

# FP2020 COMMITMENT 2018 UPDATE QUESTIONNAIRE



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage (<http://www.familyplanning2020.org/entities/59>) on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) with a copy to Chonghee Hwang on [chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org).

Should you have any questions or concerns, please contact Chonghee Hwang on [chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org) OR Sarah Meyerhoff on [smeyerhoff@familyplanning2020.org](mailto:smeyerhoff@familyplanning2020.org).

**Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.**

# FP2020 COMMITMENT

## 2018 UPDATE QUESTIONNAIRE



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Indonesia's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

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## UPDATE QUESTIONNAIRE

### COMMITMENT OVERVIEW

With less than four years to 2020, the Government of Indonesia (GoI) remains committed to the goal of enabling 120 million more women to use contraceptives. Between 2015 and 2019, GoI will maintain quality family planning (FP) services to more than 30 million current users and ensure accessibility to at least 2.8 million additional users.

In order to do so, GoI will allocate USD 1.6 billion for FP programs between 2015 and 2019; this includes an almost two-fold increase in budget allocation from 255 million in 2015 to 458 million in 2019. Additional funding assistance for health programs including family planning will also be provided to local governments in the amount of USD 1.7 billion per year. Indonesia plans to fulfil its commitment to the FP2020 goal by ensuring the:

1. Provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019
2. Improvement of Contraceptive Method Mix
3. Availability, quality, and supply chain management of contraceptive commodities
4. Empowerment of young people

5. Implementation of the integrated approach to rights-based family planning programming at the sub-national level

## OBJECTIVES

- By 2019, there will be at least 2.8 million additional users of modern contraceptives in Indonesia.
- By 2019, Indonesia will maintain quality family planning services to at least 30 million current contraceptive users.

### 1. **COMMITMENT: The Government of Indonesia will ensure the provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019.**

- 1.1. Under the coordination of MOH, BKKBN, and BPJS, the Government of Indonesia will ensure the provision of free access to family planning services and contraceptives both in public and affiliated private providers under the National Health Insurance scheme towards Universal Health Coverage by 2019.
- 1.2. Ensure that postpartum and post-abortion women have access to post-pregnancy family planning counselling and services pre-discharge.
- 1.3. Warrant availability and accessibility of quality family planning services and contraceptives for hardest-to-reach population: those living in emergency and crisis situations; remote and border regions, and outermost islands.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

- 1.1. As of July, 2018, the National Health Insurance program has covered 199,133, 927 residents (*source: BPJS Kesehatan*), representing 77% of the total population. FP services under the NHI have benefited 10,604,533 couples of reproductive age, of which 3,725,743 are the beneficiaries of the government-paid premium members (PBI) (per May 2018-BKKBN).

BKKBN continued to increase the number of FP facilities affiliated with BPJS by coordinating between the FP division with other directorates/bureaus in BKKBN, such as Directorate of Reporting and Statistic (DITLAPTIK) which has the responsibility of reporting and recording the registration and coverage numbers of FP facilities by developing the Family Information System (SIGA). Contraceptives and other supporting facilities were supplied to the FP facilities that had been registered in that system. Furthermore, at the national level, BKKBN has the responsibility of providing contraceptives to the FP health facilities, based on e-Catalogue procurement system.

The GoI continues its commitment to improve access to FP services by providing more BPJS-affiliated healthcare facilities. As of May 2018, numbers of BPJS-affiliated primary healthcare facilities increased by 21 percentage point from 18,437 (2014) to 22,251 units (July 2018-MOH). Meanwhile, a 43 percentage point of increase had been observed among BPJS-affiliated referral healthcare facilities from 1,682 (2014) to 2,398 units (July 2018-MOH).

- 1.2. The GoI through BKKBN has released the BKKBN Chairperson Decree No 24 Year 2017 concerning post-partum and post-abortion FP services. Under such Decree, counselling of post abortion and post partum FP can be integrated with antenatal care, pregnancy class, Posyandu and

other activities. In primary healthcare facilities, family planning services include basic of family planning services (pill, injection, condom), implant, IUD, male sterilization and female sterilization as added services in referral healthcare facilities by reference system. Family planning acceptors who had membership of insurance were covered by The National Health Insurance Program.

BKKBN conducts regular meetings with public and private hospitals to increase the commitment and dissemination of information on postpartum services in hospitals. BKKBN also regularly held postpartum/post abortion Family Planning and Counselling Competition among Type C Hospitals at national level, in conjunction with National Family Day activities.

Postpartum Family Planning materials were also integrated through maternal health class. Coverage of Puskesmas that carried out maternal health classes until second quarter of 2018 was 8507 Puskesmas (86.40%) (MOH).

Ministry of Health has also integrated postpartum contraceptive services into the maternal and neonatal health training module for health providers at primary and referral facilities, with focus on regions with the highest burden of maternal and neonatal mortality. Such training had been conducted in early 2018 at central and local levels with support of central and decentralization budget.

For those who have not covered by any health insurance scheme, since 2016 the government through MoH has also provided a Maternity Health Insurance (Jaminan Persalinan/Jampersal) to finance labour and delivery at health facilities, including postpartum family planning as the built-in package.

- 1.3. BKKBN issued a decree (BKKBN Chairperson Decree No 10/2018) on mobile outreach family planning services to reach isolated/remote areas; or areas without or with limited health facilities or health providers. The mobile outreach service also supports the areas that had momentum activities. The services covered all modern contraceptive methods including implant, IUD, male sterilization and counselling. The services were provided in a well-equipped mobile unit, supported by well-trained teams. In its operation, the mobile unit had to have close coordination with the nearest health facilities.

MOH continued its affirmative actions to support healthcare services in remote and border regions, as well as in the outermost islands. Through Special Allocated Budget on Health, MOH provided an earmarked budget of IDR 2.2 trillion (2017) and IDR 3.1 trillion (2018) to improve primary and referral healthcare facilities in remote, border regions and the outermost islands. MOH also continued to assign special team-based health professionals (including doctors, midwives, nurses, etc.) to work in such regions through *Nusantara Sehat* (Healthy Archipelago) program. Through the Nusantara Sehat program, from 2015 to December 2017 a total of 2,486 health professionals have been deployed to 128 districts in 29 provinces throughout Indonesia.

MOH, in collaboration with UNFPA, has issued the National MISP Operational and Logistic Guidelines in 2018, including the provision of FP services during crises and emergency situations. Such guidelines have been sensitized and used to train central and regional providers in nine prone-disaster areas in May 2018. The guidelines were also in the process of annexation into Minister of Health Decree and Minister of Women Empowerment Decree.

BKKBN agreed on the MOU with BNPB No. 232 / BNPB / I / 2017 and no. 27 / KSM / G2 / 2017 dated 5 September 2017 for family planning services and family development in disaster management.

**2. COMMITMENT: The Government of Indonesia will improve Contraceptive Method Mix in Indonesia by expanding the number of service delivery points capable to provide long-acting contraceptive.**

- 2.1. Under the coordination of BKKBN and the Ministry of Home Affairs, is ensuring the integration of population and family planning indicators into the local governments' Medium-term Development Plans in the era of decentralization.
- 2.2. Under the coordination of MOH and BKKBN, with support from the Indonesian Medical Association, is making sure that FP program is delivered as per the updated evidence-based standards and guidelines.
- 2.3. Strengthen population management and family development as entities in which family planning can be attributable to the achievement of sustainable development and family wellbeing.

***In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:***

- 2.1. In line with the development of national medium term plan 2020-2024, central government provided technical assistance to the development of provincial and district plans, by making sure that FP indicators, such as CPR (Contraceptive Prevalence Rate), TFR (Total Fertility Rate), ASFR (Age Specific of Fertility Rate) for aged 15-19 years old, median first age of married, growth rate and unmet need for modern contraceptives were included in the district plans, and included as main targets in regional development.
- 2.2. MoH and BKKBN, in collaboration with professional organizations (MD, OB/GYN, and Midwives associations), with support of WHO and UNFPA, has developed and/or adapted into national context several evidence-based standards and guidelines, as follows:
  - a) National Standard on FP Services (BKKBN and MOH, 2018)
  - b) Medical Eligibility Criteria (MEC) for Contraceptive Use (WHO, 5<sup>th</sup> edition, 2015), including its MEC Wheel
  - c) Selected Practice Recommendations for Contraceptive Use (WHO, 2016)
  - d) FP Global Handbook for Providers (WHO, 2016)
  - e) Decision Making Tool for FP: a Guide for CHW and their Clients (WHO, 2012)
- 2.3. BKKBN continues its commitment in strengthening and developing community based groups, such as coaching families with children (Bina Keluarga Balita, BKB), coaching families with adolescents (Bina Keluarga Remaja, BKR) and coaching families with elderly (Bina Keluarga Lansia, BKL), income generating activities group (UPPKS) which involved families as the target program. These community-based groups learned the family's eight functions in order for families to implement them in their daily activities. UPPKS is a group of family members who empower its members to raise their families' income, through economic business, such as home industries.

**3. COMMITMENT:** The Government of Indonesia will ensure the availability, quality, and supply chain management of contraceptive commodities.

3.1. The Government of Indonesia will update and revise the National Supply Chain Management (SCM) guidelines based on the results from the pilot project of three SCM models that was implemented in two provinces and nine districts.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

3.1. The new SCM guideline is being developed by BKKBN and JSI (John Snow Inc) as facilitator. The guideline will improve the existing mechanism (BKKBN system) in accordance with the environmental strategic changed as well as the inclusion of information about MoH health commodity mechanism (SCM through MoH system). The adopted models in supply chain management consist of 3 alternatives of contraceptive distribution channels that representing different geographic backgrounds. BKKBN, with support from UNFPA, developed a policy brief on contraceptive SCM that will be released this year.

**4. COMMITMENT:** The Government of Indonesia will address reproductive health needs of young people by implementing cross-sector, integrated, and comprehensive policies and strategies on sexual and reproductive health information, education, communication, and counselling through youth friendly healthcare services as well as community- and school-based programs.

4.1. The Government of Indonesia, through BKKBN and MOH, will ensure the availability of reproductive health information, education, communication and counseling to adolescents and youth.

4.2. The Government of Indonesia, led by Coordinating Ministry of Human Development and Culture, is developing National Action Plan on Adolescents' Health, which includes reproductive health programs for adolescents and youth.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

4.1. Government of Indonesia engaged young people and youth advocates in discussions and decision-making about the national family planning through counselling and ARH services for youth implemented through the GENRE program that focused on 3 areas: 1). Promotion to postpone the age at marriage: prioritizing school and career; 2) mass distribution of reproductive health information through Youth center/PIK; and 3) Promotion to carefully plan for family life.

BKKBN developed Planned Generation (Genre) modules which were taught in the youth centers (*PIK Remaja*, Youth Center for Information and Counselling) through education based (in school) and community based (for adolescent who were not in school). Furthermore, the center also provided information and counselling on delaying marriage, eight families function, triad of young reproductive health that are HIV AIDS, NAPZA and sexuality. Counselling, promotion and information were given by Peer counsellors in PIK, supported by a referral mechanism to health facilities.

BKKBN also worked closely with the Scout Movement on ARH IEC activities that included prevention of child marriage, increasing marriage age, and introduction of ARH.

MOH in collaboration with Ministry of Religious Affairs, Ministry of Education and Culture, UNFPA, UNICEF, WHO and UNESCO developed comprehensive reproductive health education modules for teacher in elementary, junior and senior high school. These modules served as a guide for teachers in disseminating knowledge, developing skills, building attitude and positive and healthy behaviour about reproductive health. The material in this module contained comprehensive information of reproductive health including the substance of puberty, reproductive organs, drugs, and healthy life skills education so that adolescents would get a complete understanding as a provision to protect them from environmental influences and risk behaviour. This module could be delivered through several approaches that were integrated with the subject, local content, core curriculum, extracurricular, guidance and counselling and enrichment and habituation.

By 2018, the implementation of reproductive health education module will be implemented through pilot model of healthy school in junior and senior high schools in selected schools in Jakarta and NTB. The activity was preceded by teacher training teams from selected schools.

On the strengthening access to quality health services for school-aged children and adolescents, the public primary health care (Puskesmas) had included Adolescent Friendly Health Services (Pelayanan Kesehatan Peduli Remaja/PKPR). The goal was to make sure that school-age children and adolescents had easy access to a youth friendly promotion, prevention, treatment AFHS activities included medical procedures, counselling, information (EIC), strengthening healthy life skills and a referral system enclosing reproductive health problems.

In 2015 until 2018, Directorate of Family Health conducted training for AFHS/ PKPR officers in providing adolescence health services. They also trained with adolescence technical medical procedures known as the Integrated Management Illness of Adolescents (Manajemen Terpadu Pelayanan Kesehatan Remaja) guidelines.

The outreach of reproductive health services for youth, who do not have access to health facilities, was strengthened through improving the role of the community development through the boy scout movement (Pramuka Saka Bakti Husada), adolescence health post activity (Posyandu Remaja), youth healthcare training, as well as through guidance services in ARH for the vulnerable teenagers (institution, jail, street children, disability, and situation). We developed the minimum initial services package for ARH in health crisis situation/disaster.

- 4.2. The GoI, under the coordination of the Coordinating Ministry for Human Development and Culture, has issued Ministerial Decree No. 1 Year 2018 concerning the 2017-2019 National Action Plan on School Age and Adolescents Health. The Action Plan addressed 8 issues of School Age and Adolescent Health including Reproductive Health

**5. COMMITMENT: The Government of Indonesia will strengthen the integrated approach for rights-based family planning (RFP) programming at the sub-national level.**

- 5.1. The Government of Indonesia, led by the Ministry for National Development Planning (BAPPENAS), established the Rights-based Family Planning Coordination team to coordinate planning and policy for family planning at central level.
- 5.2. Under the coordination of BAPPENAS, BKKBN, and MOH has developed the Rights-based Family Planning Strategy and its Costed Implementation Plan (2017-2019) and will be implemented at the sub-national level in July 2017.
- 5.3. Under MOH's leadership, the Government of Indonesia will implement the Healthy Indonesia Program, which includes family planning services among its core activities and indicators.
- 5.4. Under BKKBN's leadership is implementing the new initiative called "Kampung KB" (Village Family Planning) that will help the village communities to improve their quality of life and welfare through family planning, and family development program.
- 5.5. Improve operational mechanism at the field level in preserving FP participation through community engagement.
- 5.6. Under the coordination of BKKBN and the Ministry of Home Affairs, the Government of Indonesia will ensure the integration of population and family planning indicators into the local governments' Medium-term Development Plans with respect to decentralized administration.
- 5.7. The Government of Indonesia has made the allocation of around USD 1.6 billion for family planning programs between 2015 and 2019.
- 5.8. The annual budget allocation for family planning programs will increase from USD 255 million in 2015 to around USD 458 million in 2019, an almost two-fold increase in the proposed budget allocation for FP programs.
- 5.9. Increase in funding assistance from the central government to local governments through the Specific Allocation Fund (Dana Alokasi Khusus). The allocation will be channelled to two main institutions: through the BKKBN, the DAK is increased from USD 29.5 million annually for 437 districts/municipalities, to around USD 60 million for 492 districts/municipalities annually starting in 2017. An additional amount of around USD 1.7 billion annually is allocated through the Ministry of Health for the health program that includes maternal and child health and family planning.
- 5.10. The Government of Indonesia also commits to maintain a steady increase of the Family Planning Operational Fund between 2018 and 2020, from USD 136 million to USD 174 million to support the daily operational cost of counselling centers where family planning field workers provide counselling and implement family welfare programs with local communities, and to support activities to ensuring contraceptive commodity security.
- 5.11. The national government has made available Special Allocation Fund, transferred to the sub-national governments to cover both the operational cost for contraceptive distribution as well as the counselling centers and for physical infrastructure to better equip service delivery points.

***In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:***

- 5.1 The RFP national coordination team was established and provided guidance on the operationalization of the RFP Strategy and the CIP to the national and sub national level (piloting in 3 districts of 3 provinces, ie: Aceh Barat, Lahat, and Malang)
- 5.2 Under the coordination of BAPPENAS, BKKBN, and MOH, with support from UNFPA, developed the Rights-based Family Planning Strategy and its Costed Implementation Plan (2017-2019) and

implemented the pilot for operationalization of RFPS and CIP in 3 districts of 3 provinces (Malang in East Java, Aceh Barat in Aceh, Lahat in South Sumatera)

- 5.3 Under the Healthy Indonesia Program through Family Approach, MOH has incorporated FP indicators into the national standard of Healthy Family indicators. Such program was operational in all 34 provinces, with the Puskesmas as the lead coordinator at the frontline. It was targeted that by 2019, all the families will have been recorded under the Healthy Indonesia Program.
- 5.4 Under the Kampung KB initiative, BKKBN collaborated 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 long acting reversible contraceptives (LARCs) for poor communities at isolated areas; densely populated urban areas; fishing villages; slums and other disadvantaged areas across sub national level. From 2016-July 2018, 8063 FP villages (Kampung KB) have been established in 34 provinces in Indonesia.
- 5.5 Transfer of employment status of FP field workers (PLKB) from districts to become central staff, was undertaken to improve the operationalization of family planning program in the field. Community-based programs were undertaken through strengthening the structure of the FP field workers, capacity building of FP field workers, especially on IEC skills, family planning extension in community, family data collection.
- 5.6 In line with the development of national medium term plan 2020-2024, the central government provided technical assistance for the development of provincial and district plans. To ensure the FP programme was included under the district plans with Indicators of population, family planning and family's development, such as CPR (Contraceptive Prevalence Rate), TFR (Total Fertility Rate), ASFR (Age Specific of Fertility Rate) for aged 15-19 years old, median first age of married, growth rate and unmet need, BKKBN provided information to the provincial and district stakeholders to insert those indicators as one of main target in regional development.
- 5.7 Budget allocation for FP programme increased from USD 1.98 billion in 2017 to USD 2.33 billion in 2018.
- 5.8 The state budget for FP program allocated through BKKBN observes an increase from USD 202.97 million in 2017 to USD 407.41 million in 2018.
- 5.9 The GoI, through BKKBN, has provided Special Allocated Budget on FP to strengthen the operational activities of FP program at district and field levels. The amount of such budget increased from USD 58.8 million in 2017 to USD 172.59 million in 2018. An additional amount of state budget is also allocated through MOH's Special Allocated Budget on Health to strengthen the health system and health facilities at all levels that includes maternal-child health and family planning. The amount of such budget increased from USD 1.718 billion in 2017 to USD 1.755 billion in 2018.
- 5.10 The Family Planning Operational Fund (BOKB), which is allocated through BKKBN, increased from USD 21,680 in 2017, to around USD 133,920 in 2018. The budget covers operational development of family planning for the community by cadres and IEC supporting media and management.
- 5.11 The Special Allocation Fund, both in BKKBN and MOH, is allocated to strengthen FP program by providing budget for operational activities (non-physical menu) and physical infrastructure of health facilities (physical menu).

**6. COMMITMENT: The country is investing in South-South exchange to share experiences.**

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

The Government of Indonesia has been conducting several activities within the framework of South-South Cooperation, namely:

1. Under coordination of BKKBN, with support from MOH, Ministry of State Secretariat, UGM, UNFPA, the Government of Indonesia organized a Center of Excellence Comprehensive Family Planning Training in Yogyakarta in 2015, with participants from Afghanistan, Bangladesh and Timor Leste.
2. Under coordination of MOH, with support from Ministry of State Secretariat and JICA, the Government of Indonesia conducted the TCTP (Third Country Training Programme) on the MCH Handbook in West Sumatera on 3-8 September 2017 with participants from Morocco, Cameroon, Uganda, Kenya, Palestine, Afghanistan, Tajikistan, Bangladesh, Myanmar, Vietnam, Thailand, Philippines, and Laos.
3. Under coordination of MOH, with support from Ministry of State Secretariat and JICA, the Government of Indonesia will hold a TCTP on the MCH Handbook in Lampung on 2-7 September 2018, with participants from Afghanistan, Fiji, Kenya, Philippines, Tajikistan, Vanuatu, Laos, Vietnam, Thailand, and Uganda.
4. Under coordination of BKKBN, with support from MOH, Ministry of State Secretariat, UGM, UNFPA, Indonesian Government Center of Excellence Comprehensive Family Planning training to be held in Yogyakarta on 3-22 September 2018 with 10 participants from 5 countries from Timor Leste, Afghanistan, Bangladesh, Papua New Guinea, and Ghana.

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*Please respond to all parts of the following 3 questions:*

**1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?**

**a. What challenges have you faced in working with these groups? (please give examples)**

CSOs were involved as the co-chair of the FP2020 Country Committee and the Working Group on Rights and Empowerment and mobilized CSOs on women and rights. The CSOs group advocated for the penal code amendments that were not rights based not to be pursued by the parliament and government. CSOs supported government on the implementation of Kampung KB.

**b. How has this engagement supported reaching your FP2020 commitment?**

CSOs played an important role in advocating the fulfilment of reproductive health rights including family planning and brought them together to ensure a common platform and common agreed upon policy briefs for government and parliamentarians.

**c. Please share successes and/or lessons learned from these engagements.**

YCCP supported the central government in advocating to the local governments to increase family planning budget in districts and to provide assistance to allocate village funds for Kampung KB. The AKSI network intensively conducted campaigns and advocacy to prevent child marriage at the central and sub-national levels.

Although technically the CSOs have capacity to support the implementation of the government programme, limitations were faced especially related to sufficient funding resources.

**2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?**

All of family planning services are covered under UHC JKN. However, further improvements are being made based on analysis and discussion on the following topics:

- Equity, to fulfil the rights of the Indonesian people, especially the poor who are not BPJS members yet.
- Integration of some registration, recording reporting, systems (BKKBN, MoH, BPJS)
- Ensuring quality of FP services provided by private-public sector through credential/accreditation
- Optimizing provider satisfaction on the remuneration
- Engagement of more private sector (midwives) under the system
- Ensuring the use of standardized protocols and evidence based family planning standards and tools to facilitate improved counselling for widest informed choice

### 3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

#### a. If so, what insights were gained?

All FP2020 focal points actively participated in the 2018 Data Summit held on February 7th in Jakarta. Some insights:

- Need for synchronization of KB program data from various sources using various methods
- Need for subnational capacity building in KB program data management
- Need for consensus on indicators for monitoring efficiency and effectiveness of family planning services at all levels

#### b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

Domestic expenditures data were among the topics reviewed in the 2018 Data Summit. They were also reviewed in other separate meetings with stakeholders.

The data did not reflect the overall budget of KB, because it was only able to display the budget of BKKBN, and was not able to display the special allocation budget and operational support, the BPJS budget for KB, nor the sub-national budgets from each district.

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#### *Please provide the following information on the Government's point of contact for this update:*

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