of problem outside the YFS interventions. The government of Central Sulawesi has shown its commitment to expand the coverage of YFS through *PosyanduRemaja* (PosRem). As the report is being written, seven PosRem have been established in the province to carry out the UNFPA's interventions and expand the coverage.

#### 4.6.3 Gender Equality and Women's Empowerment: Coverage and Connectedness

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<sup>85</sup>Interview with a youth forum facilitator. The statement also resonated with adolescents' voices captured in the joint report between UNFPA, Plan International and PKBI, *Adolescent Girls and Youth in Crisis: Voices from Central Sulawesi, Indonesia*, UNFPA: Jakarta, Indonesia, 2019

<sup>86</sup> Brian O'Callaghan, Katie Tong, Jeanne Ward, Judith Helzner, *Evaluation of the UNFPA capacity in humanitarian action, Country Note: Indonesia*, UNFPA Evaluation Office: New York, 2019, p.53.

<sup>87</sup>Interviews with relevant officers from PKBI in Palu.

<sup>88</sup>Data provided by UNFPA.

UNFPA helped address gender issues of SRHR, GBV and harmful practices and responded to the needs of women, girls and disadvantaged women and girls in emergency. However, there are areas for improvements, to include 1) timeliness for receiving the kit, and; 2) coverage of the availability of accessibility of the WFS.



**Community Education**

The number of WFS, 12 in 400 emergency spots considered limited. Volunteers of local partners (KPKPST and LIBU) reported doing more work, door to door to the community far from the WFS (discussed under GEWE effectiveness criteria also). The interventions (education and life skill training) have been too little and too scattered, as compared to the scale of the impacting society to reach the massive impact of the disaster. Yet, there have been some challenges to find appropriate data to measure the extent to which major population groups faced the life-threatening suffering were reached by humanitarian action.

It can be reported that the relief is linked to the recovery phases. However, while UNFPA supported education and skill-training conducted during the relief were appreciated and recognized, results of the recovery phase were remarked as being less significant or uneven. Local capacity was developed, with regard to life skill education, for example in handicraft making and bakery. Nevertheless, such new skills have not been able to be implemented and further exercised as the communities have no tools. Observed gaps were on systematic intervention on emergency preparedness.

As part of advocacy results from the Protection of Women's Right Sub-Clusters, there is a provincial health insurance which covers cases of violence against women and maternal health, including those in the humanitarian setting. The provincial government has worked with the district governments to fund this system. The health insurance for survivors of violence against women is in full coverage, including for facilitating visum et repertum or medical record provided on crime of Central investigation checking.

Two of the UNFPA supported IPs, KPKPST and Libu Perempuan, have worked with the district government of Sigi and Donggala to establish community based health responses to cases of GBV and GBViE at the village level. Mayor regulations of the two districts are currently at the final stage for release. Such systems and mechanisms can be explored by the MOWECP for learning purposes.

#### **4.6.4 Population Dynamics and Data: Coverage and Connectedness**

**Data is available to measure the extent to which major population groups facing life-threatening sufferings were reached by humanitarian action:** PD programme interventions on data did make a difference, in the case of the disaster-affected regions during the CP9 period. As indicated by all government institutions interviewed, after the onset of disaster, there was little data on affected population and agencies were collecting their own required data without much coordination. Invited by provincial authorities, UNFPA was among the first on the ground and contributed to data collection and analysis of affected population working together with IOM, MOH and the Disaster Management Authority to undertake needs assessments. Pulling together data from the last 2010 Population census, Village Potential Data Collection (PODES) of 2011, Disaster Tracking Matrix, and other government data, UNFPA managed to identify the scale of RH needs and the number of people affected by the disasters, in order to ensure quick response. As part of the humanitarian response phase, BNPB together with UNFPA introduced Kobo Collect (a smart-phone-based data collection and aggregation application) to IPs in Lombok and Central Sulawesi through which IPs could on a daily basis submit service delivery information. This allowed UNFPA and BNPB to track real time data to assess and meet the needs of the affected population as well as inform coordination partners. A WhatsApp

mobile phone messaging group was also instituted by UNFPA for providers in the RH, Women Friendly Services (WFS) and Youth Friendly Services (YFS). Through this facility, providers were able to communicate questions they had as well as challenges, needs and advice.

**Linkages between the relief and the recovery phases were supported:** As part of preparedness planning, and given the absence of a mechanism on data collection during humanitarian situations, UNFPA initiated with BPS and BNPB, the establishment of a national framework for data for emergency situations. The framework envisages a set of tools of data collection using standard computer assisted personal interviewing (CAPI) questionnaire, methodology to be used by relevant Ministries and Institutions, a geospatial technology dashboard monitoring system to display real time data collection. The development and finalization of the framework is aimed at improving more coordinated data collection and response during an emergency. Staff from BPS and BNPB as well as from relevant line ministries are being concurrently trained as the framework is being developed to ensure smooth implementation of the framework. A BPS informant confirmed that as part of the development of the national framework, UNFPA provided BPS with technical assistance to field test a pilot questionnaire on collecting disaster related data in two villages in Palu, Central Sulawesi, i.e. in Tondo and Petobo. Another BPS informant appreciated *“UNFPA’s active involvement in the development of the framework especially as a link between BPS and BNPB.”* However, it was mentioned that while the technical level cooperation has been good, there needed to be greater cooperation at the highest level of the two organizations. Another challenge that needed to be addressed was the current level of capacity. The UNFPA consultant appointed to support the development of the national framework indicated that *“...there were little skills with respect to preparedness. We need data sets that are currently not available. There is also little guidance in government statistical institutions for humanitarian situations. Thus, the importance and timeliness of this national framework”*.

**Local capacity has been supported and developed:** Interviews at the local level, in the case of Palu, clearly indicated that UNFPA had invested in building local capacity to collect and manage data related to disasters. An earlier UNFPA evaluation on UNFPA’s humanitarian response had indicated that the Country Office had *“provided training on spatial data management to provincial administration and NGOs”*. Despite this, the need for capacity development was a plea raised by almost all institutions, which could be indicative of staff turnover or continued lack of confidence of staff despite the training.

In terms of UNFPA data collaboration with IPs, UNFPA currently works formally with BPS. Grants to BNPB are channeled through BPS. Both these two institutions have separately spoken of the challenges of such a cooperation arrangement. In the overall plan to build national capacity in disaster statistics, it may be useful to consider having BNPB as a separate IP to facilitate and better monitor joint collaboration between UNFPA and BNPB. Also discussions at the local level have pointed towards the important role played by DUKCAPILs with respect to civil registration and vital statistics (CRVS) data that fall under the purview of the Ministry of Home Affairs. Formal collaboration with MOHA could be considered.

## 4.7 Other Concerns

### 4.7.1 Facilitating and Hindering Factors: Overall for CP9

**Facilitating factors** been good relationships with Gol, donors, IPs and CSOs; flexibility in responding to important requests from all stakeholders to optimize results; and knowledge products and reports that are useful for partners. As many IPs resonated the view, *“UNFPA has built good partnerships with government*

*and NGOs; focus in strengthening mechanisms and capacity; UNFPA's work modalities aim to foster government's leadership and ownership to tackle sensitive issues ...."*

For A&Y, key issues have been the rising awareness about youth as the most important human resources. The recent appointment of young ministers and president's advisors show that youth is the face of Indonesians today. The president also specifically mentions youth as Indonesia's greatest demographic resources. The rise of ICT, social media, and digital literacy positions young people on the driver's seat of programme accelerations, innovations and fresh ideas. Another important one is that UNFPA's mandate is unique, as not many organizations have the focus, strength, and consistency with regards to A&Y issues. Although the resource and type of interventions have been limited, UNFPA has good reputation mainly for its work on ASRH and youth essential issues.

For GEWE, the facilitating factors have been high profile in evidence based policies and programs on issues of GBV in development as well as in humanitarian assistance; good relationships with the government, appropriate selection of IPs; dedicated UNFPA's GEWE staff; productive and strategic engagement with non-traditional partners (male, youth, religious and traditional groups) in preventing GBV, including harmful practices. *According to a KI it was "Trust. Partners have faith in them (UNFPA) and the clear focus on women's health and empowerment."*

**Hindering factors** have been the laws and regulations that influence the smooth functioning of institutions supported by UNFPA; external and internal work environment that hinder the smooth functioning of programme implementation; , limited flexibility in administration; i.e. in financial reporting, in delivering humanitarian assistance, in finding partnerships etc., and frequent turnover of the GOI staff. Strict administrative regulations were quoted as hindering *"too many rigid administrative work, need to simplify it."*; *"easier and faster mechanisms to cash in the approved budget"*

The ecosystem that can support the fulfilment of A&Y rights is still weak and needs to be strengthened. Regardless the acknowledgement in terms of the importance of youth, issues related to youth's comprehensive needs and rights remain under-discussed at the national as well as regional levels. At the government level, A&Y remains invisible within many programmes. Similarly, among major and influential CSOs, young people are the main engine for social activism, but they seldom talk about youth rights and needs. GEWE identified hindering factors as competing priorities for UNFPA to respond to the Gol request sand Gol's abolishment/change in regulations re GBV services.

#### **4.7.1 Unintended Effects**

UNFPA has gained experience in the humanitarian setting and these are some unintended effects, among others:

- A Governor decree of Central Sulawesi on the integration of WFS services for emergency response was released;
- A Governor decree of C. Sulawesi to cover response cases of VAW, including in the humanitarian setting were integrated into the local health insurance system, under the Jamkesda system, being funded by the provincial and the district governments. Under this regulation, cost of medical record of survivors and other cost, due to the health implications are covered by the insurance system;
- Drafts of head of districts' (Sigi and Donggala) decrees with GBV referral system are in their final stage for release;

- A gender checklist in humanitarian settings in Central Sulawesi was produced by the MoWECP, Provincial Office of WECP, and Local BPBG of Central Sulawesi;
- The work on female sex worker initiative in preventing HIV transmission and improving the HIV treatment cascade has created strengthened network of HIV positive women (JIP), CSOs working on this area, network of young key-affected population, and also improve the capacity of sex worker network (OPSI) that often stigmatised and marginalized;
- Inclusion of GEWE and SRH in climate change policy brief was initiated.

#### 4.7.2 Good Practices

- Midwifery: the provision of policy and expert advice on midwifery since 2016 resulted in the development of a policy brief that advocated for the importance of a specific regulatory mechanism for the accountability of midwife service provision; the policy dialogue around this brief involved government (MoH, Ministry of Research, Technology, and Higher Education), Parliamentarians (Commission IX on Health), and IBI contributed to the enactment of the Midwifery Act in February 2019. This is considered a good practice on advocacy;
- Humanitarian support: the quick response and flexibility of support provided by UNFPA has received appreciation among partners. This support can be further strengthened by provision of key interventions during the preparedness phase, before disasters occur so that when a disaster occurred, the local government would be more prepared and easier to be effectively assisted;
- RFP approach: is a good practice in terms of collaboration between MH and FP programmes in an integrated planning and budgeting. The two national strategies are used as a basis for planning. It also involves the Bridging Leadership from the SSTC initiative, although the adaptation to Indonesian context still needs to be carried out;
- The SSTC programme of the MRLs in family planning has won UNFPA global awards and has been replicated in at least 10 countries and seen as a leading example of faith based organization involvement for advocacy and training. Moreover, many participating countries propagate further training in their country; and
- Within the relatively short period of intervention, the YDI becomes an example of good practice in policy engagement, involving different ministries and network. BAPPENAS has used YDI as one of national indicators for RPJMN in the area of youth development.

#### 4.7.3 Lessons Learned

There are some lessons learned that would be useful for the future, among others as follows.

- Bringing vulnerable groups to discussion table with relevant programme managers, such as taking forward the FSWs group (OPSI) and PLHIV group (JIP) in the prevention of HIV transmission among key-affected populations - is a meaningful initiative in promoting the rights of vulnerable people and in connecting them with their peers;
- Understanding the ramifications of problems related to contraceptive procurement is important. The problems hinder the availability of FP services, and yet it is not so easy to solve them. This indicates that a strong strategic intervention is needed to solve the problems;
- Changing a fragmented approach and promoting collaborations at the institution level, as well as at the interagency level create new opportunities for collaborations and possibilities for getting more effective, efficient and sustainable results;
- Including only the activities with some guarantee for funding (no unfunded ones) in AWP with strong commitment from GOI as to roles, responsibilities, the state budget commitment, coordination with other relevant ministries/departments to complete the interventions (to achieve the RRF targets).



## Chapter 5: Conclusions

### 5.1 Strategic Conclusions

1. Pitched at upstream advocacy and policy level, five planned outputs in CP9 are driven by 17 strategic interventions to achieve four strategic outcomes. Evident by the theory of change (TOC), the programme design shows clear linkages between the strategic interventions and outputs, leading to expected outcomes. The results chain is established by operationalizing the output indicators and setting measurable indicators to achieve the corresponding targets. However, analysis of financial data and target achievements was somewhat challenging. Linkages between outputs with long-term commitments for their realization, such as behavior and institutional change, system adaptation, contributing to the overall outcomes of CP9 were not clearly depicted in the TOC liner model, although a broader vision “One Voice” was available for the team to follow. Risks and mitigation plans were not included in the TOC. Overlap of key activities under the strategic interventions is apparent in a few cases across the outcome areas which may have diminished the programme efficiency and effectiveness. While GE is integrated within all strategic outcomes in CP9, good examples like BERANI provides a comprehensive project encompassing several aspects of the UNFPA mandated areas under one umbrella, linking several programme units together to achieve one goal (main objective) which draws expertise from almost all strategic outcome area expertise. UNALA also provide similar example where cross-fertilization takes place. (Origin EQ 1,2,3,4)

2. CP9 has a number of pilot interventions that demand CO staff time and attention on implementation related issues and administrative tasks as each donor reporting requirements vary. UNFPA’s administrative regulations also take up a big chunk of staff time allowing less time for close monitoring and supervision of the progress as well as following up and documenting lessons learned for scaling up. IPs are also of the opinion that UNFPA rules (financial) are too rigid and complicated and time taking affecting the efficacy and effectiveness of programme implementation. Programme management Guidelines (PEDUM) is now outdated and it is time for a review to update the guidelines. For the most part, however, despite budget cuts on core resources, and coordination weaknesses, CP9 met its expected targets and managed to maximize efficiencies through integrated, cross-programme approaches in joint programmes. Sustainability/Exit strategies including agreed indicators between UNFPA and IP on the pilots’ readiness to declare if it is successful or not, were not very clearly documented. (Origin EQ 2 and 3)

3. Given the nature of UNFPA’s role in policy and advocacy, realization of the objectives may take longer than one CP cycle. Interventions contributing to the outputs that have been continuing from CP8 show promising results. Brokering knowledge and contribution to capacity building are two key areas UNFPA focuses and has been recognized for their quality. Capacity building forms a key part of CP9, but without a clear capacity development strategy or a follow up plan the effectiveness and the contribution of UNFPA is hard to measure. For brokering knowledge, a large number of KM products (78 knowledge products from 2016-2019) are supported and their follow up and dissemination have been affected/hampered, partly due to the unmanageable number and the delays on the part of IPs. In the absence of an assessment of the utilization of KM products (by GOI, UNFPA CO and other intended audiences) effectiveness of continuous development of knowledge products is questionable. Development of an Advocacy Strategy plan (outdated one is available), Knowledge Management Strategy together with a Communication strategy Plan would help guide and to enhance the utility value of the Knowledge Products generated with support of CO. (Origin EQ 2,3,4)

4. Given Indonesia's ambitions to become an advanced nation by 2045, GOI informants are seeking strategic advice and new ideas from development partners and UNFPA's role to respond in innovative ways to meet these emerging needs of Government, mainly in institutional capacity of key partners, is ever more relevant and important. The need for skill enhancement for longer term institutional capacity continues to resonate in all discussions with IPs. With respect to population and demographic analysis, GOI counterparts have been strengthened through training and learning by doing with the help of UNFPA specialists. However, the current sets of demographers are observably getting older. This has consequences for the future supply of such skills. (Origin EQ 1,2, and 4)

5. The selection of IPs, especially in GOI, has been good and contributed to the achievement of development results; however there is room to identify new partners as well as more joint programming with UN and other agencies for further improvement. UNFPA has made productive and strategic engagement with non-traditional partners (male, youth, religious and traditional groups), specifically in preventing GBV, including harmful practices. Currently, the use of parliamentarians are not optimal and the engagement of champions in the parliament to lobby for particularly on sensitive issues (e.g. related to rights) that are within UNFPA mandate could contribute to long-term sustainable results (beyond one CP cycle). In general, given the size of the country, and the logistical issues, close monitoring and supervision of IPs at sub-national level is challenging. (Origin EQ: 2, 3, 4)

6. To increase effectiveness and efficiency, UNFPA programme staff sometimes take on IP role which overloads their work, leaving inadequate time for technical assistance, monitoring, supervision and catalytic function. Programme staff (CO) time allocation for technical assistance may not be adequate. Analysis of target achievement and related budget also did not seem to have happened regularly for decision making on programme direction. Issues related to coordination, lack of baseline, and utilization of knowledge products appear to be challenges for results achievements (examples are given in the findings). Programme coordination by NPCU and CO M&E function may not be fully integrated, as it should be, to provide early warning for programme correction or keeping the programme achievements on track to identify the bottle necks and solutions to overcome such inefficiencies in a timely manner. Existing RBM system does not always provide the necessary data/evidence in time for management decision-making. Given the catalytic role and the advocacy agenda, human and technical resources are of critical importance to elevating UNFPA's comparative advantage and presence in the country's development agenda, as reflected by key government partners and donors. This calls for increased technical and leadership skills within CO staff. (Origin EQ 1, 2, 3, 4)

7. With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties and commitments, CP9 has delivered the results contributing to strengthening the national ownership and sustainability of most of the programme interventions. High relevance to the GOI has been a key facilitating factor in the CP9 achievements. However, the relevance to provincial/district level plans and strategies, especially given the country's commitment to leaving no one behind; and in making data available for planning is yet to be strengthened. In addition, interventions on ageing and strengthening preparedness and guidelines in humanitarian coordination aspects, where UNFPA could use its comparative advantage to the highest, seem missed opportunities. Specific activities and active participation, especially the inclusive coverage and involvement of marginalised and vulnerable groups such as youth and adolescents (both male and female), though is part of the current programme, further improvements are needed to make a meaningful contribution given the size of the youth population. (Origin EQ 1, 2)

8. UNFPA's trusted working relationship/collaboration with key government partners has contributed towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results. UNFPA is a highly valued partner at UNCT level and appreciated for the joint programming across key outcome areas, maintaining its mandate. Classified in the category of "yellow," the GoI partners' expect/appreciate global experience and expertise that UNFPA brings in, and for the "lessons learned" that can be appropriate and applicable to Indonesia. While such exchange of lessons learned is already in practice via South-South Triangular Cooperation (SSTC), government further encourages UNFPA to be a broker in bringing global experience and expertise that are urgent and current to the table. Humanitarian sector also could benefit from such transferable lessons. (Origin EQ 2, 4, 5)

## 5.2. Programmatic Conclusions

9. CP9 achieved expected results, in all four strategic outcome areas, with some variations in the full achievement of outputs. The interventions such as the improvement of midwifery education and promoting the importance of the regulatory act for midwifery profession with the passing of the Midwifery Act in 2019, introduction of RFP, SSTC on FP, GBV and harmful practices, including in humanitarian setting; Youth Development Index (YDI) and SDG Baseline to strengthen government's policy and capacity; the teachers' training module, PD's successful contribution both with respect to data as well as policy related interventions have achieved good results and are good examples on effectiveness. However, male engagement in FP is still very limited. (Origin EQ 2,3, 4)

10. Despite limited budget and human resources, UNFPA has shown tremendous effort in terms of its efficiency. Nevertheless, some inefficiency observed, caused by technical, operational and implementation issues (e.g. recruitment processes, lengthy procedures weak government inter-sectoral coordination, approval and dissemination of knowledge products, and waiting for approvals etc.). Limitations in updating programme operational plans and application of risks and risk mitigation processes and risk assumptions seem to have contributed to these inefficiencies. (Origin EQ 2, 3)

11. Joint programming and interventions that have high relevance to the GOI have shown to be efficient and effective. Some issues, specifically related to rights, addressing the needs of the beneficiary/target populations that are very much within UNFPA mandate, are yet to be embarked on with GOI approval. While targeting has been given due consideration at the CP9 programme planning stage, there is room for improvement in order to achieve three zeros by 2030. Interventions supporting generation of data and analysis for identifying key populations could contribute to addressing and filling the gaps of the beneficiaries' needs. UNFPA advocacy programme has room to step up to cater to the current needs of those populations that may not yet be empowered to voice their opinions. This again, would contribute to achieving "no one left behind" agenda. (Origin EQ 1,2,3,5)

12. Sustainability varied with an overall satisfactory level depending on the relevance and maturity of the programmes. UNFPA focus/efforts on IP capacity building has improved sustainability of the interventions and expected results and this is more evident in the work at policy level. UNFPA has embarked on several pilot interventions (such as UNALA, RFP,) but still the focus remains on inventing a model and has not yet considered the continuity of such practice through private-sector investment; or other appropriate mechanism with sustainability in mind. Plans on exit/sustainability strategies need strengthening. ET noted GOI buy-in as a prerequisite for providing a conducive environment to ensure sustainability, even where the

beneficiaries and service providers have high felt needs. For example, on the referral system of cases of violence against women is challenged by the revoke of a Ministerial Decree on the integrated system for responding to cases of violence against women. (Origin EQ 2, 4)

13. The on-going pilot in Yogyakarta initiated by BAPPENAS in collaboration with UNFPA support for the development of a data system to match the demand for long-term care by older persons, with the supply of facilities and care providers, has been beneficial in several aspects. The result of the pilot will assist the Government to move forward from a strategic intent (National Strategy on Ageing) towards operationalising program delivery which is expected to materialize in the next five year plan period. The implementation of the pilot has resulted in the identification of potential funding sources for replication of the model in other urban centres which would go a long way towards sustainability of the intervention. (Origin EQ 2,4)

14. An important priority for the Government is the establishment and strengthening of the One Data Initiative. This initiative will involve and require strong coordination between data producers and data users across central and sub-national levels. The realization of One Data for Indonesia will among others contribute towards more optimal use of evidence for decision-making be it at the central, provincial or district levels. Given its comparative strength in population data, UNFPA should play a supportive role in providing technical assistance and capacity development towards the realization of the One Data Platform. (Origin EQ 1,2,4)

15. Limited preparedness plans in disaster-prone areas may put additional burden for UNFPA in the response work. Coverage and connectedness in the area of SRHR, ASHR and GBV in humanitarian settings need improvement to ensure effectiveness, efficiency and sustainability of interventions. Data on coverage were limited and available disaggregated data were not optimally used for gender sensitive programme implementation by IPs. Emphasis on male engagement beyond GBV is also limited.. ARH has been a strategic entry to provide services A&Y in humanitarian setting; however, issues such as mental health or tertiary education access as significant challenges that many A&Y face. Support for government is also needed to ensure the government replication meets the objective of A&Y in humanitarian. There is a need to increase programme's advocacy and indirect support beyond the scope of ASRH as well as technical support to government's replication scheme. (Origin EQ 2,4,6)

16. Evaluation team observed weak synergies across outcome areas as well as output groups. With inadequate cross-fertilization, staff responsible for a particular output (even within the same Outcome areas) find limited opportunities or paid less emphasis to information sharing and internal communication between programmatic areas. The organizational structure of the programme itself may have contributed to a siloed approach. Some sharing of information and working together in areas such as gender, youth, and data, were observed. There is room for enhancing synergies across the outcome areas to increase the effectiveness and efficiency of the overall CP. It is often noted and reflected from the feedback as well, that a lot of time has to be spent on "procedural issues" (be it on finance, procurement, reporting) required by the "system" with less flexibility in the administrative rules and regulations. (Origin EQ 2, 3)

17. Limited focus on risks and assumptions and risk mitigation plans (learning from past experience as well) prior to AWP are approved; limited financial analysis (including GOI commitments) together with programme progress monitoring to avoid under-achievement of planned targets, and role of PCU in coordination and integration of UNFPA M&E system in programme progress review, are areas observed by the team for UNFPA's attention. (Origin 2, 3, 6)

## Chapter 6: Recommendations

The recommendations are based on the evaluation findings and conclusions discussed above and feedback received from key stakeholders. Only 10 recommendations are prioritized: five strategic and five programmatic ones. These are within the responsibility of UNFPA CO, with support from the government, other development partners, APRO and HQ. UNFPA support is mainly in terms of technical assistance, advocacy and capacity building. Implementation of the recommendations may require joint effort of relevant stakeholders, including UN agencies and CSOs. Time period is for CP10 and some design and HR related recommendations may have to be implemented during CP9 (2020) in preparation for CP10. The evaluation team does not have information on resource allocation for the action plans. UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. SDGs are integrated and indivisible, achieving them will need a more holistic, integrated approach that requires a systems thinking as opposed to siloed thinking. Following recommendations are made within this context.

### 6.1 Strategic Level Recommendations

<b>Recommendation 1</b> (Linked to Conclusions 1,2,4,5,6,8,16)	<b>Priority Level: High</b>
<b>Maintain the relevant strategic partnerships with key government and non-government agencies and step up the leadership role supporting the government with strategy and policy development, advocacy, and technical assistance. Keeping UNFPA programme focused on the three zeros, limit the number of outputs maintaining high level of technical capacity within UNFPA. Given the (mode of operation/business model) role expected, stay competitive in the UNFPA mandated specialties. In light of the new CP, a re-assessment of IP would be beneficial.</b> Achievement of the SDGs needs an enduring partnership between GoI and the UN. The Cooperation Framework (UNSDCF) needs to forge stronger partnerships with civil society organizations, academia, research institutions, the IFIs, development partners and non-traditional partners such as the e-commerce and social media in the country.	
<b>Responsibility:</b> UNFPA CO	
<b>Action Plan</b> To implement the CP10 work programme, prioritize the IPs upon an IP assessment based on the needs of the new programme and the new needs. Consider engagement of non-traditional as well as under-utilized and new partners (for e.g. MOHA, BNPB, private partners, new/screened CSOs) as relevant. Identify champions and engage parliamentarians to lobby for sensitive issues (related to rights issues) within UNFPA mandate that will contribute to long-term results (beyond this CP cycle) which encompass all UNFPA programmatic areas and multiple implementing and development partners. -Discuss experience and expertise that UNFPA brings in specifically the “lessons learned globally” including SSTC that can be appropriate and applicable to Indonesia (this was requested by govt. counterparts). <b>For UNFPA staff</b> – targeted capacity/skill enhancement covering leadership, advocacy and policy dialogue, demographic intelligence. Results-Based Management (RBM), to be strengthened including but not limited to better use of data/evidence, sufficient discussions and time allocation to learn from results (specifically pilots), <ul style="list-style-type: none"> <li>• Advocate for Senior Management Leadership and Commitment on RBM</li> <li>• RBM to all IPs also would be useful, if feasible (require resource allocation)</li> <li>• To facilitate increased demand and use of evidence by management in decision-making, the CO needs to provide timely data (if necessary, in real-time), and frameworks to access and analyse data with ease.</li> </ul>	

<b>Recommendation 2</b> (Linked to Conclusions: 1,2,3,4, 11,16)	<b>Priority level: High</b>
<p><b>Given the working environment under UNSDCF, CP10 focus to be more on integrated programming approach -across development programme components – including Humanitarian interventions as well- and across Agencies, if feasible. Identify and include theories of change (TOC) that encompass the entire results chain, ensuring adequate skills and capacity of staff that participate in the formulation of the results framework. Establish cross functional teams (in the country office) to avoid vertical project planning and management. (UNFPA is working on the transformative development agenda to achieve three zeros and the relevant SDGs by the end of 2030. SDGs are integrated and indivisible, achieving them will need a more holistic, integrated approach that requires a systems thinking as opposed to siloed thinking).</b></p>	
<b>Responsibility:</b> UNFPA CO (with other UN agencies and relevant government authorities)	
<b>Action Plan</b>	
<ul style="list-style-type: none"> <li>• For CP10 new initiatives, conduct evaluability assessment (ex-ante evaluations) at the onset of the programme for each outcome (in UNFPA term Output), assessing availability of data, including baseline values, for measuring progress (Improvements on programme design related issues: based on identified programme gaps/needs, develop clear and detailed intervention logic model with TOC, risk assumptions and mitigation plans included). Prioritize UNFPA input with explicit sustainability strategies (exit strategies) in the work plan;</li> <li>• Identify the areas needed to be revised/corrected/updated in the M&amp;E system, monitoring tools for assessing quality improvement; especially behavior change, and institutional change, if institutional capacity enhancement is a part of the programme objective. Formulate indicators (agreeing upfront) based on the mandate and expertise of the Agency, with clearly defined roles and responsibilities (if joint programmes and/or integrated programmes), Include detailed theory of change (TOC) where a contribution analysis can be conducted at a later stage; and</li> <li>• Map out specific expertise that each programme manager/each UN Agency (if joint programming and specifically under UNSDCF) contributes to the results chain, finally measuring the indicator.</li> </ul>	
<p><b>(Steps:</b> identify indicators to be measured every point along the results chain; map data that are needed to establish the indicators and identify gaps if any; map out partners’ roles &amp; responsibilities (if joint programme or multi-stakeholder involvement) in implementation and assign roles and responsibilities early in the negotiation/design stage; Identify leverage points which can influence the integrated system to maximize the efficiency and effectiveness of the programme) <i>(In the context of SDGs, back-casting, which is a problem solving framework that envisions how development should progress, would be useful to project the desired outcomes working backwards to understand what is needed for their realization).</i></p>	
<p><b>Human Resource capacity building</b> “targeted capacity building” of staff, tailoring to the skill sets required, specifically, programme managers. In addition to the technical skills, include refresher training in Change Management, Leadership and RBM (same as above – Rec 1 Action Plan for UNFPA staff).</p>	
<p><b>UNFPA CO and GOI level:</b> Revisit PEDUM and update as required.</p>	
<p><b>NPCU:</b> Revisit the role of PCU and engage ( and establish an early warning system) more in the analysis of programme progress including M&amp;E data to raise issues that affect the programme results achievement in a timely and cost effective manner. Provide an opportunity for IPs to present their experience and ideas in addition to routine presentation of progress reports.</p>	
<p><b>At HQ level:</b> Simplification of administrative and financial procedures to make the programme approval and implementation processes more efficient and effective for CO to work with IPs.</p>	
<b>Recommendation: 3</b> (Linked to Conclusions: 3,6,11,12,13,15)	<b>Priority level- (High for CP9 and CP10)</b>
<p><b>UNFPA to consider development and implementation of an advocacy strategy (upon revisiting the old strategy) with a monitoring and evaluation framework including for pilot projects.</b></p>	
<b>Responsibility:</b> UNFPA CO	

<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Establish strategy for pilot projects and monitoring tools to gauge when the projects are ready for scaling up (or declare as not worthy of scaling up);</li> <li>• Develop a monitoring plan and assign roles and responsibilities for monitoring results, data collection mechanisms, data sources, a timetable for data collection and quality assurance mechanisms;</li> <li>• The data from programme monitoring will inform the annual or biennial work planning and reviews;</li> <li>• This feedback mechanism to help inform and adjust programme implementation to remain relevant in the rapidly changing middle-income country context; and</li> <li>• Promote data-driven advocacy and communication including forging new partnerships enabling UNFPA to continue to have an impact.</li> </ul>
<p><b>Recommendation 4 (Linked to <u>all</u> Conclusions in general and linked to recommendations 1 and 2).</b>  <b>Priority level- Medium</b>  <b>(priority level depends (medium to high) on how soon UNSDCF is made operational and functional)</b>  <b>UNFPA to actively pursue a range of strategic, innovative and operational partnerships to advance the priorities identified in the UN Sustainable Development Cooperation Framework (UNSDCF) to help drive transformational and systemic change toward sustainable development.</b></p>
<p><b>Responsibility:</b> UNFPA Country Office together with UNCT</p>
<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Joint proposals to be developed with other United Nations agencies for funding from Government, development partners and the private sector as this will be the modality for the UNSDCF during CP10;</li> <li>• Partnerships with sub-national government also needed, district authorities and NGOs/CSOs at the local level will be crucial for supporting the implementation of the SDGs, if UNFPA wants to collaboratively achieve the UNSDCF; and</li> <li>• The strategy including resource mobilization, partnership and communication plans need to be reviewed periodically to reflect current realities and to ensure accountability.</li> </ul>
<p><b>Recommendation: 5 (Linked to Conclusions: 15, 16.)</b> <b>Priority level - High</b>  <b>In the humanitarian context, the preparedness aspect to be strengthened. Service providers in SRH, GE, A&amp;Y should be part of the preparedness plan. Community capacity building should be part of it (Connectedness and resilience building). Emphasis on bridging the humanitarian-development divide. Include interventions in support of strengthening the capacity of local service providers and national actors to identify and deal with risks, vulnerabilities and their underlying causes. UNFPA need to have a strong communication strategy in humanitarian settings</b></p>
<p><b>Responsibility:</b> UNFPA CO with relevant UN and Gol partners (with the support from APRO and HQs.)</p>
<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Strengthen UNFPA human resource capacity and core skills for all respective Officers in responding to SRH, GBV, ASRH and youth engagement in humanitarian situations, data preparedness and collection during humanitarian responses (all UNFPA staff should have the capacity to provide humanitarian assistance when need arises);</li> <li>• Policy and strategic coordination between development and humanitarian sectors to take place. This may entail review of financial allocation and office structures; and</li> <li>• Allocation of resources for capacity building. Design resource mobilization plan specifically for improving resilience and develop communication strategy with key messages and modalities specified. Investment on preparedness, and empowerment of individuals and communities to withstand and recover. Capacity building of local service providers (connectedness) and Increase the focus on AY programming including resource mobilization and capacity development of local service providers to deliver effective programmes.</li> </ul>

## 6.2 Programmatic Recommendations

<p><b>Recommendation: 6 (SRHR) (Linked to Conclusions:1,3, 7, 8, 9) Priority level- High</b>  <b>In CP10, SRHR Programme should continue to be aligned with national priorities and international commitments related to maternal health and family planning, as elaborated in RPJMN 2020-2024, SDGs, ICPD-25, and aim at addressing key issues at advocacy and legislative levels that can potentially remove major barriers in achieving the SRHR goals, as well as its linkages with other relevant programmes.</b></p>
<p><b>Responsibility:</b> UNFPA CO in collaboration with the Government counterparts and relevant partners</p>
<p><b>Action Plan</b></p> <p><b>For Maternal Health:</b></p> <ul style="list-style-type: none"> <li>to address the large disparities related to maternal morbidity and mortality, address the root causes of maternal health paradox, which may lead to the broad aspects of quality of care improvement, which is not limited only to MDSR. The range of improvement of quality of care can start at primary care level, referral process to primary referral level at district hospital level;</li> <li>the work on maternal death surveillance in the current CP can be continued in the next CP by collaborating with MoHA on CRVS, Research and Development Board, MoH, on advancing SRS.</li> <li>Broaden midwifery education by identifying midwifery schools with the highest percentage of competent graduates and use them as mentors for CoEs; creating a healthy competition among midwifery schools for excellence; identify midwifery schools that cannot meet minimum standards and facilitate necessary follow-up actions, etc.</li> </ul> <p><b>For Family Planning:</b></p> <ul style="list-style-type: none"> <li>Find a strategic niche within the current setting, e.g. by reviewing the Law Number 23/2014 on Local Government that defines the role of provincial and district administrative structures, as well as the roles of district health office (DHO) in FP services in a decentralized setting.</li> <li>Further scrutinize on how the RFP approach can manifest in a better quality of care and performance of the FP programme, e.g. in the improvement of the stagnant key FP indicators during the last two decades. This would include assisting BKKBN to stay focus on accomplishing its main responsibility: how to ensure availability of contraceptives in sufficient amount and delivered in a timely manner to the service delivery points (MoH facilities);</li> <li>Assist BKKBN in strengthening the demand side, such as IEC and behaviour change communications as a component of improving quality of care;</li> <li>Integrate FP service within the MH service with all its implications, to ensure the continuum of care, although within the current structure it is not so easy to do;</li> <li>FP and MH needs multisectoral approach. CO to play a key advocacy role and expands partnerships (eg. champion for MH). (Eg:Reflecting on stunting, how stunting can become a hot issue in Indonesia, its because they play from upstream to downstream and fully working with media.)</li> </ul>
<p><b>Recommendation 7: (Linked to Conclusions: 5,9,12,15 ) Priority level- High</b>  <b>(SRHR, A&amp;Y and GE) Make use of the available data (UNFPA &amp; other KM products) from gender analyses and advocate for advancement of gender equality, jointly with other relevant UN agencies coordinated through UN Gender Thematic Working Group. Aim for integrating male engagement strategy across the UNFPA’s programming, going beyond the GEWE. Currently, a multi-stakeholders reference group is being facilitated by UNFPA on male engagement strategy under GEWE and this may be taken over by MoWECP or Bappenas for sustainability.</b></p>
<p><b>Responsibility:</b> UNFPA CO with the GOI counterparts and relevant male engagement partners</p>
<p><b>Action Plan:</b></p> <ul style="list-style-type: none"> <li>Strengthen government capacity to promote non-discriminatory policies and programmes on gender equality;</li> <li>Mapping of major gender barriers in achieving the GBV and harmful practices, and SRHR goals, especially in maternal health and family planning, as well as the linkages with other relevant programmes;</li> </ul>



<ul style="list-style-type: none"> <li>• Develop plans for addressing each gender barrier through male engagement and select the right male engagement partners with the right expertise and experiences;</li> <li>• Develop monitoring tools, especially for monitoring progress at implementing level and measuring results at national level (and local level); and</li> <li>• While gender is mainstreamed across outcomes, strengthen this further in A&amp;Y and PD outcomes.</li> </ul>
<p><b>Recommendation 8: (PD) (Linked to Conclusions: 3, 4, 8,11,) Priority level: Medium</b>  <b>UNFPA PD team should play a more proactive and aggressive role in providing fresh ideas to government planners, statisticians, Parliamentarians, etc. on what Government could do on various population-related matters through a continuous process of active policy engagement.</b></p>
<p><b>Responsibility:</b> UNFPA CO</p>
<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• Given the technical expertise resident in the PD team as well as the knowledge assets which the team can assemble from within the UNFPA global and regional system, the PD team could be a source of knowledge and fresh ideas to BAPPENAS, MOWECP and other related agencies;</li> <li>• Broker technical advice from the local demographers and population scientists in the universities, including through the development &amp; making use of knowledge products as well as advocacy on specific policy issues by academics; and</li> <li>• Support generation of disaggregated data during different stages (specifically relief and recovery) of the crisis in humanitarian setting to identify the needs of the people, as needs change.</li> </ul>
<p><b>Recommendation 9: (PD) (Linked to Conclusion: 1,4,14) Priority level - High</b>  <b>UNFPA PD Team should play a proactive role towards supporting GOI realize the One Data Initiative.</b></p>
<p><b>Responsibility:</b> UNFPA CO</p>
<p><b>Action Plan</b></p> <ul style="list-style-type: none"> <li>• As a member of the Population Data Forum, UNFPA should contribute technical advice on data requirements, metadata needs, data coordination issues, etc to move this Initiative forward;</li> <li>• Work closely with PulsesLab to ensure integration of SDG data with the One Data Initiative; and</li> <li>• Consider including Ministry of Home Affairs and BNPB as new UNFPA implementing partners (after undertaking due capacity assessment processes), to further integrate CRVS and disaster data into the portfolio of the One Data.</li> </ul>
<p><b>Recommendation 10: (A&amp;Y) (Linked to Conclusions: 5,6, 9,12,15) Priority level – Medium</b>  <b>The A&amp;Y component needs to consider stronger coordination functions to increase the quality and coverage of ASRH policy and for meaningful contributions to the policy and the private-sector involvement in the ASRH services vis-a-vis the environmental dynamics. UNFPA should actively engage the roles of MoEC and MoYS in ensuring CSE implementation in Indonesia.</b></p>
<p><b>Responsibility:</b> UNFPA CO : UNFPA and UN Women, in collaboration with UNRC</p>
<p><b>Action Plan:</b></p> <ul style="list-style-type: none"> <li>• Conduct assessment on MoEC and MoYS capacity to be UNFPA government partners and develop a strategy of advocacy and capacity building for MoEC and MoYS on A&amp;Y issues and policy approach;</li> <li>• Develop partnership mapping and network or coalitions to work on A&amp;Y advocacy; To ensure better awareness at the community level and enabling environment, strengthen partnerships with influential institutions with strong advocacy and community presence to sensitively and sustainably improve access to ASRH such as CSOs, creative media, and other elements;</li> <li>• Establish a platform that allows youth to lead and participate in the sustainable development agenda and humanitarian action;</li> <li>• Establish a strategy and main agenda for NGO partners; and Review implementation and partnerships with H&amp;M to generate lessons learned and a possibility of private-sector-based replication.</li> </ul>

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

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

**UNITED NATIONS POPULATION FUND  
INDONESIA**

**5 July 2019**

## I. INTRODUCTION

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

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

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

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

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

## II. INDONESIA COUNTRY CONTEXT

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

Indonesia, with 264 million inhabitants, is the world's fourth most populous nation, the world's 10th largest economy in terms of purchasing power parity, and a member of the G-20. An emerging middle-income country, Indonesia has made enormous gains in poverty reduction in the last decade, cutting the poverty rate to more than half since 1999, to 9.8% in 2018.<sup>1</sup> Despite the strong economic achievements in the past two decades, challenges remain. Out of a population of around 260 million, more than 25.9 million Indonesians still live below the poverty line. Based on March 2017 data, the incomes of approximately 21% of the population hover marginally above the national poverty line.<sup>2</sup>

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<sup>1</sup> World Bank, September 2018 [www.worldbank.org/en/country/indonesia/overview](http://www.worldbank.org/en/country/indonesia/overview) .

<sup>2</sup> Ibid

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

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

*Gender-based Violence (GBV) and harmful practices (Child Marriage and FGM/C).* Further, despite substantial progress in gender equality, including increased access for women and girls to education, employment and health services, gender-based violence (including early marriage) remains a serious public health and human rights concern.<sup>3</sup> According to a 2017 National Women's Life Experiences Survey, an estimated 1 in 3 women in Indonesia between ages 15-64 have experienced physical and sexual violence by partners and non-partners in their lifetime. The proportion of married girls aged 15-19 years increased from 9.2 percent in 2005 to 14.4 percent in 2010.<sup>4</sup> Likewise, the most recent Basic Health Survey-*RISKESDAS* (2013) revealed that FGM/C is practiced widely in Indonesia, 1 out of 2 girls aged under 11 years old have undergone Female Genital Mutilation/ Cutting (FGM/ C) with higher rates in rural areas.

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<sup>3</sup> UNFPA Indonesia Country Programme Action Plan: 2016-2020

<sup>4</sup> *Ibid*, p 3.

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

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

#### UNFPA’s 9<sup>th</sup> Country Programme of Support to the Government of Indonesia

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

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

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

- Ministry of National Development Planning/ National Development Planning Agency (BAPPENAS)
- National Family Planning Coordinating Board (BKKBN)

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<sup>5</sup> UNFPA West Nusa Tenggara 2018 Humanitarian Response Circular.

<sup>6</sup> UNFPA Donor Brief for Central Sulawesi, October 2018

- Ministry of Health (MOH)
- Ministry of Women’s Empowerment and Child Protection (MOWECP)
- BPS-Statistics Indonesia;
- National AIDS Commission (NAC); and
- National Commission on Prevention of Violence Against Women (Komnas Perempuan).

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

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

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

CP9 focuses on the following four outcomes and five outputs<sup>7</sup> that address the following key issues and challenges (please see also **annex-10** on the programme logic of each outcome):

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

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

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

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

Reviews, Assessments and Evaluations prior to the 2019 CPE

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

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

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

April 2016 to December 2017, and in managing and implementing the programme (in place of NAC) from April 2017 until December 2017;

3. Evaluation of UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta-Indonesia, 2018. UNFPA CO commissioned the external evaluation of the UNALA pilot project, implemented since 2014 in certain districts of Yogyakarta Province. UNALA is an innovative social franchising model, led by the private sector, to deliver high-quality, youth-friendly, and stigma-free sexual and reproductive health (SRGloIH) information and services for young people;
4. Programme assessment on South-South and triangular cooperation (SSTC) strategic partnership with Muslim religious leaders in family planning. UNFPA Indonesia has provided technical support to the SSTC on strategic partnership with Moslem Religious Leaders during its 8th country programme of assistance (2011-2015) and 9th country programme (2016-2020); and
5. Assessment on the implementation of Supply Chain Management (SCM) modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts, 2019. This assessment aimed at providing evidence for decision making, particularly in the development of new policies, regulations and guidelines to improve the implementation and performance of National Contraceptive Supply Chain Management.

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

### **III. OBJECTIVES AND SCOPE OF THE EVALUATION**

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

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

The specific objectives of the evaluation are:

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

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



#### **IV. EVALUATION CRITERIA AND PRELIMINARY EVALUATION QUESTIONS**

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

##### ***Relevance***

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

##### ***Effectiveness***

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

##### ***Efficiency***

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

##### ***Sustainability***

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

##### ***Coordination***

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

##### ***Coverage and Connectedness (Humanitarian Response)***

10. To what extent did UNFPA contribute to humanitarian response coordination?; and

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

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

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

## **V. METHODOLOGY AND APPROACH**

### *Evaluation Approach*

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

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

### *Sampling Strategy*

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

### *Data Collection*

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

### *Validation Mechanisms*

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

### *Stakeholder Participation*

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

### *Evaluation Audience*

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

Findings, lessons learned and recommendations of the CPE shall be used to assess the achievements of the 9<sup>th</sup> CP and to inform the development of the 10<sup>th</sup> Country Program. In relation to transparency and accountability purposes, the CPE report shall be communicated to all stakeholders including UNFPA programme managers and the Executive Board, national and district level partners, government, civil society organizations and donors.

#### *Limitations to the methodology and constraints to the data collection process*

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

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

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

## **VI. EVALUATION PROCESS**

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

### **1. Preparation phase**

This phase will include:

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

### **2. Design phase – (output: design report)**

This phase will include:

- a. Desk review by the evaluation team of all relevant documents available at UNFPA Country Office with respect to the 9<sup>th</sup> Country Programme 2016-2020 for the period under assessment, i.e. 2016-2019;
- b. Develop a stakeholder map – The evaluation team will prepare a map of stakeholders relevant to the evaluation and strength of relationship to programme. The mapping exercise will include state, civil-society stakeholders and other development actors including, sister UN agencies and bilateral donors;
- c. Reconstruct the programme Theory of Change (TOC) – revisit the existing TOC that links planned activities to the intended results of the programme;
- d. Develop the evaluation matrix – finalize the evaluation questions, identify related assumptions and indicators to be assessed, and data sources (please see the Country Programme Evaluation Handbook<sup>10</sup>);
- e. Develop a data collection and analysis strategy as well as a concrete work plan for the field phase, including division of labor;

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

- f. Specify limitations and challenges expected to conduct the evaluation and any mitigation efforts to be taken to overcome these;
- g. Share with the Evaluation Reference Group (ERG) ERG for review, discussion and finalization of the report addressing all comments received; and
- h. Clearance of the design report by the Regional M&E Advisor (APRO) and UNFPA CO Approval of the design report.

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

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

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

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

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

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

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

### **5. Facilitation of use and dissemination phase**

This phase will include:

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

## VII. EXPECTED OUTPUTS

The evaluation team will produce the following deliverables:

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

All deliverables will be in English.

## VIII. WORK PLAN AND INDICATIVE TIME SCHEDULE OF DELIVERABLES

The timelines for the CP Evaluation are elucidated below:

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

## IX. COMPOSITION AND QUALIFICATIONS OF THE EVALUATION TEAM

Qualifications of the evaluation team members:

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

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

The Team Leader will be responsible for:

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

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

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

The evaluator (SRHR) will be responsible for:

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

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

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

The Evaluator (Gender) will be responsible for:

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

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

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



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

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

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

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

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

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

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

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

## **X. MANAGEMENT OF EVALUATION**

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

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

- The team might be assisted by a translator/interpreter, according to its needs.

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

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

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

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

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

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

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

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

- To ensure consistency throughout the evaluation process (from ToR to dissemination of results and follow-up of recommendations) and assumes day-to-day responsibility for managing the evaluation;
- To coordinate the development of the ToR for the Country Programme Evaluation, with support from APRO and EO;
- To correspond with the reference group members at strategic points throughout the evaluation;

- To provide/facilitate the provision of documents and other resources available in the country office;
- To support the evaluation team in the development of the inception report;
- To support all phases of the evaluation and assesses the quality of related deliverables (inception report, draft and final evaluation reports); and
- To be the first point of contact and bridge the communication between CO staff, senior management, APRO, EO and evaluation team throughout the evaluation.

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

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

## XI. BIBLIOGRAPHY

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

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

## XII. ANNEXES

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

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

## Annex 2. List of Persons/ Institution Met

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

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

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

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



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

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

No	Name	Male/Female	Title/Position	Institution
<b>People Interviewed in Palu during field visit</b>				
1	Loly Fitri	F	Gender Officer	UNFPA Palu
2	Adi Kurniawan (Iwan)	M	Data Associate	UNFPA Palu
3	Ihsan Basir	M	Head of Office at the Provincial level	Women Empowerment and Child Protection unit, Province of Central Sulawesi
4	Irmayanti	F	Head of Office at the City/Mayor Level	Women Empowerment and Child Protection unit, City of Palu, Central Sulawesi
5	Soraya Sultan	F	Chair	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
6	Dullah	F	Secretary of Dinas	Women Empowerment and Child Protection unit, Province of Central Sulawesi
7	Esita Diana T	F	Head of Division	Women Empowerment and Child Protection unit, District of Donggala, Central Sulawesi
8	Hajalia	F	Program Manager	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
9	Malli Rizky	F	Program Coordinator	Kelompok Perjuangan Kesetaraan Perempuan Sulawesi Tengah (KPKPST)
10	Ade Herwinda (F, 33)	F	Community	Loli Pesua, Donggala
11	Jaya (F 50)		Community	Loli Pesua, Donggala
12	Nismawati (F 35 years)	F	Community	Loli Pesua, Donggala
13	Asma (F 46years)	F	Community	Loli Pesua, Donggala
14	Misrani (F, 36)	F	Community	Loli Pesua, Donggala
15	Nur Ema (F 44)	F	Community	Loli Pesua, Donggala
16	Nismawati (F 40)	F	Community	Loli Pesua, Donggala
17	Lili (F 36)	F	Community	Loli Pesua, Donggala
18	Fanar (F 30)	F	Community	Loli Pesua, Donggala
19	Fera (F 32)	F	Community	Loli Pesua, Donggala
20	Muliati (F 35)	F	Community	Loli Pesua, Donggala
21	Ahna (P 49)		Community	Loli Pesua, Donggala
22	Hado (F 55)		Community	Loli Pesua, Donggala
23	Arlina (F 36)		Community	Loli Pesua, Donggala
24	Zulniar (F 28)		Community	Loli Pesua, Donggala
25	Rudia (F 41)		Community	Loli Pesua, Donggala
26	Fitri Aningsi (F 33)		Community	Loli Pesua, Donggala
27	Nurini Fadilah (F 17)		Student	Loli Pesua, Donggala
28	Diana Agustina (F 17)		Student	Loli Pesua, Donggala
29	Yonar (F 17)		Student	Loli Pesua, Donggala
30	Rina Saputri (F 13)		Student	Loli Pesua, Donggala
31	Yonar (F 31)		Community	Loli Pesua, Donggala

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

3	Lilik		Volunteer, Women Friendly Space	Mpanau, Sigi district
4	Yohanna Morlian	F	Volunteer, Women Friendly Space	Pombewe, Sigi District
5	Sitti Sudarmi, SP.M.Si	F	Head of Dinas /Office at the District Level	Women Empowerment and Child Protection Office, Sigi District
6.	Suriani	F	Secretary of the Dinas/Office	Women Empowerment and Child Protection Office, Sigi District
7	Nurhana Suba	F	Head of Sub-Office Women Right	Women Empowerment and Child Protection Office, Sigi District
8	Selvina	F	Head of Sub-Office Gender Mainstreaming	Women Empowerment and Child Protection Office, Sigi District
9	Rini Muswantari	F	Head of Sub-Office of Child Protection	Women Empowerment and Child Protection Office, Sigi District
10	Soraya Sultan	F	Chair,	KPKPST (IP)
11	Yohanna	F	Head of Sub-Office of Women Quality of Life	Women Empowerment and Child Protection Office, Sigi District
<i>S.#</i>	<i>Name</i>	<i>M/F</i>	<i>Title</i>	<i>Institution</i>
1	Mr Ilham Sunusi, SKM, MKes	M	Head of Community Health Division,	Province Health Office
2	dr Mira KK Noya, MKes (MARS)	F	Head of Community Health,	Donggala Health Office
3	Ms Wahida, SKM, MPH	F	Head of Family Health and Nutrition Section	Donggala Health Office
4	Ms Ni Wayan Sulasih, Str Keb	F	Staff of Family Health and Nutrition Section,	Donggala Health Office
5	Ms Mardiani Mangun, S Sit, MPH	F	Head of Midwifery Association (IBI)	C Sulawesi Branch
6	dr Reny Lamadjido, SpPK, MKes	?	Head of Province Health Office	
7	Ms Yospina Liku La'Bi', SE, MA	F	Executive Director,	PKBI Central Sulawesi
8	Mr Challein K Bunea Allo, Shit	M	– Adolescent Programme Manager	PKBI Central Sulawesi
9	Ms Arini Riestasari	F	Adolescent Programme Coordinator,	PKBI Central Sulawesi
10	<b>Wombo FGD</b> Ms Asrini, 41 years –		Community member	Wombo Women Friendly Space (WFS)
11	Ms Maya, 35 years – beneficiary, Wombo WFS		“	“

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

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

### Annex 3. List of Documents Consulted

- Assessment on the implementation of Supply Chain Management (SCM) modelling Including Review of BOKB (Special Allocation Funds) in 9 Districts, 2019.
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- Country Programme Action Plan (CPAP), 2016-2020
- *Evaluation of UNFPA support to prevention of, respons to and elimination of gender – based violence and harmful practices (2012 – 2017), UNFPA Evaluation Office, 2018.*
- Evaluation report of the Global Fund Programme Evaluation, UNFPA Technical Assistance and Capacity Development to Support the Implementation of the Indonesia National AIDS Commission's Global Fund Technical Assistance and Training Plan 2016-2017, 2018
- Evaluation Report: UNALA, Sexual and Reproductive Health Services Model for Youth in Yogyakarta, Indonesia November 2016 to July 2018
- Evaluation Team for the Midterm Review of CP9. Midterm Review Evaluation Report CP9. Jakarta 2019. Unpublished
- Family Planning 2020. Accessed at [www.familyplanning2020.org](http://www.familyplanning2020.org) on 12.11.2019
- *Female Genital Mutilation/Cutting: "At the Intersection of Tradition and Modernity. A Mixed-Methods Study of The Medicalization of Female Genital Mutilation/Cutting (FGM/C) at 17 Districts In 10 Provinces (2017)"* (both in English and Indonesian languages). (Indonesia Qualitative Research By: Komisi Nasional Anti Kekerasan Terhadap Perempuan (Komnas Perempuan) With Quantitative Research By: The Center for Population and Policy Studies (PSKK), University of Gajah Mada
- Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA (Independent Evaluation Office, Revised and updated edition, February 2019)
- IDHS 2017
- Kementerian Koordinasi Pengembangan Sumber Daya Manusia dan Kebudayaan (Kemenko PMK), Rencana Aksi Nasional Kesehatan Anak Usia Sekolah dan Remaja Tahun 2017-2019 [National Action Plan on School Age Child and Adolescent Health, 2017-2019], Kemko PMK, Jakarta: 2017
- Knowledge Products Database incl. national priorities and plans

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- *Men's Engagement in UNFPA Indonesia Programming, in UNFPA Indonesia Programming : Strengthening understanding, capacity and policy to transform inequitable and unhealthy gender attitudes and norms.*
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- Policy Brief on Female Genital Mutilation/Cutting (FGM/C): Practices in Ten Indonesian Provinces (2017) (both in English and Indonesian languages), The State Ministry of Women Empowerment, BKKBN, Bappenas, Min of Health, Kalyanamitra, Komnas Perempuan.
- Policy recommendations on harmful practices (including child marriage) prevention with religious leaders (NU, Muhammadiyah, MUI and KUPI);
- Population Situation Analysis (2019), UNFPA Indonesia
- Programme assessment on South-South and triangular cooperation strategic partnership with Muslim religious leaders in family planning
- Programme Management Implementation Guideline Cooperation Between the Government of Indonesia and UNFPA 9 Cycle (2016 – 2020), 2016
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- UNFPA Annual Work Plans for 2016-2020
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- United Nations Partnership for Development Framework in Indonesia, 2016 – 2020 (UNPDF)
- United Nations Population Funds (UNFPA) (2018). Midterm review evaluation report, UNFPA 9th Country Programme of Assistance to Indonesia. Jakarta, Indonesia
- Yayasan Siklus Sehat Indonesia (YSSI). (2016). Expression of Interest: Implementation of UNALA, a private sector led ASRH services model in Yogyakarta [unpublished document]. Jakarta, Indonesia
- Youth group report on FGM/C stakeholder mapping and advocacy strategy plan

## Annex 4. Stakeholder Map

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

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

#### STAKEHOLDER MAPPING BY INTERVENTION – GEWE

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

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

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

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

## Annex 5. Evaluation Matrices

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

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

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



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

**Youth and Adolescent (A&Y) Programme**

**RELEVANCE**

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

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

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

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

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

humanitarian action		- MTR CP9	
Linkages between the relief and the recovery phases is supported and local capacity has been supported and developed	Evidence of UNFPA support to linking the relief and recovery phase	<ul style="list-style-type: none"> <li>- People in the affected areas and camps</li> <li>- UNFPA Humanitarian staff on the ground and at CO</li> </ul>	<ul style="list-style-type: none"> <li>- Desk review;</li> <li>- Interviews</li> <li>-</li> </ul>
<b>Gender Equality and Women Empowerment</b>			
<b>Evaluation Criteria - Relevance</b>			
<b>CP Outcome (3): Advanced gender equality, women's and girls' empowerment and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth</b>			
<b>EQ 1: In what way(s) was the UNFPA country programme able to (i) address the various needs of the population, including vulnerable and marginalized groups, (ii) align with government priorities; and (iii) respond to changes in the national development and humanitarian contexts during its period of implementation?</b>			
<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for data collection</b>
-The needs of women and girls, especially marginalized and vulnerable women and girls were incorporated into the CP9	Evidence that the needs of women and girls, vulnerable and marginalized women and girls (such as the poorest quintiles, adolescent girls) were identified and incorporated into the design of CP9. (Will be checking with Gender POs who exactly the vulnerable and marginalized and ensure that they were included in the design)	<ul style="list-style-type: none"> <li>- MTR</li> <li>- UNFPA Annual Reports</li> <li>- CP9 Monitoring data (including gender &amp; sex disaggregated data.</li> <li>- UNFPA CO staff</li> </ul>	Document Review and analysis Interviews with UNFPA CO staff
Strategic interventions of CP9 were in line with government priorities and global agenda on GEWE  The CP fulfilled to SDG5, the ICPD agenda and other international commitments, and the government's priorities;	Evidence that the background paper on GEWE for RPJMN is integrated into the RPJMN on GEWE  Evidence that National VAW survey and the use of human rights-based approached to address FGM/C was integrated in the work of the MoWECP and NCVAW (Komnas Perempuan)	Minutes of the proceedings of the consultation process of CPD and CPAP development Draft of the RPJMN 2015-2019 The MOWECP Strategic Plan 2015-2019 Ibu Lisa Fitri, Directorate of WE, Youth and Population, Bappenas The MoWECP UNFPA CO staff	Doc review  semi structured interviews
Strategic interventions of CP9 responded to national needs and priorities of women, girls and vulnerable women in humanitarian crisis contexts	Presence and reflection of Policies and programs on GBV and harmful practices (Health sector response to GBV, VAW, FGM/C and Child Marriage) UNFPA response during the humanitarian crisis of Lombok earthquake and Palu earthquake and tsunami	<ul style="list-style-type: none"> <li>- UNFPA Strategic plan 2014-17 and 2018-21</li> <li>- CP9 CPD and CPAP</li> <li>- UNPDF and its annual results</li> </ul>	<ul style="list-style-type: none"> <li>- interviews with implementing partner organizations, semi structured interviews)</li> </ul>

<p>The Protection of Women Sub Cluster (PWR), which was established in 2016 and coordinated by the MoWECP and the Ministry of Social Affairs responded the need of data (baseline) on the need of women and girls in relation to awareness raising, protection, and services on GBV in disaster locations in Lombok, Palu, and Banten</p>	<p>Evidence of how the PWR, which was established in 2016 and coordinated by the MoWECP and the Ministry of Social Affairs responded to the need of women and girls to be aware of issues of GBV, and how they protect and get services in the disaster locations in Lombok, Palu, and Banten</p> <p>The UNFPA's funded a study on need assessment of women, girls and youth survivors and/or IDPs, following a triple natural disaster (earthquake, tsunami and liquefaction) in Central Sulawesi adopted by the government (BMPD and the PWR) to respond to the targeted vulnerable groups.</p>	<p>framework</p> <ul style="list-style-type: none"> <li>- Sets of disaggregated data (sex, age, province, etc) used to inform the design of the country programme</li> </ul> <p>Documented evidence from Palu and Lombok, Humanitarian Assistance reports, Donor reports OCHA? UNWomen? UNFPA CO staff, Palu and Lombok staff??</p> <p>The State Ministry of Women Empowerment, BKKBN, Bappenas, Min of Health, Kalyanamitra, Komnas Perempuan</p> <p>Local staffs of UNFPA in Palu, PKBI, and Dinas of Women Empowerment of Palu, and Dinas Sosial of Palu</p>	<p>FGDs with the PWR</p> <p>FGDs in local stakeholders in Palu</p>
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**Gender Equality and Women Empowerment – Effectiveness**

**EQ 3. To what extent have the expected outputs of the 9th country programme been achieved in the development and humanitarian contexts? And to what extent have these outputs contributed to the achievements of the outcomes of the 9th country programme?**

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

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

			<b>collection</b>
9 <sup>th</sup> CP has sufficient resources to implement activities on gender equality and women empowerment	Budget allocated Cost sharing were committed and allocated;	Budget and Expenditure Analysis MTR	Document review Interviews with KIIs and IPs
9 <sup>th</sup> CP is adequately staffed with appropriate skills to implement activities on gender equality and women empowerment	Program operated with optimal staffing, vacancies filled in a prompt manner	Quarterly status reports Annual reports MTR	Document review Interviews with CO , Clusters, Implementing partners
9 <sup>th</sup> CP has used appropriate combination of tools to achieve GEWE outcomes in a timely manner	Annual project calendar has been observed	Results Framework Progress of CPPAP Indicators towards Targets Annual reports MTR	Document review Interviews with CO staff, Clusters, Implementing partners
9 <sup>th</sup> CP demonstrated accountability to achieve GEWE outcome	Periodic reporting to Partners, Donors Observed	Partner communication, reports of coordination meetings MTR	Document review Interviews with CO staff , Clusters, Implementing partners
<b>Gender Equality and Women Empowerment –Sustainability</b>			
<b>EQ6. To what extent has UNFPA been able to support implementing partners and beneficiaries (rights holders) in developing capacities and establishing mechanisms to address the challenges to ensure ownership and durability of effects?</b>			
<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for data collection.</b>
UNFPA developed the skill and capacities required to follow through addressing the specific gender equality and women empowerment challenge the programme sought to address in harmful practices, including in humanitarian setting	Evidence of capacities built/developed to sustain the interventions, providing cross-learning, lessons learned and best practices sharing, financial support, technical assistance and cost-sharing modality with the IPs in the area of FGM/C, advocacy strategy on abandoning FGM/C, for Young People and Religious Leaders used by the government	UNFPA CO (GEWE programme manager; and finance/administration) MTR  Monitoring/Evaluation reports. Interviews with MoWECP, MoH  Reports on “Child Friendly City” at the relevant district level  Coordination meeting notes Annual reports Government and IP’s reports Reports on ‘Puspaga’ and ‘PATBM’	Review of reports (IP, FGM/C, Puspaga, PATBM)  UNFPA staff interviews  Field visit and observation

		Reports on FGCM/MTR	
IP has exit strategies in place	<p>IP and fund commitment, and staff time to follow through on interventions to make it sustainable beyond the programme cycle.</p> <p>Mechanisms in place to ensure sustainability after termination of funding.</p> <p>Availability of a model for replication/scale up using the state budget</p> <p>Endorsement of the government to integrate child marriage prevention strategy into the Gol's programme at the sub-national level.</p> <p>Budget allocation provided by the MOWECP for the coordination related activities, i.e. sub-cluster on GBV</p> <p>Data and information used by the government for policy development</p> <p>Integration of male involvement in the national policy framework</p>		
<b>Gender Equality and Women Empowerment –Coordination</b>			
<b>EQ 8. To what extent did the UNFPA country office contribute to the functioning of coordination mechanisms and to an adequate division of tasks (avoiding overlap and duplication of activities/seeking synergies) within the UN system?</b>			
<b>Assumptions to be assessed</b>	<b>Indicators</b>	<b>Sources of information</b>	<b>Methods and tools for the data collection</b>
<p>UNFPA mandate to promote GEWE was incorporated into the UNPDF through UNFPA efforts.</p> <p>Mechanisms for coordination on GEWE mandates are in place within the UNFPA and UNCT</p>	<p>Evidence of active participation of UNFPA in the development of UNPDF.</p> <p>Evidence of UNFPA's involvement in the gender related planning and subsequently in the implementation of joint programming activities</p>	<p>UNPDF</p> <p>UNCT planning documents</p> <p>Evaluation /Assessment of UNCT coordination and joint activities.</p> <p>MTR</p>	<p>Review of documents</p> <p>Interview with UNFPA staffs an UNCT</p> <p>Interviews with relevant UN agencies.</p>
<b>Gender Equality and Women Empowerment - Coverage and connectedness</b>			
<b>Q11. To what extent are UNFPA interventions and approaches to addressing SRH and rights, GBV and harmful practices, youth and data in humanitarian settings in</b>			

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

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

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

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

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

### Population Dynamics and Data

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

#### **RELEVANCE**

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

Has it targeted vulnerable and marginalised groups?

#### **EFFECTIVENESS**

Have results been achieved?

Any interesting example of achievement/ failure?

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

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

#### **SUSTAINABILITY**

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

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

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

#### **EFFICIENCY**

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

Were the planned resources received by you according to schedule?

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

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

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

#### **COORDINATION**

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

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

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

**COVERAGE AND CONNECTEDNESS**

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

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

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

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

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

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

## Interview Guide-SRHR

### Implementing Partners Interview Guide CPE UNFPA

#### Introduction

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

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

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

#### 2. Fit with IP strategies and policy frameworks

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

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

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

#### 4. Partnership and process issues

- a. UNFPA as a partner: duration and kind of relationship
- b. Efficiency and timeliness issues
- c. Types of engagement at policy and implementation level



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

### **Donor Interview Guide CPE UNFPA**

#### **Introduction**

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

7. **UNFPA comparative advantage and value added - in development and humanitarian programming**
  - a. Comparative advantage of UNFPA vis a vis other UN agencies
  - b. Overlap with other UN agencies
8. **Lessons learned - in development and humanitarian programming**
  - a. Which experiences would be useful for future programming
9. **Recommendations for UNFPA's future programming**
  - d. What would UNFPA need to focus on in the next country programme cycle
10. **Other issues** that you would like to mention relevant to the present evaluation?

#### **Discussion of results at Facility Level making use of selected RRF indicators**

##### **Outcome Level Changes**

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

##### **Output Level Changes**

##### **Maternal and Neonatal Health**

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

##### **Family Planning**

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

##### **Fistula**

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

##### **Cervical Cancer**

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

##### **STI/HIV/Equity**

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

##### **GBV**

- Number of health workers capacitated in provision of health services for GBV survivors
- Number of UHCs with standardized rape treatment kits available

- Inclusion of GBV in health MIS at facility level

#### **Humanitarian**

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

### **Midwife Interview Guide CPE UNFPA**

#### **Introduction**

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

#### **1. Health related experience and Midwifery training received**

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

#### **2. Position in facility**

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

#### **3. Facility related issues**

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

#### **4. Results achieved informed by training**

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

#### **5. Monitoring and Evaluation**

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

#### **6. Lessons learned**

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

#### **7. Recommendations for future support**

- Based on your experience, what adaptations are needed to the midwifery training?
- What other support is required for you to implement what you have learned ?

8. **Other issues** that you would like to mention relevant to the present evaluation?

### Interview Guideline: Adolescent and Youth

#### 1. Introduction

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

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

#### 3. Results from the partnership with UNFPA

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

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

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

#### 5. Technical process

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

#### 6. Positioning UNFPA

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

#### 7. Recommendations

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

#### 8. Other issues

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

IP survey guide is attached:

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

Dear Colleagues,

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

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

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

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

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

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

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

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

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

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

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

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

**Annex E – UNFPA Coordination Role (during CP9)**

**Annex F- Results of Online Survey**

**Annex G – Financial Data**

**ANNEX H- Map of Palu**

## ANNEX A- SRHR Additional Information

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

Indicator	Progress 2017	Target RPJMN 2015-2019
MMR (per 100,000 live births)	305	306
IMR (per 1000 live births)	20 (2015 SUPAS)	24
Neonatal mortality rate (per 1000 live births)	15	14
Deliveries by skilled birth attendants (%)	90.9	95
Deliveries in health facilities (%)	79.4	85
TFR	2.28 (2015 SUPAS) (2.4 – 2017 IDHS)	2.25
Adolescent Fertility Rate	40 (2015 SUPAS) 36 (2017 IDHS)	38
CPR All Methods (%)	61.9	66
CPR Modern Methods (%)	57.2	61.3
CPR long-acting and permanent methods as a proportion of total CPR (%)	23.5	23.5
Unmet Need (%)	10.6	9.5
Discontinuation Rate (%)	34	24.6

Source: IDHS 2017, SUPAS 2015.

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

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



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

\*Source: CPAP UNFPA CO

## Annex A-2: List of SRH Knowledge Products

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

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

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

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

Source: Global Programming System/ATLAS financing reporting

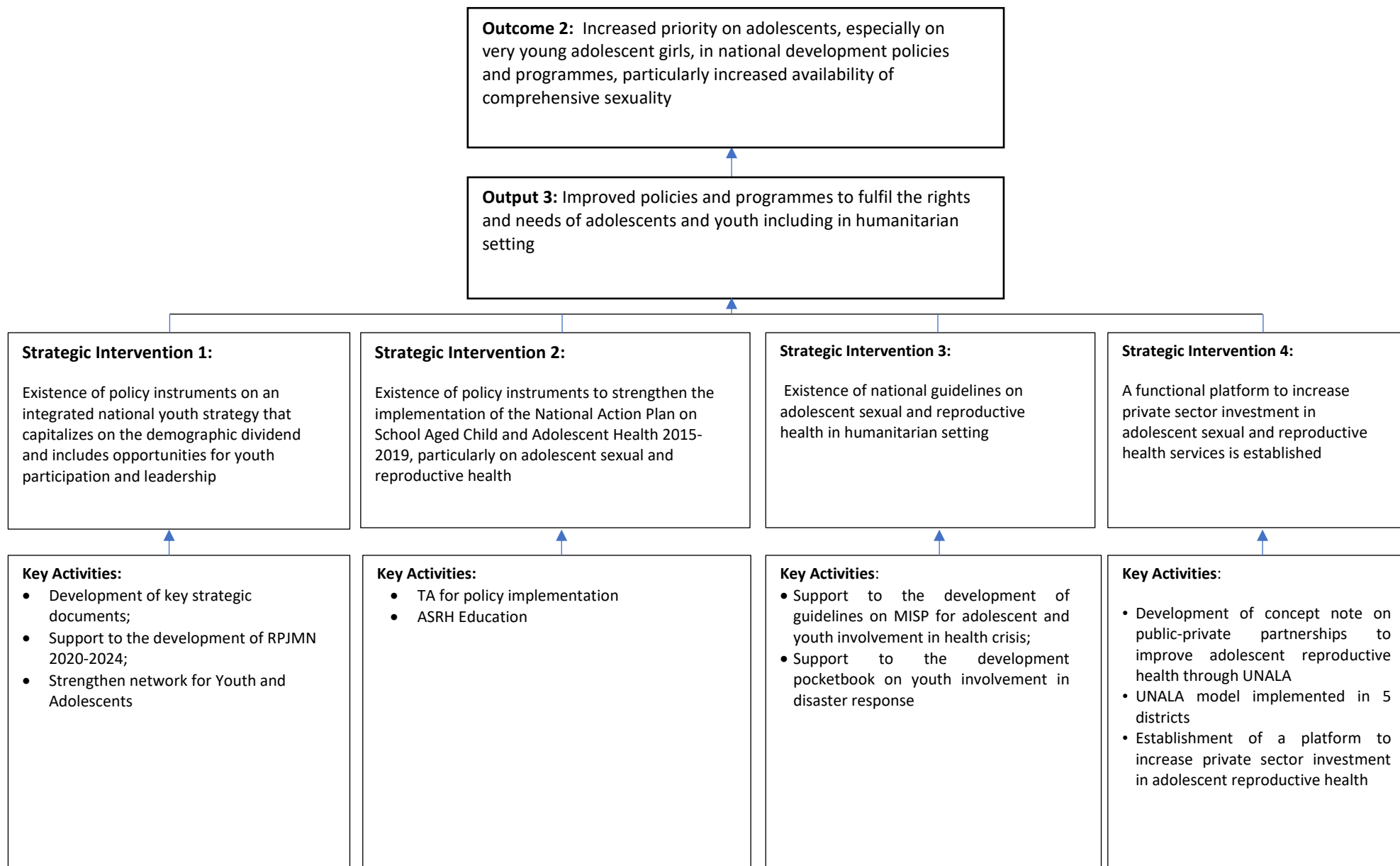
## Other Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## ANNEX B- Adolescent & Youth Additional Information

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



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

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

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

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

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

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

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

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

Source: Global Programming System/ATLAS financing reporting

#### Other Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## ANNEX C – GE Additional Information

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

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



Child Marriage

FGM/C

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

Male Involvement

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

Management.

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

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

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

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- Draft of Governor Regulation of Central Sulawesi on GBV multi-stakeholder Referral Mechanism for Violence against Women and Children Cases in Central Sulawesi
  - Draft of Central Sulawesi Provincial Action Plan on Gender Mainstreaming and Child Protection in Post Disaster in Central Sulawesi
  - Draft of Head of Donggala District on the Mechanism of Response for Violence against Women and Children Cases in Donggala District
  - Draft of Head of Sigi District on the District Action Plan on the Protection of Women and Children 2019-2021
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### Annex C-3: Budget expenditure: Outcome 4 Rate per Implementing Partner (2016-2018) Regular Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

### Other Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## Humanitarian

### Regular Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

### Other Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting



## ANNEX D: PD Additional Information

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

Results	CP output indicators and baselines	Targets and achievements							
		2016		2017		2018		2019	
		Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
<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>UNPDF 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>CP Output 5:</b>  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:	Assessment of the existing coordination mechanism on Population Data and Policy Making Entry Point.	Fully Achieved						
	Number of policy reviews and recommendations on SRH, gender equality, population dynamics (including demographic dividend), disaster risk reduction and sustainable development by a functional mechanism for	The development of the concept and design of the Forum of Population Data for Development Policy ( <i>Forum Data Kependudukan untuk Kebijakan Pembangunan</i> –	Fully Achieved	Background study and data for RPJMN 2020-2024 available, covering population and development issues in the context of SDGs	No funding for 2017, to be carried over to 2018	Background Study for RPJMN 2020-2024 on ageing, youth, internal migration, urbanization and gender in the context of SDGs	Fully Achieved	Forum data on Population and Development established (through a Bappenas Ministerial Decree), to mainstream population data into the One Data	Fully achieved

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

								Analysis available	
								Three Policy Reviews on Family Planning, Fertility, Mortality and Reproductive Health using innovative interactive web based data sources	Partially achieved. The Interactive and innovative web for 2017 IDHS was fully developed. However, BKKBN changed the priority not to conduct policy reviews, instead, to develop directions on policy research to achieve BKKBN national goals. This document has been completed.
		RPJMN Policy Action Plan on Demographic Dividend and other implications of population dynamics	Fully Achieved	Comprehensive and Integrated Demographic Dividend Action Plan (Health, Education and Employment) available, as inputs to RKP and RPJMN	Fully achieved	Implementation of RPJMN Policy Action Plan on the Demographic Dividend 2017-2019 on education and health sectors	Fully Achieved		
		Population Dynamics and Climate Change Adaption Policy	Fully Achieved	Population Dynamics and Climate Change Adaptation Policy Review	Not implemented due to no funding				

		Mapping developed to strengthen the Current National Policy Action Plan on Climate Change Adaptation and be shared at COP 22		updated and shared at COP 22  (Unfunded)					
						Subnational Population Projections and identification of alternative methodology available and disseminated, with BAPPENAS and BPS-Statistics Indonesia	Fully Achieved	Policy analysis on adolescent fertility determinants and behavior based on 2017 IDHS available  2017 IDHS interactive website is updated and disseminated to stakeholders/users	Fully achieved. BKKBN decided to use national budget, instead of UNFPA.  Fully achieved.
						Assessment on the availability, quality, and use of data produced by BKKBN for evidence-based programming available	Partially Achieved		

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

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

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

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



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

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

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

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

### 2016 - 2017 Knowledge Products

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

### 2018 Knowledge Products

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

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

#### Regular Resources (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

#### Other Resources(2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## Annex E: UNFPA Coordination role in working groups during CP9

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

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

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



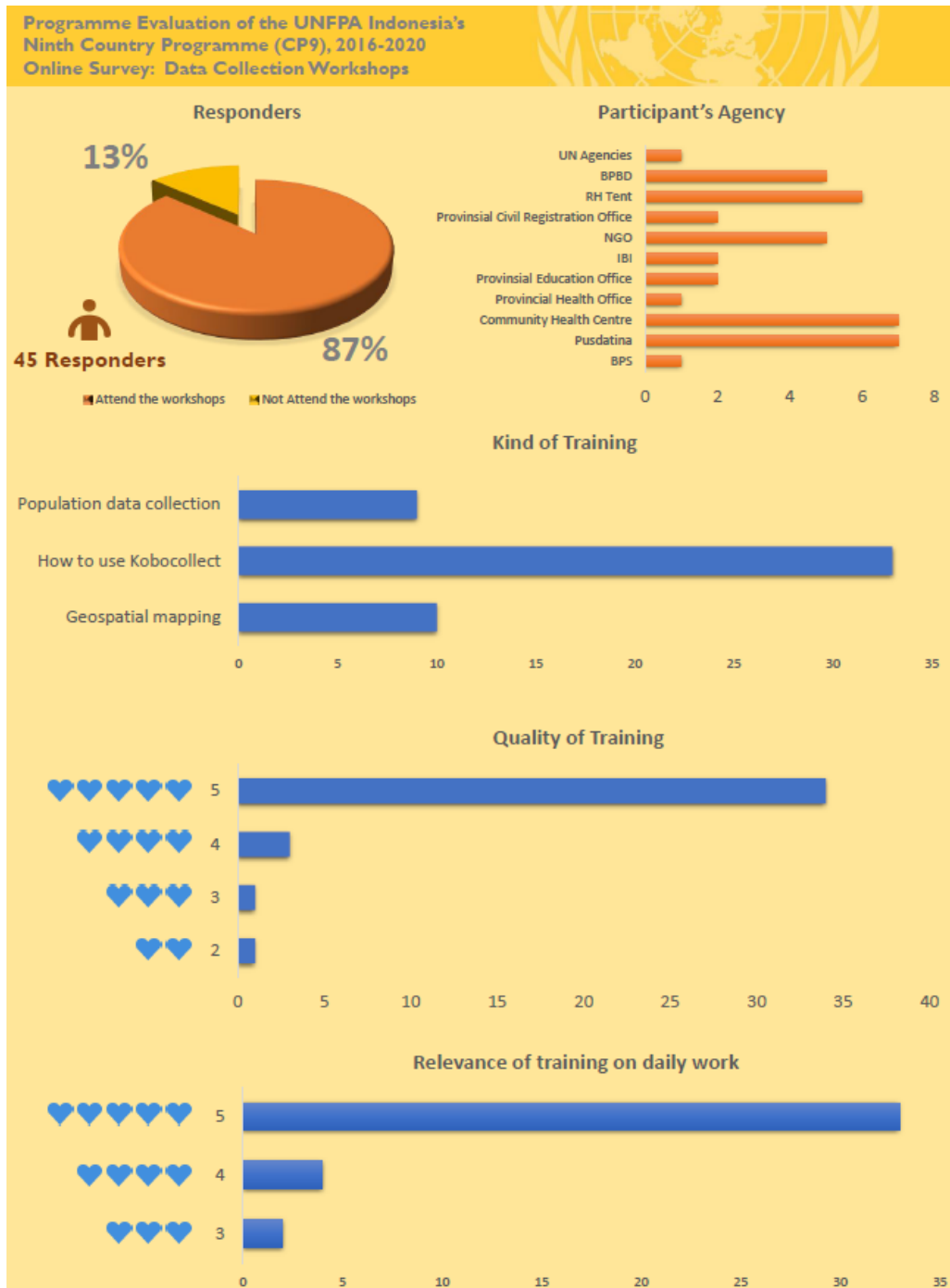
		<ul style="list-style-type: none"> <li>Expanding access to services: H6 contributes to increasing people's ability to access integrated SRMNCAH services. It does so by consistently targeting service provision to underserved and hard-to-reach areas and poor populations; engaging communities to strengthen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

		<p>6. Monitor and facilitate UN system learning activities on HIV and AIDS;</p> <p>7. Provide as needed a forum for Development Partners to discuss and coordinate on issues related to the national AIDS response, GF-Country Coordination Mechanism (CCM) matters and ensure harmonisation of support to the national response;</p> <p>8. Providing technical advice to the UN Country Team on decisions related to HIV and AIDS.</p>	
UNFPA participation in the UNPDF 2016-2020 and the development of the UNPDF 2021-2025 processes (participation in the steering group, in consultations with different stakeholders, UNCT retreats and consultative meetings, and GOI-UN forums)		UNFPA took active roles in all processes on UNSDCF development: led group work during the consultative meetings; took active participation in 4 outcome working groups on (i) inclusive human development; (ii) transformative economy; (iii) greening development and (iv) innovation; provide written inputs to all draft of documents produced during the process	All UN Agencies (UNCT) led by UNRCO
UN Sustainable Development Working Group	Member	The overall scope of the UNDG Sustainable Development Working Group is to guide UN Country Teams in their role supporting Member States in achieving the 2030 Agenda for Sustainable Development by formulating policies and strategies for implementation, monitoring, and reporting. The Working Group also follows up on concrete activities related to UNDG strategic priorities. UNFPA has been involving through active participation in, provision of support to, and internal UNFPA coordination of UN SDG implementation, particularly but not limited to, SD Goals 3,5,11,16,17.	All UN Agencies (UNCT) led by UNRCO
UN/Donors/NGOs coordination	<p>Active Member</p> <ul style="list-style-type: none"> <li>• Lead the Reproductive Health (RH) Sub Cluster; and</li> <li>• Lead the GBV Sub Cluster</li> </ul>	<ul style="list-style-type: none"> <li>• Active participation in the UN humanitarian coordination mechanism for disaster management to get update on the Disaster Risk Reduction, Humanitarian update and provide inputs and feedback on the UNFPA related mandate</li> <li>• Lead the RH sub cluster. The reproductive health sub-cluster is part of the health cluster, responsible for ensuring availability and proper running of reproductive health services during health crisis to reduce excess reproductive health morbidity and mortality among the vulnerable groups.</li> <li>• To advocate that Reproductive health sub cluster will be established at the central and district level since pre crisis, during crisis and post crisis situation</li> <li>• Lead the GBV Sub cluster. To advocate the GBV integration in the humanitarian preparedness, response and recovery plans/interventions</li> <li>• Active participate in Cash and Voucher Assistance Working Group, Community Engagement Working Group, Information, data and Monitoring Working Group together with related UN agencies and NGOs</li> </ul>	<p>UN Agencies: UNOCHA, UNICEF, WHO, WFP, IOM</p> <p>NGOs: HFI, IFRC, OXFAM, PLAN</p>

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

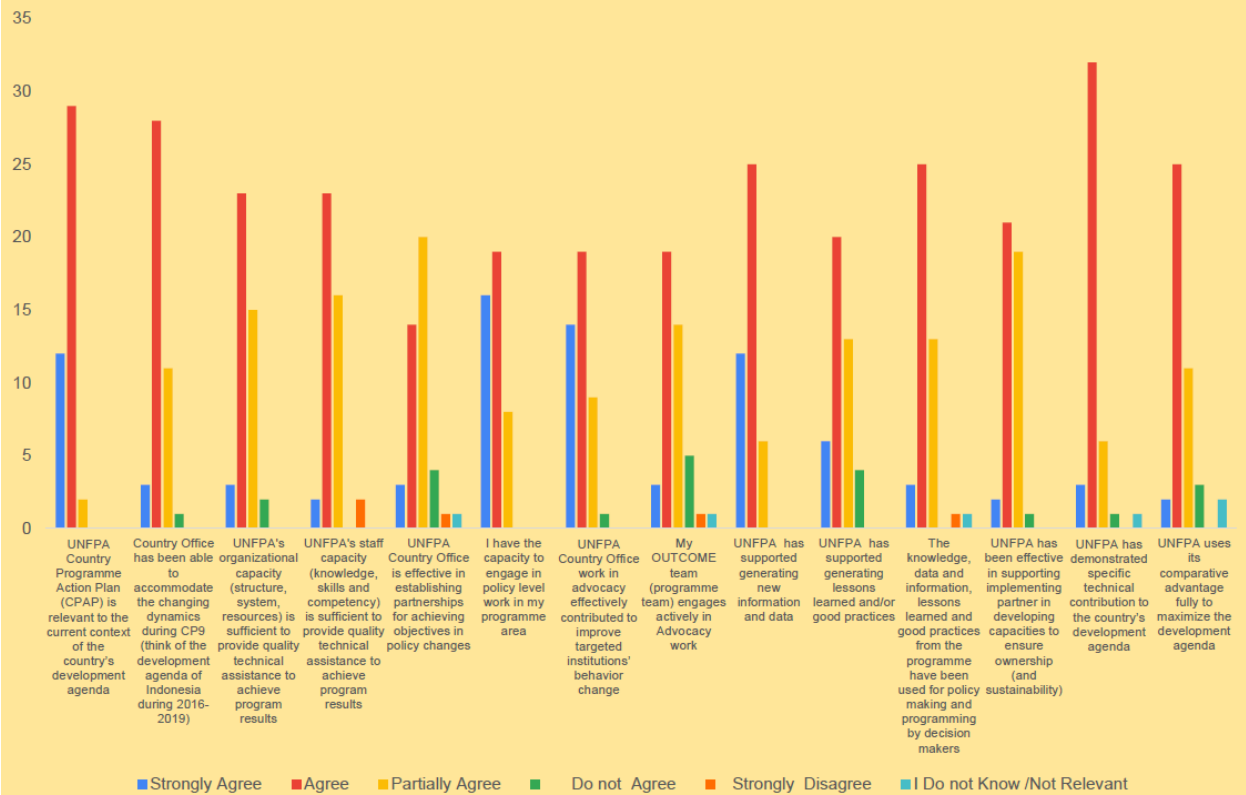
Source: 2019, UNFPA Country Office.

## Annex F: Results of Online Surveys



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

**Response of Questionnaire**

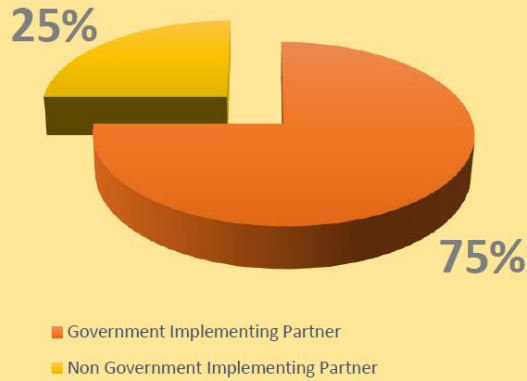


Recommendations for the rest of the CP9 (2019-2020) period and CP10





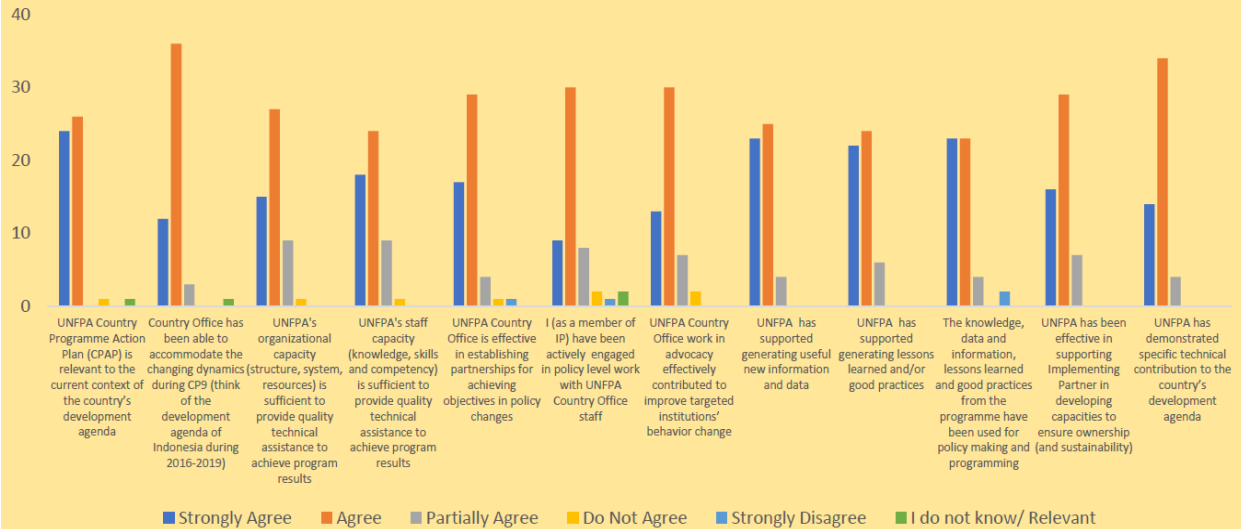
### Responders



### Need to be improved



### Response of Questionnaire



52 Responders

## Annex G: Financial Information

### Resource Mobilization

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



## Regular Resources per Output (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## Regular Resources per IP (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## Other Resources per Output (2016-Sep'2019)

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

Source: Global Programming System/ATLAS financing reporting

## Other Resources per IPs (2016-Sep'2019)

Implementing Partner	2016			2017			2018			2019			Grand Total		
	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)	Budget	Expense	IR (%)
Board for Health Workforce Development and Empowerment, Ministry of Health							23,584	19,363	82%	223,500	60,923	27%	247,084	80,286	32%
BPS-Statistics Indonesia										75,648	51,907	69%	75,648	51,907	69%
Center for Population and Policy Studies University of Gadjah Mada				142,592	142,311	100%							142,592	142,113	100%
Directorate General of Community Health Care Services, Ministry of Health							136,547	116,740	85%	254,439	180,817	71%	390,986	297,557	76%
Faculty of Public Health-University of Indonesia							132,612	129,563	98%	99,996	906	1%	232,608	130,469	56%
General Directorate of Disease Prevention & Control, Ministry of Health							18,055	14,304	79%	10,413		0%	28,468	14,257	50%
Ministry of Women's Empowerment & Child Protection				4,343	4,343	100%	45,295	30,279	67%	72,480	59,799	83%	122,118	94,421	77%
National Commission Elimination of Violence Against Women (NCEVAW)				88,072	88,072	100%							88,072	88,072	100%
National Development Plan Agency (BAPPENAS)				34,118	34,118	100%							34,119	34,118	100%
National Family Planning Coordinating Board (BKKBN)							28,947	13,625	47%	50,637	16,486	33%	79,584	30,111	38%
Organisasi Perubahan Sosial Indonesia							107,090	99,337	93%	112,183	86,571	77%	219,272	185,908	85%
Pusat Kesehatan Reproduksi UGM							59,758	24,302	41%	34,232	24,393	71%	93,990	48,695	52%
The Headquarter of Indonesian Planned Parenthood Association (PKBI)							138,032	137,017	99%	312,354	311,382	100%	450,386	448,399	100%
The Indonesian Midwives Association (IBI)							270,841	251,895	93%	228,844	169,173	74%	499,684	421,068	84%
The Indonesian Planned Parenthood Association (PKBI) in DKI Jakarta				804,769	804,769	100%	502,617	489,905	97%	843,070	516,669	61%	2,150,455	1,811,343	84%
The Indonesian Planned Parenthood Association (PKBI) in Papua				378,325	378,325	100%	195,095	186,730	96%	279,809	158,022	56%	853,329	723,077	85%
UNFPA Execution	299,179	292,851	98%	640,574	633,272	99%	1,586,783	1,424,043	90%	2,125,823	1,131,929	53%	4,652,359	3,482,095	75%
Yayasan Kalandara				402,596	402,596	100%	240,265	233,552	97%	505,978	291,851	58%	1,148,840	927,999	81%
Yayasan Kerti Praja				446,690	446,690	100%	392,055	379,542	97%	1,065,295	732,877	69%	1,904,040	1,559,109	82%
Yayasan Siklus Sehat Indonesia (YSSI)							166,418	149,910	90%	244,564	162,773	67%	410,982	312,683	76%
<b>Grand Total</b>	<b>299,179</b>	<b>292,851</b>	<b>98%</b>	<b>2,942,080</b>	<b>2,934,496</b>	<b>100%</b>	<b>4,043,994</b>	<b>3,699,909</b>	<b>91%</b>	<b>6,539,365</b>	<b>3,956,433</b>	<b>61%</b>	<b>13,824,618</b>	<b>10,883,689</b>	<b>79%</b>

Source: Global Programming System/ATLAS financing reporting

## ANNEX H: Map of Palu (C. Sulawesi)

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

