

FP2020 Commitment Update Questionnaire 2018-2019 INDONESIA



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Indonesia, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage - www.familyplanning2020.org/indonesia - so in-country and global stakeholders alike can follow Indonesia's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including the newly appointed youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Indonesia is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org) and Chonghee Hwang (chwang@familyplanning2020.org). Should you have any questions or concerns, please contact Chonghee Hwang at chwang@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment Update Questionnaire 2018-2019 INDONESIA



The questionnaire includes 1) the 2017 revitalized commitment and elements of Indonesia's original commitment that still stand, and 2) 7 standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made** and **key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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.

As of May 1, 2019, the National Health Insurance program has covered 221,105,092 residents (*source: BPJS Kesehatan*), representing 82.5% of the total population. FP services under the NHI have benefited 17,525,654 couples of reproductive age (December 2018), up from 10,604,533 in May 2018 (65.3% increase). (*source: 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 (Sistem Informasi Keluarga/SIGA). Contraceptives and other supporting facilities were supplied to the FP facilities that had been registered in that system. Furthermore, BKKBN has the responsibility of providing contraceptives to the FP health facilities, based on e-Catalogue procurement system.

The Gol continues its commitment to improve access to FP services by providing more BPJS-affiliated healthcare facilities. As of May 1, 2019, numbers of BPJS-affiliated primary health care facilities increased by 3.67% from 22,251 units (July 2018) to 23,067, 21,874 of which are eligible for providing FP services nationwide (*source: BPJS Kesehatan*). Meanwhile, a 3.75% increase had been observed among BPJS-affiliated referral healthcare facilities from 2,398 units (July 2018) to 2,488 units (May 1, 2019) (*source: BPJS Kesehatan*).

Accordingly, BKKBN has also been synchronizing with Ministry of Health and BPJS-Health to record data on health care facilities both for private and public.

The remaining issue to resolve is whether the three parties could use the similar code number for those health care facilities.

1.2 Ensure that postpartum and post-abortion women have access to post-pregnancy family planning counselling and services pre-discharge.

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 health care facilities, family planning services include basic of family planning services; pills, injections, condoms, implants, IUDs, and male sterilization, whereas female sterilization is provided in referral health care facilities by referral system. Family planning acceptors who had membership of insurance were covered by National Health Insurance program. BKKBN conducted regular meetings with stakeholders to increase the commitment and dissemination of information on postpartum services.

Postpartum Family Planning materials were also integrated in maternal and child health handbook, mother class for pregnant women and under five children, and IEC materials. Coverage of Puskesmas that carried out maternal health classes until end of 2018 was 9,456 Puskesmas (94.63%) (source: Ministry of Health).

Ministry of Health and BKKBN together with development partners have conducted training on postpartum and post-abortion FP services. Ministry of Health has 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 since 2018 at central and local levels with support of central and decentralization budget. BKKBN and JHPIEGO have conducted training on postpartum FP services in 6 provinces since 2017.

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 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.

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 methods including implants, IUDs, male sterilization and counselling. The services provided in a well-equipped mobile unit services, 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 health care 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 2018 a total of 7,377 health professionals have been deployed to 258 districts in 29 provinces throughout Indonesia (source: Ministry of Health).

MoH, in collaboration with UNFPA, has issued the National MISP (Minimum Initial Service Packages) Operational and Logistic Guidelines in 2018, including the provision of FP services during crises and emergency situations. The guidelines have been sensitized and used to train all Provincial Health Officers in April 2019. The guidelines were also incorporated into Minister of Health Decree concerning Minimum Standard of Health Services at provincial level.

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. In term of FP services in remote and border regions, and outermost islands, BKKBN has served 78.174 FP clients during Juli 2018 to May 2019 depicted from 11 main activities of FP services in the remote areas and outer islands, namely: Army Build Villages or *Tentara Manunggal Membangun Desa* (TMMD), Health-FP Division of Army (TNI/KB-Kes), Health-FP Family Welfare Empowerment (PKK/KB-Kes), Health-FP Division of Police (Polri/KB-Kes), Health-FP Division of Indonesian Midwives Association (IBI/KB-Kes), Special Segmentation, Expedition of Republic Indonesia (NKRI), Transmigration, Islands, Faith-based Organization Muslimat NU/Aisyah, and Riverbank/ Coastal areas.

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *By the end of 2019, the National Health Insurance program aims to cover all of the country's population by which family planning services will be available to at least 2.8 million additional users between 2015 and 2019, while maintaining services at least 30 million current users.*

Based on Performance Monitoring Accountability Survey (or SKAP) conducted by BKKBN, additional users for FP in Indonesia has been progressing over years from (731,957) clients in 2017, to became (860,347 clients) in 2018.

b) *Please mark X below how you assess progress toward elements of your commitment:*

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) *If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?*

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.

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, population growth rate and unmet need for modern contraceptives were included in the provincial and district plans, and included as main targets in regional development.

Several population and FP parameters were already incorporated into Local Medium Term Development Plans (or RPJMD). From July 2018 to May 2019, has shown that 48 percent of provincial and district governments across nationwide has already accommodated FP and population parameters into its RPJMD (source: BKKBN).

- 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.

MoH and BKKBN, in collaboration with professional organizations (MD, OB/GYN, and Midwives associations) and Universities (Gadjah Mada University and Universitas Indonesia), with support of WHO and UNFPA, have 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, 5th 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)

All the guidelines have already been printed, disseminated nationwide, and used for the module of comprehensive FP training, both at national level (pre-service, in service), and international level (under South-South Triangular Cooperation framework).

- 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.

BKKBN with related stakeholders attempted to mainstream population management issues into sustainable development program, through development of Grand Design for Population Development (or GDPK). Furthermore, the implementation progress of the GDPK is measured through Index of Population-vision Development (or IPBK) which measures to what extent local development has accommodated issues and parameters of population. One of its strategies is incorporating population parameters into Local Medium Term Development Plans (or RPJMD). From year 2015 to 2017 all provinces in Indonesia have been measured its IPBK index and the result was Bali and Yogyakarta collected the highest rate for its IPBK.

BKKBN continues its commitment in strengthening and developing community based groups, such family empowerment for under five children (Bina Keluarga Balita, BKB), family empowerment for youth (Bina Keluarga Remaja, BKR) and family empowerment for elderly (Bina Keluarga Lansia, BKL), family income generating group (Upaya Peningkatan Pendapatan Keluarga Sejahtera, UPPKS) which involved families as the target program. These community-based groups learned the family's eight functions (religion, social and culture, love, protection, reproduction, socialization and education, economy, and environmental development) 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.

Government of Indonesia has also developed specific guidance concerning family development, e.g. children development, parenting skills, and increasing quality elderly.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

According to BKKBN data related to the Performance Monitoring Accountability Survey (or SKAP) year 2017 and 2018, the trend of proportion for Long-Acting FP Method (or MKJP) has been substantially increasing from 21,5 percent (2017) to became 23,1 percent (2018) indicating more FP clients in Indonesia has shifted their contraceptive choices to MKJP methods.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Increased proportion of long-acting contraceptive users*

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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

3.1 The Government of Indonesia (GoI) 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.

The new SCM guideline has been developed by BKKBN and JSI (John Snow Inc) as facilitator in 2018. The SCM guideline has been revised in early 2019 to 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).

Study conducted in collaboration between BKKBN and JSI in two piloting provinces and nine districts has been completed in 2017, the report has been submitted to BKKBN high officials. Its policy brief has also been submitted as inputs for revising BKKBN Decree Number 286/PER/B3/2011 on Guidelines of Receiving, Storage and Distribution of Contraceptive. The upcoming revision is still expecting signature by Head of BKKBN.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

There has been considerable declining of the trend of contraceptive stock outs in Indonesia, from December 2017 to December 2018:

- For IUD , the percentage of its stock outs has declined from 22% to 21%
- For Implant , the percentage of its stock outs has declined from 26% to 25%
- For Injectable, the percentage of its stock outs has declined from 20% to 18%
- For Pills, the percentage of its stock outs has declined from 17% to 15%
- For Condoms, the percentage of its stock outs has declined from 38% to 27%

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Decline of contraceptive stock-out rates at sub-national levels*

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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 IEC materials related to reproductive health.

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 family planning.

Below are several activities conducted by Government of Indonesia:

- 1) Developed since 2003, Adolescent Friendly Health Service (AFHS) Program in Primary Health Care (Puskesmas) aims to improve access to health service in Adolescent. A comprehensive service is promoted in AFHS, covering promotive, preventive, curative and rehabilitative care through the provision of clinical healthcare, health information, counselling, healthy life skills building and appropriate referral systems.
- 2) BKKBN developed Planned Youth 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 out-of-school adolescent). Furthermore, the center also provided information and counselling on delaying marriage, eight families function, triad of adolescent reproductive health that are HIV AIDS, addictive substances (tobacco, alcohols, narcotics and psychotropic/ NAPZA) and sexuality education. Counselling, promotion and information were given by Peer counsellors in PIK, supported by a referral mechanism to health facilities. The core substances related to adolescent RH (puberty, sexuality, reproduction, adolescent nutrition and health, risky behaviours (STIs, HIV/AIDS, drugs abuse) and harmful practices (including early marriage and unsafe abortion).

- 3) MoH in collaboration with Ministry of Religious Affairs, Ministry of Education and Culture, UNFPA, UNICEF, WHO and UNESCO developed Healthy School Model that implement various activity namely: health education (health literacy, the importance of breakfast by having breakfast together, Clean and Healthy Lifestyle (PHBS)), health services (health screening, immunization), healthy environment (healthy canteen, cleanliness, yard utilization, peer counsellor) integrated in daily learning activities. To complete the whole program, the Healthy school model is also strengthened by implementation of comprehensive reproductive health education modules for teacher in elementary, junior and senior high school. These modules served as a tool 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. In 2019 the module has been trained to trainers from the ministry of education and gradually will be carried out to all teacher throughout Indonesia. Until December 2018 there have been 334 elementary schools throughout Indonesia, 5 junior high school and 5 high school in Jakarta that implement healthy school model.
- 4) In 2015, MoH in collaboration with WHO introduces a new approach, the integrated Management of Adolescent Illness (IMAI), to strengthen AFHS in primary care by ensuring the quality service systematically and effectively delivered to adolescent. There has been 6,204 Adolescent Friendly Health Service Primary Health Care (Puskesmas PKPR throughout Indonesia until 2018 (62.08%).
- 5) BKKBN in collaboration with JHUCCP, Rutgers WPF Indonesia and Plan International Indonesia has assigned the third party to conduct study on mapping the materials of Comprehensive and Segmented Adolescent

Resilience. In July 2019 its preliminary results will be presented among related ministries.

- 6) BKKBN in collaboration with JHUCCP and CSO Rifka Annisa Women's Crisis Center has conducted a workshop for Peer Counsellors who manage Social Media Division of the Center for Information and Counseling for Adolescents (or PIK Remaja/Genre). Also BKKBN has attempted to develop a standard of competency for Peer Educators and Peer Counsellors. The ultimate goal is to improve facilities of training and education related to Peer Educator and Peer Counsellors.
- 7) Developed modules on Adolescent Reproductive Health for Teenagers at Elementary School or equal, Junior High School or equal, and Senior High School or equal.
- 8) BKKBN involves Scout Movement (Pramuka Saka Kencana) on Adolescent Reproductive Health (ARH) IEC activities that included prevention of child marriage, increasing marriage age, and introduction of ARH. BKKBN also collaborate with District Education Office (Dinas Pendidikan) at district level to develop Population Alert School (Sekolah Siaga Kependudukan/SSK) with one of its substances is on ARH. Currently during period June 2018 to May 2019, there are 782 population-minded schools or SSK are already established nationwide.
- 9) Ministry of health involves Boy Scout Movement (Pramuka Saka Bhakti Husada), Adolescent integrated health post (Posyandu Remaja) as well as acknowledges the participants of adolescents and youth in delivering basic reproductive health service. In December 2018, there have been 200 adolescent health post that carried out by adolescent in Village/sub district level. Various guidelines have been developed to support this goal, including essential health care guidance for street children, disabled children, children in prison and children under disaster/crisis situation.

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.

The Implementation of the National Action Plan on School Age and Adolescents Health allows other ministries to know, relate, understand adolescent health issues and participate in improving the health of the school age children and adolescents. However, coordination and strategic efforts still needed to optimize the collaboration of program implementation that has been established. Currently, the Government of Indonesia is in the process of drafting the 2020-2024 National Action Plan on School Age and Adolescents Health.

The Government of Indonesia has already drafted the Coordinating Minister for Human Development and Culture Decree Number 1 year 2019 concerning National Action Plans on Children at School Age and Adolescent Health.

4.3 The Action Plans **covers** the guidelines on policy formulation, program planning, program implementation on school-age children and adolescents' health for related ministries and CSOs, including privates sectors and academics.

The national action plans aimed to reduced and prevent health problems among school-age children and adolescents, covering eight strategic issues, namely: 1) reproductive and sexual health, 2) HIV/AIDS, 3) addictive substances (tobacco, alcohols, narcotics and psyhotropics/NAPZA); 4) nutrition, 5) violence and injuries, 6) mental health, 7) individual sanitation and hygiene;

Role and responsibilities of related ministries and other parties as mentioned in the drafted national action plans.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Age Specific Fertility Rate (ASFR) 15-19 years has been declining from 48 per 1000 women age group 15-19 years (IDHS 2012) to become 36 per 1000 women age group 15-19 years (IDHS 2017).

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Reduced ASFR 15-19*

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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.

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 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.

Under the coordination of BAPPENAS, BKKBN, and MOH, with support from UNFPA, developed the Rights-based Family Planning Strategy (RFPS) and its Costed Implementation Plan (CIP) in 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). The Rights-Based Family Approach and CIP have been accommodated into Regional Action Plans as well as Regional Medium-Term Development Plans in those three districts as above.

Based upon learning experiences during its implementation, one of the districts namely Malang in East Java has been successfully piloting the initiatives on contraceptives for Women at Risk (Contra War). The initiatives were implemented since late 2017, basically to ensure women at high risk to adopt Family Planning first while preparing their pregnancies. During this preparation, all complications and health risks to be treated and this was effectively preventing persistent high maternal deaths in Malang. Data from the Family Planning Office of Malang District indicated that during 2017 there were 38 maternal death cases, while after the implementation of Contra War until early 2019 there was only one maternal death case and this referred to migrant patient from other district.

- 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.

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.

From the results of the evaluation of the implementation Healthy Indonesia Program through Family Approach as of April 1, 2019, 49.69% family have been visited and received early intervention. Out of 12 national indicators, family follows FP program indicator reached 50.62%.

- 5.4 Under BKKBN's leadership is implementing the new initiative called "Kampung KB" (Family Planning Village) that will help the village communities to improve their quality of life and welfare through family planning, and family development program.

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 Family Planning villages (Kampung KB) have been established in 34 provinces in Indonesia.

Since year 2017 until 2019 there was 108 percent increase of the number of family planning villages in Indonesia (from 6.908 in 2017 to become 14.389 in 2019) indicating the growing commitments of local government to adopt family planning program in collaboration with others development sectors.

Among those family planning villages, there are 35 piloting/referral family planning villages which basically each province is represented by one piloting/referral family planning villages.

- 5.5 Improve operational mechanism at the field level in preserving FP participation through community engagement.

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.

Until May 2019, the number of FP field workers in Indonesia accounts for 15,002 officials, which is 40 percent of them are located in Java Island. Those FP field workers are currently transferred to become central government officials according to Indonesian Law number 23 year 2014. Among those 15,002 officials, 52 percent of them are categorized of requiring further capacity development.

- 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.

BKKBN has developed advocacy team on population, family planning, and family development program both at national and sub-national level since 2017. The missions of the advocacy team are to advocate as well as to facilitate the local government in integrating population, family planning, and family development program into Regional Medium-Term Development Plans (RPJMD).

As a result, there are currently 50 percent from total 541 districts in Indonesia have been able to incorporate parameters of population, family planning, and family development program into their RPJMD.

- 5.7 The Government of Indonesia has made the allocation of around USD 1.6 billion for family planning programs between 2015 and 2019.

In total, between 2015-2019, the budget allocation for FP programs was USD 1.9 billion which exceeded the target of USD 1.6 billion allocation in the commitment

- 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.

In 2015, budget allocation for FP programs was around USD 278 million, increased in 2016 with total USD 315 million. The allocation was then followed by increase almost two times in 2018 with total USD 565 million. In 2019 the budget allocation slightly decreased with total USD 458 million.

- 5.9 Increase in funding assistance from the central government to local governments through the Specific Allocation Fund (Dana Alokasi Khusus). Government of Indonesia has channelled the fund through MoH accounted for

USD 60 million for 492 districts in year 2017 to increase amounted USD 744 million for 548 districts in year 2018.

Through the scheme of Specific allocation Fund (DAK), the Government of Indonesia has channelled the fund through BKKBN accounted for USD 35.7 million for 492 districts in year 2017 to increase amounted USD 37 million in 2018, and USD 46 million for 508 districts in year 2019, mainly to disburse physical procurement in BKKBN or there was 20.5 percent increase of DAK allocation between these years (based on BKKBN data, MORENA Application 2019). Through the scheme of Ministry of Health allocated special allocation fund (DAK) consisting of physical and non-physical components for total USD 1.8 billion in 2018 and increased in USD 2.1 billion in 2019 to cover health programs including maternal child health.

- 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.

The Family Planning Operational Fund (BOKB), which is allocated through BKKBN, increased from USD 166 million in 2018 to USD 185 million in 2019. The budget covers operational development of family planning for the Kampung KB and information, education, communication (IEC) where field officer provide counseling and implement family welfare programs with local communities.

- 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.

The Special Allocated Fund, both in BKKBN and MOH, is allocated to all (508) district governments to strengthen FP program by providing budget for operational activities (non-physical menu) and physical infrastructure of health facilities (physical menu).

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Comparison of BKKBN's budget allocation from 2018 to 2019 is as follows:

2018 = USD 398 million

2019 = USD 272 million

The reason for the lower budget application in 2019 is subject to government's efficiency and refocusing the development priorities.

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- Improved family planning programming at the sub-national level

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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

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 established a Center of Excellence for Comprehensive Right Based Family Planning Training in Yogyakarta since 2015, with participants from Afghanistan, Bangladesh and Timor Leste. This activity was also held in Yogyakarta on 3-22 September 2018 with 10 participants from 5 countries from Timor Leste, Afghanistan, Bangladesh, Papua New Guinea, and Ghana.
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. This activity was also held in Lampung on 2-7 September 2018, with participants from Afghanistan, Fiji, Kenya, Philippines, Tajikistan, Vanuatu, Laos, Vietnam, Thailand, and Uganda. TCTP will hold in North Sulawesi on September 2019 with participants from Lao PDR, Cambodia, Kenya, Myanmar, Tajikistan, Afghanistan.

3. CoE International FP training 2019 in Yogyakarta (BKKBN) attended by Afghanistan delegates has been conducted in April 2019 through tailor-made typed mechanism.

4. Muslim Religious Leaders (MRL) Training Program (BKKBN)

5. Autonomous Regional Muslim Mindanao (ARMM) Training Program (BKKBN)

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 7 questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) **into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

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.

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

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.

One of the CSO namely, Yayasan Cipta Cara Padu (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 Child Marriage network (AKSI) intensively conducted campaigns and advocacy to prevent child marriage at the national 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.

As mandated through Indonesian Law Number 52 year 2009 concerning population development and family development, the involvement of youth and adolescent to improve their knowledge as future parents to decide and or negotiate their reproductive rights responsibly, especially regarding: 1) Age at first marriage, 2) Age at first child bearing, 3) The ideal number of children, 4) The ideal space between births, and 5) RH counseling (Article 21).

Whereas in the framework of family development, the involvement of youth and adolescent to enhance their preparedness in building family with eight functions, through providing access to information, education, counseling, and services (Article 48).

According to government decree Number 87 year 2014 concerning the population development and family development, family planning, and family information system, stated that the policy of family development is directed to the development of family welfare and resilience, among others through involvement of youth and adolescents through center for information and counseling on ARH (Article 22).

This center is purely developed from, by, and for the youth themselves. The strategy is through peer group system which involves peer educators and peer counselors. By May 2019 there are total 25.005 centers nationwide, among others mostly located in the family planning villages. Furthermore, BKKBN also developed collaboration with related ministries to establish the center in shelters, social institutions, children prisons, religious boarding schools, and other marginal groups.

In addition, elderly also puts high attention toward the achievement of FP2020 indicators in Indonesia through improvement of life quality among elderly to become productive and meaningful life. One of the innovation is through development of family groups living with elderly, to share and educate each other about caregiving elderly.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

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
- Regulation synchronization with regard to health services including FP under the UHC program.
- Improvement of the data quality on health facilities which are collaborating with BPJS-Health and has been registered into BKKBN information management system.
- Ensure the availability of the contraceptive supplies for the members of BPJS at the health facilities.
- Development of regulations related to fulfilment of contraceptive commodities for the BPJS members at the health facilities as for mandated by Presidential Decree Number 82 year 2018.

3. Has your Government organized the 2019 data consensus workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

The data consensus workshop for this year 2019 has not yet been conducted. However, last year in February 2018 the workshop has already been held, involving related ministries, universities, and research centers. The workshop was mainly discussing various data source in Indonesia which are produced by various stakeholders. The workshop attempted to reach consensus among the audience toward a certain indicator data to be used for describing a certain variables or issues. The workshop also identified challenges and recommendations to improve data quality as well as to set up next actions for intersectoral coordination.

Subsequently, on 7 August 2018, there was a follow-up coordination meeting on data consensus for FP2020 that was also organized by BKKBN. The meeting examined the preparation of BKKBN's Family Enumeration Data and also data processing system assisted by recent technology.

- b. Were domestic expenditure 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.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Government of Indonesia implements Minimum Initial Service Package Reproductive Health in health crisis situation, including FP services. During facilitation of emergency response the earthquake disaster in West Nusa Tenggara, Government of Indonesia delivered family planning services for 179 injectable clients, 56 pill clients, 1 IUD client, and 9 implant clients with total accounted for 245 clients.

Whereas in Central Sulawesi following the tsunami disaster, there has been family planning services delivered to total 1.123 clients, namely 264 pill clients, 722 injectable clients, 43 IUD clients, and 94 implant clients.

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?

Budget allocation for population, family planning, and family development program which is channeled through grant scheme is as follows:

- a. In kind UNFPA direct grant for expertise, namely UNFPA 9th country program with the project number 27KR7AMA dated 29 March 2016 accounted for USD 1.726.817
- b. In kind JHCCP direct grant for expertise with the project number 257CGQ7 which later confirmed by handover document dated 18 May 2018 accounted for USD 3.513.646

Those two in kind direct grants benefitted BKKBN in term of filling the gaps for the government development programs that have not yet funded adequately.

6. Have you worked to improve quality of care/rights based family planning in your programs?

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

The Government of Indonesia through BKKBN has mandated its policy to provide contraceptive services for both Long-acting methods (such as IUD and implants) for all eligible couples, as well as providing Short-acting methods especially for UHC members.

BKKBN also encourages all FP clients to adopt long-acting methods (tubectomy, vasectomy, IUD and Implants) in order to reduce drop-out rates. Types of contraceptives provided by BKKBN covering 5 options: contraceptive oral combination, Implants, IUDs; and condoms.

IEC material in the form of printed, electronic, audiovisual and also website aimed to support FP services have also been disseminated throughout the country, informing strengths and limitations including its side effects possibility. Subsequently, counseling on FP services delivered by health personnel can be performed through provision of decision making tools.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Yes, family planning clients in health care facilities are usually offered to fill in questionnaire after they receive FP services, to assess their satisfaction toward the service that they received

- c. Are your clinics open to improve accessibility and availability of services?

Yes, both government and private FP clinics in Indonesia are encouraged to improve accessibility and availability of services, especially that currently Indonesia running the FP services under national health insurance program (JKN) through BPJS. This policy implies various monitoring, evaluation, and certification for service quality in FP clinics owned by private or public sectors

- 7. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

The FP2020 initiatives in Indonesia consistently involve all related stakeholders both national and international level. With regard to the post-2020 agenda, Indonesian stakeholders from ministries, universities, NGOs, research centers, and also private sectors are given optimum opportunity to participate and to share their views onto this consultation process, through coordination meetings, conference call, attending high level summit or conferences, and guest lectures.

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