

PROGRESS ON FAMILY PLANNING 2020 (FP2020) COMMITMENTS IN

INDONESIA



By 2020, the government of Indonesia, in collaboration with its partners and the private sector, will increase the availability of modern contraceptive methods at all levels of its health system in an effort to meet its goal of enabling **120 million** more women to use contraceptives.

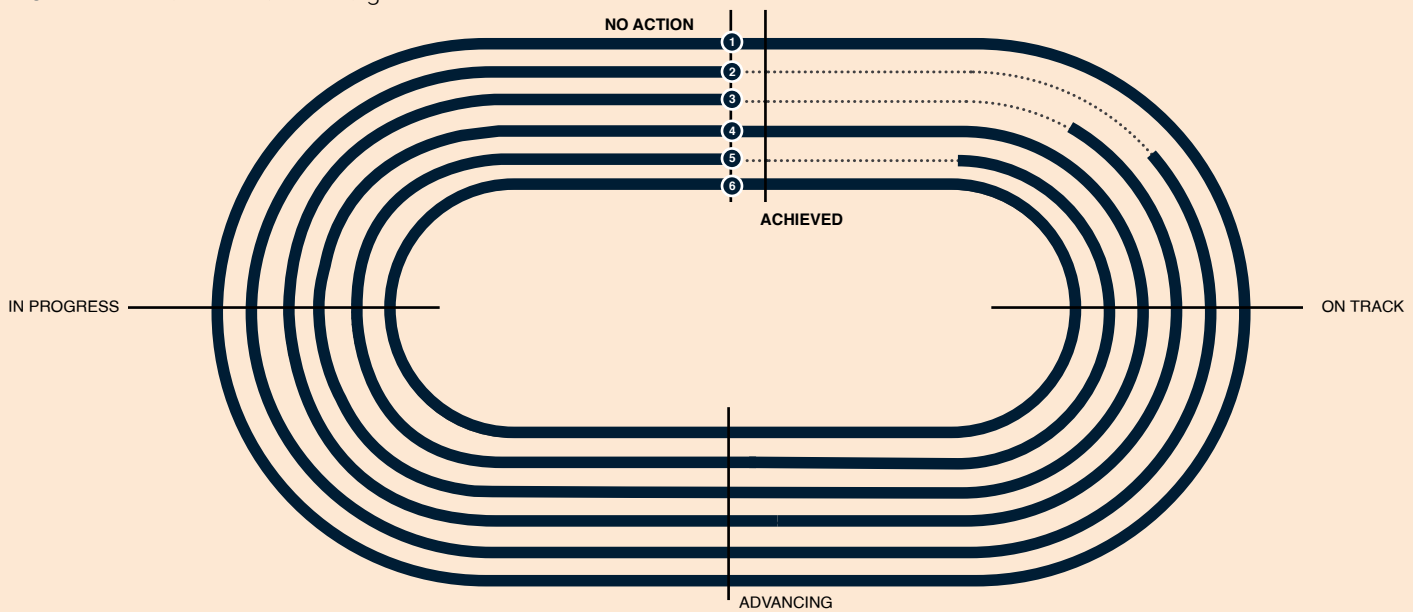
Between 2015 and 2019, the Indonesian government will maintain quality family planning (FP) services for more than **30 million** current users and ensure accessibility to at least **2.8 million** additional users. In order to achieve this goal, the government will allocate **\$1.6 billion** for FP programs between 2015 and 2019 — an almost twofold increase from **\$255 million** in 2015 to **\$458 million** in 2019.

Additional funding assistance for health programs including FP will also be provided to local governments in the amount of **\$1.7 billion** per year.

Indonesia plans to fulfill its commitment to the FP2020 goal by ensuring the: **(1)** provision of FP services and contraceptives through the national health insurance scheme toward universal health coverage (UHC) by 2019; **(2)** improvement of the contraceptive method mix; **(3)** availability, quality and supply chain management of contraceptive commodities; **(4)** empowerment of young people; **(5)** implementation of an integrated approach to rights-based FP programming at the subnational level; and **(6)** investment in South-South exchange.

IS INDONESIA ON TRACK TO ACHIEVE ITS FP2020 COMMITMENTS?

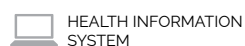
- 1 Allocate \$1.6 billion for FP programs and \$1.7 billion in additional funding assistance per year to local governments
- 2 Ensure the provision of FP services and contraceptives through the national health insurance scheme toward UHC by 2019
- 3 Improve the contraceptive method mix by expanding the number of service delivery points (SDPs) for long-acting contraceptives
- 4 Ensure the availability, quality and supply chain management of contraceptive commodities
- 5 Address reproductive health needs of young people by implementing integrated, comprehensive policies and strategies
- 6 Invest in South-to-South exchange



In 2020, the United Nations Population Fund (UNFPA) ended the funding for the Data Summit activity. Badan Koordinasi Keluarga Berencana Nasional (The National Population and Family Planning Board, BKKBN) has stepped in to continue this program which will now be led by the Planning Bureau under the coordination team for Working Group 5, Population Dynamic and Data Analysis. To ensure the optimization of FP data collection, the Data Summit activity will be connected to the Kampung KB program's Pendataan Keluarga (Family Data Collection) survey tool. However, due to the COVID-19 pandemic, the budget allocation for this survey is postponed to 2021.

In addition to the Ministry of Health (MoH), partners in Indonesia contributed to the development of this report:

- 21 LOCAL NGOs
- 8 INTERNATIONAL NGOs
- 2 PRIVATE COMPANIES
- 6 NATIONAL GOVERNMENTS
- 3 DONORS/ U.N. AGENCIES



Allocate \$1.6 billion for FP programs and \$1.7 billion in additional funding assistance per year to local governments between 2015-2019



Annual allocation for FP programs

The government allocated \$458 million to FP programs in fiscal year (FY) 2019 and \$435 million in FY 2020. This was a 14% decrease from \$565 million that had been allocated in FY 2018. However, it is worth noting that the FY 2018 allocation is a twofold increase from \$278 million and \$252 million allocated to FP programs in FY 2016 and FY 2017, respectively.

Contributing organizations: Demographic Institute of the Faculty of Economics and Business, University of Indonesia (Lembaga Demografi – UI), Yayasan Cipta



Allocations for FP programs from 2015-2019

The government has allocated \$2.3 billion for FP for FY 2015-FY 2020, exceeding the target of \$1.6 billion. The specific yearly allocations were:

- FY 2016: \$315 million
- FY 2017: \$252 million
- FY 2018: \$565 million
- FY 2019: \$458 million
- FY 2020: \$435 million

No contributing organizations



Annual allocations to local governments through the Special Allocation Fund (DAK) via BKKBN

In FY 2019 and FY 2020, BKKBN allocated \$179 million and \$185 million, respectively, to local governments through the DAK. These allocations are increases from previous years (\$56 million in FY 2017 and \$166 million in FY 2018).

Note: The DAK consists of infrastructure and non-infrastructure allocations. BKKBN's non-infrastructure DAK allocation is further reported in more details under the Family Planning Operational Fund (BOKB).

No contributing organizations



Annual allocations for FP and maternal child health programs through the DAK via MoH

Through the MoH, the government allocated \$2.1 billion in FY 2019 to the DAK for health programs including FP and maternal and child health. This allocation exceeds the FP2020 commitment of \$1.7 billion by \$400 million. The MoH DAK has increased from \$1.65 billion in FY 2017 to \$1.8 billion in FY 2018.

Note: The DAK consists of physical and non-physical components.

No contributing organizations



Annual allocations to the BOKB

BKKBN allocations to the BOKB:

- FY 2018: \$129 million
- FY 2019: \$140 million
- FY 2020: \$134.9 million

The allocations supported the operationalization of FP counseling centers; contraceptive distribution; the Kampung KB program; child stunting management; program assistance by cadres; information, education and communication (IEC); and management operational fees.

No contributing organizations



Ensure the provision of FP services and contraceptives through the national health insurance scheme toward UHC by 2019

Revised FP regulations, policies and guidelines for UHC

FP services have been included in the UHC (BPJS/JKN) scheme since its implementation in 2004 (Presidential Decree No. 40). Revisions have been made since then, including Presidential Decree No. 19 of 2016 to replace Presidential Decree No. 12 of 2013. The new decree includes vasectomies, tubectomies and FP counseling in the UHC scheme, as well as the procurement and distribution of contraceptives in central and local government's authorities. Further FP regulations were included in the release of the MoH Decree No. 64 of 2016, which provides guidance for FP service payment in BPJS-affiliated primary-level SDPs — commonly referred to as Fasilitas Kesehatan Tingkat Pertama (FKTP) — and referral SDPs, also known as Fasilitas Kesehatan Rujukan Tingkat Lanjut (FKRTL).

In July 2020, the MoH, BKKBN and other stakeholders held a final discussion for establishing Manlak (implementation management) guidelines for FP benefits in the UHC scheme. FP guidelines were approved and sent to the legal division for review.

Contributing organizations: Badan Penyelenggaraan Jaminan Sosial (The Health Care and Social Security Agency, BPJS), Lembaga Pengkajian dan Pemberdayaan Masyarakat (LP2M), Yayasan Kesehatan Perempuan (Women's Health Foundation, YKP)

Affiliated private providers sign onto BPJS Kesehatan (Indonesian National Health Insurance)

The government continues its commitment to improve access to FP services by establishing more BPJS-affiliated health care facilities. Updated data from July 2020 show a total of 11,615 health facilities: 7,461 Puskesmas (primary health care centers), 1,086 hospitals, 559 clinics, 353 maternity hospitals and 2,156 other health care facilities registered on BPJS which have FP service provision capabilities. However, there is no identification or differentiation of public and private providers.

Contributing organizations: Aisyiyah, BKKBN, Perkumpulan Keluarga Berencana Indonesia (Indonesian Family Planning Association, PKBI), ThinkWell

Develop a policy on postpartum and post-abortion FP counseling and services pre-discharge

The government released the BKKBN Chairperson Decree No. 24 of 2017 requiring postpartum and post-abortion FP services be integrated with antenatal care, pregnancy classes, Posyandus (Health and Nutrition Integrated Service Centers) and other activities. As of 2020, the MoH's updated policy (the revision of MoH Decree No. 97 of 2014) is currently under final review in the legal division.

Contributing organizations: Ipas, Jhpiego, Médecins Sans Frontières (MSF) Indonesia, PKBI, the U.S. Agency for International Development (USAID) Jalin project

Develop a policy for FP commodities and services for the most hard-to-reach populations

BKKBN issued Decree No. 10 of 2018, which regulates the provision of mobile FP services. The regulations include implementation of FP services in areas with limited or no coverage of health facilities with medical staff competent in FP services provision or in areas that require FP services to be integrated with social services. FP services include pre-service, service delivery (provision of contraceptives, support of the FP team and the implementation of contraceptive medical services) and post-service (post-service counseling, complications and side effects).

BKKBN also has 100 priority districts/cities providing FP services in areas with low FP uptake. These areas also intersect with DTPK areas, which include Aceh, East Nusa Tenggara, North Maluku, North Sumatra, Papua Province, Riau, Riau Islands, Southeast Sulawesi, West Kalimantan, West Papua and West Sumatra.


Contributing organizations: BKKBN; MoH; World Health Organization (WHO); Yayasan Sentra Advokasi Perempuan, Difabel, dan Anak (Yayasan SAPDA)

Develop a policy for FP commodities and services for emergency and crisis situations

With support from the Rapid Response Mechanism FP2020 Fund, the "Guidelines on Contraceptive Services in Crisis Situations" is currently in place. This document has passed the national peer review process and has accommodated new inputs during the pandemic. BKKBN and UNFPA have created an FP crisis team as well as a series of focus group discussions to gather feedback and improve the guidelines. A field visit to Banten Province to test the guidelines and gather feedback was completed in July 2020. With a new chapter on "FP Services Related to Non-Natural Disasters and Pandemics," the guidelines have been disseminated and introduced nationwide to Heads of Provincial BKKBN.

Contributing organizations: Aisyiyah, BKKBN, Human Initiatives, PKBI

 LEADERSHIP AND GOVERNANCE

 HEALTH INFORMATION SYSTEM

 SERVICE DELIVERY

 HUMAN RESOURCES

 FINANCE



Inclusion of FP services in the Healthy Indonesia Program (PIS)

Under PIS, implemented with family approach, the MoH has incorporated FP indicators into the 12 national standard Keluarga Sehat (healthy family) indicators. The program operates in all 34 provinces, with Puskesmas as lead implementers.

No contributing organizations



Fulfillment of Keluarga Sehat indicators

The MoH incorporated FP indicators in the Keluarga Sehat indicators as the target for PIS. The MoH also regularly conducts visits and intervention at the family level in order to optimize the fulfillment of the 12 Keluarga Sehat.

The July 2020 data show an increase in the visitation and initial intervention process from 49.7% (January 2019) to 73%. The MoH put the cut off point of 50% to identify performance for each indicator. According to the most recent data (December 2020), the FP participation indicator has decreased to 39.5%.

No contributing organizations

Improve the contraceptive method mix by expanding the number of SDPs providing long-acting contraceptives

SDPs provide full choice of FP services

Through BKKBN, the government provides free contraceptives based on the level of SDPs. For FKTP, covered contraceptive methods include sederna (simple) level — pills, injection (three-month cycle) and condoms — and lengkap (secondary) level — intrauterine devices (IUDs) and implants. For FKRTL, aside from the five choices previously mentioned, coverage provided at the sempurna (advanced) level includes additional postpartum services as well as vasectomy and tubectomy services. Facilities at the paripurna (sustainable) level offer all lengkap-level services as well as fallopian tube recanalization and infertility services. In FY 2020, 93.4% (16,487 facilities) of SDPs were sederhana level, followed by 5.3% (930 facilities) lengkap level, 0.77% (136 facilities) at paripurna level and lastly 0.48% (86 facilities) at sempurna level. Compared to the first half of 2020, there is a slight increase in the number of health facilities categorized as paripurna level (the number of health facilities providing full choice of FP services increased from 89 to 136 health facilities).



In 2020, based on the SDP categorization, BKKBN is focusing on upgrading FKTP to provide the full choice of FP services, especially in long-acting reversible contraception (LARC) methods, which will increase the number of lengkap-level facilities. The categorization maps the preparedness of each SDP to provide LARC, as each categorization reflects not only the type of contraception available, but also the medical equipment, health workers' competency in providing services and commodities/distribution issues. BKKBN's Strategic Plan 2020-2024 seeks to equip 69.5% of health facilities with the capability to provide LARC services.

Contributing organizations: HaloDoc

Capacity building of public health providers in FP services

BKKBN developed a system to monitor the verification and certification processes of previously trained midwives and doctors on contraceptive technology updates (CTUs), IUDs and implants between 2011 and 2016 through the MONIKA system.



The MONIKA system has been upgraded with more categorizations, developed as "poor," "less poor," "okay," "good" and "unidentified" in each qualification process ("submitted," "competent" and "certified"). The data from each of the provinces are now available. As of December 2020, among all the professionals who had been trained in CTU, implants and IUDs: 93 doctors and 9,742 midwives had submitted the certification process on the training; 75 doctors and 8,294 midwives were classified as "competent"; and 73 doctors and 7,776 midwives had received competency certification.

Contributing organizations: The Center for Health Research, University of Indonesia (CHR-UI); Indonesian Pediatric Association (IDAI); Jhpiego; Johns Hopkins Center for Communication Programs (JHCCP)

Contraceptive total market assessment (TMA) conducted



In February 2020, BKKBN conducted a TMA training with the plan to conduct the assessment annually. In preparation for TMA II, BKKBN and partners are currently discussing questionnaire adjustments and planning for additional participants (producer/companies) to be included in the assessments. The goal is to expand from 13 to 15 producers.

Contributing organizations: John Snow Inc. (JSI), UNFPA

Capacity building of health providers in FP services provided by private sectors



Private-sector providers continue to support the government in capacity building for health providers.

Contributing organizations: The Center of Nutrition and Health Studies, University of Indonesia; DKT Indonesia; Indonesian Midwives Association (IBI); Ipas Indonesia; Yayasan Kusuma Buana (YKB)



Ensure the availability, quality and supply chain management of contraceptive commodities

Update the national supply chain management guidelines



The BKKBN Decree No. 9 of 2019 was introduced to the public in February 2020. The decree covers comprehensive supply chain regulation, not only encompassing distribution (as covered in regulation No. 286 of 2011) but also including planning; product selection, procurement and distribution; and monitoring and evaluation activities.

Contributing organizations: JSI

Develop an online system for monitoring contraceptive commodities



BKKBN updated the Information System for Contraceptive Supply Chain (SIRIKA), the Excel-based inventory management and monitoring (MIM) tool which will be used nationally to strengthen the supply chain management system. SIRIKA is a digital system with two connected platforms: (1) the web-based MIM, used for calculating the contraceptive need for distribution, operated by BKKBN's FP unit; and (2) "Stokku" (smartphone android base), operated by warehouse staff and used to execute distribution orders from the FP unit in warehouse operational form.

A series of activities, including assesment, infrastructure set up, tier-level training and activity implementation have been agreed upon with BKKBN.

Contributing organizations: JSI

Develop technical guidelines for forecasting contraceptive needs and procurement



The technical guideline draft was completed and integrated into the BKKBN decree for supply chain (refer to the indicator above about updating the national supply chain management guidelines).

Contributing organizations: JSI



Address reproductive health needs of young people by implementing integrated, comprehensive policies and strategies through youth-friendly health care services and community- and school-based programs

BKKBN and MoH develop adolescent and youth IEC materials



Updated data as of December 2020 showed 21,972 established youth information and counseling center (PIK-R) programs. BKKBN has developed three levels of PIK-R: Tumbuh, Tegak and Tegar. PIK-R levels are categorized based on the type of activities and resources provided. In December 2020, BKKBN held an annual event for the inauguration of Youth FP Ambassadors (GenRe), including the Social Media Inspirator category. The GenRe ambassadors, selected at the provincial and national levels, are expected to be youth motivators for FP and especially the adolescents' reproductive health program, including ensuring access to information and education in their respective areas. Furthermore, BKKBN is in the process of revitalizing PIK-R to be more "youth friendly" and enrich reproductive health IEC materials for adolescents. The number of established youth-friendly health services (PKPR) from the MoH increased from 6,204 in 2019 to 6,641 in 2020. In addition, the MoH, with support from UNFPA, has been collaborating with the Ministry of Education and Culture to conduct teacher trainings focused on adolescents' reproductive health.

Contributing organizations: BKKBN, IDAI, JHCCP, UNFPA, WHO

Develop a National Action Plan (RAN) on Adolescent Health to include reproductive health programs



In 2020, a series of meetings to discuss the RAN on Adolescent Health development were conducted, including problem and COVID-19-related assessments. In October, the Coordinating Ministry distributed the latest draft of the RAN to government institutions and other related stakeholders working on adolescent health issues for their feedback and input. The major change for the 2020-2024 RAN is to broaden the focus not only to address adolescent health but also social and well-being aspects (i.e., job aids, interpersonal relations, psychological, etc.), in which the focus will be "Adolescent Health and Resilience." The goal is to encourage more cross-sectoral collaboration between various institutions. The indicators included in the updated RAN will also refer to National Long-Term Medium Plan (RPJMN) indicators related to adolescents, including the change of the RAN period, from three years (2017-2019) to four years (2020-2024), to align with RPJMN.

Currently, the concept note of the updated RAN, which includes RAN strategy, partnerships and task-sharing components, is finalized.

Contributing organizations: Coordinating Ministry for Human Development and Culture

Establish public-private partnerships for the provision of youth-friendly services



There are multiple ongoing public-private partnerships that support the government of Indonesia in providing youth-friendly services.

Contributing organizations: Aisiyiah, Aliansi Remaja Independen, Canadian Embassy, Jaringan Aksi, JHCCP, Lembaga Advokasi Perempuan Damar, MSF Indonesia, One Vision Alliance, PKBI, Plan International Indonesia, Positive Deviance Research Centre, Rutgers WPF, UNFPA, Yayasan Genre Indonesia (Genre Indonesia Foundation), Yayasan Siklus Sehat Indonesia, YKP, Youth Advisory Panel

Develop district costed implementation plans (CIPs)



Building on the successful pilot of CIPs in three districts (Malang of East Java, Meulaboh of Aceh and Lahat of South Sumatra) in the implementation of the Rights-Based Family Planning Strategy, there is ongoing discussion for the national scale-up of the District Action Plans known as the RAD and CIP approach. BAPPENAS and UNFPA, in collaboration with Yayasan Cipta, are developing a document that will be used for advocacy to expand the strategy for the integrated rights-based FP and maternal health program, based on the lessons learned from the three pilot districts.

As of July 2020, the initiative is focusing on reviewing and documenting the lessons learned from the pilot districts (see the indicator about integrating local government population and FP indicators into medium-term development plans at the top of the next page), and collaborating with other RFP teams and BAPPENAS to develop a thorough action plan for the scaling-up of district CIPs.

Contributing organizations: National Development Planning Agency (BAPPENAS), UNFPA, Yayasan Cipta

Pilot district CIPs from 2016-2020 and obtain the pilot report



The pilot project in three districts for integrated rights-based FP and maternal health strategy has been completed. BAPPENAS and partners have conducted a dissemination event to report the results of pilot CIPs in the three districts in November 2019. The lessons learned and reports from the pilot districts became one of the references in developing advocacy and expansion strategy to all the districts, nationally.

Contributing organizations: UNFPA



Integrate local government population and FP indicators into medium-term development plans

BKKBN, through the Directorate of Advocacy and IEC, has developed a subnational advocacy strategy for local governments' prioritization of FP as part of their local development plans. This is a multistep process, starting with the establishment of advocacy working groups (at the provincial and district levels) to then be formalized in the form of Governor/Mayor/District Head Decree. Part of the scaling-up process is assisted by the My Choice program. BKKBN facilitated advocacy workshops in 13 provinces in 2018 and seven in 2019.



BKKBN showcased its commitment to including scaled-up advocacy as part of BKKBN's Strategic Plan 2020-2024 (officially published in May 2020) with advocacy goals including the number of:

1. Local government representatives receiving training or facilitation on the establishment of local development policy that include population issues;
2. Established Provincial/District Working Groups;
3. Provincial/District advocacy working groups receiving technical assistance; and
4. Province/District issuing policies/regulations related to FP, population and reproductive health.

28 provinces in Indonesia, including Aceh and East Java, have reviewed their Regional Midterm Plan (RPJMD). Most of the RPJMDs have included indicators on the Bangsa Kencana (Population, Family Planning and Family Welfare) program. 141 districts (95.91%) have integrated the Bangsa Kencana indicators.

Contributing organizations: JHCCP, Ministry of Home Affairs, Yayasan Cipta

Establish rights-based FP coordinating team at the central level



The rights-based FP coordinating team is established at the national level to provide guidance on the operationalization of the Rights-Based Family Planning Strategy and CIP to the national and subnational levels, specifically the pilot districts. Led by BAPPENAS, the team was established under the release of BAPPENAS' deputy decree; members consist of partners from seven ministries/governmental agencies.

No contributing organizations

Implement the Kampung KB program



BKKBN is currently developing Kampung KB classification model as the initial phase of establishing a Grand Design for Kampung KB. The classification has been discussed and reviewed across all the directorates in BKKBN and feedback was provided. The classification follow-up strategies are included in the technical assistance provided to BKKBN in developing Kampung KB strategies for the next five years. The strategies will be adjusted based on the classification of each Kampung KB. As part of this progress, Kampung KB is now under the Directorate of Population Impact (it was previously under the Directorate of Field Development).

As of December 2020, 16,653 Kampung KBs have been launched.

Contributing organizations: JHCCP, Ministry of Home Affairs, Yayasan Cipta

Develop Kampung KB online monitoring and reporting system



BKKBN developed an online monitoring and reporting system for Kampung KB¹ which contains components such as local policies related to Kampung KB, the number of activities and multisectoral activities, among others. Coordinated by FP field officers for data inputs and monitoring at the district level, 73.3% of Kampung KBs had submitted updated data to the online system as of December 2020.

No contributing organizations

Invest in South-to-South exchange



Annual South-to-South FP exchange activities

The government has been conducting several activities to promote South-to-South exchange.

Contributing organizations: UNFPA

¹ <https://kampungkb.bkkbn.go.id>