



REFERENCE GROUP MEETING

*Progress achievements towards FP2020 in Indonesia
October 2015*



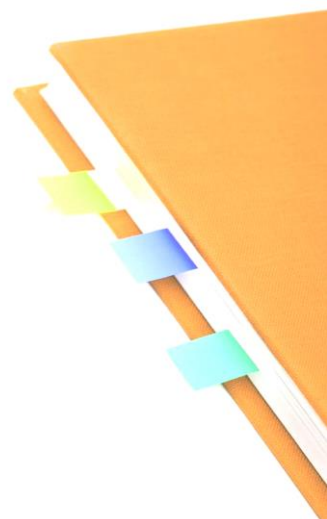
By:

Reference group member from
National Population and Family Planning Board Indonesia

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Outline

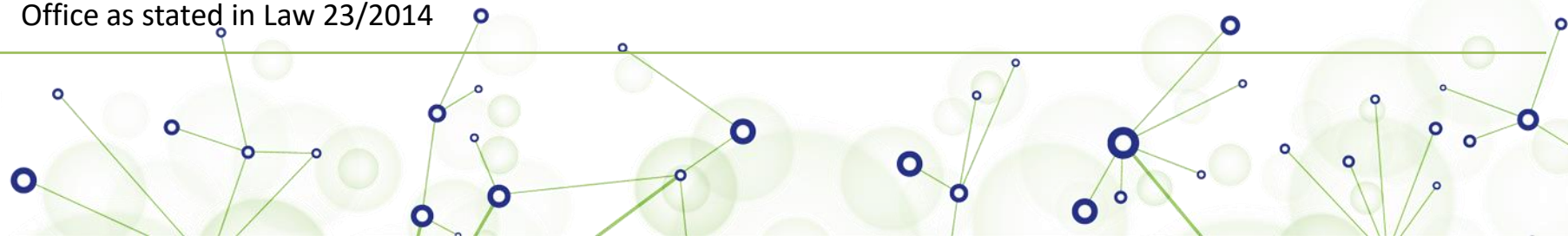
1. FP2020 Commitment Status Report
 2. Challenges & Success in Reaching the 2012 Commitment
 3. Report on programs funded from BMGF
 4. Report on UNFPA support for FP program
 5. How FP2020 can Support Accelerating Progress at the Country-Level
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FP2020 Commitment Status Report (1)

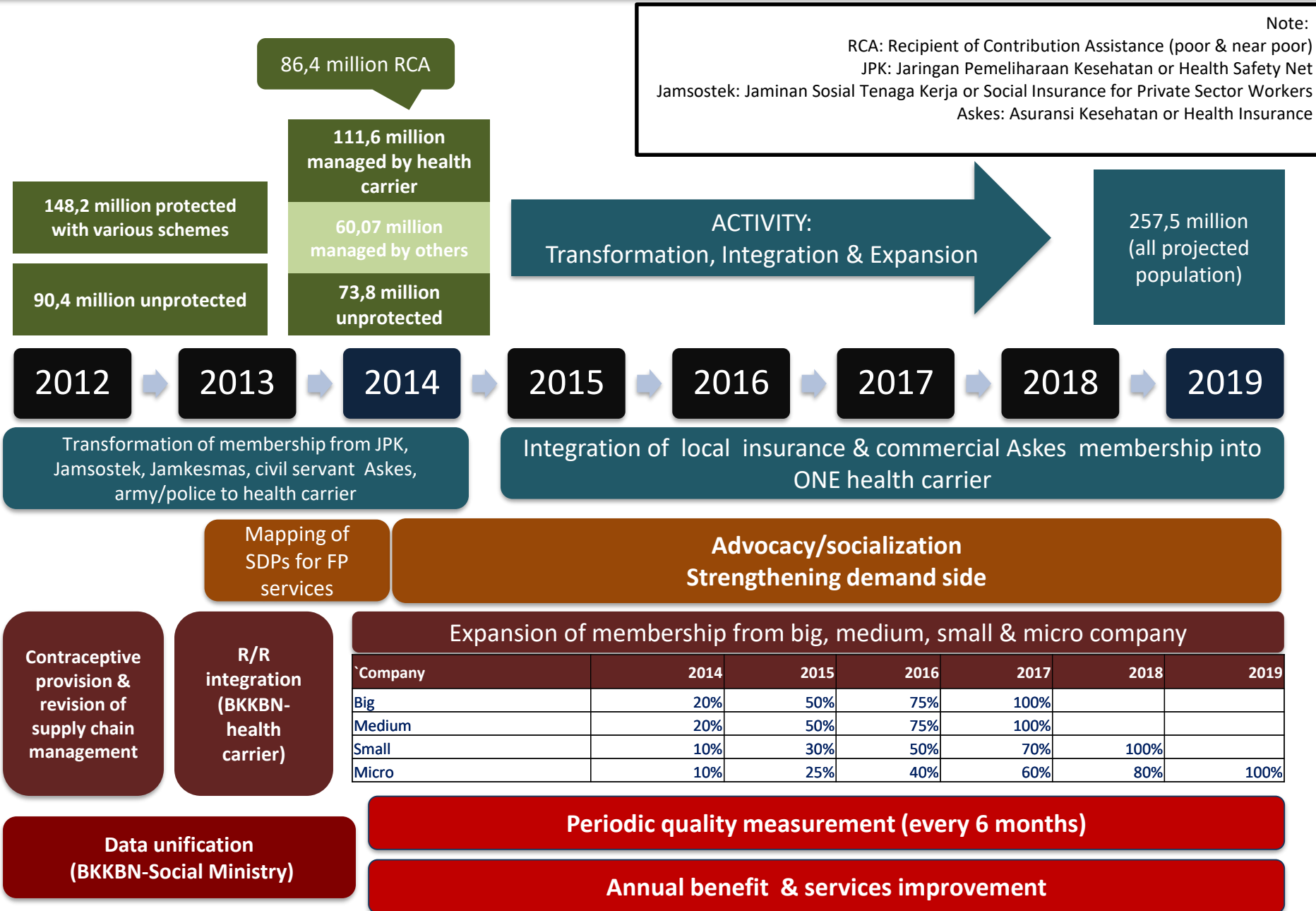


Commitment Updates

Policy & Political Commitment	Financial Commitment	Program & Service Delivery Commitments
<ul style="list-style-type: none">• Indonesia launched national health insurance program (NHIP) in 2014 and aims at achieving universal health coverage by 2019.• Third national medium term of development plan (2015-2019) has published as a guidance for a detailed national plan focusing on expanding access to and enhancing quality of family planning services in the context of NHIP .• Indonesia clearly defines the division of authority among central, province and district FP Office as stated in Law 23/2014	<ul style="list-style-type: none">• 11% & 18% increase of Indonesia state budget & Specific Allocation Fund during 2012 and 2014• Multiple donors are involved in the primary healthcare system strengthening program working specifically on the FP portion of the program.• A commitment of USD \$28 million has been made through a multi-stakeholder partnerships.	<ul style="list-style-type: none">• Development of models on FP management adaptable to local context through KB Kencana New Initiative• Development of models on supply chain management to address some challenges at the district level• Facilitating the existence of private midwives in the NHIP as sub health facility contracted by the health carrier.• Establishment of Center of Excellence of Comprehensive Rights-based FP at Gadjah Mada University, Yogyakarta, formed as an implementation of South-South Cooperation



Road map to UHC 2019

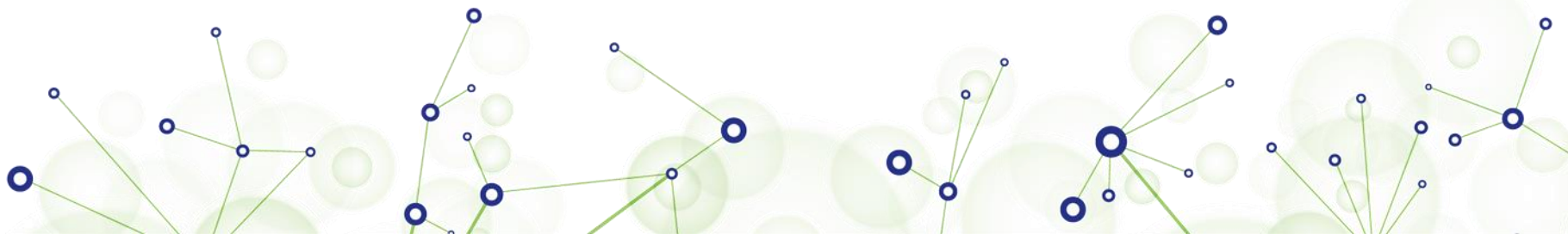


FP2020 Commitment Status Report (2)



- **FP2020 Country Committee**

- Supported by UNFPA
- Two-monthly meeting, attended by 50-70 people.
- Participated by representatives of government, development agencies, donors, NGOs, academicians
- Partners matrix is developed and updated regularly
- Two working groups (WG) were established:
 1. WG FP strategy
 2. WG Rights & Empowerment



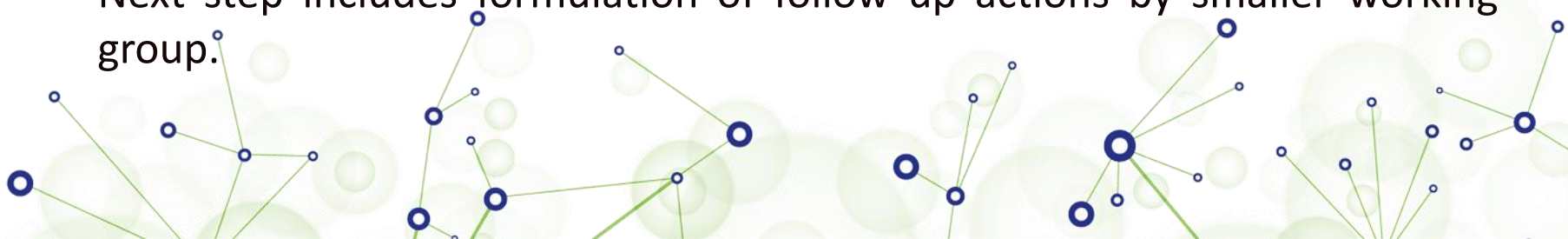
Working Groups of FP2020 Country Committee

1. WG Family Planning Strategy

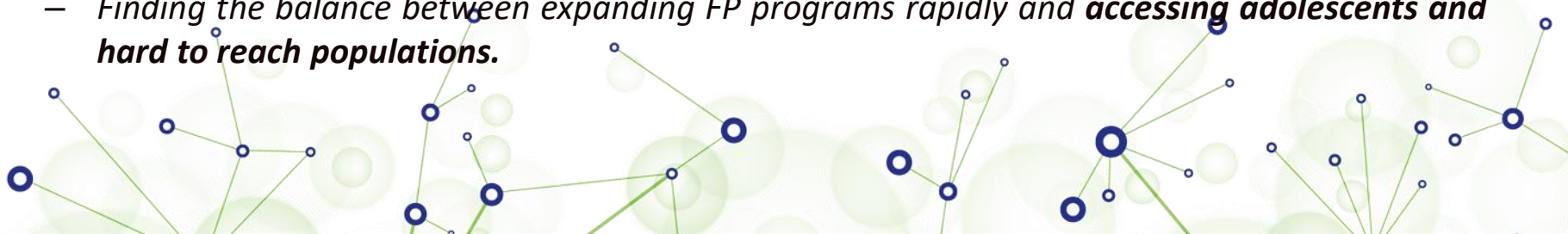
- Development of Rights Based Family Planning Strategy (UNFPA support)
- Involving various sectors, professional organization, private companies, NGOs, women activists

2. WG Rights and Empowerment

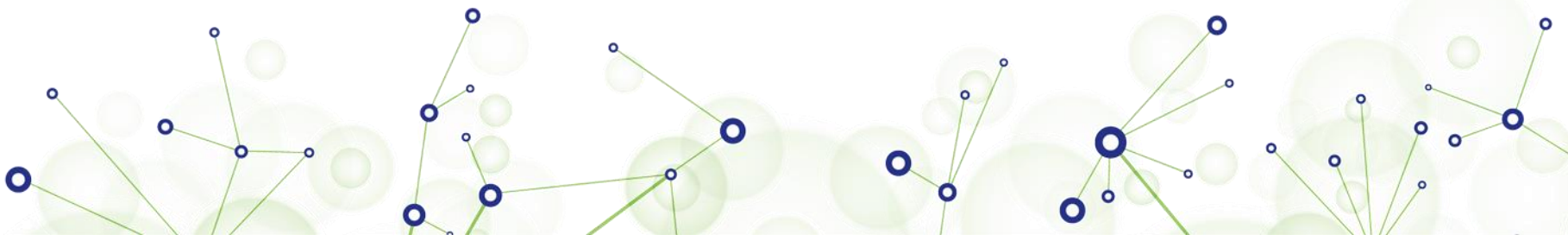
- Conducted a study on KAP on FP in Jakarta, Denpasar and Mataram (Ford Foundation support). The report is available
- The study presented in FP2020 meeting in June 2015 and in a stakeholders-NGOs meeting in 6 October 2015 and received positive feedbacks and inputs
- Next step includes formulation of follow up actions by smaller working group.



- **How Indonesia's FP2020 commitment has made a difference at the country-level**
 - **Mainstreaming FP program** as an essential component in the national population management particularly to reach demographic dividend and health development;
 - **Ensuring quality of right based FP services;**
 - **Balancing demand generation and supply side intervention** to minimize unmet need;
 - **Promoting accountability through improved monitoring and evaluation.**
- **Barriers to fulfilling the 2012 commitment**
 - **Uneven forms of FP institution** at sub-national level leading to insufficient, inconsistent and **unpredictable funding;**
 - **Social, cultural, policy and financial barriers to effective demand;**
 - **Weak control over supply chains** that result in contraceptive stock-outs;
 - **Limited and unequal distribution of capable health provider** in providing a wide range of contraceptive methods particularly long acting and reversible contraceptives (LARCs);
 - **Private midwives are not acknowledged in the primary health care** contracted directly to the health carrier;
 - **Finding the balance between expanding FP programs rapidly and accessing adolescents and hard to reach populations.**



- **What is being done to fill gaps in Indonesia's FP2020 commitment?**
 - Developing **advocacy strategy to local government** for more sufficient investment in FP program
 - **Advocating NHIP regulatory change** concerning FP financing at the secondary health facility and possibility to recognize mobile services in that scheme to Ministry of Health;
 - Ensuring **the need of contraceptives for all beneficiaries** of national health insurance program (NHIP);
 - Strengthening **public private partnership** 'in filling the gap' issues related to more accessible FP service;
 - Improving **skill retention of trained provider** by developing 'on the job training' method;
 - Piloting three models in **supply chain management** representing different geographic backgrounds;
 - Emphasizing commitment to **reduce disparity of key FP indicators** among provinces by addressing services to hard to reach populations.
 - Improving **FP program's accountability** by designing better monitoring and evaluation

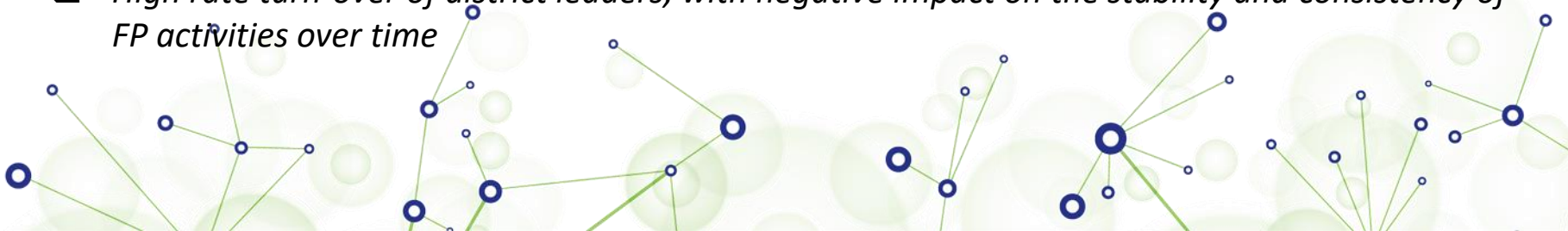


Challenges of connecting with hard to reach populations?

- **On the demand side:**
 - ❑ **Resistant ideology** to conceive FP use in few conservative communities;
 - ❑ Views 'more children, more wealth can be generated' is still believed;
 - ❑ **Rampant myths/misconceptions** about side effects or complications of contraceptives;
 - ❑ Lack of number and capability of **family planning field worker** to promote small & prosperous family norms at the grass root level.

- **On the supply side:**
 - **Limited access** to a wide range of contraceptives;
 - Absence or **poor competency** of health provider;
 - Non functioning health system particularly **referral system**;
 - Poor **quality standard** of existing health facility.

- **On the strategic environment:**
 - ❑ **FP is not prioritized** at the local government development agenda;
 - ❑ High rate turn-over of district leaders, with negative impact on the stability and consistency of FP activities over time



Report on programs funded from BMGF

Areas of intervention

Implementing partners *(in collaboration with BKKBN)*

1.

Increase the demand and evidence based advocacy for family planning *(preferably long acting & reversible contraceptives/LARCs)*



2.

Improve supply chains, systems and service delivery models *(IUD Post placental—on the job training)*



3.

Public private partnership in ensuring the availability of contraceptive in private midwives *(IUD & implant)*



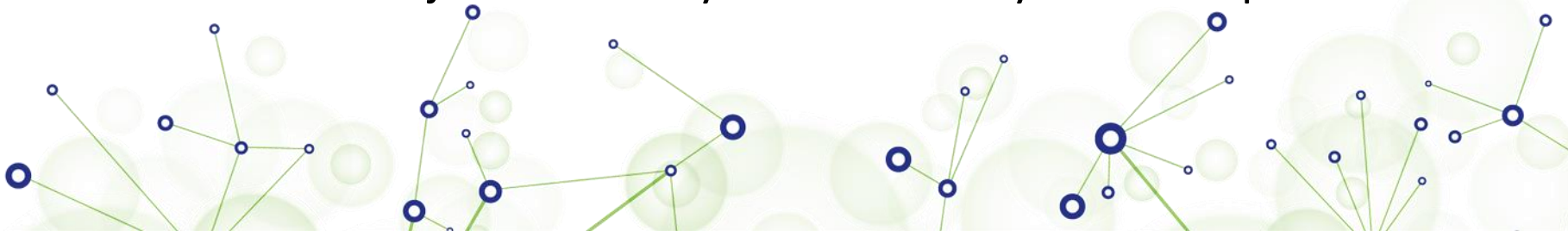
4.

Promoting accountability through improved monitoring and evaluation



‘MyChoice’ Updates

- Assessments completed for all components (SBCC, SCM, facility/PFP) and being analyzed
- Strategic Leadership for Health Communication capacities strengthened at the BKKBN provincial level through training
- Consumer focused smartphone app launched and social media campaign ongoing
- District Level advocacy starting up in Central Java followed by the other 3 districts
- Mentoring activities for Postpartum Family Planning ongoing
- Supply Chain Management provincial and district dissemination/work planning workshops starting in mid-October
- Electronic Tablet job aide ready for community outreach personnel



Creating Greater Balance of Contraceptive Availability In Private and Government Sector



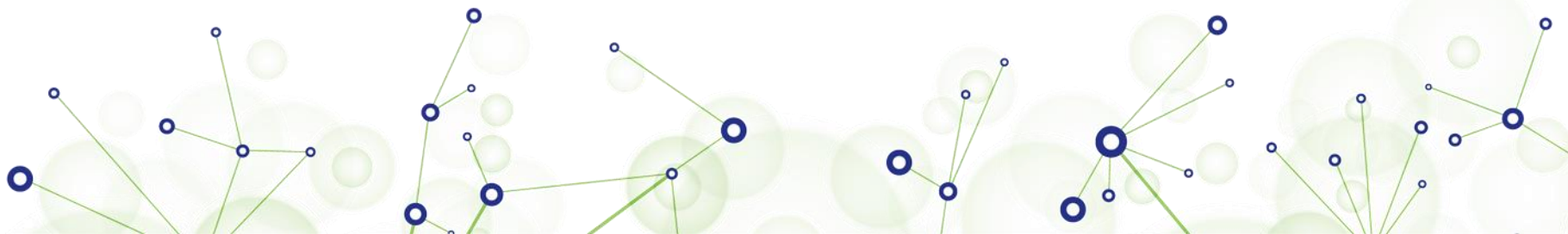
One Stop Shop for Family Planning Solution

Andalan branded contraception are available in more than 40,000 outlets nationwide.



Working with Indonesian Midwives

In efforts to increase modern methods uptake, DKT Indonesia have conducted capacity building sessions for more than 50,000 midwives in the past 5 years.



PMA 2020: Progress so far

- Territorial coverage

- 33 provinces, estimated to represent national level
- All districts and all sub-districts in South Sulawesi

Coverage	Number of Block Census (BS)	Number of respondent	Number of SDPs	The distribution of BS
National	312	10.920	936	In 33 provinces
South Sulawesi Province	25	875	75	All districts
Makasar City	35	1.225	105	All sub districts

Rationale:

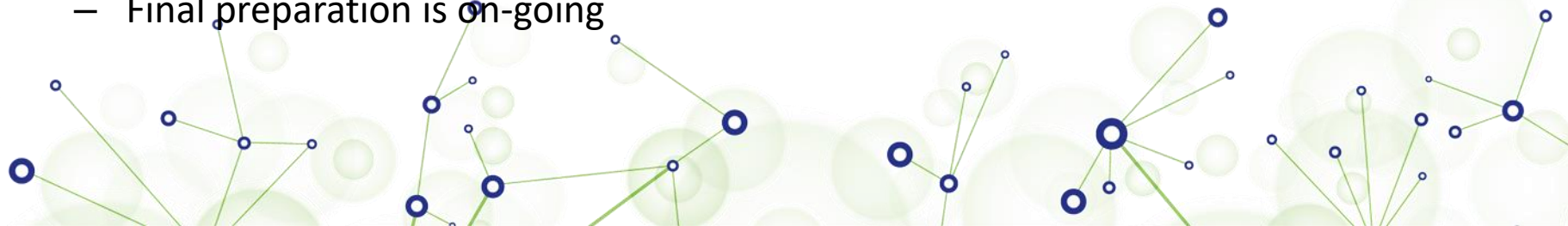
To measure access, equity, quality and choices of FP services.

All indicators are based on age, marital status, wealth quintile, education, district, urban-rural residence.

Data collection:
Contraceptive use, discontinuation & possible reasons, unmet need

• Progress report on 4th International Conference on Family Planning, Nusa Dua, 9-12 November 2015

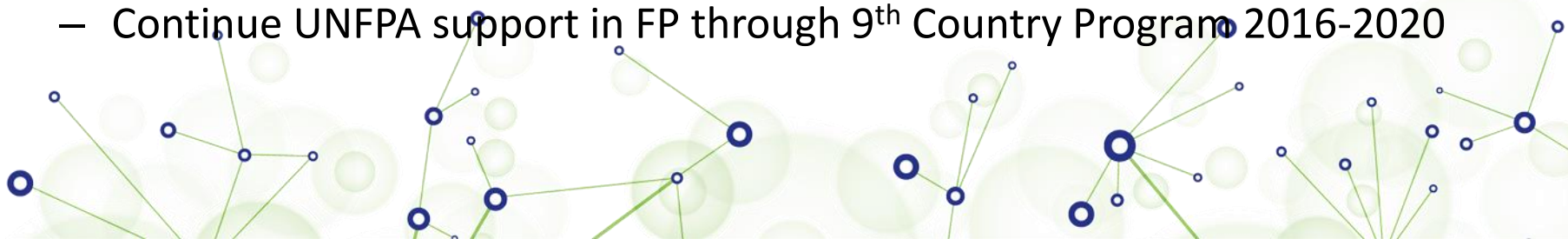
- Will be opened by HE President of Republic of Indonesia
- Hosted by National Population and Family Planning Board of Indonesia (BKKBN) and Bill and Melinda Gates Institute for Population and Reproductive Health at Johns Hopkins Bloomberg School of Public Health
- Theme: Global Commitments, Local Actions
- More than 3000 participants from 108 countries have registered for the conference
- The program includes opening reception, daily plenaries, interactive skill-building sessions, panel & poster sessions, policymakers forum, and exhibition
- There will be 8 site visits provided by National Steering Committee
- Media Center has been established and incorporated several top global media as well as national media
- Final preparation is on-going



UNFPA support for FP Program.



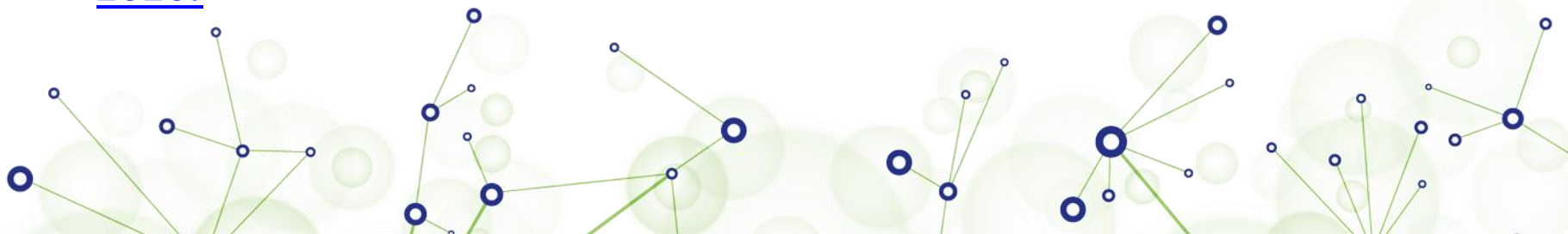
- UNFPA's supports for Family Planning is currently provided through various activities in the 8th Country program 2011-2015, the activities among others:
 - Support for development of Rights-based FP Strategy
 - Assessment on Supply Chain Management of FP Commodities, followed by development of models in several districts and technical support for their implementation
 - Improving the quality of condom manufacture
 - Support for the International Conference on Family Planning particularly the scientific and youth related matters
 - South-South Collaboration: Centre for Excellent of Comprehensive Rights-based FP Planning at Gadjah Mada University, Advocacy to Religious Leaders
 - Continue UNFPA support in FP through 9th Country Program 2016-2020



How FP2020 can Support Accelerating Progress at the Country-Level (1)



- **Signs of success**
 - *Institutional strengthening on FP from central up to district level;*
 - *Predictable and sufficient FP funding;*
 - *Reduced unmet need and unwanted pregnancy.*
- **Areas that need increased attention**
 - *Effective advocacy to legislative and executive to the essence of strategic contribution of FP in national development and better maternal health outcome;*
 - *Effective demand generation to institutionalize small & prosperous family norms;*
 - *In service and pre service training for **counseling and clinical skills**;*
 - *Ensuring **adequate number, quality and distribution of health workers and FP program managers**;*
 - *Improving **data quality** for better planning and forecast through [PMA 2020](#).*

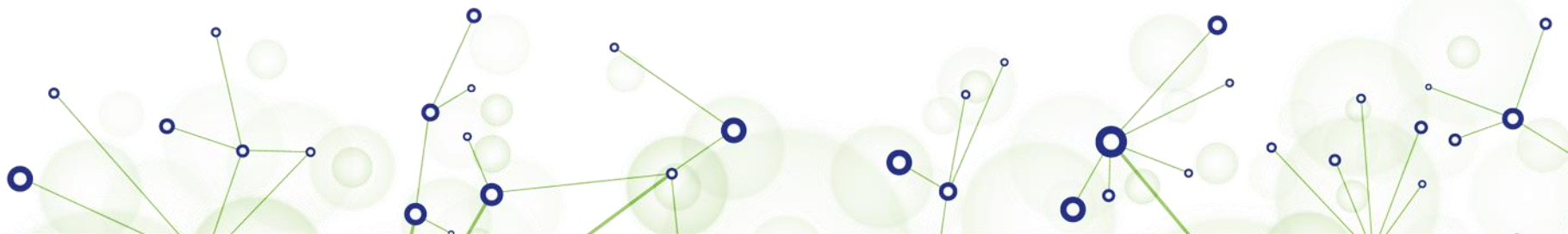


How FP2020 can Support Accelerating Progress at the Country-Level (2)



Next steps:

- *Stronger engagement between international and national key stakeholders to mainstream FP in the global and national development (Post MDGs);*
- *Maintaining periodic Country Engagement meeting and Working Group hosted by UNFPA, BKKBN and USAID;*
- *Mitigating financial inaccessibility of private midwives in the implementation of National Health Insurance;*
- *Strengthening potential non government partnership to reach young adolescents in accessing family planning services;*





Thank you