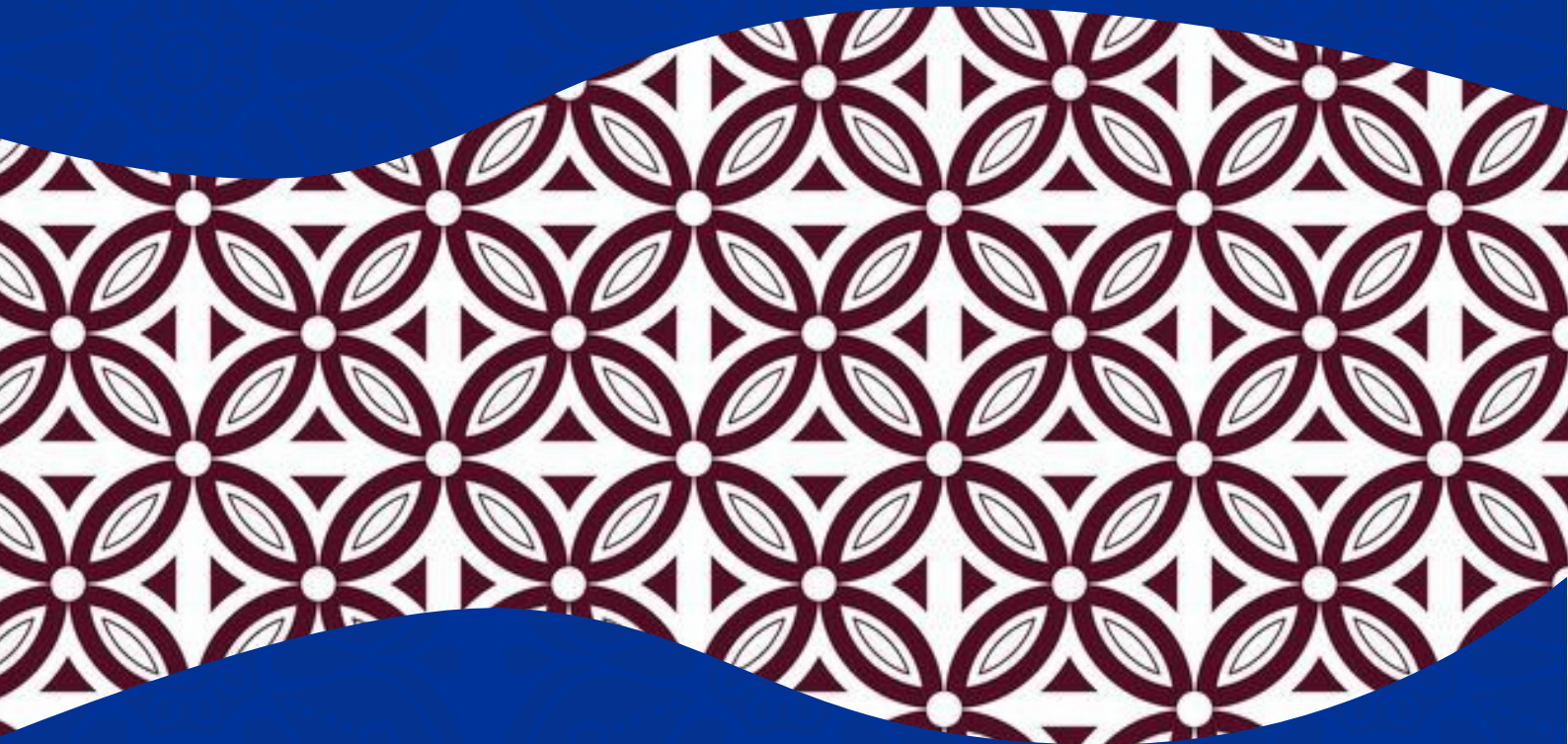




**FAMILY PLANNING 2030 (FP 2030)  
GOVERNMENT OF INDONESIA  
EXECUTIVE SUMMARY**



# FAMILY PLANNING 2030 (FP 2030)

## GOVERNMENT OF INDONESIA

### EXECUTIVE SUMMARY

#### 1. INDONESIA'S 2030 VISION STATEMENT

##### **Vision:**

The vision of Indonesia's family planning program by the end of 2030 is to realize voluntary and quality family planning and reproductive health (FP/RH) services, to fulfill sexual and reproductive health and rights (SRHR) through equitable and sustainable health services for all levels of society and supported by policies at national to sub-national levels.

##### **General Principles:**

The core of Family Planning and Reproductive Health services is equity and volunteerism, focusing on individuals and families, and sexual and reproductive health and rights (SRHR) for all communities. This principle reflects the fundamental belief that every individual should be able to choose their needs freely and voluntarily. Each decision-making, action, and investment must reflect that every individual is able to obtain quality family planning information and services without discrimination based on gender, geographic location, socioeconomic level, ethnic background, and culture.

Empowerment of women and girls, as well as the involvement of men, boys, and the community, are important approaches to achieve voluntary and quality family planning goals for all levels of society. The involvement of men is an important strategy for Family Planning and Reproductive Health programme's transformation. Women and girls' empowerment and men's involvement are keys to achieving equity.

Partnerships with adolescents, youths, and marginalized groups will promote their potential and are evidence of prioritizing their needs in the future. The partnerships will require accurate data that are aggregated by gender, geographic area, and other socio-demographic characteristics.

Another key effort is through active participation in global partnerships as well as promoting exchange of lessons learned and sharing of responsibilities to achieve commitments and expected outcomes from the FP2030 partnership. This will support achievement of regional and global agenda through coordination in implementation and accountable implementation of the strategies.

## **10 FP2030 Commitments of Government of Indonesia, includes:**

1. Ensure the realization of voluntary, quality, and comprehensive rights-based contraceptive services according to Indonesian Law,
2. Improve contribution of the private sector to the Family Planning/Reproductive Health programme, including provision of modern contraceptive services at all levels of health system,
3. Ensure the financing for Family Planning and Reproductive Health (FP-RH),
4. Promoting the use of evidence-based data and indicators for monitoring and evaluation of the Family Planning programme,
5. Risk mitigation on the impact of Covid-19 and other health crisis due to disaster and ensuring continuity of contraceptive availability and services,
6. Ensure the realization of adolescent reproductive health by providing information and education for prosperous future generation,
7. Maximizing the role of civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and media in supporting the implementation of family planning and reproductive health (FP-RH) programme,
8. Integration of family planning programme with community nutrition programme,
9. Integration of family planning services by providing information to support prevention of HIV and STIs,
10. Increase Indonesia's role in South-South Cooperation in family planning and reproductive health.

### **Commitment Objective 01:**

Ensure the realization of voluntary, quality, and comprehensive rights-based contraceptive services according to Indonesian Law

### **Objectives Statement**

1. Increased prevalence of modern contraception use
2. Decreased unmet needs in family planning
3. Increased demand satisfied for modern methods
4. Increased modern contraceptive prevalence rate up to 6 weeks following a birth
5. Increased proportion of clients having information of method choice as indicated by an increase in method information index (MII)

## Strategies

1. Expansion of access to contraceptive services to underprivileged, poor communities, people of the Eastern Indonesia, the underdeveloped, and outermost regions by:
  - a. ensure demand for family planning, especially LARC
  - b. increase number of FP/RH counseling and availability of trained service providers,
  - c. improves the availability of functioning and health facilities as per standard
2. Improve contraceptive services for postpartum and post-miscarriage women through:
  - a. FP-RH promotion during antenatal visit,
  - b. Providing adequate contraception supply to maternal and child health facilities, especially IUD and Implant, and
  - c. Midwife training on insertion of IUD and postpartum and post-miscarriage Implants.
3. Improve the quality of FP-RH services to reduce number of unmet needs, dropouts and increasing the use of long-acting reversible contraception (LARC) by:
  - a. Improving the quality of counseling services to ensure that the informed choice process can be implemented properly,
  - b. Increasing trained staff in long-acting reversible contraception (LARC) services for all health service personnel, especially in Eastern Indonesia area and residents of disadvantaged, remote and outermost regions,
  - c. Improving the quality of FP-RH service facilities,
  - d. Ensuring the availability of contraception, especially long-acting reversible contraception (LARC) so that the principle of service in a cafeteria (service facilities can meet the need for contraception as per the request of client) can be met, and,
  - e. Cooperation between the government and civil society to solve sexual and reproductive health problems including preventing unmet need.
4. Improve the services to vulnerable include people with disability and women in emergency to access and obtain contraceptive services in collaboration with the Disaster Management Agency (BNPB) and ensure that the government through BPJS Health scheme can bear the cost of contraceptive services for vulnerable residents. In addition, for those who cannot be served by government programs due to political and legislative reasons, civil society organizations and other parties can help their needs. Contraceptive services in adolescents are not allowed by the law

## **Commitment Objectives 02:**

Improve contribution of the private sector to the Family Planning/Reproductive Health programme, including provision of modern contraceptive services at all levels of health system

### **Objectives Statement**

1. Contraceptive services by the private sector will be integrated into the National Health insurance (JKN) service system as an effort to realize the Universal Health Coverage to guarantee the fulfillment of the need for contraceptive tools/drugs and service costs by the government.
2. FP-RH service providers in the private sector, especially private midwives have provided quality services by understanding the minimum service standard in respect of their services so that they can do counseling, informed consent, and referrals services during side effects and complications requiring medical action beyond their competence.
3. FP-RH service personnel, especially midwives, have been competent in conducting comprehensive family planning services and based on quality rights.
4. Promoting Sustainable supply of quality contraception that is produced domestically through WHO pre-qualification certification
5. Cooperation between the government and private sectors in the contraceptive promotion, advocacy and services.

### **Strategies**

1. Expand access to contraceptive services for all communities by encouraging citizens to be members of National Health Insurance through the promotion and advocacy of the importance of health insurance.
2. Encourage Private FP-RH Service Facilities to be members BKKBN and registered as a FP-RH service network facilitated by BKKBN.
3. 4. Government facilitates training to the private midwives and medical doctors of FP-RH services to understand the minimum service standard in respect of their services and the reproductive rights-based comprehensive FP-RH services.
5. Government promotes contraceptive producers to have certification of their products from the World Health Organization (WHO) through the contraceptive prequalification process so that their product is registered as a quality contraceptive product by WHO.
6. Government needs to facilitate the role of the private sector in the promotion, advocacy, and behavioral changes in the use of contraception

### **Commitment Objectives 03:**

Ensure the financing for Family Planning and Reproductive Health (FP-RH)

#### **Objectives Statement**

1. Government will continue to ensure the FP-RH program funding through the national development budget.
2. Government will continue to ensure the FP-RH program funding through a special and national budget allocation fund.
3. Government will encourage policies and financing for local governments' family planning programs by including policies, programs, and financing in the sub-national level

#### **Strategies**

1. Population development through FP-RH programs should be included in the National Development Budget (State Budget)
2. As a form of decentralization implementation, the funds should be distributed directly to the regions in the form of special allocation funds and BOKB so that they can be used appropriately as per the regional needs and the fund distribution chain can be simplified to have transparency and effective use of the fund.

## **Commitment Objectives 04:**

Promoting the use of evidence-based data and indicators for monitoring and evaluation of the Family Planning program

### **Objectives Statement**

1. Standardize the collection, content, and analysis methods of FP-RH data will be carried out by all ministries and institutions.
2. Maximize the use of data collected routinely by BKKBN and other ministries.
3. Data and information collection methods will be updated regularly and in a timely manner.
4. Integration of data to be used jointly by ministries and institutions and other users, including academics and non-governmental organizations and community organizations.

### **Strategies**

1. Standardize the collection and analysis of data about FP-RH through a joint agreement forum between sectors involving experts or academics.
2. Conduct training for policy makers in the use of data for policy making.
3. Discipline data collection time as needed for monitoring and evaluation of FP-RH programs.
4. Collaboration and inter compatibility data between institutions about the type, collection, analysis, and collection time of data so that the data can be used together.

## **Commitment Objectives 05:**

Risk mitigation on the impact of Covid-19 and other health crisis due to disaster and ensuring continuity of contraceptive availability and services

### **Objectives Statement**

1. FP-RH Services during Covid-19 Pandemic continue with the lower frequency of face-to-face services, but efforts are still being made to avoid dropouts.
2. Lesson learned from Covid-19 pandemic; services were delivered using an e-health approach for counseling using electronic media.
3. Sustainability of contraceptive availability and services during and post Covid-19 pandemic and other crises remains guaranteed.

### **Strategies**

1. During the Pandemic/ other crisis, the services must continue to be carried out by ensuring the implementation of standardized health protocols.
2. Provide counseling services that are more effective using e-health facilities, including women during antenatal and post-partum and post-miscarriage visits.
3. Perform promotion and advocacy of the use of contraceptive for existing and new clients through both online and face-to-face interaction by field family planning personnel and medical workers.
4. Do inventory of all equipment needed for FP-RH services after the situation returns to normal, including contraceptive logistics.
5. Provide medical and counseling training as a refreshing effort to improve their competencies and readiness to provide quality services
6. Multisectoral collaboration on provision of reproductive health and family planning services during crisis



## **Commitment Objectives 06:**

Ensure the realization of adolescent reproductive health by providing information and education for prosperous future generation

### **Objectives Statement**

1. Reduce the ASFR or birth rate by age group 15-19 years
2. The government together with adolescents, civil society, academics, community leaders, religious leaders and families conduct promotion, protection, and assistance to realize ARH and gender equality to realize healthy and prosperous adolescents.
3. Provide knowledge and awareness about ARH to adolescents through in-school and out-school forums by involving parents, teachers, civil society, peer groups, community, and religious leaders.
4. Provide protection against ARH violations by enforcing applicable laws and regulations.
5. Support RH violation victims by maximizing the role of child and adolescent protection institutions.
6. Ensure that ARH is part of universal human rights by, among others, fulfilling the request for adolescent reproductive health services in accordance with the norms, religion, culture and legislations applicable in Indonesia.

### **Strategies**

1. The government carries out and implements the National Action Plan of School-aged Children and Adolescents Wellbeing (Ministry of Human Development and Cultural Affairs Decree Number 1 of 2022) which is compiled together with all stakeholders.
2. Promote SRH to all adolescents through formal and informal forums involving families, teachers, community/religious leaders, peer groups and civil society.
3. Advocate the Stakeholders of Adolescent Reproductive Health Programmes, especially midwives, field family planning personnel and non-medical sectors, teachers, parents, religious/community leaders
4. Protect SRH by applying legislation that applies to adolescents.
5. Maximize the role of civil society and children protection institutions in helping victims of RH violations.
6. Collaboration in realizing by creating coordination system, referral system, recording and reporting system and supervision between the service agencies/institutions needed in helping victims of RH violations

## **Commitment Objectives 07:**

Maximizing the role of civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and media in supporting the implementation of FP-RH programs

### **Objectives Statement**

1. The government maximizes the role of civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and the media in supporting the implementation of FP-RH programmes through mutual respectful cooperation.
2. The government together with civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and the media implement the with their respective roles.

### **Strategies**

1. The government together with civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and the media set their respective targets and areas so that all levels of society can access and use FP-RH services.
2. The government assists the training of civil society, non-governmental organizations, private organizations, community leaders, religious leaders, academics, and the media to be able to deliver the promotion and advocacy for FP-RH services.

## **Commitment Objectives 08:**

Integration of Family Planning Programme with Community Nutrition Programme

### **Objectives Statement**

1. Expand the access to FP-RH services and integrate it with sensitive intervention services against stunting in the form of nutritional services for adolescents, pregnant and breastfeeding women and under-five children, thus accelerating the decrease of stunting prevalence in under-five children.
2. Integration of FP-RH Services as a sensitive service for reducing the stunting rate is also directed to reduce unwanted pregnancy rates, the use of postpartum contraception, and premarital screening to ensure the health of women to marry and give birth.

### **Strategies**

Presidential Regulation No. 72 of 2021 concerning the National Strategy for the Acceleration of Stunting Reduction states that sustainable development target in the field of community nutrition in 2030 is achieved through the implementation of 5 (five) pillars, which include:

- a) Increasing the commitment and vision of leadership in ministries/institutions, provincial governments, city/regency governments, and village governments.
- b) improving communication on behavioral changes and community empowerment.
- c) increasing convergence of specific interventions and sensitive interventions in ministries/institutions, provincial governments, district/city governments, and village governments.
- d) Increasing food and nutrition security at the individual, family, and community levels; and
- e) Strengthening and developing systems, data, information, research, and innovation.

National Strategy for Accelerating Stunting Reduction is aimed at:

- a) Reducing the prevalence of stunting.
- b) Improving the quality of preparation of family life.
- c) Ensuring the fulfillment of nutritional intake.
- d) Improving parenting methods.
- e) Increasing access to and quality of health services; and
- f) Increasing access to drinking water and sanitation.

The preparation of family life can be integrated with FP-RH services, which include the following target groups:

- a) Youth;
- b) Women and Men in Reproductive age;
- c) pregnant women;
- d) Breastfeeding mothers; and
- e) Children aged 0 (zero) - 59 (fifty-nine) months.

FP-RH services are one of the sensitive interventions that can be integrated with efforts to accelerate stunting reduction.

Strategies to integrate FP-RH services and stunting reduction are carried out by:

- a) Pre-marital screening of reproductive health of childbearing age couples (PUS);
- b) Promotion and advocacy for the use of contraceptive.
- c) Screening of pregnant women against the incidence of anemia during pregnancy; and
- d) Promotion and services for the use of contraception to childbearing age couples during post-delivery and post-miscarriage.
- e) Promotion of pre-marital counseling through electronic application. The application includes features on reproductive health, cancer prevention, pregnancy readiness, pre-marital readiness, and contraception.

## Commitment Objectives 09:

Integrating family planning services by providing information to support prevention of HIV and STI

### Objectives Statement

1. Expand access to FP-RH services and integrate it with the HIV prevention programmes through information/knowledge sharing, advocacy and education to adolescents, youth and families in order to reduce the transmission of HIV.
2. Advocacy to policy makers to increase their commitment on HIV prevention programme.

### Timeline

1. Ensure the commitment/ agreement between institution to provide family planning services in the context of HIV prevention
2. Encourage the provision of family planning services for at-risk groups and People-living with HIV/AIDS (PLWHA)

### Strategies

1. Integration of promotional and advocacy material between FP-RH and HIV prevention.
2. Integration of promotion and advocacy between FP-RH and HIV prevention in adolescents.
3. Integration of advocacy between FP-RH and HIV prevention on policy makers in the regions, so that each district/city provides funds for HIV prevention.

## **Commitment Objectives 10:**

Increase Indonesia's role in South-South Cooperation in Family Planning and Reproductive Health

### **Objectives Statement**

1. The government will continue to cooperate in the South-South Cooperation of FP-RH program supported by the United Nations in the form of promotion, advocacy, and management training activities to policy makers, stakeholders, and Implementers of FP-RH program, including religious leaders and health workers.
2. The Indonesian government will continue the South-South Cooperation in the clinical training of rights-based comprehensive FP-RH services.

### **Strategies**

1. Conduct promotion and advocacy for policy makers and implementers of the program from southern countries whose family planning programs are still relatively poor to improve the quality of services through training.
2. Cooperate with donors for southern countries to encourage and finance participants from southern countries to attend training in the development of family planning programs in their countries.
3. Conduct clinical training in rights-based comprehensive FP-RH services for implementers of the program from southern countries by involving various trainers from professional organizations and academic clinicians.

### 3. ACCOUNTABILITY MECHANISM

Within the efforts to achieve the FP 2030 targets, it is important that all the performed actions and progress to fulfill the commitments are held accountable. The Government of Indonesia will involve the government and non-government stakeholders related to family planning and reproductive health sector to monitor the progress and ensure the accountability of FP 2030 commitments.

First, the government of Indonesia will utilize and synergize the monitoring and evaluation activities from the relevant line ministries, by using program routine statistics data and national survey from but not limited to Family Information System (SIGA) Family Enumeration data from BKKBN, Basic Health Research data from the Ministry of Health, National socio-economic survey (Susenas) and Indonesian demographic and health survey (IDHS) and data from the National Statistical Agency, among others.

While FP2030 commitments are pledged at the global level, the action and ownership towards the commitments at the national and local level by the multi-sectoral stakeholders is very critical to the success of Indonesia's FP 2030 achievement. To further complement the in-country accountability mechanism for FP2030, the Government of Indonesia will continue its collaboration with the stakeholders in applying the Motion Tracker (TMT) monitoring framework to track the progress and efforts in achieving the FP 2030 commitments. The participatory approach of the TMT framework will help improve the accountability of the FP 2030 achievements, fostering partners' contribution, while increasing the sense of belonging of local actors towards FP 2030 commitments.