

CALL FOR ACTION TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ALL INTO THE POST-2015 DEVELOPMENT AGENDA IN INDONESIA

I. Introduction

Indonesia is an archipelago of approximately 17,000 islands with a total population of 250 million people, 51% of the total population are female (2012 Census). The country is home to about 1340 ethnicities with different views on gender and sexuality issues and varying degrees of access to sexual and reproductive health and rights (SRHR).

Population	2010	2012
Total Population	239,871	249,866
Population density (per km)	126	131
Child dependency ratio	40	53
Old age dependency ratio	8	9
Proportion of youth (%)	18	20

Source: (Indonesia Demographic Health Survey [IDHS] 2012)

Access to SRH services varies from one area to another, subject to socio-economic conditions, geographic distance, and cultural beliefs. Household out-of-pocket payments, including costs, make up the largest portion of private expenditures (66.3% in 2006), with a small part divested into private prepaid healthcare plans (9.7%), and the rest is spent by NGOs and private companies (WHO, 2008b). TFR declined from 2.9 (1994-1996) to 2.6 (in 2012). Withal, MMR trends were in decline until 2007, but sharply increased in 2012 (from 228 in 2002 to 359 in 2012) due to multiple factors that include restriction of access to contraception, socio-cultural barriers in accessing health services, among others. The number of maternal deaths was highest in the age groups 25-29, 30-34, and 35-39 (Central Bureau of Statistics, NFPCB, MOH, & ICF-International, 2013). Although the data shows that abortion only contributes to about 1% of maternal deaths, the real figure can be much higher, as high as 11% to 15%. This is because many cases of unsafe abortion from complications during delivery are recorded as infection and haemorrhage.

Currently,, the newly selected president is in the process of drafting the presidential vision for development called 'Nawacita'. This vision consists of key recommendations for development,



including for health. Despite of successful democratic election in Indonesia, the political instability due to transnational investment and global economy climate affecting macro-economic indicators, as for first quarter of 2015 there has been decrease of GDP by -2% which affecting government ownership over social, development and human rights issues as consequences of national budget cut. Therefore, domestic funding allocation for better access to information and services on SRHR remains insufficient. Furthermore, with decentralization of government, ownership from local government to promote access to service and information on SRHR that resulted to uneven service quality.

Furthermore, there's an urgent need to synchronize policies and laws to safeguard the rights of women and youth in accessing information and services on SRHR. For instance, the Marriage law contradicts with the Child protection law with the legal age of marriage for girls suggested at 16 years within the marriage law, and children defined as persons below 18 years of age under the Child Protection law.

II. Goals, targets and Indicators

We call for gender-sensitive indicators across the goals to achieve full realization of human rights especially SRHR. We believe that developing indicators must be an inclusive, open, and transparent process and must be strengthened over time.

We'd like to applaud the statement made by Indonesian Government during the third intergovernmental negotiation on the post 2015 development agenda as part of the open working group session¹. We commend the government's vision and commitment to abide by the indicators, to fully committed in achieving every goals by putting forward a realistic, measurable, accessible and implementable target. Furthermore, the indicators should be disaggregated to allow targets to be measured in various dimensions, such as by gender, geography, economic status, disability, and age. All measures should be taken to ensure the government's commitment to implement goals, targets and indicators agreed by regional and national agreement. The goals, targets and indicators should also be aligned with national long term and medium term development planning as well as with the presidential vision for development. Furthermore, Sustainable Development goals, targets and indicators should

¹<https://sustainabledevelopment.un.org/content/documents/16426indonesia3.pdf>



inspire and act as foundation in the creation of ASEAN 2025 Community blueprint² to align to sustainable development.

In order to achieve full realization of human rights to boost national development, it is critical to fully integrate all the proposed 17 sustainable development goals, especially Goal 3 on ensuring healthy lives and promote well-being for all at all ages; Goal 4 on ensuring inclusive and equitable quality education and promoting lifelong education for all, and Goal 5 on Achieving gender equality and empower all women and girls are of critical importance for empowerment of women and girls and their health and well being including sexual and reproductive health and rights.

Furthermore, we call for the full integration of all targets including target 3.1 to reduce the maternal mortality ratio to less than 70/100,000 live births; target 3.7 on universal access to sexual and reproductive health services...; target 5.6 on universal access to sexual and reproductive health and reproductive rights....

In order to fully integrate targets 3.1, 3.7, and 5.6, the national health insurance scheme should be able to provide quality, comprehensive and accessible services to attain SRHR needs of all people.

Addressing youth issues is paramount for the Indonesian government, given that youth will comprise of the largest population proportion by 2030. Therefore, commitment to goal 4 indicator 4.7 in ensuring access to information on human rights and gender equality should also include addressing sexuality, sexual rights and sexual health by providing comprehensive sexuality education.

Committing to goal 1 on ending poverty; goal 2 on end hunger, achieved food security and improved nutrition; goal 6 on ensuring sustainable management of water and sanitation for all; and goal 13 on take urgent action to combat climate change and its impact is also pivotal towards achieving full realization of SRHR especially for women. Targets and indicators should adhere gender dimension and prioritization. Water and Sanitation, ecological justice, poverty alleviation are core factors and enablers that will further advance SRHR status of Indonesian people, especially women and girls. To advance the target and goals, advancement on the definition of poverty within target 1 needs to be reviewed and redefined to fully reflect the economic needs of the poverty alleviation programme. In addition, tax justice need to be addressed within goal

² [https://www.mti.gov.sg/MTIInsights/Pages/Public-Consultation-on-ASEAN-Community-Blueprints-\(2016-2025\).aspx](https://www.mti.gov.sg/MTIInsights/Pages/Public-Consultation-on-ASEAN-Community-Blueprints-(2016-2025).aspx)

5 to attend to the unequivocal and disproportionate taxation for Indonesian women that severely affects women's access over economic resources.

Target	Indicators
Goal 1. End poverty in all its forms everywhere	
<p>1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance</p>	<p>1.4.1 Proportion of population/households with access to basic services (to be defined) by sex and age group</p> <p>Propose to define basic services as quality access to health services and information; quality education including on SRHR education across life cycle; access to economic resources including capital, property and fair wages.</p>
3. Ensure healthy lives and promote well-being for all at all ages	
<p>3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p>	<p>3.1.1. Maternal deaths per 100,000 live births</p> <p>3.1.2 Skilled birth attendance</p>
<p>3.7 By 2030, ensure 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</p>	<p>3.7.1 Adolescent birth rate (10-14, 15-19)</p> <p>3.7.2 Demand satisfied with modern contraceptives</p> <p>Additional indicators on knowledge of</p>

	information relevant with youth's SRHR (in alignment with goal 4 on access to education)
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	
4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non- violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development	4.7.2 Percentage of 13-year old students endorsing values and attitudes promoting equality, trust and participation in governance
5. Achieve gender equality and empower all women and girls	
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences	5.6.1. Percentage of women and girls who make decisions about their own sexual and reproductive health and reproductive rights by age, location, income, disability and other characteristics relevant to each country 5,6.2 Existence of laws and regulations that guarantee all women and adolescents informed choices regarding their sexual and reproductive health and reproductive rights regardless of marital status.

5.a. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws.	5.a.2 Proportion of population with an account at a formal financial institution, by sex and age
Goal 13. Take urgent action to combat climate change and its impacts	
13.3 Improve education, awareness-raising and human and institutional capacity on climate	13.3 2 % of population with increased knowledge on climate change, disaggregated by sex and age Proposed indicator on gender responsive information and services relevant to humanitarian and disaster management.

Table 2. Priority target and indicators to be adopted by Government of Indonesia

Government of Indonesia need to align the adoption of SDGs targets and indicators into national budgets by ensuring sufficient allocation and detailed budget lines as priority action.

It is essential for government of Indonesia to develop periodic planning and evaluation in examining the progress made by implementing the SDGs goals, target and indicators to adhere to full realization of human rights and in advancing national development. In doing so, civil society especially women and youth need to be engaged in the process to providing input and alternatives.



III. Means of Implementation

Indonesian Women's rights activist and advocates demand that the government of Indonesia commit to and ensure the full achievement of SDGs by 2030. In alignment with the vision, we'd like to reiterate goal 17 in leveraging means of implementation. We fervently believe that the SDGs in its entirety, which include Goal 17 on the Global Partnership for Development, and the MoI-related targets under other goals, are the critical components that are necessary to ensure full and inclusive implementation of the post-2015 development agenda. Goal 17 is essential in assuring global justice including managing dynamics between north to south and south to south partnership.

We'd like to applaud the Government of Indonesia statement during the joint meeting of IGN on Post 2015 and third conference on financing that reiterate the importance of MoI as well as its breadth which goes beyond financial resources mobilization, trade and systemic issues.

Technology development, transfer and dissemination, as well as capacity building are part and parcel of the SDGs that are substantial in ensuring the full and effective implementation of all its goals and targets. The post-2015 track needs to work on these MoI, to complement the work on finance mobilization, including its concrete mechanisms and policies that will be set up under the FFD.

There is a need to provide access to benefits of scientific progress, technology, innovation, and knowledge transfer in the areas of health and well-being including SRH for all, building on a rights based gender sensitive, equitable framework. Research on SRHR commodities, methods of utilization and advancement need to be implemented across the region within Indonesia. The role of women researchers and scientists as well as civil society needs to be scaled up in providing advancement of technology to fulfil SRHR needs of Indonesian.

Government needs to enable equitable universal access to health services, equipment, commodities, affordable medicines and essential drugs to ensure the realization of SRHR for all. Indonesia has the potential to produce and disseminate health equipment and SRHR commodities to ensure affordable and high quality SRHR access for all including for women and young people. Additionally, research on food technology and production is needed to achieve food sovereignty without denying the rights of indigenous people that often faced land grabbing due to transnational investment on genetically modified organism farming industries. It is evident that the quality of food and crops affecting women's livelihood, access to better nutrition, welfare, access to economic and land resources, health as well as their sexual and reproductive health. Systemic obstacles, such as restrictive intellectual property rights, corporate control and trade regimes, must be addressed by the



government to ensure equitable access to health and SRH services for all people especially women and young people³.

There is a need to ensure fair and transparent trade agreements in consultation with CSOs especially in bi-lateral, multi-lateral trade agreements concerning health of the people including SRH. The government of Indonesia needs to fully utilize goal 17 target 10 in promoting a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda.

There is a need for capacity building of health workforce in areas of health services and care including SRH especially in providing services to women and comprehensive sexuality education for young people to enable them in making decision in regards to their bodily integrity and sexual rights,

In addition, addressing issues of SRHR cannot happen in isolation without an in-depth understanding of financial flows between countries, debt restructuring processes and transfer of technologies as these processes many a times govern the ways and the issues that attain significance in the development agenda. Macro-economic indicators can't be the sole basis as it has failed to measure the significant wealth gap and its distribution and inequality to obtain resources among all people including women. In attaining SRHR of all people including women and youth, government ownership and political leadership to commit on SDGs, targets and indicators need to be scale up.

IV. Financing for Development

Indonesia is a resource rich country, where the source of national annual budget comes from international loan; development partnership as well as taxation especially from individual citizens and extractive industries. Indonesia aims to uphold transparency principles in planning, implementing and monitoring the funds by joining and engaging as active members of the Open Government Partnership and Extractive Industry Transparency Initiatives. Unfortunately, the government still allocates insufficient budget for core development issues and needs such as access for health including SRHR, education, and climate change, among others.

³ <http://home.wfp.org/stellent/groups/public/documents/ena/wfp276247.pdf>

Therefore, specific domestic resource allocation to achieve SDGs, targets and indicators to further advance SRHR needs to be made to cover overall needs in implementing Comprehensive Sexuality Education, maternal health care, meeting contraception needs, as well as the full continuum of SRHR services. Tax redistribution should be made in equitable and proportional manner in prioritizing the best interests of Indonesian people by providing access for social protection through access for health and education services. Furthermore, in the decentralization era, the ownership from local government in providing financial resources to fund development programmes need to be scaled up. It is evident that investing on provision of access to quality health and education services will directly impact economic advancement.

Furthermore, refinancing of loan from international financial institutions need to be reviewed by the government. Creation of long term debt sustainability with the lowest interest rate through coordinated law and policy needs to be done in fostering debt financing, debt relief, moratorium and debt restructuring to reduce debt distress.

To fully commit to SDGs, the Government needs to abide by the Paris Declaration on aid efficiency⁴ In addition, corruption practices need to be penalised and fully criminalised. Ilicit financial flows and financial data transparency needs to be made available for civil society in demand for government accountability. Engaging civil society in boosting budgeting transparency need to be scaled up, by participating women and youth groups during budget planning, implementation and monitoring.

Nevertheless, funding from bilateral and development partners need to be scaled up in addressing health and environmental issues especially in assuring access for women and youth vulnerability within the impact of discrimination, violence, environmental degradation and natural disaster. We call upon the developed countries to fully implement their Official Development Assistance (ODA) commitments including 0.7% of GNI in ODA to developing countries . Of this ODA, allocation should be made towards financing women's and young people's health and rights including SRHR. Furthermore, a board of trustees consisting of multi-stakeholder representation such as government and civil society needs to be created in monitoring the bilateral and or development fund utilization. The role of international financial institutions such as the world bank need to be minimized in ensuring efficiency of time and resources for funding development priorities.

We acknowledge the role from private sector in contributing for development issues through PPP, nevertheless we'd like to ask government to create an accountability body for monitoring the fund and resources from private sector in financing development agenda. The contribution should be make in alignment of development priorities and not for any interest of the private sector. Economic development should encompass realization of

⁴ <http://www.oecd.org/dac/effectiveness/34428351.pdf>

human rights, as macro-economic indicator have failed to address inequality within country and ensure wellbeing of the people.

V. Accountability

We commend Government of Indonesia statement during the 2014 Asia-Pacific Forum on Sustainable Development to address the importance of having strong accountability mechanism along with clear timelines and pathways of delivery (circa point 4). In addition, given the unmet MDGs goals especially goals 1, 5 on maternal health, 6, 7, 8; a robust effort and commitment from government is key to achieve Sustainable Development goals, targets and indicators.

Civil Society Organizations especially women and youth group are committed to work with government in providing alternative data and suggestion in shaping accountability mechanism to adhere the SDGs. In doing so, civil society organization especially women's groups are committed to advance our internal accountability mechanism in assuring non-biased and objective suggestion to government of Indonesia.

National and Sub-National Accountability Mechanism

- We ask National and district Governments to annually present progress reports on overall SDG goals, targets and indicators, based on high-quality, timely and reliable data disaggregated by income, gender, age, rural/urban/hard to reach places, migratory status etc. National Planning Board should be the leading sector for ensuring the planning and reporting of SDGs goal, target and indicators. Civil society should have access to verify the information and joining planning process based on the results of the evaluation.
- Accountability mechanisms should provide platforms to examine the openness of budget planning, allocation and implementation. It also needs to enable civil society in witnessing the success of programme relevant to SRHR of women and youth. Therefore, we can address the efficiency of programmes and policies in safeguarding human rights principles.
- The monitoring and evaluation system should gather information and analyze both quantitative and qualitative data to achieve fulfillment of SRHR.

- We ask Government to put in place effective and transparent accountability mechanisms/grievance redress mechanisms involving all stakeholders at all levels, including, primary, secondary and tertiary levels to ensure the realisation of SRHR for all. Civil Society Organizations especially women's group, will work to strengthen grass root community's information to know their rights including SRHR to utilizing the grievance redress mechanism on the basis of their experience and reality.
 - Community monitoring and accountability mechanisms should be promoted, encouraged and addressed effectively by the state and other stakeholders.
 - There is a need to put in place national systems that track public expenditure on health including SRH; track donor, private sector and financial commitments and allocations for health sector specifically for SRHR. Donor and private sector should be accountable of their contribution, for the best interest of access for SRHR of all. The tracking of donor commitment will be beneficial for civil society organization to align project and initiatives.
 - We call for government to ensure all accountability mechanism are built on a rights-based, gender sensitive and equitable frameworks with active participation from civil society organization especially women's group.
- Regional and Global Accountability Mechanism
- A regional review of SDGs goals, target and indicator should be facilitated by UNESCAP with leadership from governments to gather annually in presenting the progress of national programme and policy in relevant to the Post 2015 agenda. A discussion to present aggregate findings of national review, with supplement from civil society organization analysis will be pivotal step to achieving access to SRHR for all including for women and youth. The regional annual review should be a baseline for revising plan, accelerating effort and allocating budget to achieve SDGs goal, target and indicators in national level. Given the importance of the regional review process, governments need to fully fund the platform.
 - A comparative analysis of the progression of SDGs goal, target and indicators need to be crafted annually facilitated by UNESCAP. all accountability mechanism are built on a rights-based, gender sensitive and equitable

frameworks with active participation from civil society organization especially women's group.

- HLPF should served as body to safeguard the accountability mechanism that are built on a rights-based, gender sensitive and equitable frameworks with active participation from civil society organization especially women's group. HLPF should facilitate bi-annual global review process with systematic monitoring tools to look at quantitative and qualitative progression of the SDGs goals, target and indicators. The review process should be formalize in adhering check and balances mechanism to track funding, north-south, south-south partnership, as well as demanding accountability from private sector.

VI. Recommendation

- Demand government of Indonesia to commit with agreed Sustainable Development goals, target and indicator by transform it into annual and long term national action plan with national budget allocation as well as policy reform on law that affecting women's rights especially in relevant to child marriage.
- Propose programme to ensure quality access for SRHR especially for women and young people in addressing maternal mortality such as provision of safe abortion services; providing comprehensive sexuality education in formal and non-formal education setting for young people; implementing campaign and programme to end-child marriage at various national and subnational level.
- Government needs to provide sufficient domestic resources and funding to provide SRHR information and services. The services need to be given of the highest quality, utilize modern technology.
- Providing information on financial flows and tax (re)distribution to ensure access for open governmental data and transparency as part of accountability measure.
- Refinancing loan payment to international finance institution in spirit to utilize the resources in funding poverty alleviation programme especially for women and girls.