



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
14 October 2005

Original: English

UNITED NATIONS POPULATION FUND

Country programme document for Indonesia

Proposed UNFPA assistance: \$25 million: \$23 million from regular resources and \$2 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2006-2010)

Cycle of assistance: Seventh

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	13.5	1.2	14.7
Population and development	5.0	0.4	5.4
Gender	3.3	0.4	3.7
Programme coordination and assistance	1.2	-	1.2
Total	23.0	2.0	25.0

I. Situation analysis

1. The population of Indonesia, which is growing at a rate of 1.5 per cent per year, is expected to reach 221.6 million in 2006. Nearly 67 per cent of the population lives in rural areas. National life expectancy was 65.4 years in 2000, and is expected to reach 66.7 years in 2006. One third of the population is below the age of 15.

2. According to the 2000 census, the total fertility rate was 2.3 children per woman in 1997, with the rate varying among provinces and districts. The contraceptive prevalence rate for modern methods is 57 per cent, according to the 2002-2003 demographic and health survey. The unmet need for family planning is 8.6 per cent (4.6 per cent for limiting births and 4 per cent for spacing births).

3. Indonesia has achieved many of the goals of the Programme of Action of the International Conference on Population and Development (ICPD). However, the maternal mortality ratio remains high, at 307 deaths per 100,000 live births. Skilled health personnel attend 68 per cent of births, with large disparities among provinces. The infant mortality rate is 35 deaths per 1,000 live births.

4. Over 7 per cent of Indonesians live on less than \$1 per day, and 53.4 per cent live on less than \$2 per day. Poverty levels vary from region to region.

5. The centralized national family planning programme has been very successful, although it extends to only married couples. In 2001, the Government initiated a decentralization policy, which has been hampered by limited district capacity in reproductive health, population and development, and gender.

6. Although young people aged 10-24 are expected to account for 28.7 per cent of the

population in 2006, national policies and programmes have not fully addressed their needs. Access to adolescent health services is limited, and young people are not sufficiently prepared to face reproductive health challenges. Girls under 20 years of age account for 15 per cent of illegal abortions. The HIV/AIDS prevalence rate among young people has increased rapidly over the past few years, due to drug use and unprotected sex.

7. At present, HIV/AIDS is concentrated among high-risk groups. The prevalence rate among the general population remains low, at 0.1 per cent. The challenge is to keep the epidemic confined to high-risk groups, so it does not spread to the general population.

8. Gender gaps exist in education, health, employment and politics. Narrowing gender inequalities and promoting the empowerment of women in all sectors remain a challenge. Decision makers and policy implementers must be sensitized to ensure the promotion and protection of women's rights.

II. Past cooperation and lessons learned

9. From 1972 to 1994, UNFPA country programmes focused on the collection and analysis of population data, family planning and capacity-building. From 1995 to 2001, the programme shifted towards helping the country implement the ICPD Programme of Action, with a focus on reproductive health, family planning, HIV/AIDS prevention, and population and development.

10. The sixth country programme (2001-2005) was approved for \$28 million (\$21 million from regular resources and \$7 million from other resources). One of the major achievements of the programme was the development of district indicators on population, reproductive health and gender, which strengthened district planning processes and improved the monitoring of programme implementation.

11. Other achievements included: (a) research findings that contributed to the drafting of a national adolescent reproductive health policy, a national strategy on HIV/AIDS and a law on gender; (b) strengthened capacity of non-governmental organizations to address issues such as adolescent reproductive health and HIV/AIDS; (c) the introduction of an integrated package of essential reproductive health services in 44 districts within four provinces, which strengthened the capacity of health personnel; and (d) the establishment of the Indonesian Forum of Parliamentarians on Population and Development, which helped to amend laws on population, reproductive health and gender. The above results contributed to the formulation of the national reproductive health policy.

12. Advocacy activities helped to mobilize \$5 million for contraceptive supplies and to strengthen the logistics management system. These resources were also used to support reproductive health needs in conflict areas.

13. In the area of gender, the programme developed and used training modules on gender-based violence and gender mainstreaming.

14. Key lessons learned included the following: (a) the Indonesian Forum of Parliamentarians on Population and Development helped to increase awareness of and commitment to population, reproductive health and gender issues, and facilitated the revision of related laws and policies; (b) partnerships with other United Nations agencies and civil society organizations in the areas of reproductive health, adolescent reproductive health and HIV/AIDS enhanced effectiveness and efficiency, eliminated overlap and should continue, especially at the district level; (c) UNFPA gender-mainstreaming tools for district-level planning proved adaptable for use by the Government on a national scale; and (d) training modules on gender-based violence, pioneered by UNFPA, laid the foundation for further activities in this area.

15. In addition, programme planners and implementers found that using district indicators facilitated their work. The use of such indicators may be expanded in the future. The capacity for national execution under the decentralized system should be strengthened, along with annual joint planning between UNFPA and district authorities. The pilot district approach of integrating population activities into development planning should also be reinforced.

III. Proposed programme

16. The proposed programme emerged from a series of workshops, with strong participation by stakeholders. This has promoted national and subnational ownership of the programme. The Government formulated the programme in collaboration with other national partners, United Nations agencies and bilateral donors.

17. The programme, which adheres to a rights-based approach, has been harmonized with the programme cycles of the United Nations Children's Fund, the World Health Organization and UNDP. It reflects the priorities of the UNFPA multi-year funding framework, 2004-2007; the strategic direction of UNFPA; and the commitment to achieve the Millennium Development Goals (MDGs) and the goals of the ICPD. The programme takes into account the development challenges identified in the common country assessment, the priority areas identified in the 2006-2010 United Nations Development Assistance Framework (UNDAF), and supports the implementation of the post-tsunami master plan. It is also aligned with the national five-year development plan (2005-2009), the national MDG report and the poverty reduction strategy paper.

18. The programme will help Indonesians attain a better quality of life through: (a) improved reproductive health; (b) a balance between population dynamics, natural resources

and socio-economic development, including regional development; and (c) gender equality. It will support culturally sensitive approaches in line with decentralization and the principles of good governance, to facilitate implementation of the ICPD Programme of Action.

19. Building on the experiences of the previous country programmes, as well as on the decentralization process and post-tsunami assistance, the programme will operate in selected geographical areas, focusing on the poorest and least-developed provinces and districts, including United Nations joint programme areas. The programme will also provide limited support to planning, policy development and capacity-building at the national level.

Reproductive health component

20. The outcomes of the reproductive health component are: (a) an improved policy environment and commitment to promote reproductive rights and comprehensive, high-quality, gender-sensitive reproductive health and adolescent reproductive health information and services at national and subnational levels; (b) strengthened demand for high-quality, integrated, client-oriented and gender-sensitive reproductive health and adolescent reproductive health services and information; and (c) increased access to high-quality, integrated, client-oriented and gender-sensitive reproductive health and adolescent reproductive health services and information, including support to post-tsunami efforts.

21. The reproductive health component outputs are: (a) national and subnational policies and strategies on reproductive health, adolescent reproductive health, sexually transmitted infections (STIs) and HIV/AIDS are developed in line with the ICPD Programme of Action, targeting both couples and individuals; (b) increased capacity of lawmakers, decision makers, religious and community leaders, civil

society and the media to mainstream issues related to reproductive rights, reproductive health, adolescent reproductive health, STIs, HIV/AIDS and gender into policies and programmes; (c) increased awareness and knowledge among women, men and vulnerable groups, including tsunami survivors, of issues related to reproductive health, reproductive rights, adolescent reproductive health, STIs, HIV/AIDS and gender; (d) strengthened maternal and neonatal care, including emergency obstetric care; and (e) increased availability of youth-friendly reproductive health services and information, including those focusing on STIs and HIV/AIDS.

22. The reproductive health component will support the development of policies and strategies, including a strategy on commodity security; strengthen the national reproductive health and HIV/AIDS commissions; and share Indonesian experiences with other countries through South-South cooperation.

23. The programme will work with various government and civil society organizations in pilot areas to increase access to and demand for high-quality reproductive health services and information by: (a) developing national guidelines and standard operating procedures; and (b) improving the capacity of health centres and health professionals. In addition, the programme will ensure that selected service delivery points provide adolescent reproductive health services and that at least one HIV voluntary counselling and testing site is available per programme district. To create demand, the programme will help the Government develop strategies to increase knowledge of reproductive health and reproductive rights and to strengthen community participation on these issues.

24. The programme will continue its collaboration with national partners, United Nations agencies and UNFPA regional projects in the areas of reproductive health; STI and

HIV/AIDS prevention; and United Nations joint post-tsunami assistance.

Population and development component

25. This component has two outcomes: (a) national, subnational and sectoral policies, plans and strategies take into account population, reproductive health, gender, poverty and development linkages; and (b) improved availability and utilization of disaggregated data on population, reproductive health and adolescent reproductive health, including on STIs, HIV/AIDS, gender and poverty, at national and subnational levels.

26. The country programme expects to achieve the following outputs: (a) enhanced understanding of planners, at both national and subnational levels, of population, reproductive health, gender, poverty and development linkages; (b) improved availability of disaggregated data on population, reproductive health and adolescent reproductive health, including data on HIV/AIDS, gender and poverty; (c) strengthened capacity of policy makers, parliamentarians, planners and implementers at national and subnational levels to utilize data on population, reproductive health, gender and poverty for planning, budgeting, monitoring and policy making. In Aceh, the focus will be on ensuring the availability and use of data for rehabilitation and reconstruction.

27. Partners are expected to include Badan Pusat Statistik (BPS-Statistics Indonesia), the Ministry of Home Affairs, the National Family Planning Coordinating Board (BKKBN), and national research institutions. The programme will also initiate a partnership with UNDP on good governance. The results of the UNFPA regional pilot project on urbanization will be used in a number of medium-sized cities.

28. Policy research analysis will support further policy development. In addition, base-

mid-, and end-line surveys will be conducted to provide indicators for the country programme.

Gender component

29. The outcome of the gender component is: strengthened institutional mechanisms, sociocultural values and practices to promote and protect the rights of women and girls and to advance gender equity and equality.

30. The gender component outputs are: (a) increased awareness among communities and the media of the statutory, judiciary, customary and religious texts and laws relating to the rights of women and girls; and (b) enhanced capacity of the Government and women's institutions to reduce gender-based violence and other harmful practices.

31. The programme will address gender-based violence by supporting the development of national and subnational strategies, workplans and monitoring mechanisms. It will also identify and review discriminatory laws and regulations at national and local levels. In areas affected by the tsunami, the programme will focus on mainstreaming gender issues, preventing gender-based violence and supporting livelihoods for women and youth.

32. The programme will strengthen partnerships among the Ministry of Women's Empowerment, women's institutions, parliamentarians and other stakeholders at both policy and programme levels.

IV. Programme management, monitoring and evaluation

33. The National Development Planning Agency, *Bappenas*, will coordinate the planning, monitoring and evaluation of the programme. Relevant government institutions, civil society organizations and private-sector institutions will implement the country programme.

34. The programme will be executed in collaboration with national counterparts and with UNFPA technical support. Planning, monitoring and implementation of reproductive health, population and gender activities will be undertaken at national and subnational levels, focusing on the district level. Monitoring and data collection will be continuous and systematic. Best practices and lessons learned will be documented and shared.

35. The UNFPA country office in Indonesia consists of a representative, an assistant representative, an operations manager, a national programme officer in reproductive health and five administrative support personnel. Programme funds will be earmarked for three national programme officer posts in HIV/AIDS, advocacy, and population and development, and five administrative support personnel. Two sub-offices have been established for Aceh, which will include one international staff member for the first year of the country programme.

RESULTS AND RESOURCES FRAMEWORK FOR INDONESIA

<p>National priority (2006-2010): (a) to create socio-political conditions that enable the poor to fulfil their basic rights and to improve their standards of living; (b) to strengthen the socio-political and economic participation of the poor in public decision making; and (c) to give protection and security to vulnerable groups, including female-headed households</p> <p>UNDAF outcome: (a) strengthening human development to achieve the MDGs; (b) promoting good governance; and (c) protecting the vulnerable and reducing vulnerabilities</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome 1:</u> An improved policy environment and commitment to promote reproductive rights and comprehensive, high-quality, gender-sensitive reproductive health and adolescent reproductive health information and services at national and subnational levels</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Proportion of contraceptives in health budget ▪ Proportion of contraceptives in family planning budget ▪ Laws on health, population and the family revised <p><u>Outcome 2:</u> Strengthened demand for high-quality, integrated, client-oriented and gender-sensitive reproductive health and adolescent reproductive health services and information</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ National and subnational mechanisms advancing civil society participation in planning and monitoring 	<p><u>Output 1:</u> National and subnational policies and strategies on reproductive health, adolescent reproductive health, STIs and HIV/AIDS are developed in line with the ICPD Programme of Action</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Commissions on reproductive health and HIV/AIDS functioning ▪ Reproductive health, adolescent reproductive health and reproductive rights integrated into poverty reduction strategy paper and MDG reports <p><u>Output 2:</u> Increased capacity of lawmakers, decision makers, religious and community leaders, civil society and the media to mainstream issues related to reproductive rights, reproductive health, adolescent reproductive health, STIs, HIV/AIDS and gender into policies and programmes</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> ▪ Percentage of sensitized lawmakers and decision makers, religious and community leaders, civil society and the media <p><u>Output 3:</u> Increased awareness and knowledge among women, men and vulnerable groups, including survivors of the tsunami, of issues related to reproductive rights, reproductive health, adolescent reproductive health, STIs, HIV/AIDS and gender</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Percentage of women, men, youth and vulnerable groups aware and knowledgeable ▪ A network of partners to generate community participation established <p><u>Output 4:</u> Strengthened maternal and neonatal care, including emergency obstetric care</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Percentage of service delivery points providing integrated reproductive health information and services ▪ At least one primary health centre (puskesmas) per district and at least three hospitals and 10 puskesmas in Aceh providing basic emergency obstetric neonatal care <p><u>Output 5:</u> Increased availability of youth-friendly reproductive health services and information, including those focusing on STIs and HIV/AIDS</p>	<ul style="list-style-type: none"> ▪ Ministry of Health; BKKBN; Partners in Population and Development; Ministry of Women’s Empowerment; national AIDS commission; provincial AIDS commission; district AIDS commission; national implementing agency for Aceh (BRR) ▪ Joint United Nations Programme on HIV/AIDS; other United Nations agencies ▪ Civil society organizations <ul style="list-style-type: none"> ▪ Ministry of Health; BKKBN; Ministry of Women’s Empowerment; Ministry of Education; national implementing agency for Aceh (BRR); provincial and district authorities ▪ United Nations agencies; UNFPA regional projects ▪ Civil society organizations <ul style="list-style-type: none"> ▪ Ministry of Health; BKKBN; Ministry of Women’s Empowerment; BRR; provincial and district authorities ▪ United Nations agencies ▪ Civil society organizations <p>(Same as above)</p>	<p>\$14.7 million (\$13.5 million from regular resources and \$1.2 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health (cont'd)	<p><u>Outcome 3:</u> Increased access to high-quality, integrated, client-oriented and gender-sensitive reproductive health and adolescent reproductive health services and information, including support to post-tsunami efforts</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Contraceptive prevalence rate increased ▪ Percentage of births attended by skilled health providers increased from 65% in 2005 to 90% in 2010 ▪ Condom use rate at last high-risk sex 	<p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ National guidelines and standard operating procedures in place ▪ Selected service delivery points providing adolescent reproductive health services and information ▪ At least one HIV voluntary counselling and testing site established 	(see above)	(see above)
Population and development	<p><u>Outcome 1:</u> National, subnational and sectoral policies, plans and strategies take into account population, reproductive health, gender, poverty and development linkages</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> ▪ Population, reproductive health, gender, poverty and development linkages reflected in national and subnational strategic plans <p><u>Outcome 2:</u> Improved availability and utilization of disaggregated data on population, reproductive health and adolescent reproductive health, including on STIs, HIV/AIDS, gender and poverty, at national and subnational levels</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Annual national socio-economic survey (SUSENAS), 2007 demographic and health survey and other data disaggregated by sex and age at national and subnational levels utilized for planning, monitoring and evaluation ▪ Data utilized in the development of the MDG report and planning documents ▪ Data utilized for post-tsunami programme 	<p><u>Output 1:</u> Enhanced understanding of planners, at both national and subnational levels, of population, reproductive health, gender, poverty and development linkages</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Planners trained on linkages incorporating ICPD Programme of Action ▪ Eight policy studies conducted and results disseminated <p><u>Output 2:</u> Improved availability of disaggregated data on population, reproductive health and adolescent reproductive health, including data on HIV/AIDS, gender and poverty</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Disaggregated data analysed for policy formulation and planning ▪ Aceh population census and other sociocultural data available <p><u>Output 3:</u> Strengthened capacity of policy makers, parliamentarians, planners, and implementers at national and subnational levels to utilize data on population, reproductive health, gender and poverty for planning, budgeting, monitoring, evaluation and policy making</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Focal points in planning and implementing agencies trained on use of data ▪ 50% of relevant policy makers and parliamentarians sensitized on use of data 	<ul style="list-style-type: none"> ▪ BPS-Statistics Indonesia; Ministry of Home Affairs ▪ BPS-Statistics Indonesia; BKKBN; provincial and district authorities ▪ Selected national research institutions ▪ UNFPA Technical Support Division; UNFPA Country Technical Services Team, Bangkok ▪ UNFPA regional projects; United Nations agencies 	\$5.4 million (\$5 million from regular resources and \$0.4 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Gender	<p><u>Outcome:</u> Strengthened institutional mechanisms, sociocultural values and practices to promote and protect the rights of women and girls and to advance gender equity and equality</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ▪ Civil society partnerships actively promoting gender equality, the empowerment of women and girls, and reproductive rights ▪ Gender issues are mainstreamed into the post-tsunami programme 	<p><u>Output 1:</u> Increased awareness among communities and the media of the statutory, judiciary, customary and religious texts and laws relating to the rights of women and girls</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ Number of mass media articles published or features aired ▪ Increased number of laws and regulations incorporating rights of women and girls <p><u>Output 2:</u> Enhanced capacity of the Government and women’s institutions to reduce gender-based violence and other harmful practices</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ▪ National and subnational strategies and workplans, including monitoring and evaluation mechanisms, to reduce gender-based violence are developed ▪ Increased number of gender-based violence cases are being addressed 	<ul style="list-style-type: none"> ▪ Ministry of Women’s Empowerment; ▪ Ministry of Health; ▪ Ministry of Social Affairs; BKKBN; ▪ parliamentarians; ▪ provincial and district authorities ▪ United Nations agencies ▪ Civil society organizations; ▪ media; police 	<p>\$3.7 million (\$3.3 million from regular resources and \$0.4 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.2 million from regular resources</p>
