

2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



INDONESIA

[HTTP://WWW.FAMILYPLANNING2020.ORG/ENTITIES/59](http://www.familyplanning2020.org/entities/59)

In July 2016, the government of Indonesia shared the following update on progress toward achieving its Family Planning 2020 commitment during the 2015-2016 time period (commitment included below for reference).

POLICY & POLITICAL UPDATES

- Based on the Presidential Instruction on changes in planning approaches of the Government Work Plan (Rencana Kerja Pemerintah/RKP) year 2017, BKKBN has developed strategic planning that is based on holistic, thematic, integrated, and spatial approaches. In the context of a holistic approach; BKKBN will have to mobilize all potential resources of BKKBN, related government agencies and all strategic stakeholders/partners at all levels to achieve the target of the National Medium Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional /RPJMN) related to Population and Family Planning, and BKKBN Strategic Plan Year 2015-2019.

In order to implement the thematic approach, BKKBN strategic program and activities will have to focus on the main theme to decrease total fertility rate by increasing contraceptive prevalence rate (CPR), lowering drop out (DO), increasing the use of long term family planning contraception method, and lowering unmet need of family planning, the government states.

In the context of the integrated approach, BKKBN will have to develop integrated programs and activities that involve across government sectors and strategic stakeholders/partners at all levels, particularly targeted at Kampung KB areas.

Related to the spatial approach, BKKBN will have to focus the intervention to the main target areas of FP program at the district level to better reach targeted poor communities at isolated/remote area; densely populated urban areas; fishing villages; slums and other disadvantaged areas across the sub national level.

Based on this design of the Government Work Plan (Rencana Kerja Pemerintah/RKP) year 2017, development of the population and family planning program will focus on five (5) national priorities, among them are 1) family planning services; 2) advocacy and IEC; 3) youth; 4) family development; and 5) regulation, institutional development, data and information. All five national priorities should be developed into activities that directly touch target communities' needs. In order to achieve these objectives, BKKBN strategic and policy direction as documented in National Medium Term Development Plan for year 2015 – 2019, highlight the importance of:

- Strengthening and integrating FP & RH services policy;
- Increasing access to FP services: Ensuring availability of commodity security in all SDPs – SCM and LMIS
- Promoting LAPM services to potential LAPM acceptors by providing adequate information and improving quality assurance of FP services to reduce drop-out risk;
- Increasing number & improving capacity of FP field workers and enhancing local institutional capacity to support FP Program;
- Developing and promoting national advocacy and communication strategies for decision makers focusing on the major unmet needs and unreached groups;
- Maintaining family resilience through beyond family development group activities in order to preserve FP participation and initiate community participation to become FP acceptors; and
- Strengthening management of Population and FP development.

Further to support these policies, BKKBN in the future will focus supporting priority activities at field level by reviving activities in village level. Various priority activities to be developed at field level are:

- Mobilizing family planning and reproductive health services at all levels, especially for mobilizing long-acting and reversible contraceptive services;
 - Improving the provision of family planning and reproductive health services particularly to poor communities at isolated/remote area; densely populated urban areas; fishing villages; slums and other disadvantaged areas across sub national level;
 - Increasing advocacy and IEC activities and counseling on health and the rights of reproduction to communities;
 - Improving operational mechanism at field level especially for the mobilization FP Field Workers/Cadres
 - Strengthening the function of Counseling Center as the Control Center for operational mechanism at field level;
 - Implementing integrated priority activities across government sectors and strategic stakeholders/partners at "Kampung KB";
 - Strengthening advocacy and IEC of FP Program to engage across government sectors and strategic stakeholders/partners to reach major unmet needs and unreached groups;
 - Strengthening Data and Information Systems with focus on the IDHS in 2017 as a measure of program success over the last five years; and
 - Improving pre-marriage counselling by involving religious leaders and community leaders.
- BKKBN will also strengthen revitalization of family planning through the implementation of “Kampung KB” initiatives at sub national level as mandated by President Joko Widodo during the 2016 International Conference on Family Planning. Under the Kampung KB initiative, BKKBN will collaborate across government agencies and strategic stakeholders to develop a range of multi-sectoral advocacy and collaboration activities to ensure better access to family planning services particularly to LARCs for poor communities in isolated areas; densely populated urban areas; fishing villages; slums and other disadvantaged areas across sub national level. The target in year 2016 is 1 Kampung KB per district/municipality
 - The government of Indonesia supported South-to-South cooperation and learning by establishing the Center of Excellence of Comprehensive Rights-based FP at Gadjah Mada University, Yogyakarta.

FINANCIAL UPDATES

- The government of Indonesia continues to maintaining its investment in finances for FP programs noted with the increase of total budget allocates for FP Programs from Rp 2,6 trillion in year 2012 to Rp 3,56 trillion in 2016. The central government also increased funding assistance to local governments through Specific Allocation Funds (DAK) in year 2016. Total allocation of DAK Fund rose from Rp 392,2 billion for 437 districts/municipalities in year 2012 to Rp. 603,3 billion for 508 districts/ municipalities in year 2016. The DAK fund is allocated for low-to-medium fiscal capacity local governments to support the expenses for infrastructures; procurement of vehicles and; materials for IECs; and medical supplies that will support better access to family planning services and family planning information.
- In addition, starting in year 2016, the central government provides additional funding assistance namely Family Planning Operational Funds (Bantuan Operasional Keluarga Berencana/BOKB) to support daily operational cost of the Counseling Center (Balai Penyuluhan) where family planning fieldworkers provide FP counseling and implement family welfare program with local communities; and support distribution cost of family planning commodities. Total allocation of BOKB Fund for year 2016 is around Rp. 215,6 billion.

PROGRAM & SERVICE DELIVERY UPDATES

- **Strengthening the Inclusion of Family Planning in the Universal Health Coverage (UHC) Program/ Program Jaminan Kesehatan Nasional (JKN):** Based on the current Presidential Decree No.19 Year 2016 Article 21, FP package under the UHC scheme now covers all types of contraceptive methods includes interval tubectomy. Individuals who are enrolled in the Universal Health Coverage (UHC) Program/JKN will be able to access all types of contraceptive methods provided through family planning services for free; from primary health care facilities to secondary and tertiary health care facilities that have the MOUs with the Social Insurance Board (BPJS). As follow up action, the government is working to:

- Expanding access to accredited Family Planning Service Delivery Points by increasing the total number of Family Planning Service Delivery Points to be registered under the Social Insurance Board (BPJS)'s network; and
- Facilitating the existence of private midwives in the UHC Scheme as sub health facility contracted by the Social Insurance Board (BPJS).
- The government has provided policy briefs for recommendations to improve the family planning component in UHC Scheme particularly related to the provision of postpartum family planning services. This is based on the case found at district level that family planning services providers tend to delay the provision of postpartum family planning services due to UHC Scheme regulations, which put no difference rates between cesarean procedure with or without tubectomy – Ministry of Health Regulation No.59 Year 2014.
- BKKBN has released policies to increase Long Acting Permanent Method (LAPM) use:
 - Service/Supply side activities include ensuring the provision of LAPM contraceptive commodity to support of LAPM services and improving the competency of LAPM service providers.
 - **Demand creation activities include providing** promotional and IEC materials, promotion at service delivery points, and grassroots empowerment.
 - In order to support these policies, BKKBN has released decrees consisting of 1) BKKBN Chairperson Decree No. 78/PER/E3/2011 on provision of free contraceptive medicine and devices in FP services to all childbearing age couples which has brought positive results in increasing FP participation including LAPM; 2) BKKBN Chairperson Decree No. 151/PER/E1/2011 -- aimed at increasing access, quality, and assuring postpartum FP service in all service delivery points; and BKKBN Chairperson Decree No. 165 year 2011 on FP LAPM services -- aim at assuring sustainability and increasing achievement of LAPM service for all childbearing age couples.
- The Government of Indonesia committed to improving 23,500 family planning clinics between 2006 and 2014, and increasing mobile family planning services in remote areas. Activities in support of this commitment include:
 - **Improving supply chains, systems, and service delivery models:** In 2015, three models in supply chain management representing different geographic backgrounds were developed to address some challenges and in ensuring family planning commodity security at the district level, including remote areas.

In line with these efforts, the central government also continues to provide funding assistance to the local governments through the Special Allocation Funds (DAK). The assistance is provided to the low-to-medium fiscal capacity local governments to cover expenses for infrastructures; procurement of vehicles and; materials for IECs; and medical supplies that will support better access to family planning services and family planning information. Total allocation of DAK Fund is Rp. 603,3 billion for 508 districts/ municipalities in year 2016.

In addition, starting in 2016 the central government also provides additional allocation for Family Planning Operational Funds (Bantuan Operasional Keluarga Berencana/BOKB) to support distribution cost of contraceptives and drugs from warehouses at district level to health facilities/FP clinics. Total allocation of BOKB Fund for year 2016 is Rp. 215,6 billion.

In order to integrate these efforts, in year 2016, BKKBN in collaboration with UNFPA Indonesia will develop policy advice to readjust/strengthen Supply Chain Management (SCM) to be in line with UHC (JKN) Scheme implementation and be integrated with Family Planning Operational Funds (Bantuan Operasional Keluarga Berencana/BOKB) and Special Allocation Funds (DAK) at district level particularly at Kampung KB locations.

- **Improve distribution of capable health providers in providing a wide range of contraceptive methods:** CTU training conducted by BKKBN with support from related stakeholders has not yet fulfilled the need of adequate distribution of capable health providers in providing a wide range of contraceptive methods particularly LARCs. As a result, BKKBN in collaboration with the Ministry of Health and related strategic stakeholders will improve skill retention of trained providers by reformulating effective CTU Training through the 'on the job training' method.

- **Strengthening public-private partnerships to address issues related to more accessible FP service by:**
 - Providing refresher training, particularly on LARCs, for private midwives;
 - Distributing LARC IEC Materials at private midwife clinics; and
 - Advocating for promoting the use of LARCs through Public Service Advertising (PSA) on various mass media outlets, including radio, TV, print, and online media.

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The following text is the commitment made by the government of Indonesia at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/entities/59>.

Over half of Indonesia's women of reproductive age are using contraception to plan their families, with strong political leadership and a national movement for reproductive health and family planning. This has helped improve economic growth and reduce poverty through the resulting demographic dividend.

Key factors have been support from religious leaders, participation of the private sector and quality of care, and communications campaigns. The government right now provides free services to 7 of 33 provinces since 2010; but will include family planning freely throughout the country in the Universal Health-care Coverage program in 2014; and will broaden access and choice especially in poorer regions, through the strengthening of all public and private clinic services and provision of preferable long-acting and permanent methods. Indonesia is investing in South-South exchange to share experiences. The government commits to maintaining its investment in finances for family planning programs, which has increased from US \$65.9 million in 2006 to US \$263.7 million in 2012.

Objectives

1. Reduce TFR (current TFR is 2.3).

POLICY & POLITICAL COMMITMENTS

Indonesia is currently developing a national FP and population strategy to improve quality of human resources and increase demand for FP services. Indonesia will include FP services and supplies free of charge throughout the country as part of its universal health coverage program, starting January 1st, 2014. The country is investing in South-South exchange to share experiences.

FINANCIAL COMMITMENTS

The government commits to maintaining its investment in finances for FP programs, which has increased from US \$65.9 million in 2006 to US \$263.7 million in 2012. The government has reallocated resources to the most densely populated provinces and districts where the TFR is high. They are also concentrating on the harder to reach populations in rural areas and smaller islands.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Indonesia will include post-partum FP services as part of its national childbirth insurance scheme. The country will broaden access and choice, especially in poorer regions, by strengthening public and private clinic services and provision of long-acting and permanent methods of FP. Indonesia will improve 23,500 FP clinics between 2006 and 2014, and increase mobile FP services in remote areas.