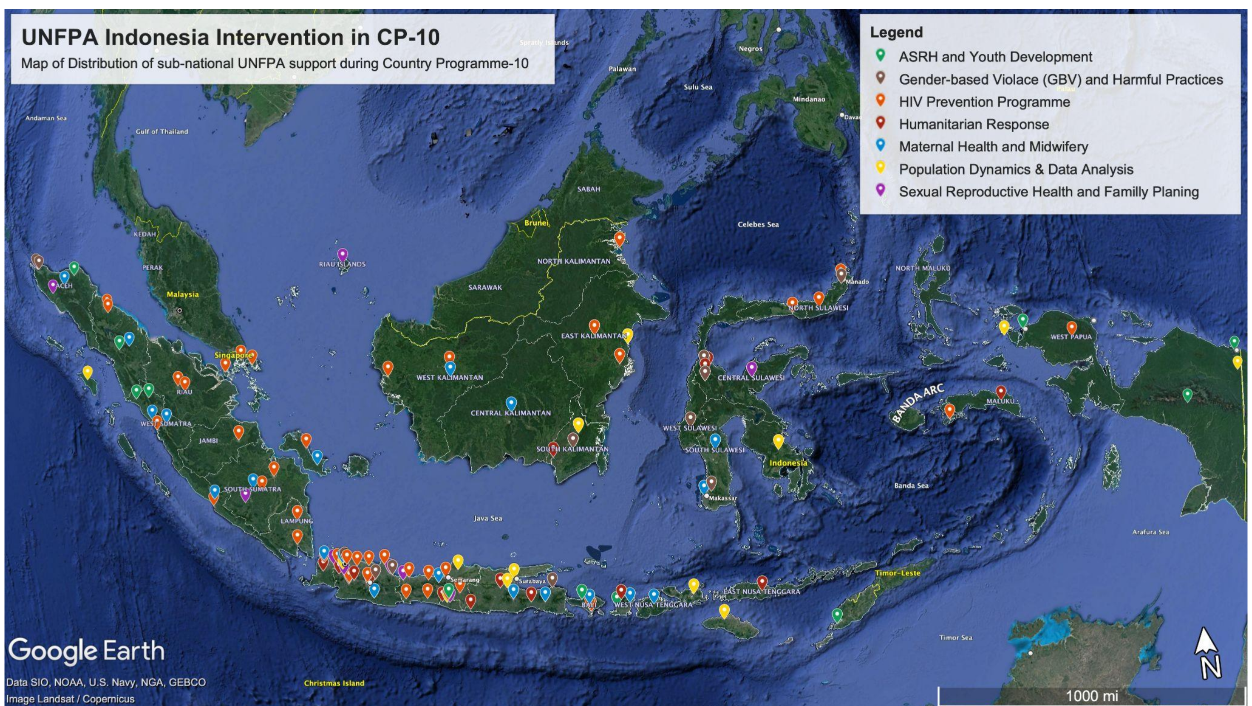
Country Programme Evaluation of the United Nations Population Fund (UNFPA) Indonesia Tenth Country Programme, 2021 - 2025

Tenth Programme Cycle, 2021 - 2025

Evaluation Report

8 November 2024

Map 1: Location of UNFPA Indonesia CP-10 Programme Interventions



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We hope that the present evaluation report will contribute to the further development of the UNFPA programme in Indonesia, in particular to the design of the next eleventh programme cycle and benefit women and adolescent girls, men and boys in Indonesia, contributing to reaching objectives as identified in the 2030 Agenda for Sustainable Development and the International Conference on Population and Development, in all parts of the country.

Please mind that the viewpoints expressed in this report are those of the evaluators and do not necessarily reflect the opinions of UNFPA, Government of Indonesia partners and any other partners and stakeholders.

Evaluation Team November 2024.

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AKPSH	*Administrasi Kependudukan untuk Pengembangan Statistik Hayati* (Population Administration for the Development of Vital Statistics)
ANC	AnteNatal Care
APRO	Asia Pacific Regional Office
ARH	Adolescent Reproductive Health
ARHE	Adolescent Reproductive Health Education
ARV	Antiretroviral
ASEAN	Association of Southeast Asian Nations
ASFR	Age Specific Fertility Rate
ASRH	Adolescent Sexual and Reproductive Health
AWP	Annual Work Plan
AY	Adolescents and Youth
AYD	Adolescent sexual and reproductive health and Youth Development
BAPPENAS	*Badan Perencanaan Pembangunan Nasional* (National Development Planning Agency, Republic of Indonesia)
BEmONC	Basic Emergency Obstetric and Newborn Care
BERANI	Better Sexual and Reproductive Health and Rights for All in Indonesia
BESTARI	*Beasiswa untuk Perempuan Indonesia* (Scholarship programme for Indonesian Women)
BIG	*Badan Informasi Geospasial* (Geospatial Information Agency)
BKKBN	*Badan Kependudukan dan Keluarga Berencana Nasional* (National Family Planning Coordinating Agency)
BNPB	*Badan Nasional Penanggulangan Bencana* (National Agency for Disaster Management)
BPS	*Badan Pusat Statistik* (BPS-Statistics Indonesia)
CCA	Common Country Analysis/Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CEONC	Components of comprehensive emergency obstetric care
CO	Country Office
COAR	Country Office Annual Report
COP	Community of Practice
COVID-19	Coronavirus Disease 2019
CP	Country Programme
CP10	Tenth Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPR	Contraceptive Prevalence Rate
CRPD	Convention on the Rights of Persons with Disabilities

CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
CVA	Cash Voucher Assistance
DaO	Delivering as One UN
DFAT	Department of Foreign Affairs and Trade (Australia)
DG	Directorate General
SA	Daily Subsistence Allowance
EmONC	Emergency Obstetric and Newborn Care (EmONC)
EQA	Evaluation Quality Assessment
EQAA	Evaluation Quality Assurance and Assessment
ERG	Evaluation Reference Group
ESP	Essential Service Package
FBOs	Faith-based Organizations
FGM/c	Female Genital Mutilation/ cutting
FKM-UI	*Fakultas Kesehatan Masyarakat Universitas Indonesia* (Faculty of Public Health of University of Indonesia)
FP	Family Planning
FSW	Female Sex Worker
GAC	Global Affairs Canada
GBV	Gender based violence
GCA	Government Coordinating Agency
GDI	Gender Development Index
GDP	Gross Domestic Product
GDPK	*Grand Design Pembangunan Kependudukan* (Grand Design of Population Development)
GEWE	Gender equality and women's empowerment
GHG	Greenhouse Gasses
GII	Gender Inequality Index
GNI	Gross National Income
GoI	Government of Indonesia
HCT	Humanitarian Country Team
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus
HQ	Headquarter
IAC	Indonesia AIDS Coalition
IBI	*Ikatan Bidan Indonesia* (Indonesian Midwives Association)
ICF	International Classification of Functioning, Disability and Health
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IDG	Gender Empowerment Index (Indonesia)
IDHS	Indonesia Demographic Health Survey
IEO	Independent Evaluation Office

IFI	International Finance Institution
IFPPD	Indonesian Forum of Parliamentarians on Population and Development
IMR	Infant Mortality Rate
IP	Implementing Partner
ITGSE	International Technical Guidance on Sexuality Education
IUD	Intrauterine Device
JICA	Japan International Cooperation Agency
JIP	Jaringan Indonesia Positif (NGO/IP)
KGM	Kesehatan dan Gizi Masyarakat (Directorate of Public Health and Nutrition, Ministry of National Development Planning/National Development Planning Agency, Bappenas)
KH-KRI	Knowledge Hub *Kesehatan Reproduksi Indonesia* (Indonesian Reproductive Health Knowledge Hub)
KPAPO	*Keluarga, Perempuan, Anak, Pemuda, dan Olahraga* (Family, Women, Children, Youth and Sports Directorate) - BAPPENAS
KUPI	*Kongres Ulama Perempuan Indonesia* (Indonesian Women Ulema Networks)
LMIC	Low- or Middle-Income Country
LMIS	Logistics Management Information System
LNOB	Leaving No One Behind
MDGs	Millenium Development Goals
MIC	Middle Income Country
MISP	Minimum Initial Services Package
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MoEC	Ministry of Education, Culture, Research, and Technology
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoRA	Ministry of Religious Affairs
MoSA	Ministry of Social Affairs
MoWECP	Ministry of Women's Empowerment and Child Protection
MOYS	Ministry of Youth and Sports
MPD	Mobile Positioning Data
MPDN	Maternal Death Perinatal Notification
MPR	*Majelis Permusyawaratan Rakyat* (People's Consultative Assembly)
MSRP	Multi-Sectoral Response Plan for COVID-19
MYS	Mean Years of Schooling
NCVAW	National Commission on Violence Against Women
NGO	Non-Governmental Organization
NFMc	New Funding Model continuity
NMR	Neonatal Mortality Rate
NPCU	National Programme Coordinating Unit
NU	Nahdlatul Ulama (*Faith-based Organisation*)

OECD-DAC	Organization for Economic Cooperation and Development - Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights (United Nations)
OoS	Out-of-school
OPSI	*Organisasi Perubahan Sosial Indonesia* (Indonesian Organization for Social Change)
P2P	*Pencegahan dan Pengendalian Penyakit* (Directorate General of Disease Prevention and Control, Ministry of Health)
P2TP2A	*Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak* (Integrated Service Center for the Empowerment of Women and Children)
PEDUM	*Pedoman Umum* (General Guidance)
PD	Population Dynamics
RAN-PIJAR	*Rencana Aksi Nasional Peningkatan Kesejahteraan Anak Usia Sekolah dan Remaja* (National Action Plan for Improving the Well-being of School-Age Children and Adolescents)
PKBI	*Perkumpulan Keluarga Berencana Indonesia* (Indonesian Family Planning Association)
PLHIV	People living with HIV
PMA	*Peraturan Menteri Agama* (Regulation of the Minister of Religion)
PMK	*Peraturan Menteri Keuangan* (Minister of Finance Regulation)
PoA	Programme of Action (ICPD)
PP	*Peraturan Pemerintah* (Government Regulation)
PPP	Public Private Partnership
UPTD-PPA	*Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak* (Regional Technical Implementation Unit for the Protection of Women and Children)
RFP	Rights-based Family Planning
RPJMN	*Rencana Pembangunan Jangka Menengah Nasional* (National Medium Term Development Plan)
RPJPN	*Rencana Pembangunan Jangka Panjang Nasional* (National Long Term Development Plan)
SAPA-129	*Sahabat Perempuan dan Anak*-129 (Friends of Women and Children-129) (Hotline for GBV)
SBA	Skilled Birth Attendants
SDBI	*Satu Data Bencana Indonesia* (Indonesian One Disaster Data)
SDGs	Sustainable Development Goals
SIS	Strategic Information System
SMT	Security Management Team
SP	Social Protection
SRH & RR	Sexual and Reproductive Health and Reproductive Rights
SSTC	South-South and Triangular Cooperation
STI	Sexually Transmitted Infection
SUSENAS	*Survei Sosial Ekonomi Nasional* (National Socioeconomic Survey)
SWOT	Strengths, Weaknesses, Opportunities, and Threats.
TFR	Total Fertility Rate
TOC	Theory of Change
ToR	Term of Reference

UBRAF	Unified Budget, Results and Accountability Framework
UHC	Universal Health Coverage
UI	University of Indonesia
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNSDPF	United Nations Sustainable Development Partnership Framework
UPR	Universal Periodic Review
VAW	Violence Against Women
VNR	Voluntary National Review
WASH	Water, Sanitation and Hygiene YDI Youth Development Index
YKP	*Yayasan Kerti Praja* (NGO/IP)
YSSI	*Yayasan Siklus Sehat Indonesia* (NGO/IP)

Operational Definitions[1]

Reproductive Health:

(Based on Law Number 36 Year 2009 on Health)

Reproductive health shall be a wholly healthy condition whether physically, mentally and socially, and not merely free from diseases or disabilities relating to the reproductive system, functions and processes in men and women (Article 71 (1)). Reproductive health as referred to in subsection (1) shall include: a. prior to pregnancy, during pregnancy, childbirth and postnatal; b. pregnancy management, contraceptive devices and sexual health; and c. health of the reproductive system (Article 71 (2)). Every individual shall have the right to: a. has a healthy and safe reproductive life and sexual life free from coercion and/or violence with a lawful partner. b. determines his/her reproductive life and to be free from discrimination, coercion and/or violence that respect noble values and not degrading human dignity in accordance with religious norms. c. personally determines when and how often to reproduce in a medically healthy manner and not contradictory to religious norms. d. obtains information, education and counseling regarding proper and accountable reproductive health (Article 73). The Government shall ensure the availability of information facilities and reproductive health service facilities that are safe, of good quality and affordable for the people, including family planning (Article 73).

Sexual Health Service:

(Based on Government Regulation Number 61 Year 2014 on Reproductive Health)

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

Adolescent Reproductive Health Service:

(Based on Government Regulation Number 61 Year 2014 on Reproductive Health)

Adolescent Reproductive Health Service is an activity and/or a series of activities aimed at adolescents in the framework of maintaining reproductive health (article 3). Adolescent Reproductive Health Service based on article 11 aims to prevent and protect adolescents from risky sexual behavior and other risky behavior that can affect Reproductive Health; and equips adolescents with information and skills to lead healthy and responsible reproductive lives.

Rights-based Family Planning (RFP):

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

1. Equitable and quality family planning service delivery system sustained in public and private sectors to enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issues, Renstra (Strategic Plan) BKKBN Policy and Strategy, MOH NAP on Family Planning (FP) Strategy).
2. Increased demand for modern methods of contraception, meeting with the sustained use (based on RPJMN Strategic Issue, Renstra BKKBN Policy and Strategy, MOH NAP on FP Strategy).
3. Enhanced stewardship/governance at all levels, and a strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sectors to

[1] Country Programme Action Plan 2021 – 2025 for the Programme of Cooperation between the Government of Indonesia and the United Nations Population Fund.

enable all individuals and couples to meet their reproductive goals (based on RPJMN Strategic Issue, Renstra BKKBN Policy and Strategy, MOH NAP on FP Strategy).

4. Fostered and applied innovations and evidence for improving efficiency and effectiveness of FP programmes, and for sharing via South-South and Triangular Cooperation (based on Renstra BKKBN Policy and Strategy).

Rights-based Maternal Health and HIV-SRH Linkages, including the rights in humanitarian settings:

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

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

Gender Based Violence:

Any harmful act against a person's will, and based on socially ascribed (gender) differences; results in, or is likely to result in, physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty; whether occurring in public or private life.

Scope:

- Any act of violence experienced by individuals based on their biological sex or gender identity;
- Unequal relations between women and men, due to differences in power, knowledge, socio-economic status, or the desire of one party to control the other, that triggers violence against women and girls; and
- Apart from physical, psychological, sexual violence, exploitation and neglect, gender-based violence can take the form of discrimination, harassment, subordination, stigmatization and harmful practices/ traditions, especially against women and girls.

  In the context of the Government of Indonesia and UNFPA programme, this refers to violence against women and girls and possibility of violence against men and boys.

The Essential Service Package:

The global standard of essential services for the coordinated multi-sectoral responses for women and girls subject to violence. The provision, coordination and governance of essential health, police, justice and social services can significantly mitigate the consequences that violence has on the well-being, health and safety of women and girls' lives, assist in the recovery and empowerment of women, and stop violence from reoccurring. In the context of the Government of Indonesia and UNFPA programme, the essential and comprehensive services refer to existing government regulation (Ministry of Women Empowerment and Child Protection' Regulation Number 1 Year 2010 on the Minimum Standard of Services of Integrated Services for Women and Children Victims of Violence) in ensuring the fulfillment of victim's rights through following services:

- Reporting of Violence against Women/Children (VAW/C) cases;
- Health Sector response for VAW/C;
- Social rehabilitation for VAW/C; and
- Law enforcement and legal aid services for VAW/C; and

- Repatriation and social reintegration for VAW/C.

Inclusive Services:

Provision of the essential and comprehensive services for all women and girls which are not limited to the vulnerable groups of women such as: women with disabilities, female heads of household and elderly women.

Gender Transformative:

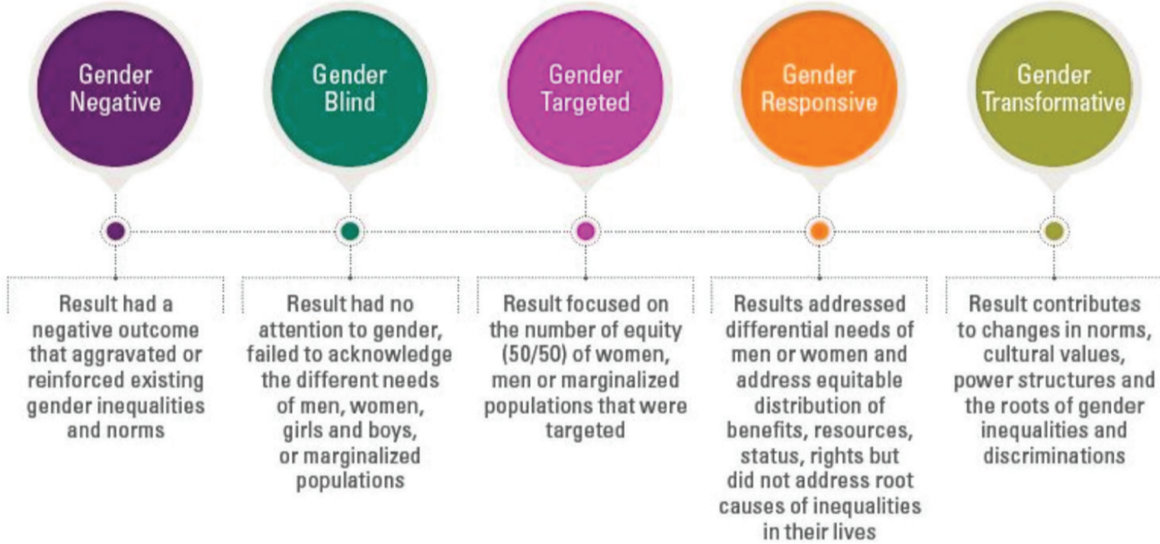
The approach is to encourage gender norms and power relation changes of individuals (men or women) at the family, community and policy maker to promote gender equality and justice. In the context of the Government of Indonesia and UNFPA programme, this approach refers to the strategy in engaging men and boys to change unequal gender norms and power relations.

Additional UN Resources:

Gender mainstreaming: [2]

Reorganizing, improving, developing and evaluating policy-making processes so as to incorporate a gender perspective in all policies at all levels and at all stages.

Gender Results Effectiveness Scale:[3]



[2] https://www.un.org/esa/sustdev/csd/csd15/lc/gender_terms.pdf.

[3] United Nations Evaluation Group, Guidance on Evaluating Institutional Gender Mainstreaming, Guidance Document, April 2018.

Table 1: Key Facts of Indonesia

Issue	Details
Land	
Geographical location [4]	6°04'30'' North-11°00'36'' South latitudes; 94°58'21''-141°01'10'' East longitudes
Land area [5]	1,892,410.09 sq km
Demographics	
Total population size *(year)* [6 7]	270,203,917 *(2020);* 281,603,800 *(2024)*
Population size by sex composition (year)[3 4]	M: 136,344,590; F: 133,231,950 *(2020)* M: 142,188,650; F: 139,415,150 *(2024)*
Urban population, percent (year) [8]	56.4% *(2022)*
Population under 15 years of age, percent *(year)* [3 4]	24.56% *(2020);* 23.67% *(2024)*
Population aged 10-24, per cent *(year)* [3 4]	24.87% *(2020);* 23.58% *(2024)*
Population aged of 15-64, percent *(year)* [3 4]	69.28% *(2020);* 69.05% *(2024)*
Population aged 65 and older, percent *(year)* [3 4]	6.16% *(2020);* 7.28% *(2024)*
Dependency ratio, percent *(year)* [3 4]	44.33% *(2020);* 44.82% *(2024)*
Birth rate *(year)* [3 4]	17.07 *(2020);* 16.32 *(2024)*
Death rate *(year)* [3 4]	4.74 *(2020);* 6.01 *(2024)*
Total fertility rate, per woman *(year)* [3 4]	2.18 *(2020)*; 2.12 *(2024)*
Life expectancy at birth (Total / Men / Women) *(year)* [3 4]	73.37 / 71.25 / 75.60 *(2020);* 74.06 / 71.70 / 76.54 *(2024)*
Economics	
Population with income below poverty line, percent *(year)*[9]	9.03% *(2024)*
Population living on less than USD 3.50 per day, percentage *(year)*[10]	18.1% *(2023)*
GDP growth rate *(year)* [11]	5.11% *(2024)*
GDP per capita *(year)* [12]	Rp. 74,964,701 (USD 4,919.7) *(2023)*
Reproductive health and Family planning	
Maternal mortality ratio, deaths per 100,000 live births *(year)*[7 13]	189 *(2020)*
Under-5 mortality, deaths per 1000 live births *(year)* [7]	19.83 *(2020)*
Infant mortality, deaths per 1000 live births, *year* [7]	16.85, *2020*
Births attended by skilled health personnel, per cent, *year* [14]	96.1%, *(2023)*
Antenatal care coverage, percent, *year* [15]	61.21%, *(2022)*
Children aged 12-23 months covered by national vaccination programme all basic vaccinations (vaccination card and mother's report), percent, *year* [9]	63.17%, *(2022)*
Current use of contraception ever married women 15-49 years of age, any method, *year* [9]	52.39%, *(2022)*
Current use of contraception ever married women 15-49 years of age, modern methods, *year* [9]	50.47%, *(2022)*
Current use of contraception currently married women 15-49 years of age, *year*	Not available
New HIV infections *year* (UN AIDS)[16]	24,000, *(2022)*
People living with HIV on treatment, *year* [10]	179,659, (2022)
Health expenditure to GDP, per cent of GDP, *year*[17]	0.88% (2023); (3.7%, (2021, World Bank))
Midwifery	

[4] BPS-Statistics Indonesia (2024), *Statistik Indonesia 2024* (Statistical Yearbook of Indonesia 2024), Jakarta: Badan Pusat Statistik, p.5.

[5] Ibid, p.10.

[6] BPS-Statistics Indonesia (2021), *Hasil Sensus Penduduk 2020* (Results of the 2020 Population Census), Berita Resmi Statistik (Official Statistical News) Number 7/01/Th.XXIV, 21 January 2021, Jakarta: BPS.

[7] BPS-Statistics Indonesia (2023b), *Proyeksi Penduduk Indonesia 2020-2050: Hasil Sensus Penduduk 2020* (Indonesia Population Projection 2020-2050: Results of the 2020 Population Census), Jakarta: BPS.

[8] BPS-Statistics Indonesia (2024a), Jumlah Penduduk menurut Wilayah, Daerah Perkotaan/Pedesaan dan Jenis Kelamin, Indonesia, Tahun 2022 (Number of population by provinces, urban-rural areas, sex in Indonesia, 2022), retrieved on April 24, 2024 from the official website of BPS-Statistics Indonesia. (https://sensus.bps.go.id/topik/tabular/sp2022/187/1/0).

[9] BPS-Statistics Indonesia (2024b), Profil Kemiskinan di Indonesia Maret 2024 (Poverty Profiles in Indonesia March 2024), *Berita Resmi Statistik* (Official Statistical News) No. 50/07/Th. XXVII, 1 July 2024.

[10] The World Bank (2024), Poverty Headcount Ratio at $3.65 a day (2017 PPP) (% of population), retrieved from the official website of the World Bank on April 20, 2024, (https://data.worldbank.org/indicator/SI.POV.LMIC).

[11] BPS-Statistics Indonesia (2024c), Pertumbuhan Ekonomi Indonesia Triwulan I-2024 (Indonesia's Economic Growth Q1-2024, *Berita Resmi Statistik* (Official Statististical News) No. 35/05/Th. XXVII, 6 Mei 2024, Jakarta: BPS.

[12] BPS-Statistics Indonesia (2024), Pertumbuhan Ekonomi Indonesia Triwulan IV-2023 (Indonesia's Economic Growth Quarter IV-2023), *Berita Resmi Statistik* (Official Statistical News) Number 13/02/XXVII, 5 February 2024, Jakarta: BPS.

[13] BPS-Statistics Indonesia (2023), *Mortalitas di Indonesia: Hasil Long Form Sensus Penduduk 2020* (Mortality in Indonesia: Results of the 2020 Population Census Long Form), Jakarta: BPS.

[14] Kementerian Kesehatan (2023), Survei Kesehatan Indonesia (SKI) 2023 Dalam Angka, Jakarta: Kemenkes BKPK.

[15] Kementerian Kesehatan (2023), Survei Kesehatan Indonesia (SKI) 2023 Dalam Angka, Jakarta: Kemenkes BKPK.

[16] https://www.aidsdatahub.org/country-profiles/indonesia.

[17] Health and education expenditures to GDP here is estimated on the basis of the Finance Minister's media conference (January 3, 2024) on the realized health and education expenditure reaching IDR183.2 trillion and IDR503.8 trillion respectively in 2023.
(https://www.antaranews.com/berita/3897318/menkeu-anggaran-kesehatan-terealisasi-rp1832-triliun-pada-2023 and https://www.antaranews.com/berita/3897303/kemenkeu-realisasi-sementara-anggaran-pendidikan-2023-capai-rp5038-t , as percentage to GDP at IDR20,892 trillion in 2023.

Estimated need for staff working in MNH met, percent, *year*	Ratio 75.646 per 100,000 population (IDHS, 2017); Target Ratio: 120 per 100,000 population by 2019 (Minister of Health Regulation Number 33 – 2015, Ministry of Health (2015))
Legislation exists recognizing midwifery as an autonomous profession, *year*	Minister of Health Regulation Number 28 of 2017 concerning permits and implementation of midwife practice.
Adolescents and young people	
Age-specific fertility rate aged 15-19 per 1,000 girls, *year*[18]	26.64, (2022)
Child marriage by age 18, percent, *year*[19]	6.92%, *(2023)*
Total net enrolment rate, primary education, percent, *year*[20]	97.89, *(2023)*
Total net enrolment rate, lower secondary education, percent, *year*[13]	81.35, *(2023)*
Total net enrolment rate, upper secondary education, percent, *year*[13]	62.53, *(2023)*
National education expenditure to GDP, percent of GDP, *year*[11]	2.41%, *(2023)*
Comprehensive knowledge of HIV, 15-24 years old, %, *year*[21]	16.9%, (2017)
Gender equality and women's empowerment	
Reported number of cases of GBV against women[22]	338,416, *(2022)*; 289,111,*(2023)*
Proportion of women in National Parliament, *year*[23] Proportion of women's involvement in Provincial & District Parliament, *year*[24]	20.8%, *(2022)* 22.14%, *(2023)*
Proportion of women in ministerial position, year[25]	20.69%, (2023)
Firms with women majority ownership, % firms, year[26]	22.10%, *(2023)*
Advancement of women to leadership roles (Indicator 1-7 best), year[27]	5.02, *(2023)*
Participation rate in workforce > 15 years [men vs. women] *year*	84.26% vs 54.52%, *(2023)*
Working part-time > 45 hours/week [men vs. women] *year*	19.32% vs 37.88%, *(2023)*
Monthly average wages/salary for those in labour, low level administrative roles in million rupiahs/monthly [men vs. women] *year*[28]	3.23 vs. 2.42 million Rp, *(2023)*
Unemployment [men vs. women] *year*[29]	5.83% vs 4.86%, *(2023)*
Those with tertiary education who are unemployed [men vs. women] *year*[30]	8.75% vs 16.61%, *(2023)*
Participation in labor force [men vs women] million, *year*[31]	75.31 vs. 46.45 million, *(2023)*
Distribution of managerial position [men vs. women] *year*[32]	67.95% vs 35.02%, *(2023)*
Internet use of those > 5 years (FB, Twitter WhatsApp, YouTube, Instagram, etc.) in the last 3 months [men vs. women] *year*[33]	72.07% vs 66.35%, *(2023)*
Literacy level (men vs women), year[34]	97.77% vs 95.29%, *(2023)*
Proportion of those aged 7-23 years who are still at school (men vs women), year[35]	72.8% vs 75.08%, *(2023)*
Graduates from tertiary education [men vs women] %. *year*	17.31% vs 25.27%, (2023)
Length of parental leave (days) [men vs women], year[36]	2 vs 90 days, (2023)
Proportion of managers who worked in the previous week across all occupations [men vs women] *year*[37]	1.4% vs 0.70%, *(2022)*
Proportion of population living below the national poverty line [men vs women] year[38]	9.35% vs. 9.67%, (2020)
Distribution of aging population >60 years by sex [men vs women], year[39]	47.72% vs 52.28% (2023)
Proportion of those aged >60 years [men vs women], year[40]	9.42% vs 10.43%, (2020)
Percentage of Aged >60 years serving as head of household [men vs women], year[41]	91.3% vs 35.8%, (2020)
Percentage of aged >60 who are widower vs widows, year[42]	17.3% vs 56.8%, (2020)

[18] BPS. 2023. Hasil Long Form Sensus Penduduk 2020

[19] BPS-Statistics Indonesia (2024), *Proporsi Perempuan Umur 20-24 Tahun yang Berstatus Kawin atau Bestatus Hidup Bersama Sebelum Umur 18 Tahun Menurut Propinsi* (% Women Aged 20-24 Currently Married or Living Together before the Age of 18 Year by Province), retrieved on April 20, 2024 from the official website of BPS. (https://www.bps.go.id/id/statistics-table/2/MTM2MCMy/proporsi-perempuan-umur-20-24-tahun-yang-berstatus-kawin-atau-berstatus-hidup-bersama-sebelum-umur-18-tahun-menurut-provinsi--persen-.html)

[20] BPS. 2024. https://www.bps.go.id/id/statistics-table/2/MzA0IzI=/angka-partisipasi-murni--apm--menurut-provinsi-dan-jenjang-pendidikan.html

[21] BKKBN-National Population and Family Planning Board, BPS-Statistics Indonesia, MoH and DHS Program ICF (2018), *Indonesia Demographic Health Survey 2017*, Table 12.3.1, Jakarta: BKKBN, BPS, Kemenkes and ICF.

[22] Komnas Perempuan [National Commission on Violence Against Women]. (2023). *CATAHU 2023: Catatan Tahunan Kekerasan terhadap Perempuan Tahun 2022. Kekerasan terhadap Perempuan di Ranah Public dan Negara: Minimnya Perlindungan dan Pemulihan*. Komnas Perempuan,. https://komnasperempuan.go.id/download-file/986.

[23] MPR RI-People's Consultative Assembly Indonesia (2024), *Keterwakilan Perempuan di Parlemen Harus Konsisten Ditingkatkan* (Women Representative in Parliament Must Be Consistently Increased), retrieved April 20, 2024 from official website PR RI.
(https://www.mpr.go.id/berita/Keterwakilan-Perempuan-di-Parlemen-Harus-Konsisten-Ditingkatkan#:~:text=Berdasarkan%20hasil%20Pemilu%202019%2C%20keterwakilan,dari%20575%20anggota%20DPR%20RI)

[24] BPS-Statistics Indonesia (2024), Proporsi Perempuan Umur 20-24 Tahun yang Berstatus Kawin atau Bestatus Hidup Bersama Sebelum Umur 18 Tahun Menurut Propinsi (% Women Aged 20-24 Currently Married or Living Together before the Age of 18 Year by Province), retrieved on April 20, 2024 from the official website of BPS. (https://www.bps.go.id/id/statistics-table/2/MTM2MCMy/proporsi-perempuan-umur-20-24-tahun-yang-berstatus-kawin-atau-berstatus-hidup-bersama-sebelum-umur-18-tahun-menurut-provinsi--persen-.html)

[25] World Economic Forum. (2022). Global Gender Gap Report 2023: Insight Report June 2023. W. E. Forum. http://reports.weforum.org/globalgender-gap-report-2023.

[26] BPS Statistics Indonesia. (2024). Tingkat Partisipasi Angkatan Kerja Menurut Jenis Kelamin, 2021-2023 https://www.bps.go.id/id/statistics-table/2/MjIwMCMy/tingkat-partisipasi-angkatan-kerja-menurut-jenis-kelamin.html

[27] World Economic Forum. (2022). Global Gender Gap Report 2023: Insight Report June 2023. W. E. Forum. http://reports.weforum.org/globalgender-gap-report-2023.

[28] BPS Statistics Indonesia. (2023). Perempuan Dan Laki-Laki 2023 Di Indonesia Volume 14,2023.

[29]Ibid.

[30] Ibid.

[31] Ibid.

[32] BPS Statistics Indonesia. (2024). Proporsi perempuan yang berada di posisi managerial menurut provinsi, 2021-2023.

[33] BPS Statistics Indonesia. (2023). Perempuan Dan Laki-Laki 2023 Di Indonesia Volume 14,2023.

[34] Ibid.

[35] Ibid.

[36] World Economic Forum. (2022). Global Gender Gap Report 2023: Insight Report June 2023. W. E. Forum.

[37] BPS. 2023. https://www.bps.go.id/id/statistics-table/2/MjAwMyMy/proporsi-perempuan-yang-berada-di-posisi-managerial-menurut-provinsi.html.

[38] BPS Statistics Indonesia. (2020). Statistik Penduduk Lanjut Usia (Katalog 4140001). BPS.

[39] Ibid.

[40] Ibid.

[41] Ibid.

[42] Ibid.

Percentage of aged >60 who live alone [men vs women], year	5.1% vs 14.1%, (2020)
Literacy rate of aged >60 [men vs women], year[43][44]	88.5% vs 74.7%, (2020)
Proportion of aged >65 years who smokes everyday [men vs women], year[45]	43.3% vs 1.57%, (2022)
Proportion of aged >65 years who in the last week are working [men vs women], year[46]	65.1% vs 38.3%, (2022)
Average monthly salary of aged > 65 years who are employed (000 rupiah) men vs women], year[47]	1.726 vs 1.009, (2022)
Proportion of aged >65 years with low paid [men vs women], year[48]	27.3% vs 49.3%, (2022)
Proportion of aged >65 years having health insurance [men vs women], year[49]	74.2% vs 73.1%, (2022)
Number of people living with disabilities aged > 5 years [men vs women], year[50]	266.126 vs 290.628, (2022)
Distribution of people living with disabilities [men vs women], year[51]	44.5% vs 55.5%, (2020)
Sex ratio at birth, males per 100 females, *year*[52]	102.0 (2024)

[43] Ibid.

[44] Ibid.

[45] Ibid.

[46] Ibid.

[47] Ibid.

[48] Ibid.

[49] Ibid.

[50] BPS Statistics Indonesia. (2022). Jumlah Penduduk Berumur 5 Tahun ke Atas yang Mengalami Kesulitan Mengurus Diri Sendiri menurut Kelompok Umur, Daerah Perkotaan/Perdesaan, Jenis Kelamin, dan Sebab Kesulitan Mengurus Diri Sendiri, Indonesia, Tahun 2022 https://sensus.bps.go.id/topik/tabular/sp2022/153/0/0

[51] Gunawan, T., & Rezki, J. F. (2022). Pemetaan Pekerja dengan Disabilitas di Indonesia Saran dan Rekomendasi Kebijakan. International Labour Organization.

[52] BPS-Statistics Indonesia (2023), Proyeksi Penduduk Indonesia 2020-2050: Hasil Sensus Penduduk 2020 (Indonesia Population Projection 2020-2050: Results of the 2020 Population Census), Jakarta: BPS.

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Executive summary

Purpose and scope of the evaluation; intended audience

i. The purpose of the present Country Programme Evaluation (CPE) combined accountability and learning, contributing to greater transparency of the UNFPA Indonesia Country Office (CO). The conduct of the evaluation was in line with the requirements of the UNFPA Evaluation Policy. The overall objectives of the CPE, in line with the Terms of reference (TOR), included (i) to provide an independent assessment of the UNFPA Indonesia 10th Country Programme (CP) (2021-2025) and (ii) to broaden the evidence base to inform the design of the next programme cycle. The evaluation had a clear forward-looking approach and included the provision of strategic and managerial recommendations for the next programme cycle. The audience of the evaluation concerned the UNFPA Indonesia CO, national level partners and stakeholders and rights-holders, the UNFPA APRO, and the UNFPA Headquarters as well as a wider range of stakeholders involved in the development process in Indonesia.

ii. The evaluation covered seven evaluation criteria (relevance, coherence, effectiveness, efficiency, sustainability, coverage and connectedness) and a total of eleven evaluation questions, conform the ones provided in the TOR. These criteria and questions covered both development and humanitarian aspects of the tenth country programme. The evaluation covered interventions planned and/or implemented within the time frame of the current CP, covering the three-year period 2021-2023 and covered all four outcome areas of the programme: (i) Sexual and reproductive health and reproductive rights (SRH&RR); (ii) Adolescent and youth (AY), (iii) Gender equality and women's empowerment (GEWE), and (iv) Population dynamics and data (PD). The evaluation included the transversal functions of strategic partnerships, resource mobilization, communication, and results-based programme management, as well as the mainstreaming of gender equality and women's empowerment, disability inclusion, social and environmental standards and the Agenda 2030 principle of Leaving no one behind (LNOB). The CPE covered assistance funded from UNFPA's core resources, non-core resources and resources jointly mobilized with other UNCT agencies. It focused on the work implemented through UNFPA's governmental implementing partners and non-governmental strategic partners, as well as on policy engagement and advocacy interventions.

Methodology

iii. The evaluation applied a theory-based approach, making use of the CPD and CPAP results frameworks as well as of the Theories of Change (TOCs) developed for each of the five outputs of the programme. Results chains concerned were used to inform contribution analysis. The use of a participatory approach enabled triangulation of data across different stakeholders. Validation of data was, moreover, enhanced through the use of both primary and secondary data sources as well as the use of a variety of methods for data gathering and the conduct of validation meetings. The evaluation team applied the UNEG Norms and Standards for evaluation as well as the ethical guidelines throughout the evaluation process. For interviews with survivors of Gender based violence (GBV) WHO guidelines were followed. Throughout the data gathering process, aspects of vulnerability and attention to groups and people left behind were included, attempting as much as possible to obtain disaggregated data that enabled the identification of inequalities. Criteria for disaggregation of data included sex, age and disability as well as geographical location and other relevant vulnerability criteria in local contexts, with attention to aspects of intersectionality, i.e. the combination of vulnerable aspects in specific groups and people.

iv. Data collection was conducted at national and sub-national levels making use of desk review, semi-structured interviews, focus group discussions, observations and email communications. At the national level, all types of stakeholders identified were included in the data gathering process, while at sub-national level, a purposive sampling was made, including two provinces (West Java and Central Sulawesi) where the programme had supported various pilots and other types of

interventions for in-person visits. This covered both development and humanitarian programming. Four more provinces were selected for online interviews in order to cover additional aspects of the programme, including ARH education in Aceh province, AIDS programming in Papua, One Disaster Data in Cianjur and humanitarian aspects in Yogyakarta. In this respect, data gathering covered both Java Island (the most densely populated area of the country), as well as islands West and East of Java. A total of 267 persons were interviewed, 69 percent of women respondents.

Main findings

v. The country programme was clearly aligned with the Indonesia national medium term development plan (RPJMN), the UNFPA Strategic plans and the UNSDCF as well as the 2030 Agenda and the ICPD. It aimed to address the needs of the most vulnerable groups, including women and adolescent girls and those with disabilities in development and humanitarian programming, informed by relevant analysis. The programme was aptly adapted to contextual changes, including the COVID-19 pandemic and its health, economic and social ramifications.

vi. Programme interventions have been coherent with those of other stakeholders in development and humanitarian programming, including government, civil society, academia and the private sector, with coordination provided by BAPPENAS in terms of alignment with national strategies and international development commitments. UNFPA played an active role in each of its mandate areas, in enhancing the United Nations collective contribution to national development results and humanitarian response

vii. A substantial number of results could be achieved in each of the outcome areas of the programme in terms of development and humanitarian aspects. Output level results provided contributions to outcome level changes. Nevertheless, achievement of outcome level indicators varied, with those in the GEWE outcome area achieved, while results in other outcome areas were partly or expected to be achieved at the end of the programme cycle.

- In SRH&RR outcome area, important progress was made in Maternal and perinatal death surveillance and response (MPDSR), in enhancing the quality of midwifery education and emergency obstetric care and increasing resource allocation for SRH at the district level, aiming to reduce the maternal mortality ratio (MMR).
- Regarding the AY component, the programme enhanced ARH education, updated the Youth development index (YDI) for use in capitalizing on the Demographic Dividend (DD) and informing youth related policy making. Youth platforms reinforced their capacities for online SRH information sharing and advocacy for youth development.
- In the GEWE outcome area, results included strengthened GBV services at national and sub-national levels, enhanced access to essential services for GBV survivors in targeted districts and progress made in promotion of gender positive norms.
- Regarding the PD outcome area, the National master plan on population and development was put in place, national population data platforms developed, including the One Indonesia Data, Indonesian Vital Statistics System, Indonesian One Disaster Data web-based platform and the National knowledge hub dashboard. Moreover, PD contributed to inform each of the other outcome areas of the programme with disaggregated data, including population projections, by sex and age groups.

viii. UNFPA has made use of a rights-based and gender transformative approach in the programme with the access to SRH and FP services considered as a human right of women and girls and with the inclusion of men in family planning and addressing harmful masculinities. This has also been practiced through a focus on duty bearers, and systemic capacities at the national level, however, without sufficient feedback on the results at sub-national level in terms of improvements in the lives of women and girls. Across the four outcome areas, the programme has included disability as an aspect of vulnerability.

ix. In order to inform national level development, the programme has piloted initiatives in several of the outcome areas at the sub-national level. While results have been achieved in the selected districts, the methodological underpinnings of selection of sub-national entities and monitoring and

evaluation of results have been relatively weak with a lack of inclusion of the M&E team in the design of the initiatives. This has limited, so far, the availability of robust evidence on the workings of the pilots in generating results and lessons learned. Explicit approaches to replication and scaling up of pilot initiatives, informed by evidence concerned, have yet to be developed.

x. The government and UNFPA have set up a useful governance mechanism which has provided shared ownership and has supported the implementation of the programme in each of the outcome areas, though has included high transaction costs. UNFPA human resources have been in place, with technical capacity of UNFPA staff revered by many of its partners and with a low staff vacancy rate. With a focus on disability in the contents of the programme, such a focus has also been incorporated in terms of recruitment processes and financial compensation mechanisms. The addition of a Strategic Partnership and Resource Mobilization post and expansion of the communications team has enhanced relevant organizational capacities of the country office.

xi. Resources have been used efficiently throughout the programme. There have been some delays in the approval of work plans and related release of budgets, limiting the timeframe for work plan implementation for some implementing and strategic partners. The financial management system has changed, moving to the Quantum system, requiring building capacities of UNFPA and partners.

xii. Monitoring and reporting system has been in place, which have primarily focused on activities and milestones with limited use of results-based management. Though a costed evaluation plan was in place, this did not specify project and thematic evaluations that could inform Country Programme mid-term review and evaluation.

xiii. Programme partnerships have been expanded with inclusion of private sector partners in terms of programming, which is providing new opportunities and requiring attention to capacity building of such partners. Resource mobilization has been successful and has so far outperformed targets set in the CPD. An initiative was launched for the development of a new programme financing model, aiming at the leveraging of domestic government and other resources to scale up SRH&RR related results. This includes additional partnerships with International Finance Institutions (IFI), private sector agencies and other relevant stakeholders.

xiv. While strong national level commitment is in place to sustain results in each of the outcome areas, with UNFPA support aligned with GOI policies and several government decisions enhancing sustainability of results, there is a need to ensure such commitment at sub-national level, within the decentralized administrative system in Indonesia. Capacities to sustain results have been built in terms of both staff and organizational capacities of partners concerned, including the development of knowledge products for the use of partners, which is an ongoing process. In terms of financial aspects of sustainability, pledges to sustain results cannot be taken for granted as UNFPA support has often been seen as filling parts that GOI has not been able to support, challenging continuation of results.

xv. The humanitarian support of the programme has effectively prioritized vulnerable groups by utilizing disaster risk indices and COVID-19 priority designations, while supporting the implementation of MISP SOPs to ensure access to SRH and GBV services, particularly in high disaster risk provinces and districts. Despite challenges, including limited resources and staff turnover, initiatives have addressed the immediate needs of women and girls, youth and people with disabilities during several crises.

xvi. Emergency preparedness has been an important part of humanitarian support, including a focus on MISP, though efforts have faced challenges in terms of follow-up, including integration of resources into sub-national preparedness plans. Additionally, constraints remain in making use of lessons learned so far to accelerate and expand preparedness for emergencies at community level.

xvii. Humanitarian response has included linkages with longer-term development objectives by enhancing national and local capacities through the establishment of permanent Reproductive Health and GBV Sub-Clusters, integrating humanitarian initiatives into regular planning and

programming at local levels and through the national integrated SDBI platform for disaster-related data to inform targeting of support.

Conclusions

1. The strategic relevance of the programme has been high, aligned with Government, UNFPA and international development agenda's and informed by analyses to enhance the equity focus of the programme, which could be further enhanced through the use of an intersectionality approach. While the programme focus at national level policy and planning was informed by knowledge development, this has lacked so far, a clear knowledge management strategy. The programme has contributed to the UNSDCF and UNFPA has played an important role co-leading UNCT thematic working groups.
2. The programme has used a rights-based approach, including the Agenda 2030 principle of 'leaving no one behind'. Targeting of vulnerable groups could benefit from the use of an intersectionality approach while the programme's gender transformative approach could move beyond health technical aspects, to include socio-cultural aspects of RH seeking behavior of vulnerable groups.
3. Achievement of results has varied across the outcome areas. Many of the output level indicators were reached, which contributed to intermediate level change. However, outcome level indicators have not always been achieved, with several of these being high-level national indicators, while pilot interventions have not yet been upscaled to warrant national level results.
4. With the shift of the programme towards a focus at national level, coordination between national and sub-national level change has been insufficient. This goes both for the monitoring of results at the sub-national level of national level policies and plans as well as for the use of the learnings from sub-national level pilots to inform national level planning and upscaling of results.
5. While the governance setup of the programme has provided a high level of ownership, its three-tiered approach has resulted in relatively high transaction costs. The overall programme approach has been efficient in providing technical support to on-going government initiatives. Human resources have been of high quality and earlier expansion of posts has the ability to enable the organizational shift from supporting funding towards financing of development.
6. Resource mobilization has been successful and as UNFPA aims to move from development funding to development financing, it will need to partner with those organizations that can support bringing pilot interventions to scale, informed by a proof of concept.
7. While the programme has used a robust results framework for monitoring, partner reporting has focused primarily on activities. Together with the lack of a clear evaluation plan for pilot and other project interventions, this has limited the use of results-based management.
8. While ownership of results has been high, enhancing opportunities for sustainability, continued funding is not assured and there is so far no roadmap for the scaling up of pilot initiatives, limiting sustainability of results.
9. Humanitarian support has focused on continuation of RH and GBV services for vulnerable women and girls and coordination of response across stakeholders, with support to One Disaster Data informing targeting. The humanitarian - development nexus has been applied in response and the programme focus on preparedness and risk reduction remains crucial in the Indonesian context.

Recommendations (For full recommendations, including rationale and operational implications, see main report)

Recommendations have been informed by the viewpoint of respondents in interviews and focus group discussions, as well as through the inputs provided in validation meetings with ERG members, UNFPA team and partners. Moreover, a specific discussion was held with UNFPA leadership and feed-back was received from partners on draft recommendations, including CSOs working with vulnerable groups.

Strategic Recommendations

1. **In the next country programme cycle, strengthen the strategic focus of the programme in line with UNFPA's Strategic Plan 2022-2025, including the outputs of: Policy and accountability, Quality of care and services, Gender and social norms and Population change and data, with attention to Adolescents and youth and Humanitarian support mainstreamed across these components guided by a clear Theory of Change (TOC) that identifies the contribution of each of the outputs to each of the three transformative results.**
   a. **Priority**: medium
   b. **Addressed to**: UNFPA and partners
   c. **Based on conclusions:** 1, 2, 3, 5, 9
2. **Consider adapting the three-tiered governance mechanism of the programme, reducing the number of layers to limit duplication of effort, in order to enhance efficiency and reduce transaction costs while maintaining high levels of ownership and coordination.**
   a. **Priority**: high
   b. **Addressed to**: UNFPA, BAPPENAS and partners
   c. **Based on conclusions**: 5, 8
3. **Apply an inter-sectionality approach for the identification and targeting of left behind and underserved groups and individuals in the various parts of the programme, in this way reinforcing addressing of inequalities, informed by a robust analysis of the interconnectedness of social categories of vulnerable groups in the various parts of Indonesia, both in development and humanitarian contexts.**
   a. **Priority**: high
   b. **Addressed to**: UNFPA, implementing and strategic partners
   c. **Based on conclusions:** 1, 2

Management Recommendations

4. **Enhance the linkages between policy engagement-oriented interventions at national level and monitoring of results at the sub-national level in order to reinforce the use of feedback loops and support linkages between policy level engagement and accountability for results, making use of such feedback to adapt and modify national level interventions to enhance results of national level policy engagement.**
   a. **Priority**: high
   b. **Addressed to**: UNFPA and partners at national and stakeholders at sub-national level
   c. **Based on conclusions**: 3, 4, 7
5. **Strengthen the approach to piloting, including the design, monitoring and evaluation of pilots, their methodology and the ways in which results can be scaled up through the use of GOI resources or with support from other development partners in order to progress towards targets on indicators related to the three transformative results at national and sub-national levels.**
   a. **Priority**: high
   b. **Addressed to**: UNFPA, implementing and strategic partners and other development partners
   c. **Based on conclusions**: 3, 4, 6, 7, 8
6. **Reinforce the use of results-based management in all phases of the programme cycle to inform management of the individual components of the programme as well as the programme as a whole, based on the evidence gathered and, in this way, enhancing results for each of the programme components and of the programme as a whole.**
   a. **Priority**: medium

   b. **Addressed to**: UNFPA and partners
   c. **Based on conclusions:** 1, 4, 6, 7

7. **Review the partnership approach of the programme, in order to enable the inclusion of those partners that can be expected to support replication and bringing to scale the results obtained in pilot interventions, including IFIs and private sector stakeholders in addition to government agencies and strategic partners as well as civil society and faith-based organizations and local level grass roots organizations with a particular focus on reaching those left behind, including the furthest left behind.**
   a. **Priority**: High
   b. **Addressed to**: UNFPA, implementing and strategic partners and other development partners
   c. **Based on conclusions:** 4, 6, 7

8. **Strengthen coordination between national and sub-national government IPs and stakeholders on population data analysis in order to optimize the use of population data to inform planning and implementation of development programmes at national and sub-national levels.**
   a. **Priority**: High
   b. **Addressed to**: UNFPA and government IPs at national and sub-national levels
   c. **Based on conclusions:** 3, 4

1. Introduction

1.1. Purpose and objectives of the Country Programme Evaluation

1. The purpose of the present Country Programme Evaluation (CPE) combined accountability and learning objectives, contributing to greater transparency of the UNFPA Indonesia Country Office (CO). The conduct of the evaluation was in line with the requirement of the UNFPA Evaluation Policy.[53] The evaluation was a means to demonstrate accountability of performance of the tenth country programme (CP10). It aimed to support learning through broadening the evidence-base of achievements within the programme and the organization and to inform the design of the next eleventh programme cycle of UNFPA and partners starting in 2026. The evaluation results fed into the evaluation of the United Nations Sustainable Development Cooperation Framework (UNSDCF), which was being conducted at the same time.[54]
2. In line with the Terms of Reference (TOR), the overall objectives of the CPE were (i) to provide the UNFPA Indonesia CO, national stakeholders and rights-holders, the UNFPA APRO, the UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Indonesia 10th CP (2021-2025) and (ii) to broaden the evidence base to inform the design of the next country programme cycle.
3. The evaluation had a clear forward-looking approach. In terms of its recommendations, the CPE focused on the opportunities for informing the development of the next country programme cycle, including its programmatic strategies and implementation approaches, in line with changing national and international contexts as well as any adaptations required in terms of management arrangements for enhanced programme implementation.
4. The evaluation team applied the UNEG Norms and Standards for evaluation as well as the ethical guidelines throughout the evaluation, including the independence and impartiality of the process and the credibility and utility of the evaluation results. The evaluation team members abided by the UNEG Code of Conduct throughout the evaluation process.[55]

1.2. Scope of the evaluation: thematic (evaluation questions with assumptions for verification), geographic, and temporal

5. The evaluation covered seven evaluation criteria and a total of eleven evaluation questions, conform the ones provided in the TOR. These criteria and questions covered both development and humanitarian aspects of the tenth country programme. An overview of the questions is provided in Table 2 below, including main assumptions assessed for each of the questions.

Table 2: Overview of evaluation criteria, questions and assumptions that guided the evaluation process

Evaluation Questions	Assumptions from Evaluation Matrix
Relevance	
1. To what extent has the country programme addressed: (i) the needs of diverse populations, including the needs of vulnerable groups (e.g. young people, women and girls with disabilities, elderly, people living with HIV/AIDS, customary	• UNFPA support has been adapted to the needs of the population with emphasis on the most vulnerable population groups • UNFPA support has been in line with the national priorities

[53] UNFPA, UNFPA Evaluation Policy, Driving evidence-based actions, Delivering rights and choices for all, New York, 2024.
[54] United Nations Indonesia, Concept Note, UNSDCF Indonesia 2021-2025 Evaluation, Version 9 January 2024 at https://indonesia.un.org/sites.
[55] UNEG, United Nations Evaluation Group, Norms and Standards for Evaluation, 2016, 2017; UNEG, Ethical Guidelines for Evaluation, March 2008; UNEG, UNEG Code of Conduct for Evaluation in the UN System, March 2008.

<table>
<tr><th>Evaluation Questions</th><th>Assumptions from Evaluation Matrix</th></tr>
<tr><td>communities) as per UNFPA's Strategic Plans; (ii) national and regional development strategies and policies in SRH & RR, GEWE and population data?</td><td>● UNFPA support has been in line with the 2030 Agenda, international normative frameworks, the UNFPA Strategic Plan 2018-2021 / 2022-2025 and the UNSDCF</td></tr>
<tr><td>2. To what extent has the country programme adapted to evolving needs of the target population, especially of those from vulnerable groups, during humanitarian crises and/or major political changes and the needs of targeted stakeholders (policy makers, programme managers, and providers)?</td><td>● UNFPA support has been adapted in line with unexpected developments and contextual changes, including the outbreak of the COVID-19 pandemic and the related GOI adaptations of health policies and system</td></tr>
<tr><td colspan="2">Coherence</td></tr>
<tr><td>3. To what extent is the country programme: (i) aligned to national commitments to implementation of international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, and (ii) coordinated with UN partners and other key stakeholders?</td><td>● UNFPA programme has been coherent with government efforts on ICPD, SDGs and other international commitments, with those of CSOs, and other development partners, with efforts of sister UN agencies
● UNFPA humanitarian response, including to COVID-19 pandemic has been coordinated with the efforts of government and other stakeholders</td></tr>
<tr><td>4. What has been the role played by the UNFPA Indonesia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results and improving humanitarian response ensuring contribution to longer-term recovery?</td><td>● UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT in relation to development programming
● UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the humanitarian country team</td></tr>
<tr><td colspan="2">Effectiveness</td></tr>
<tr><td>5. To what extent have UNFPA-supported interventions contributed to the achievement of the Three Transformative Results and key outcomes in the country program , in each of its outcome areas and across development, humanitarian and peace settings?</td><td>● SRH & RR outputs achieved and contributed to outcome level change
● AY outputs achieved and contributed to outcome level change
● GEWE outputs achieved and contributed to outcome level change
● PD outputs achieved and contributed to outcome level change
● UNFPA's humanitarian programming contributed to enhanced organizational capacities in disaster preparedness and disaster risk reduction
● Enabling and constraining factors for reaching results</td></tr>
<tr><td>6. To what extent has UNFPA successfully integrated human rights, gender equality and disability inclusion in the design, implementation and monitoring of the country programme?</td><td>● Programme and project design and implementation have integrated: a human rights-based approach; gender equality and women's empowerment; disability inclusion as well as inclusion of other vulnerable and 'left behind' groups using an intersectionality approach</td></tr>
<tr><td>7. To what extent and in what ways has UNFPA used its limited resources to achieve substantial results in each of the outcome areas of the programme?</td><td>● UNFPA has used policy level engagement to enhance regulatory frameworks in each of the mandate areas of the organization, informed by international guidelines and lessons learned
● UNFPA has made use of learnings obtained through sub-national level support to inform national level policy making and legislation
● UNFPA has used pilot initiatives to test out what works in which contexts in order to inform larger scale programming of government and other stakeholders</td></tr>
<tr><td colspan="2">Efficiency</td></tr>
<tr><td>8. To what extent has UNFPA utilized its human, financial and administrative resources efficiently through employing suitable policies, innovative</td><td>● UNFPA made efficient use of its human and financial resources to pursue the achievement of results</td></tr>
</table>

Evaluation Questions	Assumptions from Evaluation Matrix
procedures, knowledge management processes and tools to work towards the attainment of the defined outcomes within the country programme?	• UNFPA made efficient use of its and partners' technical resources to pursue the achievement of the results • UNFPA made efficient use of its partnerships to pursue the achievement of the results • UNFPA has made efficient use of results-based management processes and tools to pursue the achievement of the results
Sustainability	
9. To what extent has UNFPA assisted implementing partners and rights-holders (notably, women, girls, adolescents and youth) in developing capacities and establishing mechanisms that engage rights-holders to ensure the long-term sustainability of programme results?	• Political will in place to ensure the continuation of benefits supported by the country programme after interventions terminate • Financial allocations put in place to enable continuation of benefits of support provided through interventions after they terminate • Capacities of implementing partners and beneficiaries have been developed as a result of program interventions, enhancing the durability of effects of both development and humanitarian interventions
Coverage	
10. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations, especially the most vulnerable groups (young people, women with disabilities; women and girls of racial, ethnic, religious and national minorities, elderly), reside?	• Partner capacities have been enhanced to ensure reaching the most vulnerable groups with SRH and GBV services in emergency settings • SRH services have become more available to the most vulnerable groups in emergency settings • Emergency preparedness capacities have been enhanced making use of MISP
Connectedness	
11. To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme, including developing capacities of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to enhance their preparation for, response to and recovery from humanitarian crises?	• Extent to which humanitarian aid has taken into account longer term development aspects • Extent to which humanitarian aid and support has taken account of interconnectedness of problems and issues in the national and subnational contexts concerned

6. As part of several of the evaluation questions, issues of vulnerability, inequality and the Agenda 2030 principle of 'Leaving no one behind' (LNOB) were included. This focused in particular on women, adolescent girls, young people, people with disabilities, people living with HIV and AIDS, elderly people and customary communities as well as combinations of vulnerabilities.
7. The evaluation covered interventions planned and/or implemented within the time frame of the current CP, covering the three-year period 2021-2023.[56] Assessment included all four outcomes of the country programme: 1: Sexual and reproductive health and reproductive rights (SRH & RR); 2: Adolescent and youth (AY), 3: Gender equality and women's empowerment (GEWE), and 4: Population dynamics and data (PD). The evaluation included the transversal functions of strategic partnerships, resource mobilization, communication, and results-based programme management, as well as the mainstreaming of gender equality and women's empowerment, disability inclusion, social and environment standards and the use of the SDG principle of LNOB in supported initiatives.

[56] Given the timing of the CPE, with fieldwork conducted in June 2024, in addition to the three-year period 2021-2023, the evaluation included any major programmatic or organizational issues emerging in the first quarter of 2024, for which in addition to primary data, quarterly reporting was available. Moreover, use was made of the CPAP update of Q2 2024.

8. The CPE covered assistance funded both from UNFPA's core resources as well as non-core resources and UNFPA's use of resources jointly mobilized with other UNCT agencies. It focused on the work implemented through UNFPA's government implementing partners (IP) and non-governmental strategic partners (SP), as well as on policy engagement and advocacy interventions, carried out by the UNFPA CO directly. It assessed the strategic approaches that underpin the programme in each of the outcome areas covered, as well as the implementation processes and the enabling human resources and financial and programmatic management and monitoring systems, and the extent to which these systems have been supportive to reaching results. The application of a human rights-based and gender transformative approach were part of the evaluation. Besides the assessment of the intended effects of the programme, the CPE comprised any unintended effects of the programme, including positive changes as well as eventual negative and unwanted effects of interventions.
9. The evaluation covered UNFPA supported initiatives both at national and sub-national levels, in all parts of the country, including attention to pilot activities in each of the outcome areas of the programme.

1.3. Evaluation Approach

10. The evaluation applied a theory-based approach, making use of the latest UNFPA Strategic Plan results framework[57] as well as the results framework of the CPD and Theories of Change (TOC) of the Country Programme outputs in order to assess the causal linkages amongst the inputs and activities implemented and the resulting output and outcome level changes. An initial assessment of the TOCs of the programme was conducted as part of the design phase, which was further elaborated during the field phase of the evaluation and informed the contribution analysis below. In line with the recommendation of the evaluability assessment, the evaluation made use of a formative, rather than a summative approach, focusing on learning and intended to improve the ongoing processes of the country programme and to inform the next programme cycle.[58]
11. The evaluation made use of a participatory approach, including as much as possible a wide range and variety of stakeholders at national and sub-national levels (Government partners, ERG members, UNFPA staff, sister UN agencies, civil society organizations, academia, and staff and users of selected health facilities with a particular focus on women and girls, youth, survivors of GBV and people with disabilities) in the various stages of the evaluation process. This included the introduction of the evaluation, the process of data gathering, the development of recommendations, the validation of evaluation findings and conclusions, and commenting on the draft evaluation report. Two validation meetings were conducted, one with UNFPA staff and one with the ERG, IPs and SPs. Draft recommendations were informed by requesting inputs from all of the respondents interviewed and were discussed with UNFPA Senior Management. The inclusion of multiple stakeholders allowed for triangulation of data across the various respondents and in this way enhanced validation of findings. Through the use of a participatory approach the level of ownership of the evaluation process and its results was enhanced which in turn enhanced the likeliness of the use of the evaluation recommendations.
12. The evaluation made use of appreciative inquiry rather than a problem-oriented approach. In this way the focus was turned away from finding solutions to problems towards a more positive approach, focusing on what works and how this can be reinforced within the programme and the country office. Through its focus on appreciative questioning, appreciative inquiry provided a powerful way to engage participants in evaluative discussions. Rather than addressing problems as negatives, what was not working was assessed through inquiring what participants would wish to

[57] United Nations Population Fund, The UNFPA Strategic Plan, 2022-2025, Annex 1, Integrated results & resources framework.

[58] Putri Vidya Dewi and Rangga Radityaputra, Evaluability Assessment Report, UNFPA Indonesia Country Programme 2021-2025, Indonesia, 2023.

be different in their organization, and the way in which projects were implemented, in order to enhance results.

13. Throughout the data gathering process, aspects of vulnerability were included, attempting as much as possible to obtain disaggregated data that enabled the identification of inequalities, the specifics of programme support provided to vulnerable groups and the results concerned. Criteria for disaggregation of data included sex, age and disability as well as geographical location and other relevant vulnerability criteria in local contexts, with attention to aspects of intersectionality, i.e. the combination of vulnerable aspects in specific groups.
14. Important part of the methodology concerned the use of existing secondary resources. This included evaluations, reviews and evaluative studies conducted during or as part of the programme cycle under review as well as the previous programme cycle. The evaluation made use of the UNFPA Strategic Plans and policy documents, Country Office Annual Reports as well as Annual and Quarterly SIS Reports, and work plans and reporting of implementing and strategic partners. Moreover, use was made of other relevant UNFPA CO programme documentation and documentation of Government in each of the outcome areas of the programme. The use of multiple sources for data gathering, the diversity of inclusion of stakeholders, the variety of methods used in data gathering and analysis and the conduct of validation meetings, provided means to avoid bias throughout the data gathering and analysis processes and enhanced validity of findings.

1.3.1. Contribution analysis using theory of change[59]

15. While the country programme was developed based on the UNFPA strategic plan 2018-2021, it was adapted in 2022 to be in line with the 2022-2025 plan of the organization. Alignment with the three transformational results of the new plan required adaptation of intermediate level results rather than outcome level changes.[60] Notwithstanding this change in the organizational level strategic plan, it did not result in an alignment of the UNFPA Indonesia TOCs, which remained at the output level and did not identify how each of the programme components contributes to each of the UNFPA transformative results, which limited their use.
16. The country programme has made use of several modes of operation, including capacity development, knowledge management and policy level engagement to achieve its objectives making use of partnerships with government, civil society and academic stakeholders in the various parts of the programme. Moreover, South-South Cooperation was used. Support has focused on national level policies and plans on the one hand and pilot type of initiatives at sub-national level on the other hand.
17. Based on the new UNFPA Strategic Plan 2022-2025, from July 2021, a realignment process was undertaken in order to ensure that the UNFPA programme was aligned with the new strategy. The CPAP results framework was slightly adapted in line with the strategy. Changes made concerned limited rewording of some of the output level indicators, and adjustments of some of the sub-output indicators, adapting the way in which outputs were expected to be achieved, with some of the sub-outputs rearranged, but keeping the same output level changes and indicators. One substantial reformulation concerned the first indicator of the SRHR output 1, which was re-focused on the national health transformation agenda, rather than on the national roadmap for acceleration of MMR. This was based on the legal and programmatic changes within the MOH due to the COVID-19 pandemic and the need for the programme to be adapted in this respect. Targets regarding the midwifery council related issues were postponed, with the council established in 2023 only. For details see Annex 5.[61]

[59] This section of the report is informed by the programme results framework of the CPD, the CPAP results framework and its latest update Q2 of 2024, the Theories of Change of the four outputs of the programme and the Updated CPAP Tracker of Q2 2024 (internal PPT presentation) as well as key informant interviews conducted as part of the design and data gathering phases of the evaluation.

[60] Target 2023 CPAP Revision vs TT Meeting ARM Presentation (internal Excel spreadsheet).

[61] Ibid.; Key informant interviews.

18. In terms of the SRH&RR outcome area, the first output of the programme focused on enhancement of maternal health and related services, the reduction of disparities in access to and use of these services with the aim to reduce the Maternal Mortality Ratio (MMR), contributing to SDG 3.1 and with an MMR related outcome level indicator. The development of a national roadmap for acceleration of MMR reduction was adapted in 2022 to get in place the Maternal Mortality Reduction Strategy for RPJMN 2025-2029. At the same time, the country programme supported technical level capacities, including innovative approaches to Maternal Perinatal Death Surveillance and Response (MPDSR) to assess the main causes for the occurrence of maternal deaths and enable a response, improve the midwifery education system and enhance availability of quality Emergency Obstetric and Neonatal Care (EmONC) services and their inclusion in the Universal Health Care (UHC) essential service package. This was to contribute to enhanced quality and coverage of skilled birth attendance and antenatal care. The achievements were informed by sub-national level MMR data supported under the PD outcome, by ARH guidelines and education as part of the AY outcome area as well as by support to family planning as part of the second output under the SRH & RR outcome area of the programme.
19. The second output of SRH & RR outcome area covered aspects beyond maternal health, aimed at the decrease of the unmet need for family planning (FP) contributing to SDG 3.7. Health concerns, particularly over the side effects of contraception, have remained a significant contributing factor to the unmet need for FP. The programme interventions focused on strengthening of integrated planning, budgeting and monitoring for sexual and reproductive health programmes at sub-national level, which components included family planning as well as technical assistance for strengthening access to and quality improvement of FP services. Moreover, focus was on HIV and other STIs, adolescent reproductive health, health sector responses to GBV and harmful practices, as well as humanitarian preparedness and response, including the needs of vulnerable groups, in particular disabled people and People living with HIV (PLHIV). All initiatives aimed to enhance regulations and policies for better implementation of reproductive health programs in decentralized systems, using multi-sectoral approaches in district action plans, including costed implementation plans and development of investment rationale for SRH. At the technical level, the output focused amongst others on rights-based approaches to increase demand and to reduce the unmet need for family planning, taking regional characteristics into consideration. This was partly to be achieved through capacity building of media and expanding public-private partnerships in family planning programs and supporting the development of related regulations and guidelines.
20. Support for HIV/STI focused on female sex workers, partners of key populations and people living with HIV (PLHIV) in government prioritized districts. Technical support was also aimed at the health sector response to GBV, including its integration in the national health strategic plan, development of health sector standards for support, and improved skills and capacities of service providers with piloting conducted in five districts. The last part of the SRH&RR framework focused on continuation of services in humanitarian contexts, and provided support regarding technical guidelines and SOPs (including contraceptive availability), support to development of district plans for humanitarian resilience and revision of the TORs of reproductive health (RH) and Gender Based Violence in Emergencies (GBViE) sub-cluster systems in emergencies. This was to result in sub-national disaster preparedness and contingency plans to adopt the MISP framework and through enhanced capacities of service providers to result in enhanced access to comprehensive Sexual and Reproductive Health (SRH) services in humanitarian contexts. Concerning this output, FP related aspects were included in the outcome level indicators. Both outputs of the SRH&RR outcome area contributed to the Health pillar of the ICPD Framework of Action.[62]
21. Though overall, relations between activities, outputs and intermediate level results appeared logical and causal, there was a lack of a clear relation between national and subnational level results. Contributions to outcome level indicators of MMR and FP depended in particular on country wide

[62] United Nations, Framework of actions for the follow-up to the Programme of Action of the International Conference of Population and Development Beyond 2014, Report of the Secretary-General.

application of relevant programmes, models and guidelines supported, expansion of midwifery education capacities and the increase of districts with investments in SRH services at the subnational level. At the time of the evaluation, a replication strategy and guideline for such an expansion was being developed. However, it was not yet clear how this expansion was to take place in practice and whether results in terms of pilot initiatives could be considered sufficient in size and representativeness to be able to inform scaling up of results achieved so far.

22. The AY outcome area aimed for the empowerment of adolescents and youth, in particular adolescent girls and to enhance their access to SRH&RR, improving achievement of the National Youth Development Index (YDI) (related to SDGs 3 and 5)and reducing the Age Specific Fertility Rate (ASFR) for adolescents 15-19 years of age (contributing to SDG 3.7). It aimed to achieve this through strengthening of capacities at national level for the implementation of youth policies and programmes supportive of adolescents and youth, addressing the determinants of their SRH and well-being, in both development and humanitarian contexts. AY outputs were to be achieved through three streams of initiatives. First, focus was on developing the adolescent reproductive health (ARH) education for in- and out-of-school youth, ensuring its gender-responsiveness, in line with international standards and their application in the context of Indonesia and inclusive of young key populations. A second aspect concerned the development of the Youth Development Index (YDI) and its use to inform policy making on AY issues and the opportunities for the realization of a demographic dividend. Lastly, the AY outcome area included support to meaningful youth participation in policy making by engaging youth in SDG and ICPD related platforms and networks of digital content creators (communities of practice) in developing and disseminating SRH contents and supporting them in policy engagement, responsive to the actual needs of adolescents. The AY interventions were usefully linked on the one hand to the SRH&RR outcome area, with the focus on reducing the ASFR and ARH education. The support to the YDI and the opportunities for reaping a demographic dividend related to the PD outcome area, with UNFPA's inputs focused primarily on relevant data for advocacy in this respect. The AY outcome area contributed to the Dignity and human rights pillar of the ICPD Framework of Action.
23. The GEWE outcome area aimed for national and sub-national institutions and communities to have enhanced capacities to enable women and girls to exercise their rights and to implement programmes that prevented and addressed GBV and harmful practices in development and humanitarian contexts, contributing to SDG 5.2 and 5.3. It aimed to achieve this through evidence generation on good practices and lessons learned to prevent and address GBV and harmful practices and feeding those learnings into multi stakeholder platforms for advocacy and policy dialogue across multiple contexts. This was to lead to supportive regulations, strategies and plans that addressed GBV and harmful practices and ensured universal access to comprehensive GBV and SRH information and services. Results, moreover, were to be informed by support at the sub-national level in four target districts, which focused on two intermediate level results. The first concerned comprehensive and inclusive response services, referral and coordination mechanisms for GBV survivors in place in line with the Essential Service Package (ESP) in development and humanitarian settings in the targeted districts. The second sub-national level result concerned a model for gender transformative community mobilization to address harmful masculinities and promote positive gender norms tested and documented and advocated for at sub-national policy level in four districts. The ways in which to scale up output level results, contributing to outcome level change, remained unclear with development of a scale up strategy planned for 2025. The GEWE outcome area contributed to the Dignity and human rights pillar of the ICPD Framework of Action.
24. The PD outcome area aimed to strengthen national capacities to use disaggregated population data and demographic analysis in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum and thus to advance the SDGs and ICPD objectives, including monitoring of 20 UNFPA prioritized SDG indicators. It aimed to achieve this through support to the establishment of a national master plan on population and development, a national population data platform and a national knowledge hub for compilation

and analysis of knowledge products in the SRH, AY, GEWE and PD programme areas to guide evidence-based policy-making in both development and humanitarian contexts. Intermediate level results of the TOC focused on availability of disaggregated population data for use in the national population data platform for mapping and analyses of inequalities, demographic patterns and disaster risks, for monitoring UNFPA priority SDG indicators and ICPD progress and enhance national capacities to incorporate population and development issues in policies and plans. Moreover, results included enhanced policy advocacy and dialogues making use of the knowledge hub. With most of the initiatives in the PD outcome area focused at the national level, it remained unclear how the use of disaggregated population projection data by sex and age groups were to affect planning and programming at sub-national level, which is important in the highly decentralized governance context of Indonesia. The PD outcome area contributed to the Governance and accountability pillar of the ICPD Framework of Action.

1.3.2. Methods for data collection and analysis

25. The evaluation methodology was set out to cover a variety of qualitative and quantitative methods and tools, gathering both primary and secondary data, with sampling based on a purposive approach. The use of multiple methods allowed for the use of triangulation of data across these methods. The variety of methods, moreover, allowed for focus on both in-depth as well as broader based data gathering as part of the evaluation process. A four week in-country primary data gathering process was part of the evaluation with data gathered at national and sub-national levels.
26. Methods for data collection included desk review, semi-structured interviews, focus group discussions, where relevant complemented with field observations and email communications. Details on each of these methods are presented in Table 3 below.

Table 3: Details on methods for data collection

Method	Description	Objective
Desk review and review of the monitoring data gathered at a variety of levels	Study and review of selected documents relevant to the present evaluation	To get informed on the background and context as well as documented details of the CP and its results through secondary resources
	Assessment of the regular monitoring data gathered at the level of the programme and individual initiatives	To assess the quantity and quality of monitoring data gathered at the various levels and to inform assessment of results achieved
Semi-structured interviews including online discussions with stakeholders not available for in-person meetings	Face-to-face interviews at national level and selected sub-national locations	To gather qualitative and quantitative data on the programme, including its design implementation and results at national and sub-national levels
	Online interviews with selected stakeholders at national and sub-national levels as well as those located outside of the country	To include stakeholders from a substantial amount of sub-national locations as well as support from UNFPA APRO and otherwise
Focus Group discussions	Discussions in groups of selected participants on identified topics	To gather information from groups of peer stakeholders from government agencies, UNFPA outcome areas, UNCT members, non-government partners at national and sub-national levels
Observations	Observations at selected health facilities	To obtain an informed understanding on the actual practices in health facilities in the sampled areas
E-mail communication	Focused e-mail messages	To address specific gaps in data and information from specific persons and stakeholders

27. Data analysis focused on the evaluation criteria and questions as presented above and made use of the assumptions and indicators concerned as identified in the evaluation matrix, which provided an overall analytical framework in terms of the issues concerned in answering each of the evaluation questions, in line with each of the included evaluation criteria.
28. Moreover, the following analytical methods were used:
    - **Qualitative content analysis** made use of categorization and coding in order to break down large amounts of qualitative data into manageable portions in relation to assumptions and indicators identified in the evaluation matrix.
    - **Context analysis** was used in order to assess the contextual enablers and constraints in programme implementation.
    - **Analysis of the TOC and the Results Chain of the programme:** The TOCs and the CPD/CPAP results frameworks provided a logical sequence between activities, outputs, and outcome level changes and was used as a framework for assessing whether objectives were likely to be achieved through a stepped approach of monitoring indicators at the levels of the frameworks.
    - **Policy analysis:** With inclusion of policy engagement and advocacy in the country programme, the analysis made use of a number of tools to assess and analyze policy engagement initiatives and their results, including the policy cycle, type of policy engagement, theory of change and partnership analysis.
    - **SWOT analysis**: which looked at strengths and weaknesses in terms of internal capabilities of UNFPA's programme interventions, and at opportunities and threats to highlight external factors. Internal strengths and external opportunities were used to assess aspects to be further developed and reinforced, while internal weaknesses and external threats were used to identify those issues that needed to be addressed and mitigated against.
29. No use was made of Artificial Intelligence in terms of data gathering and analysis apart from use in support of translation from English to Bahasa Indonesia for PowerPoint presentations.

1.3.3. Stakeholders consulted and sites visited

30. UNFPA Indonesia has been working with a range of stakeholders in order to achieve the objectives of the Tenth Country Programme. Partners have included Government agencies, civil society organizations, academia, sister UN agencies and donors. Sampling of stakeholders took place at two levels, the national and the sub-national level.
31. For the identification of stakeholders to be included in the field work of the evaluation, use was made of purposive sampling, making use of a stakeholder mapping and analysis for each of the programme outcome areas, including details on their role in the outcome area in general and their specific role in the UNFPA programme. An overview of key stakeholders at the national level included in the evaluation is presented in Annex 6 with all stakeholder types included in the field phase of the evaluation. The analysis enabled the prioritization of stakeholders in terms of meetings during the in-country data gathering process, ensuring a sufficient representation across the four outcome areas of the programme as well as across development and humanitarian aspects of the programme, ensuring inclusion of all types of stakeholders concerned. Data gathering from national level stakeholders used semi-structured interviews with staff of individual agencies and focus group discussions of peer groups of stakeholders. This approach made it viable to cover all types of stakeholders across all of the programme outcome areas, in terms of development and humanitarian support. In this way, the evaluation adopted an inclusive approach involving a broad range of partners and stakeholders in the process. A total of 81 percent of the 53 national level stakeholders identified were consulted. For details see Annex 6.
32. Though much of the support provided by UNFPA in the tenth CP has focused at national level, it was important for the evaluation team to also include primary data gathering at the sub-national level. On the one hand, this focused at programme support included in a limited number of pilot sites at

the sub-national level, while on the other hand, this provided the team with the opportunity to assess whether some of the work at the national level had started to resort effects at the sub-national level, where policies and development planning were expected to result in benefits for women and girls and in particular for the most vulnerable and left behind groups amongst them.

33. For sampling of provinces, the main aspects at sub-national level of each of the four outcome areas of the programme were summarized in a table. In order to cover the largest number of initiatives in a limited number of provinces, West Java, and Central Sulawesi, were selected for field-based data gathering. Fieldwork in West Java focused on Garut district, where the UNFPA programme has been providing support on most of the outcome areas of the programme. In Central Sulawesi, focus was on Palu, the provincial capital as well as Palu, Sigi and Donggala districts, where the programme provided support to the earthquake of 2018 and has continued support on development related aspects of UNFPA's mandate areas. In addition, online interviews were conducted at sub-national level, in order to address issues not covered in these two provinces, including ARH education in Aceh province, One Disaster Data in Cianjur district (West Java province), humanitarian aspects in Yogyakarta province and HIV and youth related issues in Papua province. In this way, the sub-national level sample covered both the most populated island of Java as well as less populated provinces and enabled a sufficiently reflective illustration of the results of UNFPA programme support beyond the national level. Provincial stakeholders for data collection were purposively selected based on a stakeholder map that was developed in close collaboration with Programme Officers and senior management. The selection process considered the evaluation questions, program knowledge, and the need to ensure representation of left-behind groups. Specific efforts were made to include vulnerable groups, such as women, disabled people, youth, adolescents and customary communities, ensuring their perspectives were integrated into the data gathering and analysis process. Details on aspects of sampling are presented in Annex 6.
34. Total number of persons interviewed amounted to 267 (with 69 percent women respondents), including staff from national and sub-national level government agencies, UNFPA CO and APRO, strategic partners and other development partners, such as NGOs working with People with Disabilities (PWD) and key populations, donors, UNCT, as well as service providers and beneficiaries. UNEG ethical guidelines were adhered to in all stages of the evaluation and in in-person and online interviews at national and sub-national levels. For interviews with survivors of Gender-based violence (GBV) World Health Organization (WHO) guidelines were followed.

1.3.4. Limitations and mitigation measures

35. An evaluability assessment was conducted in the second half of 2023 in order to assess the readiness of the country programme for evaluation. This included a focus on the robustness of the programme results framework and the programme results-based management system, in terms of adequacy for the measurement of progress and achievement of planned results. The assessment found the quality of the design of the programme to be good with quality Theories of Change in place and with the CPAP document providing additional details on the operationalization of the country programme, including roles and responsibilities of partners. The assessment highlighted the lack of metadata for some of the indicators of the results framework, though reviewed the results framework overall as sufficient.
36. The assessment highlighted that reporting of implementing partners has been focused much on activities, rather than output level changes while a focus on quantitative indicators has meant that qualitative aspects of output level changes have remained untracked. UNFPA has supported capacity development of partners, who nevertheless have expressed their discomfort with their present knowledge on results-based management (RBM). It was considered that sustainability of results could be enhanced through monitoring the adoption of results by relevant stakeholders, including through resource allocations, after phasing out of UNFPA support.
37. The evaluability assessment resulted in several recommendations, one of which focused on fine tuning the CP design, including its results framework, strengthening RBM implementation through training and enhancement of knowledge management through inclusion of monitoring of

qualitative data in partner reporting. It was recommended to start the evaluation process in July at the earliest in order to address some of the issues identified and for the evaluation to follow a formative rather than a summative approach, making use of a theory-based framework. Finally, the use of contribution analysis, human rights and gender analysis and use of the Agenda 2030 principle of 'Leaving No One Behind' was recommended.[63]

38. Informed by the desk review, the results of the evaluability assessment and initial discussions with the Senior Management team, Evaluation Manager and Programme staff of each of the four Outcome Areas of the programme, the methodology as described above was developed. Nevertheless, methodological choices have their inherent limitations and their application in a specific context can at times pose certain risks in terms of data gathering and the ability of the evaluation to reach its purpose. These limitations and risks pertaining to the present evaluation are detailed in Table 4 below, including measures to mitigate them.

Table 4. Key limitations/risks and mitigation measures identified

#	Limitation / Risk	Mitigation Measures
1	The design of the programme had certain limitations, including the results framework and the way in which UNFPA and partners have reported on achievements and made limited use of results-based management.	The evaluation made use of a theory-based approach, informed by both the CPD and CPAP results frameworks as well as the Theories of Change developed for each of the outcome/output areas of the programme. Though work plans were assessed as primarily activity oriented, in discussions with UNFPA programme staff and Implementing and Strategic partners, the evaluation team focused on lower-level results that have emerged from the activities implemented and identified ways in which as well as the extent to which these lower-level results contributed to output and outcome level changes as included in the results frameworks and TOCs. Both UNFPA's and partners' capacities in terms of results-based management were included as part of the assessment process.
2	Given the limitations of the programme design and its results framework and the way in which results were reported, the evaluability assessment recommended the use of a formative, rather than a summative approach, indicating a focus on learning and identification of ways in which the programme can be improved.	The evaluation made use of a formative approach. The evaluation assessed the programme in terms of its results and the ways in which these were achieved with a focus on ways in which implementation could be enhanced, constraints that have been identified, addressed and good practices expanded. Moreover, the evaluation focused on the strategic aspects of the programme, it assessed the strategic direction of the programme in relation to the context in Indonesia, and responses to changes in the context during the implementation of the programme. This informed recommendations on the future direction of the programme in the next programme cycle.
3	The evaluation process started in April of 2024 while the evaluability assessment recommended for the process to start at the earliest in July of 2024, in order to ensure that UNFPA and partners had sufficient time to make some of the adaptations concerned and improve aspects of results-based management and knowledge management.	The evaluation took explicit note of the issues identified in the evaluability assessment, including the responses of UNFPA and partners to the recommendations included in the assessment. In line with these recommendations, the evaluation has applied UN and UNEG requirements, made use of human rights and gender analysis as part of the normative perspective of the programme, and included the Agenda 2030 principle of 'Leaving No One Behind'. This was of particular importance in the context of Indonesia being a high middle-income country in which the average of various development indicators shows improvement or achievement of targets, while such averages may hide inequalities in terms of achievements across geographical areas, social groups and otherwise.

[63] Putri Vidya Dewi and Rangga Radityaputra, Evaluability Assessment Report, UNFPA Indonesia Country Programme 2021-2025, Indonesia, 2023.

2. Country Context

2.1. Development challenges and national strategies

39. When assessing the overall status of the SDGs in Indonesia, it can be observed that while so far none of the goals have been achieved entirely, selected indicators have been achieved and three of the goals are on track to be reached by 2030. For most of the goals, challenges remain and while some are moderately improving, others are stagnating. None, however, have been decreasing. For details see Figure 1 below.[64] Challenges in SDGs data availability exist with limited disaggregated data at regional levels. Out of 289 SDGs indicators, 29 lacked data collection in 2022, including from Basic Health Research (Riskesdas), Indonesia Demographic and Health Survey (IDHS), and the National Women's Life Experience Survey (SPHPN).

40. When looking at the indicators for good health and well-being, it is shown that targets for neonatal mortality rate and mortality rate of under five-year-olds have been achieved and the amount of new HIV infections appears to be on track. A main constraint in terms of SRH & RR concerns the maternal mortality ratio which though it has decreased over the past two decades (189 in 2020), it remains far from the target of 70 and substantially higher in comparison with other countries in Southeast Asia. Though demand for family planning satisfied by modern methods has increased and is on track, the RPJMN indicator of Modern contraceptive prevalence rate is not (see Table 6 below). Beyond Goal 3, the indicators for gender equality demonstrate progress, though Indonesia's Gender Inequality Index remains far below the regional average, which measurement includes three indicators: i) reproductive health, ii) empowerment, and iii) labor force participation.[65] Although the national child marriage rate has declined, intensified efforts are required to expedite the elimination of child marriage, especially among disadvantaged and vulnerable groups, as well as in rural areas.[66]

Figure 1: SDG Dashboard and trends for Indonesia

41. While poverty levels had been reduced before 2020, they rose again due to the COVID-19 pandemic, with in particular vulnerable groups affected, including, women, rural populations, the elderly and children. Increased inequality in the same period can be observed in the rise of the Gini Coefficient. The COVID-19 pandemic impacted on access and quality of reproductive health care as indicated by the dramatic decline of supplies of contraceptives and reproductive health care essential drugs, family planning new acceptors, and maternal, neonatal and post-neonatal visitations.[67] The pandemic put enormous stress on the health system, which needed to address the health-related

[64] https://dashboards.sdgindex.org/profiles/indonesia/indicators.
[65] BPS Statistics Indonesia. (2023). Perempuan Dan Laki-Laki 2023 Di Indonesia Volume 14,2023.
[66] BAPPENAS. 2023. Laporan Pelaksanaan SDGs Tahun 2023.
[67] UNFPA. 2021. UNFPA Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to The COVID-19 Pandemic 2020-2021.

aspects of the pandemic, which affected essential health services, including maternal and child health, nutrition, as well as other infectious disease management and non-communicable disease prevention. Though the number of facility-based births has increased, prenatal care coverage has declined by nearly half and vaccination procedures have been delayed. Overall, unmet need for health care increased in 2022, but in 2023 the trend was reversed and there was a decrease in the unmet need for health care, both in rural and urban areas.[68]

Aspects of inequality

42. Aspects of inequality are pronounced within the country and have economic as well as social and cultural aspects. In terms of economic inequality, the Gini coefficient shows a wide variety across the various provinces of the country. While the coefficient is smaller or equal to 0.20 in two districts of two provinces (in Aceh and Riau provinces) showing low levels of inequality, it amounts to over 0.70 in three districts of Papua province, with other administrative districts in between.
43. In terms of Human Development Index (HDI), results also differ considerably across the provinces in the country. In 2024, out of all of Indonesia's provinces, the top 5 provinces with high HDI index were DKI Jakarta (HDI 82.47), DI Yogyakarta (81.07), East Borneo/Kalimantan Timur (78.20), Riau Islands (77.11) and Bali, (77.10). There was a total of 10 provinces with HDI above the national average. The bottom three provinces with lowest HDI included Papua (HDI 62.25), West Papua (66.66) and East Nusa Tenggara/NTT (66.68).[69]
44. There is a significant difference in terms of the cost of living across the districts within the country and this disparity has increased over time. In 2022, the cost of living in less populated areas was estimated to be up to two to three times higher than those in more populated districts. While this is not a new challenge for Indonesia, globally this concerns a rare phenomenon within the same country.[70]
45. A number of drivers of inequality have been identified (see Table 5 below).

Table 5: Drivers of inequality in Indonesia as identified in 2016

Driver	Description
Inequality of opportunity	Poorer children often have an unfair start in life, undermining their ability to succeed later. At least one third of inequality is due to factors outside an individual's control.
Unequal jobs	The labor market is divided between high-skilled workers who receive increasing wages, and the rest of the workforce that does not have the opportunity to develop these skills and is trapped in low productivity, informal, and low-wage jobs.
High wealth concentra-tion	A minority of Indonesians are benefitting from the possession of financial assets—sometimes acquired through corrupt means—that, in turn, drives inequality higher both today and in the future.
Low resiliency	Shocks are becoming increasingly more common and disproportionately affect poor and vulnerable households, eroding their ability to earn incomes and invest in the health and education needed to climb up the economic ladder.

Source: The World Bank, Australian Aid, Indonesia's Rising Divide, Why Inequality is rising, Why it matters and What can be done, Jakarta, Washington DC, March 2016.

46. Aspects of inequality were further exacerbated during the COVID-19 pandemic, including widening of the gap in access to health services, expanding of the digital divide, vulnerability within the informal economic sector, disruptions to education, increasing gender disparities and heightened

[68] BPS. 2024. Unmet Need Pelayanan Kesehatan Menurut Daerah Tempat Tinggal (Persen), 2021-2023.

[69] BPS Statistics Indonesia. (2023). Human Development Index by Province, *2022-2023*. https://www.bps.go.id/en/statistics-table/2/NDk0IzI=/-new-method--human-development-index-by-province.html.

[70] The World Bank, Australian Aid, Indonesia's Rising Divide, Why Inequality is rising, Why it matters and What can be done, Jakarta, Washington DC, March 2016.

risk of GBV. Moreover, inequalities due to environmental degradation and climate change that disproportionately affect vulnerable communities, further exacerbated existing inequalities.[71]

47. The subdivision in 2020 of Papua into four provinces and of West Papua into two provinces aimed to address regional development inequalities, including access to education, SRH & RR and other social services and enhance women's participation in socio-cultural and political spheres as well as youth development. These subdivisions align with the 'Nawa Cita' Development Agenda and the National Medium Term Development Plan 2020-2024 (RPJMN) which promote local decision-making and governance.[72]

48. The disability analysis conducted by the National Team for the Acceleration of Poverty Reduction in 2020 assessed that more than nine percent of the population of Indonesia have a disability, which amounts to 23.3 million people. However, based on the SP 2020 Long Form results, the prevalence of people with disabilities in Indonesia is around 1.43 percent, while the prevalence of people with multiple disabilities is around 0.71 percent. Prevalence varies substantially across provinces, varying from 2 to less than 1 percent. Disabled people face challenges in accessing basic services such as birth certificates, education, social protection and health insurance and have difficulty entering the labor market. Currently, government funded, non-contributory, social protection schemes cover less than one percent of the total population of people with disabilities.[73] Persons with disability have been included as a category for disaggregation in the BAPPENAS SDG Dashboard, in addition to area of residence, age group, sex and status of workers age 15 and above.[74] People living with disabilities have also been identified in the UNSDCF as a vulnerable part of the population with a need to enhance their access to opportunities.[75] Moreover, customary communities are a vulnerable group with their rights included in the Constitution.

Humanitarian context

49. Located along a key fault line known as the 'ring of fire', Indonesia is one of the most disaster-prone countries with earthquakes, tsunamis, volcanic eruptions, and floods impacting the country. Indonesia is assessed as one of the three countries with the highest disaster risk in the world with an index score of 43.5, in between the Philippines (index score of 46.9) and India (index score of 41.5) and as such ranks second among 193 countries in terms of the World Risk Index, which consists of a synthesis of the phenomena of hazard, exposure and vulnerability, with the interaction of these three aspects deemed as the main cause of disaster risk.[76]

50. In the risk index released by BNPB, the level of disaster is assessed by province based on index components, including: hazard, vulnerability, and the capacity of the government and community to respond to disasters. It shows substantial difference in terms of risks across the provinces, with

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[71] UNFPA Indonesia. (2021). UNFPA Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to the Covid-19 Pandemic 2020-2021. U. Indonesia. https://indonesia.unfpa.org/sites/default/files/pub-pdf/lesson_learned_covid-19_fin9feb.pdf; Andajani, S., & Octaria, Y. C. (2022). Leaving No One Behind: Inspiring Stories, Appreciation, Innovation and Transformation. UNFPA. https://indonesia.unfpa.org/sites/default/files/pub-pdf/final_report_lnob_revise_7_23_nov_for_publication.pdf; UNFPA Indonesia. (2020). Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_Preparedness_and_Response_-_UNFPA_Interim_Technical_Briefs_Gender_Equality_and_GBV_23_March_2020_.pdf; Saito, Y., & Cicih, L. H. M. (2022). National Study on the Impact of Covid-19 Pandemic on Older Persons (including Those with Disabilities) in Indonesia. UNFPA Indonesia. https://indonesia.unfpa.org/sites/default/files/pub-pdf/eng_studi_lansia_launch_260722_0.pdf.

[72] UNDP Indonesia. (2015), https://www.undp.org/indonesia/publications/converging-development-agendas-nawa-cita-rpjmn-and-sdgs; Antara. (2022). President Jokowi's Nawacita vision coming true in Saumlaki. Antara Indonesian news Agency. https://en.antaranews.com/news/248229/president-jokowis-nawacita-vision-coming-true-in-saumlaki.

[73] National team for the Acceleration of Poverty Reduction, Disability Situation Analysis, Challenges and Barriers for People with Disability in Indonesia, Jakarta, 2020; Larasati, Dyah, Karishma Huda, Alexandre Cote, Sri Kusumastuti Rahayu and Martin Siyaranamual, Policy Brief: Inclusive Social Protection for Persons with Disability in Indonesia, Jakarta.

[74] https://sdgs.bappenas.go.id/dashboard/.

[75] United Nations Indonesia, United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025, Jakarta, April 2020,

[76] Bündnis Entwicklung Hilft / IFHV, World Risk Report 2023, Berlin, 2023.

the northwest and west of Sumatra, Banten province on Java, northeast Kalimantan, southwest Sulawesi, Maluku and Papua Barat having elevated risk levels.[77]

National development strategies

51. The 2020-2024 National Medium Term Development Plan (RPJMN)[78] outlines the development program in line with the objectives of Indonesia's Vision 2045. As part of the plan, the Maternal and Child Health Policy for 2025-2029 is carried out through 7 strategies, namely:
    1) Fulfillment of types, redistribution and improving the quality of human resources;
    2) Strengthening emergency services and referral systems;
    3) Improving quality and strengthening services according to local needs and to the life cycle;
    4) Strengthening service standards for mothers and children at high risk;
    5) Strengthening governance and leadership of regional governments and health facilities to improve the quality of services and policies in the regions;
    6) Strengthening individual information systems and facility-based mortality data;
    7) Synchronizing financing and developing innovative financing.
52. The joint efforts of key Maternal Health stakeholders at national level have recently succeeded in supporting the Directorate of Nutrition and Maternal and Child Health of the Ministry of Health in strengthening the Maternal Perinatal Death Surveillance and Response (MPDSR). A key intervention for improving maternal, perinatal, and neonatal survival is understanding the maternal and perinatal deaths in real time and underlying factors contributing to deaths through MPDSR, but in the last 15 years, this activity remained focused on surveillance rather than identification of modifiable factors that can be "responded" to through key actions that prevent the same deaths from happening. This is underpinned by the generic aim to strengthen the basic health services and referral systems, strengthening the functioning of health centers and their networks to provide quality public health services.
53. The focus on increasing gender equality and women's empowerment includes strengthening policies and regulations, accelerating their implementation through strengthening the institutionalization of gender mainstreaming and strengthening gender-responsive planning and budgeting, developing capacities and increasing the role and participation of women in development. The approach, moreover, includes increasing networks and coordination between the central government, local governments, communities, the mass media, the business world, and community institutions. An important component addresses the protection of women and girls, including migrant workers, from violence.
54. The Indonesian government's recognition of the importance of youth development is evident in key policy documents such as the RPJMN 2025-2029. This plan emphasizes the critical role of youth and underscores the commitment to nurturing their potential. Improving the quality of youth, includes:
    (a) strengthening institutional capacity, strategic coordination across stakeholders, and developing the role of the business world and society in providing integrated youth services, including facilitating positive creative spaces for youth;
    (b) increasing active social and political participation of youth, including through the role of youth in international forums, youth exchanges, and participation in environmental conservation; and
    (c) preventing risky behavior of youth, including preventing the dangers of violence, bullying, drug abuse, alcohol, the spread of HIV/AIDS, and sexually transmitted diseases.
55. Taking advantage of the demographic dividend due to a large youthful population, the country needs quality and competitive human resources for a productive workforce. This, amongst others, requires addressing youth unemployment, which is a strategic part of reducing the national unemployment rate. To promote entrepreneurship amongst youth, Bappenas, together with relevant line Ministries, developed the National Strategy Document (Stranas) on Youth Entrepreneurship as an effort to fill the existing policy gap. It is recognized in the RPJMN that human

[77] BNPB. 2023. Buku Risiko Bencana Indonesia 2023.
[78] BAPPENAS. 2020. The National Medium-Term Development Plan (RPJMN) 2020-2024.

capital development without sufficient labour opportunities tends to result in unemployment and increased poverty, with issues concerned varying across provinces.

56. In 2022, the government introduced the National Action Plan on the Well-being of School-aged Children and Adolescents, enhancing coordination across 20 ministries concerned. This plan underscores the importance of investing in the well-being of school-aged children and adolescents, preparing them for adulthood and supporting their future contributions to national development.[79]
57. GOI and BAPPENAS, conducted several studies in relation to population dynamics, assessing the population trends and age structure based on the population projection 2020-2025, and outlining the population policy responses to anticipate challenges and opportunities in reaping the optimum benefits of the demographic dividend in the country and addressing population ageing.[80] Through investments in improving the quality of human resources development, Indonesia is aiming to gain maximum economic benefits of the demographic dividend and to be able to avoid stagnation referred to as the 'middle income trap'. A clear and systematic policy direction is also required for taking into consideration the different implications of provincial/regional variations in the demographic transitions and ageing population trends across the country. A study showed that in Indonesia, during the period 1971-2010, the magnitude of the demographic dividend through the entire population was around three percent. The demographic bonus is considered to be ending towards the end of the fourth decade, around 2039.[81]
58. Social protection is intended to protect the entire population of Indonesia from economic shocks, social shocks, as well as shocks due to natural disasters and climate change.[82] Although the welfare of the population has increased, the number of people vulnerable to falling into poverty due to these shocks has remained relatively high.
59. Efforts to increase disaster resilience, and address climate change are set as one of the national priorities in the 2020-2024 RPJMN. Disaster management institutions that have been formed in an increasing number of regions. In addition, in several locations, various efforts have been made to reduce disaster risk including the preparation of disaster risk studies and maps, strengthening disaster mitigation, preparation of disaster management plans as well as contingency plans, strengthening disaster management resources and the installation of multi-threat early warning systems. In order to improve resilience to climate change, a scientific study of climate change hazards has been conducted in four priority sectors with a trial implementation of a climate change adaptation plan in fifteen pilot areas. Increasing climate resilience is also supported by the provision of fast and accurate climate information through a program for the development and guidance of meteorology, climatology and geophysics which also plays an important role in supporting disaster risk reduction. Increasing community and regional resilience to disaster risks, including man-made disasters, is carried out amongst others through building a culture of awareness for preparedness for disasters; increasing community based capacities; mitigating economic losses and providing financial protection in relation to disaster management; conducting risk reduction efforts; infrastructure development taking into account regional vulnerability to disaster hazards; relocation, rehabilitation and reconstruction of residential areas in disaster-prone areas and building resilience to disaster threats.[83]

Decentralization

60. While Indonesia used to have a very centralized government system, this changed with the regional autonomy programme of 2001, when the public sector became decentralized in particular in terms

[79] UNFPA Indonesia. 3 November 2022. RAN PIJAR: Creating an enabling environment for young people's well-being.
[80] Kementerian Perencanaan Pembangunan Nasional/BAPPENAS (2023), *Penduduk Berkualitas Menuju Indonesia Emas: Kebijakan Kependudukan Indonesia 2020-2050* (Quality Population Towards a Golden Indonesia: Indonesia's Population Policy 2020-2050). Jakarta: Kementerian PPN/BAPPENAS.
[81] UNFPA, Population Situation Analysis (PSA) of Indonesia, 2024, Draft Report, August 2024.
[82] The official website of Ministry of Finance, *Reformasi Sistem Perlindungan Sosial Indonesia* (Reformation of Indonesia Social Protection System), (https://anggaran.kemenkeu.go.id/in/post/reformasi-sistem-perlindungan-sosial-indonesia).
[83] BAPPENAS, 2020, The National Medium-Term Development Plan (RPJMN) 2020-2024.

of the devolution of service authorities. Many responsibilities in this respect have been assigned to districts, the third tier of government, with district revenues grown rapidly over time by an estimated factor of 2.6 between 2001 and 2019. District budgets include both national transfers and own resource revenue, however, the latter make up less than twenty percent of district budgets. District expenditure as a proportion of total public sector spending increased from about 20 to around 35 percent between 2001 and 2020. Combined with provincial government spending, sub national government expenses amount to about 45 percent of total government spending. While access to basic local public services has expanded since the start of the regional autonomy programme, including in terms of health-related issues, this has been less the case in terms of the quality of the services provided. Local revenues as well as access and quality of public services varies across regions. The new law on fiscal decentralization from 2022 is to improve amongst others distributional equity of transfers across regions and enhance service delivery outcomes.[84]

2.2. The role of external assistance

61. Net official development assistance and official aid received by Indonesia increased from the 1960s onwards, but fluctuated substantially after 1993. While it amounted to 2.49 billion USD at its highest point in 2005, the latest figures show a decline to a total of 662.7 million USD for 2022. This amounts to 0.05 percent of the GDP in 2022, which amounted to 1.319 trillion USD. While development aid amounted to 6.4 percent of GNI in 1971, presently it stands at 0.1 percent of GNI (2022).[85]
62. In 2020-2021 (data not available beyond this period) Indonesia received assistance with an average of US$ 612.4 million annually. Main bilateral donors to the country include Japan, Germany, France, Australia, and the United States. The sectors that mostly benefitted from this assistance included social infrastructure (32 percent), economic infrastructure (13 percent), multi-sector (13 percent), health and population (12 percent), and humanitarian aid (12 percent).[86]
63. The RPJMN includes an indicator related to development assistance in terms of the availability of supporting policies to strengthen development assistance, with as indicators a. Issuance of Presidential Regulation on Strengthening Development Assistance; b. Database and Information System for Development Assistance.
64. Though Indonesia has provided assistance to other countries for their development process on an ad hoc basis before, in October 2019 it inaugurated Indonesia Aid for delivery of more strategic development support.[87]
65. The UNSDCF 2021-2025, signed by the GOI and the UNRC and nineteen resident and two non-resident UN agencies, is aligned with the 2030 Agenda for Sustainable Development as well as Government development frameworks. The Four Strategic Priorities include: Inclusive Human Development; Economic Transformation; Climate and Disaster Resilience; and Innovation to accelerate SDGs achievement. The framework identifies five interlinked and overarching drivers of change: Demographics; Economic transformation and industry; Environmental sustainability; Building resilience; Addressing gender inequality; and Leave no one behind. The UNSDCF recognizes the need for attention to vulnerable groups, including the poor, women, older persons, children, people with disabilities, youth – specifically those who intersect with other vulnerabilities including young women, indigenous youth, and/or youth survivors of violence, and youth from remote and underserved areas; low-wage workers, people working in small and medium enterprises, the informal sector and other specific groups.[88]

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[84] Lewis, Bland D., Indonesia's new fiscal decentralization law: a critical assessment, survey of recent developments. In: Bulletin of Indonesian Economic Studies, Vol. 59, No.1, 2023: 1-28.
[85] World bank at: data.worldbank.org/indicator.
[86] BAPPENAS. 2022. The Integrated National Financing Framework (INFF); OECD-DAC. 2023. Development Finance Data.
[87] Ministry of Finance Indonesia, at https://ldkpi.kemenkeu.go.id/en/page/sejarah-ldkpi.
[88] United Nations Indonesia, United Nations Sustainable Development Cooperation Framework, 2021-2025, Jakarta, April 2020.

3. The United Nations and UNFPA response

3.1 United Nations and UNFPA strategic response

66. Within the UNSDCF in Indonesia, UNFPA contributes to the pillars on Inclusive Human Development (on issues of social protection, access to SRH services, governance and rule of law and ending Violence against Women and Children (VAWC) and other harmful practices, Climate and Disaster Resilience (institutional capacity for DRR policies, strategies and plans and strengthened capacities for disaster risk management) and Innovation to accelerate SDGs achievement (Policies, incentives and capacities that promote innovation and innovative policy design and approaches, Innovative financing and partnership and innovative data initiatives). Within the UNCT, UNFPA is the custodian for several of the SDG indicators including those on Maternal Mortality Ratio and Prevalence of violence against women of age 15-64 years in the last 12 months. Details concerned are discussed as part of the Findings concerning the outcome area of PD.[89]
67. The UNFPA Strategic Plan 2022-2025 presumes that in order to achieve the three transformative results, acceleration is deemed required. In order to achieve this, the latest business model classifies the 119 global programme countries in three tiers, Tier 1 consisting of countries in which all three of the transformative results have not yet been achieved; Tier 2 including countries where two of these results have not yet been achieved and Tier 3 where only one of the results is yet to be achieved. Based on the assessed achievement levels of Indonesia so far, the country is part of Tier 2 with two of the three transformative results not yet achieved. For details see Table 6 below, where the indicator for Family Planning (FP) used in the RPJMN has been added, which different from the UNFPA indicator, has not yet been achieved.

Table 6. Transformative results indicators and levels of achievement in Indonesia

Transformative result	Indicator	Threshold by 2030	Achieve-ment	Source of Information
Ending the unmet need for family planning	Need for family planning satisfied with modern methods	>= 75 per cent	**77.1**	VNR 2021 (2017)
	Modern contraceptive prevalence rate (RPJMN)	*63.4 percent*	***60.4 percent***	*Updated Family Data Results 2023*
Ending preventable maternal deaths	Maternal mortality ratio	<= 70 per 100,000 live births	**189**	Long Form Population Census Data (2020)
Ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage	Gender inequality index	<= 0.3 (with 1.0 being inequal and 0.0 being equal)	**0.439**	HDR 2023/24

**green achieved, red not achieved*

68. The business model of the new strategy identifies the same modes of engagement as the business model of the previous strategy and additionally identifies six accelerators for the achievement of

[89] Government of Indonesia and United Nations Sustainable development cooperation Framework (UNSDCF), Indonesia, 2021-2025 Jakarta, April 2020.

results.[90] All of the UNFPA country programmes can employ all modes of engagement and make use of all accelerators identified, which are expected to be customized to the national context and local settings in order to bring about bold, innovative, enduring and tailored solutions within the overall sustainable development framework of the UN Country Team. The strategy emphasizes prioritizing the organization's normative role to support the implementation of the ICPD Programme of Action and achievement of the three UNFPA transformative, outcome level results. The strategy identifies six output level results that contribute to these, including Policy and accountability, Quality of care and services, Gender and social norms, Population change and data, Humanitarian action and Adolescents and youth.[91]

69. Within the UNCT, UNFPA co-chairs several thematic working groups including the Data, Monitoring, Evaluation and Learning group (a merger of the data and the M&E groups), the Gender Thematic Group and the Adolescent and Youth Development group. In terms of humanitarian support, UNFPA co-leads the SRH and GBV subclusters of the health and protection clusters respectively.

3.2 UNFPA response through the country programme

70. UNFPA country program 2021-2025 for Indonesia has four major outcomes and five outputs. While the outcome area of SRH&RR includes two outputs, the other outcome areas each contain one output. For an overview of the results framework see Table 7 below, while a more detailed results framework is presented in Annex 5.

Table 7: Results framework of the tenth UNFPA country programme in Indonesia 2021-2025

CPD Outcome Areas	CPD Outputs
Sexual and Reproductive Health and Reproductive Rights	1. Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination 2. National and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian and development continuum is strengthened
Adolescents and Youth	3. Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum
Gender Equality and Women's Empowerment	4. National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum
Population Dynamics	5. Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum

Source: Executive Board of the United Nations Development Program, the United Nations Population Fund and the United Nations Office for Project Services, United Nations Population Fund Country programme document for Indonesia, July 2020.

[90] These include: Human rights-based and gender transformative approaches, Innovation and digitalization, Partnerships, SSTC, Data and evidence, 'Leaving no one behind' and 'reaching the furthest behind first', Resilience and adaptation.
[91] United Nations Population Fund, UNFPA strategic plan, 2022-2025, Annex 3: Business model, July 2021.

71. The initiatives of the country programme have been at national and sub-national level with the latter spread over the various parts of the country. For an overview of sub-national initiatives over the provinces and districts, see Map 1. The GoI's priorities such as RPJMN and sectoral strategic planning, along with the country's economic, social, and cultural context, remain the primary factors shaping UNFPA's support for Indonesia's development agenda. Consequently, program areas are largely selected in response to specific requests from the GoI. However, exceptions occur when donor priorities and preferences inform the focus of certain interventions.

3.2.1 Brief description of UNFPA previous programme cycle, goals and achievements

72. The Ninth Country Programme (2016-2020) worked increasingly at the policy level, through evidence-based dialogue to provide policy options and advice, advocacy, and knowledge management. UNFPA supported the GOI on five core results: i) maternal health and HIV-SRH linkages; ii) rights-based family planning; iii) adolescent and youth; iv) prevention of gender-based violence and harmful practices; and v) population dynamics and data utilization. The programme was implemented through UNFPA partnerships with several government partners, as well as active partnerships with other UN agencies, parliamentarians, faith-based organizations, private sector, universities, and youth and women's networks.
73. UNFPA's trusted working relationship/collaboration with key government partners was seen to have contributed towards greater national ownership while simultaneously helping UNFPA broker collaborative arrangements to achieve results. With a high degree of relevance to the national plans, UNFPA strategic plans, international treaties and commitments, the Ninth Country Programme delivered the planned results, with some degrees of variability, contributing to strengthening the national ownership and sustainability of most of the programme interventions.
74. The notable achievements included the improvement of midwifery education and the promotion of the regulatory act for the midwifery profession, culminating in the passing of the Midwifery Act in 2019. Additionally, the introduction of Rights-based Family Planning, South-South Cooperation on Family Planning, addressing of GBV and harmful practices in humanitarian settings, and the establishment of the Youth Development Index (YDI) and SDG Baseline supported government policies and capacities. The teacher training module on Adolescent Reproductive Health (ARH) and the contributions of Population Dynamics (PD) in data and policy interventions were noticed. Despite these successes, the implementation of the National Action Plan (NAP) for school-age children and adolescents faced coordination challenges across sectoral agencies, and the utilization of the MISP and Pocket Book for youth in humanitarian settings remained low. Additionally, UNALA's[92] effectiveness was seen as hindered by weak baseline data and changing implementing partners. While UNFPA had established productive relationships with the government and appropriately selected IPs, and engaged non-traditional partners (such as men, youth, religious, and traditional groups) in preventing GBV and harmful practices, the engagement of parliamentarians and media for advocacy was assessed as under-utilized.[93]

3.2.2 The current UNFPA country programme[94]

Sexual and reproductive health and reproductive rights

75. The SRH&RR outcome area has focused on contribution to the GOI key priorities in maternal health, and child health, family planning, and reproductive health. The output 1 has focused on maternal health, including acceleration of MMR reduction. Output 2 has focused on strengthening access and

[92] In 2014 the UNFPA programme initiated UNALA as an innovative model that engages the private sector in the delivery of health information and services for young people in Yogyakarta, Indonesia. https://indonesia.unfpa.org/sites/default/files/pub-pdf/UNALA_Brochure_UNFPA_Indonesia.pdf.

[93] UNFPA Indonesia, Evaluation of the UNFPA 9th Country Programme of Assistance to the Government of Indonesia, Feb 2020.

[94] The realignment process of the CP with the new UNFPA Strategic plan resulted in adaptation of one output indicator of SRH&RR with other adjustments concerning minor adaptations and additions. For details see Annex 5.

quality of health services to achieve UHC, particularly on ensuring universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

76. Types of Interventions in SRH&RR outcome area have included:
    a. support midwifery education and the development of Centers of Excellence
    b. contributing to the United Nations H6 partnership joint analysis for strengthening subnational health-system capacity to deliver high-quality sexual and reproductive health information and services, within the context of universal health coverage;
    c. supporting integrated planning, budgeting and monitoring for an essential package of sexual and reproductive health services, including adolescent reproductive health and health-sector response to gender-based violence and harmful practices, at subnational levels;
    d. facilitating multi-sectoral policy dialogue and providing technical assistance for implementation of essential package of sexual and reproductive health services;
    e. promoting rights-based family planning through advocacy and technical support for demand creation;
    f. improving data availability and regular analysis on family planning commodities;
    g. improving inclusiveness of high-quality sexual and reproductive health services, including for people with disabilities;
    h. technical assistance for the Government and civil society to implement and integrate HIV prevention models for female sex workers, partner notification for key populations and people living with HIV;
    i. strengthening national and subnational capacities on disaster preparedness and contingency planning for implementation of the minimum initial services package (MISP) to address sexual and reproductive health and adolescent sexual and reproductive health, prevention and management of gender-based violence, and population data for disaster management.

Adolescents and youth

77. The United Nations Youth Strategy identifies the need to engage and work with young people, supporting them in standing up for their rights and creating the conditions for their role and progress in the development process as a pre-condition to the achievement of results for all across the three UN pillars of peace and security, human rights and sustainable development. UNFPA recognizes the pivotal role of youth engagement to achieve the SDGs in Indonesia. Consequently, UNFPA has committed to support the GOI in addressing factors influencing adolescent and youth reproductive health.[95]
78. Key initiatives have included:
    a. Support policy development, advocacy and capacity building to improve the quality of ARH education. Evidence-based advocacy and policy advice to enhance the quality of gender-responsive adolescent reproductive health education, both for in-and out-of-school youth, aligned with international standards and adapted to the context in Indonesia, incorporating a gender-transformative approach in ARH education and the development of national guidelines to improve the quality of adolescent reproductive health education.
    b. Support policy development, advocacy and capacity building to develop, implement and evaluate the strategic plans in capitalizing the demographic dividend. Evidence-based advocacy and policy support for the development of national regulations and protocols on youth development within the context of the demographic dividend.[96]

[95] Government of Indonesia and UNFPA, Country Programme Action Plan 2021-2025 for the Programme of Cooperation between the Government of Indonesia and the United Nations Population Fund for Indonesia, 6 June 2020; UNFPA (2020), Country Programme Document for Indonesia, 6 June 2020.
[96] Ibid.

c. Support evidence-based advocacy and capacity building for adolescent and youth networks to be engaged with the government in ensuring the incorporation of adolescent and youth priorities in the national development programmes, including in humanitarian settings. Spearheading the establishment of a national platform to ensure meaningful youth participation in planning and monitoring the Sustainable Development Goals, the ICPD Programme of Action, CEDAW, and the 2015-2030 Sendai Framework for Disaster Risk Reduction, ensuring the rights and needs of adolescents are duly incorporated.[97]

Gender equality and women's empowerment

79. UNFPA at the corporate level has a Gender Equality Strategy that includes five strategic priority areas as well as three tools to support application within the organization. The GEWE outcome area of the UNFPA Indonesia programme has focused on capacity development to prevent and respond to gender-based violence and harmful practices, including in humanitarian settings. This with the aim to contribute towards gender equality, the empowerment of all women and girls, and advancement of reproductive rights with a focus on those at risk of being left furthest behind.
80. Strategic interventions to achieve intended results, have included:
    a. Support policy development, advocacy and an increase in the knowledge base in the areas of GBV and SRH resulting in supportive regulations / strategies / plans that address harmful practices and ensure universal access to comprehensive GBV and SRH information and services across development and humanitarian contexts.

    b. Strengthen and support national frameworks and mechanisms to prevent and respond to GBV through comprehensive and inclusive multi-sectoral response services, referral and coordination mechanism oriented for GBV survivors applicable across development and humanitarian settings in line with the Essential Service Package (ESP) as a global standard.

    c. Technical support and advocacy on developing, implementing and monitoring a model on gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms.

    d. Strengthening the national and sub-national reporting platform of GBV cases and responses.

Population Dynamics

81. PD outcome area supported the establishment of a national master plan on population and development, a national population data platform and a national knowledge hub for compilation and analysis of knowledge products in the SRH, AY, GEWE and PD areas to guide evidence-based policies in both development and humanitarian contexts. Types of interventions in the PD outcome area have included:
    a. Leading the UN data for SDGs working group to review national metadata with a strong focus on UNFPA-prioritized SDGs, develop and enhance an interactive national data dashboard to track SDG achievement, and strengthen data utilization for local development planning, policy-making and monitoring.

    b. Strengthening capacity for collection and analysis of high-quality data, with a focus on the census and other surveys, including innovative approaches such as geo-spatial data, small area estimation and Bayesian modeling.

    c. Establishing a national population data platform to improve the quality and accessibility of disaggregated data and statistics for use in national policies and programmes, and to monitor UNFPA-prioritized SDG indicators, and inform disaster-risk management.

    d. Supporting establishment of a national knowledge hub, housed with BAPPENAS, for the compilation and analysis of knowledge products on population and development, disaster risk

[97] UNFPA (2020), Country Programme Document for Indonesia, 6 June 2020.

reduction and climate change, sexual and reproductive health and reproductive rights, adolescents and youth and gender equality, to guide formulation of evidence-based policies, and increase access to knowledge products and innovative practices of national programmes that facilitate resource mobilization, replicate experiences and promote sharing of knowledge through South-South and Triangular Cooperation (SSTC).

e. Facilitating policy dialogues on population and development issues to encourage policy solutions to improve well-being as a part of sustainable development.

f. Promoting policies to accelerate development of human capital, ensuring balancing of social, economic and environmental development efforts, focusing on addressing inequalities, including through development of a national master plan/blueprint.

Humanitarian support

82. The Humanitarian program sought to overcome the gap between humanitarian and development efforts by ensuring that humanitarian aid aligned with resilience and broader sustainable development goals. UNFPA assisted in enhancing disaster risk reduction and emergency preparedness at national, sub-national, and inter-agency levels by enhancing capacities, systems, and partnerships. This approach spanned across four outcome areas of CP-10 and applied a humanitarian-development nexus strategy. Moreover, UNFPA has provided support in various disaster related events in the period under review, including the COVID pandemic as well as more local emergency related response. [98]

83. For Outcome 1: Sexual and Reproductive Health and Reproductive Rights focused on
    a. Supported implementation of MISP in disaster-affected areas.
    b. Provided Technical Assistance for flood response in NTT and facilitated Minimum Health Services for Older Persons in high-risk disaster areas.
    c. Strengthened institutional capacities on monitoring in humanitarian situations.
    d. Provided support to response to the COVID-19 pandemic as well as other disasters
    e. Supported development of RH Subcluster Decrees in multiple provinces

84. For Outcome 2: Adolescents and Youth Development:
    a. Conducted Situation Analysis on Adolescent Health Services in various regions in Indonesia.
    b. Technical Assistance for Adolescent Reproductive Health in Humanitarian Settings.

85. For Outcome 3: Gender Equality and Women's Empowerment:
    a. Provided support to GBV Sub Cluster Coordination in various provinces.
    b. Development of COVID-19 Protocols.
    c. Training on GBV Response in emergencies.
    d. Advocacy and Behavior Change Initiatives.
    e. Coordinated joint humanitarian response efforts under GBV and Disability Sub Clusters in East Java, Lumajang, Pasaman, and West Pasaman.
    f. Provided comprehensive support to survivors of GBV and persons with disabilities.
    g. Establishment of GBV Sub Clusters.
    h. Operational Research and Support on cash/voucher assistance for GBV survivors.

86. For Outcome 4: Population Dynamics
    a. Conducted a Knowledge Attitude and Practice survey on Disaster Preparedness.
    b. Strengthened the capacity of rapid response personnel and volunteers.
    c. Developed the Stakeholder Database, Information Forum and Information System.

[98] Besides the COVID-19 response, UNFPA has supported the humanitarian response following the earthquake in Pasaman and Pasaman Barat Regencies, West Sumatra in February 2021; in East Nusa Tenggara (NTT) due to the Seroja Cyclone in April 2021; the eruption of Mount Semeru in Lumajang Regency, East Java, in December 2021; West Sulawesi Earthquakes; South Kalimantan Flood 2021; the earthquake in Cianjur Regency, West Java in November 2022; the earthquake in North Tapanuli and floods in North Aceh Districts. UNFPA Country Programme Document for Indonesia, 6 June 2020; UNFPA Indonesia Annual Report 2021; UNFPA Indonesia, Annual Report 2022.

3.2.3 The financial structure of the UNFPA country programme

87. The budget of the country programme as presented in the CPD amounted to 27.5 million USD for a five-year period, or 5.5 million on an annual basis (2.8 million USD annually from core resources and 2.7 from other resources). Slightly less than half of the total budget was allocated to SRH & RR and over one fifth to the PD outcome area of the programme. The remaining quarter of the budget was to be divided equally between the AY and GEWE outcome areas. Division between regular and other resources was close to equal with core resources representing 51 percent of the expected budget. Of the total allocations of 21.71 m USD in the first three years of the programme, about half was for the SRH&RR outcome area with the remainder divided between AY, GEWE and PD outcome areas. For details see Annex 7.
88. Since the last Country Programme, UNFPA's work in Indonesia has been bolstered by consistent support from traditional bilateral donors like Canada, Japan, and Australia. Maintaining and enhancing these relationships has been crucial, especially as traditional donors have reduced their development aid contributions due to Indonesia's upper middle-income status. To address this, UNFPA has focused on effective communication, visibility, and engagement with these donors while adapting to their evolving priorities and political climates.[99] UNFPA has established non-financing partnerships with GRAB to address gender-based violence, KlikDokter to develop a chatbot for sexual and reproductive health and rights awareness, KhouwKalbe to combat child marriage, and the Embassy of Sweden to strengthen midwifery education.
89. A notable trend is the shift towards funding joint UN initiatives through a 'One UN Fund,' which emphasizes the need for UNFPA to explore co-funding opportunities with other UN agencies and strengthen partnerships, particularly in humanitarian contexts. Additionally, UNFPA aims to expand its donor base to include emerging donors like KOICA, China, and UAE, while leveraging international financing institutions and innovative financing mechanisms to close funding gaps. Engagement with the private sector and philanthropic foundations, alongside strengthening national partnerships and South-South cooperation, is considered crucial for diversifying funding sources and achieving the objectives of the country programme in Indonesia.[100]
90. Regular resources from UNFPA for the programme, when allocated for 2024 and 2025 at a similar rate as the first three years of the programme, would amount to about 16 m USD and be more than the indicative resources expected in the CPD. This goes in particular for the SRH&RR and PD outcome areas.
91. Regarding other resources, the same pattern can be observed, with the total of these resources possibly amounting to close to 20 m USD, if mobilized at the same rate in 2024 and 2025 as practiced in the first three years of the programme. The only exception in this case concerns the PD outcome area, where expected other resources will be below the targets set in the CPD.
92. Implementation rate of regular resources has been high, varying from 97 to 99 percent while the rate for other resources ranged from 75 to 90 percent in the first three years of the programme, ending at 82 percent in 2023. For details see Annex 7.

[99] UNFPA Indonesia. 2023. Resource Mobilization and Partnership Plan – Indonesia.
[100] Ibid.

4. Evaluation findings

4.1. *Answer to evaluation question 1*

93. **EQ 1: Relevance**: To what extent has the country programme addressed: (i) the needs of diverse populations, including the needs of vulnerable groups (e.g. young people, women and girls with disabilities, elderly, people living with HIV, customary communities) as per UNFPA's Strategic Plans; (ii) national and regional development strategies and policies in SRH & RR, GEWE and population data?

94. **Findings: There was clear indication that the country programme aimed to address the needs of the most vulnerable groups, including women and adolescent girls and those with disabilities in development and humanitarian programming, informed by data and analysis. This approach could benefit from the use of an inter-sectionality approach, analyzing and addressing multiple vulnerabilities of identified groups and people**

The country programme was developed in close alignment with the medium-term development plan RPJMN 2020-2024

The country programme has been aligned with the UNFPA Strategic Plans, including realignment with the new plan of 2022-2025 as well as with the UNSDCF and the 2030 Agenda

Relevance in terms of addressing the needs of in particular vulnerable populations

95. The design and implementation of the SRH&RR outcome area has been informed by several assessments, conducted in order to identify performance gaps in the SRH service provision. This included the use of the performance assessment tool for Basic Emergency Obstetric and Newborn Care (BEmONC) for women and girls, which was piloted in Puskesmas in several districts. The assessment identified the weaknesses of health facilities in delivering BEmONC. It was found that districts with a high MMR, had sufficient accessibility for women to SRH services, but that these services were of inadequate quality. This informed the setup of the programme with a focus on quality of care.
96. Regarding GEWE programming, UNFPA, in collaboration with key government and civil society partners, committed to promote gender equity and protection of vulnerable communities from GBV and harmful practices, including young women and girls, female sex workers including those with disabilities, customary communities and women with disabilities and older persons. [101]
97. In terms of AY programming support included ARH Education to address diverse needs of young people especially adolescent girls. The program included ARH Education for both in-school and out-of-school youth, focusing particularly on vulnerable groups. The programme has included a general approach for in-school youth in Junior High Schools with targeted support to schools for students with special needs. For out-of-school youth the programme has focused on ARH education for young key populations in the Eastern part of Indonesia.[102]

[101] UNFPA Indonesia. (2023). Building a Generation of Leaders and Empowering Girls to Be Students, Not Brides, in Indonesia. UNFPA. https://indonesia.unfpa.org/en/news/building-generation-leaders-and-empowering-girls-be-students-not-brides-indonesia' UNFPA Indonesia. For female sex workers with disabilities, there will be more layers of vulnerability. https://asiapacific.unfpa.org/en/stories-indonesia-muvi; Work Plan Report, NCVAW, 2024 and FGD at national level; Multiple FGDs and interviews at national and subnational levels and Work Plan Report, NCVAW-Q4, 2024.

[102] UNFPA Indonesia, Annual SIS Reports 2021-2023; Multiple Key Key informant interviews at National Level; MoH and MoECRT. 2021. Pedoman Program Kerjasama Peningkatan Kompetensi Kesehatan Reproduksi bagi Guru dan Kepala Sekolah; MoHA, MoECRT, Rutgers, and UNFPA. 2023. Panduan Teknis: Pembelajaran Kesehatan Reproduksi Bagi Guru yang Mengajar Peserta Didik Penyandang Disabilitas Intelektual (PDPDI); MoHA, MoECRT, and UNFPA. 2022. Modul Pendidikan Kesehatan Reproduksi Remaja Tingkat SMP dan Sederajat; JIP, UNFPA. 2023. Modul Pendidikan Seksualitas Komprehensif Luar Sekolah Bagi Remaja Berisiko.

98. For the PD outcome area, the 10th CP has addressed data related vulnerability issues in development and humanitarian contexts. This was reflected in the use of the elderly well-being indicator data, collected from BKKBN's Golantang application, and the use of these data to inform the National Strategy for Older Persons.[103] Moreover, BPS was supported in the provision of specific data, like the Age Specific Fertility Rate (ASFR) for adolescents 10-14 years of age, and disaggregation and analysis of data of the 2020 Population Census Long Form and the conduct of the 2020-2050 Population Projection, as well as thematic studies on mortality and fertility analysis for selected SDG indicators, and comprehensive documentation of the 2020 Population Census, including the geo-spatial aspect.[104] Data related to vulnerability aspects in humanitarian contexts concerned the SDBI Indonesian One Disaster Data by BNPB, the National Disaster Management Authority, with ongoing piloting of the SDBI dashboard platform on humanitarian data in selected districts. Limitation concerned, that the use of these data in humanitarian response was not formally recorded, so could not be verified beyond key informant interviews.[105]
99. Attention to vulnerability so far has been much focused on single social criteria, rather than the application of an inter-sectionality approach, taking note of the combined aspects of vulnerabilities of specific groups and people in order to inform ways in which to respond to related inequalities.

Relevance in terms of alignment with national priorities and policy frameworks

100. The development of the programme was informed by consultations with the Government, civil society, bilateral and multilateral development partners, including sister United Nations organizations, and academia and used the Medium-Term National Development Plan (RPJMN) 2020 – 2024 as reference in all of the outcome areas.[106] Alignment with RPJMN for the 2020-2024 period is regarded as very important because this period concerns the final stage of the National Long Term Development Plan (RPJPN) for the 2005-2025 period. Achieving the 2020-2024 RPJMN targets will influence the achievement of the development targets of the RPJPN.
101. In terms of SRH & RR, the 2020-2024 RPJMN in particular highlights Policy Directions and Strategies for improving maternal and child health, family planning and reproductive health to address access to and quality of health services and achieve universal health coverage. Important focus of the plan concerns reducing the maternal mortality ratio (MMR) which, though it has decreased over the past decades, remains at 189 per 100,000 live births, far behind the SDG target of 70.[107]
102. The primary programme strategies for accelerating the reduction of MMR have focused on two pillars: improving quality of Emergency Obstetric and Newborn Care (EmONC) and strengthening the implementation of Maternal and Perinatal Death Surveillance and Response (MPDSR) at hospital level. These interventions are part of the ten national priority actions to reduce MMR.[108]
103. UNFPA's Adolescent and Youth (AY) programming is closely aligned with the GOI priorities outlined in the RPJMN, particularly in terms of improving the quality and competitiveness of human resources. This includes enhancing the quality of life for children, women, and youth, and boosting

[103] Sekretariat Kabinet RI (2021), Perpres-Regulation of President of Republic of Indonesia Number 88, Year 2021 on the National Strategy of Older Persons; BKKBN (2021), GOLANTANG: Go Lansia Tanggung, Jakarta: BKKBN; UNFPA Indonesia 021/2022/2023 Annual Report – Indonesia; UNFPA Indonesia (2023b), Progress towards the Global UNFPA Three Transformative Results in 2023, Jakarta: UNFPA Indonesia.; BKKBN and UNFPA, Work Plan 2021/2022/2023; BKKBN, Workplan Progress Report 2021/2022/2023.

[104] BPS' key informant interviews; UNFPA Indonesia (2022/2023/2024), ibid; UNFPA Indonesia (2023b), ibid; BPS and UNFPA, Work Plan 2021/2022/2023; BPS, Workplan Progress Report 2021/2022/2023.

[105] BNPB's key informant interviews; UNFPA Indonesia (2022/2023/2024), ibid; UNFPA Indonesia (2023b), ibid; BNPB and UNFPA, Work Plan 2021/2022/2023; BPNPB, Workplan Progress Report 2021/2022/2023. The web-portal of SDB-One Disaster Data: https://data.bnpb.go.id/about. DPPKBP3A: District Office for Population Control, Family Planning, Women Empowerment and Child Protection. Key informant interview with BNPB.

[106] CSOs involved included YSSI, JIP and PKBI DKI Jakarta which focus on adolescents and youth with JIP and PKBI DKI Jakarta focusing in particular on young key populations.

[107] National Medium-Term Development (RPJMN) 2020 – 2024. Kementerian PPN (Bappenas). 2022; BPS (2022), Results of the Population Census Long Form 2020, BPS.

[108] Directorate General of Public Health, Ministry of Health (2022), Dissemination of the Acceleration Program for Reducing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR).

productivity, especially in harnessing the demographic dividend, improving on the Youth Development Index (YDI) and reducing the Age Specific Fertility Rate (ASFR) for young adolescents of 10-14 years of age.

104. GEWE programming areas align well with national directions, such as RPJMN. The outcome area has addressed key issues of the plan such as GBV, FGM/C, health sector response to GBV, and GEDSI, ensuring a comprehensive approach to gender equity and social inclusion. Support also included the VAW Survey, Rapid Assessment of UPTD PPA services and guideline development for GBV services for women and children with disabilities.[109]

105. In the PD outcome area, the programme was aligned with the commitments to implementation of the national targets on SDGs, notably assessment of UNFPA SDG priority indicators, and through its support to BKKBN for conducting Webinars on the Three Zeros i.e. UNFPA's three transformative results, and ICPD25 for the Indonesian parliament members. Moreover, BPS was supported in the first-time provision of data on ASFR for the age group of 10-14 years for national SDG progress monitoring as well as for the development of gender and disability statistics.[110]

Relevance in terms of alignment with the 2030 Agenda, international normative frameworks, UNFPA Strategic Plans 2018-2021 and 2022-2025 and the UN Partnership Framework

106. The CP was developed in accordance with the United Nations Sustainable Development Cooperation Framework (UNSDCF) relating in particular with the strategic priorities 1. Inclusive Human Development and 4. Innovation to accelerate SDGs achievement, as outlined in the CPD results framework. Moreover, the programme aligned with the UNFPA Strategic Plan (2018-2021) under with it was developed and to the UNFPA strategic plan for the period 2022-2025 for which a realignment exercise was conducted, with few adaptations made to the CPAP results framework (see Annex 6). Finally, the programme aligned with the 2030 Agenda and the SDGs, with a particular focus on SDG 3 of Good health and well-being, SDG 5 on Gender equality, SDG 10 on Reduced inequalities, SDG 13 on Climate action, SDG 16 on Peace, justice and strong institutions and SDG 17 Partnership for the goals. The programme focused on vulnerable groups and application of the principle of 'Leaving no one behind' with emphasis on vulnerable groups in each outcome area. [111]

107. The Universal Periodic Review was conducted in 2022, with attention to the GOI focus on the rights of specific groups, including persons with disabilities, older persons and 'adat' or customary communities. Several of the participating countries welcomed the Sexual Violence Crime Law. Of the 269 recommendations made, several focused on strengthening of protection and promotion of human rights, eliminating discrimination against women and promoting gender equality, supporting socially vulnerable segments of the population, including persons with disabilities and older persons, preventing and combating violence against women, and ratification of relevant conventions concerned as well as putting an end to the practice of FGM/C, reducing MMR, ensuring access to comprehensive sexual and reproductive health education and reducing disaster risk for vulnerable people.[112] As such, multiple of these recommendations are reflected in the support of the present country programme.

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[109] Multiple FGDs and interviews at national level, Work Report Plan, MOWECP, 2023; Andriani, N. S., & Lazzarini, L. V. (2023). Buku Panduan Layanan Penanganan Kekerasan Terhadap Perempuan Penyandang Disabilitas Dan Anak Disabilitas. UNFPA Indonesia. https://drive.google.com/drive/folders/1x-oAwZEO5U3N7iaMTgv7acb54IbJuWtu.

[110] Key informant interviews with Ministry of Health (MoH), Bappenas and BPS-Statistics Indonesia, Key informant interviews with Kemenko PMK (Coordinating Ministry of Human Development and Culture), Bappenas (National Development Planning Board), BKKBN (National Coordinating Board for Family Planning) and BPS-Statistics Indonesia; Bappenas and UNFPA (2021/2022/2023), *Work Plan 2021/2022/2023*; Bappenas (2021/2022/2023), *Workplan Progress Report 2021/2022/2023*.

[111] UNFPA Indonesia, Target 2023 CPAP Revision vs TT Meeting ARM presentation (internal excel spreadsheet); Key informant interviews; Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services, The UNFPA strategic plan, 2022-2025, 14 July 2021.

[112] United Nations, General Assembly, Human Rights Council, Report of the Working Group on the Universal Periodic Review, Indonesia, December 2022; General Assembly, Human rights Council, Working Group on the Universal periodic Review, National Report submitted pursuant to Human Rights Council resolutions 5/1 and 16/21, September 2022.

4.2. Answer to evaluation question 2

108. **EQ 2: Relevance:** To what extent has the country programme adapted to evolving needs of the target population, especially of those from vulnerable groups, during humanitarian crises and/or major political changes and the needs of targeted stakeholders (policy makers, programme managers, and providers)?

109. **Findings: The country programme has been well adapted in line with unexpected developments and contextual changes in particular the outbreak of the COVID-19 pandemic, which concerned a national (and global) emergency situation, and the related changes in GOI adaptations of the health policies and system**

The UNFPA programme has provided support to vulnerable groups particularly affected by the COVID pandemic and its health, economic and social ramifications

The programme adapted to the enactment of the New Health Law of 2023 and the programme provided support to its implementation on midwifery workforce policies

110. Due to changes in MOH policies in relation to the pandemic, the output of the SRH&RR components on maternal health, which originally targeted support to MOH in releasing the Presidential decree on maternal mortality reduction, was adapted to focus on support to a national road map for acceleration of maternal mortality reduction and assistance to the health transformation agenda, in particular in strengthening the quality of EmONC facilities and supporting MPDSR.
111. UNFPA adapted its operations during the pandemic, including the use of virtual and hybrid settings for meetings and use of a working from home modality for staff. Adaptations were made in close cooperation with both implementing and strategic partners.[113]
112. During the COVID pandemic, the Leave No One Behind Project (2021-2022) was dedicated to reach out to vulnerable groups, including vulnerable adolescents and youth, people with disabilities (PWDs), older persons, pregnant women, GBV survivors and those in remote regions with no internet access in order to ensure support and access to SRH services for these groups, that tended to be overlooked in a generic COVID response approach.[114]
113. Towards the end of the pandemic, the UNFPA programme support focused on recovering from the COVID-19 pandemic and restoring the momentum lost and accelerating support to progress towards the three transformative results and the SDGs.
114. The programme adapted to the enactment of the New Health Law of 2023 (*Undang-Undang Kesehatan Nomor 17 Tahun 2023*) which put emphasis of fulfillment of the reproductive health and rights of women and men in all stages of their life cycle and maintain and improve the quality of the reproductive health system, with maternal and child health and midwifery integrated, so as to support a healthy generation. Additionally, UNFPA supported the midwifery council and the Directorate General of Health Workforce in developing a policy brief with recommendations for implementing the health law, further strengthening midwifery workforce policies.[115]

4.3. Answer to evaluation question 3

115. **EQ 3: Coherence:** To what extent is the country programme: (i) aligned to national commitments to implementation of international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, and (ii) coordinated with UN partners and other key stakeholders?

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[113] Key Informant interviews; UNFPA Annual SIS Report 2021, 2022.

[114] A total of 8,500 dignity kits were distributed to adolescents, women, GBV survivors, people living with HIV and older persons. Moreover, people living with HIV were supported through 2,000 cash vouchers, while 877 assisted tools were provided for older persons and people with disabilities. Capacities of nearly 3,500 frontline workers, including social workers and caregivers on GBV response were enhanced. Reference LNOB project report.

[115] Multiple Key Informants Interview; UNFPA Annual SIS Report 2023; MoH. 2023. Undang-undang Kesehatan Menjamin Pemenuhan Hak Kesehatan Reproduksi untuk Membentuk Generasi yang Sehat dan Berkualitas

116. Findings: Coordination has been achieved through BAPPENAS in terms of alignment with national strategies for the achievement of SDG and ICPD related goals and objectives in each of the outcome areas of the programme with opportunities to enhance coordination at sub-national level

Coherence of programme interventions was achieved with sister UN agencies, civil society organizations and universities and with private sector stakeholders in the outcome areas of the programme and in both development and humanitarian support

Coherence with national commitments to international frameworks

117. BAPPENAS has been responsible for the effective coordination of development partners and government agencies at the national level, in order to ensure that the programme interventions were aligned with the strategies, policies and plans of the Government of Indonesia. Bappenas has also been effectively performing this coordination role as the national coordinating Government agency of the UNFPA Programme. It has done this in line with the national development plans, RPJMN and the longer term RPJPN, which are aligned with both the Agenda 2030, the SDGs and the ICPD PoA.
118. For the operation of the programme and its daily coordination of its implementation, a governance mechanism was set up (further detailed under the evaluation criterion of efficiency) which was operating by a set of general guidelines, known as PEDUM. However, this guideline focused at the national level and did not include details on the coordination of supported interventions at the sub-national level.[116]
119. Programme interventions were coordinated with ongoing government initiatives in each of the outcome areas of the programme. UNFPA, for example, facilitated policy level discussion with MoWCEP (Kemen PPPA) to integrate gender responsive planning, budgeting and monitoring for comprehensive multisectoral GBV services and Essential Service Package (ESP) into existing and new UPTDs at national and subnational/district levels.[117]
120. Support for the ARH education initiative has been implemented in close collaboration with the MoH and MoECRT. However, in the AY outcome area, there has remained a gap in aligning the ARH education for out-of-school youth and the peer-led RH education with existing BKKBN programmes that have proven notably reaching adolescents and youth across Indonesia, such as GENRE (GENerasi beREncana - Youth Forum), Child Forum, and the Youth Counseling Information Center (PIK-R).[118]

Coherence with CSO efforts

121. The programme has coordinated its support with civil society organizations and has for example actively collaborated with CSOs in the SHR&RR part of the programme, including in relation to HIV prevention, Cash and Voucher Assistance (CVA), initiatives for People living with HIV (PLHIV) during the COVID-19 pandemic, and other disaster response. Regarding the GEWE outcome area, UNFPA has collaborated with national and subnational CSOs to end GBV and harmful practices. This has included supporting the development of subnational decrees on SRH/GBV subclusters in the Special Region of Yogyakarta, and Central Sulawesi Province, as well as development of technical guidelines on integration of SRH district planning and budgeting in five areas: Serang, Jember, Brebes, Garut,

[116] UNFPA, General guideline for the implementation of collaboration Government of Indonesia (GOI) – UNFPA CP 10 (2021 – 2025); Key Informant Interview in National Level

[117] UNFPA Indonesia. (2023). BERANI Empower Lives: Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI) Programme Information 2018-2023. UNFPA Indonesia. https://indonesia.unfpa.org/en/publications/berani-empowering-lives-better-sexual-and-reproductive-health-and-rights-all-indonesia

[118] Multiple Key Informant Interviews; Isfuliah, L. ., Wahyuningsih, W. ., & Sauqiyah, A. . (2022). THE ROLE OF GENERASI BERENCANA (GENRE) IN GUIDING TEENAGERS TO PREVENT YOUNG MARRIAGE. ZAHRA: JOURNAL OF HEALTH AND MEDICAL RESEARCH, 2(2), 69–77. Retrieved from https://adisampublisher.org/index.php/aisha/article/view/98; Puspitasari, M. D., & Nasution, S. L. (2021). Determinan Perencanaan Pendewasaan Usia Perkawinan Pada Remaja 10-19 Tahun Di Indonesia: Analisis SKAP KKBPK Tahun 2019. *Jurnal Keluarga Berencana*, *6*(2), 21-34.

East Lombok, as well as service guidelines, updated National MISP Guideline and Teaching Materials for Midwives.[119] In terms of AY programming, UNFPA has collaborated with CSOs through the UN Technical Working Group (TWG) mechanism, supporting efforts to build the capacity of youth leaders, particularly among young key populations, in delivering ARH education. Moreover, the programme coordinated support to meaningful participation of youth in policy development with CSOs. This approach has ensured coherence of AY outputs across stakeholders, making use of the preparation and implementation of Annual Work Plans (AWP). Through this collaboration, stakeholders collectively contributed to progress on national AY commitments.[120] There has been no support to CSOs in the PD outcome area, nor coordination of initiatives concerned.

Coherence with other development partners

122. The programme coordinated and worked together with universities and with private sector stakeholders. In the PD outcome area, the programme worked successfully with universities and researchers on the development of the national web-based knowledge hub platform for public communication and campaigns in relation to SHR & RR, GEWE and AY issues, as well as on the policy brief regarding the demographic dividend and the National Transfer Account (NTA). Regarding UNFPA's commitment to GEWE and protection of women and children from violence, the programme worked with the Khouw Kalbe Foundation to empower young women and girls at risk of GBV and child marriage, and with Grab on GBV Prevention and response. This has provided new entry points in terms of GBV programming working with Foundations and Private sector actors, something which is part and parcel of the updated UNFPA partnership and resource mobilization plan.[121]

123. However, there is an identified gap in working with international financial institutions like the World Bank and the Asian Development Bank, to better synergize efforts, particularly in areas such as SRH&RR and AY programming, with such opportunities highlighted in the same Partnership and Resource Mobilization Plan in terms of resourcing of scaling up or replication of successful pilot initiatives.[122]

Coherence with sister UN agencies

124. UNFPA has collaborated with other UN agencies in SRH&RR area, including WHO and UNICEF (as well as USAID) in support to MOH regarding enhancing hospital-based MPDSR implementation at national and sub-national levels. Additionally, UNFPA has worked with UNAIDS to streamline the collaborative partner' notification development model. The BERANI phase I programme concerned a joint programme of UNFPA and UNICEF to which UN Women joined for the second phase, which supported better SRH and reproductive rights for all in Indonesia. With regard to commitment to GEWE, UNFPA has continued its leadership within the UNCT and UN gender equality mechanism, co-chairing the UN Gender Thematic Working Group (UNGTG) and the UN Protection of Sexual Exploitation, Abuse and Harassment (UN PSEAH) networks.[123] In terms of AY programming, UNFPA has acted as co-chair of the UNCT Inter-Agency Network on Youth Development (IANYD) and worked

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[119] Multiple FGDs and interviews at national and subnational levels, MYWP Target 2024-2025 CPAP Revision. UNFPA Indonesia. (2023). BERANI Empower Lives: Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI) Programme Information 2018-2023. UNFPA Indonesia. https://indonesia.unfpa.org/en/publications/berani-empowering-lives-better-sexual-and-reproductive-health-and-rights-all-indonesia;
https://indonesia.unfpa.org/sites/default/files/pub-pdf/final_report_lnob_revise_7_23_nov_for_publication.pdf

[120] Multiple Key Informants Interview at national level.

[121] UNFPA Indonesia. (2023). Grab Drivers in Indonesia Take a Stand Against Sexual Violence. https://indonesia.unfpa.org/en/news/grab-drivers-indonesia-take-stand-against-sexual-violence. UNFPA Indonesia. (2023). Building a Generation of Leaders and Empowering Girls to Be Students, Not Brides, in Indonesia. UNFPA. https://indonesia.unfpa.org/en/news/building-generation-leaders-and-empowering-girls-be-students-not-brides-indonesia

[122] UNFPA. 2023. Resource Mobilization and Partnership Plan – Indonesia; Key Informant Interview.

[123] UNFPA Indonesia. (2024). UNFPA 2024 Action Plan on Protection from Sexual Exploitation and Abuse and Sexual Harassment. UNFPA Indonesia. https://www.unfpa.org/sites/default/files/board-documents/main-document/EB%20Annual%20Session_Annex_UNFPA%202024%20PSEAH%20Action%20Plan_VF_Updated.pdf.

together with other UN Agencies in areas of youth development. For support to the national strategy of youth entrepreneurship, UNFPA has worked together with UNDP. Additionally, several initiatives have been implemented through the UNCT IANYD, facilitating coordinated efforts across sectors to maximize results.[124] The PD outcome area contributed to achieving SDGs in Indonesia by actively participating in the UN data for SDGs working group.

Coherence in humanitarian support with other stakeholders

125. In terms of SRH & RR outcome area, UNFPA supported BKKBN in 2020 to develop the guideline for contraceptive services during health crisis related to disasters to anticipate the shortage of contraceptive services, which may result in diverse repercussions concerning family planning and the transmission of STIs/HIV. Inadequate family planning can lead to unintended pregnancies, sometimes culminating in unsafe abortions and heightened risks of morbidity and death associated with pregnancy and childbirth. In addition, BKKBN also released the Regulation on Family Planning Programme and Services in Health Crisis Situations.[125]

126. In the GEWE outcome area, focus was on the integration of GBV services within RH and GBV sub-clusters and collecting of disaggregated data on sex, age, disability, and gender (SADDD) during the humanitarian response, as well as training for midwives on SRH in emergencies, in collaboration with NCVAW, MoWECP, MOH, BNPB, MOHA, BI, YKP, PULIH foundation, PKBI, Fatayat NU, FKM UI, doctorSHARE and subnational government like PHOs, Bappeda and CSOs partners (i.e. LIBU Perempuan, Sikola Mombine, KPKPST in Central Sulawesi; Rifka Anissa, DIY).[126]

127. In terms of AY programming for humanitarian response, UNFPA Indonesia has aligned with the GoI and the local stakeholders. For instance, ARH education and youth participation tools for humanitarian settings were endorsed by MoH, and disseminated to School Age and Adolescent Health Program Managers from 34 Provinces and Representatives with UN and other Partner Institutions providing complementary guidance to youth, including WHO, UNICEF, Rutgers, Plan Indonesia, YKP, Kerti Praja Foundation, NLR and AKAR Inaha.[127] Moreover, UNFPA worked together within the national and sub-national stakeholders in disaster management sub-clusters on youth related RH and GBV issues.

128. PD programming supported the development of SDBI-Indonesian One Disaster Data for humanitarian response by BNPB-National Disaster Management Agency.

4.4. Answer to evaluation question 4

129. **EQ 4: Coherence:** What has been the role played by the UNFPA Indonesia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results and improving humanitarian response ensuring contribution to longer-term recovery?

130. **Findings**: **UNFPA has actively played a role in each of its mandate areas in enhancing the United Nations collective contribution to national development results and humanitarian response**

UNFPA contribution to UN coordination mechanism of the UNCT in Development programming

131. UNFPA has contributed technical expertise to the overall coordination efforts of the United Nations in the mandate areas of the organization. In terms of Maternal health, the programme has been

[124] Multiple Key Informants Interview at National Level; UNFPA. 2023. Final Evaluation of BERANI Programme; The 2023 National Youth Co: Lab Indonesia Dialogue; C-Surge Grant report.

[125] BKKBN, Perban BKKBN No 32/2020 on Family Development, Population, and Contraceptive Services in Health Crisis Situations

[126] FGDs with various stakeholders at the national and subnational level; LNOB report 2023; https://indonesia.unfpa.org/sites/default/files/pub-pdf/final_report_lnob_revise_7_23_nov_for_publication.pdf

[127] UNFPA Annual SIS Report 2021; Key Informants Interview at National Level

supporting the implementation of MPDSR since 2016. In 2022, UNFPA assumed responsibility for modifying the MPDSR system, initially developed by the World Health Organization (WHO), and UNICEF. UNFPA conducted pilot testing of the MPDSR in six hospitals across five districts, while UNICEF focused on five other facilities. In addition, the World Health Organization (WHO) took on a supporting role in monitoring and overseeing the implementation of hospital-based MPDSR. In the HIV Program, on the other hand, UNAIDS has been leading the development of the UN plan for HIV for the period of 2021-2025. Different UN agencies have played different roles within this plan. UNFPA has prioritized HIV prevention for female sex workers (FSW) and collaborated with UNAIDS in support of partner notification. On the other hand, UNICEF has supported the prevention of mother-to-child transmission of HIV.

132. UNFPA has been working on communication and advocacy in collaboration with UNRCO, UNIC and UN Women on the 16 days campaign against GBV and advocacy for the sexual violence bill. Communication of sensitive issues, as part of the mandate of the organization, remains a challenge in the context of Indonesia while the CO realizes the need for cooperation within the UNCT in order to speak with one voice as UN agencies in public campaigns.[128]
133. UNFPA Indonesia has effectively led and supported youth development efforts as co-chair of the UN IANYD, expanding program reach and impact. This collaboration has included contributing to the Background Study for RPJMN and RPJPN on Youth Development.[129,130] As co-chair, UNFPA notably contributed to the Youth 2030 Scorecard, to capture progress on working with youth at the UNCT level using a set of practical measures, drawing from well-laid down principles of meaningful youth engagement in Indonesia from the global Youth 2030 strategy.[131]
134. UNFPA has co-chaired the UN Gender Thematic Working Group (UNGTWG) and as such notably contributed to the Gender Equality Scorecard used within UN agencies to assess UNCT gender equality mainstreaming practices and performance. The working group, moreover, has supported gender mainstreaming policies and programme advocacy. [132]
135. UNFPA has co-chaired the working group on Data, Monitoring, Evaluation and Learning (DMEL) which contributed to data-driven intervention mainstreaming in Indonesia. For instance, the work of this group strengthened collaboration across UN agencies on the collection and use of data that charted achievements of the SDGs, data on disabilities in the context of Leaving No One Behind, data that contributed to generating official statistics, and data that contributed to the Indonesian Government's One Data platform, which allowed for the efficient sharing of data across central and regional government agencies on subjects such as disasters and migration. Moreover, the country office participated in the annual reviews of the UNSDCF and its evaluation in 2024.[133] For additional details, see Annex 1.

UNFPA contribution to UN coordination mechanism of the UNCT in Humanitarian programming

136. In humanitarian coordination, UNFPA has been co-leading the RH and GBV sub-cluster coordination in all phases of humanitarian support (preparedness, response and recovery) to ensure provision of SRH and GBV services in humanitarian settings, including the COVID-19 pandemic and natural-induced disasters. Moreover, UNFPA co-led the Information Management Working Group together with UNOCHA, that enhanced the collaboration across the Indonesia National Cluster for disaster management, informed UN-Agencies contingency planning, and expanded the partnership with

[128] Key informant interviews.
[129] UNFPA Indonesia, Annual SIS Report 2022.
[130] Key Informant Interviews.
[131] UNCT Meeting - IANYD Annual Work Plan 2023; United Nations in Indonesia. 2023. Country Result Report 2022; 2023 UN Youth Score Card Tracker; Key Informant Interviews.
[132] United Nations in Indonesia. 2023. Country Result Report 2022; UNCT-SWAP Gender Equality ScoreCard 2023; UNFPA Indonesia, Annual SIS Report 2022.
[133] United Nations in Indonesia. 2023. Country Result Report 2022; Key Informant Interview in National Level.

humanitarian stakeholders such as MDMC, IPPF/PKBI Indonesia and Baznas (for additional details see answers to Evaluation Questions 10 and 11).

137. In terms of the PD outcome area, the UNFPA programme supported the development for the BNPB's functioning SDBI One Disaster web-portal for use in humanitarian settings of tools for sex, age and disability disaggregated data (SADDD) collection to inform humanitarian response which contributed to resilience building in Palu and Sigi district. UNFPA has followed up direct emergency response in this area with support to longer term recovery of the SRH and GBV response systems.[134]

4.5. Answer to evaluation question 5

138. **EQ 5: Effectiveness:** To what extent have UNFPA-supported interventions contributed to the achievement of the three Transformative Results and key outcomes in the country program, in each of its outcome areas and across development, humanitarian and peace settings?

Sexual and reproductive health and reproductive rights

139. Findings: While output level indicators could be achieved or are expected to be achieved towards the end of the programme cycle, the outcome level indicators remain only partly achieved with FP data showing a positive trend but details on MMR not yet available

Some of the ways in which the output level results were meant to be achieved have been usefully adapted, while maintaining the focus on midwifery related issues and EmONC and adding a focus on MPDSR to inform these aspects of the programme

The essential technical package for capacity development in addressing maternal mortality is currently accessible, and a reference to enable sub-national implementation is underway with the aim to contribute to zero tolerance for preventable maternal death as one of the transformative results

Guidelines developed for MPDSR have been tested in selected hospitals, reporting details to the notification system and started to inform recommendations to avoid maternal deaths, however, omitting a hospital with characteristics prevalent in Eastern Indonesia. Support to a country wide BEmONC assessment of *puskesmas* facilities informed revision of BEmONC national guidelines

Enhancing the quality of midwifery education has resulted in an additional five selected midwifery education institutes becoming Centers of Excellence, with each focusing on a specific contextual issue and with lessons learned disseminated to so called 'sister schools' though without a wider plan for scaling up of results. Support to the midwifery council to enhance the position of midwives has been ongoing.

Support to integrate SRH planning and budgeting at district level has resulted in several instances in enhanced budgets for SRH services, however with no assessment yet of results in terms of quality improvements at district level and beyond in order to inform policy making

UNFPA's collaboration with CSOs on models for HIV programming has resulted in the endorsement by key partners of HIV programmes for Female Sex Workers (FSW) and the approach to intimate partner notification

Support to technical guidelines and policy issues for humanitarian action, including the use of MISP, has enhanced disaster preparedness in selected locations

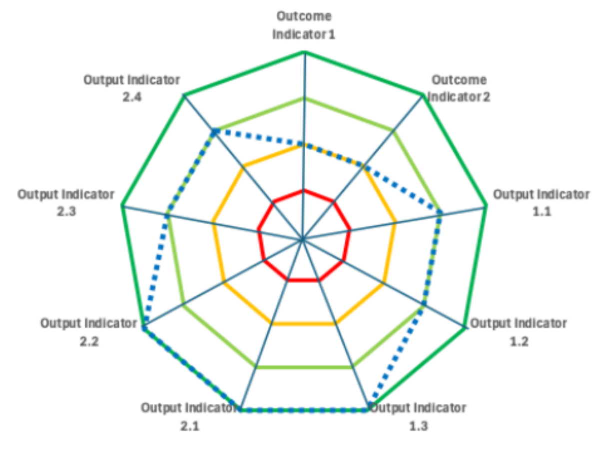
Overview of results at outcome and output levels

[134] United Nations in Indonesia. 2023. Country Result Report 2022; UNFPA. Annual SIS Report 2021-2023; Key Informant Interview at National Level.

140. In terms of outcome level changes, MMR has been reduced to 189 per 100,000 live births, but has remained far above the SDG target of 70. The situation is distinct for family planning. Different results are provided in available sources, compared to the target of unmet need of 7.4 percent, though most show that this target has not been reached yet.[135] The outcome level indicators are both national level targets and while outputs, as will be shown below, are likely to contribute to the outcome level changes from a qualitative analysis point of view, given the relatively limited size of most parts of the UNFPA programme,[136] they are less likely to substantially effect national level indicators.

141. Achievement of output level results varies in terms of support to maternal health as well as other SRH & RR interventions. The programme has been able to affect results at national level regarding development of learning materials and enhancing capacities regarding EmONC, improve quality of midwifery education through strengthening of the curriculum and development of Centers of Excellence (CoE) and the adoption of a rights-based approach to family planning with inclusion of men's role and uptake of vasectomy. At sub-national level, the programme was able to build the capacities of selected district teams to identify the root causes of preventable maternal mortality by conducting MPDSR and assess BEmONC capacities and use the results to inform district planning and budgeting of SRH services, including scale-up of HIV prevention for female sex workers. In terms of the health sector response to GBV, institutional capacities have been enhanced and health workers' capacities built, though results were constrained with GBV response by trainees not considered within the mandate of MOH. In terms of humanitarian support, MISP and other guidelines were adapted to the requirements of the COVID pandemic and coordination enhanced through the establishment of SRH sub-cluster in disaster affected areas. Though outputs can be considered to contribute to reduction of MMR as well as the unmet need for FP, the extent of their effect is related to the level and scale of the interventions, which has varied. An overview of results is provided in Figure 2 with details discussed below and additional information included in Annex 1.

Figure 2: Spider web on the achievements of the SRH & RR indicators



Outcome Indicator 1: Maternal Mortality Ratio *(SDG 3.1, indicator 3.1.1)*

Outcome Indicator 2: Unmet need for family planning *(SDG 3.7)*

Output Indicator 1.1: Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including EmONC, & its regular review mechanism

Output Indicator 1.2: Establishment of a Midwifery Council that regulates midwifery education and midwifery-led care standards

Output Indicator 1.3: Number of midwifery centers of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards

[135] The unmet need for family planning either decreased from 11.4% to 10.5% or remained stagnant at 10-12 percent, as indicated by the 2012 and 2017 IDHS. UNFPA. Policy brief: Addressing Unmet Need for Family Planning in Indonesia; The updated BKKBN family data of 2023 reported the unmet need for FP for 2022 and 2023 at 14.7 and 11.5 percent, respectively, BKKBN. 2023. Updated Family Data Result 2023; The estimated unmet demand for family planning in 2023 was 9.6 percent, as indicated by family estimation tools (FET), Indonesia FP2030 Country Fact Sheet – 2023.

[136] The final evaluation of the BERANI I programme makes a similar observation in terms of the effectiveness of the project. UNICEF and UNFPA Indonesia. 2023. Final evaluation of "Better Reproductive Health and Rights for All in Indonesia" (BERANI) programme (2018-2022).

Output Indicator 2.1: Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices

Output Indicator 2.2: Percentage of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model

Output Indicator 2.3: Number of districts with high disaster risk index that have incorporated the nationally adopted and implemented MISP in contingency plans

Output Indicator 2.4: Number of revised national protocols on health sector response to gender-based violence, in line with the Essential Service Package (ESP)

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved (no progress)

National road map for acceleration of maternal mortality reduction

142. One of the important initiatives included in the CPD was a roadmap of MMR reduction methods as an annex in the presidential decree on Maternal and Child Mortality reduction. In 2021, the draft of the Presidential Decree, which outlined a plan of action to decrease the MMR, was prepared for approval. However, due to the constrained budgetary resources and shifts in policy and leadership within the Ministries, the programme's approach was adapted and focused on strengthening the "two pillars" of key technical interventions: Maternal Perinatal Death Surveillance and Response (MPDSR) and Basic emergency obstetric and neonatal care (BEmONC or *PONED* in Bahasa Indonesia).[137]
143. Reduction of MMR was to be informed by analysis of results of the Long Form Census of 2020 regarding mortality in Indonesia as well as an analysis of the determinants of maternal mortality rates based on a health service facilities study (of which the results have not been published yet). The purpose of this study was to validate the estimated MMR for 2022, ensure the ongoing use of routine program data for calculating health facility-based maternal mortality data, analyze the causes of maternal mortality and determine the appropriate solution to ensure the availability of annual MMR data at the sub-national level.[138]

Maternal Perinatal Death Surveillance and Response

144. UNFPA, in partnership with WHO, UNICEF, and Momentum-USAID, has been taking the initiative to continue to support the Ministry of Health (MOH) in enhancing the conduct of MPDSR. This has involved modifying the learning materials and transitioning from a district-based strategy to a hospital-based approach.[139] This change aligned with MPDSR implementation recommendations issued by the WHO and published in 2021[140] and responds to the actual situation that 80 percent of maternal deaths occur in hospitals. While pilots concerned have reported enhanced identification of the major causes of maternal deaths, development of a response and its implementation has proved more challenging, such as provision of specialist personnel and the availability of Neonatal Intensive Care Unit rooms, which will require inputs from sector agencies beyond health.[141] While the MPDSR guidelines were piloted in 6 hospitals, none of the piloting hospitals had the characteristics of many of the hospitals in the eastern parts of Indonesia, notably a lack of infrastructure and human resources. Therefore, further pilots may consider to include a hospital from the Eastern part of Indonesia for getting a more comprehensive picture.

BEmONC (PONED) in Puskesmas (Public Health Centers)

145. In order to improve the quality of services of PONED Puskesmas, a trial version of a self-evaluation instrument was introduced to assess the performance of PONED Puskesmas. Results showed that only 4 public health facilities were considered 'ready' to perform the seven basic EmONC signal

[137] Annual report (2021), Key informant; SRH team UNFPA, MOH (Maternal and Nutrition Directorate)
[138] Reconstra for Bappenas. 2023. Determinant Analysis of Maternal Mortality Rate (MMR) based on health facility 2030
[139] Key informant; WHO
[140] World Health Organization – WHO (2021). Maternal and Perinatal Death Surveillance and Response: Materials to Support Implementation
[141] Key informant interview; Directorate Maternal and Child Health and Nutrition MOH

functions out of over 2,000 facilities surveyed.[142] In order to improve this situation, UNFPA played a prominent role in the process of adapting the BEmONC guidelines. The draft guideline is currently available, however the refresher training modules have not yet been completed.[143]

Midwifery education

146. The Country Office developed a theory of change to improve the accessibility and acceptability of midwifery quality of care, including the strengthening of both pre-service and in-service midwifery education. To accomplish these objectives, UNFPA has continued to provide assistance to the Ministry of Health (MOH) and the Indonesian Midwives Association (IBI).
147. In 2023, the Burnet Institute, with support from UNFPA, undertook a desk review to gain a better understanding of the gaps in quality of care and treatment of obstetric and newborn emergencies in Indonesia. One of the main issues identified concerning policy and regulations was the lack of practical experience of midwives as part of their education and unequal levels of access to midwifery training and resources. Additionally, there was a lack of a supporting policy environment. Specifically, the ability of midwives to handle complications during childbirth appeared to be beyond their capacities, which implied that they had insufficient competencies in managing typical issues of emergency / complications, ensuring the lives of both the mothers and the newborns.[144]
148. An important conclusion that arose from this study was the need to enhance the capacities of midwifery schools, which presently require further strengthening in order to ensure that future graduates possess the necessary knowledge and skills to deliver essential emergency obstetric care. These recommendations were followed up by UNFPA in close collaboration with the Ministry of Health and the Indonesian Midwives Association (IBI) to strengthen the midwifery schools selected as Centres as Excellence (CoE). This was done in conjunction with policy related support to MOH on midwifery education. As of the time of the evaluation, ten CoEs have been established, five of which in the present programme cycle, with each focusing on a specific topic. There is a proposal to develop so called sister schools that will have MoUs with the ten CoEs in terms of expanding the initiative. [145]
149. Support moreover, focused on refining the midwifery curriculum for pre-service training[146] with a focus on skills development and support to supervision and coaching activities of midwives working in community health centers. [147] The revised curriculum version is currently awaiting expert review and the revision process is about 70 percent completed. Meanwhile the supervision and coaching, led by IBI, has resulted in enhanced capacities of participating midwives to provide services. A more independent Midwifery council would be beneficial for the position of the midwives, though attempts to enhance the strategic role of midwives in the midwifery council have continued to encounter obstacles. [148]

Rights-based Family Planning

150. Indonesia is one of 69 countries that committed to FP2020 since 2020 which recently continued as FP2030. FP2030 bridges advocacy for harmonization between global commitments and national priorities, as included in the 2020-2024 National Medium Term Development Goals (RPJMN), the strategic plan of the National Population and Family Planning Board (BKKBN), and the work programmes of ministries/institutions that focus on population and family planning, to end

[142] Mapping of Puskesmas with ability to provide basic emergency obstetric neonatal care. https://experience.arcgis.com/experience/8777ce7b0cf04eee85a590889f6cc34f/page/Signal-Function/

[143] Key informant interviews.

[144] Burnet Institute, Desk-Review of Emergency Obstetric and Newborn Care Services in Indonesia, Melbourne, Australia, 2023.

[145] Key informants; SRH team UNFPA, Indonesia Midwife Association (IBI), CPAP update 2024.

[146] Key informants interview (IBI, CO staff).

[147] IBI – UNFPA (2022). *Supervisi dan coaching untuk keterampilan Bidan* (Slide Presentation).

[148] Key informants; SRH team UNFPA, Indonesia Midwife Association (IBI); *Undang-Undang Nomer 17 tahun* 2023 regarding Health.

stagnation and accelerate the achievement of the family planning programme in Indonesia. In 2022, UNFPA supported BKBBN to launch FP2030 with the aim to realize voluntary and quality family planning and reproductive health (FP/RH) services, to fulfill sexual and reproductive health and reproductive rights through equitable and sustainable health services for all levels of society and supported by policies at national to sub-national levels. There are 10 targets of FP2030 including; ensuring the realization of voluntary, quality, and comprehensive rights based contraceptive services according to Indonesian Law and ensuring the realization of adolescent reproductive health by providing information and education. Additionally, UNFPA supported development of the tracking sheet to monitor the progress of FP 2030 achievement.

151. Budget constraints and sustainability considerations led UNFPA to concentrate on facilitating various studies which served as evidence for policy brief formulation, as well as the development of tools and guidelines, which will be institutionalized by BKKBN rather than being piloted. In 2024, UNFPA has been assisting the development of four criteria for enhancement, which include: 1) an accredited vasectomy curriculum and training modules from the Ministry of Health. 2) Public-Private Partnerships in Family Planning with private midwifery practices and hospitals under the Bangga Kencana program to enhance access to and quality of family planning services; 3) Revised Quantification Instruments to guarantee a bottoms-up methodology for Family Planning Supply Chain Management 4) FP Strategy for Demand Generation

152. In 2022 and 2023, the programme supported SSTC with Timor Leste on MPDSR, with India on implant training and with the Bangsamoro Autonomous Region of Muslim Mindanao in the Philippines on family planning related issues including training on engagement with Muslim leaders and SRH for adolescents and youth.

Integrated planning and budgeting for RH at district level

153. The Ministry of Home Affairs (MoHA) has collaborated with Bappenas as part of the programme to modify the guidelines for enhancing district capacities to develop integrated plans and budgets for reproductive health (RH). Initiatives have been piloted in five selected districts in 2023. The advancement of each district had differed. Early results show varying levels of increases in district allocations for SRH from 7 to over 70 percent. Nevertheless, it is necessary to carry out a thorough assessment of the effects of the pilots in particular in terms of improved access to and quality of SRH services. In the field work conducted as part of the CPE, a lack of linkages between national and sub-national level in terms of SRH investment was observed, as well as insufficient coordination amongst stakeholders at the sub-national level, notwithstanding a crucial role of BAPPEDA in this respect. In the integrated approach of SRH improvement at the sub-national level, there was a lack of attention to quality Ante Natal Care (ANC) services in sites visited, with the lack to identify at risk pregnancies in an early stage as a contributing factor to MMR. [149]

HIV related programming

154. Since 2014, UNFPA has been involved in developing a model for HIV prevention in collaboration with the National AIDS Commission. Since 2017, UNFPA has served as a Sub Recipient for HIV prevention programming, taking up this responsibility from the National AIDS Commission (KPA) after it ceased operations and transferred its duties to the Ministry of Health (MoH). UNFPA has played a crucial role in providing technical assistance for HIV prevention among female sex workers (FSWs) including cash / voucher assistance (CVA) program to provide financial support to FSWs for accessing health services such as HIV testing and ARV treatment and in support of intimate partner notification. UNFPA programmatic assistance to HIV prevention has prioritized Female Sex Worker (FSW) with support from the Global Fund.[150] The CVA program was effective in enabling FSWs to access essential health services and the initiative highlighted areas for improvement in financial support

[149] Solidaritas. 2023. The Evaluation of Integrated SRH planning and Budgeting Implementation in 5 pilot district Cycle-10; Key informant interview and focus group discussions; The Joint BERANI II travel report to East Lombok and Jember. 2024.
[150] UNFPA Annual SIS reports 2021 / 2022 / 2023; key informant interviews.

programs for vulnerable populations. The technical assistance of the HIV prevention program for FSW was completed in 2023 and implemented by 131 out of 146 districts (i.e. 90 percent of) targeted districts, funded by the Global Fund.[151]

155. In 2022, a new partner notification strategy was piloted for FSWs in partnership with JIP. The new strategy sought to enhance the availability of healthcare services and diminish the spread of HIV. The pilot proved successful and showcased a feasible framework for partner notification. It was able to reach 74 percent of FSW with prevention packages, HIV information and provide access to HIV testing, with 1,7 percent of those tested diagnosed with HIV. Additionally, it provided capacity building for service providers and peer-leaders. This initiative has the potential for wider adoption and long-term viability by JIP. Out of the intended 229 districts, this initiative has been implemented in 96 districts, representing 42 percent of the overall target.[152]

Health Sector Response to GBV

156. The programme effectively facilitated the revision of national health protocols, particularly the Ministry of Health Regulation Number 68 of 2013, to align with the Essential Service Package (ESP) standards. These revisions are expected to improve the quality and coordination of services for survivors of GBV, as healthcare providers now have clear guidelines for reporting and managing cases, which is a crucial element of system-wide results.
157. While capacities of health sector staff have been enhanced through the implementation of the BERANI programme in 34 provinces, the evaluation of the programme found that trained health workers had not been able to effectively use their new knowledge and skills at the local level as responding to cases of GBV was not considered by them as within the mandate of MOH. Replication in other health service points were challenged by lack of funding allocation both from national and local government budgets and the lack of readiness of the health sector to provide support to survivor. Training alone proved insufficient to address the issues concerned.[153] However, the promotion of the One Stop Service Model for GBV survivors in health points in Cirebon District was more successful and replicated in Bogor and Tangerang district and Palu city. Capacities of medical staff were enhanced in terms of providing medical reports and forwarding of survivors to gynecologists. For further details see GEWE outcome area below.[154]

Humanitarian support

158. In order to enhance readiness and response to disasters, UNFPA in partnership with MoH and MOWECP, adapted technical guidelines, strengthened the human resources and facilitated policy support. The process involved the modification of existing as well as development of new technical guidelines, including the use of Minimum Initial Service Package (MISP), the adaptation of MISP to requirements of the COVID-19 pandemic, the revision of teaching materials for midwives, the development of technical guidelines for HIV prevention, and the integration of gender equality concerns and gender-based violence (GBV) response. The MISP has been endorsed by MOH and utilized as a reference during humanitarian response and health crisis scenarios arising from the COVID-19 pandemic.[155]
159. Since 2021, several districts affected by disasters have established the Reproductive Health (RH) Sub-Cluster Coordination unit, a process supported by UNFPA. The MISP for RH facilitated the development and strengthening of the capabilities of sub-cluster participants in addressing Sexual and Reproductive Health (SRH) and Gender-Based Violence in Emergencies (GBViE) during times of crisis, with the approval of provincial authorities. In order to boost the implementation of guidelines

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[151] UNFPA Annual report (2021;)key informant interviews UNFPA, IPs and SPs.

[152] Ibid.; This remains a limited number given the total of 7,288 districts of Indonesia in 2023.

[153] UNFPA, UNICEF, Final evaluation for the better sexual reproductive health and rights for all in Indonesia (BERANI) Programme (2018-2022) Draft of Final Evaluation Report; March 2023.

[154] Ibid.; Key informant interview.

[155] UNFPA Annual report (2021), UNFPA Indonesia Annual SIS Report 2021, 2022, 2023; key informant interview.

for disaster preparedness and response, Ministries such as MOWECP and MOH provided policy support in the form of circulars and Minister of Health Regulations.[156] Additional details are provided under Evaluation Questions 10 and 11.

160. *Factors facilitating achievements of results*

- Partnership with robust local Civil Society Organizations (CSOs) enabled results at the local level. CSOs have a strong commitment and proficiency in identifying sexual and reproductive health concerns and offering suggestions for the Musrenbang (local development discussion) process. By collaborating with NGOs like Libu Perempuan and forming collaborations with organizations like PKBI, the delivery of services and support mechanisms was much improved at the local level.
- Selection of suitable IPs has proved another important factor, including partnering with MOHA for Integrated Planning and Budgeting on Reproductive Health model at the subnational level where MOHA plays an important role.
- Engaging multiple relevant stakeholders in delivering collaborative initiatives was identified as an important enabling factor in the design and implementation of integrated planning and budgeting for SRH with the Serang Regency as an example concerned. This has included commitment from private sector stakeholders to allocate budget for SRH, beyond the local government budget.

161. *Factors hindering achievement of results*

- Most of the initiatives were piloted with limited coverage. The chosen districts/hospitals for the pilot programme did not necessarily reflect the diverse characteristics of districts/facilities, particularly those in the eastern region of the country, which is known for its lack of sufficient infrastructure and limited human resources. This relates to UNFPA's budget constraints, which have limited the scope of many UNFPA supported interventions, including pilots.
- While decentralization has enhanced opportunities for districts to independently develop tailored development strategies and policies to address local development constraints, it also poses constraints, in particular for those districts with low levels of Original Regional Income, the income generated by the district itself. With no allocation for SRH so far provided from the central government's budget, these districts face financial constraints for SRH support.
- Conflict and insecurity pose significant limitations in the mountainous regions of Papua.
- Several of the activities with CSOs at the sub-national level were coordinated by the National CSO concerned, however the local CSOs expressed a preference for direct collaboration with development partners such as UNFPA.
- Lack of coordination across sectors, especially at district level as well as a shortage of specialized or proficient individuals in the field of health care delivery at the local leve.
- Regular staff changes in government offices, in particular in leadership positions, have negatively affected capacities concerned.

Adolescents and youth

162. Findings: At the outcome level, the overall Youth Development Index target is expected to be achieved, while the Age specific fertility rate for adolescent girls has been lagging behind. This is likely to be related to the low use of contraception for all women 15-19 years of age.

At output level, the UNFPA programme has significantly advanced ARH education through legal frameworks, incorporating ARH education into national policies focused on violence prevention and adolescent well-being. Collaborative efforts, including the Teacher Empowerment Programme, have trained teachers and health workers in selected areas, with new national guidance (modules) created for various educational

[156] FGD in Garut and Palu.

settings. Challenges persist in adequately training teachers, fully engaging parents, and optimizing provincial and district education offices for effective ARH education implementation, monitoring, evaluation, and program sustainability.

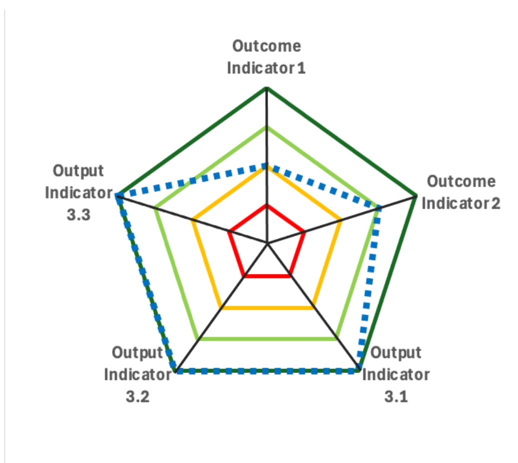
UNFPA programme has supported successful updating of the Youth Development Index (YDI,) establishment of the national action plan on school aged child and adolescent wellbeing (RAN-PIJAR) and development of the national strategy of youth entrepreneurship to inform national planning strategies aimed at capitalizing on the demographic dividend and addressing diverse youth needs. Further collaboration with other UN agencies through UN IANYD and targeted advocacy is needed to address gaps outside UNFPA's mandate and enhance the sustainability of youth participation initiatives.

The Community of Practice (CoP) of internet content creators has engaged adolescents and youth in online SRH actions, while the Youth SDG Hub has strengthened youth participation in SDG implementation and advocacy, particularly for Goals 3 and 5, supported by the UNFPA programme. Both platforms face challenges in achieving meaningful youth engagement with GOI initiatives, which limits intervention effectiveness and sustainability; however, efforts are underway to address these gaps through targeted knowledge products and advocacy .

Overview of results at outcome and output levels

163. In examining the achievements of output and outcome level results within the adolescent and youth (AY) component of the programme, it is evident that while progress has been made in all three output level results, outcome level results have not yet met the targets set for by the CPD related indicators. This goes in particular for the Age Specific Fertility Rate 15 – 19 years of age and the Youth Development Index (YDI) (outcome indicators 1 and 2 respectively). While output level results on RH education and online platforms are likely to affect the outcome level change, the scale has so far not yet been sufficient to affect national level indicators. Support regarding the demographic dividend has achieved results in terms of policies and data availability with the realization of the dividend dependent on a wide range of stakeholders beyond the programme. Disaggregated data by age, sex and disability, has informed AY programming, in particular concerning progress on critical issues like adolescent pregnancy and child-marriage for YDI assessment. For details, see Figure 3 below and Annex 1.

Figure 3: Spider web on the achievements of the AY indicators



Outcome Indicator 1: National Age Specific Fertility Rate 15 – 19 years (SDG 3.7; Indicator 3.7.2)

Outcome Indicator 2: National Youth Development Index

Output Indicator 3.1: Number of national regulations and protocols to improve the quality of adolescent reproductive health education

Output Indicator 3.2: Number of national regulations and protocols to support the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend

Output Indicator 3.3: Existence of National platform that effectively engage adolescents and youth with the government in the sustainable development agenda, ICPD, and humanitarian action in place

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved (no progress)

164. The AY programme has made contributions in addressing youth-related issues through a multifaceted approach, encompassing both legal and policy frameworks as well as programmatic

interventions. When looking at the outcome level results, it can be observed that in terms of Youth development index (YDI), the target of the overall index is on track to be achieved by the end of the programme cycle. The Youth Development Index (YDI) tracks five domains. The YDI has overall shown a notable upward trajectory. The health and well-being domain, tied to UNFPA's mandate, showed a steady rise from 55 in 2020 to 65 in 2022, partly due to a drop in adolescent fertility rates. The gender and discrimination domain also increased modestly (43.33 in 2021 to 53.33 in 2022), with child marriage rates declining. While the education domain improved, still only 36 percent of youth completed junior high and 40 percent secondary school. The participation and leadership domain remained unchanged, rated at 43.33 in both 2021 and 2022. With the support of the programme, the YDI methodology was updated which has enabled its use to inform policy making and planning.[157] Despite these efforts, the YDI Review Report 2023 revealed weak utilization and integration of YDI at both national and local levels, with significant gaps on coherence in YDI usage and knowledge across sub-national levels.[158]

165. In the last fifty years, there has been a decline in the adolescent age specific fertility rate (ASFR 15-19 years), from 155 in the SP 1971 to 36 in 2017 and to 27 in 2020 with a further decline reported by BKKBN in 2022 at 23.[159] Though this decrease has meant a notable progress for young women, it has stayed behind the target for 2024 of 18. An important factor in this respect, is likely to be the low use of contraception for all women 15-19 years of age, which was found as low as 4.4 percent in the DHS 2017. Nevertheless, the decline in ASFR 15-19 suggests a positive shift in fertility trends, potentially indicating improved access to reproductive health information and services Though the UNFPA programme has been supporting ARH education, these efforts have not yet reached a scale that would enable changes in relevant indicators at the national level.[160]

166. Additionally, Indonesia officially used the 10-14 years ASFR as an SDG indicator.[161] The fertility rate among adolescents aged 10-14 has significantly decreased from 0.928 live births per 1,000 females in 2010 to 0.297 in 2020, notwithstanding a high number of adolescent girls in this age group.[162] With a large absolute number of adolescent girls aged 10-14 in Indonesia, promotive and preventive efforts related to young adolescent reproductive health need to be maintained.[163]

167. Notably, there has been a significant positive shift in youth behavior and empowerment in the sampled areas that the CPE team consulted, underscoring the results of adolescent reproductive health education in these areas. The evaluation team learned about increased empowerment and assertiveness among students and young people as a result of receiving ARH education. For instance, the ARH education initiatives led in some reported cases to students speaking up about mistreatment or even violence they faced, enhancing their independence and self-advocacy, and fostering self-development and enhancing future planning among adolescents and youth. This aspect of empowerment is in line with the programme outcome statement, which says: "Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts".[164]

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[157] Bappenas. 2023. the Youth Development Index Review Report.

[158] Presidential Regulation No. 43 of 2022; MoYS. 2024. Kemenpora Dorong Percepatan Penyusunan Rencana Aksi Daerah Pelayanan Kepemudaan (retrieved at 24 august 2024) ; Focus Group Discussion at Sub-National Level.

[159] BPS. 2023. Result of National Longform Population Census 2020; BKKBN Updating Family Data Collection 2022. UNFPA has supported Bappenas in developing a model to estimate the ASFR 10-14, which has been used for Government SDG reporting, including SDG indicator 3.7.2; UN Info_ARR 2023 UNFPA, Internal Document.

[160] UNFPA. 2023. Understanding pathways to adolescent pregnancy in Southeast Asia: Findings from Indonesia WHO. Adolescent pregnancy: World Health Organization (WHO); 2020. [updated 31 January 2020]. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy.

[161] Bappenas. 2020. Indonesia Resmi Gunakan ASFR 10-14 Tahun Sebagai Salah Satu Indikator SDGs (retrieved on 22 July 2024)

[162] BPS and UNFPA Indonesia. 2023. Kajian Fertilitas Remaja Umur 10-14 Tahun di Indonesia

[163] BPS and UNFPA Indonesia. 2023. Kajian Fertilitas Remaja Umur 10-14 Tahun di Indonesia

[164] Government of Indonesia and UNFPA, Country Programme Action Plan 2021-2025 for the Programme of Cooperation between the Government of Indonesia and the United Nations Population Fund for Indonesia, 6 June 2020; Focus Group Discussion at National Level; MoH and MoECRT. 2021. Guidelines for Cooperation Program to Improve Reproductive

Adolescent reproductive health(ARH) education

168. An entry point for support of the UNFPA programme addressing reproductive health education has been the Regulation of the Minister of Education, Culture, Research and Technology Number 46 of 2023 concerning the Prevention and Handling of Violence in Educational Units. Several ARH education National Guidance (module) have been launched, including for Junior High Schools and schools for students with learning disabilities as well as modules for out-of-school youth. In collaboration across UNFPA, MoECRT, and MoH, the Teacher Empowerment Program for ARH Education has been rolled out, including training master and partner teachers in selected provinces and schools.[165] Improvements in knowledge gains and behavioral changes of teachers and school principals has been observed.[166] Participating teachers, health centre providers, and youth forum attendants stated that the interventions in ARH education – including peer education, youth forums, and reproductive health training – provided so far has contributed, to the improvement of reproductive health knowledge, especially in relation to unwanted pregnancies (for details see Table in Annex 1).
169. The out-of-school ARH education module, adapted from the Global standards such as the International Technical Guidance on Sexuality Education (ITGSE), contextualized for the Indonesian context, has been distributed to organizations and communities involved in providing such education. This includes orientation regarding reproductive health for Adolescent Health Posts (Posyandu Remaja), and Community of Practice content creators for ARH.
170. The AY programme also supported peer-led ARH education for young key populations in selected provinces of Papua, Papua Barat Daya, Maluku, NTT, and NTB. Modules for peer-led ARH education for young key populations have been adapted to local contexts and languages to ensure effective and locally acceptable implementation.[167]
171. In terms of ARH and youth participation, tools for humanitarian support were endorsed in 2021 and implemented in 2022 and 2023 and the programme supported to equip 50 program managers to deliver MISP interventions for young people in crisis situations across five districts, while also providing technical assistance for ARH services and meaningful youth engagement in humanitarian settings.[168]
172. Despite these efforts of out-of-school ARH education, challenges persist in terms of adolescent and youth access to SRH information and services, such as limited resources and scheduling conflicts affecting community health centers' ability to engage teenagers effectively.[169] Notwithstanding the aforementioned initiatives, there is still lack of capacity building of the Community Health Centers, limited human resources, with youth programs not a priority in Community Health Centers.[170]

Support to reaping of the demographic dividend

173. Significant strides have been made in developing national regulations and protocols to regulate the coordination, implementation, and monitoring of strategic plans aimed at capitalizing on the demographic dividend. The support to the national action plan for improving the well-being of school-age children and adolescents (RAN-PIJAR), and national strategy of youth entrepreneurship

Health Competence for Teachers and Principals; UNFPA Indonesia, BERANI untuk Berdaya: Informasi Program Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI) 2018-2023; Focus group discussions at national and sub-national levels.

[165] MoH, MoECRT, Rutgers, and UNFPA. 2023. Panduan Teknis: Pembelajaran Kesehatan Reproduksi Bagi Guru yang Mengajar Peserta Didik Penyandang Disabilitas Intelektual (PDPDI); MoH, MoECRT, and UNFPA. 2022. Modul Pendidikan Kesehatan Reproduksi Remaja Tingkat SMP dan Sederajat

[166] UNFPA. 2023. Report on the Implementation of Reproductive Health Competency Improvement for Teachers and School Principals.

[167] Focus Group Discussion at Sub-National Level; Key Informant Interview at National Level

[168] UNFPA Indonesia, Annual SIS Report 2021-2023; Key Informant Interview at National Level

[169] Focus Group Discussion at Sub-National Level.

[170] Focus Group Discussion at Sub-National Level; UNFPA Indonesia. 2023. Laporan Pelaksanaan Peningkatan Kompetensi Kesehatan Reproduksi bagi Guru dan Kepala Sekolah.

marks a significant advancement in this respect. For instance, collaborative efforts with BAPPENAS and UN Inter-Agency Network of Youth Development (IANYD), the Youth Working Group in UNCT for the RPJMN and RPJPN, have yielded notable progress in addressing adolescent and youth needs in strategic national development planning.[171]

174. The RAN-PIJAR strategy, with its systemic integrated and synergistic approach, aims to prepare or the demographic dividend by enhancing youth capacity through education and health interventions.[172] This initiative also contributed to the YDI in education and health domains, specifically on preventable and treatable health related issues, like adolescent pregnancy, unsafe sex, HIV, depression, injury, and violence, which remain a daily threat to health, well-being, and life chances of adolescents and youth in Indonesia.[173]

175. Programme support to the development of a National Strategy for Youth Entrepreneurship, in collaboration with other UN agencies, universities and various ministries, aimed to foster a robust entrepreneurial ecosystem as part of the realization of a demographic dividend.[174] Currently, implementation of the national strategy for youth entrepreneurship addresses the high youth unemployment rate, informed by an updated YDI methodology and data, which has shown that youth unemployment is at double the national average. Engagement in youth entrepreneurship may be looked upon though as beyond the UNFPA mandate with in particular the focus of UNFPA on the demographic dividend being data related. [175]

Community of Practice on online ARH issues and SDGs Youth Platform for Youth Participation

176. The launch of the Community of Practice (CoP) for ARH marked a significant step in engaging adolescents and youth in issues related to their SRHRR, enhancing their knowledge and access to services. Moreover, the platform has enabled linkages with the government to advocate for the inclusion of adolescent and youth priorities in the national policies related to SRH and gender equality, in line with the SDGs and ICPD.[176] Recognized by UNFPA APRO as a best practice model for Digital Sexuality Education (DSE), the CoP has been instrumental in shaping the UNFPA DSE Asia Pacific[177] and has contributed to policy discussion through workshops on digital security and sexual violence prevention, policy briefs[178], and consultation meetings with related stakeholder.

177. In parallel, progress has been made in developing the SDGs Youth Hub, which was initiated based on a situation analysis report[179] highlighting the need for a formal, safe, responsive, and inclusive mechanism for youth participation in SDG implementation and achieving SDGs through synergy between youth and government initiatives.[180] These core values have informed the implementation by UNFPA and partners. Through various training sessions, the Hub has enabled and empowered youth to participate in policy discussions, grassroots engagement and advocate for SDG-related initiatives. The distribution of SDGs Youth Hub members[181] – Organizations, not individual members

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[171] UNFPA Indonesia, Annual SIS Report 2021-2023; Multiple Key Informant Interviews at National Level.

[172] Kemenko PMK. 2022. Rencana Aksi Nasional Peningkatan. Kesejahteraan Anak Usia Sekolah dan Remaja (RAN PIJAR)

[173] UNFPA. 2022. Stories of Change.

[174] Key Informant Interview at National Level

[175] Multiple Key Informant Interviews in National Level; Bappenas. 2023. The Youth Development Index Review Report.

[176] Community of Practice Google Website. https://sites.google.com/view/community-of-practice/beranda (retrieved 22 July 2024); UNFPA Indonesia. 2022. Good Practices and Lessons Learned on Digital Platforms for Adolescent Sexual and Reproductive Health (ASRH) with Community of Practice (CoP), Indonesia; Key Informant Interview at National Level

[177] This CoP also then leverages the Digital Sexuality Education (DSE) hub for the Asia Pacific, An initiative by the UNFPA APRO; Key Informant Interview at National Level

[178] Community of Practice (CoP). 2023. Sudahkah Ekosistem Digital Aman dan Inklusif bagi Orang Muda Mengakses Informasi Kesehatan Seksual dan Reproduksi?

[179] UNFPA, YSSI, CISDI. 2021. Situation analysis report on youth participation in the government programme for youth

[180] Government of Indonesia and UNFPA, Country Programme Action Plan 2021-2025 for the Programme of Cooperation between the Government of Indonesia and the United Nations Population Fund for Indonesia, 6 June 2020.

[181] Data of SDGs Youth Hub Members (updated July 2024). YSSI

– remains concentrated in more developed areas of the country, and efforts to address urban bias and enhance youth participation in less developed regions have remained limited.

178. *Factors facilitating achievement of results*

- Co-funding from the MoH and MoECRT on ARH education for in-school initiative and other partnership with non-direct partners.[182]
- Strong networks created in combination with technical support provided by UNFPA, have ensured structured implementation and high-level recognition of AY needs in SRH and GBV.[183]
- Alignment with MoECRT Regulation No. 46/2023[184] and the new Health Law (UU Kesehatan No. 17/2023) has enabled acceptance and support for ARH education for in- and out-of-school youth.
- Working with adolescents and young people, who are energetic and mobile, requires interactive and tailored programme activities. Conducting situational surveys and closely collaborating with local adolescents/young people ensures activities are relevant to local contexts.[185] Examples include using music and biblical narratives in NTT to discuss GBV,[186] and working with young influential people and musicians in Papua.[187]

179. *Factors hindering achievement of results*

- Communication gap between IPs and youth beneficiaries regarding program delays or adjustments risks weakening of youth trust and reducing their engagement in the programme.[188]
- Limited engagement and varying interest from stakeholders on youth development issues, coupled with insufficient local-level data, hindered the progress of the AYD programme.[189]
- Complex inter-ministerial dynamics and relationships requiring additional time and effort to align interests and feedback, affecting the achievement of intended results.[190]
- Relatively small youth-related budgets from GoI, challenges in mapping funds that are available for co-financing, and late process of GOI co-financing created challenge in implementation.[191]
- Gaps in systematic monitoring and evaluation of results achieved especially at provincial and district levels so far, which has limited the understanding of the model's effectiveness.[192]
- Region specific issues like violence and insecurity in Papua, combined with taboos around SRH topics and limited resources for digital connectivity, constrained program effectiveness.[193]
- Challenges in ensuring meaningful youth involvement in policy discussions.[194]

Gender equality and women's empowerment

180. Findings: Outcome indicators have been achieved, with both the reported GBV cases having decreased and the rate of child marriage below 18 years of age dropped beyond the target.

[182] UNFPA Indonesia, Annual SIS Report 2021; Key Informant Interview at National Level
[183] UNFPA Indonesia, Annual SIS Report 2022; Key Informant Interview in National Level; Focus Group Discussion at Sub-National Level.
[184] UNFPA Indonesia, Annual SIS Report 2023.
[185] Key Informant Interview at National Level; Focus Group Discussion at Sub-National Level.
[186] Key Informant Interview at National Level.
[187] UNFPA Indonesia. 2023. Shine of Black and Ona Hetharua Speak on Comprehensive Sexual and Reproductive Health Education at "Papua Youth Concert: Kitong Baku Jaga, Sa Jaga Ko, Ko Jaga Sa" ; Focus Group Discussion at Sub-National Level.
[188] UNFPA Indonesia, Annual SIS Report 2021; Key Informant Interview at National Level; Focus Group Discussion at Sub-National level.
[189] UNFPA Indonesia, Annual SIS Report 2021; Key Informant Interview at National Level; Focus Group Discussion at Sub-National level.
[190] UNFPA Indonesia, Annual SIS Report 2023; Key Informant Interviews at National Level
[191] Key Informant Interview at National Level; UNFPA Indonesia, Annual SIS Report 2023.
[192] Focus Group Discussion at Sub-National level; Key Informant Interview at National Level.
[193] Key Informant Interviews at National Level; Focus Group Discussion at Sub-National Level.
[194] Key Informant Interview at National Level.

At output level, GEWE appears to have achieved its targets with regard to strengthening GBV services at national and sub-national level (piloting districts). Five districts in the BERANI project have issued supportive regulations, exceeding the 2024 target of four.

Regarding strengthening GBV services at P2TP2A/UPTD (government multi-sectoral GBV services), results have been obtained in 11 districts, exceeding the target of four. However, a Rapid Assessment found only few had satisfactory facilities.

Pilots supported by UNFPA in collaboration with the MoWECP on standardization of GBV services, especially in the six selected pilot districts, has led to an increase in reported cases in the communities concerned.

The percentage of GBV survivors accessing at least one essential service, such as justice, health, police or social services exceeded the 80 percent target (for 2024) in six pilot districts.

The goal of adopting gender-transformative programmes in four districts to address harmful masculinity and promote gender positive norms has been partially achieved, with ongoing planned implementation.

Monitoring of the implementation of gender-transformative programmes in nine districts was completed in 2023. Further implementation of integrating male involvement in GBV prevention across all levels and involving multi stakeholders, such as community and religious leaders is expected in 2024

Overview of results at outcome and output levels

181. In the GEWE outcome area, outcome level indicators could be achieved beyond the targets set. This goes for the incidence of GBV and harmful practices as well as for the prevalence of child marriage. Physical and sexual violence against women aged 15 to 64 decreased from 9.4 to 6.6 percent between 2016 and 2021[195] while child marriage rates fell from 12.9 percent in 2019 to 6.9 percent in 2024.[196] At output level, comprehensive GBV and SRH frameworks were implemented at national and subnational levels, with regulations issued in eleven pilot districts. Improvement of multisectoral service delivery in selected P2TP2A/UPTDs in line with the ESP resulted in increase in reported GBV cases in four government service centers and enhanced access of GBV survivors to multi-sectoral services with informed consent. Four districts have begun adopting gender-transformative community initiatives, including roadmaps for male engagement in SRH and GBV prevention, with the ongoing BERANI Project targeting youth and promoting positive gender norms, in pilot districts.

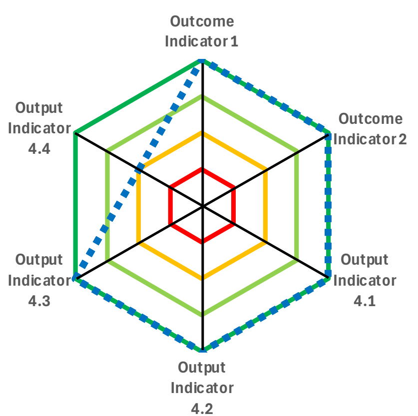
182. While the indicators for most of the outputs could be achieved or are expected to be achieved, all concern sub-national level results in a small number of targeted districts or targeted Government service centers, which are unlikely as such to affect the national level outcome indicators of the results framework. For these results to have a broader impact, the pilot initiatives concerned need to inform the development of evidence-based models that can be used to inform scaling up of these interventions At the intermediate level, the draft regulations on the National Referral Mechanism, the Multi-Sectoral Integrated Services Units and the GBV Case Management Mechanism, supported through the programme, provide important means to increase support for survivors as does the integration of the health service response to GBV as a key indicator within the MOH Strategy 2025-2029. The programme has moreover, supported implementation of national strategies and

[195] https://www.bps.go.id/id/statistics-table/2/MTM3NSMy/proporsi-perempuan-dewasa-dan-anak-perempuan--umur-15-64-tahun--mengalami-kekerasan--fisik--seksual--atau-emosional--oleh-pasangan-atau-mantan-pasangan-dalam-12-bulan-terakhir.html.

[196] https://www.bps.go.id/en/statistics-table/2/MTM2MCMy/proportion-of-women-aged-20-24-years-who-were-married-or-in-a-union-before-18-years-old-by-province.html.

protocols, as well as their monitoring.[197] An overview of results achieved in the outcome area of GEWE is provided in Figure 4 below with additional details presented below and in Annex 1.

Figure 4: Spider web on the achievements of the GEWE indicators



Outcome Indicator 1: Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the previous 12 months *(SDG 5.2, indicators 5.2.1 and 5.2.2)*

Outcome Indicator 2: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 *(SDG 5.3, indicator 5.3.1)*

Output Indicator 4.1: Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum

Output Indicator 4.2: Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings

Output Indicator 4.3: Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame

Output Indicator 4.4: Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved (no progress)

Policy development

183. Within the UNFPA GEWE mandate on ending GBV and harmful practices, there has been substantial progress in 2024, with in addition to the issues mentioned above, the enactment of several presidential regulations, laws and circulars. Examples include: a) Law No. 28/2024 (Article 102) on the elimination of (FGM/C, Article 54 on the prevention of child marriage. b) Perpress No. 59/2024 (Article 52, point R) mandates that expenses incurred for victims of sexual violence, human trafficking, terrorism, and other violence crimes be covered under universal health insurance (BPJS), c) The Indonesian Midwives Association (IBI) issued Circular No. 0319/PPIBI/II/2024 enforcing a total ban on FGM/C, to strengthen efforts to eradicate FGM/C nationwide (more details in the Annex 1 - Output level achievement). These regulations and circulars are a critical legal framework to eliminate harmful practices such as child marriage and protection of women and children nationwide.[198]

GBV case reporting and GBV Data

184. Nationwide GBV reporting has been challenging[199] due to the use of varied platforms and parameters: "Our reporting systems are not synchronized, with different parameters used in different platforms" (NCVAW, 2024). Under UNFPA mandates to end GBV and the SDG principle of Leave No One Behind, progress has been made in 2023-2024:

[197] UNINFO_ARR 2023 UNFPA, Internal Document ; UNFPA Indonesia Annual SIS Reports, 2020, 2021, 2023; Key informant interviews.

[198] FGDs and interviews with multiple stakeholders at the national level; .https://peraturan.bpk.go.id/Details/290604/uu-no-28-tahun-2024; https://peraturan.bpk.go.id/Details/285181/perpres-no-59-tahun-2024.

[199] Multiple focus group discussions and interviews at national and sub-national levels.

a. Integrating of Gender Equality Disability and Social Inclusion (GEDSI), FGM/C and Sex, Age and Disability Disaggregated Data (SADDD) into the reporting of SIMFONI PPA.[200] SADDD data have been produced and have provided critical insights into the needs of different groups for decision making.
b. The 3rd Survey Pengalaman Hidup Perempuan Nasional (SPHPN), or VAW Survey (June-July 20204) is the only nationwide GBV prevalence survey.[201]

185. Challenges with nationwide GBV reporting services: SIMFONI PPA
  a. Discrepancies in terminology used in SIMFONI and other reporting points, such as those used by the NCVAW and Civil Society Organisation (CSOs)[202].
  b. SIMFONI uses terms from the Domestic Violence Law (UU PKDRT, 2004) which are not in sync with the recent 2022 Sexual Violence Crimes Law (UU TPKS N0. 12/2022)[203].
  c. Limited integration with service points; Puskesmas data on GBV cannot be linked to SIMFONI due to Health Law No.36/2009 (health information and data privacy). SIMFONI is currently connected to only a few police stations which hinder effective inter-service coordination and development. UNFPA has continued to work with NCVAW and MOWECP to improve the synergy of nationwide data platforms.[204]
  d. 'Not user friendly' and 'oversimplified', reported by CSOs and not aligned with other services which limits its use for comprehensive advocacy efforts.[205]

Support national and subnational framework and mechanisms to prevent and respond to GBV and harmful practices

a. The RESPECT[206] Preventing Violence Against Women Framework has been integrated into policies and community initiatives of MoWECP and BAPPENAS. It is also being incorporated into Indonesia's Medium Term Development Plan (RPJMN). The Background Study on Women's Empowerment and Child Protection for the RPJMN 2025-2029 was completed.[207]
b. SOP PSEAH for service providers at SAPA 129 National Referral System and UPTD PPA to be tested in 4 TAKEDA pilot districts (2024).[208]
c. Evaluation of SIMFONI PPA National reporting system.[209]

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[200] Office of Assistant to Deputy Cabinet Secretary for State Documents & Translation. (2020). Gov't Committed to Ending Violence Against Children https://setkab.go.id/en/govt-committed-to-ending-violence-against-children/

[201] Setyonaluri, D. (2023). Draft 12 December 2023: National Women's Life Experience Survey (VAW Survey) Assessment 2016 and 2021. UNFPA Indonesia. https://drive.google.com/drive/folders/1x-oAwZEO5U3N7iaMTgv7acb54IbJuWtu

[202] Multiple FGDs and key informant interviews at national and subnational levels.

[203] Multiple FGDs and key informant interviews at national and subnational levels.

[204] Multiple FGDs at national level.

[205] FGD participants at subnational level preferred Kobo Collect (a smart-phone-based data collection and aggregation application) introduced by the UNFPA and BNPB following the 2018 Central Sulawesi disasters, for comprehensive GBV reporting, recording, and advocacy.

[206] RESPECT stands for Relationship skills strengthened; Empowerment of women; Service ensured; Poverty reduced, Environments made safe; Child and adolescent abuse prevented; Transformed attributes, beliefs and norms.

[207] BRIN [Badan Riset dan Inovasi Nasional], BPK, Kemenpppa [Ministry of Women's Empowerment and Child Protection], & UNFPA. (2024). Kajian dan Analisis Background Study Rencana Strategis Pemberdayaan Perempuan dan Perlindungan Anak RPJMN 2025-2029. Penerbit IPB Press. https://drive.google.com/drive/folders/1lMUmbWoh8FhDIw_GJFFX3P1kdCuCTV9G.

[208] Work plan Report Q4, MOWECP, 2023.

[209] Setyonaluri, D. (2023). Information Management System For Recording And Reporting Violence Against Women: Evaluation of Simfoni-PPA. UNFPA Indonesia. https://drive.google.com/drive/folders/1x-oAwZEO5U3N7iaMTgv7acb54IbJuWtu

d. Subsequently, some of the above-mentioned frameworks have been or will be applied and pilot tested at the sub-national level, including: RESPECT - Protection of Violence Against Women[210] and OP PSEAH in selected UPTD PPA for GBV Case Management System.[211]

186. Staff of Government multi-sectoral services for gender-based violence (P2TP2A/ UPTDs), Women's Crisis Centres, were capacitated to deliver comprehensive multi-sectoral GBV violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings.
187. The programme has supported addressing inequalities in GBV services for people with disabilities, customary communities and older persons through strategic partnerships. This has included collaboration with NCVAW to address online GBV, challenge discriminatory laws against sexual minority groups,[212] and advocate and campaign for the inclusion of protection for vulnerable women, children and people with disabilities to the Penal Code.[213]
188. Supporting GEWE's mandates ensuring protection of women and children from violence in humanitarian settings, highlights of capacity building activities include:
    a. Training for 113 UPTD PPA Frontline Responders through BERANI project
    b. 15 out of 18 GBViE minimum indicators have been implemented during the humanitarian response in Cianjur[214]
    c. Pulih Foundation led integrated GBViE/SRH services, HIV, MHPSS, psychological first aid training for 95 first responders in Greater Jakarta, Garut, and North Lombok, in 2022. About 88 percent of participants were satisfied with the training and 86 percent agreed that the knowledge learned will improve their work as GBV service providers.[215]
    d. Published lessons learned on CVA for GBV Survivors Receiving Case Management, included in the UNFPA Guidance for CVA in Humanitarian settings.[216]
    e. During COVID-19 Humanitarian Response, supported by the Government of Japan, the LNOB project covered 22 provinces and 76 districts/cities. Nearly 3,500 frontliners were trained on GBViE, integrated SRH/GBV/MHPSS services, and clinical management of rape, enhancing the health sector response to support survivors of sexual violence[217]

Results in terms of the government multi-sectoral services for GBV (UPTD PPA)

189. UNFPA has supported the MoWECP in developing technical guidelines and strengthening UPTD PPAs. Pilot studies supported by the UNFPA in collaboration with the MoWECP on standardization of GBV service, especially in the six selected pilot districts, has led to an increase in reported cases in the community. Best practices and lessons learned from pilot areas are to serve as models for standardizing UPTD PPA and its structure, budgeting, and human resources.[218]
190. A rapid assessment of 278 UPTD PPAs found only 10 had satisfactory facilities. Most particularly, outside Java, having poor facilities, inadequate tools and services for children and people with disabilities. Those participated in the interviews and FGD at sub-national levels,[219] reported challenges in services like staff shortages, especially trained staff, insufficient ongoing training,

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[210] United Nations Indonesia. (2024). RESPECT - Preventing Violence against Women https://indonesia.un.org/sites/default/files/2024-06/RESPECT%20V0.5.pdf

[211] UNFPA Indonesia. (2024). UNFPA 2024 Action Plan on Protection from Sexual Exploitation and Abuse and Sexual Harassment. UNFPA Indonesia. https://www.unfpa.org/sites/default/files/board-documents/main-document/EB%20Annual%20Session_Annex_UNFPA%202024%20PSEAH%20Action%20Plan_VF_Updated.pdf.

[212] WPR NCVAW 2023.

[213] FGDs and interviews with various stakeholders at national level and WPR NCVAW 2022.

[214] FGDs at the national level and Work Plan Report Q4_PULIH, 2023.

[215] Work Plan Report Q4_PULIH, 2023.

[216] UNFPA Guidance: How to Design and Set Up Cash Assistance in GBV Case Management.

[217] Andajani, S., & Octaria, Y. C. (2022). Leaving No One Behind: Inspiring Stories, Appreciation, Innovation and Transformation. UNFPA. https://indonesia.unfpa.org/sites/default/files/pub-pdf/final_report_lnob_revise_7_23_nov_for_publication.pdf.

[218] Key informant interviews at national level.

[219] FGDs with Puskesmas, PHOs in Garut and Palu.

heavy reliance on outsourced staff, lack of dedicated female police officers, insecure funding (only recently, medical examination of rape victims are covered by BPJS [Perpres No 59/2024]).[220]

191. Derivative regulations and technical guidelines are lacking at the subnational level. UNFPA has continued to support the MoWECP in developing technical guidelines and strengthening UPTD PPAs. Pilot studies supported by the UNFPA in collaboration with the MoWECP on standardization of GBV services, especially in the six selected pilot districts, has led to an increase in reported cases in communities. However, comprehensive multi sectoral services are struggling to meet the growing demands.[221] Best practices and lessons learned from pilot areas are to serve as models for standardizing UPTD PPA and its structure, budgeting, and human resources[222].
192. There remains a lack of local rehabilitation facilities for GBV survivors, with the nearest a five-hour drive away in the case of Garut UPTD P2A. Research shows that GBV often results in women and children living with physical injuries, disabilities and psychological trauma. Effective and sensitive rehabilitation services aim to reduce the impact of health conditions and support individuals in being independent and thriving in life. Failure to offer rehabilitation support to GBV survivors is both a human rights and public health issue. Research highlights key rehabilitation for GBV survivors to include mandatory establishment of rehabilitation intervention facilities for survivors, training of rehabilitation professionals (i.e., social workers, occupational therapists) and ensure education institutions to integrate awareness of GBV and its relations to injuries and traumas into rehabilitation training programmes, and intersectoral collaborations.[223]
193. A lack of support infrastructure for young offenders in Garut, Sigi and Donggala, similarly reported in a study in Palambeng, highlights the urgent needs for advocacy in Indonesia; to include establishment of infrastructure, budgeting and human resources for child offender services.[224]
194. Communication breakdown during transitions, e.g., from PPA Unit to UPTD P2A, which weakened legal standing. Previously, the district PPA had a direct support and reporting mechanism to the District Head, ensuring tighter local coordination with services. The transition has led to confusion among service providers.[225]
195. UNFPA's technical assistance including capacity building activities for relevant stakeholders on GBV prevention and services, such as staff and volunteers at UPTD P2A, police force, and the Women Safe Home in Garut and Central Sulawesi (Palu, Sigi, Donggala) resulted in an increase in reported cases. This indicates positive signs of improved services.[226]

Community mobilization to address harmful masculinities

196. With regard to gender transformative community mobilization to address harmful masculinity and promote positive gender norms, collaboration with religious -based- women led organizations, such as Women Uelama (KUPI), Fatayat NU and Aisyiyah, led to positive outcomes.

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[220] https://peraturan.bpk.go.id/Details/28.
[221] Multiple FGDs at national level and field visits at subnational level.
[222] Key informant interviews at national level.
[223] World Health Organisation. (2021). Rehabilitation. https://www.who.int/news-room/fact-sheets/detail/rehabilitation; Maiuro, R. D., Vitaliano, P. P., Sugg, N. K., Thompson, D. C., Rivara, F. P., & Thompson, R. S. (2000). Development of a health care provider survey for domestic violence: psychometric properties. American Journal of Preventive Medicine, 19(4), 245-252; Toccalino, D., Asare, G., Fleming, J., Yin, J., Kieftenburg, A., Moore, A., Haag, H., Chan, V., Babineau, J., MacGregor, N., & Colantonio, A. (2023, 2024/04/01). Exploring the Relationships Between Rehabilitation and Survivors of Intimate Partner Violence: A Scoping Review. Trauma, Violence, & Abuse, 25(2), 1638-1660. https://doi.org/10.1177/15248380231196807
[224] Muliati, S., & Equatora, M. A. (2020). Child Offenders Of Gender-Based Violence Crime Advocacy. International Journal of Engineering Applied Sciences and Technology, 5(1), 110-114. http://www.ijeast.com
[225] Multiple FGDs, interviews and field visits at subnational level.
[226] FGDs with Puskesmas, PHOs in Garut and Palu.

197. Districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms.[227, 228] A training manual was developed for community engagement, involving men, community leaders, village heads, staff at UPTD P2A and Women Crisis Centre and men and women (couples) in SRH RR and GBV education, such as fathers' and mothers' classes in seven areas (Bogor, Tangerang, Serang, Garut, Brebes, Jember, Lombok Timur)[229].
198. During the COVID-19 pandemic, GBV and child marriage rates surged. UNFPA strategically, invited Fatayat NU as a new strategic partner in 2021. This partnership led to the establishment of the training for trainers (TOT) for Daiyah[230] (female religious leaders) and members of Taklim Assembly (Majelis Taklim) in Yogyakarta, West Jawa, and Central Sulawesi to address GBV and child marriage. Achievements include developing the Training for Trainers (TOT) manual and materials for offline preaching involving more than 4,000 members of Majelis Taklim (offline preaching communities), Youtube education links on the VAW Law and the Sexual Violence Crimes Law [231] and a video campaign to "End Child Marriage" narrated, played and produced by *pesantren* students and communities, entitled Kecele, launched in April 2022.
199. Gender transformative community mobilization to address harmful masculinity and promote positive gender norms, collaboration with religious -based- women led organizations, such as Women Uelama (KUPI), Fatayat NU and Aisyiyah, led to positive outcomes, included highlights:
    a. The KUPI issuance of FATWA (religious views and stance of female FGM/C) calling to end FGMC in November 2022.[232]
    b. The joint advocacy of UNFPA, NCVAW, MoWECP led to the recent enactment of PP NO. 28/2024[233] on the elimination of FGM/C (Article 102). This will strengthen UNFPA's efforts to implement strategies to eradicate FGM/C by engaging major religious groups, such as the Nahdlatul Ulama (NU) and Muhammadiyah, IBI, MOH and other community-based organisations.
    c. In 2023, NCVAW, UNFPA, 16 Days Campaign against VAW, policy dialogues and network consultations in Aceh, Central Borneo (2024), led to a policy draft on Living Law and a draft on monitoring of sexual violence under Traditional and Court law. Campaign participants included more than 500 community people, CSOs, government representatives and academics.[234]
    d. 16-Days Campaign Against VAW, led by NCVAW, included workshops and network consultancies with CSOs, paralegal organization, and communities of people with disabilities in Banten, Serang, Bangka Belitung.

Changes in quality of services provided

200. UNFPA's technical assistance including capacity building activities for relevant stakeholders on GBV prevention and services, such as staff and volunteers at UPTD P2A, police force, and the Women Safe Home in Garut and Central Sulawesi (Palu, Sigi, Donggala) resulted in an increase in reported

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[227] Andajani, S., & Octaria, Y. C. (2022). *Leaving No One Behind: Inspiring Stories, Appreciation, Innovation and Transformation*. UNFPA. https://indonesia.unfpa.org/sites/default/files/pub-pdf/final_report_lnob_revise_7_23_nov_for_publication.pdf
[228] UNFPA Indonesia Annual Report 2023
[229] UNFPA Alur Kegiatan Program Gender https://docs.google.com/spreadsheets/d/1SKKHM9DNGw8meWxL16_JQsAB0DGFyCq57aaFf1AGduQ/edit?gid=0#gid=0
[230] Daiyah also held multiple community roles, serving religious clerics at district office of religious affairs, Quran tutors and health cadres in village health posts.
[231] Interviews and FGDs with Fatayat NU at the subnational level and WPR Fatayat NU 2021.
[232] Agustino, R. D. (2023). Indonesian women religious leaders call for ending female genital mutilation or cutting. https://indonesia.unfpa.org/en/news/indonesian-women-religious-leaders-call-ending-female-genital-mutilation-or-cutting
[233]https://www.kemkes.go.id/id/peraturan-pemerintah-ri-no-28-tahun-2024-tentang-peraturan-pelaksanaan-uu-kesehatan
[234] FFDs with multiple stakeholders at national level, NCVAW WRP 2023.

cases. This indicates positive signs of improved services. However, challenges remain, in particular in staffing and funding which require solutions.[235]

Empowerment of women and girls

201. In Central Sulawesi, women-led CSOs – KPKPST, LIBU Perempuan and SIKOLA MOMBINE - trained in GBViE response (Central Sulawesi Disaster and COVID-19), established the United Women's Movement of Central Sulawesi fostering solidarity and sisterhood. These Women-led CSOs worked closely with the UNFPA programme to provide GBV referrals, services, data and community education and outreach, including in emergency situations. Volunteers reported significant personal and professional growth, committing to their roles in health cadres, outreach workers, and support persons for GBV survivors.[236]
202. Utilizing training from UNFPA and partners, these women-led CSOs effectively applied their skills and knowledge to champion a women's solidarity movement in Palu, Sigi and Donggala. Achievements included:
    a. The issuance of District Regulation or PERDA NO 3/2019 on protection of women and children from sexual violence.
    b. Advocating to the World Bank for mandatory PSEAH training for all their contract workers and agencies working in Central Sulawesi rehab-recon, covering ethical codes of conducts, penalties for GBV crimes, and protection for under-age labour, especially during post COVID-19 and 2018 disaster.[237]
203. Activities by women's CSOs in PASIGALA (Palu, Sigi, Donggala) Central Sulawesi exemplify:

a. Delivered SRH/GBV education, outreach programmes, services and referrals during the 2018 Central Sulawesi disasters, as well as during the rehabilitation and reconstruction stages.[238]

b. Applied an intersectionality approach, reaching out to vulnerable groups like at-risk youths, especially young girls, PWDs, older Persons, FSWs, GBV survivors. They also worked with local governments (sub-district and village level) to enhance the capacity of local leaders to address GBV.[239]

Facilitating factors for reaching results

204. Strong interpersonal and professional relationships and collaboration have been well established between the Women's Movement of Central Sulawesi and UPTDs, Provincial and District PHOs, District Planning offices. These partnerships have been supported by UNFPA and partners - YKP, Pulih, local agencies and the MoWECP, through regular coordinating meetings, case reporting, capacity building, shared resources and opportunities.[240] [241]
205. Tasks were distributed among CSOs, fostering collaboration and shared responsibility, resources and experiences. As noted earlier, women-led CSOs became experts in the establishment and operation of the Saung SAPA Women Safe Space in Cianjur District following the 2022 earthquakes.[242]
206. Three draft government regulations have been developed, focusing on the National Referral Mechanism, Multi-Sectoral Integrated Services Unit, and GBV Case Management Mechanism. These regulations are pivotal to implementing the Sexual Violence Criminal Law, comprehensive approach to GBV. Additionally, inclusion of GBV in key planning documents underlines its strategic importance in national development. The integration of SRH to GBV as key indicators in the Ministry of Health 2025-2029 Strategy ensures a coordinated health sector response to GBV.

[235] FGDs with Puskesmas, PHOs in Garut and Palu.
[236] Multiple FGDs and interviews with volunteers and CSOs in Palu and Sigi.
[237] FGD with women-led CSOs in Central Sulawesi, Palu, Sigi, Donggala
[238] Interviews and FGDs with multiple stakeholders at national and subnational levels.
[239] Multiple FGDs, interviews, field visits at subnational level.
[240] Multiple FGDs and interviews at national and subnational levels.
[241] Multiple FGDs and interviews at national and subnational levels.
[242] Work Plan Report, Pulih, 2023.

Factors hindering achievement of results

207. Divergent viewpoints observed by the CPE team during the FGDs across national level stakeholders on the importance of 'local, cultural nuance' in construction and conceptualization of GBV in policies and programming, which can lead to reduced effectiveness, inconsistent programming, implementation challenges, and confusion at the subnational levels.[243] These inconsistencies and discrepancies are also seen globally, and underscore the need to examine practices, policies and the lived experiences of survivors and their communities.[244]

Population dynamics

208. Findings: The National master plan on population and development has been put in place and is currently under evaluation with UNFPA support. Moving forward, the implementation of the revised Grand Design of Population and Development (GDPK) and measurable results are required.

National population data platforms are currently developed and/or accessible with technical support provided by UNFPA, including the functioning of SDI-One Indonesian Data, the accessible SDBI-One Indonesian Disaster Data platform at national level which was piloted in one district (Cianjur, West Java), and the ongoing development of SDMI-Indonesia One International Migration Data Framework.

National knowledge hub dashboard mockup for knowledge products on all programme outcomes and outputs was developed. Moving forward, finding a host for this national knowledge hub dashboard with high server capacity will need to be a priority.

Data from PC2020 and the 2020-2050 Population Projection and results of thematic studies on maternal mortality, district level population projections, and analysis of PC2020 longform have been utilized in sectoral/ministerial development programming at both national and regional levels. Further data analysis for programme planning at district levels is needed.

The potential of reaping a demographic dividend was highlighted in the UNFPA-supported policy brief including the importance of human capital development and the report on the National Transfer Account (NTA) with a focus on the interrelationships between population growth and changing age structures on economic development, gender and generational equity, public finances and other relevant features.

SDBI-One Indonesian Disaster Data has incorporated sex, age and disability disaggregated data (SADDD) for allowing appropriate responses/assistance for the targeting of people affected by disaster in line with their needs.

The programme supported the SDG working group in the review of national metadata with a strong focus on UNFPA-prioritized SDGs, and developed and enhanced an interactive national data dashboard to track SDG achievement, strengthening data utilization for local development planning, policy-making and monitoring.

Overview of results at outcome and output levels

209. The PD outcome level indicator as measured by the availability of performance data on UNFPA-prioritized SDGs indicators[245] was partly achieved by 2023, with 4 out of a total of 20 indicators (20

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[243] Multiple FGDs at national level.

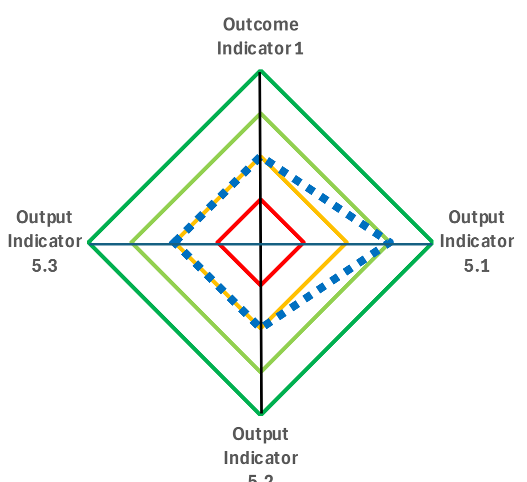
[244] Anitha, S., Jordan, A., & Chanamuto, N. (2024, 2024/01/02). The politics of naming and construction: university policies on gender-based violence in the UK. Gender and Education, 36(1), 86-103. https://doi.org/10.1080/09540253.2023.2256759 .

[245] There are currently 20 UNFPA prioritized SDG indicators, as outlined in United Nation Population Fund (2021), *UNFPA Strategic Plan 2022-2025*, Annex 2 "Change stories" to accelerate the achievement of the three transformative results, Table 1. UNFPA priority indicators drawn from the Agenda 2030 for Sustainable Development framework, p. 7.

percent) available for measuring progress, 13 indicators (65 percent) partially available; and 3 indicators (15 percent) not available.[246]

210. While UNFPA supported the revision of the Grand Design of Population and Development (GDPK) (output 1) the process has not yet been completed. National population data platforms were developed but will require further improvements to be fully functional. Likewise, a knowledge hub website was designed but web hosting issues remain to be resolved. Capacities developed on the use of National Transfer Accounts tools enabled monitoring of relations between population dynamics and economic development, which has fed into the DD related issues under the AY component. Notwithstanding some of the limitations observed, the use of disaggregated population data, including the results of national and sub-national population projections by sex and age groups to inform policy making and planning has been high at the national level. Such use of population data to inform sub-national level and in particular district level decision-making remains to be addressed. An overview of results achieved in the outcome area of PD is provided in Figure 5 below.

Figure 5: Spider web on the achievements of the PD indicators



Outcome Indicator 1: Proportion of 20 UNFPA prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics *(20 UNFPA prioritized SDG Indicators)*

Output Indicator 5.1: Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities

Output Indicator 5.2: Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management

Output Indicator 5.3: Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and reproductive rights, adolescents and youth, gender equality in both development and humanitarian contexts

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved (no progress)

National master plan on population and development

211. The national master plan on population and development, or the so-called GDPK-Grand Design of Population and Development, already exists as it was legally formalized in *Perpres* (Presidential Regulation) Number 153 Year 2014 on GDPK. GDPK was developed by utilizing the latest population data and its analysis in line with national SDG priorities and the government's commitments on ICPD. The contribution of UNFPA Indonesia was through its support for evaluating this *Perpres* on GDPK by assessing the quality of regional GDPK documents in 32 provinces and 277 districts, followed by a recommended action plan with Bappenas for further revisions of GDPK and their implementations in relevant regions.[247] Revisions of GDPK are currently being undertaken in

[246]See Annex 1, PD Substantiating Evidence on contributions to output level change in Table "Data Availability for Monitoring the Progress in the UNFPA 20 Priority SDGs Indicators for Indonesia, 2023", based on the latest data from Bappenas (2023), *Laporan Pelaksanaan Pencapaian Tujuan Pembangunan Berkelanjutan 2023* (Report on the Implementation of Achieving SDGs 2023), Annex on Table of Achievements of SDGs Indicators in 2022 (Form 1 M&E of SDGs), pages 163-222.

[247] BKKBN (2022), *Laporan Evaluasi Dokumen GDPK* (Report on the Evaluation Results of GDPK Documents)"; UNFPA Indonesia (2022), *Annual Report 2022*, p. 46; Key informant interview with BKKBN and Bappenas.

provinces and districts, but so far there are no reports officially published documenting these changes. [248]

National population data platforms

212. National population data platforms are currently developed and/or available and accessible, with UNFPA technical support on the Indonesian Vital Statistics System (SSHI),[249] the Indonesian One Disaster Data platform (SDBI), which was established at national level and piloted in one district (Cianjur, West Java), and the ongoing development agreement of Indonesia One International Migration Data Framework (SDMI). SDI-Indonesian One Data and SDBI-Indonesia One Disaster Data are both good practices of consolidated open data initiatives, but the interoperability and sustainable utilization of both require solid cooperation amongst governmental agencies, in order to ensure the continuity of data provision and their regular updating.[250]
213. The SDBI dashboard piloted in Cianjur was in practice developed by BNPB in Jakarta. The role of District of Cianjur's Population Control Section under DPPKBP3A was in the collection of humanitarian related data from population affected by Cianjur's earthquake disaster - using the online application of KOBO Collect, while these data inputs were read, processed, analysed and reported by BNPB Jakarta. Thus, such a practice in the development and maintenance of SDBI dashboard did not offer local capacity development.[251]
214. UNFPA-supported SDBI has incorporated sex, age and disability disaggregated data (SADDD) for allowing the appropriate responses/assistance for the affected disaster victims according to their needs.
215. Further improvements are needed in harmonizing SSHI metadata for using standard definitions and classifications of indicators, and in SDBI web-platform for its overall dashboard format and quick browsing access and downloading.

Knowledge hub

216. A web-platform mock-up of a national knowledge hub for the compilation of knowledge products in reproductive health was developed by FKM UI (Public Health Faculty, University of Indonesia).[252]
217. The web-platform mock-up of national knowledge hub on SRH has been temporarily working and was accessible in 2022, but with limited server capacity of the FKM UI website, the web portal is currently not functioning and in the process of moving to BAPPENAS to find a database web-platform host with sufficient server capacity.

Use of population data

218. UNFPA-supported interventions for PD outcome area have contributed to the use of available disaggregated population data from the results of the 2020 Long Form and Short Form Population Census data disaggregated by sex, age and administrative levels. The availability of these data is required to identify the vulnerable population and for GBV gap analysis. In addition, data on older persons gathered using the Golantang application have been disseminated and used in the implementation of the National Strategy of Older Persons (*Stranas Lansia*).[253]
219. Results of the 2020 Population Census and the 2020-2050 Population Projection, as well as results of 3 thematic studies on maternal mortality, district level population projection, and analysis of PC2020 longform data are utilized in various sectoral/ministerial development programming, at both national and regional levels. Likewise, Indonesian Demographic and Health Survey-IDHS 1987,

[248] Key informant interview with BKKBN.
[249] For the changes in the terminologies, see Footnote 294.
[250] UNFPA internal document on CPAP planning and tracking tool.
[251] See the dashboard on the "*Update of the Cianjur 2022 Earthquake Disaster*": https://gis.bnpb.go.id/Cianjur2022/. Communication with key informant from Cianjur DPPKBP3A.
[252] Key informant interview with FKM UI.
[253] Key informant interviews with Bappenas, BPS and BKKBN.

1991, 1994, 1997, 2002, 2007, 2012 and 2017 data have been used for similar purposes, especially relevant to fertility, mortality, reproductive health and family planning.

220. The next IDHS, scheduled in 2022, was however carried out in 2023-2024, with the key indicator report expected to be disseminated in October 2024.[254]

221. UNFPA Indonesia in CP10 supported the development of National Transfer Accounts (NTA), focusing on monitoring the potential impacts of population changes, including the first and potential second demographic dividend (DD). NTA is a tool that analyzes the relationship between economic activity and population dynamics by calculating income and expenditure across different age groups. By using NTA, the Government of Indonesia can closely examine strategies to maximize the first DD and identify measures to achieve the second DD. This approach helps in achieving broader targets related to women's rights, as it emphasizes overall population productivity rather than maintaining a productive age structure through policies that could infringe on women's rights, such as those aimed at increasing fertility rates. In the current cycle, the NTA has provided crucial support by enhancing capacity and awareness around NTA calculations, updating these calculations, harmonizing them with macroeconomic indicators in Indonesia, and sharing best practices for using NTA data. The GoI is currently working to integrate NTA analysis into the national development plan, and UNFPA support is vital in delivering the necessary technical assistance.[255]

Factors hindering the achievement of results

222. Lack of institutional coordination between national and regional sectoral offices at both provincial & district levels appeared as hindering factors, given the fact that most local government stakeholders, including Bappeda, BPS Province/District and BPBD in piloting provinces/districts visited by the CPE team, proved not quite aware of the GoI-UNFPA cooperation programmes, partly due to high staff rotations at local governments. Such coordination between national and sub-national levels is nevertheless urgently required to effectively make use of UNFPA-supported initiatives in the existing relevant programmes in the concerned piloting provinces and districts.[256]

223. While the use of data on population changes and socio-economic trends have been well acknowledged in the sectoral development planning, implementation and monitoring at both national and regional levels, however the technical capacities in understanding and interpreting these data into more concretely meaningful measurements for programme activities at district level is still limited. This limitation potentially brings about inefficient budgeting and inaccurate beneficiary targeting at the lowest administrative levels.[257]

4.6. *Answer to evaluation question 6*

EQ 6: Effectiveness To what extent has UNFPA successfully integrated human rights, gender equality and disability inclusion in the design, implementation and monitoring of the country programme?

224. Findings: UNFPA has made use of a rights-based approach in its programming with the access to SRH and FP services considered as a human right of women and girls and with the inclusion of men in family planning. This has also been practiced through a focus on duty bearers, in particular at the national level, however, without sufficient feedback on the results at sub national level in terms of improvements in the lives of women and girls

The UNFPA programme has made use of a gender transformative approach throughout its initiatives, with the ability to enhance aspect of empowerment of midwives in addition to the technical support provided and making use of an intersectionality approach, supporting combined aspects of vulnerability in a holistic way

[254] Communication with BRIN-National Agency for Research and Innovations.
[255] Key informant interview with BPS.
[256] Key local informant interviews with Bappeda, BPS and other regional agencies in West Java, Garut, Central Sulawesi and Palu.
[257] Ibid.

In its various outcome areas the programme has included disability as an important aspect of vulnerability, in line with the organizational guidelines and UNSDCF focus on equity in Indonesia

Human rights-based approach

225. Human rights-based approach has been used in the UNFPA approach to SRH&RR in general and family planning in particular. In a study conducted by Bappenas (2022),[258] it was observed that there had been a significant increase in the number of individuals discontinuing family planning services. While the GOI family planning programmes initially focused on the number of participants, which led to high initial levels of participation, though over time resulted in high levels of discontinued use. The new approach to family planning, supported by UNFPA, makes use of a human rights-based approach, focusing on the quality of FP services provided to women and girls, which facilitates their continued use of FP services through improved provider-client communication and counseling, which enhanced the motivation of women and their partners to continue FP usage (for details see SRHRR under EQ5).
226. Representation of vulnerable groups in programme design and implementation has varied across the outcome areas. In the HIV prevention programme, the evaluation conducted on the Indonesia part of the programme concluded that the community-based approach of the programme included a meaningful involvement of female sex workers in the implementation of the HIV prevention activities. Moreover, the AY component of the programme involved in particular adolescent girls, through tailored reproductive health education both for in-school and out-of-school settings, including youth with learning disabilities and young key populations in eastern Indonesia. The Youth Development Index and support to RAN-PIJAR addressed aspects of gender discrimination. While vulnerable groups have not been participating directly in PD related initiatives, focus has been on disaggregation of population data, including on sex, age and other relevant vulnerability criteria to inform addressing aspect of inequality.[259]
227. Another aspect of a rights-based approach has been a focus on duty bearers, in particular those from government agencies at national level as well as in selected pilot sites at subnational level and of civil society organizations. This has been focused in particular on systemic capacities, through policy level engagement and the establishment of Centers of Excellence in terms of midwifery training, though at times focused on individual level capacities be it through a training of trainer approach in ARH education or otherwise.
228. In CP10, the programme has prioritized enhancing men's participation in family planning, specifically by enhancing the quality of vasectomy services through the revision of training materials, reinforcing counseling using a rights-based approach, and delivering accredited training in partnership with PPSDM – MOH. In addition, the effectiveness of the public-private partnership model is being tested in West Java and Banten. This includes the implementation of voluntary family planning services based on individual rights, enhancing the involvement of the private sector in the family planning sector, and improving the financing mechanism for family planning.
229. The UNFPA programme, through the BERANI II Joint Programme, has promoted a human rights based as well as a gender transformative approach in GBV programming, addressing deep rooted social norms and inequalities that perpetuate violence and limit access to SRH services.[260]

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[258] BAPPENAS, Policy Analysis and Preparation of Recommendations for Maternal and Child Health in Indonesia, A study report (2022).

[259] Aang Sutrisna, Female sex workers HIV prevention program evaluation report, period January 2018 – September 2021; Key informant interviews; MoHA, MoECRT, Rutgers, and UNFPA. 2023. Panduan Teknis: Pembelajaran Kesehatan Reproduksi Bagi Guru yang Mengajar Peserta Didik Penyandang Disabilitas Intelektual (PDPDI); MoHA, MoECRT, and UNFPA. 2022. Modul Pendidikan Kesehatan Reproduksi Remaja Tingkat SMP dan Sederajat; Bappenas. 2023. the Youth Development Index Review Report; MoH & UNFPA Indonesia. 2017. Pedoman Pelaksanaan Paket Pelayanan Awal Minimum (PPAM) Kesehatan Reproduksi Remaja pada Krisis Kesehatan; JIP, UNFPA. 2023. Modul Pendidikan Seksualitas Komprehensif Luar Sekolah Bagi Remaja Berisiko; Multiple key informant interviews.

[260] UNFPA, Final Evaluation of BERANI Programme, 2023; Key Informants Interviews.

230. What has been less clear is the accountability for the achievements of results at the sub-national level, through national level policy support and planning. There has been less focus on the receiving part of the approach of national level policy engagement, i.e. what are the result of such engagement at the sub-national level, in the district and communities where women and girls are to benefit from the results of such initiatives which are to improve their lives. So far there has been no clear monitoring mechanism within the programme to ensure feedback in terms of sub-national level data gathering on selected indicators, in order to assess the effects of national policy change at the sub-national level.

Gender transformative approach

231. UNFPA's approach to GEWE is underpinned by its support to access to SRHR information and services to women and girls as well as for adolescents and youth, with a focus on these groups as more vulnerable. UNFPA's focus in terms of GBV has been on the health sector response to GBV survivors while in terms of HIV programming, UNFPA has focused its support on female sex workers in order to prevent HIV and which has included ensuring their access to SRH services and support treatment for PLHIV.

232. In line with CEDAW's review and recommendations, it is important to align national regulations, like the Penal Code and the Sexual Violence Crime Bill (Law No 12/2022) with CEDAW.[261] UNFPA programme has included the protection of adolescent girls from early marriage, and provided gender responsive measures during the COVID-19 Pandemic.[262] However, Indonesia's Gender Equality Index has not changed during the period under review, remaining at 0.697 which is particularly low in terms of women's economic participation and women's political empowerment which are below the global average.[263]

233. In SRH&RR outcome area, the focus has been in particular on women and girls, and especially adolescent girls. In family planning, attention has been paid to the role of men, including in FP decision making and through vasectomy as a means for FP. Focus on midwifery education is primarily technically focused, with the opportunity to include the gender aspects of the position of midwives in Indonesian society, and to enhance their position from an empowerment perspective, in addition to a technical capacity perspective, which is one of the issues identified in the global Midwifery state of the world as critical for their functioning. A gender transformative approach in midwifery education, improved status, self-agency and the rights to govern and participate in global and national development, are critical to address the global shortage of midwives' workforce, including in Indonesia.[264]

234. UNFPA's support for AY programming has had a strong focus on adolescent girls. Key initiatives have included the Youth Development Index (YDI) addressing gender discrimination, such as child marriage and adolescent pregnancy, the emphasis on adolescent girls' health and welfare in RAN-PIJAR and ARH education guidance, and the guidelines on ARH and youth participation in humanitarian settings.[265]

235. Vulnerability has been mostly characterized by single characteristics in each of the initiatives rather than making use of an intersectionality approach, in which combinations of vulnerability criteria are

[261] https://asiapacific.unwomen.org/en/stories/press-release/2022/04/the-indonesian-parliaments-approval-of-the-sexual-violence-crime-bill.

[262] https://www.unfpa.org/child-marriage; amended Law No.1 of 1974 on marriage with Law No.16 of 2019: source: https://scholarhub.ui.ac.id/cgi/viewcontent.cgi?article=1713&context=ijil.

[263] https://ibcwe.id/facts-about-indonesia-in-global-gender-gap-report-2023/.

[264] UNFPA-State of the World Midwifery Report, 2021.

[265] Multiple Key Informants Interview; MoHA, MoECRT, Rutgers, and UNFPA. 2023. Panduan Teknis: Pembelajaran Kesehatan Reproduksi Bagi Guru yang Mengajar Peserta Didik Penyandang Disabilitas Intelektual (PDPDI); MoHA, MoECRT, and UNFPA. 2022. Modul Pendidikan Kesehatan Reproduksi Remaja Tingkat SMP dan Sederajat; Bappenas. 2023. the Youth Development Index Review Report; MoH & UNFPA Indonesia. 2017. Pedoman Pelaksanaan Paket Pelayanan Awal Minimum (PPAM) Kesehatan Reproduksi Remaja pada Krisis Kesehatan; JIP, UNFPA. 2023. Modul Pendidikan Seksualitas Komprehensif Luar Sekolah Bagi Remaja Berisiko

seen as interconnected and addressed, including gender together with other vulnerability characteristics. The United Nations Special Rapporteur on the right to health has highlighted the importance of the use of an intersectionality approach in understanding and addressing gender power relations holistically.[266]

236. In terms of gender transformative approach in GBV prevention and response, the programme has enhanced capacities of five local governments on the integration of a gender-transformative approach into GBV prevention and support. This involved an intersectionality focus on elements of inequalities and vulnerabilities (i.e., age, social status, disabilities, sex, gender, HIV status and other aspect of vulnerabilities), together with technical capacity development, as noted in the BERANI II programme, LNOB project, and the UNFPA private partnerships with the Khouw Kalbe Foundation and Fatayat NU to prevent child marriage and FGM/C.[267]
237. In the PD outcome area, UNFPA has supported the use of data disaggregation by sex within the SADDD tool in the SDBI-Indonesian One Disaster Data, to inform humanitarian resilience related programming and planning.

Inclusive approach regarding disabilities and other vulnerabilities

238. In terms of the inclusion of disability in UNFPA's programming, the organization, as part of the UNCT, has signed up to the UN wide approach of the agencies in Indonesia to prioritize people with disabilities as a particularly vulnerable group. This aligns with UNFPA's corporate disability inclusion strategy in line with the United Nations Disability Inclusion Strategy.[268]
239. A clear example of disability inclusion in terms of the programme concerns the inclusion of schools for children with special needs in the ARH education support in addition to a focus on junior high schools. UNFPA supported the development of teaching materials for both groups as well as training of teachers of schools in selected provinces, which led to a better access of ARH education for children with special needs in the selected schools.[269] As part of the PD outcome area, UNFPA has supported disability inclusion in the Indonesian One Disaster Data, in addition to disaggregation of data by sex, age and geographic location.
240. While people with disabilities have been involved in various parts of the country programme, a limitation brought to the attention of the evaluation team concerned the lack of adapted financial budgeting for participation of people with disabilities in activities and events. While costs of their participation are usually higher than the cost of abled people, this was not always sufficiently recognized. Moreover, inclusion will require addressing the various type of disabilities, enabling their inclusion using tailored approaches.[270]

4.7. Answer to evaluation question 7

EQ 7: Effectiveness: To what extent and in what ways has UNFPA used its limited resources to achieve substantial results in each of the outcome areas of the programme?

[266] Bohren MA, Iyer A, Barros AJD, Williams CR, Hazfiarini A, Arroyave L, Filippi V, Chamberlain C, Kabakian-Khasholian T, Mayra K, Gill R, Vogel JP, Chou D, George AS, Oladapo OT. Towards a better tomorrow: addressing intersectional gender power relations to eradicate inequities in maternal health. EClinicalMedicine. 2023 Dec 6;67:102180. doi: 10.1016/j.eclinm.2023.102180. PMID: 38314054; PMCID: PMC10837533.

[267] https://indonesia.unfpa.org/en/publications/leaving-no-one-behind-inspiring-stories-appreciation-innovation-and-transformation; https://indonesia.unfpa.org/en/publications/berani-empowering-lives-better-sexual-and-reproductive-health-and-rights-all-indonesia

[268] UNFPA, We Matter. We belong. We decide. UNFPA Disability Inclusion Strategy 2022-2025; UNFPA, Disability inclusion in UNFPA's Programmes: Making it a reality, 2023; United Nations, United Nations Disability Inclusion Strategy.

[269] UNFPA Indonesia. 2023. BERANI untuk Berdaya: Informasi Program Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI) 2018-2023; Focus Group Discussion in Sub-National Level

[270] Multiple Key informant interview in National Level; Focus Group Discussion in Sub-National Level; General Guidelines for the Implementation of the 10th Cycle of Cooperation Program between the Government of Indonesia and UNFPA (2021-2025)

241. Findings: UNFPA has played an important role in piloting initiatives in several of the outcome areas at the sub-national level. However, the methodological underpinnings of sub-national entity selection and monitoring and evaluation have been relatively weak with a lack of inclusion of the M&E team in the design of pilot initiatives. This while robust M&E could provide the evidence that is needed in order to inform scaling up of the interventions concerned. There have been limited approaches to scaling up of pilot initiatives concerned though several important lessons have been learned.

Policy level engagement and support to regulatory frameworks

242. UNFPA has made contributions to national level support and regulatory frameworks in several of the outcome areas of the programme (for details see Annex 1). While these interventions are at the national level, they are meant to facilitate change at the subnational levels, including provincial, district and community levels. However, the programme did not appear to have so far, the means to assess such change. This type of monitoring would provide data from the sub-national level to inform the national level policy engagement initiatives. [271]

Pilot initiatives, scaling up of results and use to inform national level planning

243. A variety of pilot initiatives have been implemented in several of the outcome areas of the programme, including Integrated SRH dashboard, support to MPDSR, SRH budgeting at district level, GBV health sector response strengthening, RAN PIJAR implementation and assessments of UPTD PPA/P2TP2A. UNFPA and partners have made use of several selection criteria to identify the sub-national areas concerned for participation in piloting, including political commitment of local partners and performance on UNFPA mandate area related indicators. Methodological underpinning of these choices has been made less clear, including the issue of representation, which has repercussions for the way in which a 'proof of concept' can be developed making use of monitoring data of results achieved to inform scaling up of results. The programme M&E team has usually not been involved in the design of pilot initiatives. Monitoring of pilot initiatives has usually followed the regular CPAP based approach with a focus on activities and milestones of the CPAP results framework. There has so far been no evaluation of pilot-based initiatives, though it has been reported to be planned for 2024-2025, which has limited identification of results and lessons learned and their documentation and the use of these in policy level engagement to advocate for scaling up. In turn, this has limited detailed planning for scaling up of pilot-based initiatives. [272]
244. In order to scale up results in terms of maternal health, the country office submitted a project proposal to the UNFPA Strategic Investment Facility, which aims to address maternal health challenges in Indonesia through a multi-faceted collaborative financing strategy, involving government, private sector and philanthropic organizations. This builds on the assessment that Indonesia's state budget has limited fiscal space, which makes external financing necessary to improve the healthcare infrastructure and maternal health outcomes. [273]
245. In terms of adoption of pilot results, the evaluability assessment recommended the development of a comprehensive sustainability strategy to enable the programme to monitor the extent to which adoption is likely to happen, who should adopt the results, what resources are needed to continue, and whether the resources eventually are committed.[274]

4.8. Answer to evaluation question 8

[271] Multiple Key informant interview in National Level; Focus Group Discussion in Sub-National Level; UNFPA Annual SIS Report 2021-2023;

[272] Sherratt, Della R. and Illah Sailah, Grand Design for Piloting the Development of Centers of Excellence (CoEs) in Midwifery Education, October 2018; Key informant interviews.

[273] UNFPA Indonesia, Strategic Investment Facility, 2022-2025 Funding Cycle, SIF 2024 Project.

[274] UNFPA Indonesia. 2023. Evaluability Assessment of UNFPA Country Programme 10th 2021 – 2025.

EQ 8: Efficiency: To what extent has UNFPA utilized its human, financial and administrative resources efficiently through employing suitable policies, innovative procedures, knowledge management processes and tools to work towards the attainment of the defined outcomes within the country programme?

246. **Findings: GOI and UNFPA have set up a useful governance mechanism which has provided shared ownership and which has supported the implementation of the programme in each of the outcome areas. The programme has started working with additional key government agencies in order to support the work at the sub-national level**

Human resources have been in place with a low vacancy rate. Technical quality of UNFPA staff has been revered by many of its partners in line with needs concerned. The addition of a Strategic Partnership and Resource Mobilization post has enhanced relevant organizational capacities of the country office. With a focus on disability in the contents of the programme, such a focus has also become part of recruitment processes and financial compensation mechanisms

Resources have been used efficiently throughout the programme. There have been some delays in few of the calendar years in the approval of work plans and related release of budgets, limiting the timeframe for work plan implementation of some of the implementing and strategic partners. The financial management system has changed, moving to the Quantum system, which will require building capacities within UNFPA and partners

Monitoring and reporting system has been in place. Monitoring and reporting have focused on activities and milestones with limited use of results-based management. Theories of Change (TOC) are at the level of outputs and do not show contributions of each of the outputs to each of the UNFPA transformative results. Several evaluations at the level of projects and initiatives have been conducted which could benefit from a quality assurance process in terms of deliverables as well as a multi-year plan of the evaluation of projects and thematic areas

Partnerships have been expanded with inclusion of some private sector partners in terms of programming which is providing new opportunities and requiring attention to capacity building of partners. Resource mobilization has been successful and is expected to reach beyond targets set in the CPD. Related strategy from CP9 has been updated and an initiative launched for the development of a new financing model, aiming at the leveraging of domestic government and other resources to scale up SRHR related results. This includes additional partnerships with IFIs, private sector stakeholders and other agencies

The implementation of the Environmental Efficiency Strategy has reduced the carbon footprint, water use and waste production of the country office with staff buy-in obtained through information sessions

Governance system

247. For the oversight and management of the programme, a Joint BAPPENAS/UNFPA three-tiered programme governance system was put in place. The National Programme Coordinating Unit (NPCU) was established in order to support programme implementation. BAPPENAS, as the Government Coordinating Agency (GCA), carried out a coordinating role across all relevant stakeholders at the national level. The Steering Committee team consists of an oversight team and a technical team which have been supported by five technical working groups covering each of the output areas of the programme. It is this three-layered approach that has reportedly led to overlaps in terms of conducting the same discussions across the three levels, in particular between the output technical working groups and the technical team, resulting in extended time frames to

resolve issues that arise affecting implementation efficiency and timely delivery of results. Moreover, some stakeholders considered the need for the NPCU to focus more on coordination across IPs to improve efficiency. Nevertheless, the system as such appeared to have provided the required steering and management to the programme as well as a high level of government and stakeholder ownership.[275]

248. At the sub-national level, in line with GOI regulations, Ministries coordinated directly with relevant local government agencies and other programme partners on the implementation of the programme, including the provincial and district/city coordination team. The role of the sub-national level planning agency, BAPPEDA, in terms of coordination of implementing partners at the sub-national level, proved to be limited in the field visits conducted by the evaluation team though their involvement also depended on the types of activities implemented at the sub-national level.

Audit

249. An audit of UNFPA Indonesia was conducted in 2022 covering the first two years of the programme. The audit included 1) office governance, 2) programme management and 3) operations management. The overall audit rating was "Partially Satisfactory with Some Improvement Needed", which meant that the assessed governance arrangements, risk management practices and controls were adequately designed and operating effectively but needed some improvement. While operations management was assessed as largely satisfactory, some limitations were observed in terms of risk management under office governance and programme planning and implementation under programme management. Recommendations were followed up in the office management response, included in the report.

Human resources

250. Human resource structure was in place with low vacancy rate throughout the programme period under review. The inclusion of a Strategic Partnership Resource Mobilization (SPRM) specialist position towards the end of the 9th Country Programme cycle was intended to constantly identify chances for engaging in partnerships and to enhance resource mobilization together with the communication analyst. With this position in place, the organization enhanced its capacity to develop new partnerships and mobilize resources. Advocacy and communication have become more pronounced over time, including expansion of the communications team resulting in a large amount of communication products and initiatives in 2023.[276]
251. The organizational structure aligns mostly with the outcome area structure. While the AY team resorts under the SRHR specialist, parts of the AY outcome on the YDI and the Demographic Dividend would be more appropriately aligned with the PD outcome area, thereby ensuring a more targeted and efficient approach to harnessing the benefits of the demographic dividend within the program's broader goals. With other aspects of AY linking with both SRHRR and GEWE outcome areas, it would be useful to have AY as a cross-cutting aspect of the programme.
252. As UNFPA aims to mainstream disability within the organization, there have been some aspects of inclusion in the recruitment process, like encouraging people with disability and those from minority groups to apply for vacancies and to provide special allowances for people with disabilities once hired.[277]
253. In all of the four outcome areas of the programme, implementing as well as strategic partners have made reference to the high quality of human resources within UNFPA and the high quality of the technical assistance provided.[278]

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[275] Kementerian PPN/Bappenas and UNFPA, Pedoman Umum Pelaksanaan program kerja sama, pemerintah RI-UNFPA Siklus 10 (2021-2025); Key informant interviews.

[276] UNFPA Indonesia Annual SIS Reports, 2021, 2022, 2023; Key informant interviews.

[277] Key informant interviews and written inputs.

[278] Key informant interviews with multiple stakeholders.

254. UNFPA adapted to the COVID-19 pandemic in the period under review through a work from home policy, limiting in-person interactions, which was challenging at times due to limitations in Internet connectivity.

Financial management

255. UNFPA has utilized its limited resources efficiently through focusing on the existing / prioritized / innovative programme activities of government IPs and strategic partners, while working towards the attainment of CP outcomes. Most of the intended results have been achieved within the approved budget. Annual implementation rate of regular resources was high at 97-98 percent while this varied from 75 to 90 percent for other resources.
256. Some of UNFPA's partners encountered delays in receiving funds at the start of the year, mostly owing to administrative procedures associated with the completion of annual work plans, and at times due to modifications made due to budget constraints. Moreover, administrative procedures within Ministries have at times resulted in delays in programme implementation.[279]
257. The financial management system of UNFPA changed from Atlas to Quantum+, which concerns in addition to UNFPA, UNDP and UNOPS, with capacities starting to be built within UNFPA and partners. The new system allows for linkage between financial and programmatic aspects. The use of quantum will continue to require training for partner staff as well as UNFPA staff, in particular in order to enable linking resource allocation with results.

Strategic partnerships and resource mobilization

258. The country office has been successful in terms of resource mobilization with targets as set in the CPD of other resources met at 89 percent at the end of 2023 (compared to the expected 60 percent). Governments of Canada, Japan and DFAT as well as UBRAF have been important funding sources. Nevertheless, overall donor interest to funding of development initiatives in Indonesia has decreased over time, with Indonesia re-passing the income criterion for upper middle-income country in 2022 after the economic downturn caused by the COVID-19 pandemic. Moreover, given the UN reform agenda, funding agencies are increasingly interested in joint programming across UN agencies, rather than single UN agency interventions.
259. In the present programme period, UNFPA built on the Resource Mobilization Strategy of 2016-2020 with an update to the resource mobilization and partnership plan and an outlook developed in July and August 2023 respectively. In October 2023 an update on the strategy was developed which updated partnership and funding opportunities, including with traditional donors on maternal health and FGM/C, exploring opportunities around gender and climate change and establishment of a forum on PD and data issues, showcasing the experience of Indonesia as the winner of the 2022 UN Population Award and nurturing sustainable financing systems and management of the project opportunity pipeline.[280]
260. One of the opportunities identified in the SWOT analysis, included in the Update of the strategy, concerns working on innovative forms of development financing and the country office has submitted an application to the UNFPA Strategic Investment Facility for the 2022-2025 cycle. This facility aims to move UNFPA country support from a development funding to a financing model, aiming at the leveraging of domestic government and other resources to scale up project related results.[281]
261. Private sector partnerships, exemplified by collaborations with Grab and KhouwKalbe, offer essential innovations and resources, including specialized training and expanded networks. These partnerships facilitate joint programming and resource mobilization, significantly boosting the effectiveness and reach of development initiatives. A partnership strategy is under development with a newly established Strategic Partnerships and Resource Mobilization (SPRM) position in place.

[279] Key informant; MOH, Bappenas, IBI, OPSI
[280] UNFPA, Strategic Partnership and Resource Mobilization, October, 2023.
[281] Ibid., UNFPA, Strategic Investment Facility, 2022-2025 Funding Cycle (internal document).

However, a comprehensive partnership review has not yet been conducted to assess the overall fit for purpose of the organization's partnerships.

262. Government financial contribution to UNFPA has been lower than other UN agencies, notwithstanding recent doubling of the amount concerned, due to it historically being related to FP programming through BKKBN, while not having been adapted over time to the expanded scope of the programme.[282]

Monitoring, reporting and evaluation

263. The M&E team has been in place with a focus on monitoring of programme implementation, in close cooperation with implementing and strategic partners, making use of a detailed CPAP document agreed with GOI, including sex disaggregated data, which has informed programme management and implementation. This system and its use by partners has focused much on activities and sub-output level results required to reach output level changes and much less on partner contributions to output and outcome level results. UNFPA has provided inputs to the UNINFO system on UNSDCF monitoring, including a focus on outcome level results and intermediate level achievements that contribute to those results as well as output and sub-output level results. Moreover, corporate SIS quarterly and annual reporting has been in place and spot checks on programme implementation have been conducted.
264. With the introduction of the new UNFPA strategic plan, some slight adaptations were made to the framework. Moreover, Theories of Change (TOC) were developed at the level of each of the five outputs of the programme. However, when the new UNFPA strategic plan was introduced in 2021, the TOCs were not adapted to address the three transformative results of the organization, showing explicitly how each of the outputs contributes to achievement of each of the three transformative results. This would have enabled viewing contribution across five outputs to each of these results, providing a framework for an integrated rather than a silo-based approach.
265. The E-Monev monitoring application for partnership of UNFPA-GoI with an online dashboard has been developed by the Ministry of PPN/Bappenas since mid-2021, and remains in the trial phase, and has not yet been fully deployed across IPs due to resource constraints.[283]
266. So far, no UNFPA 'RBM Seal' assessment has been made, which concerns an opportunity to inform the development of results-based management within the country office and the programme, supported by UNFPA headquarters. The plan is for the CO to start this process in 2025. However, questions of the RBM seal were incorporated in the evaluability assessment conducted in 2023, to inform the present country programme evaluation. The assessment found that while a good quality results framework was in place, overall capacities to apply RBM of UNFPA staff and partners included in a survey were insufficient and needed to be strengthened.[284]
267. Though there is a costed evaluation plan in place, similar to the one included as part of the CPAP, which entails the evaluability assessment conducted in 2023 and the present CPE, there is no attention to project / initiative level and thematic evaluations for which there is limited budget available. Nevertheless, several project level evaluations have been conducted. Quality of evaluation reports varied and no formal quality assurance system for project / thematic level evaluation deliverables has reportedly been in place.[285]

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[282] UNFPA Indonesia, Annual SIS Reports, 2021, 2022, 2023; Key Informant Interviews.

[283] Bappenas. 2023 .Laporan Pengembangan Aplikasi E-Monev 1.0 - Program Kerja Sama Pemerintah RI-UNFPA Siklus ke-10 periode 2021–2025; UNFPA Indonesia, Evaluability assessment report, UNFPA Indonesia Country Programme 2021-2025, November 2023.

[284] UNFPA Indonesia. 2023. Evaluability Assessment of UNFPA Country Programme 10th 2021 – 2025.

[285] An MTR and final evaluation were conducted for the joint BERANI programme phase I, and an evaluation was conducted for the HIV project. (UNFPA Indonesia. 2022. Female Sex Workers HIV Prevention Program Evaluation Report January 2019 - September 2021). Moreover, the LNOB project conducted a lessons learned study, focused on identification of good practices in the programme support to the most vulnerable groups during the COVID-19 pandemic. In addition, the Indonesia programme was part of several regional and global evaluations, though no country level evaluation reports were available of such evaluations; Key informant interviews.

268. In the Metadata of the UNFPA Indonesia CPAP 2021-2025 various annual targets have been included in order to identify the yearly progress expected in terms of realization of the indicators concerned. This includes in various instances monitoring and evaluation of progress in terms of implementation of pilot initiatives. However, evaluations of these initiatives had not yet started at the time of the present country programme evaluation.

Knowledge management and innovation

269. UNFPA in collaboration with Bappenas and the Public Health Faculty, University of Indonesia (FKM UI) developed a knowledge management system by designing a web-based platform for a national knowledge hub for the compilation of knowledge products in reproductive health, which is presently in the stage of a mock up. This web-based national knowledge hub has been temporarily working and accessible in 2022. However, the web portal has not yet been functioning due to limited server capacity in the FKM UI website, and is in the process of moving to BAPPENAS to find a database web-platform host with sufficient server capacity.
270. Innovative approaches have included collaboration with BNPB for SADDD management, making use of innovative data management techniques to ensure disaster response is inclusive and Rapid Gender-based Violence Risk Assessment in collaboration with Kerti Praja and Pulih Foundations coordinated by the Ministry of Women's Empowerment, for swift mobilization to address urgent gender-based violence risks in disaster-affected areas.[286]
271. The CO was acknowledged by headquarters for its groundbreaking idea to accelerate SDG investments in maternal health through innovative finance, highlighting its innovative approach to addressing the financing gap.[287]
272. The CO cultivated valuable relationships with key players in the private and philanthropic sectors, fostering potential PPPs to support maternal health and ARH education initiatives. Collaborations with organizations like the National Zakat Agency and private companies like Grab and pharmaceutical firms demonstrated the CO's ability to identify and leverage innovative partnerships.[288]

Environmental concerns

273. In the period under review the country office has been implementing an Environmental Efficiency strategy, aimed at reducing the carbon footprint, water usage and waste production of the office. During the COVID pandemic, meetings were often conducted online, a practice which has been maintained afterwards. Office infrastructure adaptations resulted in reduced levels of energy use and the production of virtual reports limited the amount of paper used in the office. Information sharing sessions on the strategy were conducted in order to obtain buy-in from staff.[289]

4.9. Answer to evaluation question 9

EQ 9: Sustainability: To what extent has UNFPA assisted implementing partners and rights-holders (notably, women, girls, adolescents and youth) in developing capacities and establishing mechanisms that engage rights-holders to ensure the long-term sustainability of project results?

274. Findings: While national level commitment is in place in each of the outcome areas, with UNFPA support aligned with GOI policies, and several government decisions enhancing sustainability of results, there is a need to ensure such commitment at sub-national level, within the decentralized administrative system in Indonesia

Capacities have been built in terms of both staff and organizational capacities of partners concerned, including the development of knowledge products for partner use

[286] Key informant interviews.
[287] Ibid.
[288] Ibid.
[289] UNFPA Indonesia Annual SIS Reports, 2021, 2022, 2023.

Financial pledges to sustain results cannot be taken for granted and UNFPA support has often been seen as filling parts that GOI has not been able to support financially, challenging continuation of results

Political commitment

275. National level commitment to programme interventions in each of the outcome areas is in place with program and initiative design aligned with National GOI policies and strategies, including the National Medium-Term Development Plan. National government has enhanced opportunities for sustainability of strategic initiatives through national level policy decisions, like from MOH on the conduct of MPDSR and from MOHA on support to SRH at the sub-national level.[290]
276. However, presence of policy support at the national level alone is insufficient as it needs to be complemented by policy support at the level of the district government in the decentralized setup of the government administration in Indonesia. To accomplish this objective, it is imperative to gain multi-stakeholder commitment in each district in which the programme has implemented activities and ensure commitment through Bupati's decrees and PERDAs at district and local levels.[291]
277. Sustainability of programme results have been strengthened by commitment of civil society organizations and their relationships with government agencies at the local level, which was exemplified in Central Sulawesi, one of the sampled provinces for CPE fieldwork.[292]
278. The evaluability assessment recommended the development of a comprehensive sustainability strategy.

Capacities built

279. The organizational capacities have been strengthened across the outcome and output areas of the country programme. The UNFPA programme has successfully enhanced the capabilities of implementing and strategic partners through various means including training, providing knowledge products, conducting joint analysis, and supporting piloting processes. These initiatives have enhanced the ability of partners to sustain the interventions that were sponsored by UNFPA making use of their enhanced capacities. Given the high level of staff turnover in many government agencies, in capacity development programmes, there is a need to make use of regular pre-service or in-service training programmes of the agencies concerned.[293]
280. UNFPA has assisted the government in more systemic capacities including the development and modification of numerous technical products such as guidelines, Standard Operating Procedures (SOPs), training materials, assessment instruments, and studies which have enhanced the operational capacities of the organizations concerned. [294]

Financial resources in place

281. Several government and UN agencies and civil society organizations at both national and sub-national levels have raised concerns about government budget limitations and shifts in donor priorities that affect the availability of funding for carrying out programs and sustaining results. This condition prompts them to persist in their desire for continued support from UNFPA.
282. The financial support from UNFPA to government agencies was often used to fill existing funding gaps, a practice found across the outcome areas of the programme, including for uncovered activities in the government budget. This practice puts the financial sustainability of the initiatives beyond UNFPA support at risk. With several of the initiatives depending on UNFPA funding, sustained results cannot be taken for granted after phasing out of UNFPA financial support and some initiatives appear to require additional support and funding.

[290] UNFPA Indonesia Annual SIS Reports, 2021, 2022, 2023; Focus group discussions and Key informant interviews.
[291] Key informant interview in multiple sites.
[292] FGD and key informant interviews.
[293] UNFPA Annual SIS Reports; Key Informant Interviews.
[294] Key Informant Interviews across multiple agencies.

283. On the other hand, UNFPA has been successful in partnering with a foundation and with a private sector agency, which partnerships included programmatic aspects as well as provision of financial resources by the partners concerned. Further investment from UNFPA side is needed in developing the capacities of such partners on both programmatic, operational and financial aspects.
284. Partnering with IFIs has been identified in the Partnership and resource mobilization plan, but has not yet been realized while this could provide important opportunities for scaling up of results achieved in pilot level initiatives of the programme.[295]

4.10. *Answer to evaluation question 10*

EQ 10: Coverage: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations, especially the most vulnerable and marginalized groups (young people, women with disabilities; women and girls of racial, ethnic, religious and national minorities, elderly), reside?

285. **Findings: UNFPA's humanitarian interventions have effectively prioritized vulnerable groups by utilizing disaster risk indices and COVID-19 priority designations, supporting implementation of MISP SOPs to ensure access to SRH and GBV services, including youth participation, safe space for women, girls, inclusion of vulnerable groups, and people with disabilities**

UNFPA's humanitarian interventions successfully enhanced access to SRH services in high-risk provinces and districts. Despite challenges like limited resources and partner staff turnover, these initiatives effectively addressed the needs of women and girls and young people, including those with disabilities, ensuring inclusivity and comprehensive support during crises.

Emergency preparedness has been an important part of humanitarian support, including a focus on MISP for Reproductive Health and GBV in emergencies, but efforts faced challenges in follow-up planning, including integrating initiatives into sub-national budgets and preparedness plans. Additionally, difficulties remain in translating and scaling up lessons learned to improve local governance for emergencies and accelerate emergency preparedness at community level.

Access to SRH and GBV services in emergencies by vulnerable groups

286. The UNFPA programme humanitarian interventions in relation to the COVID-19 pandemic prioritized vulnerable groups through specialized programs, using disaster risk index and COVID-19 priority areas to ensure effective resource allocation and coverage. Moreover, the programme has supported multiple other disaster affected areas in the period under review. Focus has been on women and girls and their access to RH and GBV services, information and essential items through the distribution of a variety of dignity and RH kits. Support has been informed by assessments and the use of One Indonesia Disaster Data, in order to support targeting of specifically vulnerable women and girls in each of the disaster events concerned.[296]
287. The UNFPA programme results included enhanced capacities regarding the Minimum Initial Service Package in emergencies (MISP) including preparations for RH and safe spaces for women and youth and adolescent girls addressing their reproductive health and GBV-related needs, as well as for women and girls with disabilities. Additionally, through the C-Surge programme, UNFPA directly supported the most vulnerable groups affected by COVID-19 pandemic and those in post-disaster areas of Indonesia, such as Cianjur in West Java. This support specifically targeted pregnant women,

[295] UNFPA, Partnership and Resource Mobilization Plan; Key Informant Interview.
[296] Focus Group Discussion in Sub-National Level; UNFPA SIS Annual Report 2021-2023; MOWECP Indonesia, Yayasan Kerti Praja, Yayasan Pulih, UNFPA. 2024. The Risk of Gender-Based Violence in Disasters and Mitigation Recommendations in Indonesia.

PWD, and PLHIV.[297] UNFPA support in Central Sulawesi exemplifies the use of dignity kits, which were customized to different vulnerable groups.[298]

288. Moreover, at national level the programme developed handbooks for nationwide implementation for service providers regarding vulnerable groups, addressing COVID-19, Reproductive Health (RH), Gender-Based Violence (GBVie), and social protection. These resources were made available in different versions for various targeted group such as adolescent, woman religious groups, and in Braille for persons with visual disabilities, ensuring inclusivity and accessibility.[299]
289. The application of the LNOB principle during COVID-19 response led to the development of innovative online digital apps, Cash/Voucher assistance for women and young people living with HIV and people with disabilities, targeted distribution of dignity kits, and grassroots networking to reach vulnerable groups, which interventions have been reported to have significantly supported the most vulnerable groups in accessing the SRH services in post disaster areas during COVID-19 emergency. Challenges remain in translating and scaling up lessons for use in improved local governance in emergencies and accelerated community emergency preparedness.[300] For achievements of humanitarian support through the LNOB project see Annex1.
290. Capacity building on MISP, including SRH and GBV prevention and services in emergencies, has been successfully implemented at the national level. However, there has been a lack of follow-up planning, including incorporation into sub-national preparedness planning, to ensure these efforts have sustained results at the local level.[301]
291. Reporting and documentation of GBV during humanitarian response to the earthquake / soil liquefaction in Palu, Sigi, Donggala used Kobo CollectApp, which was found to be effective as a nationwide data system for advocacy purpose and regarded as a better choice than the SIMFONI app, which was missing key components for advocacy needs, and proved not very user-friendly. UNFPA-supported data related aspects through the SDBI platform covered all geographic areas prone to disasters in which population data were disaggregated by sex, age and disability as well as IDP status for use in the need assessment to guide the provision of assistance.[302]
292. UNFPA supported BNPB in sex, age and disability disaggregated data collection during humanitarian response, which was crucial for ensuring effective targeting of support.

Emergency preparedness

293. UNFPA in collaboration with the Ministry of Health (MOH), Yayasan Kerti Praja (YKP), Indonesia Midwives Association (IBI), and DoctorSHARE (YDP), led effective policy discussions for the establishment and functioning of the National and Sub-National RH Sub-Clusters; strengthened the

[297] Key Informant Interviews; UNFPA Indonesia. 2021. UNFPA Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to the Covid-19 Pandemic 2020-2021; UNFPA Indonesia. 2021. Operational Guideline on Minimum Initial Service Package for Reproductive Health; UNFPA Asia-Pacific Regional Office. 2022. C-Surge DFAT Performance Report.

[298] Focus Group Discussion at Sub-National Level; UNFPA Indonesia. 2021. Factsheet: Ensuring 24/7 Access to Quality Reproductive Health Services; UNFPA Indonesia. 2023. Leaving No One Behind: Inspiring Stories; Appreciation, Innovation, and Transformation; UNFPA APRO. 2020. Evaluation of Regional Prepositioning Initiative; Key Informant Interviews.

[299] UNFPA Indonesia. 2022. Tips Melindungi Diri dari Kekerasan, Ruang Ramah Perempuan: Ruang Aman di Lokasi Pengungsian, Hal yang Perlu Diketahui tentang COVID-19, Bantuan Sosial untuk Penyandang Disabilitas; YKP & UNFPA Indonesia: Handbook of Adolescent Reproductive Health; Guide Book: Gender Equality in Islamic Da'wah; Health and Gender Handbook for Men's Group; Health and Gender Handbook for Women's Group; Health and Gender Handbook for Adolescent's Group

[300] C-Surge Grant report; Key informant interviews.

[301] UNFPA Indonesia. 2023. Leaving No One Behind: Inspiring Stories; Appreciation, Innovation, and Transformation; UNFPA Indonesia. 2021. UNFPA Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to the Covid-19 Pandemic 2020-2021; : MoWECP and UNFPA. 2024. 5 Years of Learning Sub-Cluster of Prevention and Handling of Gender-Based Violence, and Women's Empowerment in Disaster Management 2018 – 2023; MOWECP Indonesia, Yayasan Kerti Praja, Yayasan Pulih, UNFPA. 2024. The Risk of Gender-Based Violence in Disasters and Mitigation Recommendations in Indonesia; Multiple Key Informant Interviews.

[302] BNPB-National Agency of Disaster Management, 2023. Petunjuk Pelaksanaan Pengelolaan Data dan Informasi Pengungsi Terpilah pada Keadaan Darurat Bencana (Implementation Guideline of Managing Disaggregated Data and Information on Internally Displaced Persons During Disaster Emergency) Number 9 Year 2023, by Head of BNPB.

programme managers and health providers' capacity on sexual reproductive health, and supported the prevention and management of gender-based violence (GBV) in humanitarian settings. The RH sub-cluster decree has been incorporated into the health cluster decree in DIY, NTT provinces; Pasaman, Pasaman Barat and Lumajang Districts. Nine GBV sub-clusters led by the MOWECP (1 at the National level and 8 at the sub-national level) have been established to strengthen inter-sectoral coordination among agencies involved in GBV response. However, there is a lack of follow-up planning, including incorporation into sub-national preparedness planning, to ensure these efforts have a sustained result at the local level. Challenges remain in translating and scaling up lessons for use in improved local governance and accelerated community preparedness for emergencies. UNFPA has worked on the inclusion of climate induced emergency preparedness and response, with in 2023 a discussion conducted in cooperation with UN Women, KPPPA, Saraswati and DFAT.[303]

4.11. Answer to evaluation question 11

EQ 11: Connectedness: To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme, including developing capacities of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to enhance their preparation for, response to and recovery from humanitarian crises?

294. **Findings: UNFPA's humanitarian response supported linkages with longer-term development goals by enhancing national and local capacities through Reproductive Health and GBV Sub-Clusters, integrating humanitarian initiatives into regular programs, and laying a foundation for sustained community preparedness and post-disaster development. During the COVID pandemic, it ensured the continuation of development related initiatives.**

UNFPA's humanitarian response has highlighted the interconnectedness of issues by developing the nationally integrated SDBI platform for disaster-related data, which supports both national and sub-national disaster risk assessments

The Minimum Initial Service Package (MISP) for reproductive health has been integrated into government policies and national health programs, supported by specific Ministry of Health regulations, special fund allocations, and contingency plans for district-level disaster preparedness, strengthening both disaster response and reproductive health systems

Despite significant progress, challenges such as bureaucratic delays, partner limitations, and resource constraints have affected the efficiency of the response. Additionally, maintaining the responsiveness and replication of Sub-Clusters in other regions remains a key challenge, requiring continued focus and resources

Linkages to longer term development goals

295. UNFPA's humanitarian response aligned with long-term development goals by enhancing national and local capacities through the Sub-Clusters of Reproductive Health and GBV, which supported both immediate needs and longer-term resilience. For instance, the Regional Prepositioning Initiative which focused on supplies, not only reduced response times and costs but also enhanced the overall quality of the response. This initiative was designed to complement the country office's regular programs, such as women-friendly spaces and adolescent sexual and reproductive health services, ensuring that humanitarian efforts were integrated with ongoing development activities. The C-Surge initiative, which had a regional approach, including support to Indonesia, reinforced

[303] UNFPA Asia-Pacific Regional Office. 2022. C-Surge DFAT Performance Report; UNFPA Indonesia Annual SIS Report 2021-2023: Key Informant Interview; Focus Group Discussion on Sub-National Level.

on-going development interventions during the COVID-19 pandemic, with support for ARH education, strengthening of EmONC health facilities and MPDSR related skills of health workers.[304]

296. The Minimum Initial Service Package (MISP) for reproductive health has been effectively integrated into the government's program and is supported by key Ministry of Health regulations (No. 75/2019, No. 4/2019, and No. 6/2024). As part of the national health cluster coordination mechanism, the Reproductive Health Sub-cluster plays a crucial role, with MISP for reproductive health also incorporated into the National and Provincial Minimum Service Standards.[305]
297. Notable successes were achieved in Youth friendly spaces, during crises with youth safe space set up and transferred into regular programming by the Central Sulawesi Government in response to the earthquake. The 'Keren' youth forum (Keren = vulnerable group) in Central Sulawesi has been a trigger for participatory mechanisms for youth with disability in development planning (Musrenbang Inklusif).[306] Moreover, the role of women led CSOs was important at grassroots level addressing evolving needs over time such as the establishment of comprehensive GBV/SRH services, community GBV education, outreach and training of volunteers and the establishment of a UPTD/PPA structure.[307]
298. There are challenges such as bureaucratic delays and limitations within partner organizations, particularly related to the movement and procurement of supplies, which sometimes hindered the efficiency of the response. Despite these obstacles, the programme's focus on capacity development has helped create a more resilient and prepared network of local actors, contributing to longer-term development objectives while addressing immediate humanitarian needs.[308]

Interconnectedness of issues in national and sub-national contexts

299. UNFPA's humanitarian support has strengthened national and sub-national capacities through the implementation of Sub-Clusters for Reproductive Health and GBV, addressing immediate needs and fostering long-term resilience. These sub-clusters have been enhanced through improved coordination mechanisms for emergency preparedness, response, and recovery, including regular capacity-building activities and coordination efforts. While national-level preparedness has advanced, and sub-national clusters for RH and GBV have been established and endorsed through a regional decree, challenges remain at the sub-national level. Limited awareness and resources continue to hinder preparedness. [309]

300. As a nationally integrated disaster-related database in the country, SDBI-Indonesian One Disaster Data platform has been developed by compiling its own disaster related data, together with population and address data from all District Offices for Population and Civil Registration (Disdukcapil) under the coordination of Director General for Population and Civil Registration, Ministry of Home Affairs. At the district level, such a database can be used as a basis for the assessment of disaster risk vulnerability – or the so-called *Kerentanan Risiko Bencana* (KRB), by which this database is utilized by inter-governmental agencies, such as BNPB, Ministry of Health and other relevant institutions and NGOs. KRB covers information on disaster risk, level of vulnerability of population and capacities of local government and population. KRB by villages and sub-districts includes five types of disasters: floods, landslides, volcanic disasters, tsunami and COVID-19; but this village-level KRB has not yet been legalized.[310]

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[304] Source: UNFPA APRO. 2020. Evaluation of Regional Prepositioning Initiative; C-Surge Report; Key Informant Interviews.
[305] Multiple Key Informant Interviews; UNFPA Annual SIS Report 2021-2023; MoH. 2024. DAK allocation for RH and GBVie.
[306] Focus Group Discussion in Sub-National Level; Pallu City Government. 2024. Wawali Harap Musrenbang Inklusif Akomodir Masukkan Para Kelompok Rentan
[307] Andajani, S., & Crosita, Y. (2022). Leaving No One Behind: Everyone Counts in and Inclusive COVID-19 Response. UNFPA Indonesia; FGDs with Provincial, District Government, Women-led CSOs, PKBI Central Sulawesi.
[308] Source: UNFPA APRO. 2020. Evaluation of Regional Prepositioning Initiative; Key Informant Interviews; UNFPA Asia-Pacific Regional Office. 2022. C-Surge DFAT Performance Report.
[309] Multiple Key informant interviews at National and Sub-National; UNFPA Asia-Pacific Regional Office. 2022. C-Surge DFAT Performance Report; UNFPA Annual SIS Report 2021-2023.
[310] Key informant interviews with BNPB and BPBD Garut, Palu, Sigi and Donggala.

5. Lessons learned / Good practices

Centers of Excellence to enhance midwifery education

301. The UNFPA programme has supported the development of CoEs as a way of improving midwifery education with existing institutes applying for such support in a competitive process. The setup of the CoEs included a focus on a specific SRH related topic in relation the context in which the institute concerned was working in addition to generic aspects of midwifery education supported across all CoEs. Programme support has resulted so far in ten CoEs which on the one hand all support quality midwifery education while on the other hand each of the centers has specialized in specific SRH related topics which can be of use in relevant settings throughout the country.

UNFPA Indonesia's niche regarding HIV prevention and support

302. UNFPA has occupied a niche in terms of HIV prevention and support with a focus on female sex workers and partner notification, with in addition to a focus on HIV aspects, addressing their needs for SRH information and services. This as part of a coherent approach amongst UN agencies within the UNAIDS programme. The UNFPA programme has been working with several civil society organizations that are well aware of the specific needs of this key population group based on the combination of their vulnerabilities.

Leaving no one behind in response to the COVID-19 pandemic in the country

303. In response to the COVID pandemic, the UNFPA programme engaged in a project to ensure support for those groups that are usually left behind in a more generic pandemic response approach. The UNFPA programme response exemplified its commitment to operationalizing the LNOB principle. In collaboration with 15 government bodies and CSOs across 76 districts in 22 provinces, the UNFPA programme ensured continuation of SRH information and services for left behind groups, including pregnant women, poor women and girls in remote regions, people with disabilities, older persons, and people living with HIV. Beneficiaries and partners alike reported transformative results for the targeted groups.

Online platforms for Adolescents and Youth Reproductive Health education

304. Adolescents and youth can be effectively engaged through the use of online platforms for information sharing and the development of Communities of practice around SRH&RR related issues, in this way complementing efforts at reproductive health education for in-school adolescent and youth while at the same time addressing both the needs of out-of-school youth. Leveraging existing digital ARH networks has helped to expand reach and fostered collaboration across various stakeholders. In addition to learning, the platforms have facilitated the use of information to develop policy related positions from an adolescent and youth perspective and informed policy level engagement with a youth-centered approach to SRH issues, with the potential for actionable results. Leveraging of digital platforms and collaborative networks through the Communities of Practice has engaged 70 organizations and reached about 900,000 individuals through digital channels. This highlights the opportunities in terms of reach of inclusive digital engagement for SRH information sharing and policy-level engagement. The initiative in Indonesia was the first of its kind in the UNFPA Asia-Pacific region and informed replication through the Asia-Pacific regional hub for Digital Sexuality Education.

One Disaster Data to inform humanitarian action

305. Since 2018, UNFPA has supported BNPB in development of the SDBI-Indonesia One Disaster Data, which uses a holistic approach to managing disaster-related data. Its primary objective is to guarantee the precision, promptness, integration, responsibility, and accessibility of such data, enabling efficient utilization and distribution of relevant information to inform humanitarian action.

Ensuring the reliability and accessibility of collected and maintained data has informed disaster related decision-making. As a centralized knowledge management system, Indonesia's SDBI disaster data platform has enabled regional teams to access critical resources, templates, and data, with tools in place for the conduct of needs assessment of the affected population, thereby strengthening local governments' capacity for effective emergency response.

Use of National Transfer Accounts to inform development planning and budgeting

306. UNFPA Indonesia in CP10 supported the development of National Transfer Accounts (NTA), a tool that analyzes the relationship between population dynamics and economic activity by calculating income and expenditure across different age groups. As such, NTA was used in monitoring the potential economic impacts of selected population aspects. Through the use of NTA, GOI could not only closely examine strategies to maximize the first DD and identify measures to achieve the second DD, but this approach also helped in achieving other development targets. With the emphasis of the NTA on overall population productivity, use of NTA supported women's rights, as the alternative would be to focus on maintaining a productive age structure, which is usually accomplished through policies that infringe on women's rights, such as those aimed at increasing fertility rates. The use of NTA has enhanced awareness and capacities on the complex interrelationships between demographic change and economic growth opportunities and ways in which their understanding can inform national development planning and budgeting. While the analysis so far has not been wide-ranging, it has shown the opportunities concerned.

Use of an intersectionality approach to address multiple aspects of vulnerability

307. As part of the UNFPA programme, NCVAW has been making use of intersectionality to reach specific vulnerable groups. They made use of a human rights, gender equality and social inclusion-based approach, in line with the principle of LNOB. In this way, the programme has been able to pro-actively reached vulnerable groups at risk of GBV and discrimination, and has been developing capacities at local levels of traditional leaders and communities in remote and resource-limited areas. The targeted communities have included customary communities in Central Borneo, Bali and Aceh and women with disabilities and older women in Jember, Yogyakarta, Palu and East Lombok.[311]

Engagement with private sector stakeholders in programmatic initiatives

308. UNFPA has successfully engaged with several private sector stakeholders developing and implementing programmatic initiatives. This has included partnerships with GRAB on GBV prevention and response, training over 500 GRAB drivers in five major cities (Jakarta, Bandung, Surabaya, Medan, Denpasar) on GBV issues, reporting mechanism, safe driving practices and service excellence and piloting GBV survivor transportation, with KlikDokter to develop a chatbot for sexual and reproductive health and rights awareness and with the KhouwKalbe Foundation, empowering young women and girls at risk of GBV and child marriage. Though the partnerships do involve co-sharing of resource requirements, they clearly have gone beyond financial support, to include programmatic aspects, enhancing the opportunities for reaching of results.

[311] NCVAW WPR 2023; https://datacloud.komnasperempuan.go.id/s/oimG4HTAgyG5mNR#pdfviewer; FGDs and interviews with multiple stakeholders at national and subnational levels.

6. Evaluation conclusions

Conclusion 1: *The strategic relevance of the programme has been high, aligned with Government, UNFPA and international development agenda's and informed by analyses to enhance the equity focus of the programme, which could be further enhanced through the use of an intersectionality approach. While the programme focus at national level policy and planning was informed by knowledge development, this has lacked so far, a clear knowledge management strategy. The programme has contributed to the UNSDCF and UNFPA has played an important role co-leading UNCT thematic working groups.*

Origin: *EQ 1, 2, 3, 4,5 | Associated Recommendations: 1, 3, 6*

1. The programme has a strong strategic relevance, both from the perspective of the Government and UNFPA, aligning with the National Medium Term Development plan as well as sectoral plans and with the UNFPA Strategies. The programme, moreover, aimed to contribute to SDG achievements of Indonesia within the mandate area of UNFPA and has been informed by several analyses, to enable alignment with the needs of in particular vulnerable groups, including people with disabilities and those living with HIV and AIDS. The programme has been able to adapt interventions to changing contexts, in particular the global COVID-19 pandemic.
2. UNFPA approach in the 10th country programme has made a relevant shift from much of its support focused at the sub-national level in the previous programme cycle, towards a focus at the national level, with national level legal changes and development policies to be implemented at the sub-national level by provincial, district and local level government agencies. This has included enhanced support to knowledge development in terms of the mandate areas of the organization to inform policy making and planning of Government and other stakeholders, however, without so far, the development of a knowledge management strategy to provide a clear direction to this part of the programme.
3. The country programme has been aligned with the UNSDCF, and the country office has played an important role within the UN country team, including through its co-chairing of the Data, Monitoring, Evaluation and Learning group (a merger of the former data and M&E working groups), the Gender Thematic Group, the Inter-agency network on Youth Development group, and Information Management Working Group on humanitarian response as well as guiding and supporting the establishment of sub-clusters on SRH&RR and GBV in the health and protection clusters respectively in the national disaster management cluster mechanism.

Conclusion 2: *The programme has used a rights-based approach, including the Agenda 2030 principle of 'leaving no one behind'. Targeting of vulnerable groups could benefit from the use of an intersectionality approach while the programme's gender transformative approach could move beyond health technical aspects, to include socio-cultural aspects of RH seeking behavior of vulnerable groups.*

Origin: *EQ 1, 2, 6 | Associated Recommendations: 1, 3*

1. The programme has made use of a rights-based approach with a focus on the normative aspects of SRH&RR, ARH education, GBV and harmful practices. UNFPA has played an important role in terms of advocating for the normative aspects of its mandate area, adapted to the context in Indonesia. UNFPA has supported the Agenda 2030 principle of LNOB, both in terms of development and humanitarian programming, informed by the use of a rights-based approach, which concern critical frameworks for programming. Nevertheless, the attention to the principle of LNOB has not been guided by a clear targeting strategy across all of the outcome areas and has not sufficiently applied an intersectionality approach, integrating combined aspects of vulnerabilities. UNFPA has underwritten the UNCT focus on disabled people as one of the vulnerable groups to include in its

programmatic approach. While gender equality has been an important aspects of the programme, the focus on enhancing the quality of RH services, including education of midwives, has been largely focused on reproductive health related technical issues, with opportunities to include ways to empower midwives, enhancing their position in Indonesian society and a focus on socio-cultural aspects of pregnancy, motherhood and safe delivery, which affect reproductive health seeking behaviors of in particular diverse vulnerable groups of women and girls.

Conclusion 3: *Achievement of results has varied across the outcome areas. Many of the output level indicators were reached, which contributed to intermediate level change. However, outcome level indicators have not always been achieved, with several of these high-level national indicators, while pilot interventions have not yet been upscaled to warrant national level results.*

Origin: *EQ 5,6,7 | Associated Recommendations: 1, 4, 5,*

1. The UNFPA programme has focused on four outcome areas that included five output level results. The programme has achieved substantial output level results in each of the outcomes covered by the programme. Outputs have contributed to intermediate level changes. Contribution to results at the outcome level areas of the programme have been constrained by high-level indicators at national level (like MMR, unmet need for FP and ASFR in SRH&RR and AY respectively, for which data are only available intermittently) while most pilot interventions have not yet been scaled up with the use of funding from GOI or other development partners, limiting reach of results.
2. UNFPA and partners have shown strong commitment for and provided technical support to enhancing capacities of midwives through leadership and governance support, improvement of pre- and in- service training capacities, revision of the midwifery curriculum and the establishment of five additional Centers of Excellence. The approach to COEs and ways of their replication is yet to be evaluated.
3. Programme support to ARH education has reached the stage of capacity development of teachers, though the success of the TOT approach used in terms of expansion of the initiative remains to be confirmed. The support to online platforms that publish SRH information, which targets both in-school and out-of-school youth, is an important way to reach adolescents and youth, adapted to the way in which they obtain information. The support provided to opportunities for the reaping of the demographic dividend has added economic justification to support adolescents and youth.
4. The UNFPA programme has contributed to drafting of various GBV and FGM/C related implementation regulations that are expected to be approved shortly. However, challenges remain with synchronization of national and sub-national GBV reporting platforms in providing disaggregated data to inform programming and policy advocacy. The programme has successfully expanded partnerships with selected private sector stakeholders in terms of GBV prevention and empowering young women and girls at risk of GBV, which has contributed to the development of its partnership approach.
5. UNFPA is generally upheld for its technical expertise in the use of population data analysis to inform development programming. However, support to SDG data gathering has so far resulted in a full data set available for only four out of twenty UNFPA prioritized indicators. Focus at the national level has left a capacity gap in terms of population data analysis and use among relevant provincial and district government stakeholders to inform sub-national planning. This is in particular relevant for those districts where the programme has been conducting pilot interventions.

Conclusion 4: *With the shift of the programme towards a focus at national level, coordination between national and sub-national level change has been insufficient. This goes both for the monitoring of results at the sub-national level of national level policies and*

plans as well as for the use of the learnings from sub-national level pilots to inform national level planning and upscaling of results.

Origin: *EQ 5,6,7 | Associated Recommendations: 4, 5, 6, 7, 8*

1. While the programme has shifted its approach primarily to the national level, results for women and girls and men and boys remain to be realized at the sub-national and local levels. However, linkages between national level policy engagement and sub-national level changes in the mandate areas of the organization have been weak. This has included limitations in terms of monitoring of results of national level policy changes and of programmatic initiatives at sub-national and local levels and limited evaluation of sub-national results over time, constraining opportunities to inform national level policy making and planning through monitoring and evaluation results.
2. At national level, the programme, along with other national level technical partners and in line with GOI priorities, has made a significant contribution to development of learning materials, assessment instruments, guidelines and modules. However, so far it is unclear to what extent such materials have been used to inform planning and interventions at the sub-national level.
3. At sub-national level, the programme has focused support on several pilot-based interventions with the aim to inform national and local development processes and replication of such interventions at a larger scale. This has been rightfully perceived as a way to enhance the effects of the programme, taking into consideration its relatively limited resources. However, the design of the pilots has usually lacked an explicit methodology, including aspects of representation, and a documented approach to replication or scaling up of results.

Conclusion 5: *While the governance setup of the programme has provided a high level of ownership, its three-tiered approach has resulted in relatively high transaction costs. The overall programme approach has been efficient in providing technical support to on-going government initiatives. Human resources have been of high quality and earlier expansion of posts has the ability to enable the organizational shift from supporting funding towards financing of development.*

Origin: *EQ 8| Associated Recommendations: 1, 2*

1. The governance setup of the programme, with three-tiered executive and technical layers, has been offering a clear joint structure to the programme and enhancing coordination. However, overlaps of the three layers within the governance setup has resulted in a relatively high level of transaction costs.
2. UNFPA has applied an efficient approach by focusing on strategic interventions in each of the outcome areas and by providing technical support to on-going government initiatives in relation to the mandate areas of the organization. Nevertheless, the number of initiatives has been relatively high for the size of the organization.
3. Human resources have been well organized and of high quality, with UNFPA support much valued across the board for its technical expertise. With AY issues strongly related to SRH&RR and PD outcome areas, this aspect might be better mainstreamed in the programme. The reinforcement of the communications team and creation of the position of the strategic partnership and resource mobilization post have enhanced the capacities of the UNFPA team in line with the development of the programme. APRO technical support has been provided in a timely and targeted way to the programme, while the Indonesia programme in turn has provided useful inputs in several APRO-led regional level initiatives.

Conclusion 6: *Resource mobilization has been successful and as UNFPA aims to move from development funding to development financing, it will need to partner with those*

organizations that can support bringing pilot interventions to scale, informed by a proof of concept.

***Origin**: EQ 7, 8 | Associated Recommendations: 5, 6, 7*

1. UNFPA has been successful in terms of resource mobilization, both in terms of regular and other resources. The resource mobilization and partnership plan has been updated and the country office is aiming to move into the direction of development financing rather continued development funding, aiming to develop pilots and other seed initiatives to leverage funding resources from government, private sector, IFI and other stakeholders. For this to materialize, the programme needs to develop partnerships with those organizations that could take selected pilot interventions to scale. This makes a sound methodology, monitoring and rigorous evaluation of pilots essential in order to provide a 'proof of concept' based on evidence to be used in advocacy.
2. Expansion of the results of the programme needs to be informed by a rights-based approach and include the aim of reaching the most left behind groups, which will require the adaptation of interventions to the specific combined vulnerabilities of such groups and partnering with civil society organizations and grassroots networks with proven track records in reaching the furthest behind women and girls.

Conclusion 7: *While the programme has used a robust results framework for monitoring, partner reporting has focused primarily on activities. Together with the lack of a clear evaluation plan for pilot and other project interventions, this has limited the use of results-based management.*

***Origin:** EQ 5,8 | Associated Recommendations: 4, 5, 6*

1. While the country programme has made use of a robust CPAP results framework for programme monitoring, partner reporting has been mostly oriented towards activities and intermediate level results and less on steps required to reach outcome level changes. This has limited the level of results-based management applied in the programme. There has been no comprehensive evaluation strategy and plan put into place for pilot-based and other project interventions, which has limited the opportunities for the use of adaptive management to guide the programme. Nevertheless, various partners of the programme proved very interested in enhancing RBM capacities to inform the programme and enhance results. This will need to be informed by Theories of Change that identify how each of the outputs of the programme contribute to each of the outcome level transformative results as identified in the UNFPA strategic plan 2022-2025.

Conclusion 8: *While ownership of results has been high, enhancing opportunities for sustainability, continued funding is not assured and there is so far no roadmap for the scaling up of pilot initiatives, limiting sustainability of results.*

***Origin:** EQ 5, 7, 9 | Associated Recommendations: 2, 5*

1. Sustainability of results achieved so far is varying with, on the one hand, strong GOI and strategic partner commitment to the initiatives implemented, while on the other hand, a reported lack of funding from GOI for the interventions concerned, as UNFPA financial resources are often considered as addressing those issues that GOI is not able to cover budget wise. This needs to be appraised within the overall limited GOI spending on health. Future sustainability has been further affected by the absence of a roadmap for scaling up of the results of the various pilot initiatives.

Conclusion 9: *Humanitarian support has focused on continuation of RH and GBV services for vulnerable women and girls and coordination of response across stakeholders, with support to One Disaster Data informing targeting. The humanitarian - development*

nexus has been applied in response and the programme focus on preparedness and risk reduction remains crucial in the Indonesian context.

***Origin:** EQ 4, 5, 10,11 | | Associated Recommendation:1*

1. The programme has aptly mainstreamed humanitarian concerns across the programme with a focus on continuation of RH and GBV services in emergency contexts, targeting in particular pregnant women, adolescent girls, women with disabilities and other vulnerable groups in the specific contexts concerned and support to coordination in RH and GBV sub-clusters to the humanitarian preparedness and response system at national and sub-national levels. Support to the development of the Indonesian One Disaster Data has enabled targeting of humanitarian support to vulnerable groups informed by population data.
2. The programme has been able to link humanitarian assistance with development initiatives, as seen in Central Sulawesi, where recovery humanitarian support in response to the 2018 earthquake was followed up with development interventions, laying the foundation for sustained community-based resilience. With strengthened GOI capacities developed over time and UN agencies usually not requested to assist in direct emergency responses, UNFPA’s focus on preparedness and risk reduction is appropriate.

7. Evaluation Recommendations

Below strategic and management recommendations are presented which have been informed by the viewpoint of respondents in interviews and focus group discussions, as well as through the inputs provided in validation meetings with ERG members, UNFPA team and partners. Moreover, a specific discussion was held with UNFPA leadership and feed-back was received from partners on draft recommendations, including CSOs working with vulnerable groups. In line with the guidance in the UNFPA Evaluation Handbook, the recommendations are key responsibility of the evaluation team while the operational implications can be further adapted by the UNFPA team together with implementing and strategic partners. Timeframes are meant to be part of the UNFPA programme management response.

Strategic Recommendations

1. **In the next country programme cycle, strengthen the strategic focus of the programme in line with UNFPA's Strategic Plan 2022-2025, including the outputs of: Policy and accountability, Quality of care and services, Gender and social norms and Population change and data, with attention to Adolescents and youth and Humanitarian support mainstreamed across these components guided by a clear Theory of Change (TOC) that identifies the contribution of each of the outputs to each of the three transformative results.**
   a. **Priority**: medium
   b. **Addressed to**: UNFPA and partners
   c. **Rationale**: with a relatively limited budget, UNFPA needs to focus its support on a limited number of components, making use of the connections across these areas, with results chains concerned identified in a programme wide Theory of Change. While the present programme was focused on four outcome areas, the next cycle needs to align with the six outputs that contribute to the UNFPA transformative results with the opportunity to mainstream AY and humanitarian issues.
   d. **Based on conclusions:** 1, 2, 3, 5, 9
   e. **Operational implications**: Inform the development of the next programme with a clear TOC in relation to achievement of the three transformative results and adapt the organizational structure of the country office accordingly, mainstreaming aspects of AY and humanitarian support across the programme.

2. **Consider adapting the three-tiered Governance mechanism of the programme, reducing the number of layers to limit duplication of effort, in order to enhance efficiency and reduce transaction costs while maintaining high levels of ownership and coordination.**

   a. **Priority**: high
   b. **Addressed to**: UNFPA, BAPPENAS and partners
   c. **Rationale**: While the governance mechanism of the programme has been valued for its guidance and coordination of the programme, it has been reported as requiring a high level of transaction costs with duplication of discussion and inputs across the three tiers of the system.
   d. **Based on conclusions**: 5, 8
   e. **Operational implications:** Review the current three tier system and consider moving towards a two-tier system, including a technical level reporting to and providing advice to the Steering committee which operates at the programme and strategic level, informed by adapted TORs and operational procedures.

3. **Apply an inter-sectionality approach for the identification and targeting of left behind and underserved groups and individuals in the various parts of the programme, in this way reinforcing addressing of inequalities, informed by a robust analysis of the interconnectedness of social categories of vulnerable groups in the various parts of Indonesia, both in development and humanitarian contexts.**

a. **Priority**: high
b. **Addressed to**: UNFPA, implementing and strategic partners
c. **Rationale**: Vulnerability has usually been identified using single criteria in the programme, while the most left behind groups are vulnerable in a variety of ways, which combination of social characteristics needs to be taken into account in terms of programmatic approaches targeting left behind groups. An intersectionality approach will enable a targeted approach to specified vulnerable groups rather than assuming that one approach fits all.
d. **Based on conclusions:** 1, 2
e. **Operational implications:** Include the intersectionality approach explicitly in the CPD and CPAP framework, including the analysis of the interconnected social categories of prioritized vulnerable groups and those left behind and include sufficient budget to enable participation of particularly vulnerable groups, including persons with disabilities, in programme design and implementation.

Management Recommendations

4. Enhance the linkages between policy engagement-oriented interventions at national level and monitoring of results at the sub-national level in order to reinforce the use of feedback loops and support linkages between policy level engagement and accountability for results, making use of such feedback to adapt and modify national level interventions to enhance results of national level policy engagement.

a. **Priority** high
b. **Addressed to**: UNFPA and partners at national and stakeholders at sub-national level
c. **Rationale**: National level interventions are meant to result in changes at the sub-national level and in the end to result in improvements in the lives of women and girls, men and boys and these national level initiatives need to be informed by results at the sub-national and local level through a targeted feedback system.
d. **Based on conclusions**: 3, 4, 7
e. **Operational implications:** Support the development of a monitoring system at sub-national level in selected areas to provide feedback to the national level on specified programme outcome and intermediate level result indicators regarding the actual achievements of policy level changes, ensuring sufficient representation of sub-national level contexts in terms of vulnerability, including geographical, socio-economic, cultural and disability related aspects, with a reach beyond areas selected for piloting of parts of the programme

5. Strengthen the approach to piloting, including the design, monitoring and evaluation of pilots, their methodology and the ways in which results can be scaled up through the use of GOI resources or with support from other development partners in order to progress towards targets on indicators related to the three transformative results at national and sub-national levels.

a. **Priority** high
b. **Addressed to**: UNFPA, implementing and strategic partners and other development partners
c. **Rationale**: The country office has been making use of a piloting approach though there is yet no clear methodological underpinning to the setup of a pilot, the selection of the areas concerned in relation to the opportunities for replication and scaling up of results. The development of such an approach could enhance the monitoring and evaluation required to develop evidence for proof of concept and lessons learned to inform advocacy towards government, IFIs, private sector and other relevant stakeholders and development partners to take up successful approaches piloted.
d. **Based on conclusions**: 3, 4, 6, 7, 8
e. **Operational implications**: For UNFPA and Government- and strategic partners to review the approach to piloting used so far in the various parts of the programme, including the ways in which the initiatives are meant to be scaled up to enhance results through GOI, strategic and other development partners investments. Work with existing partners in terms of expansion of pilot initiatives and develop new partnerships with IFI, private sector and other relevant partners. Develop an explicit methodology for

future piloting of interventions, including the approach to sampling of pilot areas and target groups, taking into account opportunities for scaling up, use of qualitative and quantitative methods for assessment of performance, regular monitoring of results, intermittent evaluation of progress achieved as part of the design of the interventions. Include pilots aimed at reaching prioritized left behind groups which are considered furthest behind in the development process. Involve the M&E team in the development and implementation of the methodological aspects of design, monitoring and evaluation of pilot initiatives, in addition to staff of programme components.

6. **Reinforce the use of results-based management in all phases of the programme cycle to inform management of the individual components of the programme as well as the programme as a whole, based on the evidence gathered and, in this way, enhancing results for each of the programme components and of the programme as a whole.**

   a. **Priority**: medium
   b. **Addressed to**: UNFPA and partners
   c. **Rationale**: So far monitoring by partners has been very much focused on activities. Though activity monitoring as such is useful, it needs to be combined with the assessment of the immediate and intermediate results that relate to these activities for the application of results-based management and inform adaptive programme management in each of the outcome areas of the programme. Results based monitoring needs to be complemented with results-based evaluation, intermittently evaluating results achieved and identifying learning that can be used to enhance reaching of results. With knowledge development, to inform policy making and planning, an increasingly important way of working in the present cycle, this part of the programme could benefit from the development of a knowledge management (KM) strategy.
   d. **Based on conclusions:** 1, 4, 6, 7
   e. **Operational implications:** Results based management (RBM) needs to be grounded in the CPD Results Framework and the more detailed TOC to be developed for the next country programme cycle. For UNFPA and partners to develop a capacity development programme to enhance the use of RBM throughout the programme and to develop a clear evaluation plan, including evaluation of prioritized project level interventions and thematic areas, which can feed into CP review and evaluation. Inform the knowledge development aspects of the programme with a KM strategy, identifying those aspects of the TOC that will need to be prioritized in terms of assessment of the workings of specific results chains, critical for reaching each of the transformative results.

7. **Review the partnership approach of the programme, in order to enable the inclusion of those partners that can be expected to support replication and bringing to scale the results obtained in pilot interventions, including IFIs and private sector stakeholders in addition to government agencies and strategic partners as well as civil society and faith based organizations and local level grass roots organizations with a particular focus on reaching those left behind, including the furthest left behind.**
   a. **Priority**: High
   b. **Addressed to**: UNFPA, implementing and strategic partners and other development partners
   c. **Rationale**: So far scaling up has been dependent primarily on those government and strategic partners that the programme has been working with. However, enhancement of the scale of interventions and expansion of results will require partnership with additional agencies, including IFIs and private sector stakeholders that can invest in the opportunities concerned, informed by proof of concepts developed as part of the programme. In terms of programme interventions for reaching those left farthest behind, partnerships will need to include civil society, faith based, youth led and grass roots organizations.
   d. **Based on conclusions:** 4, 6, 7
   e. **Operational implications**: For UNFPA and Government partners to identify which IFIs, private sector and other relevant development partners and stakeholders as well as civil society and local organization to engage with in terms of scaling up of results of successful pilot initiatives of the programme and develop a plan of action, informed by evidence of the monitoring and evaluation of

pilot interventions. Moreover, to plan for the development of partnerships, in particular focused on reaching those groups and people furthest left behind in the development process

i. In terms of scaling up of SRH district level investments, the programme could enhance partnerships with other parties who focus on technical assistance such as USAID. Moreover, partnerships can be built with women and faith-based organizations which are not only strong at grass-root level and advocacy but also manage health facilities such as; Aisyiah and Fatayat-NU, Muslimat NU.

ii. In terms of scaling up of RH education, the programme could scope partnerships with MoYS and BKKBN aligning the ARH education for out-of-school youth and the peer-led RH education with existing BKKBN programmes that have proven notably reaching adolescents and youth across Indonesia, such as GENRE (GENerasi beREncana - Youth Forum), Child Forum, and the Youth Counseling Information Center (PIK-R).

iii. In terms of scaling up of districts with GBV regulations and multi-sectoral GBV response services, the programme could scope partnerships with regional NGOs, such as those based in Eastern Indonesia Provinces, for example BaKTI foundation, Rumah Generasi, and local youth-led NGOs.

iv. In terms of scaling up of districts that adopt gender transformative community mobilization to address harmful masculinity and promote positive gender norms, the programme could scope partnerships with local NGOs and faith-based organizations with many of the latter having established health clinics, provide support for people with disabilities, run schools for children with special needs, or safe homes for their communities

8. Strengthen coordination between national and sub-national government IPs and stakeholders on population data analysis in order to optimize the use of population data to inform planning and implementation of development programmes at national and sub-national levels.

d. **Priority**: High
e. **Addressed to**: UNFPA and government IPs at national and sub-national levels
f. **Rationale**: Relevant provincial and district government stakeholders are often unaware about the interventions of the population dynamics outcome area of the programme, including those districts included in pilots as part of the programme, which has limited their opportunities to build relevant capacities on the gathering and use of population data to inform sub-national level development planning and programmes and engage in knowledge transfer and lesson learning from UNFPA PD programme interventions.
g. **Based on conclusions:** 3, 4
h. **Operational implications:** Bappenas as the UNFPA national programme coordinator, in consultation with other relevant national government sectoral IPs, and their counterparts at sub-national levels, putting in place the means to coordinate with sub-national level BAPPEDAS and other relevant sub-national agencies, detailing the contents of the overall programme, implementation, monitoring and reporting of UNFPA-supported programmes on population data analysis and use and the opportunities for use of population data to inform policy making and planning at sub-national level.

ANNEX 1: Evaluation Matrix

<table>
<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th>Substantiating Evidence</th></tr>
<tr><td colspan="2">RELEVANCE:</td></tr>
<tr><td colspan="2">EQ 1: To what extent has the country programme addressed: (i) the needs of diverse populations, including the needs of vulnerable groups (e.g. young people, women and girls with disabilities, elderly, people living with HIV/AIDS, customary communities) as per UNFPA's Strategic Plans; (ii) national and regional development strategies and policies in SRH & RR, GEWE and population data?</td></tr>
<tr><td>1. UNFPA support has been adapted to the needs of the population with emphasis on the most vulnerable population groups, including young people, women and girls with disabilities, elderly, people living with HIV/AIDS, customary communities, in development and humanitarian contexts

Methods for data collection and Sources of information

Desk Review
- CPD
- Project Documents
- Annual Work Plans (AWP)
- CCA
- Needs assessment report
Semi-structured key informant interviews
- UN RC
- RCO office staff
- APRO staff providing support to each of the outcome areas
- Government partners in each of the outcome areas
- CSO partners in each of the outcome</td><td>- In SRHRR outcome area use of the performance assessment tool for Basic Emergency Obstetric and Newborn Care (BEmONC) which was piloted in several districts and covered a total of 2,134 BEmONC Puskesmas. The assessments were valuable in identifying the weaknesses of health facilities in delivering emergency maternal obstetric and neonatal care. These tools specifically focused on the seven signal functions of emergency obstetric care. In districts with a high MMR, it was observed that there proved to be sufficient accessibility to SRH services, but that these were of inadequate quality. As such, it was found that there is a need to strengthen the BEmONC facility of Puskesmas in providing quality basic emergency maternal obstetric and neonatal care.

- In GEWE programming this is evidenced by:

o Strategic partnership with a philanthropic organisation, the Khouw Kalbe Foundation (Yayasan Khouw Kalbe -YKK) to empower young women and girls at risk of GBV and child marriage, through BESTARI university scholarships offered across Indonesia's 38 provinces.
o PKBI Jakarta coordinated 16 organizations across 26 districts to support female sex workers and those with disabilities and HIV. Their work in preventing HIV and GBV among female sex workers reflects a strong commitment to vulnerable groups and intersectionality approaches.
o As part of the 2025 16-Days Campaign against VAW, UNFPA and NCVAW held advocacy dialogues with customary communities in Aceh and Central Borneo, resulting in draft policy recommendations for the Customary Law as a Living Law and monitoring instrument for handling sexual violence under Traditional and Court Law.
o Enhanced capacities of subnational governance on Responsive Village Budgeting for Women with Disabilities and Older Persons, in Jember, Lombok Timur, and Palu, involving multi-stakeholders, government, CSOs working with people with disabilities and older persons.

- In PD outcome area</td></tr>
</table>

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
areas - UNFPA SMT - UNFPA programmatic staff in each of the outcome areas **Focus group discussion** - With peer CSO agencies - With UN agencies staff With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme	- The first evidence in this context was demonstrated by the use of the elderly wellbeing indicator data collected from BKKBN's Golantang application in the implementation of Stranas Kelanjutusiaan - National Strategy of Older Persons. The second evidence is related to BPS-Statistics Indonesia's various statistical activities in population data provisions and analysis, such as youth ASFR 10-14 years, disaggregated data of the 2020 Population Census Long Form and the 2020-2050 Population Projection, as well as thematic studies on mortality, fertility analysis for selected SDG indicators, and comprehensive documentation of the 2020 Population Census, including the geo-spatial aspect. - Likewise, vulnerability issues in humanitarian context were also informed in the UNFPA-supported programme design in the development and implementation of SDBI- Indonesian One Disaster Data by BNPB- National Disaster Management Authority. SDBI addresses the needs of such diverse groups of disaster victims as SDBI incorporating sex, age and disability disaggregated data (SADDD), and village-level population data in the affected locations from DUKCAPIL (District Office for Population and Civil Administration) in the case of District of Garut BPBD's efforts for data gathering as a basis of need assessment for disaster impacted population. - UNFPA's 10th CP has managed to adapt to the needs of the target population during humanitarian crises such as thru the functioning SDBI web-portal integrating SADDD at national level under BNPB – working together with BPS, and currently piloting SDBI Forums activities in the provinces of West Nusa Tenggara, West Sumatera, and Yogyakarta, as well as piloting SDBI dashboard platform on humanitarian data with sex and age disaggregated levels in District of Cianjur, West Java. BNPB adapts the changing needs of the affected disaster victims by notifying the regularly updated SADDD of disaster victims/survivors in public screen in the POSKO-Command Post of large-scale disasters. This POSKO coordinated aids using SADDD (i.e. number of victims by sex, age and disability), disseminating this information regularly at cluster meetings (mostly health cluster - including RH Sub cluster and displacement and protection cluster - including GBV Sub Cluster) to facilitate targeted interventions. A key weakness in this process was the absence of a documented process, hindering the ability to verify these actions, no formal record of these activities was maintained during humanitarian response.
2. UNFPA support has been in line with the national priorities as included in national policy frameworks related to UNFPA mandate areas **Methods for data collection and Sources of information** **Desk Review / Document Analysis** - National development policy and	- The 10th CP (2021-2025) is in accordance with the United Nations Sustainable Development Cooperation Framework (UNSDCF) planning process and adheres to the UNFPA's Strategic Plan (2018-2021). In 2022, the UNFPA Indonesia Country Office initiated the task of harmonizing the 10th Country Programme aligned with the UNFPA strategic plan for the period 2022-2025. This included the alignment with the three transformative results of the organization. It can be observed that the UNFPA Indonesia outcome areas were aligned with these results through adaptations in the CPAP results framework. The UNFPA strategic plan (2022 – 2025) outlines that its objectives are in line with the International Conference on Population and Development Programme of Action (ICPD PoA) and the Sustainable Development Goals (SDGs). Specifically, the plan focuses on SDGs 3, 5, 10, 13, 16, and 17, while also adhering to the principles of human rights, universality, and "leaving no one behind" as set forth in the 2030 Agenda. - The AY programme has included a focus on adolescents and youth as a vulnerable group. The program has in this respect supported

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
strategy documents - National development plans/ RPJMN 2020-2024 & Final Draft of RPJPN 2025-2045 - SRH&RR related policies and plans - Youth development and demographic dividend related policies and plans - Population policy and other PD related policies and plans - GEWE related policies and plans - Humanitarian policies and plans - Records of consultations and other relevant meetings **Semi-structured key informant interviews** - UNFPA country office staff - Government partners' staff - Civil society partners' staff **Focus group discussion** - Organizations working in the same mandate area as UNFPA which are not an implementing partner	national policies such as Ministerial Decree No. 1/2022 on Adolescent well-being, Presidential Regulation No. 43/2022 on Youth Service Delivery, and the New Health Law on Adolescent Reproductive Health (ARH), aligning with national development goals. It also has developed ARH and GBV competencies for teachers, aligning this with the Ministerial DecreeNo. 46/2023 on sexual violence prevention in educational institutions, and supported adoption of the Youth Development Index (YDI) into policy making through Presidential Decree No. 43/2022, particularly including youth entrepreneurship data to address employment challenges for young people.
3. UNFPA support has been in line with the 2030 Agenda, international normative frameworks, UNFPA Strategic Plan 2018-2021 / 2022-2025 and the UN Partnership Framework **Methods for data collection and Sources of information** **Desk Review** - 2030 Agenda for Sustainable development and SDGs - UNFPA Strategic Plans 2018-2021 and 2022-2025 - UNFPA Business Models, annexes to Strategic Plans - UNSDCF 2020-2025	- In terms of SRH & RR, the 2020-2024 RPJMN in particular highlights Policy Directions and Strategies for Improving maternal, child, family planning (KB) and reproductive health to address access to and quality of health services towards universal health coverage. As, the maternal mortality ratio (MMR) target in 2024 is 183 per 100,000 live births, While based on the 2020 Population Census Longform, the MMR declined to 189 per 100,000 live births. Although it is still far from achieving the Sustainable Development Goals target of 70 per 100,000 live births by 2030 - The primary strategies for accelerating the reduction of maternal mortality ratio (MMR) has focused on two main pillars: improving Emergency Obstetric and Newborn Care (EmONC) and strengthening the implementation of Maternal and Perinatal Death Surveillance and Response (MPDSR) at the hospital level. These two interventions are part of the ten national priority actions to reduce MMR . These interventions - as joint efforts between Ministry of Health and UNFPA along with BPS-Statistics Indonesia (for MMR data verification), are being piloted in five selected out of 200 districts locus for MMR and IMR reduction , have sufficient accessibility to SRH services for women and girls but lack quality of the SRH services provided. The selection of districts for piloting was informed by the results of the EmONC mapping supported by UNFPA, which showed that 70 percent of the districts with a high level of MMR have relatively good access to SRH services but lack sufficient quality - UNFPA's Adolescent and Youth (AY) programming is closely aligned with the Government of Indonesia's priorities outlined in the RPJMN, particularly Target 3 of the 7 Development Agenda for 2020-2024, which focuses on improving the quality and competitiveness of human

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
Semi-structured key informant interviews - UN RC / RCO office staff - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas - CSO partners in each of the three outcome areas - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas - SMT staff of sister UN agencies **Focus group discussion** - Organizations working in the same mandate area as UNFPA which are not an implementing partner	resources. This includes efforts in population policy, strengthening population governance, enhancing the quality of life for children, women, and youth, and boosting productivity, especially in harnessing the demographic dividend. The program targets align with RPJMN goals, such as achieving a Youth Development Index (YDI) of 57.67 and reducing the Adolescent Fertility Rate (ASFR) for ages 15-19 to 18 per 1,000 women. Although progress is being made—YDI reached 53.33 in 2022 and ASFR stands at 27 per 1,000 women—there is still work to be done to meet these targets. UNFPA has contributed significantly to this alignment through its support of background studies for RPJMN and RPJPN on youth development, updating YDI methodology, RAN-PIJAR, and the National Strategy on Youth Entrepreneurship. However, despite these efforts, there remains a gap in fully aligning the national youth platform with the Government's youth engagement mechanisms. Regarding GEWE's alignment with national policies and frameworks, highlights concern: - The 2024 VAW Survey is aligned with SDG 5 on ending GBV and FGM/C - Ensuring SIMFONI SAPA -national GBV hotline is aligned with UU TPKS 12/2022 - Rapid assessment of UPTD PPA services to support RPJMN 2025-2029. - Available guidelines for GBV services for women and children with disabilities. - **UNFPA's PD outcome area, UNFPA Indonesia CP10 is aligned with the national commitments to implementation of the national targets of SDGs, through its support to BKKBN for conducting Webinars on Three Zeros and ICPD25 for the Indonesian parliament members, and its support to BPS in the first-time provision of data on ASFR 10-14 for SDGs progress monitoring in Indonesia. Discussions with resource persons from Kemenko PMK, Bappenas, BKKBN & BPS confirmed that disaggregated population data by sex, age and provinces & districts is extensively used in the formulation of both national and regional medium- and long-term development plans (RPJMN/RPJMD 2024-2029 and RPJPN/RPJPD 2025-2045), GDPK-Grand Design of Population Development, and in relevant sectoral/ ministerial policies.**
EQ 2: To what extent has the country programme adapted to evolving needs of the target population, especially of those from vulnerable groups, during humanitarian crises and/or major political changes and the needs of targeted stakeholders (policy makers, programme managers, and providers)?	

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
4. UNFPA support has been adapted in line with unexpected developments and contextual changes including the outbreak of the COVID-19 pandemic and the related GOI adaptations of health policies and system **Methods for data collection and Sources of information** **Desk Review** - UNFPA Annual and quarterly reports - UNFPA SIS reports - Quarterly reports of implementing partners - COVID-19 support documentation - Documentation on other humanitarian support provided during the period under review **Semi-structured key informant interviews** - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas - Government partners / CSO partners in each of the three outcome areas at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas **Focus group discussion** - Organizations working in the same mandate area as UNFPA which are not an implementing partner	- UNFPA has planned to concentrate on recovering from the COVID-19 pandemic and restoring the gains lost while accelerating progress towards achieving the three transformative results and the sustainable Development Goals. Despite 2021-2022 the COVID-19 pandemic has remained challenges in implementing CP10, UNFPA has implement more adaptive and agile maneuver to achieve the target through a changing modality of methodology, such as the virtual and hybrid settings for various activities, a strong cooperation with key stakeholder also contributed to the adaptability in COVID-19 pandemic . The evaluability assessment revealed that most stakeholders agree, and many strongly agree, that UNFPA utilizes up-to-date information to adapt to the changing environment. Various programmes also highlighted the adaptability of COVID-19 i.e BERANI, LNOB, PULIH Bersama C-Surge, DFAT humanitarian response, etc. However, the risks and assumptions related to the COVID-19 pandemic have not been regularly updated in SIS annual reports, this then contributed to unclear change progress after the UNFPA intervention. - Due to changes in MOH policies in relation to the pandemic, the outputs of the SRHRR components were adapted, with the support to a national road map for acceleration of maternal mortality reduction changed to assistance to the health transformation agenda. - During the COVID pandemic, the Leave No One Behind Project (2021-2022) was dedicated to reach out to vulnerable groups, including vulnerable adolescents and youth, PWDs, older person, pregnant women, GBV survivors and those in remote regions with no internet access. - The enactment of New Health Law (Undang-Undang Kesehatan Nomor 17 Tahun 2023) also has been identified by the country office. Some highlighted the emphasis of fulfillment of the reproductive health rights of men or women based on the life cycle, to maintain and improve the health of the reproductive system, so as to form a healthy and quality generation. While also urge the leveraging of the health transformation agenda to integrate MCH and midwifery enabled the scaling and integration of UNFPA key programs into the new health law's derivative regulations. Additionally, UNFPA supported the midwifery council and the Directorate General of Health Workforce in developing a policy brief with recommendations for implementing the health law, further strengthening midwifery workforce policies
COHERENCE	
EQ 3: To what extent is the country programme: (i) aligned to national commitments to implementation of international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, and (ii) coordinated with UN partners and other key stakeholders?	

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1. UNFPA programme has been coherent with government efforts on ICPD, SDGs and other relevant international commitments in each of its outcome areas
2. UNFPA programme has been coherent with CSO efforts in each of its outcome areas
3. UNFPA programme has been coherent with efforts of other development partners in each of its outcome areas
4. UNFPA programme has been coherent with efforts of sister UN agencies in each of its outcome areas
5. UNFPA response to COVID-19 and other humanitarian response and recovery efforts in each of its outcome areas have been coordinated with those of government, development partners, other UN agencies, CSOs and other relevant stakeholders

Methods for data collection and Sources of information
Desk Review
- CPD
- Project Documents
- Annual Work Plans (AWP)
- CCA
- Government development strategies and policies
- Government strategies and policies in each of the three outcome areas and in Adolescents and Youth related issues
- Government National Strategy to prevent and Respond to Gender
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- Coherence with national commitments to international frameworks

- The effective collaboration among important stakeholders at the national level to ensure that the program and project designs are aligned with the strategy and policy of the Government of Indonesia. According to sources from Bappenas, as the coordinating body, Bappenas has the responsibility to ensure that activity plans align with the National strategy and contribute to the attainment of national targets. A structure is in place that includes a steering committee, a technical team, and working groups to guarantee coherence across ministries and institutions. Quarterly meetings have been consistently held across these levels of programme governance.

- The implementation of CP10 is governed by general guidelines known as PEDUM. These guidelines provide instructions to UNFPA activity implementers including Implementing Partners (IPs) and Strategic Partners, and Program Coordinators, on how to carry out, manage, and coordinate programs/activities in alignment with CPAP and Annual Work Plans (AWP). The guidelines provide a comprehensive description of the organizational structure, outlining the specific tasks of each party involved. These parties include the Government Coordinating Agency (GCA), the Steering Team represented by several ministries, the Technical Team, and the Working Group (POKJA) from each of the 5 outputs in CP10. However, this guide does not include details on the management of supported interventions at the sub-national level.

- Regarding UNFPA's GEWE mandates, UNFPA continues to support the government's efforts in promoting gender equality and protection of women and children from violence, aligned with the ICPD and SDGS. Known for its technical expertise and knowledge on GEWE international standards and guidelines, UNFPA facilitated policy level discussion with MoWECP (Kemen PPPA), for example, to integrate gender responsive planning, budgeting and monitoring for comprehensive multisectoral GBV services and Essential Service Package (ESP) . Ensured the 2024 VAW survey aligns with SDGs, GEDSI and ICPD frameworks, including, for example, Sex, Age, Disability, Disaggregated Data.

- In terms of AY programming, as the RPJMN 2020-2025 emphasizes the importance of RH education, UNFPA's support for the ARH education initiative has been closely aligned with the International Technical Guidance on Sexuality Education (ITGSE) and implemented in collaboration with the MoH and MoECRT. However, there remains a gap in aligning the ARH education out-of-school initiative and peer-led RH education with existing BKKBN programs that have proven notably reaching adolescents and youth across Indonesia, such as GENRE (GENerasi beREncana - Youth Forum), Child Forum, and the Youth Counseling Information Center (PIK-R).

- For the PD outcome area UNFPA's support to BKKBN in conducting webinars and its collaboration with BPS-Statistics Indonesia on the ASFR 10-14 data provision have aligned with government efforts on ICPD and SDGs commitments. Additionally, UNFPA's program complements other development partners, as seen in BKKBN's GOLANTANG application developed with support from the Government of Japan and ERIA. Furthermore, collaborations extend to regional conferences and studies on the elderly, involving BKKBN, UNFPA APRO, HelpAge Asia-Pacific, and BAPPENAS.

- Coherence with CSO efforts in each of the outcome areas

- UNFPA has actively collaborated with Civil Society Organizations (CSOs) in establishing and implementation of SHR & RR programmes and interventions including HIV prevention, Cash and Voucher Assistance (CVA), initiatives for PLHIV during the COVID-
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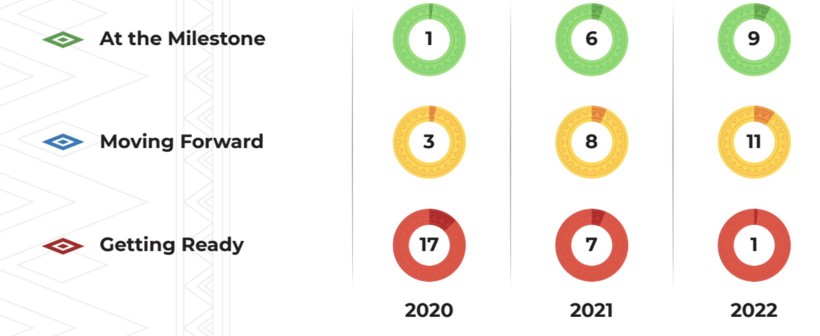
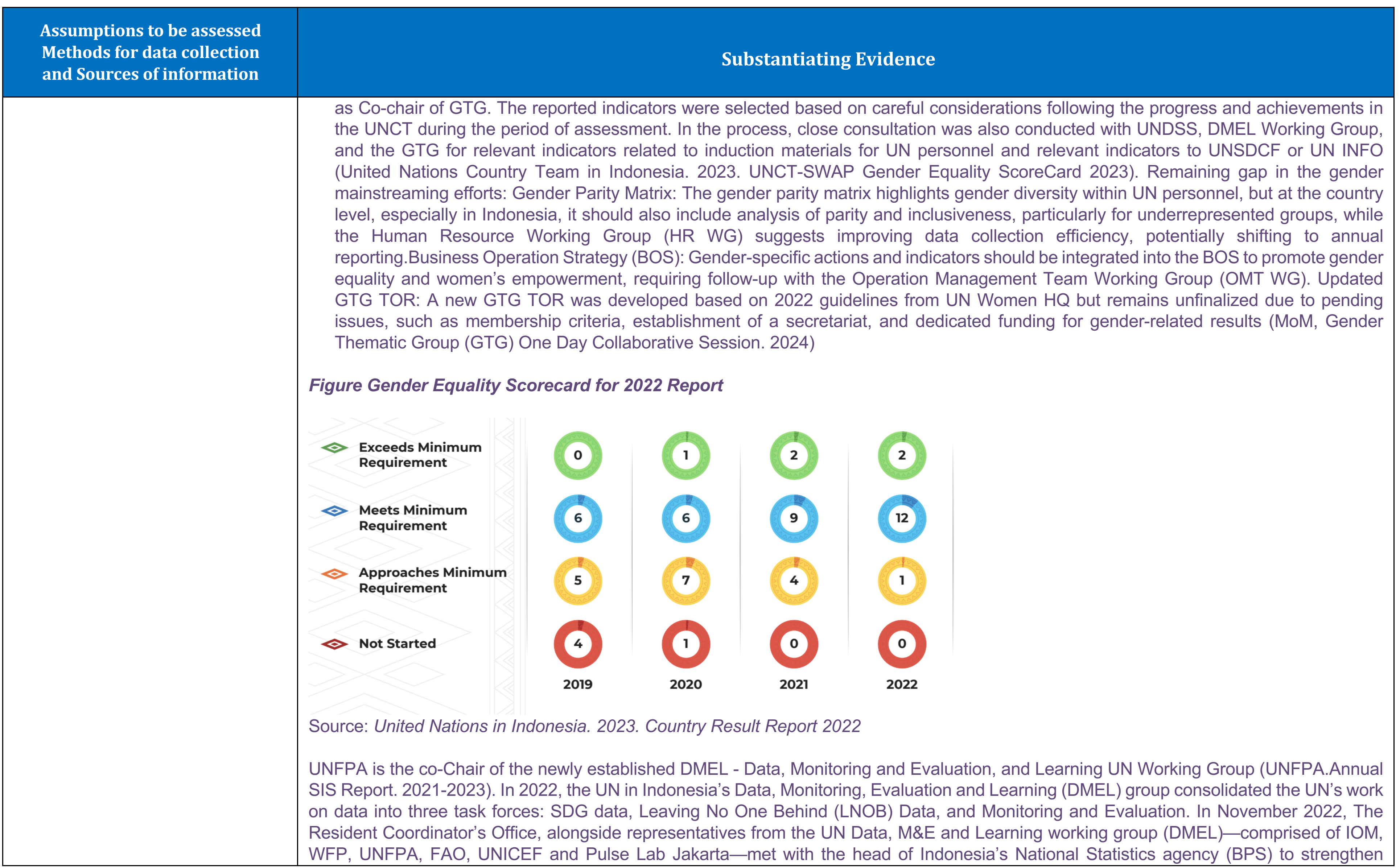
Based Violence - Government Gender Equity and Social Inclusion Policy - Health Sector Gender Policy - Government Youth Strategy - CSO partners' strategies and policies - Joint project proposals - Joint Humanitarian response plans - Emergency preparedness and response plans at national and sub-national levels/ Joint humanitarian response plans **Semi-structured key informant interviews** - UN RC - RCO office staff - APRO staff providing support to each of the outcome areas - Government partners in each of the three outcome areas - CSO partners in each of the three outcome areas - UNFPA SMT - UNFPA programmatic staff in each of the three outcome areas - SMT staff of sister UN agencies **Focus group discussion** - Programme staff of key sister UN agencies, including UNICEF, UN Women, UN AIDS WHO - With key stakeholders in UNFPA mandate areas that are not implementing partners of the UNFPA programme	19 pandemic, and disaster response. Furthermore, establishing a robust partnership with Civil Society Organisations (CSOs) has also been crucial in advocating the government to scale-up the initiatives such as HIV prevention programs. - Regarding the GEWE outcome area, UNFPA has collaborated with national and subnational CSOs to end GBV and harmful practices. This includes supporting the development of subnational regulatory documents, monitoring tools, and service guidelines. For instance, through BERANI Projects, UNFPA, Natioanl Commission on VAW and local CSOs capacitated local government to issue regulations stopping GBV and FGM/C in pilot districts (DKI, Brebes, Garut, Lombok Timur). , - In terms of AY programming, UNFPA has aligned its efforts with civil society organizations (CSOs) through the UN Technical Working Group (TWG) mechanism, ensuring coherence with the AY output, their goals, and Annual Work Plan (AWP) preparation and it's implementation. This collaboration aligns programming with CSO goals, particularly in advancing adolescent reproductive health (ARH) education and youth development platforms, strengthening joint efforts for impactful youth development initiatives . - Coherence with other development partners - For the PD outcome area, UNFPA worked together with universities/researchers on the development of the national web-based knowledge hub platform for public communication and campaigns on SHR & RR, GEWE and AY issues, as well as on the policy brief regarding the demographic dividend and the National Transfer Account (NTA) monitoring the potential impacts of population changes, including the first and potential second demographic dividend (DD). - Regarding UNFPA's commitment to GEWE and protection of women and children from violence, here are the highlights of UNFPA's collaboration with private partners: - a. Partnered with the Khouw Kalbe Foundation to empower young women and girls at risk of GBV and child marriage, through BESTARI university scholarships offered across Indonesia's 38 provinces. - b. Partnered with Grab on GBV Prevention and response, training over 500 GRAB drivers in five major cities (Jakarta, Bandung, Surabaya, Medan, Denpasar) on GBV prevention, reporting mechanism, safe driving practice and service excellence. This partnership also includes piloting GRAB's support for GBV case transportation and future collaboration to strengthen case management and referral processes with UPTD PPA/P2TP2A in Jakarta. - For the PD outcome area, UNFPA's 10th CP complements with other development partners, as seen in BKKBN's GOLANTANG application developed with support from the Government of Japan and ERIA-Economic Research Institute for ASEAN and East Asia, as well as regional conferences and studies on the elderly, involving BKKBN, UNFPA APRO, HelpAge Asia-Pacific, and BAPPENAS. - There is an identified gap in UNFPA work with international financial institutions like the World Bank and the Asian Development Bank, particularly in areas such as maternal health, SRH & RR, and youth programming . - Coherence with sister UN agencies

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	- UNFPA has collaborated with other UN agencies in SRH & RR areas, including WHO and UNICEF in enhancing hospital-based MPDSR implementation at National and sub-National level. Additionally, UNFPA has worked with UNAIDS to streamline the collaborative partner' notification development model. - With regard to UNFPA's commitment to women's empowerment and protection of women and children from violence, UNFPA's has continued its leadership within the UNCT and UN gender equality mechanism, co-chairing the UN Gender Thematic Working Group (UNGTG) and UN Protection of Sexual Exploitation, Abuse and Harassment (UN PSEAH) networks . - In terms of AY programming, UNFPA has worked together with other UN Agencies in some areas of youth development. For support to the national strategy of youth entrepreneurship, UNFPA has worked together with UNDP for piloting in Ambon, Maluku and Sleman, Yogyakarta. The BERANI phase I programme concerned a joint programme of UNFPA and UNICEF, which showed the cooperation on prevention of adolescent pregnancy, and provision of youth friendly spaces. Additionally, several initiatives have been implemented through the UNCT IANYD, facilitating coordinated efforts across sectors to maximize results. - The PD outcome area contributed to achieving SDGs in Indonesia by actively participating in the UN data for SDGs working group. This involved reviewing national metadata with an emphasis on UNFPA-prioritized SDGs, developing and enhancing an interactive national data dashboard for tracking SDG progress, and strengthening data utilization for local development planning, policy-making and monitoring. - Coherence in humanitarian support with other stakeholders - In terms of AY programming for humanitarian response, UNFPA Indonesia has aligned with the GoI and the local stakeholders in each area of humanitarian response. For instance, ARH education and youth participation tools for humanitarian settings was endorsed by MoH, and disseminated to School Age and Adolescent Health Program Managers from 34 Provinces and Representatives with UN and other Partner Institutions also providing guidance to youth such as, WHO, UNICEF, Rutgers, Plan Indonesia, YKP, Kerti Praja Foundation, NLR and AKAR Inaha
EQ 4: What has been the role played by the UNFPA Indonesia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results and improving humanitarian response ensuring contribution to longer-term recovery?	

1. UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT in relation to development programming 2. UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the humanitarian country team **Methods for data collection and Sources of information** **Desk Review** - Minutes of coordination meetings of UNCT working groups - Minutes of Humanitarian Country Team (HCT) and related humanitarian spaces for coordination - Programming documents regarding UNCT joint initiatives - Monitoring/evaluation reports of joint initiatives and M&E concerned **Semi-structured key informant interviews** - UN RC / RCO office staff - SMT staff of sister UN agencies - UNFPA SMT - UNFPA programmatic staff in each of the outcome areas - Programme partners in development programming - Programme partners in humanitarian programming **Focus group discussion** - Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS, WHO	- UNFPA contribution to UN coordination mechanism of the UNCT in Development programming - Each United Nations agency has a distinct sphere of influence, and regular coordination and technical meetings have taken place. UNFPA has contributed technical expertise to the overall coordination efforts of the United Nations in the mandate areas of the organization. - Maternal Health; UNFPA has been supporting the implementation of MPDSR since 2016 and continuously works in partnership with other UN agencies to provide technical assistance to MoH. In 2022, UNFPA assumed responsibility for modifying the Maternal and Perinatal Death Surveillance and Response (MPDSR) system, initially developed by the World Health Organization (WHO), and UNICEF. UNFPA conducted pilot testing of the MPDSR in six hospitals across five districts, while UNICEF focused on five other facilities. In addition, the World Health Organization (WHO) has a supporting role in monitoring and overseeing the implementation of hospital-based Maternal and Perinatal Death Surveillance and Response (MPDSR). Following the pilot testing, a manual for hospital-based MPDSR implementation is developed with UNFPA support. - HIV Program, UNAIDS has been leading the development of the United Nations plan for HIV for the period of 2021-2025. Different UN agencies play different roles within this plan. UNFPA prioritizes HIV prevention for female sex workers (FSW) and collaborates with UNAIDS to facilitate partnership notification. On the other hand, UNICEF supports the prevention of mother-to-child transmission of HIV. - UNFPA Indonesia has effectively led and supported youth development efforts as a co-chair, expanding program reach and impact through the United Nations Inter-Agency Network on Youth Development (IANYD). This collaboration has included contributing to the Background Study for RPJMN and RPJPN on Youth Development. UNFPA as the co-chair also notably contributed to the Youth2030 Scorecard progress. Nevertheless, some support still persists including ensuring agency involvement through youth focal points in IANYD meetings, encouraging participation in the Youth2030 strategy, contributing to joint advocacy and campaigns, and proposing a regular rotation of IANYD Co-Chairs mechanism to support the mainstreaming of youth programming across all UN agencies. - UNFPA also co-chair as the UN Gender Thematic Working Group (UNGTWG). UNFPA as the co-chair also notably contributed to the Gender Equality Scorecard progress. For instance, in 2021, through UNGTWG, UN UPR report addressing GBV and harmful practices, as well as supporting the Networks of Activists and Women Led CSOs on public advocacy on Indonesia CEDAW recommendations and Implementation. Despite these advancements, gaps remain in gender mainstreaming efforts, particularly in the Gender Parity Matrix, which should include an analysis of parity and inclusiveness for underrepresented groups in Indonesia. There are also recommendations to improve data collection efficiency, integrate gender-specific actions into the Business Operation Strategy (BOS), and address pending issues in the updated GTWG TOR, such as membership criteria and establishing a dedicated secretariat and funding. Another working group on DMEL (Data, Monitoring, Evaluation and Learning) working group which UNFPA also co-chair also notably contributed to data-driven intervention mainstreaming in Indonesia. These highlight UNFPA roles in policy development and stakeholder engagement within the UNSDCF context. - UNFPA contribution to UN coordination mechanism of the UNCT in Humanitarian programming

	- The role of the UNFPA Indonesia in the coordination mechanisms of the UNCT, to enhancing the United Nations collective contribution to national development results and improving humanitarian response ensuring contribution to longer-term recovery includes: UNFPA's role in humanitarian coordination where UNFPA leads the RH and GBV sub cluster coordination all phases (preparedness, response and recovery) to ensure provision of SRH and GBV services in humanitarian settings; and co-lead the Information Management Working Group together with UNOCHA, - For PD outcome area, UNFPA supported the development for the BNPB's functioning SDBI web-portal by the utilization of SADDD (sex, age and disability disaggregated data) tools for data collection in humanitarian settings for better humanitarian responses - notably gender data with the UN Women and the Korea International Cooperation Agency (KOICA), for BKKBN's GOLANTANG application with the Government of Japan, and for BKKBN's participation in regional conference and to conduct studies on the elderly persons with UNFPA APRO, HelpAge Asia-Pacific and BAPPENAS. - Under the overall authority of the UN Resident Coordinator, Currently, UNFPA and UNHCR act as co-chairs (the function and mechanism of the secretariat of IANYD – will be discussed). IANYD comprises Youth Focal Points from all UN agencies that are working on youth-related issues in Indonesia (such as but not limited to, FAO, ILO, UNAIDS, UNDP, UNESCO, UNFPA, UNIC, UNICEF, UNOCHA, UN RCO, UNV, UN Women, WFP and WHO). (UNRCO, 2021 ToR for Prioritizing Youth within UN Agencies and Counterparts through United Nations Inter-Agency Network on Youth Development (IANYD) in Indonesia). Some highlighted support for IANYD identified including ensuring agency involvement through youth focal points in IANYD meetings, encouraging participation in the Youth2030 strategy survey, contributing to joint advocacy and campaigns, participating in International Youth Day, and proposing a regular rotation of IANYD Co-Chairs to support the mainstreaming of youth programming across all UN agencies (UNCT Meeting - IANYD Annual Work Plan 2023). The 2022 Youth scorecard shows the UN in Indonesia continues to make progress in implementing the global Youth 2030 strategy. ***Figure Youth Scorecard for 2022 Report***  Source: *United Nations in Indonesia. 2023. Country Result Report 2022* - The 2022 Gender Equality scorecard shows the UN in Indonesia continues to make progress on gender equality. During the assessment period, UN RCO has been actively led the coordination process of the assessment, in close collaboration with UN Women and UNFPA

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	as Co-chair of GTG. The reported indicators were selected based on careful considerations following the progress and achievements in the UNCT during the period of assessment. In the process, close consultation was also conducted with UNDSS, DMEL Working Group, and the GTG for relevant indicators related to induction materials for UN personnel and relevant indicators to UNSDCF or UN INFO (United Nations Country Team in Indonesia. 2023. UNCT-SWAP Gender Equality ScoreCard 2023). Remaining gap in the gender mainstreaming efforts: Gender Parity Matrix: The gender parity matrix highlights gender diversity within UN personnel, but at the country level, especially in Indonesia, it should also include analysis of parity and inclusiveness, particularly for underrepresented groups, while the Human Resource Working Group (HR WG) suggests improving data collection efficiency, potentially shifting to annual reporting.Business Operation Strategy (BOS): Gender-specific actions and indicators should be integrated into the BOS to promote gender equality and women's empowerment, requiring follow-up with the Operation Management Team Working Group (OMT WG). Updated GTG TOR: A new GTG TOR was developed based on 2022 guidelines from UN Women HQ but remains unfinalized due to pending issues, such as membership criteria, establishment of a secretariat, and dedicated funding for gender-related results (MoM, Gender Thematic Group (GTG) One Day Collaborative Session. 2024) ***Figure Gender Equality Scorecard for 2022 Report***  Source: *United Nations in Indonesia. 2023. Country Result Report 2022* UNFPA is the co-Chair of the newly established DMEL - Data, Monitoring and Evaluation, and Learning UN Working Group (UNFPA.Annual SIS Report. 2021-2023). In 2022, the UN in Indonesia's Data, Monitoring, Evaluation and Learning (DMEL) group consolidated the UN's work on data into three task forces: SDG data, Leaving No One Behind (LNOB) Data, and Monitoring and Evaluation. In November 2022, The Resident Coordinator's Office, alongside representatives from the UN Data, M&E and Learning working group (DMEL)—comprised of IOM, WFP, UNFPA, FAO, UNICEF and Pulse Lab Jakarta—met with the head of Indonesia's National Statistics agency (BPS) to strengthen

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	collaboration on the collection and use of data that charts the achievement of the SDGs, data on disabilities in the context of Leaving No One Behind, data that contributes to generating official statistics, and data that contributes to the Indonesian Government's One Data platform, which allows for the efficient sharing of data across central and regional agencies on subjects such as disasters and migration (United Nations in Indonesia. 2023. Country Result Report 2022).
EFFECTIVENESS	
EQ 5: To what extent have UNFPA-supported interventions contributed to the achievement of the Three Transformative Results and key outcomes in the country program , in each of its outcome areas and across development, humanitarian and peace settings?	
SRH & RR outputs achieved in terms of enhanced capacities to prevent and address maternal mortality using multi-sectoral approaches with a focus on policy advocacy, data strengthening, improved health system and coordination **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP including Results and Resources Framework - Theories of Change - Project level and other relevant evaluation reports - Baseline studies conducted - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWPs and Quarterly reports implementing partners - Relevant studies in SRH & RR outcome area **Semi-structured key informant**	**SRH&RR Substantiating Evidence at output level** **Maternal Perinatal Death Surveillance and Response** **The modified MPDSR guidelines were implemented in six hospitals that represent various types of hospitals: (1) Kariadi hospital (a tertiary care hospital); (2) Slamet hospital in Garut (a district hospital); (3) Budi Asih (a municipal hospital); (4) Balimed and (5) Siloam (both private hospitals); (6) Sutomo hospital (a teaching hospital). However, since none of the piloting hospitals had the characteristics of many of the hospitals in the eastern parts of Indonesia, notably a lack of infrastructure and human resources, further pilots may consider to include a hospital from the Eastern part of Indonesia for getting comprehensive pictures.** **According to an informant of one of six the piloting hospital from Garut District Hospital, the hospital MPDSR team now has the capacity to conduct audits for maternal and perinatal deaths, in compliance with established standards. These results enabled them to identify the causes of deaths and reported these through the Maternal Perinatal Death Notification (MPDN) system. This process also helped them to develop recommendations to avoid preventable deaths. Nevertheless, the response of the MPDSR recommendation remains the most challenging. Implementation of recommendations / response needs not only efforts by hospital professionals but will require support from multiple sectors.** **The modeling of maternal mortality audits in six selected hospitals revealed good practices, providing actionable recommendations for the nationwide implementation of AMPSR (Audit and Maternal Perinatal Simulation-Based Review).** **BEmONC (PONED) in Puskesmas (Public Health Centers)** **In order to improve the ability of PONED Puskesmas to handle regular deliveries and basic maternal and newborn emergencies, a trial version of a self-evaluation instrument was introduced to assess the performance of PONED Puskesmas. This assessment process was completed by over 7,000 puskesmas (73%) across Indonesia and encompassed a total of 2.134 Basic Emergency Obstetric and Newborn Care (BEmONC) facilities. Out of all the readiness procedures taken, only 4 public health facilities were considered 'ready' to perform the seven basic EmONC signal functions. In order to improve this situation, UNFPA played a**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
interviews - National Government partners in SRH & RR outcome area - Relevant sub-national government agencies in sampled provinces - CSO partners in the SRH & RR outcome area at national and sub-national levels - UNFPA SRH & RR programmatic staff - UNFPA APRO staff having provided support to the outcome area - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Consultations with beneficiaries - service users **Observation** - Observation in selected types of health facilities at national and sub-national levels	**prominent role in the process of adapting the BEmONC guidelines. The draft guideline is currently available, however the refresher training modules have not yet been completed** **Midwife education** **As part of efforts to strengthen pre-service midwifery education, since CP-9 UNFPA has provided support to the Human Resources Improvement and Development Agency in MoH (the BPPSDMK - Now the Directorate General of Health Workforce) and supported the strengthening of Centres of Excellence (CoE) of midwifery schools. This was done in conjunction with policy related recommendations for MOH concerning midwifery education.** **The selection criteria for CoEs included: sufficient leadership and human resources for midwifery education, Intention of the institution to become a CoE, the health topic proposed to include in relation to issues in the surrounding geographical location of the CoE, and presentation of clear milestones and indicators for success. Up to now, ten Centers of Excellence (CoEs) have been established, five of which were established in the previous programme cycle and five in the present programme cycle.** **Concerning the specific contexts related topics of CoEs, the one in Makassar is dedicated to ensuring the provision of reproductive health services during disasters, which includes conducting simulation exercises and enhancing necessary competencies and abilities. On the other hand, the CoE at the Midwifery Polytechnic in West Java has chosen to focus on the theme of gender. In this way, several topics have been included in the curriculum as local content. The progress of each of the ten CoEs vary, and lessons learnt have been disseminated to other Midwifery schools. There is a plan to develop so called sister schools that will have MoUs with the ten CoEs in terms of scaling up of the initiative.** **In order to enhance the midwifery school curriculum particularly, in providing Basic Maternal and Neonatal Emergency Care, Asosiasi Pendidikan Kebidanan Indonesia (AIPKIND - Midwifery Education Institutions Association), in collaboration with IBI and MoECRT (Dikti), is currently working on refining the curriculum for Midwifery schools. This refinement will specifically focus on important skills, such as: strengthening emergency maternal and newborn care, family planning and contraceptive services, etc. The revised curriculum version is currently awaiting expert review and the revision process is about 70 percent completed.** **Furthermore, the enhancement of midwives' in-service ability was achieved by reinforcing Supervision and Coaching activities. This initiative aimed to enhance the competence of midwives by implementing the Delima Midwife program, as well as providing coaching for midwives working in selected Community Health Centers, private practices, and Hospitals. Digital platform Tele-Bidan was developed for Supervision and Coaching and implemented in 5 provinces with 433 midwives that have been supervised so far. The baseline result is 84.8 percent, and the endline shows an improvement of performance or increased to 96.2 percent. The improvements included; the availability of MgSO4, FP counseling, completeness of Infection prevention equipment and compliance on ANC standards.** **The midwifery council is a component of the Indonesia Health Professional Council (KTKI), which comprises a total of 11 professions. In contrast, the medical council operates independently as the Indonesian medical council (KKI). However, the**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	attempts to enhance the strategic role of midwives in the midwifery council has continued to encounter obstacles. The establishment of the Midwifery council was postponed and required the approval by the President, as a result of the Omnibus Law for health (Health Law No. 17 of 2023). This law, moreover, amended health regulations, including the standards related to the registration letter (STR) for midwives. As per Law number 4 of 2019, STR have a duration of 5 years and are granted by the KTKI. Nevertheless, the latest legislation stipulates that STR remain valid for the duration of an individual's lifetime and are granted by the Council on behalf of the Minister. Other than the registration issue, the role and functions of a council in strengthening the midwifery profession remains a challenge. Integrated planning and budgeting for RH at district level The Serang Regency is regarded as a model and is aggressively disseminating its important knowledge to other local administrations. An effective partnership in Serang has the capacity to increase involvement from sectors outside of the local government budget (APBD) . Serang City's successful oversight of the incorporation of PPT kespro into the Regional Government Work Plan (RKPD) and the Regional Apparatus Organization Work Plan (Renja OPD), together with its efforts to integrate kespro-related activities, were documented in the evaluation report of Integrated SRH planning and budgeting in 5 pilot districts of Cycle-10. According to the Garut district team which was visited by the CPE team as part of the data collection at sub-national level, the budget allocated for SRH was raised from 12.5 million IDR in 2022 to 13.4 million IDR in 2023, representing an approximate increase of 7 percent. This planning and budgeting process also enhanced the involvement of Civil Society Organizations (CSOs) in identifying Sexual and Reproductive Health (SRH) and women's priority issues prior to performing the participatory planning development workshop (Musrenbang). Nevertheless, it is necessary to carry out a thorough assessment of the effects of the initiatives at district level and beyond. Additionally, the budget allocated in 2023 focuses on four key areas: 1) education on reproductive health among adolescents; 2) maternal health; Family planning including the procurement of equipment, medications, and contraception; 3) provision of guidance for potential brides and grooms; and 4) disaster preparedness and logistics. Additionally, the allocation for reproductive health in East Lombok rose by 73.7%, increasing from IDR 248.9 billion (USD 17.2 million) in 2023 to IDR 432.4 billion (USD 29.8 million) in 2024. Nevertheless, there is a lack of linkage between the National and Sub-National levels. Based on information from local BAPPEDA informants, there is a noticeable lack of coordination among stakeholders at subnational level when it comes to implementing comprehensive development interventions and monitoring their progress. At the sub-national level, Bappeda serves a crucial role in assisting districts in planning and implementing the necessary programs and initiatives to address district related issues. A comprehensive and intended strategy is required to be able to demonstrate the intended results in reducing maternal mortality. Garut Regency has been selected as the pilot area for implementing interventions aimed at reducing maternal mortality. Specifically, this includes strengthening the Maternal Death Review and Response (MDPSR) system, enhancing the capacity of PONED Puskesmas, and providing support to the district team in planning and budgeting for sexual and reproductive health (SRH)

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	initiatives. **The evaluation team visit to Garut district enabled the team to review this approach, with relevant stakeholders concerned. One of the interventions identified as important but not part of the package and not addressed at the local level appeared the bolstering of antenatal care (ANC) services in primary health facilities, private practices, as well as at the village level. The lack of quality ANC services was at the local level regarded as an important contributor to MMR as at-risk pregnancies were not identified in an early stage and referred to the proper facility level.** **Rights based family planning** UNFPA engaged 60 national partners from government institutions, CSOs, donors, academics, and private sectors in the achievements of the global FP2020 movements, and together with BKKBN, Global Affairs Canada developed the FP2030 commitment, which was officially launched by the Mr. Muhadjir Effendy (Coordinating Ministry of Human Development and Culture). The FP2030 platform was supported by the Track20 to monitor the progress. UNFPA also supports BKKBN to appoint 34 public and private hospitals in 34 provinces in Indonesia as centers of excellence for hospital-based family planning services. These health facilities will provide arrays of FP services and strengthened by the campaign on postpartum FP to increase FP users. *UNINFO_ARR 2023 UNFPA, Internal Document.* **HIV related programming** **In 2021, the program successfully reached and supplied preventive packages and HIV information to 57,928 female sex workers, which accounted for an estimated 74 percent of the target population. A total of 30,963 female sex workers (FSWs) underwent HIV testing, with 1.7 percent of them testing positive for HIV. UNFPA supported 2,000 people living with HIV (PLHIV) for transportation expenses and to facilitate their access to health and rights protection services. This support was provided through a cash/voucher program (CVA) in five provinces: Yogyakarta, Pekanbaru, Kupang, Makassar, and Manado. In 2022, the CO successfully collaborated with Indonesia Positive Network (JIP) and Indonesia Aids Coalition (IAC) in the development of a comprehensive model for Female Sex Worker (FSW) that was integrated with Intimate Partner' Violence (IPV) . A cash voucher assistance (CVA) program was implemented to provide financial support to FSWs for accessing health services. The program included administrative support and requirement for proof of actual service access. Despite facing challenges with administrative processes, the CVA program was effective in enabling FSWs to access essential health services and the initiative highlighted areas for improvement in financial support programs for vulnerable populations. The technical assistance of the HIV prevention program for FSW was completed in 2023 and implemented by 131 out of 146 districts (i.e. 90 percent of) targeted districts, funded by the Global Fund. .** **The UNFPA effectively collaborated with Civil Society Organizations (CSOs) including Yayasan Kerti Praja (YKP), PKBI Jakarta, OPSI, and Jaringan Indonesia Positif (JIP) which included the development of an intervention model for HIV prevention among female sex workers (FSW) and partner notification. UNFPA also engaged in advocacy efforts with the Ministry of Health (MOH) and donors to ensure the long-term viability of these initiatives. As a result, these concepts are currently being embraced and put into practice in 68 districts with assistance from the Global Fund (GF).**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	UNFPA, in collaboration with DG P2P MOH, PKBI DKI Jakarta, and JIP, actively supported policies and programs to strengthen HIV prevention and its linkage to Sexual and Reproductive Health (SRH) among key populations. This included mentoring and coaching targeting provincial/district health services, health facilities, and Partner Notification, along with psychosocial support. Since 2020, UNFPA has pioneered integrating cash and voucher assistance (CVA) into programs, particularly for key populations like people living with HIV (PLHIV), with an ongoing pilot targeting Young Female Sex Workers. The CVA model, supported by the Global Fund and UNFPA in six districts, aims to increase access to SRH services and HIV testing. UNFPA also contributed to the Global Fund's efforts to implement the HIV Prevention Female Sex Workers Model in 131 districts, with 70,224 female sex workers accessing HIV testing and 1,242 learning their HIV status (1.8% case findings) from January to September 2023, although ART uptake remains a challenge at 53 percent. **Health Sector Response (HSR) to GBV: Achievements highlights since Q4 2022.** • **Regulatory Revision: The Ministry of Health (MOH) submitted a revision of *Peraturan Menteri Kesehatan Nomor 68 Tahun 2013*, mandating healthcare providers to report suspected cases of child violence. The MOH plans to enact this within the CP10 term.** • **Piloting HSR GBV: Piloted the 10 elements of the Integrated Service Centre (PPT) for GBV response in 6 regions: DKI Jakarta, Cirebon, Bogor, Tangerang, Palu, and Sigi, with five more pilot regions to be added (Serang, Garut, Brebes, Jember, and Lombok Timur) in 2024, supported by the TAKEDA project.** • **Advocacy for CVA for GBV survivors: Good practices on Cash Voucher Assistance (CVA) from previous projects (e.g., for people with HIV, disabilities, and pregnant women) were shared with ministries, CSOs, academics, and UN agencies. SOPs for GBV case management and CVA for pregnant women are being developed.** • **Completed SOP for CVA pregnant women, ongoing dissemination.** • **IEC Materials Development: Educational materials, including videos on assembling and using rape kits, interviewing child GBV survivors, and early detection of violence against women and children, were developed under the "Let's Start Production" initiative.** **Work Plan Reports, MOH, 2022, 2023 and multiple FGDs and interviews at national and subnational levels.** **Support has included:** 1. UNFPA, in partnership with the Global Fund - Principal Recipient IAC, implemented the HIV Prevention Female Sex Workers Model in 131 districts, surpassing CPAP targets. From January to September 2023, 70,224 FSWs accessed HIV testing, with 1,242 learning their HIV status (1.8% case findings). Addressing the challenge, only 53% initiated ART. In 2023, the focus expands to key populations like people living with HIV (PLHIV), with an ongoing pilot targeting Young Women who Sell Sex using CVA for increased access to SRH services and

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	HIV testing in six districts. 2. Collaboration with MOH DG P2P, UNFPA supported equal access to HIV services, offering capacity building and mental health counseling to strengthen HIV and STI services in the Partner Notification Program across four districts/cities. Activities yielded a Report on Capacity Building and Mental Health Counseling to Strengthen HIV and STI Services in the Partner Notification Program in three districts/cities. Follow-up actions involved revitalizing STI services, coordinating with NGOs for outreach, and distributing follow-up points to STI service facilities, City Health Service, Provincial Health Service, and other stakeholders. 3. UNFPA, alongside PKBI DKI Jakarta, developed guidance for reaching FSWs with disabilities, including videos for IEC and Psychosocial Support, targeting deaf and hard-of-hearing and blind individuals. Collaborating with the consultation service Hatiplong, UNFPA provided free consultation services and transportation to FSWs, benefiting three females. The video and guidance enhanced understanding of disabilities, offer knowledge and skills for outreach, and promote awareness of the rights of persons with disabilities. *UNINFO_ARR 2023 UNFPA, Internal Document.* ***Health sector response to GBV*** UNFPA supported MoH in: 1. Expanding health service providers' training with three protocols in four additional districts, contributing to UNFPA's assistance to MOWECP on Multi-Sectoral Integrated Services (UPTD PPA) in the same districts. 2. Supporting comprehensive services in the Health Sector for Victims of Violence against Women and Children, including prevention, treatment, and recovery. This involves developing the National Action Plan for the Health Sector in the Prevention and Handling of Violence against Women and Children. 3. Participating in the revision of the Ministerial Decree on the Health Sector Response to GBV, particularly focusing on health services for gender-based violence cases. This includes the review of Permenkes 68/2013 and KMK 1226/2009, incorporating input from experts, related programs in the Ministry of Health, professional organizations, and other relevant sectors. 4. Co-funding a pilot project with the government to monitor the Strengthening of FGM (P2GP) Prevention in Gorontalo, West Java, and Banten Provinces. UNFPA's ongoing support includes enhancing local government capacity, advocating for regulations related to P2GP, and developing strategic plans for the expansion of IEC initiatives related to FGM/C prevention. Strengthening assistance, led by IBI and Aisyah, extends to multiple regions, including Riau, East Kalimantan, and Gorontalo. *UNINFO_ARR 2023 UNFPA, Internal Document.*

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Other supporting documents: **https://drive.google.com/drive/u/1/folders/1XDwcCMkLYfUdr06OiRSjiqUbtu_k4pUY** **https://drive.google.com/drive/folders/1FE37eD6XpqFZoZ03-IMVH2tvOy04EBL7** **Details on the output level indicators**

Output level results: MHM		
#	**Indicator, Baseline and Target**	**Results**
1.1a	Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism. *Baseline: No; Target: Yes*	**Accomplishment: Expected to be Achieved** • Learning materials are available • Due to legal changes, RPJMN was used as a national roadmap and Initiating the enforcement of presidential decrees is no longer a priority. • BEmONC performance tools assessment was piloted and completed by over 7,000 primary health facilities and • National dashboard is available
1.1b	Establishment of a Midwifery Council that regulates midwifery education and midwifery-led care standards *Baseline: No; Target: Yes*	**Accomplishment: Expected to be Achieved** • Midwifery Council's Members have been selected and proposed as part of the Indonesian Health Professionals Council. • The Government Regulation no. 28 of 2024, which pertains to the execution of Law no. 17 of 2023, has introduced implementing regulations for the council. However, the Director of Health Workforce Provision, Ministry of Health has not yet

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
			affixed their signature to the document outlining the role and objectives of the council[312].
	1.1c	Number of midwifery centers of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards. *Baseline: No; Target: Yes*	**Accomplishment: Achieved** • Totally supported 10 CoEs of Accredited Midwifery Schools • Totally, ten (10) have been supported and the lessons learnt has documented and shared to other midwifery schools • Collaborate with Assoasi Pendidikan Kebidanan Indonesia (AIPKIND), in collaboration with IBI and High Education (Dikti), is currently working on refining the curriculum for Midwifery schools
		• **Additional Results**: Hospital-based MPDSR is piloteding in 5 selected hospitals representing varieties type of hospitals	
	Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved		
SRH & RR outputs achieved in terms of strengthened capacities at national and subnational levels to ensure universal access to and coverage of high quality integrated SRH information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian	**SRH&RR Substantiating Evidence at output level** **Details on the output level indicators**		

Output level results: RFP

#	Indicator, Baseline and Target	Results

312 Government regulation No. 28 (2024) Concerning on The Implementation The UU 17 (2023).

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
and development continuum **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP including Results and Resources Framework - Theories of Change - Project level and other relevant evaluation reports - Baseline studies conducted - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWPs and Quarterly reports implementing partners - Relevant studies in SRH & RR outcome area **Semi-structured key informant interviews** - National Government partners in SRH & RR outcome area - Relevant sub-national government agencies in sampled provinces - CSO partners in the SRH & RR outcome area at national and sub-national levels - UNFPA SRH & RR programmatic staff - UNFPA APRO staff having provided support to the outcome area - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Consultations with beneficiaries - service users **Observation** - Observation in selected types of health facilities at national and sub-national levels	1.2a	Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices Baseline: 0; *Target*: 5 districts	**Accomplishment: Achieved** • Learning guidelines are available • Maternal deaths in 3 out 5 pilot districts for Integrated SRH planning and budgeting decreased • Five selected districts have developed capacity in planning and budgeting for Integrated Right-based SRH based on programme support • Budget for SRH in Garut was increased from 12.5m IDR (2022) to 13.4m IDR (2023) • Serang Regency effectively enhances the involvement and private sector' commitment in providing funding for sexual and reproductive health (SRH) initiatives.
	1.2b	Percentage of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model *Baseline (a): 37% (88 districts); Target: 100% (146 districts)* *Baseline (b): 2.1% (5 districts); Target: 50% (229 districts)*	**Accomplishment: Achieved** • Lead the process of developing HIV prevention for FSW and Partnership notification • Successfully established Cash voucher assistance (CVA) to enable PLHIV may access health facilities for treatment and testing during COVID-19 epidemic • In 2023; the HIV prevention for FSW already covered 131 districts (90%) and continue provide the technical assistance for quality assurance • Partner Notification Models is now being adopted and implemented in 88 districts with Global Fund support (38%)
	1.2c	Number of districts with high disaster risk index that have incorporated the nationally adopted and implemented MISP in contingency plans *Baseline: 0; Target: 5 Districts*	**Accomplishment: Expected to be Achieved** • Setup changed due to COVID-19 pandemic ○ Implemented MISP for RH during humanitarian response and health crisis situation due to COVID19 ○ In collaboration with MOH and MOWECP implemented MISP and GBV as disaster response in 22 provinces and 76 districts and municipalities

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
			○ MISP is included in Minister MOH regulation, No 4 2019 on National Minimum Standard Indicator and has been revised and enriched in the new Minister MOH regulation No 6, 2024 on the new National Minimum Standard Indicator. ○ SRH Coordination including roles and functions included in the Minister MOH regulation No 75, 2019 on Health Disaster Management, and has been included and enriched in the revised Minister MOH regulation on Health Disaster Management that is still under revisions for the finalization process. ○ Revised MISP, was endorsed and disseminated to all provinces by MoH and integrated to some Midwifery schools' curricula as local content
	1.2d	Number of revised national protocols on health sector response to gender-based violence, in line with the Essential Service Package (ESP) *Baseline: 0; Target: 3 protocols*	**Accomplishment: Expected to be Achieved** ● Training Manual, GBV Health Sector Response Guidelines and Sexual Algorithm and Clinical Management of Rape Survivor are available and disseminated at National level. ● Protocols are revised to ensure women and girls survivors of violence receive and offered essential, quality and coordinated multi-sectoral services[313] ● Capacity building in six districts conducted

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved

[313] UNFPA, UN Women, World Health Organisation, UNDP, UNODC, Australian Aid, Spanish Cooperation, & EMAKUNDE. (2015). *Essential Service Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines*. https://www.unfpa.org/sites/default/files/pub-pdf/Essential-Services-Package-en.pdf

<table>
<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th>Substantiating Evidence</th></tr>
<tr><td>SRH & RR outputs contributed to the achievement of the outcome level change, i.e. every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Methods for data collection and Sources of information
same as above</td><td>SRH&RR Substantiating Evidence at Outcome level

Details on the Outcome level indicators

<table>
<tr><th colspan="3">Outcome level results: SRH & RR</th></tr>
<tr><th>#</th><th>Indicator, Baseline and Target</th><th>Results</th></tr>
<tr><td></td><td>Maternal Mortality per 100,000 live births
Baseline: 305 (2015); Target: 183 (2024)</td><td>Maternal Mortality Rate at 189 per 100,000 live births (2022) (Long Form SP 2020)</td></tr>
<tr><td></td><td>Unmet need for family planning
Baseline: 10.6% (2017); Target: 7.4% (2024)</td><td>Unmet need for family planning at 18,20% (2022) (Family Data BKKBN). While the estimation of unmet need in 2024 is 9.6 (Family Planning Tool (FET) FP 2030)</td></tr>
</table>
Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved</td></tr>
<tr><td>AY outputs achieved in terms of strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum

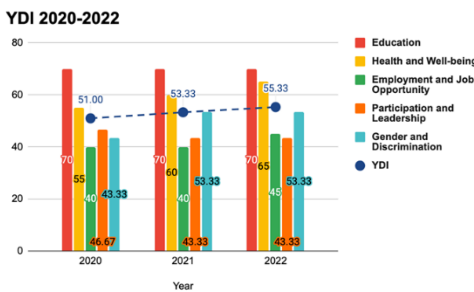
Methods for data collection and Sources of information
Desk Review
- CPD / CPAP including Results and Resources Framework
- Theories of Change
- Project level and other relevant evaluation reports
- Baseline studies conducted</td><td>Adolescents and Youth Substantiating Evidence at output level

Youth Development Index (YDI)

The YDI in Indonesia has shown a notable upward trajectory from 48.67 in 2015 and 51.50 in 2018, to 56.33 in 2022, albeit with temporary declines in 2020 and 2021 attributed to the effects of the COVID-19 pandemicThe target stands at 57.67 for 2024 and could well be achieved at the end of 2025.

The Youth Development Index (YDI) contains five domains. Based on the YDI data, the health and well being domain (55 in 2020 and 53.33 in 2022) which related to UNFPA mandate has shown a stable increase from 2021-2023, reflecting amongst others the decrease of adolescent fertility rate. Moreover, The Gender and Discrimination domain has shown limited increase (43.33 in 2021 and 53,33 in 2022), with details on child marriage showing a reduced incidence. For details see Annex 1.

Figure: Youth Development Index Trend 2020-2022</td></tr>
</table>

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
- UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWPs and Quarterly reports implementing partners - Relevant studies in AY outcome area **Semi-structured key informant interviews** - National Government partners in AY outcome area - Relevant sub-national government agencies in sampled provinces - CSO partners in the AY outcome area at national and sub-national levels - UNFPA AY programmatic staff - UNFPA APRO staff having provided support to the outcome area - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area **Focus group discussion** - Selected youth groups and youth stakeholders at national and sub-national level in selected provinces - With teachers of selected schools on ARHE implementation for in-school youth - With youth groups in selected provinces on ARHE for out-of-school youth	 **Source: MoYS. Youth Development Index, 2021-2023** With the support of the programme, the YDI methodology was updated which has enabled its use to inform policy making and planning, including the RPJMN as well as national and sub-national development plans and the action plan for youth services from 2020-2024. Presidential Regulation No. 43 of 2022 is put in place to produce a national action plan for cross-sector coordination in youth development, informed by the YDI. The sub-national action plans for youth development have been produced and implemented informed by the YDI , emphasizing tailored youth development approaches. The revised YDI methodology that contributed to the RPJMN and RPJPN aligns with national development plans and the 2020-2024 national action plan for youth services. Presidential Regulation No. 43 of 2022 has established cross-sector coordination in youth services , using sectoral mapping to demonstrate how outputs contribute to outcomes in youth development. Based on the presidential decree, the national and sub-national action plans related to youth services should implemented with the YDI as the basis, focusing on customized youth development approaches. Despite these efforts, the Youth Development Index Review Report 2023 reveals weak utilization and integration YDI at both national and local levels, with significant gap on coherence in YDI usage and knowledge across sub-national levels. At National level, mainstreaming youth development issues has shown a significant improvement, however, implementation at sub-national level requires political will or commitment from local governments to include youth in the mainstream of development initiatives in their respective regions. This gap highlights a broader issue of limited integration across development areas for youth related issues. **Adolescent Reproductive Health Education** The increased support for ARH education is related to the need to address violence in school settings. The enactment of New Health Law (Undang-Undang Kesehatan Nomor 17 Tahun 2023) that ensure the fulfillment of Reproductive Health Rights, Regulation of the Minister of Education, Culture, Research and Technology Number 46 of 2023 and Coordinating Minister (Kemenko PMK) Regulation No. 1 of 2022 about RAN-PIJAR has marked a significant advancement in integrating ARH education into national policies. These regulations address

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	violence prevention and handling within educational settings and establish a national action plan focused on improving the welfare of school-age children and adolescents. 1. Furthermore, the integration of Adolescent Reproductive Health (ARH) education into the P5 activities ('Kurikulum Merdeka') has bolstered character-building efforts. However, challenges remain in training a sufficient number of teachers, involving parents comprehensively, and optimizing the provincial and district education offices for effective ARH education implementation, monitoring and evaluation, and further sustaining the programme . The Teacher Empowerment Program for ARH Education has been rolled out, including training master and partner teachers in selected provinces and schools. This program incorporates modules on 1) basic concepts of ARH Education, (2) values, self-knowledge and relationships with others, (3) adolescent growth and development, (4) reproductive health problems, (5) gender equality and GBV prevention, (6) the role of information and communication technology in ARH, (7) support and services for ARH, (8) preparation of Learning plans and Implementation plans for ARH Education. These modules also refer to International technical guidance on sexuality education (ITGSE), with an additional and special focus on students with intellectual disabilitie There is a plan from MoECRT and MoH to integrate the ARH education modules into the Independent Teaching Platform (PMM—Platform Merdeka Mengajar by the MoECRT) for teachers' self-training to sustain the ARH education, the plan is currently in preparation phase supported by UNFPA. Further, this highlights the success of work closely with MoH and MoECRT respectively – despite UNFPA having a formal partnership only with the MoH, to achieve the target of ARH education. However, while this initiative has shown some positive shift, there is still a gap on engagement and knowledge from ministries on ARH education such as MoYS, which crucial for sustainability of RH education for youth. Regions like Papua and Aceh have seen trained teachers and youth forums enhancing ARH education in in-school settings especially including in special needs schools . Regions like Papua and Aceh have seen trained teachers and youth forums enhancing ARH education in in-school settings especially in the special needs school . While focusing on high-impact areas on programme like ARH Education in out of school context for eastern Indonesia has been conducted, some challenges faced on providing adequate approach, resource, and time to contextualize the local value and further review the piloting impact comprehensively especially in the new pilot area Some initiatives with local stakeholders may sometimes give the impression of treating them as object of intervention rather than as collaborative partners working together towards shared goals . Furthermore, the transition from Youth Healthcare Centers services to Integrated Healthcare Centers (ILP) —new programme on Healthcare Centers based on the new Decree of the Minister of Health of the Republic of Indonesia Number Hk.01.07/Menkes/2015 Year 2023 Regarding Technical Guidelines for Primary Health Care Integration– has potentially might not addressed adequately young people's reproductive health specific needs . This related to the aforementioned limitation of SRH information and services, and the lack of prioritization of youth and adolescent issues in community health centers. The view of the teachers, health centre providers, and youth forum stated the interventions in ARH Education–including peer education, youth forums, and reproductive health training– provided so far had contributed, to the improvement of reproductive health knowledge (see also Table in Annex 1) especially related to unwanted pregnancies ,. These initiatives also promote gender-sensitive education, contributing to

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	gender equality. The shifting topics once considered taboo are now being addressed more openly in schools and youth forum at the local level that the CPE team visited, reflecting a shifting towards greater acceptance and discussion of ARH issues, . This positive change reflects the success of the interventions implemented. However, the current program has not yet fully addressed the sustainability of the intervention, which remains an area that requires further attention . Although plans are in place to implement comprehensive ARH education evaluation for the remainder of the CP-10 cycle, currently there is no official plan or thoroughly examination of the initiatives in order to understand and enhance these programs' ability to be scale up and expanded to additional areas. UNFPA supported the Ministry of Education and Ministry of Health in building up the capacity of teachers in delivering ARH education by providing technical assistance for the teachers in implementing the ARH education guidelines. Technical assistance was provided to 100 teachers in 30 Junior High Schools (SMP) in 10 provinces and 30 teachers for Students with Intellectual Disabilities in 3 provinces. DD The Kemenko PMK's support in the RAN PIJAR program and the National Strategy for Youth Entrepreneurship underscore the commitment to reproductive health, youth development, and gender equality. This support also aligns with the Three Transformative Results of UNFPA and the national development strategic plan, as RAN PIJAR is a pioneering initiative that systematically integrates intersectoral government agencies to enhance adolescents' physical, mental, sexual, and reproductive health, along with their life skills, agency, and meaningful societal participation. Focusing on economic empowerment and human capacity enhancement is crucial in reaping the demographic dividend opportunity. This also correlated to spoke gender equality aspect in the entrepreneurship space . While the GoI highly values strategic policy support, and its contribution on reaping demographic dividend, UNFPA support on the National Strategy for Youth Entrepreneurship seems to extend beyond their core mandate of reproductive health, population issue, and also CPAP targets. Despite UNFPA contribution as a co-chair for IANYD among the UN agency, there remains a gap in balancing the support of youth development in its core mandate, for instance UNFPA is supporting National Strategy for Youth Entrepreneurship, but not involved in national action plans related to youth services with MoYS which are crucial for ensuring that SRH issues are integrated into youth development strategies. Several piloting initiatives have also been launched. The National Youth Entrepreneurship pilot projects in Ambon, Maluku and Sleman, Yogyakarta alongside the RAN PIJAR piloting in Buleleng, Bali and Kulonprogo, Yogyakarta, aim to tackle gaps in policy utilization and knowledge. The interventions in Buleleng and Kulonprogo demonstrated a progress collaboration, fostering government commitment and support for RAN PIJAR, however there is challenges on lack of validated data, under reporting data, and underdeveloped mechanism in place for child protection at sub-national level. The pilot projects in two regions for the National Youth Entrepreneurship Strategy serve as a valuable reference for national and regional stakeholders in promoting youth entrepreneurship and business development . COP The continued support by UNFPA and YSSI has made CoP involve 70 organizations in training and capacity building, producing guidelines and knowledge products to address issues such as Reproductive Health, GBV, and HIV. The CoP's digital platform reached 900,000 followers

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	through 70 organizational and community networks, and high-profile events like International Women's Day and International Youth Day boosted community engagement and have also been working with the UNFPA Indonesia Office and partners for certain campaigns. The utilization of the existing network transforming into CoP also become a highlight in the achievement of CoP implementation . Recognized by UNFPA APRO as a model for Digital Sexuality Education (DSE), the CoP has been instrumental in shaping the UNFPA DSE Asia Pacific and has contributed to policy discussion through workshops on digital security and sexual violence prevention, policy briefs , and consultation meetings with related stakeholder. For instance the engagement with Ministry of Communication and Information Technology and MoECRT and MoH for the policy brief , and also actively engaged with SAFENet, the Institute for Criminal Justice Reform, Komnas HAM, and Komnas Perempuan on revising the Electronic Information and Transaction Law (UU-ITE) and enhancing youth participation . However there is a concern of a lack of a concrete plan after the consultation process with the stakeholder. Moreover, These efforts contributed to enhancing effectiveness in addressing Reproductive health for adolescent and youth in digital space and its intersection issue such as gender transformative. SDG Youth hub The SDGs Youth Hub has accommodated around 76 organizations and over 189 individual members across Indonesia . Through training sessions for the network, the Hub has enabled and empowered youth to participate in policy discussions, grassroots engagement and advocate for SDG-related initiatives particularly for SDGs, particularly Goals 3 (Good Health and Well-being) and 5 (Gender Equality). Despite these achievements, the distribution of SDGs Youth Hub members – Organization, not individual members – remains concentrated in more developed areas of the country, and efforts to address urban bias and enhance youth participation in less developed regions remain limited, although this issue was highlighted in the situation analysis developed as part of the initiative . The SDGs Youth Hub has untapped potential that can be enhanced by involving other UN agencies through the United Nations Inter-Agency Network on Youth Development (IANYD), enabling the Hub to address a broader range of issues beyond UNFPA's core mandate. This has occurred so far on a limited basis, with the SDGs Youth Hub, Youth organisation also involved in Voluntary National Review consultations with Bappenas and United Nations Resident Coordinator (UNRC) through IANYD . This meeting also highlighted the urgency of youth participation through participatory development planning meetings (musrenbang). Nevertheless, there has been lack of a concrete plan for follow-up actions after the consultation process . Moreover, there remains a persistent gap in establishing specific and mandatory mechanisms for effective participation and synchronization with the GoI such as the SDGs Youth Hub inclusion for national SDGs coordination platforms . UNFPA, in collaboration with the Yayasan Siklus Sehat Indonesia (YSSI), supported youth participation in the SDGs implementation in Indonesia by developing a platform on advocacy material. Also, UNFPA in collaboration with YSSI trained 24 youth communities from 12 provinces on advocacy skill and developing a Policy Brief. UNFPA, in collaboration with YSSI, supported the SRH youth Community of Practice (the national platform for SRH youth content creators), trained 22 youth communities on policy brief development. The participants developed a policy bruef highlighting the importance of creating a safe and inclusive digital ecosystem for youths accessing ASRH information. UNINFO_ARR 2023 UNFPA, Internal Document. **Details on the output level indicators**

<table>
<tr><th>Assumptions to be assessed Methods for data collection and Sources of information</th><th colspan="3">Substantiating Evidence</th></tr>
<tr><td rowspan="3"></td><td colspan="3">Output level results</td></tr>
<tr><td>#</td><td>Indicator, Baseline and Target</td><td>Results</td></tr>
<tr><td>3.1</td><td>Number of national regulations and protocols to improve the quality of adolescent reproductive health education.

Baseline: No; Target: 2 on (i) national regulations and protocols to improve the quality of adolescent reproductive health education in schools; and (ii) national regulations and protocols to improve the quality of adolescent reproductive health education out of schools</td><td>Accomplishment: Achieved

Established National Guidance (modules[314]) on ARH education schools, for Junior High school, schools for students with special needs, and out-of-school ARH education interventions. Technical guidelines for in- and out-of-school ARH education developed as well as one for schools for children with special needs

Two modules on CSE/ Adolescent Reproductive Health (ARH) education: one for SMP/MTs (Junior High Schools) and one for SLB (Schools for students with disabilities) renewed Teacher’s capacity building programme on ARH education - which includes training on ARH issues, implementation, peer coaching and monitoring, and best practices documentation - was implemented for the following teachers: 208 teachers of SMP/MTs (Junior High Schools) across 25 districts in 10 provinces 68 teachers of SLB (Schools for students with disabilities) across 23 districts in 12 provinces The CSE webinar series was delivered to 842 healthcare workers of primary health centers (puskesmas) who manage the adolescent programmes. The participants came from 104 districts across 32 provinces. Ministerial Regulation No. 46/2023 concerning the Prevention and Handling of Violence in the Education Unit Environment was passed by the Minister of Education.

Agreement from the Ministry of National Development Planning (Bappenas), Coordinating Ministry of Human Development and Culture (Kemenko PMK), Ministry of Youth and Sports, Ministry of Home Affairs, Ministry of Health, Ministry of Education, Ministry of Employment, and Bureau of Statistics (BPS) on the indicators and Finalized Official Report calculation methodology for the Youth Development Index (YDI), which included the indicators on adolescent pregnancy and child marriage.</td></tr>
</table>

[314] Considered as National Protocol produced by MoECRT and MoH.

Assumptions to be assessed Methods for data collection and Sources of information			Substantiating Evidence
	3.2	Number of national regulations and protocols to support the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend *Baseline: 1 on Presidential Regulation No. 66/2017 on Cross-Sectoral Strategic Coordination and Implementation of Youth Service; Target: 2 on national regulations and protocols for the coordination, implementation and monitoring of (i) National Strategy on Youth Development; and (ii) National Strategy on Adolescent Health within the context of demographic dividend*	**Accomplishment:** Achieved Supporting the development of the National Strategy on Youth Entrepreneurship. This is also currently piloted in Ambon, Maluku and Sleman, Yogyakarta. Support in developing the National Action Plan for Improving the Welfare of School-Age Children and Adolescents (RAN PIJAR). This is also currently piloted in Buleleng - Bali and Kuloprogo, DIY. Additionally, Update methodology of YDI, and background study of RPJMN and RPJPN for youth development, and endorsed and implemented ARH tools for humanitarian settings (UNFPA Annual SIS Report 2022-2023). Supporting the issuance and implementation of module on capacity building for the Government at national (MoYS) and subnational levels to develop and use YDI (UNFPA SIS Report 2021).
	3.3.	Existence of National platform that effectively engage adolescents and youth with the government in the sustainable development agenda, ICPD , and humanitarian action in place	**Accomplishment:** Achieved ● Launched and strengthened the National Community of Practice (CoP) for ASRH (leveraged to DSE hub for Asia Pacific), with 70 organizations and content creator engaged, with guidelines, tools, and reference produced and used and knowledge products developed as part of these initiatives (UNFPA, 2023. Good Practices and Lessons Learned on Digital Platforms for Adolescent Sexual and Reproductive Health (ASRH) with Community of Practice (CoP), Indonesia) ● Launched and Strengthened the National SDGs Youth Hub, involving youth organizations in Voluntary National Review consultations (currently 76 organisations) (YSSI Data, 2024),

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
		Baseline: No; Target: Yes	with SDG youth guidelines and policy brief created and associated knowledge products developed (SDGs YouthHub, 2024). ● Community of Practice as a network for SRH youth content creators reached 70 members from 13 provinces (YSSI Data, 2024). Members include individual influencers, youth-led online/offline communities, and NGOs who are active in creating ASRH content on social media and the digital space. The CoP also reach 900,000 followers across the platform (Community of Practice Google Website, 2024). ● CoP developed a policy brief highlighting the importance of creating a safe and inclusive digital ecosystem for youths accessing ASRH information. The policy brief can be accessed at: https://drive.google.com/file/d/1mwEPfh20bfh2-nB2BQw5KqWioQwC1xxo/view. (UNFPA, SIS Report 2023) ● SDGs YouthHub developed a policy brief highlighting Youth Empowerment in Entrepreneurship Development in Indonesia. The policy brief can be accessed at: https://drive.google.com/file/d/1kxdrWSn7A_cxvMi4lsjr1Z1XrUvVzuMt/view?usp=drive_link . (UNFPA, SIS Report 2023)
	Additional Results: ● Developed, and piloted the Module on peer-led Out of School ARH education for Young Key Population for selected provinces (Papua, Papua Barat Daya, Maluku, NTT, NTB) (UNFPA Indonesia, Annual Report 2023). ● Implemented the DESIRE 2021: Digital Sexuality Education Conference Asia-Pacific, which then The Community of Practice successfully expanded the Digital Sexuality Education (DSE) Community in Asia Pacific. The DSE regional community now has 79 members from 10 countries across Asia Pacific: Bhutan, Indonesia, India, Japan, Malaysia, Myanmar, Nepal, Pakistan, Philippines, and Papua New Guinea. (UNFPA Indonesia, SIS Report 2023) ● Supported the issuance and implementation Ministerial Regulation No. 46/2023 concerning the Prevention and Handling of Violence in the Education Unit environment aligned with in-school ARH Education (UNFPA Indonesia, SIS Report 2023). ● Developed and disseminated A qualitative study developed to understand the pathways to adolescent pregnancy in Indonesia (2023) together with UNFPA APRO and the Burnet Institute. ● Developed and Utilized The study of adolescent fertility aged 10-14 years in Indonesia using Long Form Population Census data 2020 (LF SP2020) for Indonesia for SDGs Achievement. ***Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved*** Additional Evidence regarding ARH Education		

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Table X. Knowledge and Behavioural Change[315]

Interventions	% Average of Knowledge Increase	Behavioral Changes
Adolescent Reproductive Health Education in Elementary Education (Junior high school)	13.71	Teachers' understanding of reproductive health education has deepened, particularly regarding the integration of Healthy Life Skills Education (PKHS) into their teaching materials, covering physical, cognitive, psychological, and social aspects of adolescents. After participating in the activities, teachers have become more empathetic and open towards adolescents, recognizing their potential and viewing them more positively. They are also more motivated to integrate reproductive health education into their lessons, collaborate with health centers, and emphasize the need for a supportive learning community among teachers for continued improvement.
Adolescent reproductive health education in special needs education	10.3	After the training, teachers gained a broader understanding of reproductive health beyond just sexual organs and now feel more enabled to discussing previously taboo topics. They plan to integrate reproductive health education into their lessons, share the information with students, colleagues, and parents, and address important topics such as body autonomy, personal hygiene, and safe internet use in engaging ways. Additionally, teachers emphasized the importance of involving parents in reproductive health education and intend to collaborate with master teachers to improve the delivery of their lessons.
Reproductive health education for out- of-school adolescents	20.48	After receiving orientation on reproductive health, the puskesmas staff stated that they were more enthusiastic in delivering materials on adolescent reproductive health at the Posyandu, even on holidays, and planned to introduce new topics that were previously unavailable. In addition, there are plans to add adolescent Posyandus in each Puskesmas and to work with trained schools in the work area to conduct initial screening.

Source: UNFPA Indonesia, Laporan Pelaksanaan Peningkatan Kompetensi Kesehatan Reproduksi bagi Guru dan Kepala Sekolah 2023.

Additional Information regarding SDGs Youth Hub Member

Organisational Member of SDGs Youth Hub

[315] UNFPA Indonesia. 2023. UNFPA Indonesia. 2023. Report on the Implementation of Reproductive Health Competency Improvement for Teachers and Principals.

<table>
<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th>Substantiating Evidence</th></tr>
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Member of SDGs Youth Hub

Source : YSSI Data, 2024

- Based on the data, the distribution of SGDs Youth Hub members is mostly concentrated in the more developed areas of Indonesia. There is also lack of concrete action on addressing their intersectional vullnerability.
- Based on the Situation analysis report on youth participation in the government programme for youth development and SDGs (UNFPA and CISDI, 2021), it is hoped that the SDGS YouthHub can accommodate the urban bias that has occurred in development, which should not be repeated in the development of the youth participation platform. However, the focus on fulfilling this gap is still very limited.

</td></tr>
<tr><td>AY outputs contributed to the achievement of the outcome level change, i.e. every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Methods for data collection</td><td>

Adolescents and Youth Substantiating Evidence on contributions to outcome level change

Details on the outcome level indicators

<table>
<tr><th colspan="3">Outcome level results: Adolescent and Youth</th></tr>
<tr><th>#</th><th>Indicator, Baseline and Target</th><th>Results</th></tr>
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<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th>Substantiating Evidence</th></tr>
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and Sources of information

Desk Review

- CPD / CPAP including Results and Resources Framework
- Theories of Change
- Project level and other relevant evaluation reports
- Baseline studies conducted
- UNFPA / UNCT Annual reports
- UNFPA Quarterly and SIS reports
- UNDAF annual reports
- AWPs and Quarterly reports implementing partners
- Relevant studies in AY outcome area

Semi-structured key informant interviews

- National Government partners in AY outcome area
- Relevant sub-national government agencies in sampled provinces
- CSO partners in the AY outcome area at national and sub-national levels
- UNFPA AY programmatic staff
- UNFPA APRO staff having provided support to the outcome area
- SMT staff of selected sister UN agencies with overlapping mandate in the outcome area

Focus group discussion

- Selected youth groups and youth stakeholders at national and sub-national level in selected provinces
- With teachers of selected schools on ARHE implementation for in-school youth
- With youth groups in selected provinces on ARHE for out-of-school youth

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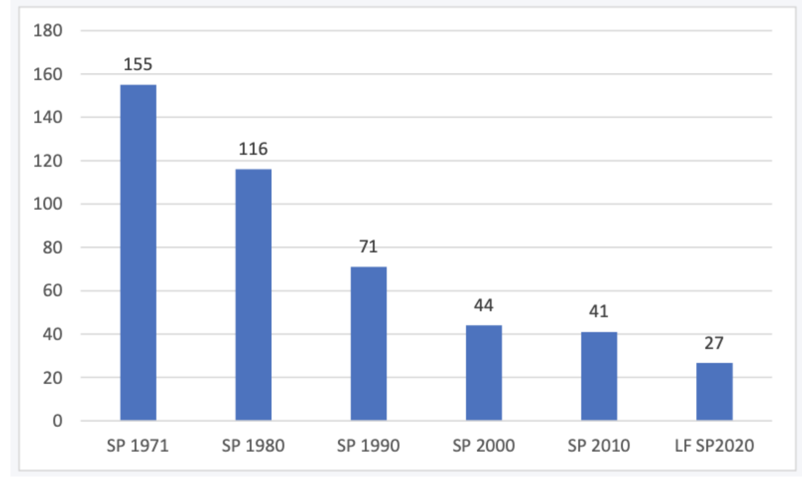
2.1	Age Specific Fertility Rate aged 15-19 per 1,000 women *Baseline: 36 (2017); Target: 18 (2024)*	**Accomplishment**: Partly achieved 27 per 1,000 girls/ women in 2022 (LF SP 2020)
2.1	Youth Development Index *Baseline: 51.50 (2018) Target: 57.67 (2024)*	**Accomplishment**: Expected to be achieved 55.33 (2022)

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved

Evidence of the contribution of output level result to outcome level changes

TREND OF AGE SPECIFIC FERTILITY RATE FOR AGE GROUP 15–19 YEARS OF AGE, SP1971 - SP2020



Source: BPS. 2023. Result of National Longform Population Census 2020.

Based on BPS youth statistic 2023, in 2023 18.87% of adolescents were married between the ages of 16-18 years. In fact, there were still around 2.32% whose first marriage was less than 16 years. Furthermore, 44.33% of young women gave birth when they were less than 21 years old. In 2023, 11 out of

</td></tr>
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Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	100 youth who never went to school or did not complete primary school had become heads of households [316]. Additionaly, 61% of girls who are married in their adolescent do not access secondary education[317]. Thus, out-of-school ARH education including online outreach through CoP is essential to reach individuals who do not able to complete formal schooling.

TREND OF YDI 2020-2022 (Detail of Each Domain)

Domain	Indicator	2020	2021	2022
Education	Average years of schooling	10.78	10.89	10.94
	Gross Enrollment Rate for Secondary School	88.32	88.93	88.8
	Gross Enrollment Rate for Higher Education	30.85	31.19	31.16
	Education Domain	70	70	70
Health and Well-being	Youth illness rate	8.58	10.23	9.51
	Percentage of crime victims	1.14	0.85	0.46
	Percentage of youth who smoke	25.7	25.07	24.36
	Percentage of teenage girls who are pregnant	18.22	16.97	16.97
	Health and Well-being Domain	55	60	65

[316] BPS, 2024. Statistik Pemuda Indonesia 2023.
[317] BPS, 2024. Statistik Pemuda Indonesia 2023.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence				
	Employment and Job Opportunity	Percentage of youth in white-collar entrepreneurship	0.44	0.41	0.48
		Open unemployment rate	15.23	14.42	13.93
		Employment and Job Opportunity Domain	40	40	45
	Participation and Leadership	Percentage of youth participating in social community activities	81.36	70.49	70.49
		Percentage of youth active in organizations	6.36	4.84	4.84
		Percentage of youth giving suggestions/opinions in meetings	6.72	5.4	5.4
		Participation and Leadership Domain	46.67	43.33	43.33
	Gender and Discrimination	Child marriage rate	10.35	9.23	9.23
		Percentage of young women aged 16-24 years pursuing education at the high school level or higher	39.37	41.11	41.11
		Percentage of young women working in the formal sector	22.31	24	24.03
		Gender and Discrimination Domain	43.33	53.33	53.33

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Youth Development Index | 51 | 53.33 | 55.33 *Source: MoYS. 2023. YDI Data 2020-2022.* The Youth Development Index (YDI) contains five domains. Based on the YDI data, the health and well being domain (55 in 2020 and 65 in 2022) which related to UNFPA mandate has shown a stable increase from 2021-2023, reflecting amongst others the decrease of adolescent fertility rate. The Gender and Discrimination domain has shown limited increase (43.33 in 2021 and 53,33 in 2022), with details on child marriage showing a reduced incidence. Additionally, the domain on education of YDI shows an increase, though it is worth to note that the proportion of youth with completed secondary education remains at the low end, with junior high school at 36 percent and secondary school at 40 percent. The participation and leadership domain of the YDI has shown to remain constant (rated at 43.33 in 2021 and 43.33 in 2022). Support provided to the identification of particularly AY vulnerable and left behind groups including people with disabilities, responding to their specific needs ○ Support on CSE module/guideline for people with intellectual disability and also the tools for ARH and youth participation in the humanitarian settings are endorsed and socialized[318]. ○ Producing and implementing the Module on peer-led Out of School ARH Education for Young Key Population for 5 province in eastern Indonesia (Papua, Papua Barat Daya, Maluku, NTT, NTB)[319]. ○ Through LNOB project, the 'Keren' youth forum initiative, which focuses on advocating the vulnerable groups' need in Youth health post in Central Sulawesi in humanitarian response in Central Sulawesi[320] Evidence that the use of data, information and analytical studies from the PD outcome area has informed programming and achievement of results in the AY outcome area ● Youth projection has been used to determine where opportunity utilization of the demographic bonus based on bonus data demographics obtained from the census population and projections[321]. ● The revision of the Youth Development Index (YDI) has made significant contributions to both national and sub-national data on youth development, playing a crucial role in strategic planning and development efforts (RPJPN and RPJMN)[322]. This updated data supports the formulation of policies and programs aimed at improving youth outcomes across various levels of government.

[318] UNFPA Indonesia Annual SIS Report 2022-2023

[319] UNFPA Indonesia Annual SIS Report 2023

[320] UNFPA Indonesia. Andajani, S., & Octaria, Y. C. (2022). Leaving No One Behind: Inspiring Stories, Appreciation, Innovation and Transformation.

[321] Key Informant Interview in National Level.

[322] UNFPA Indonesia SIS Report 2021-2022

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	• The inclusion of child marriage and adolescent pregnancy data in the in YDI[323], National Survey on Women's Life Experiences (SPHPN), and National Survey on Life Experiences of Children and Adolescents (SNPHAR)[324]. These initiatives highlight the ongoing focus on these critical issues. • The utilization of Study on Age-Specific Fertility Rate (ASFR) for the age group 10-14 years[325] contributes to the Sustainable Development Goals (SDGs) achievement of Indonesia[326] providing essential insights into early pregnancy trends.
GEWE outputs achieved, i.e. national and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum. **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP including Results and Resources Framework - Theories of Change - Project level and other relevant evaluation reports - Baseline studies conducted - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWPs and Quarterly reports implementing partners	**GEWE Substantiating Evidence on contributions to output level change** **At output level, GEWE appears to have achieved its targets with regard to strengthening GBV services at national and sub-national level (piloting districts). Five districts in the BERANI project have issued supportive regulations, exceeding the 2024 target of four districts .** **Regarding strengthening GBV services at P2TP2A/UPTD (government multi-sectoral GBV services, have included 11 districts, exceeding the target of four .** **The percentage of GBV survivors accessing at least one essential service, such as justice, health, police or social services exceeded the 80% target (for 2024) in six piloting districts and through MOWECP SAPA 129 hotline, with some districts achieving 100% .** **e. The goal of adopting gender-transformative programmes in four districts to address harmful masculinity and promote gender positive norms has been partially achieved, with ongoing planned implementation. Piloting has been expanding to 11 districts, including Tangerang and Bogor, where dissemination workshops on male involvement in GBV prevention and gender-mainstreaming budgeting have been completed, with implementation in 2024.** **f. Monitoring of the implementation of gender-transformative programmes in DKI Jakarta, Cirebon, Palu, Sigi, Jember, Serang, Garut, Brebes, Lombok TImur was completed in 2023. Recommendations include integrating male involvement in GBV prevention across all levels and involving multi stakeholders, such as community and religious leaders, with expected implementation in 2024.** **Policy development** **a. Law No. 28/2024 (Article 102) on the elimination of female genital mutilation/cutting (FGM/C) and Article 54 on the prevention of**

[323] UNFPA Indonesia SIS Report 2023

[324] Key Informant Interview in National Level.

[325] BPS and UNFPA Indonesia. 2023. Kajian Fertilitas Remaja Umur 10-14 Tahun di Indonesia

[326] Bappenas. 2020. Indonesia Resmi Gunakan ASFR 10-14 Tahun Sebagai Salah Satu Indikator SDGs (retrieved on 22 July 2024)

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
- Relevant studies in GEWE outcome area - UNCT SWAP Scorecard methodology **Semi-structured key informant interviews** - National Government partners in GEWE outcome area - Relevant sub-national government agencies in sampled provinces - CSO partners in the GEWE outcome area at national and sub-national levels - UNFPA GEWE programmatic staff - UNFPA APRO staff having provided support to the outcome area - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Senior management of selected health facilities on GBV response through the health sector in selected provinces **Focus group discussion** - With peer groups of staff of selected health facilities on GBV response through the health sector in selected provinces - With groups of survivors of GBV in selected provinces - District officials in selected provinces on adoption of gender transformative community mobilization programmes	**child marriage.** **b. Presidential Regulation No. 59/2024 (Article 52, point R) mandates that expenses incurred for victims of sexual violence, human trafficking, terrorism, and other violence crimes be covered under universal health insurance (BPJS).** **c. The Indonesian Midwives Association (IBI) issued Circular No. 0319/PPIBI/II/2024 enforcing a total ban on FGM/C, to strengthen efforts to eradicate FGM/C nationwide.** **d. Draft implementing regulation for UPTD PPA (by MOWECP) as mandated by UU No. 12/2022 (Sexual Violence Crimes Law, Article 78), stressing the need for standarisation of services, including availabilities, complaint, case handling, shelter, mediation, victim assistance, paralegal and psychological support. This draft also includes monitoring and evaluation of collaboration between government and CSOs, further strengthening UNFPA's effectiveness in ending GBV.** **e. Completed draft of the Joint Decision of the Minister of Women Empowerment and Child Protection, Attorney General of the Republic of Indonesia, and CHief of the Indonesian National Police regarding the Implementation of Criminal Provisions in Law No. 12 of 2022 on Sexual VIolence Crimes, pending approval. This regulation aims to strengthen inter-agencies coordination and enforcement to effectively combat sexual violence, in which consistent with UNFPA's mandates.** **Data** **Nationwide GBV reporting has been challenging due to the use of varied platforms and parameters: " Our reporting systems are not synchronized, with different parameters used in different platforms"(NCVAW, 2024). Under UNFPA mandates to end GBV and SDGs principle of Leave No One Behind, progress has been made in 2023-2024:** **a. Integrating GEDSI (Gender Equality Disability and Social Inclusion), FGM/C and SADDD (Sex, Age, Disability Disaggregated Data) into the reporting to SIMFONI PPA (Online information system on violence against women and children) , ensures comprehensive GBV reporting, including vulnerable groups, to improve responses.** **b. The 3rd Survey Pengalaman Hidup Perempuan Nasional (SPHPN), or VAW Survey (June-July 20204) is the only nationwide GBV prevalence survey. It assesses SDGS indicators 5.2.1 (IPV), 5.2.2 (Sexual Violence), and 5.3.2 (FGM/C) which align with 2025-2029 RPJMN. UNFPA's contributions include i) finalizing data collection tools, ii) developing computer assisted personal interview/CAPI applications. iii) creating monitoring dashboard survey implementation, iv) incorporating GBV/Online, FGM/C, and DADDDs data enhancing UNFPA's efforts by providing essential data to support programme strategies and services. Insights from Surveys 2016 and 2021 informed improvements for the 2024 survey.** **Support national and subnational framework and mechanisms to prevent and respond to GBV and harmful practices** **c. The RESPECT Prevent Violence Against Women Framework, rolled out with GOI and UN Agencies will be integrated into national, subnational policies and programmes (RPJMN 2025-2029,). . RESPECT module completed to inform the GBV prevention**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	efforts, strengthening UNFPA's achievement to ending GBV. d. The completed Background Study on Women's Empowerment and Child Protection for the RPJMN 2025-2029 identifies key issues, sets performance indicators, and shapes policy recommendations, informing the Medium Term National Strategy for women's empowerment and child protection, supporting UNFPA's Three Zeros agenda . e. A Rapid Assessment of 278 UPTD PPAs found only 10 had satisfactory facilities, with the majority, particularly, outside Java, having poor facilities, tools and services for children and people with disabilities. Of 514 Districts/municipalities, only 50% had established UPTD PPAs. SOPs vary widely. Lack of clinical psychologist, social workers. Findings and recommendations are crucial in implementing UU TPKS NO. 12/2022 and strengthening GBV services in CP11. f. SOP PSEAH for service providers at SAPA 129 National Referral System and UPTD PPA to be tested in 4 TAKEDA pilot districts (2024) g. Evaluation of SIMFONI PPA National reporting system Subsequently, some of the abovementioned frameworks have been or will be applied and pilot tested at the sub-national level, including: h. RESPECT - Protection of Violence Against Women i. SOP PSEAH in selected UPTD PPA for GBV Case Management System . Government multi-sectoral services for gender-based violence (P2TP2A/ UPTDs), Women's Crisis Centres, were capacitated to deliver comprehensive multi-sectoral GBV violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings. Addressing inequality in GBV services for people with disabilities, customary communities and Older persons. a. Strategic partnership with Khouw Kalbe Foundation, BESTARI university scholarships for young girls and women at risk of GBV and child marriage in 28 provinces, resulted in 112 girls from 10 highest provinces of child marriage received scholarships (fully funded by Yasasan Khouw Kalbe) b. In 2023, NCVAW, UNFPA, 16 Days Campaign against VAW, policy dialogues an network consultations in Aceh, Central Borneo (2024), led to a policy draft on Living Law and a draft on monitoring of sexual violence under Traditional and Court law. Campaign participants included more than 500 community people, CSOs, and government representatives, academics . c. 16-Days Campaign Against VAW, led by NCVAW, included workshops and network consultancies with SCOS, Paralegal organization, and communities of people with disabilities in Banten , Serang , Bangka Belitung .

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	e. Published Service Guideline for Women and Children with Disabilities, 2023. , e. Training for 113 UPTD PPA Frontline Responders through BERANI project in Jakarta, Palu, & Sigi, and Tangerang, showed a measurable increase in participants' understanding of GBV and case management principles, between pre and post tests . f. Pulih Foundation led integrated GBViE/SRH services, HIV, MHPSS, psychological first aid (PFA) training for first responders following the 2022 Cianjur disaster. Measurable changes in knowledge can be seen in Table xx. This training resulted in i) integration of MHPSS service into Saung SAPA Safe Space for Women, ii) CSOs and front line workers conducting IEC workshops to the communities, iii) a District Regulation establishing Forum Perlindungan Korban Kekerasan (FPKK) (Protection For GBV Survivors Forum), and iv) Integration of GBV sub-cluster with FPKK g. Pulih conducted 3-day PFA in humanitarian/emergency training to 95 GBV providers in Greater Jakarta, Garut, and North Lombok, in 2022. Measurable significant changes of knowledge (significant -test) are presented in Table xx. 88% participants were satisfied with the training and 86% agreed that the knowledge learned will improve their work as GBV service providers . h. Details of other training conducted by Pulih in various regions are included in Table xx.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence

Training themes	Achievements	Participants / regions
MHPSS and GBV Online session	235 GBV service providers trained	• P2TP2A in Greater Jakarta, • Central Sulawesi, NTB, and • Cirebon • WCCs
Integrated multisectoral GBV services during COVID 19 Pandemic using the GBV COVID-19 protocols	5 P2TP2A	• UPT P2A Central Sulawesi • P2TP2As Jakarta, Palu, Donggala, Sigi
	4 Women-led NGOs and WCCs trained	• Yayasan Pulih Jakarta • Central Sulawesi NGOs: KPKPST, LIBU Perempuan, Sikola Mombine
SRH, GBV, MHPSS Online	81 midwives trained	
Case Management of sexual violence and GBV, online	252 midwives trained	
MHPSS Information and support consultation	135 midwives trained	
Psychological first aid (PFA), Case Management of Rape (CMR) and GBViE	165 midwives trained	
PSEAH training online	322 participants from 19 institutions (2020) trained	DKI Jakarta, Central Sulawesi, Depok, Tangerang, Bekasi, Banten, Cirebon, North Lombok, East Java
	159 participants from 49 institutions (2021) trained	South Kalimantan, NTT, East Sumba, South Sulawesi, East Java, Pontianak, North Sulawesi, Central Java, NTB, West Sulawesi, DKI Jakarta, Cirebon, Bekasi, West Sumatera, Riau Island

193. Workshop and training on GBViE, PSEAH, MHPSS, PFA in various regions resulted in adoption of PSEAH framework, like making mandatory training for World Bank contract workers and agencies during the Central Sulawesi reconstruction Training covered ethical issues, GBV penalties and protection for under-age labour

194. Yayasan Pulih, YKP and MoWECP conducted online and face-to face training provided to staff at various UPTD P2A/ PTP2A, Women's Crisis Centres, institutions and CSOs handling GBV cases and prevention. Training covered GBV services and reporting

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	mechanism, MISP, MHPSS, PSEAH, Case Management of Rape and Sexual Violence, during the COVID-19 interruptions, which later those training were relevant in relevant in normal-development contexts **Community mobilization to address harmful masculinities** **A female staff working as a legal advisor in Bogor explained that she was very strict in managing GBV cases before receiving training "but I have learned on how to build rapport and provide psychological support and how to work with other services" A young father, a farmer, from a village in DIY learned lots about family relationships and sharing childcare and domestic works with his wife from attending the father classes. More testimonies from various stakeholders can be viewed in the LNOB reports cited, however, we were unable to locate any quantitative pre-post tests data.** **During COVID-19 Humanitarian Response, supported by the Government of Japan, the LNOB project covered 22 provinces and 76 districts/cities. Nearly 3500 frontliners were trained on GBViE, integrated SRH/GBV/MHPSS services, and clinical management of rape, enhancing the health sector response to support survivors of sexual violence . In Central Sulawesi, 198 meetings engaged 2800 participants,including including community members, village and religious leaders, service providers and front line workers . As a result of capacity building in Palu, Sigi, Donggala (Central Sulawesi) CSOs, UPTD PPA (then DPPKBP3A)collaborated the establishment and management of 12 Women Friendly Space (WFS), becoming experts source in setting up WFS in Cianjur District following the 2022 earthquake .** **During the COVID-19 pandemic, GBV and child marriage rates surged. UNFPA strategically, invited Fatayat NU as a new strategic partner in 2021. This partnership led to the establishment of the training for trainers (TOT) for Daiyah (female religious leaders) and members of Taklim Assembly (Majelis Taklim) in Yogyakarta, West Jawa, and Central Sulawesi to address GBV and child marriage. They distributed IEC materials to include 5800 calendars, 2000 block notes across those 3 provinces, and technical assistance to their subnational members. This capacity building activities led to i) initiating men's organisation under NU to engage in SRH and GBV discussion, ii) providing SRH GBV education to both male and female adolescents in religious schools (pesantren) , iii) developing interactive class activities and educational materials tailored to diverse participants, iv) collaborating with IPPNU or Female Students Association of NU, to become the agent of change in their communities, fostering youth participations and engagement in adolescents and youth SRH/ GBV initiatives. iv) recording live YouTube videos on various topics for wider access. YouTube videos include advocacy for the issuance of the Sexual Violence Crimes Law (which was enaced in 2022) and seminars.** **Commitment to vulnerable young people. UNFPA's collaboration with PKBI Central Sulawesi on youth leadership and SRH/GBV, had led to the youth's initiative for the establishment of the Inclusive Youth Forum (Youth Forum KEREN), see discussion from Adolescents-Young People sections** **UNFPA's partnership with the MoWECP and Khouw Kalbe Foundation (Yayasan Khouw Kalbe -YKK) support gender equity and empowerment of young women and girls by providing scholarships to 112 girls at risk of GBV and Child marriage with testimony of five of the BESTARI scholarships can be accessed here .**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Sikola Mombine (SM), was assigned to assist with training and capacity building: **● Established a learning village, involving traditional, community and religious leaders on SRH RR GBV nomenclature and establishment of the Village SDGs policies and Gender-Responsive Budgeting.** **● Building the capacity of young leaders, with 90% of SM staff and volunteers being young people, committed to youth development, women's empowerment and gender equality, participating in establishment of Child Friendly Village, established youtu-based movement in gender equality, politics and leaderships (Posyandu) .** **● Implementing affirmative action to ensure 30% male participation in classes, to increase male engagement in programme activities .** **● Experience of some of the CSOs working with UNFPA, has improved their organizational governance, like development of documentation, programme accountability, procurement processes. progress reporting and financial management using QUANTUM. Quarterly meetings and reporting of the WPR / work progress report were found useful and helped to track their progress. Regularly IPs meetings organized by BAPPENAS, was regarded as a good platform to share experiences and learnings . However, the effectiveness of such meetings has been challenged by an unstructured agenda, with opening remarks and presentation taking most of the allocated time, leaving limited space for strategic discussions.** **FGM/C** In 2023, UNFPA collaborated with NCVAW to advocate for the prevention and response to FGM/C. Activities included reviewing the FGM/C RoadMap and Policy implementation at national and subnational levels, particularly in Gorontalo. Monitoring efforts assessed policy implementation, resulting in a comprehensive mapping report for Gorontalo. The collaboration extended to monitoring traditional practices in Kalimantan Tengah, specifically the cultural practice of Kaharingan, informing the development of draft policy recommendations for Living Law. Additionally, policy monitoring and advocacy targeted the implementation regulations of Sexual Crimes Law, involving serial dialogues for input and recommendations on Government Regulations (RPP) related to Living Law guidelines. UNINFO_ARR 2023 UNFPA, Internal Document. **Details on the output level indicators**

Output level results		
#	Indicator, Baseline, Target	Results
3.1a	Number of districts issuing supportive regulations, at least in 1 issue that	Accomplishment: Achieved

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
		address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum *Baseline: 0; Target: 4 districts*	Target exceeded in the BERANI project, funded by Global Affairs Canada, with 5 districts issuing regulations addressing harmful practices and GBV.[327] • South Sulawesi Governor Regulation No 31/2021 on the Regional Strategy for the Prevention of Child Marriage (STRADA PPA) • Bone District Regulation on Child Marriage Prevention and District Strategy (South Sulawesi) • North Luwu District Regulation on Child Marriage Prevention (South Sulawesi) • Tanjung Village Regulation on the Elimination of Child Marriage (North Lombok, NTB) • Tenige Village Regulation on the Protection of Women from GBV (North Lombok, NTB)[328] Additionally, 10 sub-national Decree Letters for the GBV sub-cluster - Sub-Cluster for the Prevention and Handling of Gender-Based Violence and Women's Empowerment (PPKBGPP) in humanitarian settings have been issued.[329][330] • Central Sulawesi Province • West Sulawesi Province

[327] BERANI stands for Better Sexual and Reproductive Health and Rights for All Indonesia: https://www.unicef.org/indonesia/media/18791/file/BERANIBooklet-BERANIEmpoweringLives.pdf

[328] BERANI Empowering Lives: Better Sexual and Reproductive Health and Rights for All Indonesia (BERANI). Programme Information 2018-2023

[329] FGDs and personal communication at national and sub-national level.

[330] UNFPA Indonesia. (2024). Ministry of Women's Empowerment and Child Protection and UNFPA: Reflecting on 5 Years of Preventing and Addressing Gender-Based Violence in Disasters on World Humanitarian Day 2024 https://indonesia.unfpa.org/en/news/ministry-womens-empowerment-and-child-protection-and-unfpa-reflecting-5-years-preventing-and

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
			• North Sulawesi • East Java • South Kalimantan • DIY - Special Region of Yogyakarta • West Sumatera • Lumajang District • Pasaman District • West Pasaman District With the following regions under initiation process: Cianjur District North Aceh District North Tapanuli District NTT Province NTB Province
	3.1b	Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings *Baseline: 0; Target: 4 P2TP2A/UPTD*	Accomplishment: Achieved The Piloted project included 11 districts: Jakarta, Palu, Sigi, Cirebon, Bogor, Tangerang, Serang, Garut Brebes, Jember, Lombok Timur. Supported MoWECP and MoH on piloting multisectoral GBV services at sub-national level, including health sector response to GBV. Capacitated districts on child marriage prevention and FGM/C with districts issued regulations on prevention child marriage, FGM/C and GBV

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	3.1c	Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame *Baseline: 0%; Target: 80%*	Accomplishment: Achieved • SAPA 129 National Hotline provided by MOWECP[331] • 87% of GBV cases reported to SAPA 129 referred to at least 1 service. Six pilot district's referral rates of GBV cases to at least 1 service with consent. • Cirebon: 70% • Bogor: 100% • Tangerang: 100% • Sigi: 100% • Palu: 100% • DKI Jakarta: 100%[332] Source: Work Plan Report MOWECP 2023 source: Data kasus dan layanan di 6 daerah piloting (MOWECP 2023) Data Kasus dan Layanan di 6 Daerah Piloting (1).xlsx

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332 Work Plan Report MOWECP Q4 2023.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	3.1d	Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms *Baseline*: 0; *Target: 4 districts*	Accomplishment: Partly achieved **Piloting districts:** Bogor, Tangerang, DKI Jakarta, Cirebon, Palu, Sigi, Jember, Serang, Garut, Brebes, Lombok TImur. • **Bogor, Tangerang**, Completed dissemination workshops on roadmaps and action plans for male involvement in GBV prevention. These roadmaps are set for implementation in 2024. • **Bogor:** MOWECP led workshop on Gender Mainstreaming Programme Planning and Budgeting [link: MOWECP, 2023 WPR Report] • **Tangerang**: DP3AKB led workshop on Roadmap on Male Involvement 2023 (link: MOWECP, 2023 WPR Report] **Monitoring & Integration:** Monitoring meetings assessed progress on the implementation of roadmaps and action plans for male involvement in GBV prevention in DKI Jakarta, Cirebon, Palu, Sigi, Jember, Serang, Garut, Brebes, Lombok TImur. Recommendation for the integration of male involvement in GBV prevention across multi stakeholders, such as community and religious leaders, are expected to be implemented in 2024.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Additional results • Issuance of Law No. 28/2024 on the elimination of FGM/C and Child Marriage. • Issuance of Law No. 59/2024 for expenses of GBV services for survivors to be covered under universal health insurance scheme (BPJS). • Issuance of two fatwa by KUPI (Women Uleama) on ending FGM/C (November 2022).[333] • Completed revision on Health Sector Response Guideline for GBV and Training Manual for Health Sector Response - GBV for health providers. i • PSEAH Guideline for Service Providers at SAPA 129 Hotline and UPTD PPA • Draft of GBV curriculum for social workers • 250 BESTARI Scholarships (fully funded by the Khouw Kalbe Foundation) for girls and young women at risk of child marriage and GBV[334]. • GRAB: 660 grab drivers in Jakarta, Bandung, Surabaya, Bandung and Medan and 140 Grabbers (Grab employees) have received training on GBV Prevention and response, in collaboration with GRAB and MOWECP..[335] • Technical report on a study on the impact of climate change on GBV in Indonesia, in collaboration with UNWOMEN and MOWECP[336]. • Co-financing (2023): Global Affairs Canada (10M CAD) join project with UNICEF, UNWomen and Gender and Social norms; Takeda Pharmaceutical (1.2 Million USD) on Gender and Social Norms.[337]

[333] Agustino, R. D. (2023). Indonesian women religious leaders call for ending female genital mutilation or cutting. https://indonesia.unfpa.org/en/news/indonesian-women-religious-leaders-call-ending-female-genital-mutilation-or-cutting

[334] UNFPA Indonesia. (2023). Building a Generation of Leaders and Empowering Girls to Be Students, Not Brides, in Indonesia. UNFPA. https://indonesia.unfpa.org/en/news/building-generation-leaders-and-empowering-girls-be-students-not-brides-indonesia

[335] https://indonesia.unfpa.org/en/news/grab-drivers-indonesia-take-stand-against-sexual-violence

[336] UNFPA Indonesia. (2024). The Risk Of Gender-Based Violence In Disasters And Mitigation Recommendations In Indonesia. UNFPA Indonesia,. https://indonesia.unfpa.org/sites/default/files/pub-pdf/2024-09/English%20-%20FINAL%20GBV%20Risks%20Assessment%20and%20Safety%20Audit%2016%20Aug%202024_2.pdf

[337] UNFPA Indonesia. (2024). UNFPA Indonesia Annual Report 2023. https://indonesia.unfpa.org/en/publications/unfpa-indonesia-annual-report-2023

<table>
<tr><th>Assumptions to be assessed
Methods for data collection and Sources of information</th><th>Substantiating Evidence</th></tr>
<tr><td></td><td>

- Co-financing: Establishment of village SATGAS P2A (Village Task Force) for GBV prevention and response in Sigi and Donggala, funded by Dana Aspirasi DPR or POKIR Parliamentary Aspiration/Constituency Fund).[338]
- Private Partnerships (No Financing) with GRAB-ride Hailing Company on GBV; and The Khouw Kalbe Foundation (philanthropic organization) on Child Marriage and GBV (providing scholarship for girls and young women at risk of GBV and or child marriage)[339]

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved</td></tr>
<tr><td>GEWE outputs contributed to the achievement of the outcome level change, i.e. gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Methods for data collection and Sources of information
Desk Review
- CPD / CPAP including Results and Resources Framework
- Theories of Change
- Project level and other relevant evaluation reports
- Baseline studies conducted
- UNFPA / UNCT Annual reports
- UNFPA Quarterly and SIS reports
- UNDAF annual reports
- AWPs and Quarterly reports implementing partners
- Relevant studies in GEWE outcome area</td><td>

GEWE Substantiating Evidence on contributions to outcome level change

Regarding the CP10 Outcome for Gender equality and women's empowerment (GEWE), between 2016 and 2021, reported GBV cases have decrease from 9.4% to 6.6% and this progress aligns with the one of the UNFPA Three Zeros goals to end GBV and harmful practices, including FGM/C and Child Marriage by 2030. Further, efforts are needed. Likewise, the rate of child marriage <18 years have dropped from 10.82% in 2019 to 6.92% in 2023, exceeding the 2024 target of 8.74%

Details on the outcome level indicators

<table>
<tr><th colspan="3">Outcome level results: Gender Equality and Women Empowerment</th></tr>
<tr><th>#</th><th>Indicator, Baseline and Target</th><th>Results</th></tr>
<tr><td></td><td>Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the</td><td>Accomplishment: Achieved*</td></tr>
</table>

</td></tr>
</table>

[338] FGD with CSOs in Palu, Sigi, Donggala.

[339] UNFPA Indonesia. (2024). UNFPA Indonesia Annual Report 2023. https://indonesia.unfpa.org/en/publications/unfpa-indonesia-annual-report-2023

<table>
<tr><th>Assumptions to be assessed
Methods for data collection and Sources of information</th><th colspan="3">Substantiating Evidence</th></tr>
<tr><td rowspan="2">- UNCT SWAP Scorecard methodology
Semi-structured key informant interviews
- National Government partners in GEWE outcome area
- Relevant sub-national government agencies in sampled provinces
- CSO partners in the GEWE outcome area at national and sub-national levels
- UNFPA GEWE programmatic staff
- UNFPA APRO staff having provided support to the outcome area
- SMT staff of selected sister UN agencies with overlapping mandate in the outcome area
- Senior management of selected health facilities on GBV response through the health sector in selected provinces
Focus group discussion
- With peer groups of staff of selected health facilities on GBV response through the health sector in selected provinces
- With groups of survivors of GBV in selected provinces
- District officials in selected provinces on adoption of gender transformative community mobilization programmes</td><td></td><td>previous 12 months

Baseline: 9.4% (2016) Target: Decreased (2024)</td><td>6.6% (2021 SHPN BPS)[340]

*Based on the Three Zeros by 2030[341]

<table>
<tr><th rowspan="2">Jenis Kekerasan</th><th colspan="2">Proporsi Perempuan Dewasa Dan Anak Perempuan (Umur 15-64 Tahun) Mengalami Kekerasan (Fisik, Seksual, Atau Emosional) Oleh Pasangan Atau Mantan Pasangan Dalam 12 Bulan Terakhir</th></tr>
<tr><th>2021</th><th>2016</th></tr>
<tr><td>Indonesia</td><td>2,0</td><td>1,8</td></tr>
<tr><td>Kekerasan Fisik</td><td>2,0</td><td>1,8</td></tr>
<tr><td>Kekerasan Seksual</td><td>2,3</td><td>3,8</td></tr>
<tr><td>Kekerasan Emosional</td><td>4,7</td><td>7,5</td></tr>
<tr><td>Fisik/Seksual/Emosional</td><td>6,6</td><td>10,4</td></tr>
</table>
Keterangan Data :
Sumber: Survei Pengalaman Hidup Perempuan Nasional (SPHPN) (Kemen PPPA dan BPS)
Prevalensi kekerasan (fisik, seksual, emosional) terhadap perempuan (umur 15-64 tahun) yang pernah/sedang menikah oleh pasangan dalam 12 bulan terakhir

Source: BPS Statistics Indonesia. (2023). Proporsi Perempuan Dewasa Dan Anak Perempuan (Umur 15-64 Tahun) Mengalami Kekerasan (Fisik, Seksual, Atau Emosional) Oleh Pasangan Atau Mantan Pasangan Dalam 12 Bulan Terakhir, 2016-2021. BPS Statistics,. https://www.bps.go.id/id/statistics-table/2/MTM3NSMy/proporsi-perempuan-dewasa-dan-anak-perempuan--umur-15-64-tahun--mengalami-kekerasan--fisik--seksual--atau-emosional--oleh-pasangan-atau-mantan-pasangan-dalam-12-bulan-terakhir.html</td></tr>
<tr><td></td><td>Proportion of women aged 20-24 years who were married or in a union before</td><td>Accomplishment: Achieved</td></tr>
</table>

[340] https://www.bps.go.id/id/statistics-table/2/MTM3NSMy/proporsi-perempuan-dewasa-dan-anak-perempuan--umur-15-64-tahun--mengalami-kekerasan--fisik--seksual--atau-emosional--oleh-pasangan-atau-mantan-pasangan-dalam-12-bulan-terakhir.html

[341] UNFPA Indonesia. (2022). UNFPA Indonesia Profile. UNFPA Indonesia,. https://indonesia.unfpa.org/en/publications/unfpa-indonesia-profile-0

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	age 15 and before age 18 Baseline: 10.82 (2019) Target: 8.74% (2024)
	Proportion of women 20-24 married before 18: 6.92% (2023 BPS)[342]

Area of Residence	Proportion of Women Aged 20-24 Years Who Were Married or in a Union Before 18 Years Old by Urban-Rural Classification (Percent)		
	2021	2022	2023
Urban	6,12	5,12	4,21
Rural	13,73	12,06	11,19
Urban + Rural	9,23	8,06	6,92

Information Data :

Source : National Socio-Economic Survey (Susenas), Statistics Indonesia

source: BPS Statistics Indonesia. (2024). Proporsi Perempuan Umur 20-24 Tahun Yang Berstatus Kawin Atau Berstatus Hidup Bersama Sebelum Umur 18 Tahun Menurut Provinsi (Persen), 2021-2023 https://www.bps.go.id/id/statistics-table/2/MTM2MCMy/proporsi-perempuan-umur-20-24-tahun-yang-berstatus-kawin-atau-berstatus-hidup-bersama-sebelum-umur-18-tahun-menurut-provinsi--persen-.html

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
PD outputs achieved, i.e. disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the	**PD Substantiating Evidence on contributions to output level change** **Details on the output level indicators** **Output level results: Population Dynamic**

[342] https://www.bps.go.id/en/statistics-table/2/MTM2MCMy/proportion-of-women-aged-20-24-years-who-were-married-or-in-a-union-before-18-years-old-by-province.html

<table>
<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th colspan="3">Substantiating Evidence</th></tr>
<tr><td rowspan="3">development and humanitarian continuum.

Methods for data collection and Sources of information
Desk Review
- CPD / CPAP including Results and Resources Framework
- Theories of Change
- Project level and other relevant evaluation reports
- Baseline studies conducted
- UNFPA / UNCT Annual reports
- UNFPA Quarterly and SIS reports
- UNDAF annual reports
- AWPs and Quarterly reports implementing partners
- Relevant studies in PD outcome area
Semi-structured key informant interviews
- National Government partners in PD outcome area
- Relevant sub-national government agencies in sampled provinces
- Other partners in the PD outcome area at national and sub-national levels
- UNFPA PD programmatic staff
- UNFPA APRO staff having provided support to the outcome area
- SMT staff of selected sister UN agencies with overlapping mandate in the outcome area
- Selected academics on the education of demographers</td><th>#</th><th>Indicator, Baseline and Target</th><th>Results</th></tr>
<tr><td>4.1a</td><td>Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities
Baseline: No Target: Yes</td><td>Accomplishment: Expected to be Achived
National master plan on population & development in place and under review
● Evaluation/update of Perpres (Presidential Regulation) No. 153/ 2014 on GDPK-Grand Design on Population Development;</td></tr>
<tr><td>4.1b</td><td>Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management
Baseline: No; Target: Yes</td><td>Accomplishment: Expected to be Achived
National population data platform is developed and/or accessible
● BKKBN's functioning GOLANTANG application for data collection & analysis of the elderly;
● Joint efforts of BPS-Directorate General of Population & Civil Registration-Bappenas-MoH in developing SSHI (Indonesian Vital Statistical System)[343], the developed Mobile Positioning Data calculation algorithm for Wira-wiri mobility statistics, the developed One Data on International Migration;
● BNPB's functioning & accessible SDBI-Indonesian</td></tr>
</table>

[343]Based on the confirmation of BPS-Statistic Indonesia's key informants, SSHI or *Sistem Statistik Hayati Indonesia* (Indonesian Vital Statistical System) is previously termed as SDI or *Satu Data Indonesia* (Indonesian One Data) and later as SDPI or *Satu Data Kependudukan Indonesia* (Indonesian One Population Data).

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
			One Disaster Data - integrating SADDD - but requiring further improvements in web format & browsing speed; ● Dissemination & online accessibility of Population Projection 2020-2050 (by provinces & districts); ● Thematic studies on maternal, neonatal & infant mortality, elderly from PC2020 longform; ● UNFPA supported calculation & availability of data on ASFR 10-14 for SDGs monitoring in Indonesia;
	4.1c	Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and reproductive rights, adolescents and youth, gender equality in both development and humanitarian contexts *Baseline: No; Target: Yes*	**Accomplishment: Partly Achived** ● Knowledge Hub Dashboard (mock-up) for SRH - not yet functioning as in the process of finding the web host with adequate server capacity; ● UNFPA's supported reports on the National Transfer Account (NTA) - focusing on the private consumption analysis and the updated concept & definitions of Full Sequence of Accounts (FSA), thus the estimation of economic flows between population by age, i.e. from productive age group to the young and elderly people in Indonesia needs to be calculated; ● Publication of Indonesia's Voluntary National Review (VNR) 2021 on Indonesia's SDGs progress

Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	1. UNFPA provided support to Bappenas and BPS-Statistics in the preparation of the Population Projections for the period of 2020-2050. This included the official launch of the projections by the Vice President in May 2023. The process of preparing these projections involved utilizing updated data from the 2020 Population Census and the 2020 Population Census Long Form. The cohort component method was employed, along with a deterministic approach, to generate point estimates. The Rural-Urban Projection (RUP) application was utilized for the calculations. Additionally, the Population Projections also incorporated the results of population projection calculations using the Bayesian model, which served as a quality assurance measure for the deterministic approach. 2. UNFPA played a crucial role in assisting BNPB in formulating the agency's regulation, which aimed to effectively coordinate and guide various line ministries and institutions involved in generating disaster-related data nationwide. This collaborative effort aimed to support national and sub-national initiatives. The significant achievement of this partnership was evident with the official endorsement of BNPB Regulation No. 1 of 2023, which specifically addressed establishing the Indonesia One Disaster Data system. This regulation was developed as a direct outcome of the Presidential Regulation that focused on Indonesian One Data. In addition, UNFPA also continued its support in the formation of derivative documents from BNPB Regulation No. 1/2023, namely in the form of technical guidelines for standardizing data on disaster events and impacts. 3. UNFPA, in collaboration with Bappenas, supported the development of the RPJMN (2025-2029) and RPJPN (2025-2045) technocratic documents by analyzing the utilization of demographic parameters. The initiative also involved One National Population Data synchronization for Vital Statistics through collaborative efforts with MOHA, BPS-Statistics Indonesia, and other government partners, addressing the issue of CRVS indicators and producing a Report on the Study of the Utilization of Population Parameters from the 2020 Population Census for the RPJMN 2025-2029. The policy paper on the "Potential Role of Women in Optimizing Indonesia's Demographic Dividend" and the development of a Cause of Death Module contributed to unlocking the demographic dividend and enhancing the One Data Policy in Indonesia. UNINFO_ARR 2023 UNFPA, Internal Document. 1. UNFPA, in collaboration with other UN Agencies, actively engaged in technical discussions to establish the Regional Hub. Indonesia, represented by the Central Statistics Agency (BPS), has been designated as the regional hub for big data and data science (Regional Hub on Big Data and Data Science) in the Asian region and the Pacific. This designation aligns with the support for the United Nations Global Platform. 2. In collaboration with BPS, UNFPA has jointly developed the Indonesia One Data on Migration (SDMI) information system platform. SDMI is designed to facilitate the collective provision of international migration data from various stakeholders, fostering evidence-based policy making. Beyond benefiting Ministries/Institutions, SDMI serves as a valuable resource for international institutions, the academic/research community, and other data users. The ongoing collaborative efforts in 2023 for SDMI development involved various Ministries/Institutions and international partners (UNFPA, IOM, and ILO), aligning with the capacities of each entity. Within this UNFPA-BPS collaboration, the SDMI Framework has been developed and agreed upon, accompanied by joint initiatives to draft regulations, including a Presidential Regulation (Perpres) across ministries/agencies. 3. In collaboration with BNPB, UNFPA played a crucial role in supporting the development and implementation of Indonesia One Disaster Data. The portal (https://data.bnpb.go.id) was successfully launched, and its effectiveness was demonstrated during emergency responses

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	in Cianjur, leading to further enhancements by incorporating various Standard Operational Procedures (SOP). The national and sub-national One Disaster Data platforms were successfully utilized in humanitarian responses, marking a significant stride towards data-driven decision-making in disaster management. The SDBI Platform was established nationally and replicated for West Java Province, enhancing disaster information accessibility across administrative levels. UNINFO_ARR 2023 UNFPA, Internal Document.
PD outputs contributed to the achievement of the outcome level change, i.e. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP including Results and Resources Framework - Theories of Change - Project level and other relevant evaluation reports - Baseline studies conducted - UNFPA / UNCT Annual reports - UNFPA Quarterly and SIS reports - UNDAF annual reports - AWPs and Quarterly reports implementing partners - Relevant studies in PD outcome area **Semi-structured key informant interviews** - National Government partners in PD outcome area - Relevant sub-national government agencies in sampled provinces - Other partners in the PD outcome area at national and sub-national levels	**PD Substantiating Evidence on contributions to outcome level change** **National master plan on population and development** The national master plan on population and development, or the so-called GDPK-Grand Design of Population and Development, already exists as it was legally formalized in Perpres (Presidential Regulation) Number 153 Year 2014 on GDPK. GDPK was developed by utilizing the latest population data and its analysis in line with national SDG priorities and the government's commitments on ICPD. The activities included the launch of the 2022 State of World Population Report, the World Population Day Webinar and Webinars on Three Zeros and ICPD25 for parliament members, as well as developing a report on policy recommendations of RPJPN-RPJMN on PD issues and a report on the implementation and MONEV of national strategy on accelerating population administration for CRVS & vital statistics (Stranas AKPSH). **Details on the outcome level indicators** **Outcome level results: Population Dynamic** **#** / **Indicator, Baseline and Target** / **Results/** Indicator: Proportion of 20 UNFPA prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics *Baseline: 20% (2018) Target: 40% (2025)* Result: Data availability of UNFPA-prioritized SDGs indicators in Indonesia, with partial disaggregation, was 4 out of total 20 indicators (20%) by 2023 ***Dark green: achieved, green: expected to be achieved; orange: partly achieved; red not achieved***

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
- UNFPA PD programmatic staff - UNFPA APRO staff having provided support to the outcome area - SMT staff of selected sister UN agencies with overlapping mandate in the outcome area - Selected academics on the education of demographers	**Data Availability for Monitoring the Progress in the UNFPA 20 Priority SDGs Indicators for Indonesia, 2023[344]** *"4 out of total 20 indicators (20%) are available for measuring the progresses, while 13 indicators (65%) are partially available; whereas 3 indicators (15%) are not available"*

	UNFPA's 20 Priority SDGs Indicators	Data Availability: ● V green: available; ● V yellow: partially available; ● NA: Not available	Progress	
			Baseline (2021)	2022
GOAL 1	(1) **1.1.1** Proportion of the population living below the international poverty line by sex, age, employment status and geographic location (U/R)	V	**3.5%**	**2.5%**
GOAL 3	(2) **3.1.1** Maternal mortality ratio;	V (2020 baseline data only)	**189** per 100,000 live births	–
	(3) **3.1.2** Proportion of births attended by skilled health personnel;	V	**88.91%**	**90.21%**
	(4) **3.3.1** Number of new HIV infections per 1,000 uninfected population; by sex, age and key populations;	V (data on total only)	**0.10**	**0.09**

[344] United Nation Population Fund (2021), *UNFPA Strategic Plan 2022-2025*, Annex 2 "Change stories" to accelerate the achievement of the three transformative results, Table 1. UNFPA priority indicators drawn from the Agenda 20230 for Sustainable Development framework, p. 7.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence				
		(5) **3.7.1** Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods;	**V** (2017 baseline data only)	**77.0**	–
		(6) **3.7.2** Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group;	**V** (2017 & 2020 baseline data only)	**0.179** (ASFR 10-14) **26.64** (ASFR 15-19)	– –
		(7) **3.8.1** Coverage of essential health services.	**NA**	–	–
	GOAL 5	(8) **5.2.1** Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by the form of violence and by age;	**V** (2021 baseline data only)	**6.55%**	– (Next SPHPN data in 2024)
		(9) **5.2.2** Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence;	**V**	**5.23%**	– (Next SPHPN data in 2024)

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence					
			(10) **5.3.1** Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18;	**V**	**0.58%**	**0.46%**
			(11) **5.3.2** Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age;	**NA**	–	–
			(12) **5.6.1** Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care;	**V** (2017 baseline data only)	**29.5%**	– (Next IDHS data in 09/2024)
			(13) **5.6.2** Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.	**NA**	–	–

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence					
	GOAL 10	(14) **10.3.1** Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.	V Using 2 proxy indicators: • Indonesian Demo-cratic Index-IDI • Number of complaints on human right violations being processed	**IDI: 79.72** **2,639 complaints**	– –	
	GOAL 13	(15) **13.1.1** Number of countries with national and local disaster risk reduction strategies;	V Using 2 proxy indicators: • National strategic plan & implemen-tation for disaster management in line with the Sendai FW for DRR 2015-2030; • % of regional govern-ments adopting & applying regional strategic disaster management in line with the national strategy.	**Documents of RENAS PB** (National Plan on Disaster Management) **2015-2019**	• Document of **RIPB (Master Plan of Disaster Management) 2020-2024** by BNPB; • **SIDIK-Information System of Vulnerability Index Data** by KLHK.	

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence				
		(16) **13.2.1** Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/ plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production.	**V** Using a proxy indicator: implemented inventory of greenhouse gas (GHG), monitoring, reporting & verification of GHG emission as reported in the document of ***Biannual Update Report (BUR)*** & ***National Communications***.	**Document of BUR II (2018)**	**Document BUR III (2021)**
	GOAL 16	(17) **16.9.1** Proportion of children under 5 years of age whose births have been registered with a civil authority, by age;	**V**	**77.04%**	**81.34%**
		(18) **16.2.3** Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18.	**V** (2021 baseline data & for the age group of 18-24 data only) Disaggregated by: · Females in urban · Females in rural · Males in urban · Males in rural	 **8.90%** **4.87%** **4.37%** **3.95%**	(Next SNPHAR data in 2024) – – – –

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence

GOAL 17	(19) **17.18.1** Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics;	**V** Using a proxy indicator: · Percentage of internet users	**77.02%**	**77.02%**
	(20) **17.19.2** Proportion of countries that: (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 percent birth registration and 80 per cent death registration.	**V** (a) Population Census (PC); (b) Availability of vital statistical Register (on births & deaths) at regional levels	**(a) 2020 PC** **(b) 5 regions**	(a) Next PC in 20230 **(b) 5 regions**

Notes: *Survei Pengalaman Hidup Perempuan Nasional* (SPHPN)-National Survey on Women Life Experience; *Survei Nasional Pengalaman Hidup Anak dan Remaja* (SNPHAR)-National Survey on Children & Teenagers Life Experience.

Source: Bappenas (2023), ***Laporan Pelaksanaan Pencapaian Tujuan Pembangunan Berkelanjutan 2023*** (Report on the Implementation of Achieving SD 2023), Annex on Table of Achievements of SDGs Indicators in 2022 (Form 1 M&E of SDGs), pages 163-222.

UNFPA's humanitarian programming contributed to enhanced organizational capacities in disaster preparedness and disaster risk reduction at national and sub-national levels **Methods for data collection and Sources of information** (see details under EQ 10 and 11)	- PD – Use of SADDD in humanitarian support (see EQ 10). - SADDD data collection tools and instruments were finalized in 2023, utilized, disseminated, and endorsed by the National Disaster Management Agency (NDMA)/Badan Nasional Penanggulangan Bencana. UNFPA Indonesia SIS Report 2023. - The SADDD data collection technical guideline, which accommodates the data collection during the assessment, response, and recovery endorsed in 2021 and utilized in the Finalized Official Report Cianjur EQ response in 2022. UNFPA Indonesia SIS Report 2022. Additional details provided under Evaluation Questions 10 and 11 below.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
EQ 6: To what extent has UNFPA successfully integrated human rights, gender equality and disability inclusion in the design, implementation and monitoring of the country programme?	
Programme and project design and implementation have integrated a human rights-based approach Programme and project design and implementation have integrated gender equality and women's empowerment Programme and project design and implementation have integrated disability inclusion as well as inclusion of other vulnerable and 'left behind' groups using an intersectionality approach **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP - UNFPA Quarterly and SIS reports - IP Quarterly /Annual reports - CCA and other needs assessments in each of the outcome areas **Semi-structured key informant interviews** - Government partners in each of the four outcome areas at national and sub-national levels - CSO partners in each of the four	- Human Rights based approach The UNFPA set a target to capacitate five local governments by training them on the existing Road Map and Action Plan, aimed at implementing the integration of gender-transformative programming into GBV prevention and reproductive health programmes under the Berani II programme. This approach not only focuses on building technical capacity but also embeds a human-rights based approach in programme interventions, ensuring that the needs, rights, and voices of vulnerable populations, particularly women and adolescents, are prioritized. Moreover, by adopting a gender-transformative approach, the programme seeks to address deep-rooted social norms and inequalities that perpetuate violence and limit access to reproductive health services, driving systemic change within communities. - Gender transformative approach UNFPA also has provided support to capacitate five local governments by training them on the existing Road Map and Action Plan, aimed at implementing the integration of gender-transformative programming into GBV prevention and reproductive health programmes under the Berani 2 initiative. This approach not only focuses on building technical capacity but also embeds a human-centered approach in UNFPA's interventions, ensuring that the needs, rights, and voices of vulnerable populations, particularly women and adolescents, are prioritized. By adopting a gender-transformative approach, the programme seeks to address deep-rooted social norms and inequalities that perpetuate violence and limit access to reproductive health services, driving systemic change within communities. With regard to midwifery leadership and education, existing programmes are heavily focused on technical skills and likely to overlook the critical need for gender transformative approach to enhance midwives' leadership and roles in Indonesia's health structure[345]. The following sections argue for the use of intersectionality approach to improve the status and leadership of midwives in Indonesia: a. Midwives provide antenatal, postnatal care, deliveries, STIs/HIVs prevention and family planning services, to name a few. Midwives' life-saving potential in SRH relates to the promotion, protection and fulfillment of the rights of women and girls to non-discrimination, education, informed decision making and affordable SRH (CEDAW). Greater investment is urgently needed in promoting midwifery leadership, education, training, midwives-led services.[346] It is essential to include midwives' entities in health policies decisions and programming, particularly in SRH RR [347] including in humanitarian contexts

[345] The shortage of midwives workforce is a global phenomenon and the continued under-resourcing of the midwifery workforce is a symptom of health systems not prioritizing SRH & RR of women and girls, not recognising the role of midwives - majority are women. https://internationalmidwives.org/resources/state-of-the-worlds-midwifery-2021/].

[346] https://internationalmidwives.org/resources/state-of-the-worlds-midwifery-2021/

[347] https://www.europeanjournalofmidwifery.eu/Progress-and-challenges-of-midwifery-education-in-Indonesia,142496,0,2.html

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
outcome areas at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the four outcome areas - APRO staff having provided support **Focus group discussion** - Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS, WHO - Consultations with beneficiaries	b. The United Nations Special Rapporteur on the right to health highlights the importance of understanding the intersectionality gender power relations, noting that midwives, who are all women, have relatively less authoritative power compared to other health professions This imbalance influence the status of midwives nationally and contribute to inequities in maternal health outcomes.[348] c. Empowerment of midwives requires strong leadership, political will and gender transformative approach to enhance their agency, self-determination, and equal access to resources for improved education and status. These elements are critical for addressing the shortage of midwives in the workforce, especially at sub-national levels.[349]
EQ 7: To what extent and in what ways has UNFPA used its limited resources to achieve substantial results in each of the outcome areas of the programme?	
UNFPA has used policy level engagement to enhance regulatory frameworks in each of the mandate areas of the organization, informed by international guidelines and lessons learned UNFPA has made use of learnings obtained through sub-national level support to inform national level policy making and legislation UNFPA has used pilot initiatives to test out what works in which contexts in order to inform larger scale programming of government and other stakeholders	**Regulatory Frameworks** - UNFPA has made contributions to national level support in the adolescent and youth-related issues through a multifaceted approach, encompassing both legal and policy frameworks as well as programmatic interventions. Key achievements include supporting the development and implementation of the Youth Development Index (YDI), which has informed national and sub-national development plans with BAPPENAS and Kemenko PMK. UNFPA has also successfully advocated for the integration of Adolescent Reproductive Health (ARH) education into national protocols with MoH and MoECRT. Additionally, UNFPA has supported the development of national regulations for capitalizing on the demographic dividend through national strategy and action plan i.e RAN-PIJAR and National Strategy Youth Entrepreneurship. While challenges remain, such as inter-ministerial coordination and data gaps, UNFPA's strategic partnerships and focus on high-impact areas have enabled it to make meaningful progress in advancing youth development and reproductive health policies in Indonesia. These efforts have contributed to positive shifts in youth related policy level. Piloting With regard to GEWE: UNFPA facilitated policy discussion and technical support with MoWECP (Kemen PPPA) to integrate gender mainstreaming planning, budgeting and monitoring for comprehensive GBV services in line with Essential Service Package (ESP). UNFPA supported: a. 11 pilot areas in integrating Gender Responsive Planning and Budgeting integration into subnational regulations in 6 thematic issues

[348] Bohren MA, Iyer A, Barros AJD, Williams CR, Hazfiarini A, Arroyave L, Filippi V, Chamberlain C, Kabakian-Khasholian T, Mayra K, Gill R, Vogel JP, Chou D, George AS, Oladapo OT. Towards a better tomorrow: addressing intersectional gender power relations to eradicate inequities in maternal health. EClinicalMedicine. 2023 Dec 6;67:102180. doi: 10.1016/j.eclinm.2023.102180. PMID: 38314054; PMCID: PMC10837533.

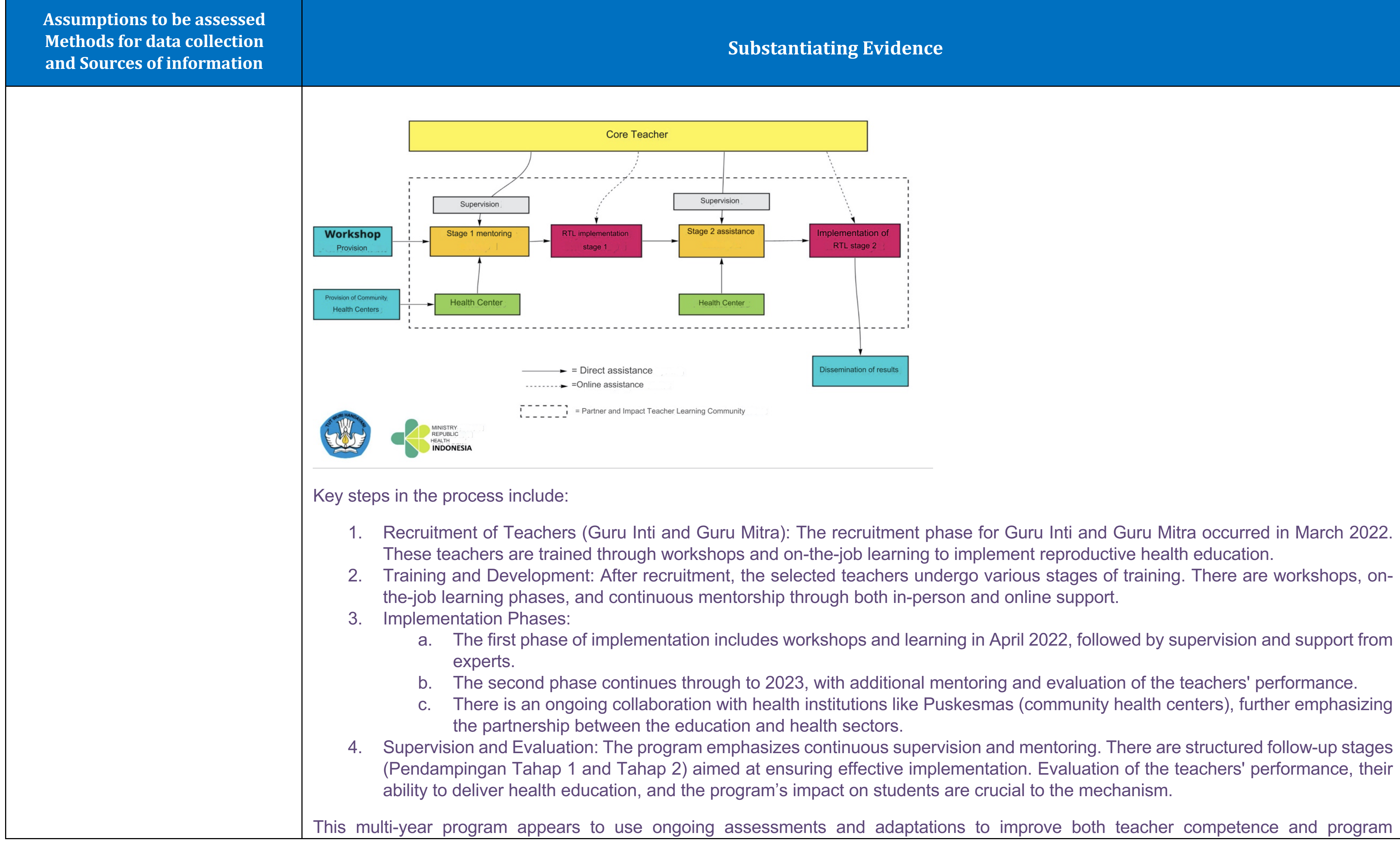
[349] file:///C:/Users/sandajan/Downloads/21-038-UNFPA-SoWMy2021-Report-ENv4302_0.pdf

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
Methods for data collection and Sources of information **Desk Review** - CPD / CPAP - UNFAP documentation on policy level engagement and piloting approach - UNFPA knowledge management strategy - UNFPA Quarterly and SIS reports - IP Quarterly /Annual reports **Semi-structured key informant interviews** - Government partners in each of the four outcome areas at national and sub-national levels - CSO partners in each of the four outcome areas at national and sub-national levels - UNFPA SMT - UNFPA programmatic staff in each of the four outcome areas - APRO staff having provided support **Focus group discussion** - Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS, WHO	(maternal health, family planning, GBV in humanitarian and development settings, ASRH, HIV) b. Capacitated UPTD PPAs in 4 pilot districts (Garut, Banten, Brebes, East Lombok) to align with UU TPKS no.12/2022 and ESP, with districts achieving referral target of 70%-100% GBV survivors accessed at least one essential service . Subsequently, the MoWECP added five more piloting districts in 2024. c. Ensured alignment of 2024 VAW survey with RPJMN and SDGs indicators for GBV, FGM/C and IPV . In terms of piloting, focus in several instances has been on the island of Java and its vicinity with less focus on the eastern parts of the country. There has been less focus on the entirety of the selected districts and the level of their representation of the country or parts thereof and the methodological aspects concerned in terms of the development of evidence on what works and what does not. Monitoring of pilot initiatives has usually followed the regular CPAP based approach with a focus on activities and milestones of the CPAP results framework with less attention to actual results achieved that could make a difference in the lives of communities and women and girls at the sub national level. Evaluation has been primarily donor dependent and there has been no specific evaluation approach of pilot-based initiatives which has limited the lesson learning and their documentation. This in turn has limited the extent to which pilots and their results can be used to inform national level policy making and planning as this would need to be based on evidence-based advocacy. In terms of scaling up the number of districts for the SRH related budgeting support has been about doubled by now. Regarding the midwifery Centers of Excellence, there is a plan to develop so called sister schools that will have MoUs with the ten CoEs in terms of expanding the initiative though the approach concerned remains unclear. The TOT (Training of Trainers) based training for ARH education makes use of a staggered approach in which a first layer of trainee teachers (Master Teacher) for each province, who then train partner teachers, who in turn train other teachers in the same province. Each of these cases has not been very well documented and has a clear methodological underpinning. Most will require sustained follow up and resources to ensure effective continued implementation. In terms of human resources, pilot initiatives have been developed by outcome areas staff with usually no involvement of the M&E team, which could explain the lack of attention to the M&E aspects of piloting. For underserved areas of the country like eastern Indonesia, it's crucial to have adequate time, resources, and approach to contextualize local values. Some good practices of UNFPA-supported initiatives under PD outcome areas that are useful for replication, include the SDBI- Indonesian One Disaster Data web-platform to be developed, synchronized and nationally integrated in all districts in Indonesia, which will be later integrated nationally at BNPB and Golantang application for further enhancing the usefulness of collected elderly wellbeing data and for monitoring of other similarly specific target population. The availability and accessibility of SDBI platform in District Cianjur has enabled the local and national governments to understand the level of Disaster Risk Area (KRB) for better emergency responses when needed and have knowledge and tool in place as required for the need assessment of the affected population. Moreover, the BKKBN Golantang application aims to further enhance the utility of collected elderly wellbeing data and facilitate monitoring of other similarly specific target populations. Designed with user-friendliness in mind, the Golantang application is easy to download and operate, offering comprehensive

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	access to relevant health information tailored for the elderly. In order to scale up results in terms of maternal health, the country office submitted a project proposal to the UNFPA Strategic Investment Facility. The proposal includes: • Impact Monitoring & Review for Maternal Health Issues under Health Transformative Loans from IFIs • Optimization of Maternal Health Startups Capacity and Financing Access through an Impact Intermediary Fund • Improving Maternal Health with Islamic Social Finance Aspects of scaling up of Centers of Excellence Creation of COE is meant to contribute to the enhancement of Midwifery education in Indonesia, however, without sufficiently clarifying how this is to be achieved beyond the development of the capacities of the selected COEs. It is mentioned that COEs have the responsibility to make an impact beyond their own organization, without detailing what to expect realistically and how to go about this. The thematic and geographical spread of the institutions selected may contribute to enabling a wider variety of COEs that would be useful to address to varied contexts within the country, there is no explicit mentioning of the diversity concerned in themes and geographic location and how this could be used in terms of expansion of the COEs over time. The COE's role in scaling up and replication is not made clear and what resources would be available to facilitate their role. Lessons from M&E that could be shared with others is one of the few means identified and contribution of M&E to the evidence base of effectiveness in midwifery education and practice in Indonesia. Evaluation across the 5 COEs is to gather similarities and differences across the 5 COEs and the types of institutions which is to be analyzed in order to inform decisions on how to best help future institutions to become a COE. COEs can inform other institutions regarding the specific topic that they selected, like midwifery in disaster situations. **Financing Frameworks to scale up results on SRHRR** - UNFPA has provided a proposal to the UNFPA Strategic Investment Facility to enhance the financing frameworks for SRHRR, generating the financial resources to reach the related SDGs and reducing the financing gaps, which includes: • The project adopts a comprehensive approach to address maternal health challenges in Indonesia, encompassing collaborative financing strategies, to foster transformative change and improve maternal health outcomes • Given the limited fiscal space in Indonesia's state budget, external financing is crucial to improve healthcare infrastructure and maternal health outcomes. • A robust monitoring and review framework is essential. Stakeholder engagement, needs assessment, and capacity building are central to developing this framework, which aims to track progress towards predefined maternal health targets while prioritizing human rights and

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	gender equality • An Impact Intermediary Fund. By supporting enterprises in the maternal health sector, the project aims to enhance their operations, increase their impact on underserved communities, and facilitate access to financing. Through activities such as incubation, innovation challenges, and facilitating access to financing, the project seeks to enable startups to scale their businesses effectively and contribute to addressing maternal health challenges. • The project explores the potential of Islamic social finance, particularly zakat (Islamic philanthropic alms giving), in improving maternal health outcomes. Indonesia's culture of generosity, especially in religious giving, presents an opportunity to bridge the financing gap for maternal health initiatives. • Activities such as digital maternal health modules, sister village exchanges, and advanced capacity building for volunteers demonstrate the project's commitment to leveraging Islamic social finance to enhance maternal health services. • Accelerate Indonesia's SDG 3.1 achievement through increased financing from innovative financing mechanisms and instruments from both government and non-government sources (e.g., public, private, and Islamic capital). • Gender equality perspective to be taken in terms of implementation and learning. **Pilot initiatives, scaling up of results and use to inform national level planning - AYD** **Figure ARH education mechanism in 2024**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence



Key steps in the process include:

1. Recruitment of Teachers (Guru Inti and Guru Mitra): The recruitment phase for Guru Inti and Guru Mitra occurred in March 2022. These teachers are trained through workshops and on-the-job learning to implement reproductive health education.
2. Training and Development: After recruitment, the selected teachers undergo various stages of training. There are workshops, on-the-job learning phases, and continuous mentorship through both in-person and online support.
3. Implementation Phases:
    a. The first phase of implementation includes workshops and learning in April 2022, followed by supervision and support from experts.
    b. The second phase continues through to 2023, with additional mentoring and evaluation of the teachers' performance.
    c. There is an ongoing collaboration with health institutions like Puskesmas (community health centers), further emphasizing the partnership between the education and health sectors.
4. Supervision and Evaluation: The program emphasizes continuous supervision and mentoring. There are structured follow-up stages (Pendampingan Tahap 1 and Tahap 2) aimed at ensuring effective implementation. Evaluation of the teachers' performance, their ability to deliver health education, and the program's impact on students are crucial to the mechanism.

This multi-year program appears to use ongoing assessments and adaptations to improve both teacher competence and program

<table>
<tr><th>Assumptions to be assessed
Methods for data collection
and Sources of information</th><th>Substantiating Evidence</th></tr>
<tr><td></td><td>effectiveness.

Source: MoH and MoECRT. 2021. Guidelines for Cooperation Program to Improve Reproductive Health Competence for Teachers and Principals

• Community of Practice (CoP):

Best practices in CoP engagement for adolescent reproductive health (ARH) education include establishing strong digital platforms to reach wide audiences and fostering collaboration with government agencies for policy inclusion. For example, Indonesia's ARH CoP engaged 70 organizations and connected 900,000 individuals, illustrating the power of digital engagement. However, a lesson learned is the need for clearer follow-up mechanisms after consultations with stakeholders to ensure that collaborative efforts translate into actionable outcomes.

• Working with Multi-Stakeholders:

Successful multi-stakeholder collaboration requires a coordinated approach that involves legal frameworks and policy-level partnerships, as seen in Indonesia's cross-sector youth development strategies. Presidential Regulation No. 43 of 2022 emphasized coordinated youth services, aligning national and sub-national actions. Yet, a lesson learned is that political will at the sub-national level remains a critical gap, where more efforts are needed to ensure local government commitment and integration of youth-related initiatives across all regions.

• Working with ARH Education:

Effective ARH education is best achieved through multi-sector engagement and context-specific approaches. Indonesia’s integration of ARH education into national policies and the development of modules for both in-school and out-of-school settings highlights the importance of collaboration across education and health sectors. However, a challenge remains in scaling these efforts nationally, particularly in regions with limited resources, where local contextualization and teacher training require additional attention for sustained impact.</td></tr>
<tr><td colspan="2">EFFICIENCY</td></tr>
<tr><td colspan="2">EQ 8: To what extent has UNFPA utilized its human, financial and administrative resources efficiently through employing suitable policies, innovative procedures, knowledge management processes and tools to work towards the attainment of the defined outcomes within the country programme?</td></tr>
<tr><td>UNFPA made efficient use of its human resources to pursue the achievement of results

UNFPA made efficient use of its financial resources to pursue the</td><td>Governance System of the Programme
Steering Team

- The Steering Team is chaired by the Secretary of the Ministry of PPN/Principal Secretary of Bappenas, and as the person in charge of the cooperation program is the Deputy for Human Development, Society and Culture of Bappenas and the Head of the UNFPA</td></tr>
</table>

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
achievement of the results UNFPA made efficient use of its and partners' technical resources to pursue the achievement of the results UNFPA made efficient use of its partnerships to pursue the achievement of the results UNFPA has made efficient use of results-based management processes and tools to pursue the achievement of the results in line with CPD, CPAP and UNSDCF results frameworks **Methods for data collection and Sources of information** **Desk Review** - CPD / CPAP - Staffing organogram - UNFPA Annual and SIS reports - UNFPA Monitoring reports - Implementing partners AWPs/ quarterly/ annual reports - Financial reports / data - Partnership strategy documents - Results frameworks / Theories of Change **Semi-structured key informant interviews** - UNFPA SMT - UNFPA Admin / financial staff - UNFPA APRO human resource / technical support staff - Government Implementing Partners, Admin / financial staff - CSO Implementing Partners, Admin / financial staff	Representative in Indonesia. Members of the Steering Team are Senior High-Level Officials of related Ministries/Institutions or equivalent who sign the AWP. Technical Team - The Technical Team is co-chaired by the Director of Family, Women, Children, Youth and Sports (KPAPO) of the Ministry of PPN/Bappenas and the Assistant Chief Representative of UNFPA in Indonesia. The Technical Team consists of Senior High-Level Officials of related work units at Bappenas as the coordinator of the working group (POKJA), as well as Senior High-Level Officials of related Ministries/Institutions or equivalent officials. Working Groups (POKJA) - POKJAs are divided based on five outputs specified in the 2021-2025 CPAP document, namely: - 1) Maternal and Midwifery Health POKJA (IDN10MHM); - 2) Integrated Reproductive Health POKJA which includes: - a. Reproductive Health and Family Planning (IDN10RFP); - b. HIV Prevention Program (IDN10HIV); and - c. Disaster Response and Preparedness (IDN10HUM) - 3) Adolescent Reproductive Health and Youth Development POKJA (IDN10AYD); - 4) Gender-Based Violence and Harmful Practices POKJA (IDN10GEN); and - 5) Population Data and Analysis POKJA (IDN10PDA). - Each LWG is coordinated and co-chaired by the relevant Bappenas Senior Executive Officer and the person in charge of the UNFPA program. The deputy chair of the LWG is the Senior Executive Officer of the MP who is agreed to be responsible for the relevant substance. LWG members are Senior Executive Officers/Middle Functional Officers related to output in the MP K/L or equivalent officials in the MS. **Governance mechanism, membership Output level working groups** Output 1: Output 2: Technical Output Working Group meetings chaired by the Director of Family, Woman, Child, Youth and Sport, Ministry of National Development Planning/Bappenas and moderated by NPM NPCU. Output 3: The working group for adolescent reproductive health and youth development is chaired by the Director of Family, Women, Children, Youth and Sports at Bappenas, with members from the Ministry of Health, Ministry of Education, Culture, Research, and Technology, Ministry of Youth and Sports, and Strategic Partners. Output 4: Output 5: The Population Dynamics and Data Working Group is chaired and coordinated by the Director of Population and Social Security (KJS), the Ministry of National Development Planning/Bappenas, and the person in charge of Population Dynamics and Data Output (IDN10PDA) UNFPA. Members of the Population Data and Analysis Working Group are Bappenas, BPS, BKKBN, BNPB, FKM UI, UNFPA, and the National Program Manager, National Program Coordinating Unit.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
- Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS - Donors	**Implementing Partner (MP)** - MP is a K/L that is agreed and appointed in accordance with CPAP to implement program activities in accordance with AWP. MP is a beneficiary who receives a UNFPA grant as stated in the grant cooperation agreement. MP is required to provide a strong commitment and be fully responsible for the planning, implementation, monitoring and evaluation as well as achieving the results of the RI-UNFPA Government Cooperation Program Cycle 10. MP is also responsible for ensuring that grant activities are implemented effectively, efficiently, and accountably and provide optimal benefits in supporting national development programs. In carrying out its duties, MP is assisted by a finance and administrative staff (Finance and Administrative Assistant/FAA).Human Resources - Strategic Partners (MS) - MS is an NGO, university and/or national/international institution approved by the MP and UNFPA and reported to the Technical Team. 1) The preparation of the MS AWP is carried out in order to support the achievement of output and is approved by the MP in question. 2) In general, the MS activity plan must be included in the MP AWP as the basis for preparing the BAST. MS is required to provide a strong commitment and be fully responsible for planning, implementation, control and evaluation as well as achieving the results of the Work Program together with the Government of Indonesia-UNFPA Cycle 10. In carrying out its duties, the MS is assisted by an FAA. Proposed adjustments or additions to the MS are coordinated by the MP and UNFPA, then consulted/reported to the Technical Team. **National Programme Coordinating Unit (NPCU)** - NPCU supports Bappenas as GCA and MP (Deputy for Human Development, Society and Culture and Deputy for Population and Manpower Bappenas). NPCU consists of National Programme Manager (NPM), Monitoring and Evaluation Officer, Programme and Budget Management Associate/PBMA (responsible for programme management and finance), FAA (responsible for finance and administration) and a secretary (responsible for secretariat, administration and logistics). - *Sources: Kementerian PPN/Bappenas and UNFPA, Pedoman Umum Pelaksanaan program kerja sama, pemerintah RI-UNFPA Siklus 10 (2021-2025), Ministry of National Development Planning/Bappenas and UNFPA, General Guidelines for Implementation of Cooperation Programs, Government of Indonesia-UNFPA Cycle 10 (2021-2025); Key informant interviews.* **Audit** An audit of UNFPA Indonesia was conducted by the UNFPA Office of Audit and Investigation Services (OAIS), covering the period 01 January 2021 to 30 September 2022, i.e. the first two years of the country programme. The audit included 1) office governance (office management, organizational structure and staffing and risk management), 2) programme management (programme planning and implementation, Implementing Partner (IP) management, programme supplies management, and management of non-core funding) and 3) operations management (including human resources management, procurement, financial management, general administration, information and communication technology, and staff safety and security).

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	The overall audit rating was "Partially Satisfactory with Some Improvement Needed", which meant that the assessed governance arrangements, risk management practices and controls were adequately designed and operating effectively but needed some improvement to provide reasonable assurance that the objectives of the Office would be achieved. While operations management was assessed as largely satisfactory, some limitations were observed in terms of risk management under office governance and programme planning and implementation under programme management. Recommendations included: a) Strengthen the oval program planning, monitoring and reporting system b) Enhance the operational management through roust action management process, risk assessment process and monitoring of FACE for submissions c) Monitoring the cumulative work plan budgets for IPs and ensure compliance with the Policy and Procedure for selection, registration and assessment of IPs. d) At the reporting level, the Office to enhance its work planning and budgeting processes to regularly monitor actual expenses against the budget. Additionally, the Office to establish a robust monitoring and evaluation system that enables systematic and comparative analyses of the programmatic completion rate against the financial implementation rate Management response The country office agreed with all recommendations and provided and implemented responses to each of these, with details on the management response included in the audit report. The evaluation team has been able to verify several of these responses, including adaptation of the CPAP results framework, addition of sub-output level indicators, training on several topics for IPs and the development of meta data for each of the indicators of the results framework Good practices identified included: a) The Office is comprised of staff members with institutional memory and relationships with stakeholders that enhance the effectiveness and impact of its programme and operations. b) The Office has fostered dynamic engagements with key stakeholders, comprising other UN organizations, national and state governments, donors and IPs, which has had the impact of facilitating programme implementation activities.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	c) The Office developed and adopted the PEDUM2, following UNFPA and government requirements, in the local language to guide the planning, implementation, monitoring, evaluation, and reporting of UNFPA-supported programs in Indonesia. d) The Office advocated for disaster risk mitigation, preparedness and response initiatives in partnership with the BNPB. *Source: UNFPA Office of Audit and Investigation Services, Audit of the UNFPA Country Office in Indonesia, Final Report, 15 September 2023.* **Human Resources** - As UNFPA aims to mainstream disability within the organization, there have been some aspects of inclusion in the recruitment process, like encouraging people with disability and those from minority groups to apply for vacancies and to provide special allowances for people with disabilities once hired. However, during the fieldwork of the evaluation, compensation of costs for participation of disabled participants within a programme meeting appeared not always in line with the actual heightened level of costs. In all of the four outcome areas of the programme, implementing as well as strategic partners have made reference to the high quality of human resources within UNFPA and the high quality of the technical assistance provided. The majority of UNFPA partners expressed satisfaction with their collaboration with UNFPA, particularly due to the flexible nature of activity development, knowledgeable and supportive technical staffs and the presence of supportive UNFPA personnel stationed in some Implementing partner offices, such as in the Ministry of Health (MOH). UNFPA is recognized as a relevant player in the mandate areas of the organization as well as a leader in certain niche areas, HIV Integrated Management Systems. UNFPA's Asia Pacific Regional Office has provided timely and high level quality support in the various parts of the programme outcome areas. **Financial management** - UNFPA has utilized its limited resources efficiently through focusing on the existing / prioritized / innovative programme activities of government IPs and other partners, to work towards the attainment of CP outcomes. Most of the intended results have been achieved within the approved budget. In the PD outcome area for example, UNFPA utilized its human, financial and administrative resources efficiently in this way, towards the attainment of the defined outcomes within the CP. This included programme support for the work on the evaluation of Presidential Regulation Number 153 Year 2014 on GDPK, the formulation of policy recommendations for the 2025-2045 RPJPN, the synchronization of CRVS and PC2020 data, the ongoing development of SDI-One Indonesian Data, the functioning SDBI web-portal. This practice has been commonly used by UNFPA in supporting the ongoing government activities, thus ensuring the most efficient approach in achieving the expected results. **Strategic partnerships and resource mobilization**

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	The earlier resource mobilization strategy outlines an approach for raising and leveraging additional resources for the implementation of the UNFPA Indonesia country programme. It includes opportunities for co-financing from donor countries, private sector companies, foundations, and high net worth individuals in Indonesia. The strategy became all the more important given the decline in core resources received during CP 9, in the period 2016-2020. The strategy mapped potential areas of support by donor and CP outputs and assess opportunities for private sector and philanthropy partnerships as funders as well as programmatic partners. GOI contribution to the programme has varied over time and recently almost doubled to about USD 24,400 on an annual basis. The update pays attention to opportunities with emerging donors, International Finance Institutions and joint One UN initiatives as well as innovative financing, engagement with the private and philanthropic sectors. Moreover, attention is paid to partnerships with the National Government, other national partners and the use of South-South Cooperation. A 'competitor analysis' is used to outline the thematic areas of other UN and civil society agencies and to identify opportunities for partnership and topics concerned. Most of the IPs at National level, expressed an appreciation for their partnership with UNFPA, especially for the expertise provided by the CO staffs, the availability of knowledgeable UNFPA staff, flexibility in development of activities, relative ease of program management including financial and reporting mechanism **SWOT Analysis** - STRENGTHS ● Lead agency on SRHR and GBV which are key priority areas under UNSDCF ● Strong partnership and advocacy capacity within the Government ● Trusted and sound partner amongst existing donors with demonstrated technical expertise and procurement capacity ● Increased staff size to scale-up operations ● Strengthened reputation for delivery of SRH and GBV work in emergencies (cluster leads) - linked to our role as GBV AoR leads ● Ability to secure increased financing for COVID-19, particularly amongst new donors ● Strong visibility and communications leads itself to increased brand awareness and reputation ● Strong standardized reporting and monitoring system for RM ● Ability to convene around transformative approach on gender equality ● Strong human rights based approach ● Ability to draw on technical assistance from global, region and facilitate south-south cooperation. - WEAKNESSES ● Insufficient staff capacity to manage and maintain resource mobilization and partnership work ● Limited staff capacity to produce high quality, aligned, high-impact donor proposals and concept notes ● UNFPA under-funded in the humanitarian response plan, competing against other 'life-saving interventions' ● Limited staff presence places huge reliance on partners to provide data, implement programs and support with reporting ● Data quality and impact reporting an issue ● Limited capacity to engage and partner with non-traditional partners, including private sector, impacting diversity of donor base ● Delayed implementation of development and humanitarian funding due to weak implementing partners ● Indonesia is not a priority country for many donor governments. - OPPORTUNITIES ● Global trends in overseas development assistance (ODA) prior to the COVID-19 pandemic indicate a steady increase in the proportion of ODA for humanitarian assistance. ● Joint UN-programming that's RCO-led (following guidance and preference from donors) ● Opportunity to update and scale-up UN Joint flagship projects Government very supportive of UNFPA thematic

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	priorities and transformative results ● Diversity to new donors ● Increase collaboration with UNFPA APRO and HQ on humanitarian funding, prepare proposals ahead of time for when disaster strikes ● Innovative financing and opportunities to leverage knowledge partnerships and SSC ● Climate-related funding given country's vulnerability to natural disasters and climate risks ● Large private sector investments e.g. partnership with through extractive industries (although high risks) - THREATS ● Reduction in overall global ODA trickling down to reduced ODA commitments to Indonesia ● Donors, including the Netherlands and Denmark, have already reduced their ODA funding to Indonesia in our focus areas, channeling funding rather on regional initiatives ● Strong historic donors, has substantially reduced funding support to UNFPA Supplies ● Government prefers to have funding directed through them ● Other competitors have larger staff profiles and more dedicated staff focused on RM and partnerships ● Scandals that may hit UN or UNFPA directly or indirectly, as well as continued perception of high-level of corruption in the country *Source: UNFPA, Resource Mobilization and Partnership Plan - Indonesia, Updated July 2023.* - GRAB: 660 grab drivers in Jakarta, Bandung, Surabaya, Bandung and Medan and 140 Grabbers (Grab employee) have received training on GBV Prevention and response. Pilot Support for Case Manager transportation for GBV case management for UPTD PPA DKI Jakarta (114 used for accessing health, police, counseling, psychological assessment, police and legal consultation). Khouw Kalbe Foundation: Batch I: 113 scholarship recipients for girls in 10 highest prevalence area of child marriage; 4 capacity building sessions on Gender and Reproductive health for all recipients & 13 scholars were selected for the digital content creation training. Batch II: the call for application for Batch II has recently closed and the selection process is ongoing until March 2024. **Monitoring, Reporting and Evaluation** • Corporate SIS reporting on quarterly and annual basis with identification of lessons learned • Spot checks conducted • Evaluability assessment in 2023 • BERANI project MTR and end of project evaluation conducted • Alignment of CPAP output indicators to the new SP 2022-2025, metadata on indicators provided BERANI Project Evaluation

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Innovation examples: Collaboration with BNPB for SADDD Management: The development of the BNPB Technical Guideline on Sex, Age, and Disability, Disaggregated Data (SADDD) illustrates how UNFPA uses innovative data management techniques to ensure disaster response is inclusive. This demonstrates efficient use of resources by emphasizing knowledge management and targeted interventions to improve outcomes. Rapid Gender-based Violence Risk Assessment (RGA): The RGAs, conducted in collaboration with Kerti Praja Foundation and Pulih Foundation under the coordination of the Ministry of Women's Empowerment, highlight effective coordination and use of human resources. The swift mobilization for disaster-affected areas, focusing on results-based management, showcases how financial and administrative resources were efficiently applied to address urgent gender-based violence risks.
SUSTAINABILITY	
EQ 9: To what extent has UNFPA assisted implementing partners and rights-holders (notably, women, girls, adolescents and youth) in developing capacities and establishing mechanisms that engage rights-holders to ensure the long-term sustainability of project results?	

Political will in place to ensure the continuation of benefits supported by the country programme after interventions terminate Financial allocations put in place to enable continuation of benefits of support provided through interventions after they terminate Capacities of implementing partners and beneficiaries have been developed as a result of program interventions, enhancing the durability of effects of both development and humanitarian interventions **Methods for data collection and Sources of information** **Desk Review** - Government National Development strategies and plans and budgets - Provincial level strategies and plans - UNFPA Annual and SIS reporting - Project progress reports - UNFPA, UNCT and project Monitoring reports - Annual/quarterly reports implementing partners and AWPs **Semi-structured key informant interviews** - Government partner agencies - Partner government and CSO and other relevant agencies at sub-national level - UNFPA SMT - UNFPA programme staff in each of the four outcome areas and humanitarian support	**Political commitment** National level commitment to programme interventions in each of the outcome areas is in place with the program and its initiatives designed aligned with National GOI policies and strategies, including the Medium Term Development Plan. National government has enhanced opportunities for sustainability of strategic initiatives through national level policy decisions, like from MOH on MPDSR and MOHA on SRH at the sub-national level. Such decisions include the Minister of Health Decree for the implementation of MPDSR in Hospitals (which is nevertheless a work in progress and so far MoH has no roadmap for scaling-up the implementation of hospital-based MPDSR) and the MOHA Circular letter for implementing Integrated Planning and Budgeting on Reproductive Health at the sub-national level. There is no systematic plan yet to replicate the Centers of Excellence (Midwifery Schools) beyond the use of 'sister schools', which has limited reach. Additionally, as part of an effort to ensure sustainability, Ministry of Health is now in the process of issuing the KepMenkes (Minister of Health Decision) regarding the regulations for conducting MDSR at hospital levels. Moreover, the PERMENKES (Minister of Health Regulation) is presently being assessed by MNCH experts. Several of the national and sub-national level IPs have already planned to sustain or scale-up the initiatives in which they are involved like a. West-Java province will conduct district level workshop to identify lessons learnt of hospital-based MPDSR b. The integration of ARH education with Community Health Centre and School. This provide more integrated ARH education for adolescent and youth. Sustainability of programme results have been strengthened by commitment of civil society organizations and their relationships with government agencies at the local level. This could be observed in Central Sulawesi, where strong interpersonal and professional relationships existed between women's CSOs (United Women's Movement of Central Sulawesi) and UPTDs, Provincial and District PHOs, and District Planning offices. These relationships, marked by comradeship, transparency, and trust, have been crucial throughout the planning, implementation, and evaluation of the programme, supporting both the humanitarian and reconstruction stages. **Capacities built** Examples concern: 263. In the AY outcome area, UNFPA has made significant progress in developing youth capacity and networks through the Community of Practice (CoP) for evidence-based content developers. However, to ensure the sustainability and effectiveness of these youth-led initiatives, ongoing support is needed to adapt to evolving youth needs and strengthen connections with government. Challenges include maintaining consistency in volunteer-based programs and ensuring meaningful youth involvement in policy discussions. The CoP is actively advocating with government counterparts to address adolescent reproductive health (ARH) issues and increase government support . 264. With regard to GEWE, here are highlights of UNFPA's efforts on capacity building and political commitment: a. Supported NCVAW's advocacy with government, parliamentarians and CSOs for the enactment of the Sexual Violence Criminal Law (UU TPKS No. 12/2022) . b. Ensured integration of SADDDs and GEDSI framework into the SIMFONI PPA and SAPA 129, GBV National platforms . c. Enhanced monitoring of the implementation of 2024 VAW Survey and its methodology to align with SDGs indicators on GBV, FGM/C and

Focus group discussion - Discussion with a selected groups of peer stakeholders at sub-national level	IPV and data analysis. d. Support annual NCVAW 16-days Campaign against VAW, focusing on vulnerable women and communities, those left behind, like women with disabilities, indigenous women, older persons, and those in underserved regions, such as Central Borneo, Bangka Belitung, Banten, Serang. e. Continued leadership in UN gender equality mechanism, co-chairing the UN Gender Thematic Working Group (UNGTG) and UN Country Team Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) networks . In PD outcome area: Knowledge Hub development has been initiated. UNFPA has supported Public Health Faculty (FKM) University Indonesia (UI) in establishing itself as a knowledge hub for both reproductive health and population dynamics matters. A dedicated website and a Learning Management System have been made operational in this respect. However, it needed to be transferred to UNFPA due to technical requirements of web hosting which has at least temporarily undermined sustainability outside of UNFPA support. . In the PD outcome area UNFPA-assisted IPs and rights-holders in developing capacities have ensured the long-term sustainability of project results by committing the continuities of project activities in IPs' upcoming annual budgets, such as in the functioning practices for SDBI web-portal, and the functioning web-based application GOLANTANG for the data collection and analysis of the elderly people, and some BPS statistical innovative activities with UNFPA's support are arranged based on those were not initially funded by the APBN-State Budget, but such activities will commonly be sustained and included in BPS later annual budgets. . In the PD outcome area all of the government IPs have had sufficient technical capacities to continue the results of their ongoing work programmes previously supported by UNFPA, including SDBI under BNPB, Golantang application under BKKBN, synchronization of census/survey data and CRVS and the application of Bayesian model in the upcoming population projection under BPS. **Financil resources in place** A useful exception concerns: BNPB has committed to include the continuation of further enhancement for the functioning SDBI- Indonesian One Disaster Data with SADDD integration and plan for further expanding of regional SDBI development in its next annual budget.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
COVERAGE	
EQ 10: To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations, especially the most vulnerable groups (young people, women with disabilities; women and girls of racial, ethnic, religious and national minorities, elderly), reside?	
Partner capacities have been enhanced to ensure reaching the most vulnerable groups with SRH and GBV services in emergency settings SRH services have become more available to the most vulnerable groups in emergency settings Emergency preparedness capacities have been enhanced making use of MISP **Methods for data collection and Sources of information** **Desk Review** - Emergency preparedness and response plans at national and sub-national levels/ Joint humanitarian response plans - UNFPA SRH strategy in humanitarian settings - UNFPA Annual and SIS report - Humanitarian project monitoring data and reports **Semi-structured key informant interviews** - Government partners on humanitarian aid issues - CSO partners on humanitarian issues - Consultations with beneficiairies	In Central Sulawesi, UNFPA's interventions included establishing Reproductive Health (ReproHealth) clinics in disaster-affected areas, offering 24/7 services and integrating them with Women and Youth-Friendly Spaces. Trained midwives provided gender-sensitive, rights-based care, and the response included comprehensive GBV prevention efforts. Despite these efforts, challenges in maintaining consistent service delivery across all areas, especially for vulnerable groups, remained. This humanitarian needs-based approach and also the inclusive approach of RH and GBVie services, provided a platform for innovative development programs adopted by local governments. Such programs ensure the inclusion of vulnerable groups in the intervention implementation and foster inter-sectoral partnerships with local agencies. The inclusion of these groups has evolved over time, with tailored dignity kits, maternity kits, and modifications based on feedback from beneficiaries. For example, dignity kits were customized for the elderly, and additional maternity and post-delivery kits were provided for mothers and infants. These kits were adapted based on feedback gathered through focus group discussions with beneficiaries, ensuring that services were responsive to their specific needs. The response efforts were also expanded to better address the needs of people with disabilities and elderly women, demonstrating a commitment to reaching these populations effectively across various geographic areas. While the response efforts were generally effective in reaching these populations, challenges related to bureaucratic constraints and the movement of supplies within the country sometimes affected the timeliness of these interventions. Capacity building on MISP, Sexual and Reproductive Health and GBV prevention and services in emergencies (GBVie) has been successfully implemented at the national level. The midwife training on SRH services during COVID-19 markedly improved their ability to provide these services, with post-test scores rising from an average of 56 to 87. Various training not only enhanced their knowledge of GBV-related issues but also equipped them to deliver services safely and effectively under COVID-19 protocols. It transformed their approach by emphasizing gender dynamics and empathy, prioritizing victims' well-being. Participants noted that the training addressed their daily challenges and anxieties, while also providing a supportive network that strengthened their capacity to access and deliver SRH and GBV services. However, there is a lack of follow-up planning, including incorporation into sub-national preparedness planning, to ensure these efforts have a sustained impact at the local level. The midwife training on SRH services during the COVID-19 pandemic was successful in its efforts to improve the capacity of midwives to provide SRH services during the COVID-19 pandemic. Midwives indicated receiving new and updated knowledge and this was confirmed in their average post-test results (87) that was significantly higher compared to the average pre-test results (56). *Source: UNFPA Indonesia. 2021. UNFPA Indonesia's Sexual and Reproductive Health and Gender-Based Violence Response to the Covid-19 Pandemic 2020-2021;* The training and awareness raising has successfully shifted the mindset of front-liners and encouraged them to be critical in realising the gendered dynamic in the community they serve. Hence, shifting their priorities from seeing them as merely "a case" to a more human and

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
- Sub-national level partners on humanitarian issue in sampled provinces - Senior management staff of selected sister UN agencies - With national and sub-national planning staff on the use of population data in emergency response **Focus group discussion** - Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS - With sub-national partners involved in emergency preparedness and response in the sampled provinces	empathetic approach to prevent. Additionally, Overarching themes from participants' testimonies showed that the training provided relevant knowledge to deal with the day-to-day challenges and anxiety midwives face in providing sexual and reproductive health services during the COVID 19 pandemic. In addition, it provided a network of support to strengthen and heal each other. *Source: UNFPA Indonesia. 2023. Leaving No One Behind: Inspiring Stories; Appreciation, Innovation, and Transformation;* The training resulted in increased knowledge of the service providers front-liners in giving initial response to support GBV survivors during their outreach and case management. Source: UNFPA Asia-Pacific Regional Office. 2022. C-Surge DFAT Performance Report The MISP training, particularly in high-risk provinces in Indonesia and the Pacific, has had a significant impact on participants' job performance, with 17 out of 19 respondents reporting an increase in knowledge and skills. Almost half of the participants believed the training enhanced their ability to perform their jobs, particularly in planning and integrating comprehensive SRH and GBV services during emergencies. The training emphasized the importance of understanding risks for vulnerable groups, such as women and People Living with HIV/AIDS, further enhancing services and capacity in these regions. Source: UNFPA APRO. 2020. Evaluation of Regional Prepositioning Initiative UNFPA has made significant progress in strengthening health systems and integrating SRH services at Community Health Centers (Puskesmas) for vulnerable groups in disaster risk areas. This includes the successful implementation of the Minimum Initial Service Package (MISP) in six selected areas, such as NTT Province, Sleman, Cianjur, Pasaman Barat, Tapanuli Utara, and Aceh Utara District. Activities undertaken range from conducting orientations on MISP and GBV in Pasaman Barat to providing technical assistance for MISP implementation during emergencies, as seen in Tapanuli Utara District post-earthquake. Despite challenges, UNFPA has been able to facilitate productive collaborations with various stakeholders, enhancing regional capacities in disaster risk reduction (DRR) and humanitarian response. Partnerships with various entities, including the Ministry of Health (MOH), YKP, local governments, private sector, and community organizations (NGOs), have been instrumental. These partnerships have facilitated the development of valuable knowledge products, strengthened regional capacities through training modules, and supported the development of DRR Contingency Plans. The collaboration under the reproductive health sub-cluster has yielded tangible results, such as the draft sub-decree for the reproductive health sub-cluster, updated data on central and sub-national partners, and enhanced coordination for disaster risk reduction. UNINFO_APR 2023 UNFPA, Internal Document. In PD outcome area, UNFPA-supported SDBI platform covers all geographic areas prone to disasters in which the affected populations, especially the most vulnerable groups disaggregated by sex, age and disability is included in the need assessment for assistance. Disaggregated data on internally displaced persons (IDPs) covers information on IDPs temporary locations, number of IDPs family heads,

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	number of IDPs by gender, by age groups and by their needs, and this information is visually displayed in each and every POSKO-Commando Post for Disaster Management across the country. UNFPA provided technical assistance to BNPB in Sex, Age, Disability, Disaggregated Data Collection during humanitarian response, its crucial for ensuring effective and targeted aid distribution. UNFPA's expertise in population dynamics and gender equality significantly contributed to a comprehensive understanding of the affected communities' needs, particularly focusing on vulnerable groups like women, girls, and adolescents. UNFPA also plays a crucial role in assisting BNPB (National Disaster Management Agency) in the preparation and endorsement of technical instructions. These instructions were specifically designed to effectively manage and utilize disaggregated data related to internally displaced persons (IDPs) affected by disasters. UNINFO_ARR 2023 UNFPA, Internal Document. **Decree on RH sub-Cluster**

No.	Decree on RH Sub-Cluster	Level
1	Keputusan Kepala Dinas Kesehatan Kependudukan dan Pencatatan Sipil Provinsi Nusa Tenggara Timur No. Dinkes Sek 824/IX/2021 tentang Tim Klaster Kesehatan dalam Penanggulangan Bencana	East Nusa Tenggara Province
2	Keputusan Bupati Pasaman No.188.45/731/BUP-PAS/2022 tentang Pembentukan Sub-Klaster Kesehatan dalam Penanggulangan Bencana di Kabupaten Pasaman	Pasaman District
3	Keputusan Bupati Pasaman Barat No. 188.45/610/BUP.PASBAR2022 tentang Pembentukan Sub-Klaster Kesehatan dalam Penanggulangan Bencana di Kabupaten Pasaman Barat	Pasaman Barat District

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	4	Keputusan Kepala Dinas Kesehatan Daerah Istimewa Yogyakarta No. 360/01934/2019 tentang Tim Klaster Kesehatan dalam Penanggulangan Bencana di DIY	DI Yogyakarta Province
	5	Keputusan Kepala Dinas Kesehatan Kabupaten Lumajang No. :188.45/9557/427.55/2020 tentang Tim Klaster Kesehatan dalam Penanggulangan Bencana di Kabupaten Lumajang	Lumajang District
	6	Keputusan Kepala Gubernur Daerah Istimewa Yogyakarta No. 46/TIM/2012 tentang Tim Kesehatan Reproduksi dan Seksual dalam Situasi Bencana	DI Yogyakarta Province
	7	Peraturan Gubernur Sulawesi Tengah No.3/2020 tentang Penyelenggaraan Kesehatan Reproduksi	Central Sulawesi Province
	8	Peraturan Gubernur Daerah Istimewa Yogyakarta No.108/2015 tentang Penyelenggaraan Kesehatan Reproduksi	DI Yogyakarta Province

Source: UNFPA Indonesia, 2023

Decree on GBV sub-Cluster

No.	Decree on GBV/WCP Sub-Cluster	Level

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	1	Keputusan Gubernur Sulawesi Utara No. 168/2022 tentang Pembentukan Sub-Klaster Pencegahan dan Penanganan Kekerasan Berbasis Gender dan Pemberdayaan Perempuan dalam Penanggulangan Bencana Provinsi Sulawesi Utara	North Sulawesi Province
	2	Keputusan Gubernur Sulawesi Tengah No. 263/147/DP3A-GST/2019 tentang Tim Perlindungan Hak Perempuan Dalam Penanggulangan Bencana di Provinsi Sulawesi Tengah	Central Sulawesi Province
	3	Peraturan Gubernur Sulawesi Tengah No. 22/2021 tentang Prosedur Pendampingan dan atau Pemberian Layanan Terhadap Kekerasan	Central Sulawesi Province
	4	Peraturan Bupati Sigi No.21/2020 tentang Rencana Akasi Daerah perlinfungan Perempuan dan Anak dari Tindakan Kekerasan	Sigi District
	5	Peraturan Bupati Donggala No.13/2020 tentang Tata Cara Penanganan Kasus Kekerasan Terhadap Perempuan dan Anak	Donggala District
	6	Keputusan Gubernur Sulawesi Barat No. 188.4/192/SULBAR/V/2021 tentang Pembentukan Sub Klaster Pencegahan dan Penanganan Kekerasan Berbasis Gender dalam Bencana di Provinsi Sulawesi Barat	West Sulawesi Province

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	7	Keputusan Gubernur Nusa Tenggara Timur No.216/KEP/HK/2021 tentang Satuan Tugas Penanganan Klaster Pengungsian dan Perlindungan Masyarakat Pasca Bencana Angin Siklon Tropis, Banjir, Tanah Longsor, Gelombang Pasang Abrasi di Provinsi Nusa tenggara Timur	East Nusa Tenggara Province
	8	Keputusan Gubernur Kalimatan No. 188.4/192/SULBAR/V/2021 tentang Pembentukan Sub Klaster Perlindungan Perempuan dan Anak dari Kekerasan Berbasis Gender dalam Bencana di Provinsi Kalimantan Selatan	South Kalimantan Province
	9	Peraturan Gubernur Daerah Istimewa Yogyakarta No. 21/2019 tentang Forum Perlindungan Korban Kekerasan	DI Yogyakarta Province
	10	Keputusan Gubernur Daerah Istimewa Yogyakarta No.131/TIM/2021 tentang Perubahan Ketiga Pengurus Forum Perlindungan Korban Kekerasan Tahun 2019-2023	DI Yogyakarta Province
	11	Keputusan Gubernur Jawa Timur Nomor 188/380/KPTS/013/2022 tentang Sub Klaster Perlindungan Perempuan dan Anak dari Kekerasan Berbasis Gender dalam Bencana di Provinsi Jawa Timur Periode Tahun 2022-2024	East Java Province

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence		
	12	Keputusan Bupati Lumajang No.188.45/306/427.12/2022 tentang Sub Klaster Pencegahan dan Penanganan Kekerasan Berbasis Gender dan Pemberdayaan Perempuan dalam Penanggulangan Bencana	Lumajang District
	13	KEPUTUSAN BUPATI PASAMAN BARAT NOMOR :188.45/ 661 /BUP.PASBAR/2022 TENTANG PEMBENTUKAN SUB KLASTER PENCEGAHAN DAN PENANGANAN KEKERASAN BERBASIS GENDER DAN PEMBERDAYAAN PEREMPUAN DI KABUPATEN PASAMAN BARAT	West Pasaman District
	14	KEPUTUSAN GUBERNUR SUMATERA BARAT NOMOR 2064 TAHUN 2022 TENTANGPEMBENTUKAN TIM KOORDINASI PENCEGAHAN DAN PENANGANAN KEKERASAN BERBASIS GENDER DAN PEMBERDAYAAN PEREMPUAN DI PROVINSI SUMATERA BARAT	West Sumatra
	15	KEPUTUSAN BUPATI PASAMAN NOMOR:188.45/474/BUP-PAS/2022 TENTANG < PEMBENTUKAN SUB KLASTER PENCEGAHAN DAN PENANGANAN KEKERASAN BERBASIS GENDER DAN PEMBERDAYAAN PEREMPUAN	Pasaman District

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence

16	KEPUTUSAN BUPATI PASAMAN NOMOR:188.45/474/BUP-PAS/2022 TENTANG PEMBENTUKAN SUB KLASTER PENCEGAHAN DAN PENANGANAN KEKERASAN BERBASIS GENDER DAN PEMBERDAYAAN PEREMPUAN	West Nusa Tenggara Province

Source: UNFPA Indonesia, 2023

Source: MoWECP and UNFPA. 2024. 5 Years of Learning Sub-Cluster of Prevention and Handling of Gender-Based Violence, and Women's Empowerment in Disaster Management 2018 - 2023

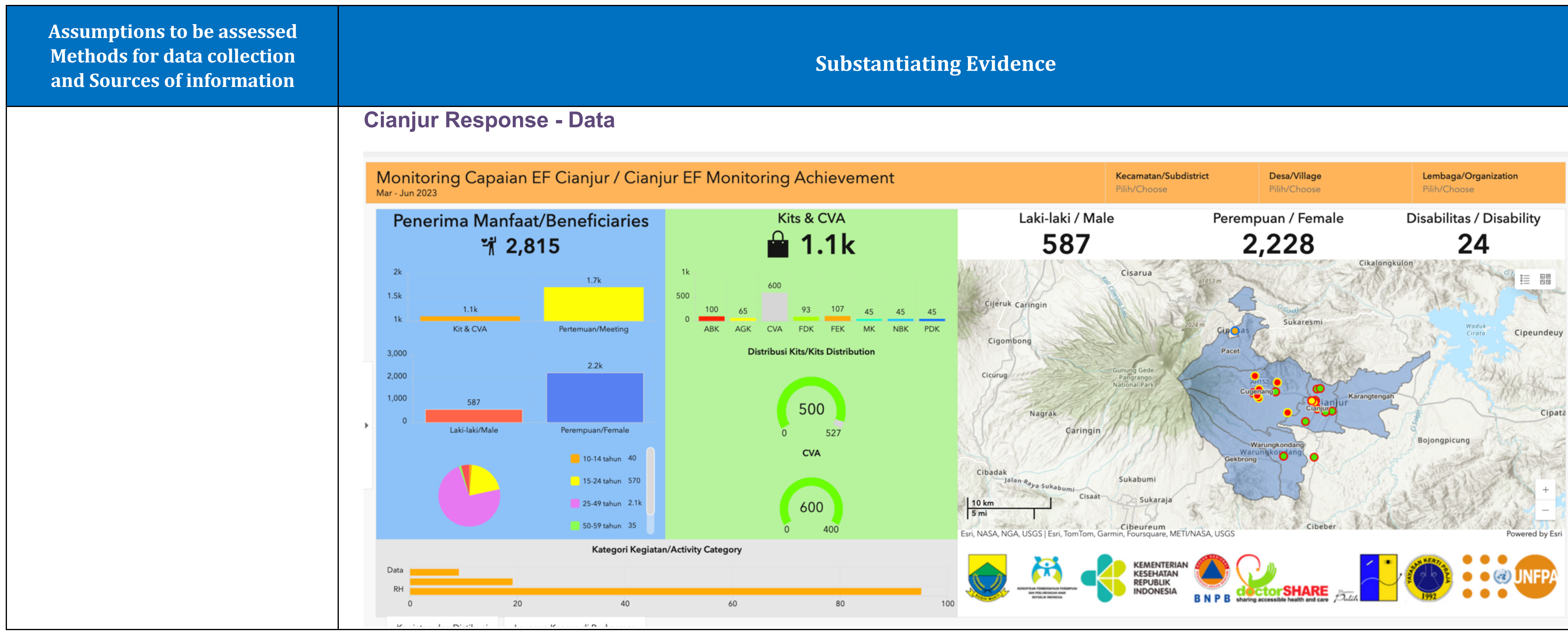
Challenges identified: The many types/variations of dignity kits contribute to prolonged procurement process. Items are not standardized. Establishing LTA for dignity kits is difficult because the plan quantity is considered too low by vendors.(SIS report 2022)

MISPs

2023

- SADD data collection tools and instruments endorsed by BNPB,

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	• Climate change: Climate change expert discussion and photo exhibition with UN Women, KPPPA, Saraswati, and DFAT, Jakarta, 25 October 2023, including media interview and feature article on Tirto.id https **2022** • No 13 2020 on Protection of Women from GBV MOH allocated the budget for National Prepositioned supplies: Dignity kits, RH tents, and Midwifery kits in the 2021 **government budget allocation** • MOWECP allocated and procured the national prepositioned supplies in 2022 USD 20,000 BKKBN issued a Decree letter from the head of BKKBN in 2020 on Contraceptive services in emergencies including pandemic situations • The SADDD data collection technical guideline, which accommodates the data collection during the assessment, response, and recovery endorsed in 2021 and utilized in the Finalized Official Report Cianjur EQ response in 2022 **2021** • The UN HCT is facilitating the review process of UN Contingency Plans, UNFPA is providing the inputs on SRH, GBV, and protection concerns and will be submitted on 11 Oct 2021 • MISP included in Minister MOH regulation, No 4 2019 on National Minimum Standard Indicator • GBVIE minimum indicators, GBV coordination included in Minister of MOWECP regulation. No 13 2020 on Protection of Women from GBV • MOH allocated the budget for procurement of Dignity kits, RH tents, Midwifery kits in 2021 government budget allocation • UNFPA Indonesia tries to expand the member of the RH sub-cluster to the Ministry of Health beyond the traditional members i.e media and private sectors. • Reached 13,975 people affected by disasters with SRH services and information; distributed 3,850 dignity kits to pregnant women, women in the post-delivery period, newborn babies, and older persons; 500 dignity kits for people living with HIV; and 3,633 PPE for health workers in collaboration with MOH and MOWECP, and with support from the Government of Japan, and DFAT Regional Preposition Initiative • Office is MOSS-compliant and has the capability to implement MOSS and other risk management measures in the area of anticipated humanitarian needs (UNPFA Annual SIS Reports, 2012, 2022, 2023)



Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Cianjur Response - Data

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	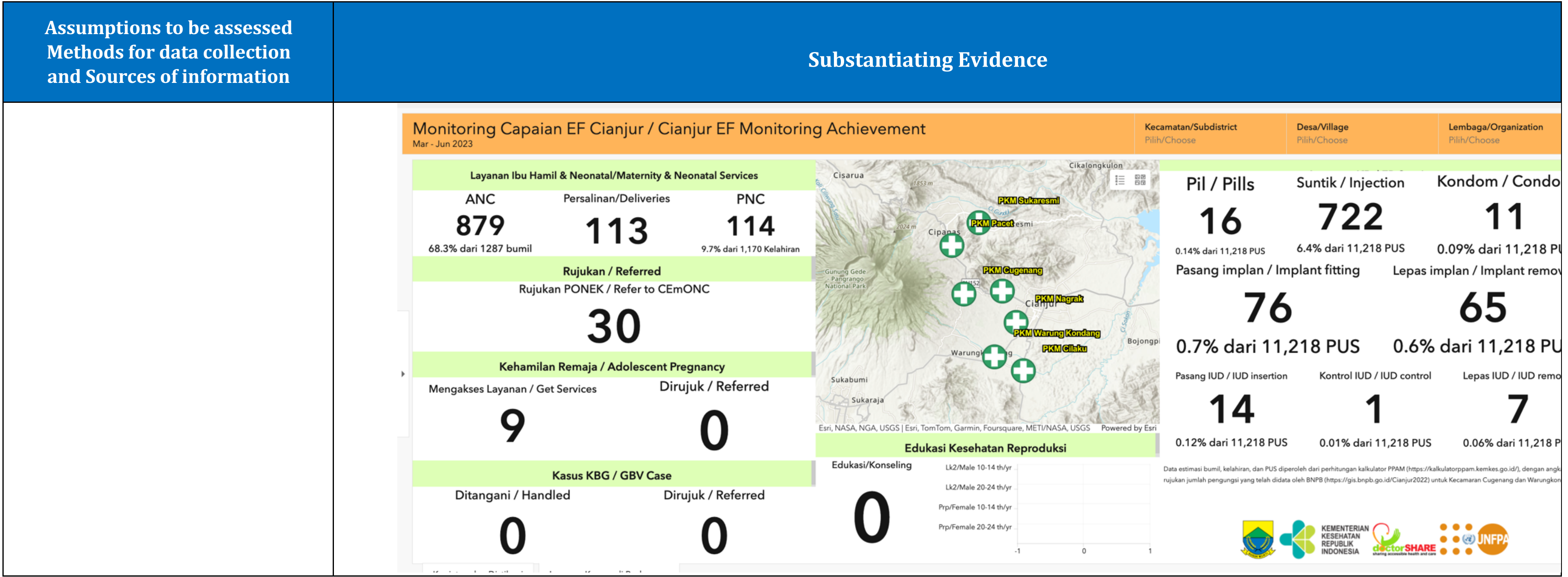

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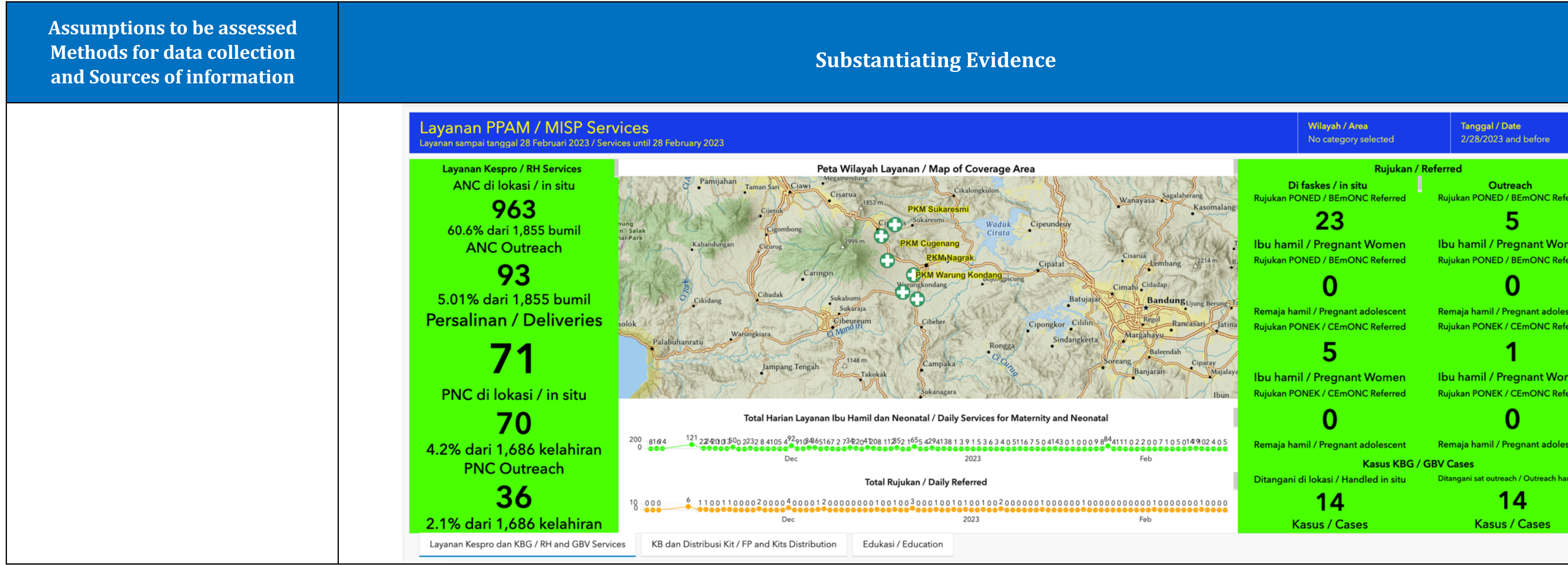
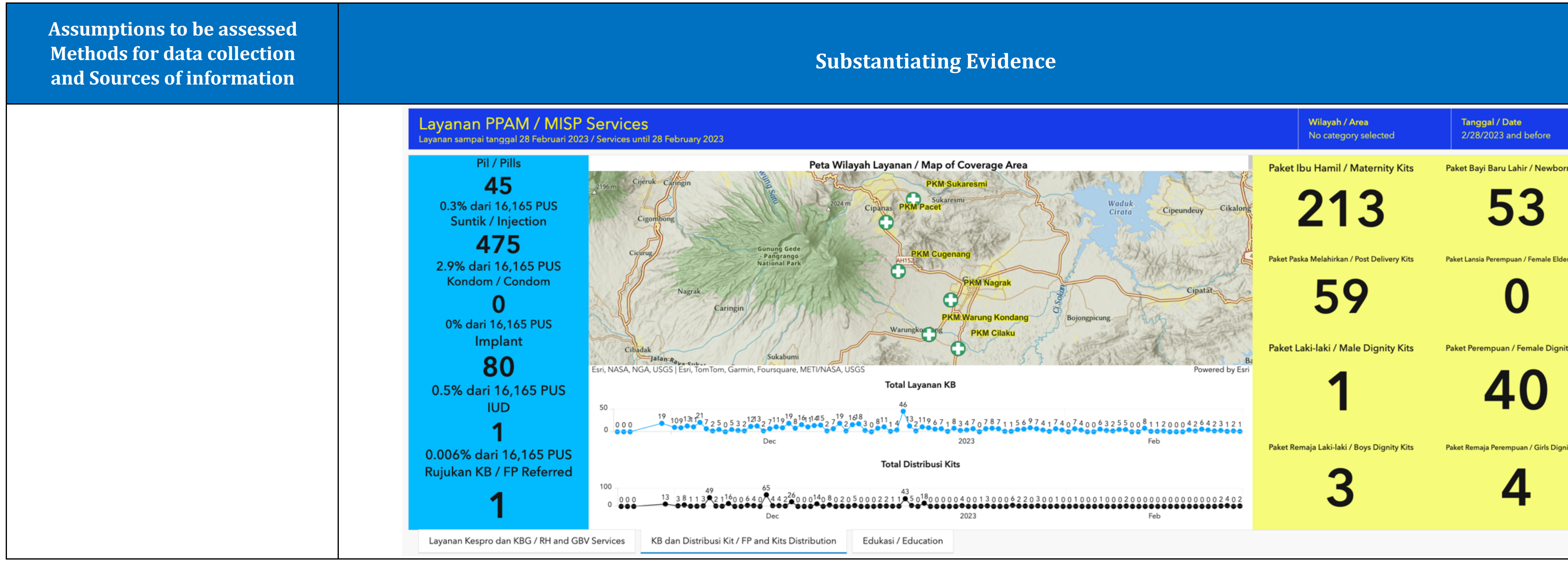
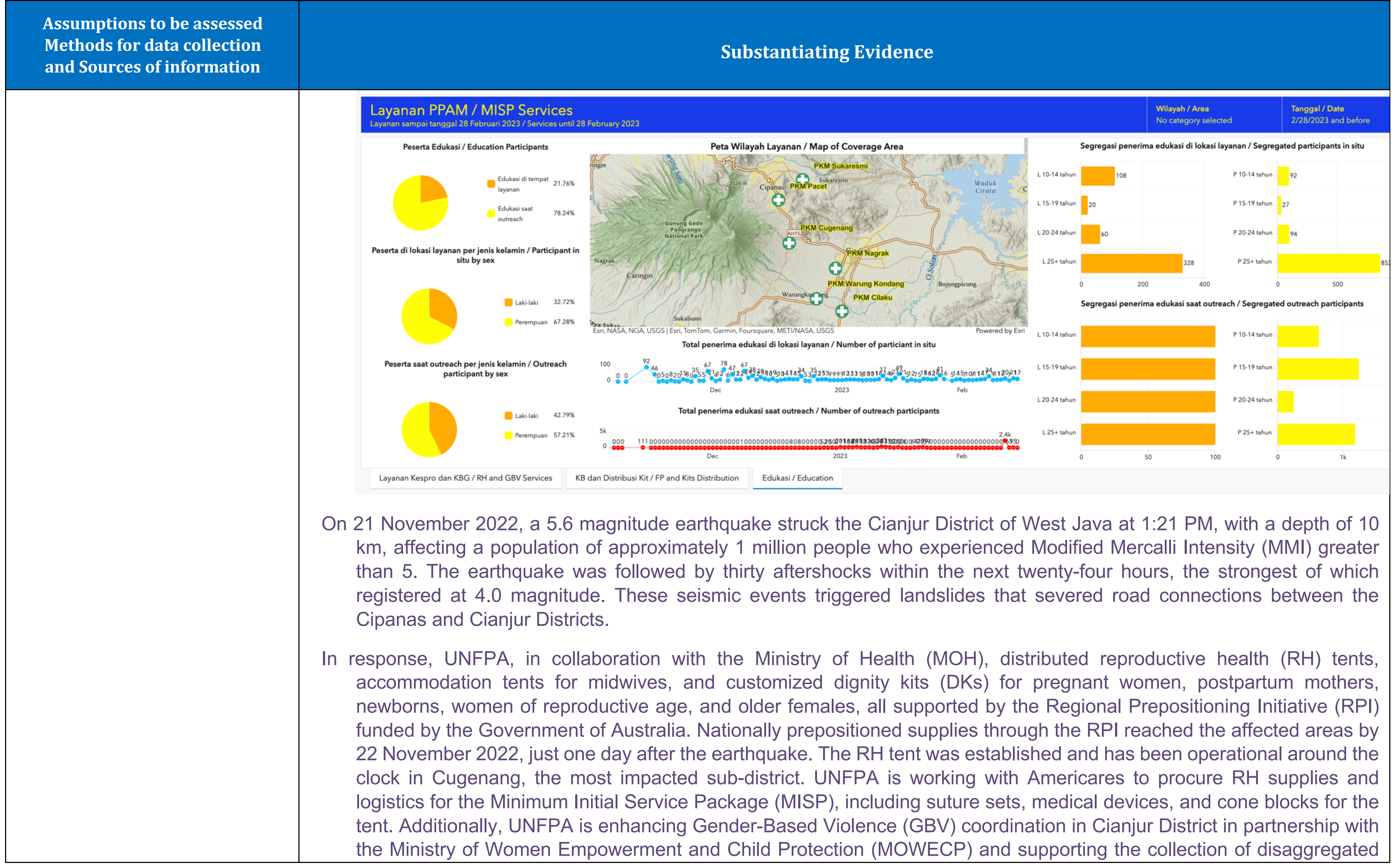
	

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	 On 21 November 2022, a 5.6 magnitude earthquake struck the Cianjur District of West Java at 1:21 PM, with a depth of 10 km, affecting a population of approximately 1 million people who experienced Modified Mercalli Intensity (MMI) greater than 5. The earthquake was followed by thirty aftershocks within the next twenty-four hours, the strongest of which registered at 4.0 magnitude. These seismic events triggered landslides that severed road connections between the Cipanas and Cianjur Districts. In response, UNFPA, in collaboration with the Ministry of Health (MOH), distributed reproductive health (RH) tents, accommodation tents for midwives, and customized dignity kits (DKs) for pregnant women, postpartum mothers, newborns, women of reproductive age, and older females, all supported by the Regional Prepositioning Initiative (RPI) funded by the Government of Australia. Nationally prepositioned supplies through the RPI reached the affected areas by 22 November 2022, just one day after the earthquake. The RH tent was established and has been operational around the clock in Cugenang, the most impacted sub-district. UNFPA is working with Americares to procure RH supplies and logistics for the Minimum Initial Service Package (MISP), including suture sets, medical devices, and cone blocks for the tent. Additionally, UNFPA is enhancing Gender-Based Violence (GBV) coordination in Cianjur District in partnership with the Ministry of Women Empowerment and Child Protection (MOWECP) and supporting the collection of disaggregated

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	data on sex, age, and disability with the National Disaster Management Authority (BNPB). Under the MOH's coordination, UNFPA facilitated the continuation of sexual and reproductive health (SRH) services in five of the most affected areas in collaboration with DoctorSHARE, IPPF Indonesia (IPPA/PKBI Indonesia), and the Indonesian Midwives Association (IBI), all part of the RH Subcluster. With support from a Cash and Voucher Assistance (CVA) specialist at the UNFPA regional office, 200 pregnant women in the three hardest-hit areas received cash and voucher assistance to ensure the safety of their pregnancies and deliveries. In total, 1,500 dignity kits were distributed to pregnant women, newborns, women and girls, and older persons in the affected areas, including 350 kits from the DFAT Regional Prepositioning Initiative valued at US$ 18,916.80. The DKs were part of a comprehensive program addressing GBV and SRH, implemented by local NGOs (Yayasan Kerti Praja (YKP), Yayasan Pulih, DoctorSHARE, and IPPA/PKBI Indonesia), GBV frontliners, and healthcare providers through outreach activities, psychosocial support, and information sharing on SRH and GBV. Additionally, UNFPA, in collaboration with MOH, MOWECP, YKP, Yayasan Pulih, and DoctorSHARE, established and managed the Cianjur District GBV and RH Subclusters. They oversaw the implementation of the MISP for SRH and Inter-Agency Minimum Standards for GBV programming in emergencies, while advocating for strengthened Disaster Risk Reduction plans in the Cianjur District. Total Females Reached: 12599 Total Males Reached: 4043 Number of Dignity Kits Distributed: 1500 Number of Safe Spaces Supported: 3 Number of Mobile Clinics Supported: 3 Number of Health Facilities Supported by UNFPA: 3 (UNPFA 2023, Pemantauan Capaian Kegiatan Emergency Fund 2022-2023) **Data West Sumatra Earthquake 2022** Four earthquakes with 5.0 and above magnitude hit West Pasaman District of West Sumatra on 25 February 2022. These earthquakes killed eleven people, injured 42 people and caused extensive damage to hundreds of houses and public buildings in five sub-districts that resulted in 13,000 IDPs in 35 IDPs posts. Since 25 to 28 February 2022, more than 125

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	earthquakes occurred. The National Disaster Management Authority (BNPB) coordinated the humanitarian response in collaboration with local stakeholders at the provincial level. Of the 13,000 IDPs, 3,510 are women of reproductive age (WRA) (estimated based on the MISP calculator); 243 pregnant mothers and 475 post-delivery mothers (based on data from Provincial Health Office, 3 March 2022). UNFPA has achieved 84% of its target by assisting 2,961 women of reproductive age (WRA) out of a goal of 3,510 in West Sumatra. Among this group, 100 pregnant women received Cash and Voucher Assistance (CVA) to facilitate their access to antenatal care (ANC), postnatal care (PNC), and delivery services, including emergency referrals for Emergency Obstetric Care (EmOC). Additionally, 20 survivors of gender-based violence (GBV) received CVA to help establish small income-generating activities as part of a livelihood program, along with access to GBV services and other referrals. Furthermore, 10 local women leaders received a total of IDR 5 million (USD 330) in incentives to enhance their roles in disaster risk reduction and GBV prevention. The outreach program has benefited 2,961 vulnerable individuals, including pregnant and postpartum women, newborns, and older women. As part of this effort, 800 dignity kits were distributed, containing essential hygiene items and personal protective supplies, including non-medical masks, to comply with COVID-19 regulations. These kits were funded by DFAT RPI and the Government of Japan (GOJ). The dignity kits were part of a comprehensive initiative to address GBV and sexual and reproductive health (SRH) by local NGOs (Yayasan Kerti Praja (YKP) and Jemari Sakato), GBV frontliners, and healthcare providers, which included outreach activities, psychosocial support, and information sharing on SRH and GBV. Additionally, UNFPA, in collaboration with the Ministry of Health (MOH) and YKP, established and managed the Provincial and District GBV and RH Subclusters. This collaboration oversaw the implementation of the Minimum Initial Service Package (MISP) for SRH and Inter-Agency Minimum Standards for GBV programming in emergencies, while advocating for strengthened Disaster Risk Reduction plans in Pasaman and Pasaman Districts of West Sumatra Province. **Data on earthquake in North Tapanuli and floods in North Aceh Districts.** On Saturday, October 1, 2022, a 5.8 magnitude earthquake struck the North Tapanuli District in North Sumatra Province. The epicenter was located at a depth of 10 km, with coordinates 2.11 N latitude and 98.53 E longitude. The earthquake was felt across several areas: Tarutung (MMI VI), Sipahutar (MMI V), Singkil (MMI IV), and Tapak Tuan and Gunung Sitoli (MMI III). The Indonesian Meteorological, Climatological, and Geophysical Agency (BMKG) recorded over 105 aftershocks, with a maximum magnitude of 5.3, occurring near the Renun and Toru fault lines.

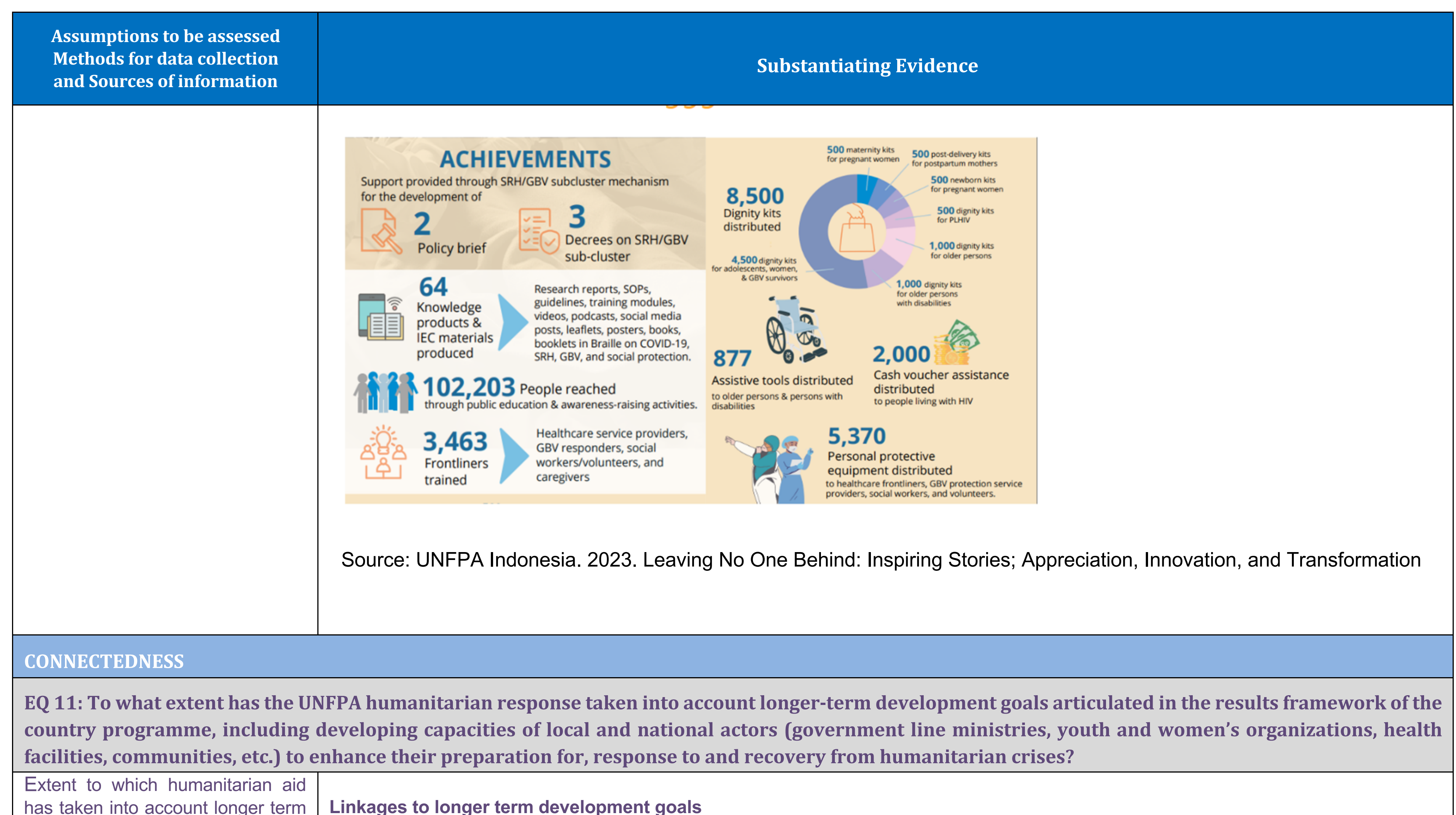
Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	As of October 5, 2022, there was one reported fatality and 26 injuries. Approximately 2,626 households were affected across around 15 sub-districts. The earthquake triggered a wildfire in Pahae Jae sub-district at Sarulla market, destroying 18 kiosks and other public facilities. Damage assessments indicated that 872 residential buildings, 60 houses of worship, 22 roads, 8 bridges, 17 educational facilities, 2 health facilities, 26 government offices, 3 private offices, 31 irrigation canals, 9 retaining walls, 3 electricity sources, 2 public street lighting units, and 9 clean water facilities were impacted. Meanwhile, heavy rains beginning October 4, 2022, caused flash floods in North Aceh District, affecting several sub-districts. According to the National Agency for Disaster Management (BNPB), thirteen sub-districts, including Pirak Timur, Matangkuli, Cot Girek, Lhoksukon, Tanah Luas, Samudera, Nisam, Paya Bakong, Muara Batu, Geuredong Pase, Langkahan, Dewantara, Sawang, Banda Baro, Kuta Makmur, and Baktiya, experienced floods and landslides. As of October 9, 2022, five of the most affected sub-districts—Pirak Timur, Matangkuli, Lhoksukon, Tanah Luas, and Baktiya—were still grappling with flooding. According to the latest BNPB report, around 52,007 people from approximately 15,432 households were affected by the floods. The situation has resulted in 82 internally displaced persons (IDP) sites, 12 broken bridges, 3 landslides, and damage to 1,057 hectares of paddy land. In response to the emergency, the Head of North Aceh District declared a district emergency state from October 15-19, 2022. The BNPB, Red Cross, and local NGOs supported the data collection efforts. While electricity and communication services remain operational in the affected areas, urgent needs include clean water, sanitation facilities, food, medicine, sanitary napkins, blankets, clothing, and access to health and protection services. To address the crisis, a command post was established in North Aceh District, coordinating meetings and providing technical assistance for data collection. UNFPA has reached 5,059 women of reproductive age (WRA), representing 50% of the target population of 10,119 WRA, in both North Tapanuli and North Aceh Districts: • 1,671 WRA among 6,190 affected individuals in the most impacted areas of North Tapanuli District. • 8,448 WRA among 31,289 affected individuals in the most impacted areas of North Aceh District. **Data on West Sulawesi Earthquake** On January 15, 2021, at 2:28 AM local time, a 6.2 magnitude earthquake struck Majene in West Sulawesi Province, Indonesia. The epicenter was located at 2.98° S latitude and 118.94° E longitude, approximately 6 km northeast of Majene. Fortunately, the earthquake did not trigger a tsunami warning. This followed a smaller 5.7 magnitude earthquake that

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	occurred in the same region on January 14 at 2:35 PM local time. The tremors disrupted access roads between Majene and the provincial capital, Mamuju, at three different locations, though the road access between Palu and Mamuju remained open. The earthquake also caused disruptions to electricity, communication networks, and fuel supplies. In response, UNFPA Indonesia received three approvals from DFAT to distribute Regional Prepositioning Initiative (RPI) supplies: 1. On January 16, 2021, 900 individual kits were distributed, including 200 hygiene kits, 200 maternity kits, 200 post-delivery kits, 200 newborn baby kits, and 100 older person's kits, along with one Reproductive Health tent, which continues to operate as a Regional Provincial Comprehensive Emergency Obstetric and Newborn Care (CEMONC) Hospital. 2. Two additional Reproductive Health (RH) tents were approved on January 28 and arrived in Majene on January 30, providing Sexual and Reproductive Health (SRH) education and services. 3. An additional RH tent was approved on February 16 and arrived at Mamuju on February 18, 2021, where it continues to function. From January 17 to March 15, 2021, supported by UNFPA, the Ministry of Health, the Indonesia Midwives Association, the Ministry of Women Empowerment and Child Protection, BKKBN, and women-led NGOs, the following SRH services and gender assessments were achieved: • Establishment of the West Sulawesi RH Sub Cluster, including identification of members and agreement on the RH coordinator. • Provision of SRH delivery services and contraceptive services. • Outreach and services for people living with HIV, with Antiretroviral (ARV) supplies available until the end of March 2021. • Counseling for SRH services, as well as GBV education and counseling. • Four RH tents were established and are operational. • Distribution of 900 individual kits to the affected population.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	• Conducting a rapid assessment of GBV risks. The four RH tents, supported through the RPI, are functioning as CEMONC referral areas within the Regional Provincial Hospital, with two serving as SRH health centers in Majene District (Sulai village in Ulumanda Sub District and SMPN5 in Malunda Sub District), and one RH tent operating as a CEMONC facility at Mamuju District Hospital. Additionally, UNFPA Indonesia received internal Emergency Funds to support SRH services and GBV prevention and response services in the aftermath of the West Sulawesi earthquake. This included providing Dignity Kits following the South Kalimantan floods during the COVID-19 pandemic, amounting to a total of USD 145,440 from January 25 to the end of June 2021. Through robust partnerships, UNFPA Indonesia mobilized in-kind contributions of USD 35,000 from Americares to support the operationalization of the four RH tents in West Sulawesi and equipment for two Women-Friendly Spaces established by women-led NGOs from Central Sulawesi (UNFPA's implementing partners). **Data on Flood South Kalimantan 2021** Since January 5, 2021, heavy rainfall has led to the overflowing of the Martapura and Riam rivers, causing significant flooding in the Banjar, Tanah Laut, and Hulu Tengah Selatan Districts of South Kalimantan. As of January 22, the Provincial Government reported 55,031 internally displaced persons (IDPs), 506,326 people directly affected, and twenty fatalities, with water levels rising between 0.7 and 3 meters, inundating 104,521 homes. Among the 55,031 IDPs, approximately 13,757 are women of reproductive age, including an estimated 2,202 pregnant mothers (based on the MISP calculator) in the hardest-hit areas of South Kalimantan Province. UNFPA is focusing on assisting the most vulnerable populations impacted by the flooding. In preparation for the humanitarian response, UNFPA collaborated closely with the Ministry of Health (MOH). Following extensive coordination with the Provincial Health Office, the MOH submitted a request to UNFPA for essential supplies for the most vulnerable groups, including women, girls, newborns, and the elderly, totaling 1,000 kits. On January 25, UNFPA requested approval from DFAT to distribute 500 Dignity Kits from the Regional Prepositioning Initiative (RPI), receiving approval on January 28. The RPI supplies were handed over to the Ministry of Health on February 1, 2021, for distribution. Additionally, UNFPA Indonesia received internal Emergency Funds to support SRH services and GBV prevention and response initiatives following the West Sulawesi earthquake, as well as the provision of Dignity Kits during the South

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	Kalimantan floods amid the COVID-19 pandemic, totaling USD 145,440 from January 25 to the end of June 2021. **Data on Semeru Volcanic Eruption 2022** On Saturday, December 4, 2021, at 14:50 local time, Mount Semeru in East Java Province erupted, releasing a hot cloud avalanche containing volcanic materials towards Besuk Kobokan in Sapitarang Village, Pronojiwo District, Lumajang. This event impacted six villages across two sub-districts in Lumajang District, while volcanic ash affected eleven villages in nine sub-districts. By Sunday, December 5, the National Disaster Management Authority (BNPB) reported 14 fatalities, 56 injuries (including 35 serious and 21 minor injuries), and 5,205 people affected, with 1,300 individuals displaced. In response, UNFPA engaged in intensive discussions with the Ministry of Health, which coordinates the Reproductive Health (RH) Sub Cluster, and the Ministry of Women Empowerment and Child Protection, which oversees the Gender-Based Violence (GBV) Sub Cluster. An urgent WhatsApp group was established for the Semeru MISP response within 24 hours. On December 8, the East Java Provincial Health Office (PHO) communicated the need for assistance in establishing RH Sub Cluster coordination, as the maternal and child health division staff were newly appointed, and those trained on the Minimum Initial Service Package (MISP) had transitioned to other roles. Consequently, the MOH requested UNFPA's technical support to establish RH Sub Cluster coordination and set minimum indicators for three months for PHO program interventions. Both the MOH and the Ministry of Women Empowerment and Child Protection submitted formal requests for assistance to UNFPA Indonesia within three days of the disaster. On December 6, 2021, MOWECP and UNFPA co-led the first GBV Sub Cluster meeting, with Ibu Valentina Ginting, Assistant Deputy of Protection of Women's Rights in Vulnerable Situations, coordinating the session. Participants included UNFPA, heads of provincial and district Women Empowerment and Child Protection offices (POWECP and DOWECP), along with 46 GBV sub-cluster members. From this coordination meeting, POWECP agreed to implement the first week of interventions outlined in the GBV sub-cluster program plans at both provincial and district levels. Key initiatives included: (1) establishing GBV Sub Cluster coordination for East Java Province and Lumajang District; (2) identifying potential partners for GBV prevention and management; (3) collaborating with the Provincial and District Health Offices (PHO and DHO) on RH referral mechanisms; and (4) preparing a GBV risk assessment. UNFPA actively supported POWECP and DOWECP in activating the GBV Sub Cluster coordination, collaborating with the RH Sub Cluster to ensure the availability and accessibility of RH services. They also mapped GBV Sub Cluster members at both provincial and district levels capable of providing Psychological First Aid and strengthening the referral mechanism

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	to UPT/P2TP2A or targeted women-led NGOs. Additionally, UNFPA distributed 100 Dignity Kits from FPA90 to selected women, including unaccompanied girls and female heads of households, in the IDP camps. UNFPA also partnered with (Yayasan Kerti Praja to conduct the GBV risk assessment. (UNFPA. 2021-2023. Humanitarian Report. Emergency Fund, DFAT Regional Preposition Initiative) UNFPA Indonesia's response to the COVID-19 pandemic: • **Sexual and Reproductive Health (SRH)**: 979 packages of personal protective equipment (PPE) were distributed to 1,780 midwives, ensuring the safe continuation of SRH services. Additionally, 283 midwives received online training to enhance their service delivery during the pandemic. Faith-based education sessions on SRH reached 7,761 members, while awareness sessions on SRH and family planning impacted over 11,500 members • **Gender-Based Violence (GBV)**: UNFPA trained 252 midwives on sexual violence case management, and 235 GBV service providers participated in mental health and psychosocial support (MHPSS) e-learning sessions. Furthermore, 100 PPE packages were distributed to GBV responders, and dignity kits were provided to over 3,600 women and girls across disaster-affected regions (UNFPA,2022, UNFPA Indonesia’s Sexual and Reproductive Health And Gender-Based Violence Response To The Covid-19 Pandemic 2020-2021) **Achievements of the LNOB project**:

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	 Source: UNFPA Indonesia. 2023. Leaving No One Behind: Inspiring Stories; Appreciation, Innovation, and Transformation
CONNECTEDNESS	
EQ 11: To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme, including developing capacities of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to enhance their preparation for, response to and recovery from humanitarian crises?	
Extent to which humanitarian aid has taken into account longer term development aspects Extent to which humanitarian aid and support has taken account of	**Linkages to longer term development goals** Since 2022, the MOWECP has provided technical support and allocated state budget to fund the regions like South Kalimantan, North Sulawesi, Banten, and East Kalimantan for the establishment of sub-clusters focused on gender-based violence prevention and women's empowerment. Additionally, Rp 50 million is allocated annually for prepositioned kits to meet the specific needs of women in humanitarian.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
interconnectedness of problems and issues in the national and subnational contexts concerned **Methods for data collection and Sources of information** **Desk Review** - Emergency preparedness and response plans at national and sub-national levels/ Joint humanitarian response plans - UNFPA SRH strategy in humanitarian settings - UNFPA Annual and SIS report - Humanitarian project monitoring data and reports - Humanitarian Cluster meeting records **Semi-structured key informant interviews** - Government partners on humanitarian aid issues - CSO partners on humanitarian issues - Sub-national level partners on humanitarian issue in sampled provinces - Senior management staff of selected sister UN agencies **Focus group discussion** - Programme staff of key sister UN agencies, including UNRC, UNICEF, UN Women, UN AIDS	Some challeges also highlighted including maintaining the existence and responsiveness of established Sub-Klasters, replicating their formation in other regions, and addressing other obstacles. Since 2022, DAK (special allocation funds) and APBN funds have been allocated to support reproductive health preparedness in disaster situations across Indonesia. In 2024, similar allocations were made, with varying target areas each year (more details on Annex 1). For the 2025-2029 RPJMN, the Ministry of Health has included an indicator that requires each district to have a contingency plan. UNFPA, in collaboration with the Directorate of Productive Age and Elderly (UPL), is currently developing reproductive health and GBV contingency plans for 2024-2025, which will be integrated into district-level plans. This collaboration between UPL, the Health Crisis Center - MoH, and UNFPA aims to strengthen these efforts further. Since 2022, the MOWECP has provided technical support and allocated state budget to fund such interventions in selected regions In Central Sulawesi, the humanitarian response opened doors for UNFPA to reach underserved communities and regions. The humanitarian approaches and innovative programs for timely response to community needs, laid the foundation for post-disaster development programmes. Lessons from such experiences must be harnessed to scale up sub-national disaster preparedness, community IEC and capacities, integrated across all outcome related themes The United Women's Movement Central Sulawesi Network, led by women-led CSOs in Palu, Sigi and Donggala has maintained a strong grassroots presence to provide support for women survivors of GBV and vulnerable women's groups. This network volunteerism addresses the evolving needs of women and their evolving life contexts, ensuring timely response to the needs of communities in remote regions and those affected by the recent expansions of mining industries, such as in Sigi district. Following the 2018 Central Sulawesi disasters, many children and young people have become orphaned, experiencing extensive trauma and grief, at risk of violence and discrimination. CSOs Pulih, YKP and their local NGO partners provided training for healing and psycho-social support, an aspect often overlooked in many humanitarian responses. After the project, the country programme's technical assistance has continued to support government and CSOs, through training and coordination meetings, advocating the formation of women's network, regular coordination meetings, and training. Local stakeholders also focus on training staff and volunteers at UPTD PPA, Women's Safe Homes, and organisations working with youth and SRH HIV (PKBI). Mental health and psychosocial support have remained integral to SRH/GBV prevention and response three main challenges related to the Sub-Klaster PP KBG PP initiative: 1. Maintaining the existence and responsiveness of established Sub-Klasters - The first challenge emphasizes the importance of sustaining the current Sub-Klaster's presence and ensuring they remain responsive. 2. Replicating the formation of Sub-Klasters in other regions - The second challenge focuses on expanding the success of already established Sub-Klasters by replicating their formation in other areas.

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	3. Other obstacles - The third point refers to various other unspecified challenges that may hinder the initiative. Source: MoWECP and UNFPA. 2024. 5 Years of Learning Sub-Cluster of Prevention and Handling of Gender-Based Violence, and Women's Empowerment in Disaster Management 2018 - 2023 **Allocation of DAK for SRH and GBVie in Humanitarian 2024**

Pembagian Pagu Provinsi

6803.SCM.014.051 Workshop PPAM Kespro dalam Rangka Penguatan Kesiapan, Mitigasi dan Respon Krisis Kesehatan

PROVINSI	ALOKASI	TARGET
ACEH	17.850.000	50
SUMUT	17.850.000	50
SUMBAR	17.850.000	50
RIAU	17.850.000	50
JAMBI	17.850.000	50
SUMSEL	17.850.000	50
BENGKULI	17.850.000	50
LAMPUNG	17.850.000	50
BABEL	17.850.000	50
KEPRI	17.850.000	50
JAKARTA	17.850.000	50
JABAR	17.850.000	50
JATENG	17.850.000	50
DIY	17.850.000	50
JATIM	17.850.000	50
BANTEN	17.850.000	50
BALI	17.850.000	50
NTB	17.850.000	50
NTT	17.850.000	50

PROVINSI	ALOKASI	TARGET
KALBAR	17.850.000	50
KALTENG	17.850.000	50
KALSEL	17.850.000	50
KALTIM	17.850.000	50
KALTARA	17.850.000	50
SULUT	17.850.000	50
SULTENG	17.850.000	50
SULSEL	17.850.000	50
SULTRA	17.850.000	50
GORONTALO	17.850.000	50
SULBAR	17.850.000	50
MALUKU	17.850.000	50
MALUT	17.850.000	50
PAPUA	17.850.000	50
PAPUA BARAT	17.850.000	50
PAPUA BARAT DAYA	17.850.000	50
PAPUA SELATAN	17.850.000	50
PAPUA TENGAH	17.850.000	50
PAPUA PEGUNUNGAN	17.850.000	50

INDONESIA

Source: MoH. 2024. DAK allocation for RH and GBVie

	- The United Women's Movement Central Sulawesi Network, led by women-led CSOs in Palu, Sigi and Donggala has maintained a strong grassroots presence to provide support for women survivors of GBV and vulnerable women's groups. This network volunteerism addresses the evolving needs of women and their evolving life contexts, ensuring timely response to the needs of communities in remote regions and those affected by the recent expansions of mining industries, such as in Sigi district. - Following the 2018 Central Sulawesi disasters, many children and young people have become orphaned, experiencing extensive trauma and grief, at risk of violence and discrimination. CSOs Pulih, YKP and their local NGO partners provided training for healing and psycho-social support, an aspect often overlooked in many humanitarian responses. After the project, the country programme's technical assistance has continued to support government and CSOs, through training and coordination meetings, advocating the formation of women's network, regular coordination meetings, and training. Local stakeholders also focus on training staff and volunteers at UPTD PPA, Women's Safe Homes, and organisations working with youth and SRH HIV (PKBI). Mental health and psychosocial support have remained integral to SRH/GBV prevention and response. - **C-Surge grant** - The C-Surge grant from government of Australia, aimed at ensuring enhanced sexual and reproductive health rights and access to quality SRH services of population in Asia-Pacific including Indonesia, affected by COVID-19. The grant was used to support strengthening of the recovery of the health system from the COVID pandemic as well as reinforcing the linkages between recovery efforts and preparedness activities. Focus included government and SRHR partner access to and use of information to identify SRHR service gaps, reinforce data driven decision making in SRHR and enhanced accessibility and quality of services. In Indonesia support included the Sex, Age and Disability Disaggregated Data (SADDD) collection tools in Lumajang District. Rapid response personnel from the BNPB and Provincial Disaster Management Authority in West Java province gained skills and knowledge in accessing available population data from BPS and Civil Registration Agency with lessons learned shared more widely within BNPB. A module on the prevention of GBV online was being developed in collaboration with some representatives of the youth content creators. Capacity development was conducted of One Stop Service Centers for GBV with pre and post-training monitoring. - This multi-country initiative in the AP region, included support to several on-going development interventions during the COVID-19 pandemic, in this way connecting emergency and development programming. The initiative included a component on women living with HIV, young people living with HIV and people with disabilities to receive CVA benefits and counseling services related to SRH needs while also capacities of CSOs and networks for older persons and people with disabilities were developed on MHJPSS/SRH/GBV aspects. Focus was on ARH education and the development of materials for young people with intellectual disabilities and trainings concerned. The improved HMIS system and the use of data to inform SRHR planning and Maternal health care including dashboard functionality and strengthening of health worker skills on MPDSR with a cascading approach starting at provincial and followed by district level health staff. Strengthening of EmONC health facilitates functions through capacity assessments (national) and support in Garut district (4BEmONC and 1 CEmONC). Policy brief based on lessons learned was developed. Strengthening the RH Sub-cluster's coordination as one of strategic interventions at National and SubNational levels was included. Provision of CVAs for pregnant mothers and PLHIV has significantly supported the most vulnerable groups in accessing the SRH services in post disaster areas during COVID-19 emergency. Through the DFAT C-Surge project activities, UNFPA has enabled

Assumptions to be assessed Methods for data collection and Sources of information	Substantiating Evidence
	pregnant women and GBV survivors in post-disaster areas and during COVID-19 to access SRH and GBV services (but no further details provided on how many, where and how selected)..

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ANNEX 3: List of persons met and their organizational affiliations / institutions

Persons (positions)consulted during the Design Phase (all UNFPA Indonesia)

1	Country Representative
2	Programme Analyst Monitoring and Evaluation
3	National Programme Associate PMU
4	Monitoring and Evaluation Assistant
5	Programme Assistant
6	Programme Specialist RH
7	Family Planning Partnership and Communication Associate
8	Programme Analyst, Maternal Health
9	Programme Associate
10	Programme Assistant RH, ASRH and HIV
11	Programme Analyst, Youth and ASRH
12	Digital Health and Innovation Focal Point
13	Programme Analyst, HIV
14	Programme Analyst, Humanitarian
15	Humanitarian Field Assistant
16	Programme Assistant HUM, Gender, PD
17	Temporary. Programme Associate
18	Programme Specialist, Gender Equality
19	Youth Engagement Focal Point Gender Programme
20	Gender Project Officer
21	Project Manager for TAKEDA Project
22	Programme Specialist, PD
23	Geospatial & Hum Data Analyst
24	Programme Specialist, SPRM

Persons Consulted during the Field Phase

UNFPA TEAM

No.	Interviewee/ Institution	Date	Total Participant		
			Female	Male	Total
1	UNFPA Humanitarian Team	3-Jun-2024	2	1	3
2	UNFPA Adolescent and Youth Development	3-Jun-2024	2	0	2
3	UNFPA Representative and Assistant Representative	3-Jun-2024	1	1	2

No.	Interviewee/ Institution	Date	Total Participant		
			Female	Male	Total
4	UNFPA Gender Equality and Woman Empowerment Team	3-Jun-2024	3	0	3
5	UNFPA Population Development Team	4-Jun-2024	1	2	3
6	UNFPA Programme support staff (Operations)	4-Jun-2024	5	1	6
7	UNFPA HIV Programme Team	5-Jun-2024	1	0	1
8	UNFPA Programme area SRH & RR Team	5-Jun-2024	2	1	3
9	UNFPA Communication Unit	7-Jun-2024	2	2	4
10	UNFPA Monitoring & Evaluation PMU Team	10-Jun-2024	3	1	4
11	UNFPA Strategic Partnership and Resource Mobilisation	11-Jun-2024	0	1	1
12	UNFPA APRO	11-Jun-2024	4	1	5
13	UNFPA Former Assistant Representative (2021-2023)	21-Jun-2024	1	0	1
Total			**27**	**11**	**38**

NATIONAL STAKEHOLDERS

No.	Interviewee/ Institution	Date	Institution	Total Participant		
				Female	Male	Total
1	UNRCO	4-Jun-2024	Other UN Agency	2	1	3
2	Midwife Association (IBI)	5-Jun-2024	Midwife Association	2	0	2
3	Yayasan Pulih	5-Jun-2024	NGOs	5	0	5
4	Jaringan Indonesia Positif (JIP)	6-Jun-2024	NGOs	1	1	2
5	Komnas Perempuan - The National Commission on Violence Against Woman	6-Jun-2024	National Government	2	1	3
6	BKKBN - National Population and Family Planning Agency	6-Jun-2024	National Government	3	2	5
7	PKBI (Indonesian Family Planning Association) DKI Jakarta	6-Jun-2024	NGOs	1	1	2

No.	Interviewee/ Institution	Date	Institution	Total Participant		
				Female	Male	Total
8	BPS - Central Bureau of Statistics	7-Jun-2024	National Government	0	3	3
9	Ministry of Home Affairs (MoHA)	7-Jun-2024	National Government	0	2	2
10	Ministry Of Women Empowerment And Child Protection (MOWECP)	7-Jun-2024	National Government	4	0	4
11	Yayasan Siklus Sehat Indonesia (YSSI)	7-Jun-2024	NGOs	1	1	2
12	Organisasi Perubahan Sosial Indonesia (OPSI)	7-Jun-2024	NGOs	0	1	1
13	Yayasan Kerti Praja (YKP)	10-Jun-2024	NGOs	1	0	1
14	Government of Japan	10-Jun-2024	Donors	0	1	1
15	Faculty of Public Health - University of Indonesia (FKM-UI)	10-Jun-2024	Academia	0	2	2
16	Ministry of Education, Culture, Research, and Technology (MoECRT) - Special Need Directorate	11-Jun-2024	National Government	2	0	2
17	BAPPENAS - Directorate of Public Health and Nutrition	11-Jun-2024	National Government	0	4	4
18	Bappenas - Directorate of Population and Social Security	12-Jun-2024	National Government	0	2	2
19	Yayasan Khouw Kalbe(YKK)	12-Jun-2024	NGOs	2	0	2
20	DoctorShare (DS)	12-Jun-2024	NGOs	2	0	2
21	Coordinating Ministry for Human Development and Culture (Kemenko PMK)	12-Jun-2024	National Government	1	0	1
22	Global Affairs Canada	13-Jun-2024	Donors	2	0	2
23	Ministry of Health (MoH) - Directorate of Prevention and Control of Directly Infectious Diseases (P2PML)	13-Jun-2024	National Government	1	2	3
24	WHO Indonesia	13-Jun-2024	Other UN Agency	2	0	2
25	UN Women Indonesia	13-Jun-2024	Other UN Agency	2	0	2

No.	Interviewee/ Institution	Date	Institution	Total Participant		
				Female	Male	Total
26	BAPPENAS - Directorate of Family, Women, Children, Youth & Sports	14-Jun-2024	National Government	2	1	3
27	National Programme Coordinating Unit - Bappenas	14-Jun-2024	National Government	3	0	3
28	UNAIDS Indonesia	14-Jun-2024	Other UN Agency	1	0	1
29	Ministry of Health (MoH) - Directorate General of Health Personnel	19-Jun-2024	Other UN Agency	2	0	2
30	Ministry of Health (MoH) - Directorate of Nutrition and Maternal and Child Health	20-Jun-2024	National Government	2	0	2
31	UNICEF Indonesia	20-Jun-2024	National Government	0	1	1
32	DFAT Indonesia Office	24-Jun-2024	Donors	1	0	1
33	Burnete Institute	24-Jun-2024	Academia	2	1	3
34	BNPB - National Board for Disaster Management	25-Jun-2024	National Government	1	1	2
35	Representative of Community of Practicies -	25-Jun-2024	Youth Forum / Network	2	1	3
36	Ministry of Education, Culture, Research, and Technology (MoECRT) - Primary School Directorate	24-Jun-2024	National Government	0	2	2
37	Representative of Center of excellence - Poltekes Jakarta III	28-Jun-2024	Academia	3	0	3
Total				**55**	**31**	**86**

SUB-NATIONAL STAKEHOLDER

No.	FGD	Institution	Scope of Sub-National	Type of of Institution	Date	Total Participant		
						Female	Male	Total
1	Garut Local Stakeholders on Maternal and Neo-natal Health (MNH) Output	Bappeda Garut	West Java	Sub-National Government	19-Jun-2024	1	1	2
		Dinas Kesehatan Garut		Sub-National Government		1	0	1
		RSUD dr Slamet		Hospital		1	1	2

No.	FGD	Institution	Scope of Sub-National	Type of of Institution	Date	Total Participant		
						Female	Male	Total
		IBI Garut		Midwifery Association		2	0	2
		Puskesmas Tarogong		Puskesmas		2	1	3
		Disdukcapil Garut		Sub-National Government		1	2	3
2	Garut Local Stakeholder on Integrated SRH Output	Bappeda Garut	West Java	Sub-National Government	19-Jun-2024	1	1	2
		PKBI Garut		NGO		0	1	1
		Aisiyah Garut		FBO		2	0	2
		BPBD Garut		Sub-National Government		0	1	1
		Fatayat NU Garut		FBO		1	0	1
		Puskesmas Tarogong		Puskesmas		2	1	3
		IBI Garut		Midwifery Association		2	0	2
3	Garut Local Stakeholders on Gender Equality and Women's Empowerment Output	UPTD PPA Garut	West Java	UPTD PPA	20-Jun-2024	1	0	1
		Fatayat NU Garut		FBO		2	0	2
		DP2KBKPPA Garut		Sub-National Government		1	1	2
		Child Forum Garut		Youth Forum/Network		1	1	2
		Aisiyah Garut		FBO		2	0	2
		Koalisi Perempuan Indonesia - Garut		NGOs		2	0	
4	Local Government of West Java	Bappeda, Disdukcapil, Dinas Kesehatan	West Java	Sub-National Government	20-Jun-2024	4	3	7
5	Garut Local Stakeholders on Population Dynamic Output	Bappeda Garut, BPS Garut, BPBD Garut	West Java	Sub-National Government	20-Jun-2024	0	3	3

No.	FGD	Institution	Scope of Sub-National	Type of of Institution	Date	Total Participant		
						Female	Male	Total
6	Visit of RSUD dr. Slamet (MPDSR Hospital)		West Java	Hospital	20-Jun-2024	7	2	9
7	Visit to Puskesmas Tarogong		West Java	Puskesmas	21-Jun-2024	8	0	8
8	Visit to UPTD PPA Garut		West Java	UPTD PPA	21-Jun-2024	5	3	8
9	Local Stakeholder on Development and Planning Aspect	Bappeda Palu, Bapperida Sigi, Bappeda Sulawesi Tengah	Central Sulawesi	Sub-National Government	24-Jun-2024	1	2	3
11	Central Sulawesi Local Stakeholders on Sexual Reproductive Health (SRH) Outcome	Dinas Kesehatan Kota Palu	Central Sulawesi	Sub-National Government	24-Jun-2024	1	0	1
		Kantor Pengendalian Penduduk dan Keluarga Berencana (DPPKB) Provinsi Sulawesi Tengah		Sub-National Government		0	1	1
		Puskesmas Sangurara		Puskesmas		2	0	2
		Dinas Kesehatan Kabupaten Sigi		Sub-National Government		2	0	2
		Dinas P2KB Kota Palu		Sub-National Government		2	0	2
		IBI Sulawesi Tengah		Midwifery Association		2	0	2
13	Central Sulawesi Local Stakeholders on Adolescent and Youth Development Outcome	Puskesmas Sangurara	Central Sulawesi	Puskesmas	24-Jun-2024	2	0	2
		Forum Pelita Sulawesi Tengah		Youth Forum/Network		0	2	2
14	Central Sulawesi Local Stakeholders on Population Dynamic and Humanitarian	BPS and BPBD Sigi, Palu, Donggala, Sulawesi Tengah	Central Sulawesi	Sub-National Government	25-Jun-2024	2	4	6

No.	FGD	Institution	Scope of Sub-National	Type of of Institution	Date	Total Participant		
						Female	Male	Total
19	Central Sulawesi Local Stakeholders on Gender Equality and Woman Empowerment Outcome	Dinas KPPA, Polres Sulawesi Tengah	Central Sulawesi	Sub-National Government	25-Jun-2024	3	1	4
		Sikola Mombine Foundation Palu		NGO	26-Jun-2024	2	0	2
		LiBu Perempuan		NGO		2	0	2
		Children Forum		NGO		1	1	2
		Fatayat NU Sulawesi Tengah		NGO		2	0	2
20	Visit RSUD Antapura Palu City		Central Sulawesi	Hospital	25-Jun-2024	10	4	14
21	Visit Kelompok Perjuangan Kesetaraan Perempuan Sulteng (KPKPST)		Central Sulawesi	NGO	25-Jun-2024	4	1	5
22	Visit Puskesmas Community Health Centre Sangurara		Central Sulawesi	Puskesmas	26-Jun-2024	4	1	5
23	Visit Central Sulawesi Local Youth Forum and PKBI		Central Sulawesi	Youth Forum/Network including youth with disability	26-Jun-2024	7	3	10
24	PKBI Papua		Papua	NGO	25-Jun-2024	0	1	1
25	Teachers trained in RH Education Curriculum		Aceh	Teachers Representative	26-Jun-2024	2	1	3
26	Yakkum Emergency Unit		DI Yogyakarta	NGO	26-Jun-2024	1	0	1
Total						**101**	**44**	**143**

ANNEX 4: Data Collection Tools

Main tool to be adapted for specific target groups based on the Evaluation Matrix (Annex 3)

Introduction:

a. Introduction Evaluation Team and participants to the discussion
b. Explanation of the Country Programme Evaluation purpose and objectives and expected use of results
c. Ethical considerations including confidentiality of discussion
d. Refining understanding of the interviewee's role vis a vis organization/programme

1. **UNFPA Support provided**
    a. In programme outcome area concerned
    b. Partners and partnership arrangements with each of these
    c. Coverage of each of the initiatives at national and sub-national level
    d. Resource allocation of regular and non-regular resources over the programme cycle
    e. Adaptations due to COVID-19 pandemic
2. **Fit with national and organizational strategies and policy frameworks**
    a. Issues of targeting of equity, gender and vulnerability
    b. Adaptations made to contextual change incl. COVID-19 pandemic
    c. Ways in which human rights, gender equality and disability approach were included
    d. Alignment with Government policies, UNFPA strategy, UNSDCF
3. **Results achieved compared to planning - focus on output level change and contribution to outcome level results**
    a. Results achieved at output levels, contribution of UNFPA to outcome level change, results on gender mainstreaming
    b. What has worked / what has not worked
    c. Enabling and constraining factors for reaching results
    d. Unintended results, both positives and eventual negatives
    e. Effects of the COVID-19 pandemic and measures to prevent the spread of infections on the socio-economic and health context and results achievements
    f. Results of humanitarian programming
4. **Capacities developed so far / Ownership concerned**
    a. Capacity improvement / levels concerned – what is still required
    b. Use of enhanced capacities and organizational resources put to realize results
    c. Expected sustainability of results
5. **Humanitarian Response**
    a. Coverage of UNFPA support, in particular in terms of vulnerability and whether informed by an assessment

   b. Connectedness of humanitarian response to development programming and attention to the interconnectedness of problems to be addressed

6. **Partnerships and process issues**
   a. Viewpoints of UNFPA as a partner, short vs long term/strategic partnerships
   b. Partnership strategy in place
   c. Joint partnership with sister UN agencies and country stakeholders

7. **Process issues**
   a. Efficiency and timeliness of support provided
   b. Cost effectiveness of support and opportunities for enhancing process and results, transaction costs versus benefits in terms of results
   c. Financial procedures in place and their efficiency in supporting results
   d. Resource mobilization strategy
   e. UNFPA country office staff composition versus programme requirements
   f. Technical capacities of the country office vs programme requirements

8. **Monitoring and Evaluation**
   a. M&E system in place – own system of partners and reporting of data to UNFPA – fit concerned
   b. Disaggregation of data for monitoring purposes
   c. Use of data to inform programme management / Other use of M&E data including knowledge management
   d. M&E capacities built

9. **Coherence with other stakeholders' initiatives and comparative advantage and value added of UNFPA**
   a. Main interventions of Government and other stakeholders in relation to UNFPA outcome level results
   b. Coherence of UNFPA interventions with other initiatives / overlap concerned
   c. Comparative advantage of UNFPA vis a vis other UN agencies and DPs/ (I)NGOs
   d. Added value of UNFPA over the time of the programme cycle
   e. UNFPA's role in the UNCT coordination mechanisms

10. **Lessons learned**
    a. Which learnings / experiences would be useful for application beyond the context in which they were obtained

11. **Recommendations for future support**
    a. What would UNFPA need to focus on from your perspective in the next programme cycle
    b. What adaptations if any would be needed in terms of the ways in which results are aimed to be achieved

ANNEX 5: Country Programme Results Framework and adaptation of Indicators

Country Programme Results Framework

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
1.Sexual and Reproductive Health and Reproductive Rights			
Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.	**UNSDCF Outcome indicator(s):** ● Maternal Mortality per 100,000 live births *Baseline: 305 (2015); Target: 183 (2024)* **Related UNFPA Strategic Plan Outcome indicator(s):** ● Unmet need for family planning *Baseline: 10.6% (2017); Target: 7.4% (2024)*	**Output 1.1**: Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination.	● Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism. *Baseline*: No; *Target*: *Yes* ● Establishment of a Midwifery Council that regulates midwifery education and midwifery-led care standards *Baseline*: No; *Target: Yes* ● Number of midwifery centers of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards. *Baseline*: No; *Target*: *Yes*
		Output 1.2: National and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian and development continuum is strengthened.	● Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices Baseline: 0; *Target*: 5 districts ● Percentage of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model *Baseline (a): 37% (88 districts); Target: 100% (146 districts)* *Baseline (b): 2.1% (5 districts); Target: 50% (229 districts)* ● Number of districts with high disaster risk index that have incorporated the nationally adopted and implemented MISP in contingency plans *Baseline: 0; Target: 5 Districts*

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
			● Number of revised national protocols on health sector response to gender-based violence, in line with the ESP *Baseline: 0; Target: 3 protocols*
2. Adolescents and Youth			
Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	**UNSDCF Outcome indicator(s):** ● Age Specific Fertility Rate aged 15-19 per 1,000 women *Baseline: 36 (2017)* *Target: 18 (2024)* ● Youth Development Index Score *Baseline: 51.50 (2018)* *Target: 57.67 (2024)*	**Output 2.1**: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum.	● Number of national regulations and protocols developed to improve the quality of adolescent reproductive health education in line with the International Technical Guidance on Sexuality Education (ITGSE) *Baseline*: 0; *Target*: *2* ● Number of national regulations and protocols developed to regulate the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend *Baseline*: 1; *Target*: *2* ● Existence of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the SDGs, ICPD and humanitarian action *Baseline*: No; *Target: Yes*
3. Gender-Based Violence and Reproductive Rights			
Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	**UNSDCF Outcome indicator(s):** ● Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the previous 12 months *Baseline: 9.4% (2016)* *Target: Decreased (2024)* **Related UNFPA Strategic Plan Outcome**	**Output 3.1**: National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.	● Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum *Baseline: 0; Target: 4 districts* ● Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings *Baseline: 0; Target: 4 P2TP2A/UPTD* ● Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD who were able to access at least one essential service (health, police and justice, social services) on the basis of

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
	indicator(s): ● Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 *Baseline: 10.82 (2019)* *Target: 8.74% (2024)*		their expressed needs and with informed consent within the recommended time frame *Baseline: 0%; Target: 80%* ● Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms *Baseline*: 0; *Target: 4 districts*
4. Population Dynamics			
Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	**Related UNFPA Strategic Plan Outcome indicator(s):** ● Proportion of 17 UNFPA-prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics *Baseline: 20% (2018)* *Target: 40% (2025)*	**Output 4.1**: Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum.	● Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities *Baseline*: *No Target*: *Yes* ● Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management *Baseline: No; Target*: *Yes* ● Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and reproductive rights, adolescents and youth, gender equality in both development and humanitarian contexts *Baseline*: *No; Target: Yes*

Source: United Nations Population Fund, Country Programme Action Plan between The Government of Indonesia and The United Nations Population Fund, 2021-2025.

Country Programme Results Framework Adapted indicators

Based on the new UNFPA Strategic Plan 2022-2025, from July 2021, a realignment process was undertaken in order to ensure that the UNFPA programme was aligned with the new strategy. The CPD results framework though remained basically the same. Changes made concerned limited rewording of some of the output level indicators, and adjustments of some of the sub-output indicators, adapting the way in which outputs are expected to be achieved with some of the sub-outputs rearranged, but keeping the same output level changes and indicators. One substantial reformulation, concerned the first indicator of the SRHR output 1, which got focuses on the national health transformation agenda, rather than on the national roadmap for acceleration of MMR. This was based on the legal and programmatic changes within the MOH due to the COVI-19 pandemic and the need for the programme to adapt in this respect. Target regarding the midwifery council related issues were postponed, with the council established in 2023 only.

(Source: Target 2023 CPAP Revision vs TT Meeting ARM presentation (internal excel spreadsheet); key informant interviews).

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
1.Sexual and Reproductive Health and Reproductive Rights			
Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.	**UNSDCF Outcome indicator(s):** • Maternal Mortality per 100,000 live births *Baseline: 305 (2015); Target: 183 (2024)* **Related UNFPA Strategic Plan Outcome indicator(s):** • Unmet need for family planning *Baseline: 10.6% (2017); Target: 7.4% (2024)*	**Output 1.1**: Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination.	• Existence of national road map for acceleration of maternal mortality reduction that incorporates evidence-based practices and action plans to strengthen the quality and coverage of maternal health services including CEONC, and its regular review mechanism. *Baseline*: No; *Target*: *Yes* **Reformulated** with the national road map changed to the health transformation agenda • Establishment of a Midwifery Council that regulates midwifery education and midwifery-led care standards *Baseline*: No; *Target: Yes* **Target was postponed** to 2024 • Number of midwifery centers of excellence that have been accredited by the government and deliver midwifery curriculum with trained faculty and skills labs as per the International Confederation of Midwives (ICM) standards. *Baseline*: No; *Target*: *Yes*
		Output 1.2: National and	• Number of districts implementing action plans that integrated gender responsive programming on rights-based family planning, maternal health,

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
		subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and other people in vulnerable situations, across the humanitarian and development continuum is strengthened.	HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices Baseline: 0; *Target*: 5 districts **Reformulated**: A model on integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices piloted and evaluated • Percentage of government priority districts that adopt a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model *Baseline (a): 37% (88 districts); Target: 100% (146 districts)* *Baseline (b): 2.1% (5 districts); Target: 50% (229 districts)* **Addition**: Expansion of districts from 64 to 131 on the implementation of the comprehensive Female Sex Worker model (2023 target) • Number of districts with high disaster risk index that have incorporated the nationally adopted and implemented MISP in contingency plans *Baseline: 0; Target: 5 Districts* **Observation**: RH sub cluster decree under development process in Cianjur District, under discussion in Garut District (2023) • Number of revised national protocols on health sector response to gender-based violence, in line with the ESP *Baseline: 0; Target: 3 protocols* **Details added**: 3 revised national protocols on health sector response with on the following topic(i) Training Manual; (ii) GBV Health sector response; (iii) Sexual Violence Algorithm piloted at 4 districts
2. Adolescents and Youth			
Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.	**UNSDCF Outcome indicator(s):** • Age Specific Fertility Rate aged 15-19 per 1,000 women *Baseline: 36 (2017)* *Target: 18 (2024)* • Youth Development Index Score	**Output 2.1**: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum.	• Number of national regulations and protocols developed to improve the quality of adolescent reproductive health education in line with the International Technical Guidance on Sexuality Education (ITGSE) *Baseline*: 0; *Target*: *2* Details added: 1. Technical Assistance report for implementing ARH education guidelines in out of school settings. 2. The module on ARH education for SD/MI, SMP/MTs and SMA/SMK/MA (grade 1 to 12) SLB (Schools for students with disabilities) developed

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
	Baseline: 51.50 (2018) *Target: 57.67 (2024)*		through learning management system (LMS) developed • Number of national regulations and protocols developed to regulate the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend *Baseline*: 1; *Target*: *2* Details added: *1.* Capacity building for the government at national and subnational levels to develop and use YDI provided *2.* Digital platform of monitoring instruments for the implementation of the national action plan adolescent wellbeing developed *3.* ARH and youth participation programmes in any major humanitarian response implemented when disaster occurs • Existence of a national platform that engages adolescents and youth with the government to ensure incorporation of adolescent and youth priorities in the SDGs, ICPD and humanitarian action *Baseline*: No; *Target: Yes* Details added: 1. Advocacy material through SDGs Youth Hub (target reached in 2022) 2. Policy brief on the youth development 3. Policy brief on the ARH initiatives 4. COP developed references for DSE in the Asia Pacific
3. Gender-Based Violence and Reproductive Rights			
Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.	**UNSDCF Outcome indicator(s):** • Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the previous 12 months *Baseline: 9.4% (2016)* *Target: Decreased (2024)* **Related UNFPA Strategic Plan Outcome indicator(s):**	**Output 3.1**: National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.	• Number of districts issuing supportive regulations, at least in 1 issue that address harmful practices and GBV and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum *Baseline: 0; Target: 4 districts* Rewording of some sub-outputs • Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) in development and humanitarian settings *Baseline: 0; Target: 4 P2TP2A/UPTD* • Percentage of gender-based violence survivors in 4 targeted P2TP2A/UPTD

Outcome	Outcome Indicator(s)	Output	Output Indicator(s)
	• Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 *Baseline: 10.82 (2019)* *Target: 8.74% (2024)*		who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended time frame *Baseline: 0%; Target: 80%* • Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms *Baseline*: 0; *Target: 4 districts*
4. Population Dynamics			
Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.	**Related UNFPA Strategic Plan Outcome indicator(s):** • Proportion of 17 UNFPA-prioritized SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics *Baseline: 20% (2018)* *Target: 40% (2025)*	**Output 4.1**: Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum.	• Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities *Baseline*: *No Target*: *Yes* **Rewording**: Utilization of the results of population dynamics analysis into the master plan. • Availability of a national population data platform accessible by users for mapping and analyses of selected socioeconomic inequalities, demographic patterns and disaster risks for monitoring of SDGs and implementation of ICPD PoA, and disaster management *Baseline: No; Target*: *Yes* **Rewording**: SDBI platform Established at national and replicated at the sub national level (at least 1 Province) • Existence of a functioning and accessible national hub of knowledge at the Ministry of Development Planning for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and reproductive rights, adolescents and youth, gender equality in both development and humanitarian contexts *Baseline*: *No; Target: Yes* Sub-outputs included / kept Also under PD: Lessons learned on SSTC on Family Planning and SRH

Source: United Nations Population Fund, Country Programme Action Plan between The Government of Indonesia and The United Nations Population Fund, 2021-2025; Target 2023 CPAP Revision vs TT Meeting ARM presentation (internal excel spreadsheet).

ANNEX 6: Methodological Details

UNFPA CP 10 key stakeholders at national level

Stakeholder Types	Specification
Government Agencies	BAPPENAS, Directorate of Family, Women, Child, Youth and Sport BAPPENAS, Directorate of Public Health and Nutrition BAPPENAS, Directorate of Population and Social Security MOH, DG Health Workforce MOH, DG Public Health MOH, DG Communicable Disease Prevention and Control MOHA MOWECP MOECRT Coordinating Ministry of Human Development and Cultural Affairs BPS BKKBN BNPB National Commission on VAW
UNFPA staff	Senior Management Team Heads and staff of each programme outcome area and humanitarian support Support staff responsible for finance / procurement Support staff responsible for human resource issues UNFPA APRO staff that have provided support during CP10
Sister UN agencies	UNRC Office, RC and M&E staff member UNICEF, UN Women, WHO, Joint UN program on HIV/AIDS senior management World Bank, ADB
Academia	Midwifery Schools' management University of Gadjah Mada PulseLab Jakarta KH-KRI FKM-University Indonesia
CSOs	Indonesian Midwives Association PKBI DKI Jakarta PKBI Papua Yayasan Siklus Sehat Indonesia (YSSI) Yayasan Kalandara Yayasan Kerti Praja Yayasan Pulih Organisasi Perubahan Sosial Indonesia (OPSI) DoctorShare Jaringan Indonesia Positif (JIP) Fatayat Nahdatul Ulama Youth Network: Community of Practice of ASRH Content Creators and SDGs SDGs Youth Hub Women's Organization / Women Ulema Network People with Disabilities' organization IFPPD
Donors	Government of Japan DFAT (Australia) Global Affairs Canada Government of Norway Takeda Global Fund Emergency Fund

Sampling Framework at Sub-National Level

To inform sampling at sub-national level, the main aspects of each of the four outcome areas of the programme were summarized in Table 8 below. In order to cover the largest number of initiatives in a limited number of provinces, West Java, and Central Sulawesi were selected for field-based data gathering with Yogyakarta, Aceh, and Papua selected for online data gathering on specific subjects (humanitarian action in Yogyakarta, AY related issues in Aceh and HIV programming in Papua).
The selection proposed covered both the most populated island of Java as well as less populated provinces and provided a illustrative representation of the programme in the various parts of the country.

SAMPLING FRAMEWORK AT SUB-NATIONAL LEVEL

Province*	SRH & RR	AY	GEWE	PD
West Java	Garut District	West Java Province	Garut District	Cianjur District (humanitarian data) (online)
Central Java	Brebes District			
East Java	Jember District			
Yogyakarta (Online)		Yogyakarta (ASRH services; local action planning, ASRH education in SMP/MTs)	Integrated SRH/VAW in humanitarian response, gender equality and social inclusion (disabled and, older persons)	D.I. Yogyakarta BNPB (One Disaster Data Forum)
Aceh (Online)	North Aceh (ARHE)	North Aceh (ARHE, and Youth Posyandu)	North Aceh (GBV Sub-Cluster)	
West Sumatra				West Sumatra BPBD in Padang (One Disaster Data Forum)
Central Sulawesi	Male Involvement in FP / MISP Implllementationin Sigi, Palu	Palu Municipality, Sigi, and Donggala Districts Youth disabilitas forum	Palu, Sigi, Donggala Integrated SRH/ VAW in child marriage / humanitarian,	
West Nusa Tenggara	East Lombok District North Lombok District		North Lombok – GEWE, child marriage	NTB province in Mataram (One Disaster Data Forum)
East Nusa Tenggara		ASRH Forum	VAW, Kupang, youth forum members and GBV, Child protection Adonara, Lembata, Larantuka (SRH/GBV/Inclusion)	
Papua (online)		HIV Youth, ARH education Out of School	HIV, Youth, Gender equality	

* Green highlight: Included in sub-national sampling

List of Representing Institutions and Number of Stakeholders Met in CPE-10

Institution	Women	Men	Total
UNFPA (UNFPA Indonesia and UNFPA APRO)	27	11	38
National Government	21	21	42
NGOs	27	8	35
Academia	5	3	8
Youth Forum/Network / Organisations	10	8	18
Donors (DFAT, GoJ, GAC)	3	1	4
Other UN Agencies (UNAIDS, UNICEF, UNRCO, UNWOMEN, WHO)	9	1	10
Midwifery Association	8	0	8
Sub-National Government	20	19	39
Faith-based Organisation	7	0	7
Teachers Representative	2	1	3
Hospital staff	18	7	25
Puskesmas/ health center	20	1	21
UPTD PPA / Regional Technical Implementation Unit for the Protection of Women and Children	6	3	9
Total	***183 (69%)***	***84 (31%)***	***267***

ANNEX 7: Financial details

Overview of the budget allocation, indicative (2021-2025) versus actual (2021-2023) for the programmatic areas of CP10

Outcome	Output	Regular Resources (USD)		Other Resources (USD)		Total			
		Indicative 5 years	Actual 3 years	Indicative 5 years	Actual 3 years	Indicative 5 years (USD)	Percent	Actual 3 years (USD)	Percent
Outcome 1 - Sexual and Reproductive Health	Output 1 (MNH) Output 2 (SRH)	5.5	3.75	8	7	13.5	49	10.75	50
Outcome 2 - Adolescents and Youth	Output 3 (AYD)	2	1.18	1.5	1.26	3.5	13	2.44	11
Outcome 3 - Gender Equality and Women Empowerment	Output 4 (GEWE)	2	1.54	1.5	3.23	3.5	13	4.77	22
Outcome 4 - Population Dynamics	Output 5 (PD)	3.5	2.91	2.5	0.48	6	22	3.39	16
Programme Coordination/Assistance	PCA	1	0.36	0	0	1	4	0.36	1
TOTAL		14	9.74	13.5	11.97	27.5	100	21.71	100

Source: *UNFPA Country Programme Document for Indonesia, 2021-2025; UNFPA Indonesia Country Office.*

Implementation Rates in terms of fund disbursements (in percent) for Regular Resources (RR) and Other Resources (OR) for the period 2021-2023

Implementation Rates (IR) in terms of fund disbursements (in %) for RR and OR (2021-2023)							
Outcome	Output	2021		2022		2023	
		RR	OR	RR	OR	RR	OR
Outcome 1 - Sexual and Reproductive Health	Output 1 (MHM)	96.4	74.3	97.8	87.7	98.0	85.0
	Output 2 (RFP)	94.9	73.6	96.8	87.8	98.5	79.0
Outcome 2 - Adolescents and Youth	Output 3 (AYD)	97.5	79.4	95.6	89.6	97.0	86.5
Outcome 3 - Gender Equality and Women Empowerment	Output 4 (GEN)	99.5	80.6	99.1	94.7	100.2	83.4
Outcome 4 - Population Dynamics	Output 5 (PD)	98.0	52.8	98.0	97.4	99.3	77.1
Programme Coordination/Assistance	PCA	99.4	0.0	97.8	0.0	99.9	0.0
TOTAL		97.1	75.0	97.5	90.2	98.8	81.6

Source: *UNFPA Indonesia Country Office, Internal Information.*

ANNEX 8: Terms of Reference

(without annexes)

United Nations Population Fund (UNFPA) Indonesia 10th Country Programme (2021-2025)

Country Programme Evaluation

09 January 2024

Acronyms

CCA	Common country assessment/analysis
CO	Country office
CP	Country programme
CPAP	Country programme action plan
CPD	Country programme document
CPE	Country programme evaluation
DSA	Daily subsistence allowance
EQA	Evaluation quality assessment
EQAA	Evaluation quality assurance and assessment
ERG	Evaluation reference group
GBV	Gender-based violence
[HCT	Humanitarian Country Team (optional: remove, if no humanitarian context)]
ICPD	International Conference on Population and Development
M&E	Monitoring and evaluation
SDGs	Sustainable Development Goals
SRH & RR	Sexual and reproductive health and rights
ToR	Terms of reference
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to "achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality."[350] In pursuit of this goal, UNFPA works towards three transformative and people-centered results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), in particular good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind are reached first.

UNFPA has been operating in Indonesia since 1972. The support that the UNFPA Indonesia Country Office (CO) provides to the Government of Indonesia under the framework of the 10th Country Programme (CP) (2021-2025) builds on national development needs and priorities articulated in: Indonesia's National Midterm Development Plan, 2020-2024, the 2030 Agenda for Sustainable Development; the ICPD Programme of Action; the Convention on the Elimination of All Forms of Discrimination against Women; the Sendai Framework for Disaster Risk Reduction, 2015-2030, and the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025.

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, "unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred."[351] In the previous cycle, the CO conducted the CPE with very good results. Nevertheless, the CPE was planned in the costed evaluation plan for the CP 10th. The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 10th CP ([programme period: 2021-2023]) in Indonesia, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also draw conclusions and provide a set of actionable recommendations for the next programme cycle.

[350] UNFPA Strategic Plan 2018-2021, p. 3. The document is available at: https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_.2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf.

[351] UNFPA Evaluation Policy 2019, p. 20. The document is available at https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019.

The evaluation will be implemented in line with the *Handbook on How to Design and Conduct a Country Programme Evaluation at UNFPA* (UNFPA Evaluation Handbook), which is available at https://www.unfpa.org/EvaluationHandbook. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) norms and standards and international good practice for evaluation. It offers step-by-step guidance to prepare methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes a number of tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

The main audience and primary intended users of the evaluation are: (i) The UNFPA Indonesia CO; (ii) the Government of Indonesia; (iii) implementing partners of the UNFPA Indonesia CO; (iv) rights-holders involved in UNFPA interventions and the organizations that represent them (in particular women, adolescents and youth); (v) the United Nations Country Team (UNCT); (vi) UNFPA Asia Pacific Regional Office; and (vii) donors. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) UNFPA headquarters divisions, branches and offices; (ii) the UNFPA Executive Board; (iii) academia; and (iv) local civil society organizations and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the evaluation manager within the UNFPA Indonesia CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the UNFPA Asia and Pacific Regional Office, and in consultation with the evaluation reference group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with terms of reference.

2. Country Context

Indonesia, a sprawling Southeast Asian archipelago, boasts diverse islands, ethnicities, and languages. In 2023, Indonesia officially has 38 provinces, marking an increase from 34, driven by regional divisions. Notably, Papua, situated in the western part of Indonesia, has been partitioned into four provinces: South Papua, Central Papua, Papua Mountains, and Southwest Papua. With a vast population of approximately 275[352] million individuals scattered across 17,000 islands; Indonesia ranks among the world's most populous nations.

Indonesia's population structure is characterized by a high proportion of population in the productive age group. In 2020, Indonesia's productive age population reached 186.77 million people or 69.28%, with the dependency ratio projected in 2023 to reach 44.65%.[353] The proportion is dominated by the Millennial Generation (25.87%) and Gen Z (27.94%), which are mostly children, adolescents, and youth. Furthermore, Indonesia's changing population age structure presents opportunities and challenges for

[352] The 2023 Statistical Yearbook of Indonesia, BPS

[353] Indonesia Population Projections 2020-2025 (2020 Population Census Results), BPS

achieving sustainable development goals. The population structure change opens opportunities for Indonesia to get demographic dividend bonuses. An increase in the proportion in the working ages and decrease in the proportion of children raise the potential to produce more wealth per capita and economic growth. This could be achieved with the main prerequisites of the availability of high-quality and competitive human resources. While challenges to reap the benefits of the demographic dividend still need to be addressed (i.e., maternal mortality, geographical inequities in access to reproductive health, potentially overwhelmed social services due to aging population).

Thus, in order to achieve Indonesia's Vision 2045 (also under the name Indonesia Maju/Indonesia Onward), in the 2020-2024 RPJMN, President Joko Widodo established five main directives as a strategy in carrying out the nine-point development program and in achieving the objectives of Indonesia's Vision 2045. The five directives include human resources development, infrastructure development, regulatory simplification, bureaucratic simplification, and economic transformation, where UNFPA CO support the improvement of human resource development, related to basic services & social protection strategies through population governance, social protection, health, education, poverty alleviation, quality of life of women, children and youth. UNFPA Co specifically contributes to the achievement of the 2020-2024 National Medium-Term Development Plan (RPJMN) targets, especially National Priority (PN) 1 Strengthening Economic Resilience for Quality and Equitable Growth, PN 3 Increasing the Quality and Competitiveness of Human Resource, PN 6 Improving the Environment and Increasing Disaster and Climate Resilience, and PN 7 Strengthening the Stability of Political, Legal and Security Affairs, and Transforming Public Services.

As for population development and strengthening population governance issues, based on the results of the 2020-2050 population projection, Indonesia's population structure is projected to be dominated by the productive age population (15-64 years). Along with the decline in Total Fertility Rate (TFR), the number and proportion of the productive age population will continue to decline with an increase in the proportion of the elderly population. Balanced population growth is one of the prerequisites to improve the quality of life for the people of Indonesia. The reduction in population growth highlights the effective decrease in fertility rates, as evidenced by the TFR dropping from 3.33 in 1990 to 2.18 in 2020[354]. This success is attributed to comprehensive family planning programs and advancements in sectors such as delayed age at first marriage and higher educational attainment among women. The collaborative efforts behind this multifaceted achievement are shaping Indonesia's demographic landscape. Indonesia needs sustained investment in family planning which is critical to achieving the SDGs, maintaining current TFR levels and reducing high fertility rates in some provinces and enjoying the full benefits of the demographic bonus.

As a result of these changes, the population pyramid in Indonesia has undergone a significant transformation, highlighting the prevalence of the working-age population in 2020 and marking the approaching conclusion of the demographic bonus era. The imminent shift towards an aging population emphasizes the critical need to update population data and projections, providing essential benchmarks for the government's development initiatives. The 2020 Population Census revealed a count of 26.4 million elderly individuals, constituting 9.93 percent of the total population. Additionally, life expectancy has risen from 68.71 years in the 2010 Population Census results to 73.37 years in the 2020 Population Census Long Form results. Changes in the age structure of the population can contribute to Indonesia's economic growth by taking into consideration human development based on the life-cycle approach. The life-cycle approach includes the first 1,000 days of life, early education, parenting, and character building

[354] BPS, Population Census, 2020

of children in the family, adolescents, the transition from school to the working world, newly married adults, and middle-aged to retired adults.

Inequality in economic resources causes uneven population distribution. In 2018, almost 56% of Indonesia's population lived on Java, an island with an area of only about 6% of Indonesia's land mass. Along with the gap in economic opportunities between regions, population mobility in Indonesia is estimated to continue to increase and the flow of migration is not evenly distributed. A small number of provinces such as Jakarta and Yogyakarta have positive migration flow, with many settled newcomers. Whereas the many others have negative net migration where many people moved away from their birthplaces, especially in some provinces in Eastern Indonesia. UNFPA Co supports the Central Bureau of Statistics/BPS in strengthening Indonesia's One Data system to provide accurate data that will contribute to the achievement of the 2030 Sustainable Development Goals agenda, where migration is an integral part of efforts to achieve these goals, especially Goal 10 related to reducing inequality. In addition, the country can develop specific policies to address the needs of migrants in all phases of migration by having accurate data, for example to identify the needs of women migrant workers who face various discrimination and optimize foreign policy which is one of the strategic issues in the RPJMN 2020 - 2024.

The rapid advancement of telecommunications technology has reshaped population mobility patterns, facilitating long-distance communication and cooperation, including outsourcing. This not only impacts population mobility policies but also influences related policies. To ensure fair welfare distribution across regions and sectors, an accurate and balanced approach to population mobility, considering regional patterns, is essential. This involves expediting the expansion of population administration and utilizing mobile positioning data (MPD) to create a unified population dataset. This dataset can then inform policies related to population, regional planning, and development planning within the framework of the Grand Design of Population Development (GPDK).

In 2020, the onset of the COVID-19 pandemic had a global impact, weakening health systems and creating shortages in skilled human resources, logistics, and infrastructure, particularly evident in countries like Indonesia. Essential health services, including reproductive health services, faced closures or accessibility issues worldwide, posing significant challenges, especially for female clients. Indonesian health facilities encountered difficulties during the early stages of the pandemic, with a reported decrease in essential logistic support for reproductive health, affecting services. The indirect impact on women's reproductive health status was also observed through government policies and community responses.

A study conducted by the Ministry of Health (MOH) and the Knowledge Hub for Reproductive Health at FKM UI (Faculty of Public Health, University of Indonesia), supported by UNFPA, highlighted the repercussions of COVID-19 on reproductive health in 2020. Contraceptive supplies experienced a general decline at the pandemic's outset, with a sharp drop in Q3 and Q4 of 2020. New acceptors for various family planning methods, such as IUDs, injections, female sterilization, and male sterilization, decreased initially, while pills, implants, and condoms saw an increase. The policy brief outlined a multifaceted approach, including improving family planning education, strengthening the role of community workers, expanding alternative service delivery, ensuring a reliable supply of contraceptive commodities, increasing postpartum contraceptive uptake, addressing opposition to family planning, engaging non-state providers, and continuing demand generation efforts.

Despite these challenges, Indonesia's economy, facing considerable strain during the ongoing COVID-19 pandemic, underwent a significant shift from upper-middle income to lower-middle income status in 2021. However, the country successfully reclaimed its emerging upper-middle-income standing in 2023.

With a high human development category, Indonesia ranks 114th among 191 countries, boasting an HDI value of 0.705, the values of each indicator are as follows: life expectancy at birth 67.6 years, expected years of schooling 13.7 years, mean years of schooling 8.6 years, and Gross National Income (GNI) per capita (2017 PPP) $11,466. Nonetheless, the HDI figure reflects little of Indonesia's progress, which currently ranks below 100, lagging far behind other Asean countries, including new Asean entrant Vietnam, Singapore at 0.939, Thailand at 0.800 and Vietnam at 0.703. Between 1990 and 2021, Indonesia's HDI increased from 0.526 to 0.705, an increase of 34.0%.

Moreover, the country is no stranger to natural challenges, including periodic floods, severe droughts, tsunamis, earthquakes, volcanic activity, and forest fires. Environmental issues also weigh heavily on Indonesia, with issues such as deforestation caused by illegal logging, industrial waste and sewage contributing to water pollution, rising levels of air pollution in urban centers, and smoke and haze from forest fires. Indonesia is also often hit by natural disasters, exacerbated by the effects of climate change. Between 2011 and 2022, there were 34,335 hydro-meteorological disasters. The National Disaster Management Authority (BNPB) also identifies that the number of disasters as of Dec 13, 2023, is 4,801 disasters. Frequent disasters lead to internal displacement, infrastructure and institutional damage, decreased access to critical sexual and reproductive health services, and worsen existing levels of gender-based violence. While strides have been made in disaster preparedness, response, and recovery, obstacles persist. Apart from the increasingly frequent occurrence of natural disasters and climate change in some places, adaptive social protection has not yet fully developed. The current system has not been able to respond to the needs of residents who are victims of disasters. The National Medium Term Development Plan 2020 - 2024 prioritizes building resilience to disasters, including the impact of epidemics, and climate change. To support the GoI, The Humanitarian Country Team (HCT) and the United Nations Country Team (UNCT), under the leadership of the UN Resident Coordinator, developed and implemented the Indonesia Multi-Sectoral Response Plan for COVID-19 (MSRP). Furthermore, as part of the 10th Country Programme (CP), UNFPA collaborates with BNPB and BPS-Statistics in the implementation of Indonesian One Disaster Data (SDB), and together with BAPPENAS and BPS-Statistics in the implementation of Population Administration and Vital Statistics (AKPSH)--Previously named One Population Data. The integration of MISP into the national and sub-national emergency preparedness and response system remains a focal point, involving cooperation with the Ministry of Health (MOH), Ministry of Women Empowerment and Child Protection (MoWECP), BKKBN, BNPB, and Strategic Partners.

Social protection is intended to protect the entire population of Indonesia from economic shocks, social shocks, even shocks due to natural disasters and climate change. Although the welfare of the population has increased, the number of people vulnerable to falling into poverty during these shocks is still quite high. Social protection currently falls short in providing comprehensive coverage for specific vulnerable groups, including persons with disabilities and the elderly susceptible to poverty. The aging population correlates with a decline in intrinsic capacity and functional ability. Notably, 7.9% of the elderly struggle with daily activities, while 11.4% face challenges in speaking, seeing, and hearing (Inter-Census Population Survey, 2015). Based on the results of the 2020 Population Census Long Form, the prevalence of people with disabilities aged 5 years and over is 1.43%. Persons with disabilities exhibit low participation rates in education and employment, coupled with limited access to public facilities and services, increasing their risk of falling below the poverty line. This vulnerability extends to accessing reproductive health information, services, and integrated violence prevention and handling.

Regarding the provision of basic services, although there have been improvements in health levels, challenges persist in optimizing the capacity of health workers, maternal referral systems, and the management of maternal, child health, and reproductive health services. According to the baseline of the

RPJMN, the use of modern contraception (Contraceptive Prevalence Rate/CPR) has seen a slight decrease from 57.9% (IDHS, 2012) to 57.2% (IDHS, 2017). The adolescent birth rate (Age Specific Fertility Rate/ASFR) for individuals aged 15-19 remains high due to limited understanding of reproductive health among adolescents, a high prevalence of child marriages, and inadequate preparation for family life. Additionally, major communicable diseases such as HIV/AIDS, tuberculosis, and malaria persist at high levels, further compounded by the threat of emerging diseases resulting from significant population mobility.

Therefore, in CP-10, country investments in reproductive, maternal and child health programs varied widely and led to significant reductions in fertility rates, maternal mortality, and increases in life expectancy. Several National Medium-Term Development Plan targets of reproductive health have been achieved by the country. For instance, the government successfully reduced the maternal mortality ratio (MMR) of 305 per 100,000 live births in 2015 to 189[355] deaths per 100,000 in 2020. This translates to a mother dying every hour with an estimated 4.7 million births a year. When benchmarked with regional peers, this maternal mortality ratio remains high despite despite a reported high proportion of deliveries attended by Skilled Birth Attendants (SBA, 91.5%), and institutional deliveries (77.6%)s. This is far from achieving Sustainable Development Goal 3, which aims to attain a global MMR of less than 70 deaths per 100,000 live births by 2030. In 2020, the highest Maternal Mortality Ratio (MMR) per 100,000 live births occurred in several provinces[356] such as Papua (565), Papua Barat (343), and East Nusa Tenggara (316), while DKI Jakarta has the lowest rate with 48. Across the high-burden provinces of Indonesia, the leading causes of maternal mortality are postpartum hemorrhage, severe pre-eclampsia/eclampsia, obstructed labor, and puerperal sepsis, while one of the leading causes of death in neonates is birth asphyxia. According to the 2023 Policy Analysis and Recommendations for Maternal and Child Health in Indonesia by Bappenas, critical challenges persist concerning effective coverage and suboptimal service quality. These challenges are particularly evident in reporting compliance and pregnancy services at the First Level Health Facility, as well as in the oversight of quality and cost control initiatives within hospitals. Furthermore, there remains subpar access to infrastructure, capacity, and quality of emergency services, along with deficiencies in referral systems to address the "3 late" phenomenon. The report notes that only 40% of hospitals meet the EmONC service-ready criteria, and 50% of health centers meet the BEmONC service-ready standards based on HR criteria as outlined by the Ministry of Health in 2022.

Moreover, the non-health root causes of maternal mortality are also caused by gender issues that occur throughout a woman's life (pre-pregnancy, pregnancy, childbirth, and post-partum). Maternal mortality is exacerbated by gender disparities stemming from societal norms that marginalize women, leading to unequal decision-making dynamics. Women often bear a dual and sometimes multiple burdens, increasing the likelihood of precarious pregnancies. Additionally, maternal mortality may be attributed to factors such as age (being too young or too old), spacing (having pregnancies too close together, or too many pregnancies), and delays in decision-making, accessing healthcare facilities, or receiving timely treatment.[357] Gender-based violence-including partner violence, rape, forced abortion, and harmful traditional practices such as female genital mutilation, child marriage, and teenage pregnancy-are rooted in gender inequality and can have serious health impacts on pregnant women. All these contribute to maternal morbidity and mortality also newborn deaths, however, are preventable; by ensuring that appropriate healthcare is provided to mothers and their newborns, Indonesia has the capacity to avert unnecessary loss of lives and ensure that mothers and children can survive and live healthy lives. With

[355] 2020 Population Census Long Form

[356] Ibid

[357] Presentations by the Director of Family, Women, Children, Youth, and Sports of Bappenas during the Integrated Planning and Budgeting on RH Program Achievement Discussion in achieving national targets on accelerating the reduction of MMR (18 April 2023)

regards to family planning (FP), the Unmet Need for family planning has been stagnating and the related targets for ICPD and the previous MDGs have not been met. Unmet Need for FP in 2022 is relatively high (14.7%[358]) and far from the set target (8%[359]). Based on the latest 2022 data, the 3 highest provinces include 37.1% (Papua), 35.2% (West Papua), and 33.6% (Maluku), while the province with the lowest Unmet Need for Family Planning is 8.3% (South Kalimantan). The results of this unmet need calculation exercise include the main reason variables for not seeking family planning, i.e. husband living far away / lack of contact and family conflict between husband and wife. Family planning access and quality of information and services remains a challenge.

Regarding HIV, there is a discernible upward trajectory in cases, with a notable increase in new infections observed from 2010 to 2019. In 2018, an estimated 543,100 people were living with HIV (PLHIV), witnessing 49,000 new cases and 39,000 AIDS-related deaths—a 25 percent surge between 2010 and 2015. Presently, in 2022, HIV prevalence remains high among adults aged 25 to 49 (68%), with 71 percent of new cases occurring in males. The epidemic is notably concentrated among key populations, including men who have sex with men (17.9%), people who inject drugs (13.7%), transgender individuals (11.9%), and female sex workers (2.1%). Concerns also arise regarding mother-to-child transmission, constituting 33 percent of HIV cases transmitted from husbands to housewives. Despite the government's aim, outlined in the 2020–2024 RPJMN, to achieve a lower incidence of HIV (per 1,000 uninfected people) from a baseline of 0.24 in 2019 to 0.18, it appears unlikely that this target will be met.

One of the achievements for adolescent sexual and reproductive health is that the ASFR for 15 to 19 years of age has been reduced from 48 in 2012 to 26,64 births per 1,000 adolescent women in 2020.[360] According to the Family Data Collection in 2022, the ASFR age 15 to 19 years has been reduced to 22.8 births per 1,000 adolescent women. Although Indonesia has made significant progress in reducing the ASFR age 15 to 19 years after being stagnant for decades, challenges still occur. Access to adolescent reproductive health education and services is still an issue, partly due to sociocultural constraints, limitations in the healthcare system, and law restrictions. This condition leads to teenage pregnancies and child marriages, which hampers young people’s opportunities for higher educational attainment and employment.

Effective strategies addressing the issues related to youth, gender, and children demand tailored interventions that acknowledge the distinctive attributes of these population groups. Recognizing the unique needs of children, women, and adolescents is crucial, necessitating a specialized approach to safeguard their well-being and foster optimal growth and development. Despite ongoing efforts, challenges persist in achieving the fulfillment of children's rights, gender equality, women's empowerment, and youth development. Disturbingly, instances of violence against children endure, exemplified by statistics such as 11.21% of women aged 20-24 marrying before 18 years[361]. Moreover, gender disparities persist across various developmental domains, underscored by indices like the Gender Development Index (HDI) and Gender Empowerment Index (IDG) falling below optimal levels. Indonesia's ranking of 104th out of 162[362] countries in the Gender Inequality Index emphasizes the urgent need for enhanced gender mainstreaming strategies. The 2020-2024 RPJMN confronts challenges such as policy implementation, insufficient understanding of gender concepts, and inadequate institutional capacity, hindering effective gender mainstreaming in development.

[358] Updating the 2022 Family Data Collection, BKKBN

[359] The 2022 Government Work Plan target/RKP

[360] 2020 Population Census Long Form

[361] National Socio-Economic Survey (Susenas), 2018

[362] 2018

Gender Based Violence is a significant challenge that hinders gender equality and women empowerment in Indonesia. Limited access to quality multi-sectoral GBV services (i.e., reproductive health, psychosocial support, sage & legal protection services) exacerbate the impact of GBV towards women and girls. High rates of gender-based violence and other harmful practices (i.e., child marriage, FGM/C) are faced by women and girls in Indonesia. 1 in 4[363] women and girls aged 15 - 64 years has experienced physical and/or sexual violence in their lifetimes. Approximately 8.7 percent of women aged 15 - 64 years have experienced violence in the past year. Sexual violence data availability has increased throughout 2022 from reports on the receipt and handling cases by community organizations and government institutions and direct reports to the National Commission on Violence Against Women (NCVAW). This is possible considering the availability policies or regulations that support victims such as the Law on Sexual Violence, Ministry of Education and Research and Technology Regulation No. 30 of 2021, PMA No. 73/2022 on Prevention and handling of sexual violence in educational institutions, giving public confidence to report their cases. Additionally, technological advancements contribute to a surge in online gender-based violence[364], with 1,721 cases reported in 2021—a staggering 83% increase from the previous year.

Other harmful practices, such as child marriage is still a pertinent matter to eradicate. In 2018, there were 11.2 percent of women 20-24 years old who were married before 18 years old[365], around 1,184,190 underage girls. The numbers were steadily decreasing to 10.35 percent in 2020, 9.23 percent in 2021, and further down to 8.06 percent in 2022[366]. This has exceeded the 2024 target of reducing child marriage rate to 8.74 as stated in the RPJMN 2020-2024. While the national child marriage rate is decreasing, there are certain provinces where an upward trend is noticeable. By 2021, an increase in the child marriage rate occurred in 5 regions (West Sulawesi, Bengkulu, Maluku, Jakarta, Yogyakarta), while in 2022 an increase in the child marriage rate occurred in 8 regions (Gorontalo, Central Sulawesi, South Sulawesi, Banten, Riau, Riau Islands, Aceh, West Sumatra). Apart from that, there are still regions with child marriage rates that are above the national average. Child marriage is still likely to be high because many marriages are not recorded, therefore it is difficult to know the true magnitude of child marriage in absolute terms. There are 330,000 children and adolescents married each year in Indonesia with 292,000 (88%) girls and 38,000 (12%) boys. The General Court of the Supreme Court recorded 52,095 marriage dispensation applications to the Religious Courts and 2,292 applications to the District Courts in 2022. The data indicates that more than 275,000 children and adolescents did not have their marriages civilly registered.[367]

Other harmful practices such as Female Genital Mutilation/ Cutting (FGM/C) also still a concerning development challenge and human rights issue in Indonesia. FGM/C practices occur in every region in Indonesia, but the availability of routine data is limited. More than half of girls (55%) from mothers aged 15 to 49 years have underwent FGM/C. Among those girls, about 21.3 percent met the criteria of FGM/C according to WHO, a practice involves injuring the female genitalia, and 33.7 percent only underwent symbolic FGM/C practice with no injuring or nonsurgical ritual[368]. Several challenges and obstacles hinder the reduction of Female Genital Mutilation/Cutting (FGM/C), including the proliferation of social media content showcasing circumcision practices with religious undertones, potentially encouraging its perpetuation. Collaborative efforts with social media platforms are essential to filter and prohibit explicit content. Notably, sunatperempuan.com provides female circumcision services, claiming adherence to

[363] National Women's Life Experience Survey (SPHPN), BPS 2021

[364] The 2022 NCVAW Catahu

[365] National Socio-Economic Survey 2018

[366] BPS, 2022

[367] Australia Indonesia Partnership for Justice 2 (AIPJ2), 2022

[368] SPHPN 2021

Islamic law and compliance with the Ministry of Health Regulation No. 1636/Menkes/Per/XI/2010 on Female Circumcision. The prevention and elimination of FGM/C face three primary challenges:

1. **Interconnected Tradition, Culture, and Religion:** FGM/C is deeply rooted in tradition, cultural heritage, and religious beliefs, with practices aimed at glorifying women, purifying them, and exerting moral and sexual control. Addressing these interwoven factors is crucial.
2. **Lack of Accurate Data:** Obtaining precise data on FGM/C practices is challenging. A comprehensive mapping and situational analysis across various regions in Indonesia are necessary, particularly in areas with strong traditions and socio-cultural norms that demand a nuanced and gradual approach.
3. **Policy Conflicts:** Policy inconsistencies pose significant obstacles. For instance, the issuance of Minister of Health Regulation No. 6/2014 in 2014, which revoked the previous regulation (No. 1636/MENKES/PER/XI/2010) and allowed health workers to perform FGM/C, has been criticized as unclear and ambiguous. The lack of socialization at the district/city and village levels further complicates the implementation of this regulation. Addressing these policy conflicts is imperative for effective anti-FGM/C effort.

The engagement and involvement of young people in development remain suboptimal, as highlighted by statistics revealing that merely 6.7% of youth contribute suggestions or opinions in meetings, and a mere 6.4% actively participate in organizational activities, according to the National Socio-Economic Survey of 2018. Additionally, certain young individuals exhibit risky behaviors, leading to injuries, illnesses, and decreased productivity. To address these multifaceted challenges comprehensively, there is an urgent need for targeted interventions, increased awareness, and strengthened institutional capacities to ensure the well-being, equality, and development of youth, gender, and children.

Therefore, UNFPA Co supports GoI primarily in achieving RPJMN 2020-2024 targets through several Policy Directions on National Priority 3 such as: (1) Control population growth and strengthen population governance by integrating population administration systems, and synchronizing population control policies; (2) Strengthening the implementation of social protection; (3) Improving health services towards universal health coverage, especially strengthening primary health care by encouraging promotive and preventive efforts, supported by improving maternal and child health, family planning, and reproductive health, increasing disease control, with special attention to HIV/AIDS, emerging diseases; (4) Improving the quality of life for children, women, and youth, through realizing a child-friendly Indonesia, increasing gender equality and women's empowerment, strengthening protection of women, including migrant workers, from violence and human trafficking and improving the quality of life for youth.

3. UNFPA Country Programme

UNFPA has been working with the Government of Indonesia since 1972 towards enhancing sexual and reproductive health and reproductive rights (SRH & RR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 10th CP in Indonesia.

The 10th CP (2021-2025) is aligned with United Nations Sustainable Development Cooperation Framework (UNSDCF) planning process and conforms to the UNFPA’s Strategic Plan (2018-2021), the Sustainable Development Goals (SDGs) and the relevant approach papers to the 2020-2024 Medium-Term National

Development Plans (RPJMN). In 2022, the UNFPA Indonesia CO undertook the process of aligning the 10th CP to the UNFPA strategic plan 2022-2025. It was developed in consultation with the Government, civil society, bilateral and multilateral development partners, including United Nations organizations, and academia.

The UNFPA Indonesia CO delivers its CP through the following modes of engagement: combine advocacy and policy dialogue, evidence-based policy advice, knowledge management, capacity building and partnership, and service delivery. The **overall goal** of the UNFPA Indonesia 10th CP (2021-2025) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence*.
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development*.

The UNFPA Indonesia 10th CP (2021-2025) has five thematic areas of programming with distinct **outputs** that are structured according to the four outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: **Sexual and reproductive health and reproductive rights**

Output 1: Increased government and professional association capacities to prevent and address maternal mortality using multi sectoral approaches across humanitarian and development continuum. This will be achieved through advocacy, policy dialogue and technical assistance in (a) strengthening national government capacity to develop and implement a national roadmap to accelerate action to end maternal mortality, revise guidelines to incorporate evidence-based practices and action plans that outline strategies to strengthen the quality and coverage of maternal health services, enhance the competencies of midwives and improve emergency-obstetric and newborn-care quality and coverage, focusing on geographic areas with the greatest inequities and highest maternal mortality; (b) facilitating establishment of a national multi-stakeholder taskforce, for sustained political and financial commitment to end preventable maternal mortality; (c) improving the quality of basic and comprehensive emergency obstetric and newborn care and referral service; (d) strengthening regulatory frameworks and training of professional midwives to improve the quality of reproductive, maternal, newborn, child and adolescent health services across the development and humanitarian continuum; (e) providing technical support to improve the quality of midwifery pre-service education, establishment of a midwifery council to regulate education and practice and support mentoring and supervision; and (f) strengthening linkages between

maternal death surveillance and response, maternal perinatal audit and the national and subnational civil and vital registration systems for reporting maternal deaths.

Output 2: Strengthened national and subnational capacity to ensure universal access to and coverage of high-quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youth, and other people in vulnerable situations, across the humanitarian and development continuum.

This will be achieved by (a) contributing to the United Nations H6 partnership joint analysis for strengthening subnational health-system capacity to deliver high-quality sexual and reproductive health information and services, within the context of universal health coverage; (b) supporting integrated planning, budgeting and monitoring for an essential package of sexual and reproductive health services, including adolescent reproductive health and health-sector response to gender-based violence and harmful practices, at subnational levels; (c) facilitating multi-sectoral policy dialogue and providing technical assistance for implementation of essential package of sexual and reproductive health services; (d) promoting rights-based family planning through advocacy and technical support for demand creation; (e) improving data availability and regular analysis on family planning commodities; (f) improving inclusiveness of high-quality sexual and reproductive health services, including for people with disabilities; (g) technical assistance for the Government and civil society to implement and integrate HIV prevention models for female sex workers, partner notification for key populations and people living with HIV; and (h) strengthening national and subnational capacities on disaster preparedness and contingency planning for implementation of the minimum initial services package to address sexual and reproductive health and adolescent sexual and reproductive health, prevention and management of gender-based violence, and population data for disaster management.

Outcome 2: **Adolescents and youth**

Output 3: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across the development and humanitarian continuum.

UNFPA work will address the determinants for the fulfillment of adolescent reproductive health by: (a) conducting evidence-based advocacy and providing policy advice, to improve the quality of gender-responsive adolescent reproductive health education in-school and out-of-school, including for young key populations, in line with international standards; (b) supporting the Government in a coordinated manner via the United Nations Inter-Agency Network on Youth Development through evidence-based advocacy and policy support in development of national regulations and protocols for the coordination, implementation and monitoring of a national strategy on youth development and adolescent health, including to harness the demographic dividend; and (c) helping to establish a national platform for meaningful youth participation to ensure the rights and needs of adolescents are incorporated in the planning and monitoring of the SDGs, the ICPD Programme of Action, the Convention on the Elimination of all Forms of Discrimination against Women, and the Sendai Framework for Disaster Risk Reduction, 2015-2030.

Outcome 3: **Gender equality and women's empowerment**

Output 4: National and subnational institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum.

This will be achieved by: (a) addressing discriminatory laws and policies to promote strong legal and policy frameworks for the advancement of gender equality and reproductive rights; (b) closing gender gaps at national and subnational levels through joint advocacy, analysis and mapping through a coordinated approach within the United Nations Gender Thematic Working Group and the United Nations Human Rights Working Group to strengthen government capacities, in order to design and implement non-discriminatory policies and programmes on gender equality; (c) providing technical assistance to support the implementation of national plans and strategies on child marriage and harmful practices, and for evidence-generation on good practices and lesson learned to prevent and address gender-based violence and harmful practices across development and humanitarian contexts; (d) strengthening the government-led and coordinated mechanism for multisectoral initiatives for gender-based violence prevention and response, including in humanitarian contexts, to provide comprehensive high-quality services for survivors; (e) strengthening engagement and capacities of districts to adopt gender-transformative community-mobilization programming to address harmful masculinities and promote positive gender norms through partnerships with civil society organizations and networks, men and boys, religious leaders and traditional chiefs; and (f) strengthening availability and use of data, evidence and analysis to inform policy-making and programming on genderbased violence and harmful practices.

Outcome 4: **Population dynamics**

Output 5: National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened.

This will be achieved by: (a) leading the United Nations data for SDGs working group to review national metadata, develop and enhance an interactive national data dashboard to track SDG achievement, and strengthen data utilization for local development planning, policy-making and monitoring; (b) strengthening capacity for collection and analysis of high-quality data, with a focus on the census and other surveys, including innovative approaches such as geo-spatial data, small area estimation and Bayesian modelling; (c) establishing a national population data platform to improve the quality and accessibility of disaggregated data and statistics for use in national policies and programmes, and to monitor UNFPA-prioritized SDG indicators, and inform disaster-risk management; (d) supporting establishment of a national knowledge hub, housed with the Ministry of Development Planning, for the compilation and analysis of knowledge products on population and development, disaster risk reduction and climate change, sexual and reproductive health and reproductive rights, adolescents and youth and gender equality, to guide formulation of evidence-based policies, and increase access to knowledge products and innovative practices of national programmes that facilitate resource mobilization, replicate experiences and promote sharing of knowledge through South-South cooperation; (e) facilitating policy dialogues on population and development issues to encourage policy solutions to improve well-being as a part of sustainable development; and (f) promoting policies to accelerate development of human

capital, ensuring balancing of social, economic and environmental development efforts, focusing on addressing inequalities, including through development of a national masterplan.

The UNFPA Indonesia CO also takes part in activities of the UNCT, with the objective to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. Beyond the UNCT, the UNFPA Indonesia CO participates in the Humanitarian Country Team (HCT) to ensure that inter-agency humanitarian action is well-coordinated, timely, principled, and effective, to alleviate human suffering and protect the lives, livelihoods and dignity of people affected by humanitarian crisis.

The **theory of change** that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is presented in Annex A. Furthermore, The UNFPA Indonesia 10th CP 2021-2025 programme focus is built upon the resource and result framework, which derived from the country programme document[369] and available in Annex A.

4. Evaluation Purpose, Objectives and Scope

4.1. Purpose

The CPE will serve the following three main purposes, as outlined in the 2019 UNFPA Evaluation Policy: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2. Objectives

The **objectives** of this CPE are:

i. To provide the UNFPA Indonesia CO, national stakeholders and rights-holders, the UNFPA APRO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Indonesia 10th CP (2021-2025).
ii. To broaden the evidence base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

i. To provide an independent assessment of the relevance, coherence, effectiveness, efficiency, and sustainability of UNFPA support.
ii. To provide an assessment of the geographic and demographic coverage of UNFPA humanitarian assistance and the ability of UNFPA to connect immediate, life-saving support with long-term development objectives.

[369] https://www.unfpa.org/indonesia-cpd-2021-2025-dpfpacpdidn10

iii. To provide an assessment of the role played by the UNFPA Indonesia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.

iv. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3. Scope

Geographic Scope

The evaluation will cover the UNFPA Indonesia CO programme in CP-10 where UNFPA implemented interventions across various levels, including national, 32 provinces, and 109 districts/cities in Indonesia.

Thematic Scope

The evaluation will cover the following thematic areas of the 10th CP: sexual and reproductive health and reproductive rights; gender equality and women's empowerment, adolescent youth and development, and population dynamics. In addition, the evaluation will cover cross-cutting issues, such as humanitarian and leaving no one behind, GEWE and disability inclusion, and transversal functions, such as resource mobilization and strategic partnership and results-based programme management.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the time period of the current CP: 2021-2023.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook , the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, coherence, effectiveness, efficiency and sustainability.[370] It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Indonesia CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT. Furthermore, the evaluation will use the UNFPA humanitarian-specific evaluation criteria of coverage and connectedness to investigate: (i) to what extent UNFPA has been able to provide life-saving services to affected populations that are hard-to-reach; and (ii) to work across the humanitarian-peace-development nexus and contribute to building resilience.]

Relevance	The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA.
Effectiveness	The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes.
Efficiency	The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.).
Sustainability	The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks.
Coherence	The extent to which country programme interventions are coherent with international commitments and norms, and national priorities in areas of UNFPA's mandate; and the extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT, including humanitarian coordination mechanisms.
Coverage	The extent to which major population groups facing life-threatening suffering were reached by humanitarian action.
Connectedness	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, which is a nexus approach, and that also

[370] The full set of OECD/DAC evaluation criteria, their adapted definitions and principles of use are available at: https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf.

	indicates the complementarity of UNFPA with other partner interventions

5.2. Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these examples, the country office staff is expected to develop a set of questions directly relevant to the CP under evaluation and insert them in this section. At the design phase, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Indonesia CO and the ERG.

Relevance

1. To what extent is the country programme addressed: (i) the needs of diverse populations, including the needs of vulnerable groups (e.g. young people, women and girls with disabilities, elderly, people living with HIV/AIDS, customary communities), as per UNFPA's Strategic Plans; (ii) national and regional development strategies and policies in SRH & RR, GEWE and population data;
2. To what extent has the country programme adapted to evolving needs of the target population, especially of those from vulnerable groups, during humanitarian crises and/or major political changes and the needs of targeted stakeholders (policy makers, programme managers, and providers)?

Coherence

3. To what extent is the country programme: (i) aligned to national commitments to implementation of international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs, and (ii) coordinated with UN partners and other key stakeholders?
4. To provide an assessment of the role played by the UNFPA Indonesia CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results and improving humanitarian response ensuring contribution to longer-term recovery

Effectiveness

5. To what extent have UNFPA-supported interventions contributed to the achievement of the Three Transformative Results and key outcomes in the country program , including (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their

sexual and reproductive health and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) utilization of population data in evidence-based national development planning and policies, across development, humanitarian and peace settings?]

6. To what extent has UNFPA successfully integrated human rights, gender equality and disability inclusion[371] in the design, implementation and monitoring of the country programme?

Efficiency

7. To what extent has UNFPA utilized its human, financial and administrative resources, while employing suitable policies, innovative procedures, knowledge management processes and tools to work towards the attainment of the defined outcomes within the county programme?

Sustainability

8. To what extent has UNFPA assisted implementing partners and rights-holders (notably, women, girls, adolescents and youth) in developing capacities and establishing mechanisms that engage rights-holders to ensure the long-term sustainability of project impacts?

Coverage

9. To what extent have UNFPA humanitarian interventions systematically reached all geographic areas in which affected populations, especially the most vulnerable groups (young people, women with disabilities; women and girls of racial, ethnic, religious and national minorities, elderly) reside?

Connectedness

10. To what extent has the UNFPA humanitarian response taken into account longer-term development goals articulated in the results framework of the country programme?
11. To what extent has UNFPA contributed to developing the capacity of local and national actors (government line ministries, youth and women's organizations, health facilities, communities, etc.) to better prepare for, respond to and recover from humanitarian crises?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1. Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Indonesia CO are expected to contribute to a series of results

[371] See Guidance on disability inclusion in UNFPA evaluations

(outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Indonesia 10th CP (2021-2025) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold true. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Indonesia CO was during the period of the 10th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Indonesia 10th CP made. Contributions of the country programme outputs to outcomes of the UNFPA Strategic Plan 2018-2021 and 2022-2025 will be assessed in the contribution analyses.

The theory of change will be an essential building block of the evaluation methodology. The CP theory of change explains how the activities undertaken contribute to a chain of results that lead to the intended or observed outcomes. At the design phase, the evaluators will perform an in-depth review of the CP theory of change. This will help them refine the evaluation questions (see preliminary questions in section 5.2), identify key indicators for the evaluation, plan data collection (and identify potential gaps in available data), and provide a structure for data collection (the evaluation matrix – see section 6.2 and Annex C) analysis and reporting. The evaluators' review of the theory of change (its validity and comprehensiveness) is also crucial with a view to informing the preparation of the next country programme's theory of change by the BP.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Indonesia CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organizations, academia, other United Nations organizations,

donors and, most importantly, rights-holders (notably women, adolescents and youth). They can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring the participation of women, adolescents and young people, especially those from vulnerable groups (e.g. young people and women with disabilities, etc.).

An ERG (evaluation reference group) comprised of key stakeholders of the CP will be established. The ERG members include representatives of the government, local NGOs, RCO, and Donors composed of the following members:

- Ministry of National Development Planning (BAPPENAS)
- Ministry of Health (MOH)
- National Family Planning Coordinator Board (BKKBN)
- Ministry of Women Empowerment and Child Protection (MOWECP)
- BPS statistic Indonesia
- United Nations Resident Coordinator (UNRCO)
- UNFPA APRO M&E Adviser
- UNFPA Indonesia Assistant Representative
- UNFPA Indonesia Programme Monitoring and Evaluation Analyst (Coordinator)
- National Programme Coordinating Unit (NPCU)
- Faculty of Public Health, University of Indonesia
- Global Affairs Canada (GAC)

The ERG will provide inputs at different stages in the evaluation process as per the attached TOR (Annex A).

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2. Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that, once contracted by the UNFPA Indonesia CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation,*[372] *Ethical Guidelines for Evaluation,*[373] *Code of Conduct for Evaluation in the UN System*[374]*, Guidance on Integrating Human Rights and Gender Equality in Evaluations*[375]and UNFA guidances on disability inclusion and incluson of social and environmental sustainability standards in evaluations[376] [377]. When contracted by the UNFPA Indonesia CO, the evaluators will be requested to sign the UNEG *Code of Conduct*[378] prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Indonesia. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is centerpiece to the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated:* evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

[372] Document available at: http://www.unevaluation.org/document/detail/1914.
[373] Document available at: http://www.unevaluation.org/document/detail/102.
[374] Document available at: http://www.unevaluation.org/document/detail/100.
[375] Document available at: http://www.unevaluation.org/document/detail/980.
[376] https://www.unfpa.org/admin-resource/guidance-integrating-social-and-environmental-standards-evaluati
[377] https://www.unfpa.org/admin-resource/guidance-disability-inclusion-unfpa-evaluations
[378] UNEG Code of conduct: http://www.unevaluation.org/document/detail/100.

- In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. At the design phase, the evaluation team must enter, in the matrix, the data and information resulting from their desk (documentary review) in a clear and orderly manner.
- During the field phase, the evaluation matrix serves as a working document to ensure that the data and information are systematically collected (for each evaluation question) and are presented in an organized manner. Throughout the field phase, the evaluators must enter, in the matrix, all data and information collected. The evaluation manager will ensure that the matrix is placed in a Google drive and will check the evaluation matrix on a daily basis to ensure that data and information is properly compiled. S/he will alert the evaluation team in the event of gaps that require additional data collection or if the data/information entered in the matrix is insufficiently clear/precise.
- In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to build their analysis (or findings) for each evaluation question. The fully completed matrix is an indispensable annex to the report and the evaluation manager will verify that sufficient evidence has been collected to answer all evaluation questions in a credible manner.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable the evaluation report's users to access the supporting evidence for the answers to the evaluation questions.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report. Justifications for modifications of preliminary evaluation questions need to be clearly presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling strategy

The UNFPA Indonesia CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Indonesia CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through document review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognizing that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection, and provide the rationale for the selection of the sites in the design report. The UNFPA Indonesia CO will provide the evaluators with necessary information to access the selected locations, including logistical requirements and security risks, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organizations, other United Nations organizations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites.

Secondary data will be collected through document review**,** primarily focusing on annual work plans, quarterly work plan progress reports, monitoring data and donor reports for projects of the CO, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organizations, etc.), housing census and population data, and records and data repositories of the CP and its implementing

partners, such as health clinics/centers. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Indonesia CO during the period of the 10th CP (2021-2023).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of four weeks for data collection in the field. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117). The data analyses methods should be clearly explained in the design report.

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings of the evaluation.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.).

The validation mechanisms will be presented in the design report.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, with a view to ensuring the production of a credible, useful and timely evaluation.

7.1. Preparation Phase

The CPE Manager at the UNFPA Indonesia CO leads the preparation phase of the CPE. This includes:

- CPE launch and orientation meeting for CO staff
- Evaluation questions workshop
- Establishing the evaluation reference group
- Drafting the terms of reference
- Assembling and maintaining background information
- Mapping the CPE stakeholders
- Recruiting the evaluation team.

The full tasks of the preparation phase and responsible entities are detailed in Chapter 1 of the Handbook.

7.2. Design Phase

The design phase sets the overall framework for the CPE. This phase includes:

- Induction meeting with the evaluation team
- Orientation meeting with the CO staff
- Desk review by the evaluation team and preliminary interviews, mainly with CO staff
- Developing the evaluation approach i.e., critical analysis of the theory of change suing contribution analysis, refining the preliminary evaluation questions and developing the assumptions for verification, developing the evaluation matrix, methods for data collection, and sampling method
- Stakeholder sampling and site selection
- Developing the field work agenda
- Developing the initial communications plan
- Drafting the design report version 1
- Quality assurance of design report version 1
- ERG meeting to present the design report
- Drafting the design report version 2
- Quality assurance of design report version 2

At the end of the design phase, the evaluation team will develop a **final design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation

team will develop the design report in consultation with the CPE Manager and the ERG and submit it to the regional M&E adviser in UNFPA APRO for review.

The detailed activities of the design phase with guidance on how they should be undertaken are provided in the Handbook, Chapter 2.

7.3. Field Phase

The evaluation team will collect the data and information required to answer the evaluation questions in the field phase. Towards the end of the field phase, the evaluation team will conduct a preliminary analysis of the data to identify emerging findings that will be presented to the CO and the ERG. The field phase should allow the evaluators sufficient time to collect valid and reliable data to cover the thematic scope of the CPE. A period of four weeks for data collection is planned for this evaluation. However, the CPE Manager will determine the optimal duration of data collection, in consultation with the evaluation team during the design phase.

The field phase includes:

- Preparing all logistical and practical arrangements for data collection
- Launching the field phase
- Collecting primary data at national and sub-national level
- Supplementing with secondary data
- Collecting photographic material
- Filling in the evaluation matrix
- Conducting a data analysis workshop
- Debriefing meeting and consolidating feedback for the debrief

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the initial analysis and emerging findings from the data collection in a PowerPoint presentation. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders. It will enable the evaluation team to refine the findings, which is necessary so they can then formulate their conclusions and begin to develop credible and relevant recommendations. Should the debriefing meeting find that there are gaps in the data gathered, the CPE Manager and the CO will assist the evaluation team to set up further interviews or to identify further documents as required.

7.4. Reporting Phase

In the reporting phase, the CPE Manager and the evaluation team will have a further meeting to agree next steps and deadlines, review the required evaluation report structure, and reflect on the requirements of the EQA grid. The team follows up on any further interviews or documents to review. The team leader finalizes the distribution of tasks for the team with deadlines for their completion, one important aspect of which is consolidating the evaluation matrix to meet quality standards. The reporting phase includes:

- Brainstorming on feedback from the ERG and CO debrief meeting
- Additional data collection if required
- Consolidating the evaluation matrix
- Drafting the findings and conclusions
- Identifying tentative recommendations using the recommendations worksheet
- Drafting CPE report version 1
- Quality assurance of CPE report version 1 and recommendations worksheet by the CPE Manager and RO M&E Adviser
- ERG meeting on CPE report version 1
- Recommendations workshop with ERG to finalize recommendations
- Revision of CPE report version 1
- Drafting CPE version 2
- Quality assurance of CPE report version 2 by the CPE Manager and RO M&E Adviser
- Final CPE report

The Handbook, Chapter 4, provides comprehensive details of the process that must be followed throughout the reporting phase, including details of all quality assurance steps and requirements for an acceptable report.

The evaluation report is considered final once it is formally approved by the CPE Manager in the UNFPA Indonesia CO.

At the end of the reporting phase, the CPE Manager and the regional M&E Adviser will jointly prepare an internal EQA of the final evaluation report. The Independent Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

7.5. Dissemination and Facilitation of Use Phase

This phase focuses on strategically communicating the CPE results to targeted audiences (short term) and facilitating the use of the CPE to inform decision-making and learning for programme and policy improvement (long term). It serves as a bridge between generating evaluation results, and the practical steps needed to ensure CPE leads to meaningful programme adaptation. While this phase is specifically about dissemination and facilitating the use of the CPE results, its foundation rests upon the preceding phases. This phase is largely the responsibility of the CPE manger, CO communications officer and other CO staff. However, key responsibilities of the evaluation team in this phase include:

- Taking photographs during primary data collection and during the evaluation process
- Adhering to the editorial guidelines of the United Nations and the UNFPA Evaluation Office to ensure high editorial standards
- Contribute to the finalization of the communications plan

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design report.** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); and (v) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint presentation of the design report.** The PowerPoint presentation will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint presentation for debriefing meeting with the CO and the ERG.** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Indonesia CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft evaluation report.** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.
- **Final evaluation report.** The final evaluation report *(maximum 70 pages, excluding annexes)* will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G. The set of annexes must be complete and must include the evaluation matrix containing all supporting evidence (data and information).
- **PowerPoint presentation of the evaluation results.** The presentation will provide a clear overview of the key findings, conclusions, and recommendations to be used for the dissemination of the final evaluation report, which will be submitted to stakeholders in bilingual.

Based on these deliverables, the evaluation manager, in collaboration with the communication officer in the UNFPA Indonesia CO will develop an:

- **Evaluation brief.** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote their use among decision-makers and other stakeholders. The

structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the english language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the UNFPA Independent Evaluation Office (IEO).

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the IEO has developed (see https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance). An essential component of the EQAA system is the EQA grid, which defines a set of criteria against which the draft and final evaluation reports are assessed to ensure clarity of reporting, methodological robustness, rigor of the analysis, credibility of findings, impartiality of conclusions and usefulness of recommendations.

The CPE Manager is primarily responsible for quality assurance of the deliverables of the evaluation in each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance, as elaborated in the Handbook. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid[379] before submission to the CPE Manager for review.

Using the EQA grid, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the CPE Manager in the UNFPA Indonesia CO, (iii) the regional M&E adviser in UNFPA APRO, and (iv) the UNFPA Independent Evaluation Office, whose roles and responsibilities are outlined in section 11.

[379] The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: https://www.unfpa.org/evaluation/database. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

10. Indicative Timeframe and Work Plan

The table below indicates the main activities that will be undertaken throughout the evaluation process, as well as their estimated duration for the submission of corresponding deliverables. The involvement of the evaluation team starts with the design phase and ends after the reporting phase. The Handbook contains full details on the activities at each phase and must be used by the evaluators to guide completion of their detailed work plan in the design report.

Approximate timelines for main tasks and deliverables in each phase of the CPE[380]

Main tasks	Responsible entity	Estimated duration
Phase 1: Preparation		
CPE launch and orientation meeting for CO staff	CO Representative, CPE Manager and all CO staff	13 weeks
Establishing the evaluation reference group	CPE manager in consultation with the relevant government partner that coordinates the country programme and CO staff	
Evaluation questions workshop	CO Representative, CPE Manager and all CO staff	
Drafting the terms of reference	CPE manager	
Online document repository	CPE manager	
Mapping the CPE stakeholders	CPE Manager and relevant CO staff	
Recruiting the evaluation team	CPE Manager and CO operations team	
Phase 2: Design		

[380] For full information on all tasks and responsible entities, see the relevant chapters of the Handbook

Induction meeting with the evaluation team	CPE Manager and evaluation team	2-3 weeks
Orientation meeting with the CO staff	CO Representative, CPE Manager, CO staff and RO M&E Adviser	
Desk review by the evaluation team and preliminary interviews, mainly with CO staff	Evaluation team	
Developing the evaluation approach	Evaluation team	
Stakeholder sampling and site selection	Evaluation team, CPE Manager and relevant CO staff	
Developing the field work agenda	Evaluation team, CPE Manager and relevant CO staff	
Developing the initial communications plan	CPE Manager and CO communications officer	
Drafting the design report version 1	Evaluation team	
Quality assurance of design report version 1	CPE Manager and RO M&E Adviser	
ERG meeting to present the design report	Evaluation team, CPE manager, ERG members, RO M&E Adviser	
Drafting the design report version 2	Evaluation team	
Quality assurance of design report version 2	CPE Manager and RO M&E Adviser	
Phase 3: Fieldwork		
Preparing all logistical and practical arrangements for data collection	CPE Manager and relevant CO staff, supported by	3-4 weeks

Launching the field phase	Evaluation supported by CPE Manager and CO staff	
Collecting primary data at national and sub-national level	Evaluation team, supported by CPE Manager	
Supplementing with secondary data	Evaluation team, supported by CPE Manager	
Collecting photographic material	Evaluation team, supported by CO communications officer and CPE Manager	
Filling in the evaluation matrix	Evaluation team	
Conducting a data analysis workshop	CPE Manager and evaluation team	
Debriefing meeting and consolidating feedback for the debrief	ERG members, CO staff, evaluation team and CPE manager	
Phase 4: Reporting		
Brainstorming on feedback from the ERG and CO	Evaluation team, supported by CPE Manager	Approximately 12 weeks
Additional data collection if required	Evaluation team, supported by CPE Manager	
Consolidating the evaluation matrix	Evaluation team	
Drafting the findings and conclusions	Evaluation team	
Identifying tentative recommendations using the recommendations worksheet	Evaluation team and CPE Manager	
Drafting CPE report version 1	Evaluation team	

Quality assurance of CPE report version 1 and recommendations worksheet	CPE Manager and RO M&E Adviser	
ERG meeting on CPE report version 1	CPE manager, ERG members, RO M&E Adviser, Evaluation team	
Recommendations workshop	Evaluation team, CPE manager, ERG members	
Revision of CPE report version 1	Evaluation team	
Drafting CPE version 2	Evaluation team	
Quality assurance of CPE report version 2	CPE Manager and RO M&E Adviser	
Final CPE report	Evaluation team, CPE Manager and RO M&E Adviser	

11. Management of the Evaluation

The **CPE Manager** in the UNFPA Indonesia CO, in close consultation with the NPCU, government, and implementing partners that coordinates the country programme will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The CPE Manager will oversee the entire process of the evaluation, from the preparation to the dissemination of the evaluation results and facilitation of use. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the CPE Manager to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The full roles and responsibilities of the CPE Manager are provided in the Handbook for each phase of the CPE.

At all stages of the evaluation process, the CPE Manager will require support from staff of the UNFPA Indonesia CO. In particular, the **country office staff** contribute to the preparation of the ToR and all its annexes, assist the evaluators to understand the country programme and its strengths and limitations, and assist with all logistics for the CPE. They also provide inputs to the management response and contribute to the dissemination of evaluation results. CPE Manager

The progress of the evaluation will be followed closely by the **evaluation reference group (ERG)**, which is composed of relevant UNFPA staff from the Indonesia CO, APRO, representatives of the national Government of Indonesia, implementing partners, as well as other relevant key stakeholders (see Handbook, section 1.4). The ERG serves as a body to ensure the relevance, quality and credibility of the evaluation. It provides inputs on key milestones in the evaluation process, facilitates the evaluation team's access to sources of information and key informants and undertakes quality assurance of the evaluation deliverables from a technical perspective. The Handbook provides details of the roles and responsibilities of the ERG at different phases of the CPE.

The **regional M&E adviser** in UNFPA APRO will provide guidance and backstopping support to the CPE Manager at all stages of the evaluation process. In particular, the regional M&E plays a crucial role in the evaluation quality assurance and assessment (EQAA) of the CPE. This includes quality assurance of the ToR, consultant recruitment and both the design and final evaluation reports. S/he also assists with dissemination and use of the evaluation results. The roles and responsibilities of the regional M&E adviser at all phases of the CPE are indicated in the Handbook in the respective chapters.

The UNFPA **Independent Evaluation Office IEO)** commissions an independent EQA of the final evaluation report. The IEO also publishes the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRH & RR; adolescents and youth; gender equality and women's empowerment; and population dynamics). In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of technical expert for one of the thematic areas of the 10th UNFPA CP in Indonesia.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and in a multicultural environment.

12.1. Roles and Responsibilities of the Evaluation Team

Evaluation team leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation team leader will provide methodological guidance to the evaluation team in developing the design report but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report, and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as technical expert for one of the thematic areas of the CP described below.

Evaluation team member: SRH & RR expert

The SRH & RR expert will provide expertise on integrated sexual and reproductive health & reproductive rights services (including youth-friendly SRH & RR services[381]), HIV and other sexually transmitted infections, maternal health, family planning, **and understanding of crosscutting issues within reproductive health and humanitarian crises settings as well as health sector's response to gender-based violence (GBV).** S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Indonesia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Gender equality and women's empowerment expert

The gender equality and women's empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive health and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he also expected to analyze the contribution of gender equality and women's empowerment in accelerating the achievement of UNFPA's three transformative outcomes: ending unmet need for family planning, ending preventable and ending gender-based violence and all harmful practices. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings

[381] includes: comprehensive sexuality education, adolescent pregnancy or unwanted pregnancy, SRH & RR of young women and adolescent girls, access to contraceptives for young married women/ men/young married couple, and adolescent girls; unsafe abortion and sexually transmitted infections including HIV/AIDS and youth leadership and participation.

with the Evaluation Manager, UNFPA Indonesia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation team member: Population dynamics expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, fertility, mortality and migration, the demographic dividend, and national statistical systems. S/he is expected to understand the intersection of population dynamics and climate change as well as the links with disaster preparedness and response. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Indonesia CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, as agreed with the evaluation team leader.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report will be agreed with the evaluation team leader. These tasks will be performed under her/his supervision.

Evaluation team member: Young and emerging evaluator

The young and emerging evaluator will contribute to all phases of the CPE. S/he will support the evaluation team leader and members in developing the evaluation methodology, reviewing and refining the theory of change, finalizing the evaluation questions, and developing the evaluation matrix, data collection methods and tools, as well as indicators. The young and emerging evaluator will also participate in data collection (site visits, interviews, group discussions and document review) and contribute to data analysis and the drafting of the evaluation report, as agreed with the evaluation team leader. In addition, s/he will provide administrative support throughout the evaluation process and participate in meetings with the evaluation manager, UNFPA [name of country] CO staff and the ERG.

12.2. Qualifications and Experience of the Evaluation Team

Team leader

The competencies, skills and experience of the evaluation team leader should include:

- Master’s degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.

- Extensive experience in leading complex evaluations commissioned by United Nations organizations and/or other international organizations and NGOs.
- **Demonstrated expertise in some of the thematic areas of the CP covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and ability to apply both qualitative and quantitative data collection methods and to uphold high quality standards for evaluation as defined by UNFPA and UNEG.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives, disability inclusion in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Indonesia.
- Fluent in written and spoken English.

SRH & RR expert

The competencies, skills and experience of the SRH & RR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRH & RR, including HIV and other sexually transmitted infections, maternal health, and family planning.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives and disability inclusion in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.

- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Indonesia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Gender equality and women's empowerment expert

The competencies, skills and experience of the gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Indonesia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Population dynamics expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.

- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Good knowledge of humanitarian strategies, policies, frameworks and international humanitarian law and humanitarian principles, as well as the international humanitarian architecture and coordination mechanisms].
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Indonesia.
- Familiarity with UNFPA or other United Nations organizations' mandates and activities will be an advantage.
- Fluent in written and spoken English.

Young and Emerging Evaluator

The young and emerging evaluator must be under 35 years of age and her/his competencies, skills and experience should include:

- Bachelor's degree in public health, demography or population studies, social sciences, statistics, development studies or a related field.
- Certificate in evaluation or equivalent qualification.
- Up to five years of work experience in conducting evaluation or M&E in the field of international development.
- Excellent analytical and problem-solving skills.
- Demonstrated ability to work in a team.
- Strong organizational skills, communication skills and writing skills.
- Good command of information and communication technology and data visualization tools.
- Good knowledge of the mandate and activities of UNFPA or other United Nations organizations will be an advantage.
- Fluent in written and spoken English and local language as relevant

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

Upon approval of the design report	20%
Upon submission of a draft final evaluation report of satisfactory quality	40%
Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results	40%

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

	Team leader	**Thematic experts (3 persons)**	**Young and Emerging Evaluator**
Design phase	*11*	*8*	*11*
Field phase	*20*	*20*	*20*
Reporting phase	*18*	*11*	*18*
Dissemination and facilitation of use phase	*1*	*1*	*1*
TOTAL (days)	*50*	*40*	*50*

Please note the numbers of days in the table are indicative. The final distribution of the volume of work and corresponding number of days for each consultant will be proposed by the evaluation team in the design report and will be subject to the approval of the evaluation manager.

14. Bibliography and Resources

The following documents will be made available to the evaluation team upon recruitment:

UNFPA documents

1. UNFPA Strategic Plan (2014-2017) (incl. annexes)
https://www.unfpa.org/resources/strategic-plan-2014-2017
2. UNFPA Strategic Plan (2018-2021) (incl. annexes)
https://www.unfpa.org/strategic-plan-2018-2021
3. UNFPA Strategic Plan (2022-2025) (incl. annexes)
https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218
4. UNFPA Evaluation Policy (2019)
https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019
5. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
https://www.unfpa.org/EvaluationHandbook
6. Relevant centralized evaluations conducted by the UNFPA Evaluation Office - available at: https://bit.ly/List-Evaluation-UNFPAIDN

Indonesia national strategies, policies and action plans

7. National Poverty Reduction Strategy
8. National Development Plan
9. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
10. Relevant national strategies and policies for each thematic area of the country programme - available at: https://bit.ly/National_Strategies_Policies

UNFPA Indonesia CO programming documents

11. Government of Indonesia /UNFPA 10th Country Programme Document (2021-2025)
12. United Nations Common Country Analysis/Assessment (CCA)
13. Situation analysis for the Government of Indonesia /UNFPA 10th Country Programme (2021-2025)
14. CO annual work plans
15. Joint programme documents
16. Mid-term reviews of interventions/programmes in different thematic areas of the CP/ Evaluability assessment result
17. Reports on core and non-core resources
18. CO resource mobilization strategy

UNFPA Indonesia CO M&E documents

19. Government of Indonesia /UNFPA 10th Country Programme M&E Plan (2021-2025)
20. CO annual results plans and reports (SIS/MyResults)
21. CO quarterly monitoring reports (SIS/MyResults)

22. Previous evaluation of the Government of Indonesia /UNFPA 10th Country Programme (2021-2025), available at: https://web2.unfpa.org/public/about/oversight/evaluations/

Other documents

23. Implementing partner annual work plans and quarterly progress reports
24. Implementing partner assessments
25. Audit reports and spot check reports
26. Meeting agendas and minutes of joint United Nations working groups

Donor reports of projects of the UNFPA Indonesia CO

ANNEX 9: Theory of Change (ToC) UNFPA Indonesia Tenth Country Programme, 2021 - 2025

Outcome 1/ Output 1: Maternal Health

National priority: Priority 2: Human Resources Development in advancing people's well-being; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

UNSDCF outcome: Outcome 1: *People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.*

Collaborative Output(s) UNSDCF: 2.2.2 *Increased capacity to prevent and address maternal and newborn mortality using a continuum and multisectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health systems and coordination*

UNFPA SP Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Outcome indicator(s) *(*aligned with UNSDCF and 2020-2024 National Medium-Term Development Plan; and ** aligned with 2020-2024 National Medium-Term Development Plan)*:

1. * Maternal mortality per 100,000 live births
   Baseline: 305 (2015); Target: 183 (2024)
2. ** Unmet need for family planning
   Baseline: 10.6 (2017); Target: 7.4 (2024)

CP Output: *Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination*

Output indicator(s):

1. Existence of national roadmap for acceleration of maternal mortality reduction and its regular review mechanism
   Baseline: No; *Target:* Yes
2. Regulatory body for midwifery is in place that regulates midwifery practices for quality care and client safety and satisfaction
   Baseline: No; *Target:* Yes
3. Number of midwifery centers of excellence that have been accredited and have midwifery curriculum, faculty and training sites in line with global International Confederation of Midwives (ICM) standards
   Baseline: 5; *Target*: 10

Programme Narative

Output 1: *Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination*. 22. The programme will directly contribute to the UNSDCF one outputs on reducing maternal deaths. This output will contribute towards achieving UNFPA transformative result of ending maternal deaths by 2030. This will be achieved through advocacy, policy dialogue and technical assistance in (a) strengthening national government capacity to develop and implement a national roadmap to accelerate action to end preventable maternal mortality, guidelines and action plans that outline strategies to stregthen maternal health services,and enhance the competencies of midwives and improve emergency obstetric and newborn care quality and coverage with a focus on geographic areas with the greatest inequities and highest maternal mortality; (b) facilitating the establishment of a national taskforce, supported by communication and advocacy strategies, to ensure efforts to end preventable maternal mortality are prioritized, coordinated and that resources and sustained commitment are provided for inteventions to reduce maternal deaths; (c) improving quality of emergency obstetric and newborn care and referral services, through the joint programme with the United Nations H6 Partnership which will include efforts to improve human resource capacity, coverage of emergency obstetric and newborn care services, availability of lifesaving drugs and equipment and strengthening referral systems; (d) strengthening regulatory frameworks and training of professional midwives to improve quality of reproductive, maternal, newborn, child, adolescent health sevices across the development and humanitarian continuum; (e) providing technical support for expansion of the Centre of Excellence on Midwifery Education, for improving quality of midwifery pre-service education according to international standards and establishment of a midwifery council; and (f) strengthening linkages between maternal death surveilance and response, maternal-perinatal audit and the national and sub-national civil and vital registration system for reporting maternal deaths.

	ical Assumption	s
	ng commitment from the government to accelerate national programme to achieve Sustainable Development Goals and Targets	• Strong political influence to reflect their interest rather than national interest as most of the ministers are from political party • Major political change in the next five years
	re is clear division of labor among related institutions in SRH programme and local government commitment to implement and monitor SRH regulation, policy and programme	• Lack of coordination between national and subnational government and disconnection of priorities • High turn-over of human resources • Lack understanding of the programmes and plans
	ng coordination among UN Thematic Working Groups	of coordination of UN Thematic Group

ISDCF outcome 1: *People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.*

tput: *Increased government and professional association capacities to prevent and address maternal mortality using a continuum and multi-sectoral approaches in all contexts, with a focus on policy advocacy, data strengthening, improved health system and coordination*

National roadmap for acceleration of maternal mortality reduction and its regular review mechanism are in place

pacity of the national taskforce to develop, implement and monitor policies and programmes on Maternal Health is strengthened

dence on good practices and lesson learnt to inform policies and programmes is generated

nk with Output 2 (SRH)

ality and coverage of skilled birth attendance is improved

ink with Output 2 (SRH), 3 (AY) and 4 (Gender)

tional multi-sectoral taskforce on maternal mortality reduction with clear roles and action plan is established

lti-sectoral partnerships within government entities and non-government, academia and think-tank organizations are strengthened

k with Output 5 (PD)

ovative approach for aternal Death Surveillance and Response (MDSR) on Data and information management systems for better decision-making and quality improvements

proved EMOC quality and services through Joint actions of The H6 Partnership

tional adaption of the midwifery education standard

dwifery schools with clinical training facilities fully functional as per global the International Confederation of Midwives (ICM)

gulatory body for midwifery is in place

activities:

1. Technical support and capacity building to Ministry of Development Plan in setting up and operationalize a national multisectoral taskforce
2. Enabling networking with community of practice, experts, academia, to have technical/academic discussion
3. Communications activities to promote the issue of Maternal Mortality and Health, including through advocating media
4. Facilitate Policy dialogue round table and to produce situational analysis/ policy brief and recommendations to be deliberated in the national taskforce
5. Revision of policy instruments and review mechanism through multi-sectors national task force
6. Technical support to develop the National Roadmap for acceleration of maternal mortality reduction with targeted approach to address inequities and with inclusion of plans to prevent and avert maternal mortality in humanitarian settings
7. Development of communication strategy, conduct advocacy and policy dialogues on maternal mortality
8. Assessment the barriers in provision of high-quality maternal health services and timely management of obstetric complications and emergencies

Linkage with Output 5 (PD)

activities:

1. Technical assistance for improving maternal perinatal audit process and maternal death surveillance and response mechanism at national and subnational level
2. Advocacy for innovative approach to link MDSR to Civil registration and vital statistics (CRVS) system
3. Technical support to Ministry of Home Affairs on MDSR and CRVS
4. Technical assistance for the improvement of Health Management Information Systems (HMIS) to capture data on functioning of EmOC.

activities:

1. The H6 Partnerships joint effort in assessment on EmOC assessment, revision of technical guidelines (on ANC, IPC, PNC, FP (particularly PP and post abortion FP) and capacity building, as needed
2. Joint analysis and mapping with UN interagencies on UHC essential service package to include all SRHR services (including access to FP, EmOC and referral)
3. Joint advocacy in improving the quality and services of EMoC

activities:

1. Technical support to Ministry of Health and Indonesian Midwives Association (IBI) on the regulation of Midwifery education including system of accreditation
2. Technical assistance for facilitating establishment of midwifery council
3. Technical advice in development of action plan for midwifery council
4. Technical assistance for improving quality of midwifery preservice education according to the International Confederation of Midwives (ICM) global standards, covering curriculum, faculty competency, clinical training sites, mentorship, etc, through expansion of Center of Excellences (COEs) for midwifery education.
5. Technical assistance for strengthening quality of in-service training according to evidence-based practices including in humanitarian settings.
6. Technical support for development of workforce plan to ensure adequate and equitable distribution of midwives to deliver quality Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) sevices and workforce deployment in humanitarian settings.

Outcome 1/ Output 2: Sexual and reproductive health and rights

National priority: Priority 2: Human Resources Development in advancing people's well-being; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

UNSDCF outcome: Outcome 1: *People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.*

Collaborative Output UNSDCF: 2.2.1 *Health systems are progressively strengthened to deliver quality decentralised health care aimed at advancing universal health coverage and health-related SDGs*

UNFPA SP Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence

Outcome indicator(s) *(*aligned with UNSDCF and 2020-2024 National Medium-Term Development Plan; and ** aligned with 2020-2024 National Medium-Term Development Plan)*:

1. * Maternal mortality per 100,000 live births
Baseline: 305 (2015); Target: 183 (2024)
2. ** Unmet need for family planning
Baseline: 10.6 (2017); Target: 7.4 (2024)

CP Output: *Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and marginalized groups, across the humanitarian and development continuum*

Output indicator(s):

District action plans with integrated gender responsive programming on rights-based family planning, maternal health, HIV/ STI, adolescent reproductive health, and gender-based violence (GBV) and harmful practices
Baseline: 0; *Target:* 5 districts

Adoption of a) Comprehensive HIV Prevention model for Female Sex Workers, and b) Partner Notification model in all priority districts
Baseline (a): 37% (88 districts); *Target:* 100% (146 districts)
Baseline (b): 2.1% (5 districts); *Target:* 50% (229 districts)

Number of selected districts with high disaster risk index that have incorporated the nationally adopted and implemented Minimum Initial Service Package (MISP) in contingency plans
Baseline: 0; *Target:* 5 Districts

Revised national protocols on health sector response to gender-based violence, in line with international standards
Baseline: No Target: Yes

Programme Narative

Output 2: *Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescents and youth, and marginalized groups, across the humanitarian and development continuum.* The

programme will directly contribute to the UNSDCF one outputs on access to sexual and reproductive health services, and will also contribute to outputs on social protection and ending violence against women, and outcome 3 outputs on strengthening disaster and climate resilience. This will be achieved by (a) contributing to the United Nations H6 partnership joint analysis for strengthening health system capacity to deliver high-quality sexual and reproductive health information and services, including within the context of universal health coverage, with a focus at the decentralized level; (b) supporting integrated planning, budgeting and monitoring for an essential sexual and reproductive health pacakge of services, including maternal health, family planning, HIV/STI, adolescent reproductive health, health sector response to gender-based violence and harmful practices, at sub-national level; (c) facilitating multi-sectoral policy dialogue and providing technical assistance for implementation of essential sexual and reproductive health package of information and services; (d) promoting rights-based family planning through advocacy and techincal support for demand creation with messages tailored to regional contexts; (e) improving data availability and regular analysis on family planning commodities; (f) improving the quality of inclusive sexual and reproductive health services, including for people with disabilities; (g) advocacy and technical assistance for government and civil society to implement and integrate HIV prevention model for female sex workers and partner notification for key populations and people living with HIV; and (h) strengthening national and sub-national capacities on disaster preparedness and contigency planning for implementation of the Minimum Initial Services Package to address sexual and reproductive health and gender-based violence in humanitarian settings.

ISDCF outcome 1: *People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.*

***tput:** Strengthened national and subnational capacity to ensure universal access to and coverage of high quality integrated sexual and reproductive health information and services, especially for the most vulnerable women, adolescent and youth, and marginalized groups, across the humanitarian and development continuum.*

tional and subnational regulations, guidelines and protocols to provide essential Sexual and Reproductive Health and Rights (SRHR) information and services, and prevention of and response to Gender-based Violence (GBV) and harmful practices are strengthened are developed

Link with Output ЛН), 3 (AY), 4 (Gender), and 5 (PD)

Link with Output (MH), 3 (AY), 4 (Gender), and 5 (PD)

Nati int lti-se est

trict planning and budgeting on essential SRH service package (including maternal health, FP, HIV/STI, ARH, GBV) is strengthened in 5 priority districts

proved skills and capacities of service providers on inclusive, rights-based and multisectoral SRH and GBV service provision

reased demand from communities for Rights-based Family Planning (RFP)

tional and sub national governments are commited to implement essential SRHR and GBV prevention and response

Link with Output 1 (MH)

dence is generated to inform policies and programmes at national and sub-national levels

nk with Output 5 (PD)

nk with Output 4 (Gender)

	cal Assumption	s
	ng commitment from the government to accelerate national programme to achieve Sustainable Development Goals and Targets	• Strong political their interest interest as most from political pa • Major political c years • Sexual and Rep Rights considere by Government
	e is clear division of labor among related institutions in SRH programme and local government commitment to implement and monitor SRH regulation, policy and programme	• Lack of coordina and subnation disconnection of • High turn-over o • Lack unders programmes and

mmunity-based service delivery to increase HIV testing and treatment coverage are implemented

-national disaster preparedness and contingency plans adopts Minimum Initial Service Package (MISP) in the contingency plans to address SRH and sexual violence in humanitarian settings

ised Minister of Health decree and National Strategy and Action Plan to increase national HIV testing and treatment coverage for Female Sex Worker and Partner of Key Population/PLHIV are in place

hnical guideline for implementation of MOH's regulation number 75/2019 on health disaster management at national and sub-national level is developed and approved

and GBV sub-clusters at national and sub-national levels have clear TOR and division of labors

activities:
- Technical assistance to revitalize national task force with clear roles and responsibilities
- Facilitate national task force for policy dialogue and development of situational analysis
- Joint analysis with UNH6 in strengthening health system capacity to deliver quality decentralized SRH services aimed at advancing UHC
- Development on a number of analyses on SRH/GBV access bottlenecks of young people, people with disabilities, and IDPs
- Policy dialogue to advocate for inclusion of the essential package of SRH in UHC

activities:
- Technical assistance to develop innovative multi-sectors approach for districts action plan and its costed implementation plan.
- Monitoring of operationalization of the districts' plans.
- Technical assistance to budgeting of district plans
- Technical assistance for capacity building on inclusive sexual and reproductive health services, with a multicultural approach, responding to the needs of people with disabilities, PLHIV in development and humanitarian context

activities:
- Technical assistance for development of advocacy messages to promote RFP that address regional characteristics.
- Facilitating advocacy by partners through use of IEC.
- Communication to prom ote understanding of RFP through capacitiy building of media.
- Development of guideline on public-private partnership in FP.
- Technical assistance for strengthening data availability, analysis and tracking of FP commodity and stocks out

activities:
- Technical assistance to integrate health sector response to GBV into national health strategic plan
- Assess the health sector's standards for provision of high quality post-GBV care through GBV Quality Assurance Tool
- Review and revision of training manual on health sector response to GBV using the WHO Curriculum for training health care providers
- Advocacy dialogue with national and sub-national government, parliament, CSO, community leaders, and media to integrate health sector response to GBV
- Strengthened capacity of RH and GBV at national and sub national levels across development and humanitarian

activities:
- Advocacy dialogue with national and sub-national government to strengthen HIV policies related to prevention and treatment.
- Development of national costed implementation Plan on STIs
- Technical assistance, training and mentorship to strengthen Ministry of Health (MOH), Community Based Organizations (CBOs) leadership and capacity to implement innovative community-based service delivery, data collection and reporting

activities:
- Development of technical guidelines/SOP on implementation of MOH regulation health disaster management
- Development of Humanitarian SRH GBV DRR district plans
- Revision of RH and GBViE sub cluster's roles and TOR
- Technical assitance for Comprehensive HIV/STI policies and programme, including prevention, information and education
- Technical assistance to the Implementation and moniroting of contraceptive availability in Humanitarian guideline

Outcome 2: Youth and Adolescent

National Priority: Priority 2: Human Resources Development in advancing people's well-being; Priority 7: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

UNSDCF outcome: Outcome 1: People living in Indonesia, especially those at risk of being left furthest behind are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.

UNFPA SP Outcome 2: Every adolescent and youth, in particular, adolescent girls, are empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Outcome indicator(s) *** aligned with 2020-2024 National Medium-Term Development Plan and UNSDCF)*:

1. **) Age Specific Fertility Rate aged 15-19 per 1,000 women
Baseline: 36 (2017); Target: 18 (2024)
2. **) Youth Development Index
Baseline: 51.50 (2018) Target: 57.67 (2024)

Output CP: Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across development and humanitarian continuum

Output indicator(s):

Existence of national regulations and protocols to improve the quality of adolescent reproductive health education.
Baseline: No; *Target*: 2 on (i) national regulations and protocols to improve the quality of adolescent reproductive health education in schools; and (ii) national regulations and protocols to improve the quality of adolescent reproductive health education out of schools

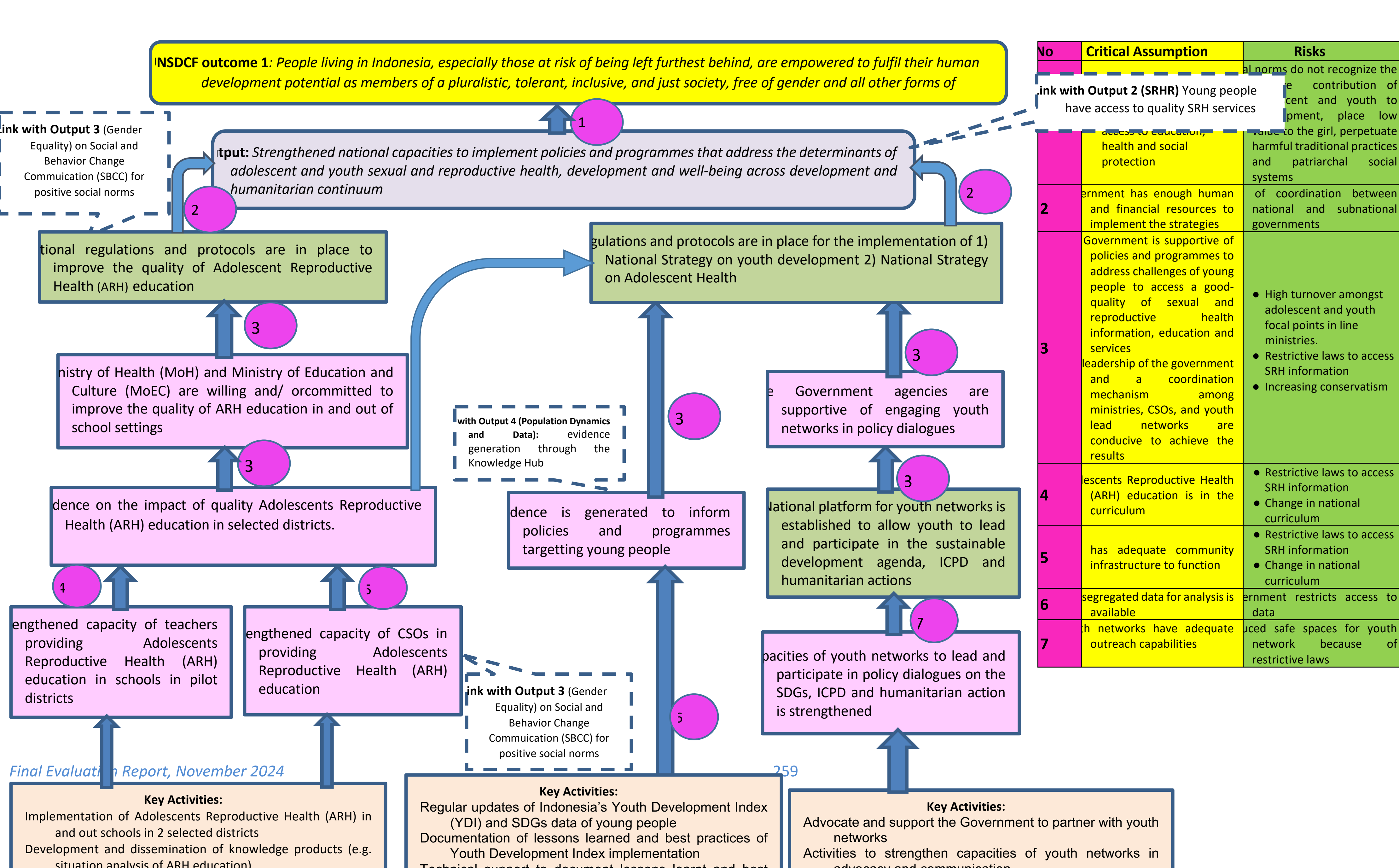
Existence of national regulations and protocols to support the coordination, implementation and monitoring of strategic plans in capitalizing the demographic dividend
Baseline: 1 on Presidential Regulation No. 66/2017 on Cross-Sectoral Strategic Coordination and Implementation of Youth Service; *Target*: 2 on national regulations and protocols for the coordination, implementation and monitoring of (i) National Strategy on Youth Development; and (ii) National Strategy on Adolescent Health within the context of demographic dividend

National platform that effectively engage adolescents and youth with the government in the sustainable development agenda, ICPD , and humanitarian action in place
Baseline: No; *Target*: Yes

Programme Narative

Output 3: *Strengthened national capacities to implement policies and programmes that address the determinants of adolescent and youth sexual and reproductive health, development and well-being across the development and humanitarian continuum*. Increased access to adolescent and youth sexual and reproductive health (ASRH) will contribute to UNSDCF outputs under outcome one related to achieving universal high-quality service delivery in areas of health and education, and child and maternal health. The work will address the determinants for the fulfilment of adolescent and youth sexual and reproductive health. UNFPA will (a) conduct evidence-based advocacy and provide policy advice, including tools,

evidence and good practices to improve the quality of gender-responsive adolescent reproductive health education in- and out-of-school, including for young key populations, w in line with international standards; (b) support the government in a coordinated manner via the United Nations Inter-Agency Network on Youth Development through evidence-based advocacy and policy support in development of national regulations and protocols for the coordination, implementaton and monitoring of a national strategy on youth development and adolescents health to harness the demographic dividend and (c) the establishment of a national platform for meaningful youth participation in ensuring the rights and needs of adolescents are incorporated in the planning and monitoring of the Sustainable Development Goals, the ICPD Programme of Action, CEDAW; and the 2015-2030 Sendai Framework for Disaster Risk Reduction.



No	Critical Assumption	Risks
	access to education, health and social protection	al norms do not recognize the e contribution of cent and youth to pment, place low value to the girl, perpetuate harmful traditional practices and patriarchal social systems
2	ernment has enough human and financial resources to implement the strategies	of coordination between national and subnational governments
3	Government is supportive of policies and programmes to address challenges of young people to access a good-quality of sexual and reproductive health information, education and services leadership of the government and a coordination mechanism among ministries, CSOs, and youth lead networks are conducive to achieve the results	• High turnover amongst adolescent and youth focal points in line ministries. • Restrictive laws to access SRH information • Increasing conservatism
4	lescents Reproductive Health (ARH) education is in the curriculum	• Restrictive laws to access SRH information • Change in national curriculum
5	has adequate community infrastructure to function	• Restrictive laws to access SRH information • Change in national curriculum
6	segregated data for analysis is available	ernment restricts access to data
7	h networks have adequate outreach capabilities	uced safe spaces for youth network because of restrictive laws

Outcome 3: Gender equality and women's empowerment

National priority: Priority 2: Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

UNSDCF outcome: Outcome 1: *People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.*

Collaborative Output UNSDCF: 3.1.3 *Government and key stakeholder at all levels have greater capacity, resources and commitment to develop, implement policy, legal and accountability frameworks to advance human rights, access to justice, promote gender equality and reduce vulnerabilities*
UNSDCF Outcome indicator(s):
Prevalence of women aged 15-64 years old have ever experienced physical and/or sexual violence perpetrated by their partner or non-partner in the previous 12 months
Baseline: 9.4% (2016); Target: Decreased (2024)

UNFPA SP Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings
Outcome indicator(s) *(**aligned with 2019-2024 National Mid-term Development Plan)*:
Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18
Baseline: 11.2 (2019); *Target*: 8.74 (2024)

CP Output: *National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful traditional practices, across the development and humanitarian continuum*

Output indicator(s)

- Number of districts issuing supportive regulations, strategies and plans that address harmful practices and ensure universal access to comprehensive gender-based violence and sexual and reproductive health information and services across the development and humanitarian continuum

Baseline: 0; *Target:* 4 districts

- Number of P2TP2A/ UPTD (the government multi sectoral services for gender-based violence) capacitated to deliver comprehensive multi-sectoral gender-based violence response services in line with the Essential Service Package (ESP) for application in development and humanitarian settings

Baseline: 0; *Target:* 4 P2TP2A/ UPTD

- Percentage of gender-based violence survivors in targeted P2TP2A/UPTD districts who were able to access at least one essential service (health, police and justice, social services) on the basis of their expressed needs and with informed consent within the recommended timeframe

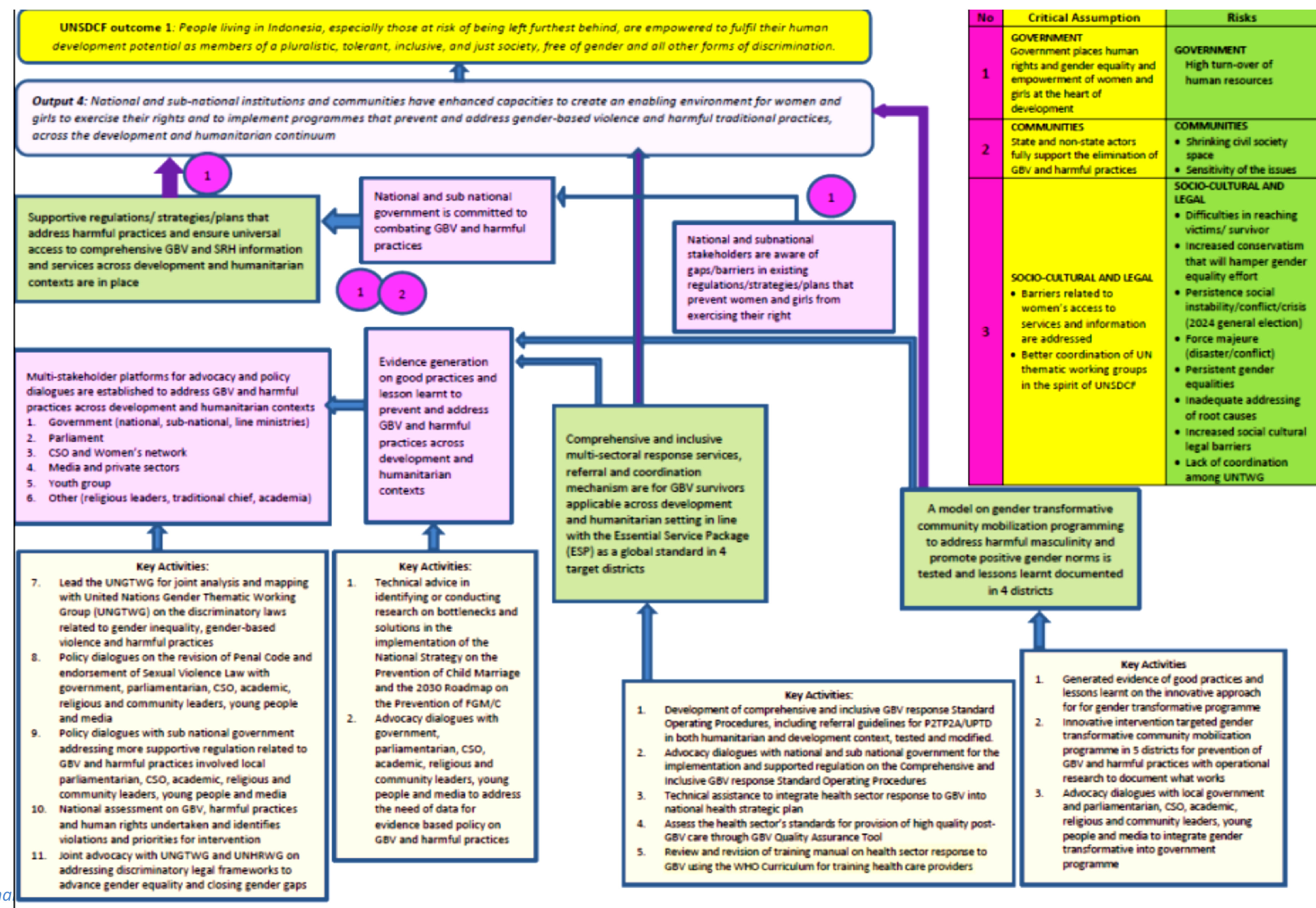
Baseline: 0; *Target:* 80%

- Number of districts adopted gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms

Baseline: 0; *Target:* 4 districts

Programme Narrative

Output 4: *National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and respond to gender-based violence and harmful practices, across the development and humanitarian continuum*. The programme will directly contribute to the UNSDCF outcome one outputs on ending violence against women and harmful practices and governance and rule of law, as well as UNSDCF outcome three outputs on disaster and climate resilience, with a focus on addressing structural barriers, marginalization and discrimination. The interventions will focus on upstream policy advice and technical support to government and key stakeholders as well as convening and engaging with national, sub-national and local stakeholders, including civil society, front-line service providers and institutions that provide downstream services, particularly targeting women and girls from marginalised and disadvantaged groups, including survivors of violence and persons with disabilities. This will be achieved by (a) addressing discriminatory laws to promote strong legal frameworks for the advancement of gender equality and reproductive rights; (b) closing gender gaps at national and sub-national levels through joint advocacy, analysis and mapping through a coordinated approach within the United Nations Gender Thematic Working Group and the United Nations Human Rights Working Group to strengthen government capacities to promote non-discriminatory policies and programmes on gender equality; (c) technical assistance to support the implementation of national plans and strategies on child marriage and female genital mutilation and for evidence generation on good practices and lesson learnt to prevent and address gender-based violence and harmful practices across development and humanitarian contexts; (d) strengthening P2TP2A/ UPTD, a government led and coordinated multi-sectoral integrated services for gender-based violence prevention and response including in humanitarian contexts, to provide inclusive services for survivors (health, police, justice and social services); (e) strengthening the engagement and capacities of districts to adopt gender transformative community mobilization programming to address harmful masculinities and promote positive gender norms through partnerships with civil society organizations and networks, men and boys, religious leaders and traditional chiefs; and (f) strengthening availability and use of data, evidence and analysis to inform policy-making and programming on gender-based violence and harmful practices.



UNSDCF outcome 1: People living in Indonesia, especially those at risk of being left furthest behind, are empowered to fulfil their human development potential as members of a pluralistic, tolerant, inclusive, and just society, free of gender and all other forms of discrimination.
Output 4: National and sub-national institutions and communities have enhanced capacities to create an enabling environment for women and girls to exercise their rights and to implement programmes that prevent and address gender-based violence and harmful traditional practices, across the development and humanitarian continuum
1
Supportive regulations/ strategies/plans that address harmful practices and ensure universal access to comprehensive GBV and SRH information and services across development and humanitarian contexts are in place
National and sub national government is committed to combating GBV and harmful practices
1
2
1
National and subnational stakeholders are aware of gaps/barriers in existing regulations/strategies/plans that prevent women and girls from exercising their right
Multi-stakeholder platforms for advocacy and policy dialogues are established to address GBV and harmful practices across development and humanitarian contexts
1. Government (national, sub-national, line ministries)
2. Parliament
3. CSO and Women's network
4. Media and private sectors
5. Youth group
6. Other (religious leaders, traditional chief, academia)
Evidence generation on good practices and lesson learnt to prevent and address GBV and harmful practices across development and humanitarian contexts
Comprehensive and inclusive multi-sectoral response services, referral and coordination mechanism are for GBV survivors applicable across development and humanitarian setting in line with the Essential Service Package (ESP) as a global standard in 4 target districts
A model on gender transformative community mobilization programming to address harmful masculinity and promote positive gender norms is tested and lessons learnt documented in 4 districts
Key Activities:
7. Lead the UNGTWG for joint analysis and mapping with United Nations Gender Thematic Working Group (UNGTWG) on the discriminatory laws related to gender inequality, gender-based violence and harmful practices
8. Policy dialogues on the revision of Penal Code and endorsement of Sexual Violence Law with government, parliamentarian, CSO, academic, religious and community leaders, young people and media
9. Policy dialogues with sub national government addressing more supportive regulation related to GBV and harmful practices involved local parliamentarian, CSO, academic, religious and community leaders, young people and media
10. National assessment on GBV, harmful practices and human rights undertaken and identifies violations and priorities for intervention
11. Joint advocacy with UNGTWG and UNHRWG on addressing discriminatory legal frameworks to advance gender equality and closing gender gaps
Key Activities:
1. Technical advice in identifying or conducting research on bottlenecks and solutions in the implementation of the National Strategy on the Prevention of Child Marriage and the 2030 Roadmap on the Prevention of FGM/C
2. Advocacy dialogues with government, parliamentarian, CSO, academic, religious and community leaders, young people and media to address the need of data for evidence based policy on GBV and harmful practices
Key Activities:
1. Development of comprehensive and inclusive GBV response Standard Operating Procedures, including referral guidelines for P2TP2A/UPTD in both humanitarian and development context, tested and modified.
2. Advocacy dialogues with national and sub national government for the implementation and supported regulation on the Comprehensive and Inclusive GBV response Standard Operating Procedures
3. Technical assistance to integrate health sector response to GBV into national health strategic plan
4. Assess the health sector's standards for provision of high quality post-GBV care through GBV Quality Assurance Tool
5. Review and revision of training manual on health sector response to GBV using the WHO Curriculum for training health care providers
Key Activities:
1. Generated evidence of good practices and lessons learnt on the innovative approach for for gender transformative programme
2. Innovative intervention targeted gender transformative community mobilization programme in 5 districts for prevention of GBV and harmful practices with operational research to document what works
3. Advocacy dialogues with local government and parliamentarian, CSO, academic, religious and community leaders, young people and media to integrate gender transformative into government programme
No
Critical Assumption
Risks
1
GOVERNMENT
Government places human rights and gender equality and empowerment of women and girls at the heart of development
GOVERNMENT
High turn-over of human resources
2
COMMUNITIES
State and non-state actors fully support the elimination of GBV and harmful practices
COMMUNITIES
• Shrinking civil society space
• Sensitivity of the issues
3
SOCIO-CULTURAL AND LEGAL
• Barriers related to women's access to services and information are addressed
• Better coordination of UN thematic working groups in the spirit of UNSDCF
SOCIO-CULTURAL AND LEGAL
• Difficulties in reaching victims/ survivor
• Increased conservatism that will hamper gender equality effort
• Persistence social instability/conflict/crisis (2024 general election)
• Force majeure (disaster/conflict)
• Persistent gender equalities
• Inadequate addressing of root causes
• Increased social cultural legal barriers
• Lack of coordination among UNTWG

Outcome 4: Population Dynamics and Data

National priority: Priority 1: Economic Resilience; Priority 2: Human Resources Development; Priority 6: Climate and Disaster Resilience; and Priority 7: Strengthen Politic, Law and Security Stability and Public Services Transformation

UNSDCF outcome: Outcome 4: Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs.

UNFPA SP Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

Outcome indicator(s):

Proportion of SDG indicators produced at the national level, with full disaggregation, when relevant to the target, in accordance with the fundamental principles of official statistics

Baseline: 20% (2018)*; Target:* 40% (2025)

Output CP: Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum

Output indicator(s):

Existence of a national master plan on population and development utilizing the latest population data and its analysis in line with national SDG priorities

Baseline: No; *Target:* Yes

A national population data platform is accessible by users that facilitates mapping and analysis of selected socioeconomic inequalities, demographic disparities and disaster risks for SDGs and ICPD monitoring and disaster management

Baseline: No; *Target:* Yes

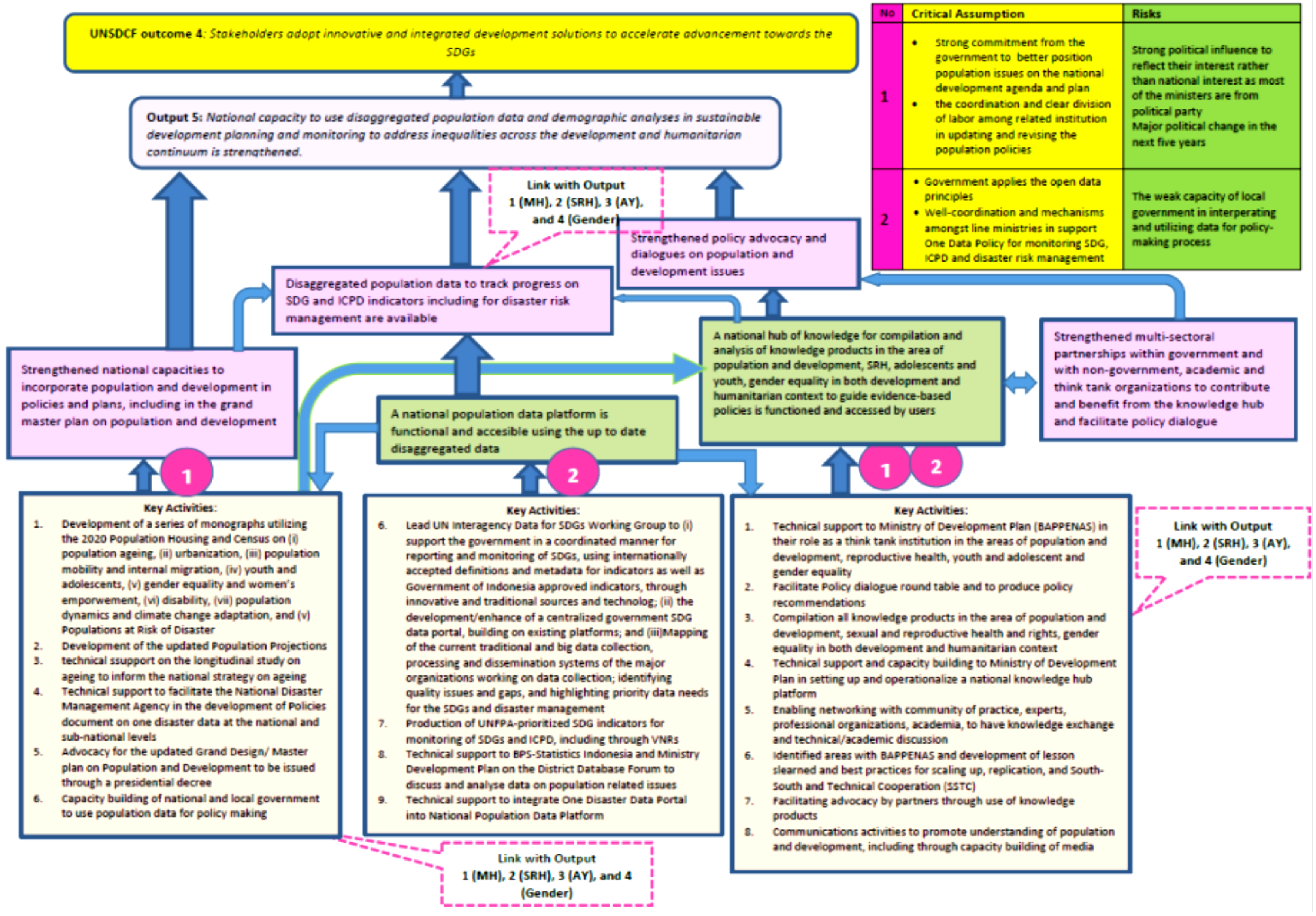
Existence of a functioning and accessible national hub of knowledge for compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health and rights, adolescents and youth, gender equality in both development and humanitarian contexts

Baseline: No; *Target:* Yes

Programme Narrative

Output 5: *Disaggregated population data and demographic analyses are used in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum*. Under population dynamics, the programme will contribute to UNSDCF outcome 4 outputs on innovation, financing and partnerships, data availability and use, and will facilitate the achievement of the other UNSDCF outcomes and outputs. This will be achieved by (a) leading the United Nations Data for SDGs Working Group to review national SDGs metadata, develop and enhance an interactive national SDGs data dashboard to track progress of SDGs achievement, and strengthen data utilization for local development planning, policy-making and monitoring; (b) establishing a national population data platform to improve the quality of disaggregated data and statistics for use in national policies and programmes, and to monitor UNFPA-prioritized SDG and ICPD indicators, and inform disaster risk

management; (c) development of a national masterplan to accelerate development of human capital, ensuring balancing of social, economic and environmental development efforts with attention to addressing inequalities; (d) support establishment of a national knowledge hub housed with the Ministry of Development Planning for the compilation and analysis of knowledge products in the area of population and development, sexual and reproductive health, adolescents and youth and gender equality focusing on both development and humanitarian contexts, to guide formulation of evidence-based policies at national and sub-national levels, and increase access to knowledge products, lessons learned and good practices of national programmes in order to facilitate resource mobilization, replicate experiences at sub-national level and for sharing through south-south cooperation; and (e) facilitate policy dialogues on population and development issues to encourage policy solutions focused on improving well-being and sustainable development, drawing on analysis generated under the knowledge hub.


UNSDCF outcome 4: Stakeholders adopt innovative and integrated development solutions to accelerate advancement towards the SDGs
Output 5: National capacity to use disaggregated population data and demographic analyses in sustainable development planning and monitoring to address inequalities across the development and humanitarian continuum is strengthened.
Link with Output 1 (MH), 2 (SRH), 3 (AY), and 4 (Gender)
Strengthened policy advocacy and dialogues on population and development issues
Disaggregated population data to track progress on SDG and ICPD indicators including for disaster risk management are available
Strengthened national capacities to incorporate population and development in policies and plans, including in the grand master plan on population and development
A national population data platform is functional and accesible using the up to date disaggregated data
A national hub of knowledge for compilation and analysis of knowledge products in the area of population and development, SRH, adolescents and youth, gender equality in both development and humanitarian context to guide evidence-based policies is functioned and accessed by users
Strengthened multi-sectoral partnerships within government and with non-government, academic and think tank organizations to contribute and benefit from the knowledge hub and facilitate policy dialogue
1
2
1
2
No
Critical Assumption
Risks
1
• Strong commitment from the government to better position population issues on the national development agenda and plan
• the coordination and clear division of labor among related institution in updating and revising the population policies
Strong political influence to reflect their interest rather than national interest as most of the ministers are from political party
Major political change in the next five years
2
• Government applies the open data principles
• Well-coordination and mechanisms amongst line ministries in support One Data Policy for monitoring SDG, ICPD and disaster risk management
The weak capacity of local government in interperating and utilizing data for policy-making process
Key Activities:
1. Development of a series of monographs utilizing the 2020 Population Housing and Census on (i) population ageing, (ii) urbanization, (iii) population mobility and internal migration, (iv) youth and adolescents, (v) gender equality and women's emporwement, (vi) disability, (vii) population dynamics and climate change adaptation, and (v) Populations at Risk of Disaster
2. Development of the updated Population Projections
3. technical ssupport on the longitudinal study on ageing to inform the national strategy on ageing
4. Technical support to facilitate the National Disaster Management Agency in the development of Policies document on one disaster data at the national and sub-national levels
5. Advocacy for the updated Grand Design/ Master plan on Population and Development to be issued through a presidential decree
6. Capacity building of national and local government to use population data for policy making
Key Activities:
6. Lead UN Interagency Data for SDGs Working Group to (i) support the government in a coordinated manner for reporting and monitoring of SDGs, using internationally accepted definitions and metadata for indicators as well as Government of Indonesia approved indicators, through innovative and traditional sources and technolog; (ii) the development/enhance of a centralized government SDG data portal, building on existing platforms; and (iii)Mapping of the current traditional and big data collection, processing and dissemination systems of the major organizations working on data collection; identifying quality issues and gaps, and highlighting priority data needs for the SDGs and disaster management
7. Production of UNFPA-prioritized SDG indicators for monitoring of SDGs and ICPD, including through VNRs
8. Technical support to BPS-Statistics Indonesia and Ministry Development Plan on the District Database Forum to discuss and analyse data on population related issues
9. Technical support to integrate One Disaster Data Portal into National Population Data Platform
Key Activities:
1. Technical support to Ministry of Development Plan (BAPPENAS) in their role as a think tank institution in the areas of population and development, reproductive health, youth and adolescent and gender equality
2. Facilitate Policy dialogue round table and to produce policy recommendations
3. Compilation all knowledge products in the area of population and development, sexual and reproductive health and rights, gender equality in both development and humanitarian context
4. Technical support and capacity building to Ministry of Development Plan in setting up and operationalize a national knowledge hub platform
5. Enabling networking with community of practice, experts, professional organizations, academia, to have knowledge exchange and technical/academic discussion
6. Identified areas with BAPPENAS and development of lesson slearned and best practices for scaling up, replication, and South-South and Technical Cooperation (SSTC)
7. Facilitating advocacy by partners through use of knowledge products
8. Communications activities to promote understanding of population and development, including through capacity building of media
Link with Output 1 (MH), 2 (SRH), 3 (AY), and 4 (Gender)
Link with Output 1 (MH), 2 (SRH), 3 (AY), and 4 (Gender)