



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

Distr.: General  
30 June 2015

Original: English

**Second regular session 2015**

31 August to 4 September 2015, New York

Item 11 of the provisional agenda

**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Indonesia**

Proposed indicative UNFPA assistance: \$24 million: \$20 million from regular resources and \$4 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2016-2020)

Cycle of assistance: Ninth

Category per decision 2013/31: Yellow

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	8.5	2.0	10.5
Outcome 2	Adolescents and youth	1.5	1.0	2.5
Outcome 3	Gender equality and women's empowerment	3.0	0.5	3.5
Outcome 4	Population dynamics	6.0	0.5	6.5
Programme coordination and assistance		1.0	–	1.0
<b>Total</b>		20.0	4.0	24.0

## I. Situation analysis

1. Indonesia is a lower-middle-income country, with gross national income per capita of \$3,580 (2013); it is the sixteenth largest economy globally. In the last decade, Indonesia has experienced improved standards of living as a result of steady economic development. The country has been a leader in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and has used South-South cooperation to share best practices with other countries, primarily in family planning. There remain significant gaps, however, in the country's implementation of the ICPD Programme of Action that pose a challenge to Indonesia meeting its development goals in the next five years. The ninth country programme, 2016-2020, will be a partnership plan that capitalizes on the country's achievements and addresses the remaining challenges through engagement in policy, advocacy and knowledge management.

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

3. The population will reach 256 million in 2015, and grow to 306 million by 2035. Total fertility rates fell from 5.2 in the 1970s to 2.6 in 2012 and remained steady from 2000 to 2012. Low fertility and mortality rates have resulted in a rise of the working-age population. Young people aged 10-24 years represent 26 per cent of the population and are key to driving the country's economy to 2035. This generation holds the potential for Indonesia to reap a demographic dividend that will present development opportunities if investments in young people's access to education, health and employment, among others, increase. However, youth in Indonesia face challenges related to unemployment, access to higher education, and access to quality health services, including equitable youth-friendly sexual and reproductive health services. The increase in the working-age population will double the proportion of the population aged over 65 years from 5 per cent in 2012 to 10.6 per cent in 2035. Growing urbanization is driven by rural-to-urban migration of young people seeking employment and education in high population urban centres.

4. The maternal mortality ratio increased between 2007 and 2012, from 228 deaths per 100,000 live births to 359 per 100,000 live births; it is unlikely that Indonesia will meet its Millennium Development Goal (MDG) target on the maternal mortality ratio. The quality of maternal health services – particularly the quality of health workers and access to emergency obstetric care – is considered a significant factor for maternal mortality. Midwives are at the frontline in primary maternal health care and family planning; currently, 83 per cent of births are attended by skilled birth attendants. Investing in the midwifery workforce will improve quality of care, which will significantly decrease maternal deaths. Indonesia introduced a universal health coverage scheme in January 2014, and aims to achieve 95 per cent coverage by 2019, including for maternal health and family planning. Overcoming universal health coverage implementation challenges will be a priority in improving the scheme nationwide.

5. The national family planning programme began in the 1970s, with demand creation and supply chain management under the National Population and Family Planning Board, and service delivery under the Ministry of Health. Achievements in the reduction of total fertility rates and increased contraceptive prevalence rates slowed down following decentralization. The fertility rates of girls aged 15-19 years is 48 births per 1,000 women. Total unmet need for contraceptives was 11 per cent in 2012. The country's contraceptive prevalence rate for all methods is currently 62 per cent for married women aged 15-49 years, but only 22 per cent in the province of Papua. About 58 per cent of married women rely on modern methods, falling short of the MDG target of 65 per cent by 2015. Use of long-term contraceptive methods is declining,

with a narrowing of the method mix towards short-term hormonal methods. A comprehensive, rights-based family planning programme that ensures equitable access to quality family planning services is key in lowering total fertility rates and maximizing the benefits of the demographic dividend.

6. The national prevalence rate for HIV/AIDS is estimated at 0.41 per cent (2013) among people aged 15-49 years, except in the provinces of Papua and West Papua, which show a generalized epidemic, with HIV prevalence at 2.3 per cent (2013). Comprehensive HIV knowledge is low, including among young people. The most recent Asian epidemic model projections indicate that men having sex with men, clients of sex workers and their intimate sexual partners will become the largest groups of persons living with HIV/AIDS between 2020 and 2030. Linking HIV and sexual and reproductive health in both concentrated and generalized epidemics is critical in order to synergize efforts addressing HIV, maternal health and family planning.

7. Despite substantial progress in gender equality, including women's and girls' increased access to education, employment and health services, gender-based violence remains a serious public health and human rights concern. The proportion of married girls aged 15-19 years increased from 9.2 per cent in 2005 to 14.4 per cent in 2010. Data on gender-based violence prevalence is not available, and institutional challenges remain in the coordination and delivery of gender-based violence and harmful practice prevention programmes across sectors of government.

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

## II. Past cooperation and lessons learned

9. During the previous country programme partnership with Indonesia, UNFPA focused on strengthening national and subnational capacity to improve service delivery on sexual and reproductive health, maternal health, family planning, adolescent sexual and reproductive health, and the prevention of HIV, as well as in gender-based violence prevention and response. This included improving capacities to deliver quality programmes in humanitarian settings, particularly reproductive health, gender-based violence, and data for humanitarian response.

10. UNFPA partnerships with other United Nations organizations have strengthened under the country programme. As one of the Health 4+ Partnership organizations, UNFPA worked on advocacy and policy dialogue for maternal health and maternal mortality. UNFPA also led the United Nations Inter-Agency Network for Youth Development in policy dialogue on youth. Together with the United States Agency for International Development, UNFPA co-chaired the multisector Family Planning 2020 country committee, which works on the development of a strategic framework for rights-based comprehensive family planning. The Fund also expanded partnerships with civil society and faith-based organizations, women's and youth networks and the private sector.

11. UNFPA will build on the successes of the country programme in order to (a) transition from capacity-building to policy engagement and advocacy; (b) play an increasing role as convener and knowledge broker, tapping into regional and global expertise; (c) enhance private sector engagement; and (d) promote innovative South-South cooperation initiatives to advance the country's vision as a centre of excellence regionally and globally.

12. Lessons learned from the country programme evaluation highlighted several areas for improvement: (a) improve national and intersectoral coordination to increase linkages across outputs and better utilize data in policymaking; (b) improve internal

capacity to deliver a programme focused on policy, advocacy and knowledge management; (c) identify focus areas in maternal health, family planning, youth and adolescents, gender equality and population dynamics to reflect UNFPA comparative advantages and achieve clear policy linkages to the national development agenda; and (d) broaden the work on youth issues to include the policy implications of the demographic dividend and empowerment of young people.

### III. Proposed programme

13. UNFPA developed the proposed ninth country programme (2016-2020) in consultation with the Government and aligned it with national priorities, including the national medium-term development plan, 2015-2019; as well as the United Nations Partnership for Development Framework, 2016-2020, the ICPD Programme of Action, and the UNFPA strategic plan, 2014-2017. In designing the programme, it took into consideration the evaluation recommendations from the previous country programme, as well as a population situation analysis and policy mapping of national priorities.

14. Given the country's considerable size and resources, UNFPA will primarily utilize policy engagement, advocacy and technical assistance modalities. UNFPA will leverage previous investments in knowledge management and will facilitate international knowledge exchange. Improving the quality and use of population data will support advocacy for change on key issues.

15. The work related to humanitarian settings and the engagement of men and boys will cross-cut outputs of the programme. In humanitarian settings, UNFPA will support the monitoring and implementation of the Minimum Initial Service Package for reproductive health and adolescent sexual and reproductive health, sexual and gender-based violence, and population data for disaster management. UNFPA will assist the Government in the engagement of men and boys for family planning, adolescent sexual and reproductive health, HIV, gender-based violence and harmful practices. Current work on South-South cooperation focuses on family planning, with the potential to expand to other thematic areas of the country programme.

#### A. Outcome 1: Sexual and reproductive health

16. Output 1: Improved policies and programmes to address barriers in ensuring rights-based maternal health and HIV-sexual and reproductive health linkages, including in humanitarian settings. Noting the range of health actors in Indonesia, UNFPA will provide evidence-based policy options to improve national maternal health policies and programmes. In order to significantly decrease the rate of maternal mortality in Indonesia by improving quality of care, particularly through midwives, UNFPA will help to improve midwifery education standards and midwifery workforce governance. In supporting the national programme on the prevention of HIV through sexual transmission, the UNFPA comparative advantage in HIV-sexual and reproductive health linkages will assist Government in setting the necessary protocols for an integrated HIV, maternal health and family planning programme.

17. Output 2: Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South cooperation. UNFPA will provide evidence and policy options to achieve a comprehensive, rights-based family planning programme, and to strengthen linkages between demand creation and family planning services between key institutions. Robust policy reviews of the universal health coverage will improve the implementation of family planning within the scheme. Building on the country's recognized good practices in family planning, UNFPA will facilitate regional and international partnerships, including through South-South cooperation.

#### B. Outcome 2: Adolescents and youth

18. Output 1: Improved policies and programmes to fulfil the rights and needs of adolescents and youth, including in humanitarian settings. Investing in youth and



adolescents is crucial for Indonesia to reap the benefits of the demographic dividend. Therefore, UNFPA will support the Government in fulfilling the rights and needs of youth and adolescents by developing an integrated, comprehensive national youth strategy, which capitalizes on the demographic dividend and improves the lives of young people, and by strengthening the national action plan on school-aged child and adolescent health through adolescent sexual and reproductive health education in schools and through access to youth-friendly services, including via the private sector.

### **C. Outcome 3: Gender equality and women's empowerment**

19. Output 1: Improved policies and programmes to address barriers in the prevention and response to gender-based violence and harmful practices, including in humanitarian settings. UNFPA will support the Government in its prevention and response to gender-based violence and harmful practices by providing evidence for programming and policymaking, by strengthening policy-level coordination among sectors and stakeholders on gender-based violence and harmful practices, and by advocating for appropriate policies for a health system response to gender-based violence.

### **D. Outcome 4: Population dynamics**

20. Output 1: Increased availability of quality population data and robust analysis on population dynamics and its linkages with national policies and programmes related to sexual and reproductive health, gender equality, humanitarian response and sustainable development. UNFPA will support the Government in generating high-quality population data and in-depth analysis of linkages between population dynamics, including the demographic dividend, sexual and reproductive health, gender equality, humanitarian response and sustainable development. A national coordination mechanism will create a platform for use of population data in policy engagement, paving the way for a think-tank role on population dynamics issues across sectors and thematic areas. Innovations in data collection and dissemination will be key in the availability of high-quality data. Fostering partnerships with parliamentarians and key interest groups will advance ICPD issues within the post-2015 development agenda.

## **IV. Programme management, monitoring and evaluation**

21. UNFPA and the Ministry for National Development Planning will coordinate the overall implementation of the country programme via a policy dialogue roundtable, providing an innovative national coordination mechanism with government, civil society organizations, United Nations organizations and the private sector. The preferred implementation arrangement will be national execution, supported by implementing partners selected for their strategic role in national policy. UNFPA will monitor the performance of its partners and make adjustments as necessary. South-South cooperation will be an important component of the partnership plan with Indonesia.

22. UNFPA will apply the results-based management approach for country programme planning, monitoring and evaluation, and will use national monitoring systems to the extent possible. Where feasible, UNFPA and other United Nations organizations will coordinate and develop programmes on shared priorities through the United Nations Partnership for Development Framework. The shift towards upstream work will require appropriate staff skills and competencies to deliver the country programme. The country office includes staff funded through the UNFPA institutional budget to perform programmatic and administrative functions. UNFPA will allocate programme resources for staff assigned to provide technical and programme support.

23. UNFPA will develop a resource mobilization strategy to engage potential partners identified in the country programme partnership plans and to leverage resources. The strategy will include modalities for contributions and partnerships, involving the Government, international development partners and the private sector.

**RESULTS AND RESOURCES FRAMEWORK FOR INDONESIA (2016-2020)**

National priority: To improve the responsiveness of the health system		Indicative resources
United Nations Partnership For Development Framework (UNPDF) outcome: By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation		
UNFPA strategic plan outcome		
Country programme outputs	Output indicators, baselines and targets	Partners
<p><b>Output 1:</b> Improved policies and programmes to address barriers to ensuring rights-based maternal health and HIV-sexual and reproductive health linkages, including in humanitarian settings</p> <p><b>Output 2:</b> Strengthened rights-based, equitable and quality family planning policies and programmes, utilizing regional and international partnerships, including South-South cooperation</p>	<p>• Existence of policy instruments that accelerate the national action plan for maternal health <i>Baseline: Action plan exists; Target: Regulations to enable implementation and monitoring of the action plan available</i></p> <p>• Existence of policy instruments to improve the quality of midwifery education <i>Baseline: Midwifery education accreditation standards available but not regulated; Target: Regulations to improve the quality of midwifery workforce available</i></p> <p>• Existence of policy instruments that integrate HIV-sexual and reproductive health linkages within the national programme on the prevention of HIV through sexual transmission into maternal health and family planning <i>Baseline: National strategies on prevention of HIV through sexual transmission and prevention of mother-to-child transmission of HIV available; Target: Protocols on HIV-sexual and reproductive health linkages in maternal health and family planning available</i></p> <p>• Existence of policy instruments for reproductive health in humanitarian settings <i>Baseline: Guideline on Minimum Initial Service Package (MISP) available; Target: Regulations for MISP implementation protocols at subnational levels available</i></p>	<p>Ministry of Health, National AIDS Commission</p>
<p><b>Outcome 1: Sexual and reproductive health</b> Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access</p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio <i>Baseline: 346; Target: 306</i></li> <li>• Contraceptive prevalence rate <i>Baseline: 62%; Target: 66%</i></li> <li>• Unmet family planning need <i>Baseline: 11%; Target: 9.9%</i></li> <li>• HIV prevalence <i>Baseline: 0.46%; Target: &lt;0.5%</i></li> </ul>	<p>• Evidence of improvement of national policies on family planning in universal health coverage <i>Baseline: None; Target: Revised Ministry of Health and National Population and Family Planning Board Decrees on family planning in universal health coverage</i></p> <p>• Existence of national policies incorporating comprehensive, rights-based family planning <i>Baseline: Strategy on family planning, 2015-2019, available; Target: National Population and Family Planning Board strategy, 2015-2019, and annual workplan incorporating rights-based elements available</i></p> <p>• Number of South-South cooperation good practices on family planning and other population issues <i>Baseline: 0; Target: 4 South-South cooperation good practices on family planning shared nationally, regionally and internationally, available</i></p>	<p>National Population and Family Planning Board, faith-based organizations</p>
<p><b>National priority:</b> To improve the participation of youth in development, particularly in social, political, economic, cultural and religious affairs.</p> <p><b>UNPDF outcome:</b> By 2020, more vulnerable, low-income and food-insecure people have an adequate standard of living and equitable access to decent work, sustainable livelihoods, economic development and income-earning opportunities</p> <p><b>Outcome 2: Adolescents and youth</b> Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health</p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>• Age-specific fertility rate (15-19 years) <i>Baseline: 48; Target: 38</i></li> </ul>	<p>• Existence of policy instruments on an integrated national youth strategy capitalizing on the demographic dividend with opportunities for youth participation and leadership <i>Baseline: Policies on youth exist but not integrated; Target: an integrated, comprehensive national youth strategy available</i></p> <p>• Existence of policy instruments to improve implementation of the national action plan on adolescent health, particularly on adolescent sexual and reproductive health <i>Baseline: Action plan, 2015-2019, drafted; Target: Regulations to</i></p>	<p>Ministries of Health, National Development Planning, civil society organizations</p>



	<p><i>monitor and implement the action plan nationwide available</i></p> <ul style="list-style-type: none"> <li>National guidelines on adolescent sexual and reproductive health in humanitarian settings available <i>Baseline: No; Target: Yes</i></li> <li>A functional platform to increase private sector investment in adolescent sexual and reproductive health services established <i>Baseline: No; Target: Yes</i></li> </ul>		
<p><b>National priority:</b> To improve women's quality of life and participation in development.</p> <p><b>UNPDF outcome:</b> By 2020, the poor and most vulnerable have better and more equitable access to quality basic social services, including health and education, comprehensive social protection, and better access to water supply and sanitation.</p> <p><b>Outcome 3: Gender equality and women's empowerment</b> Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth</p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>Gender development index <i>Baseline: 69.6; Target: Increased</i></li> <li>Gender empowerment index <i>Baseline: 70.5; Target: Increased</i></li> </ul>	<p>Output 1: Improved policies and programmes to address barriers in the prevention and responses to gender-based violence and harmful practices, including in humanitarian settings</p> <ul style="list-style-type: none"> <li>Existence of policies that accelerate gender-based violence prevention and response, including harmful practices <i>Baseline: Regulations on violence against women and children available; Target: Regulations to enable Ministry of Women's Empowerment and Child Protection coordination of gender-based violence prevention and response available</i></li> <li>Number of evidence-based policy dialogue to advocate for male involvement within national policies and programmes <i>Baseline: None; Target: Five multi-stakeholder national policy dialogues to promote male involvement within national policies and programmes</i></li> <li>Existence of guidelines on the prevention of sexual and gender-based violence in humanitarian settings <i>Baseline: Regulations on gender-responsive disaster management available; Target: Regulations/protocols for sexual and gender-based violence in humanitarian settings for Ministry of Social Affairs and Ministry of Women's Empowerment and Child Protection available</i></li> </ul>	<p>Ministry of Women's Empowerment and Child Protection, civil society organizations</p>	<p>\$3.5 million (\$3 million from regular resources and \$0.5 million from other resources)</p>
<p><b>National priority:</b> To improve the availability of quality population data, and the utilization of population data for development planning and evaluation.</p> <p><b>UNPDF outcome:</b> By 2020, more vulnerable, low-income and food-insecure people have an adequate standard of living and equitable access to decent work, sustainable livelihoods, economic development and income-earning opportunities</p> <p><b>Outcome 4: Population dynamics</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</p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>Population surveys used to inform policy <i>Baseline: Data not used optimally for policymaking; Target: Increased</i></li> </ul>	<p>Output 1: 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> <ul style="list-style-type: none"> <li>Number of policy reviews and recommendations on sexual and reproductive health, gender equality, population dynamics (including demographic dividend), disaster risk reduction and sustainable development by a functional mechanism for national policy coordination <i>Baseline: None; Target: 10 policy reviews to improve national policies available</i></li> <li>Number of population data management exercises incorporating innovation in data collection or use, including in humanitarian settings <i>Baseline: None; Target: Five innovations for the mid-censal survey, Indonesia demographic and health survey, census, mortality data in civil registration and vital statistics, and population data in disaster management</i></li> <li>Number of multi-stakeholder policy dialogue, including with parliamentarians, on ICPD issues <i>Baseline: 0; Target: 10 policy dialogues to improve policies on ICPD issues</i></li> </ul>	<p>Ministry of National Development Planning, Central Bureau of Statistics Indonesia, National Population and Family Planning Board</p>	<p>\$6.5 million (\$6.0 million from regular resources and \$0.5 million from other resources)</p> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>

