

**13th FP2020 Indonesian Country Committee Meeting
March, 7th 2016, at BKKBN office, Halim, Jakarta**

Welcome remark

Mr. Ipin Husni, Head of Planning Bureau, BKKBN, welcomed participants by sharing short description about FP2020 Indonesia Country Committee (on background, membership, and objective) and also explained the meeting agenda.

Opening Remarks

Dr. Annette Robertson acknowledged the key officials and participants, and provided short introduction about herself as new UNFPA Indonesia Representative. Dr. Robertson thanked BKKBN for continues leadership and coordination of FP2020 as well as putting in place mechanism of achieving FP2020 at national and subnational level, and recommended BKKBN to strengthen its leadership. She highlighted the strategic role of Family Planning in Sustainable Development Agenda. Dr. Robertson shared about the FP2020 working groups and its outputs and encouraged participants to use the FP2020 Country Committee as forum to exchange information and to raise issue of concern. In this occasion, Dr. Robertson also provided update on the UNFPA status of its new country programme cycle and reiterated UNFPA's commitments to co-chair the FP2020 Country Committee and assist government efforts to achieve FP2020 commitments.

Ms. Zohra Balsara from USAID, welcomed the new UNFPA Representative, congratulated BKKBN and stakeholders for the successful ICFP. She commented on Indonesia UHC as the biggest social insurance scheme in the world, in terms of benefit package and population coverage. Many countries have insurance system, but limited to private or formal sectors for those who can afford for the health services, while Indonesia take step forward by covering all people and those who has no access to health services. Despite all the challenges on supply side readiness, financial and commitment, there are significant positive opportunities that we need to start thinking on how we can captured family planning programme in national health insurance, how it can support BKKBN, local government, health providers and its network, as the supply system, to reach out and ensure the services are provided. Ms. Balsara also thanked BKKBN and participants for their active participation and contribution to the meeting.

Ms. Ambar Rahayu, the principle secretary of BKKBN, acknowledged officials and participants and welcomed the new UNFPA Representative. She specially thanked the participants from other ministries and stated that FP is not only the responsibility of BKKBN. She thanked all participants and partners for collaboration and support to FP programme and ICFP. Ms. Rahayu provided brief explanation on FP2020 country committee, which is build after the global initiative launch in London Summit 2012, and that Indonesia is one of the countries that are committed to expand the access to FP. It is also inline with the sustainable development agenda. Since the beginning, it is build on the spirit of collaboration among partners, government and non government. Ms. Ambar Rahayu also shared about the products of FP2020 country committee such as landscaping matrix, KAP survey on the FP, Rights-based FP strategy, etc. She encouraged participants to provide inputs to the national FP2020 action plan. She expressed her wish to have more collaboration among partners to support achievement of FP2020 commitments.

Presentation

Dr. Nia Reviani, from BKKBN International Training and Collaboration Centre, presented update from the last 4th ICFP. She reported that it was able to bring high level of participations, opened by the

president and also attended by high level delegates and big number of participants. There were many sessions on ICFP; pre-conference (on youth, faith-based and demographic dividen), site visits, plenaries, and paralel sessions, among them were sessions allocated for and by the youth. Through ICFP, it was also moment to reiterated the commitment of the government to allocate funding for FP programme. She highlighted the statement of the Ministry of Finance on the importance of investing in FP and its relation to demographic dividen, and to ensure youth participations because young people are the resources of development. Ms. Reviani also emphasized the statement of Minister of Finance that FP is not responsibility of BKKBN only, but it requires the commitment of all partners and stakeholders. And that ICFP become the opportunity for collaboration among stakeholders and philanthropist on FP programme. Ms. Reviani also addressed the commitment of the sub national level government on investing in ICFP, and glad that FP is included in the National Health Insurance.

Mr. Subandi, Deputy of Human Development, community and culture of Bappenas, presented the Integrated and Holistic Population Development and Family Planning, national architecture of multisectoral approach to FP programme implementation. He mentioned that FP is crucial to achieve SDGs, also that it is important to refocusing FP programme to achieve national development goal. Mr. Subandi reiterated that following the president direction for 2017 onwards, the budget allocation will no longer use “money follow function” (fund for working unit) but rather “money follow programme” (fund for activities to increase people welfare), also that development should be holistic and integrated. Mr. Subandi shared Short brief of Nawa Cita programme, that FP is included in the 5th programme. He mentioned about 3 development dimensions: human development, key development, and regional development to reduce disparity. Mr. Subandi shared about challenges on FP that can be seen through the CPR and TFR as indicator. He mentioned about indicators that are monitored to achieve FP2020 commitment which are inline with National Development target, but still some of the indicators cannot be measured. In order to reach the national development target on improving health and nutrition status, Government of Indonesia focuses on 4 main programmes: strengthening health promotive and preventive, increasing access to health services, accelerating improvement of nutrition status, increasing the reproductive health and FP services. Mr. Subandi mentioned that when talking about FP it is mean about population. He shared about 5 programme priorities on population control that includes: increasing FP services, advocacy and IEC, Adolescent reproductive health and family empowerment, regulation and institutional sthrenghening, also information and data. Example on the integrated and holistic approach to increase FP services: BKKBN for distribution of contraceptive and special allocation fund, BPJS for ensuring FP services, BPPOM quality assurance of contraceptive, ministry of infrastructure for the transportation access. Mr. Subandi also shared about national priority on development of villages, and that BKKBN is requested to take part on this programme. He also shared about priority provinces on health development. Mr. Subandi also presented a brief description of the FP target and SDG target (the meeting was conducted in New York in September 2015). Bappenas made effort to list indicators that data are available and it is found that FP are contributing to the achievement of SDG.

Dr. Melania Hidayat presented the result of the 2nd Focal Point workshop 29-30 Jan 2016 at Nusa Dua, just after the ICFP. She also shared that the first workshop was in Istambul, and Indonesia was represented by Ms. Fathonah and Mr. Jose Ferraris. While the 2nd workshop was represented by Mr. Ipin Husni, UNFPA Representative and USAID. Objective of the 2nd workshop was to refresh the FP2020 commitment, sharing experiences, challenges and update of PMA 2020 (1st round of the progress of FP2020 commitment). The output of the workshop was a 2016 country action plan based on country commitment. Although it was very short time to develop country action plan only for 1,5 day, but the draft was developed and partners were invited to provide inputs to the draft. Dr. Melania shared about the structure of the country action plan: Country context and Identification of

opportunities and challenges, 2016 priorities for achievement of FP2020, Action items for 2016, Identification of external support. Initiated by the President's commitment during ICFP on the additional investment to the FP, the 2016 action plan includes: the allocation of the additional fund through costed implementation plan (there is global commitment to support the development of costed implementation plan and there will be international workshop on CIP in which Indonesia can be participated), FP in Universal Health Coverage, mapping of Quality of FP service. It is also important to include Adolescent Reproductive Health. And the utilization of PMA2020 data to monitor progress. Dr. Melania also raised issue on Indonesia representation in the global FP2020 reference group and working groups, that Indonesia is no longer presented at FP2020 global structure, thus we have to approach global secretariate to be included in the global structure.

Discussion:

Dr. Annette Robertson thanked the presenters on update of ICFP, to Ms. Ambar Rahayu and to pak Subandi on the multisectoral FP integrated approach. Dr. Annette mentioned to look at FP by rights-based lane, to provide service to women to have contraceptive in right time and right place. She then invited Dr. Anung to provide comment.

Dr. Anung Sugihantono, General Director of Community Health-MoH updated participants on maternal mortality and nutrition status. About the maternal mortality, that until 26 February 2016, 4,983 maternal death for the whole 2015 (the data was final from 60% of provinces with largest population). Refer to the maternal mortality ratio, 359 is equal to 12.000 maternal death. Stunting and malnutrition were reduced from 37,2 to 30,1 (MoH)/29,8 (UNICEF). Dr. Anung provided input that is based on several internal discussions in MoH, it was identified that there are need for fundamental changes on reproductive health services, because when talking about CPR we are not talking about family planning for single individual, that is why when talking about unmet need, we can not see it as a comprehensive data. Dr. Anung also provided input that we need also to discuss about underlying factors/challenges, which is decentralization. He hoped that in the multisectoral approach there will be addition on the responsibility approach that addresses the role and responsibility of every level of government. Dr. Anung shared that MoH promotes the concept of family-based approach on the health services, and this will be integrated to the capitation scheme of National Health Insurance. This means that more family/house visits will be conducted by the health providers to understand the background and condition that influence the individual/family health status. It will also involve community participation. Regarding the Adolescent Reproductive Health, Dr. Anung acknowledged the support of UNFPA on initiating the reproductive health education at schools. He recommend the ministry of education on the formalization of this into curriculum and also request ministry of religion to take part.

Mr. Eddy Hasjmi from IPADI raised 2 issues: In 2015, Indonesia were lucky to have 3 statistic data from Susenas (National Socioeconomic Survey), Supas (Inter-Censal Population Surveys) and PMA that shows the improvement of the TFR and FP programme. He commented on Mr. Subandi question on why the TFR is decreasing but the MMR is still high, he mentioned that FP should be seen in relation to reproductive health, while in Mr. Subandi's presentation today, FP seen more as demographic issue. He recommended that Bappenas can initiate to link MoH and BKKBN to bring the discussion of FP and MMR. He appreciated the commitment of the government on budget allocation and challenged BKKBN to allocate funding of BKKBN to end at output level not at process level.

Ms. Zumrotin from YKP, shared about the study on how far BPJS covered RH services at 5 provinces @ 1 district @ 5 villages with some findings: Majority poor people happy with BPJS but the ex-askes members were feel unhappy as the services are decreasing in quality. Those who are happy on ANC and delivery, but unhappy that some of them still need to pay for additional medicines. Disparity on

Contraceptive distribution. Cafeteria options still lacking. People understand it as BPJS fail, while actually it is BKKBN responsibility. Services on the screening of cervical cancer using IVA and Pap smear still using project orientation and is not automatically included in BPJS. She also raised issue that constitutional court (MK) marriage only seen as religion aspect, while marriage is related to health, to family development, etc.

Mr. Ipin Husni, Head of Planning Bureau shared that BKKBN will only fund activity that will have impact to the output. He responded to issue raised by Ms. Zumrotin that for cafeteria choices, BKKBN using PPM (prediction of population request/need). BKKBN try to ensure that all health facilities under BPJS will have contraceptives available supported by the special allocation for contraceptive distribution from district level to SDP, with the choices of distribution modalities that were developed with support from UNFPA and Gates Consortium.

Representation from Directorate General Population and Civil Registration, Ministry of Home Affairs shared that since 2003, it is realized that the achievement of population related-indicator is decreasing, because of the national policy, unintegrated programme, the people awareness on the small family and welfare. She said that it is recommended that the programme plan to really reach the people and need of coordination with the local government. She mentioned opportunities that programme can be supported by Dekon and TP special fund (Dekonsentrasi dan Tugas Pembantuan) to reduce the barriers due to decentralization, also to strengthening the local government. She also mentioned that as FP and civil registration related to 1st Nawa Cita and 5th Nawa Cita, MOHA work in progress in providing the birth certificate. The target is 88% for all birth but achievement is around 61%.

Ms. Atas Hendartini (PKBI) referred to Dr. Anung's statement that the health service will be family-based, according to her, not all service applicable to be family-based, as example she supported the UNFPA Rep's statement on the individual rights-based FP programme. She requested government to consider many aspects when developing new programme, as lesson learned from BKKBN's "rumah singgah", shelter at slum area was not successful. She recommended to channel the new initiative to health centers or to link it with the existing structure/network ie. with Muhammadiyah, NU etc. In this occasion, Ms. Atas also mentioned about the importance of maternal audit and role of BPJS coverage on reducing maternal mortality

Mr. Subandi, Deputy of Human Development, community and culture responded to questions/comments, he agreed on the comment that FP should be seen as the RH components not as population only. He also mentioned that, when talking about programme we need to understand the locus, because we are not "working in" subnational level but "working with" the subnational stakeholder. Development on the focus areas will be considered based on some criterias: need, population, resources. Mr. Subandi said, he aware that service for unmarried individuals also need to be covered, but government is not able to state it formally as target of service because of the sensitive issue while according to him, government allow it to be handled by NGOs. He also said that the government aware that child/early marriage also dangerous because the RH system is not ready. In this event, Mr. Subandi acknowledged the effort of MOHA civil registration's Initiative to have NIK (Nomer Induk Kependudukan: Population Identification Number), while also urged to measure the sensitivity/compatibility of data from different sources.

Ms. Fitri Putjuk from JHU-CCP expressed her appreciation that representative of government put their commitment on the integration of FP programme implementation plan. she also provided input that Indonesia FP2020 CC meeting to be focused on the output and how to achieve FP2020 commitment. She also shared the support from JHU to the achievement of FP2020 commitment; JHU implement 3 programmes, namely: PMA2020, advocacy (AFP), and Pilihanku (My choice).

Mr. Subandi, recommended that FP2020 indicators are to be in line with the SDGs. He indicated that RPJMN targets are already in line with the SDGs.

Ms. Ambar Rahayu, requested UNFPA's assistance to do advocacy at global level to get Indonesia back in the FP2020 reference group or other working groups.

Mr. Rob Ainsle from JHU-CCP questioned about the CIP, will it be working on the government funding allocation?

Discussion on Future of FP2020 Country Committee:

Dr. Annette Robertson, initiated the discussion by presenting the objective and the options of future role of Indonesia FP2020 Country Committee, and then she invited the participants to provide inputs.

Mr. Hendra from PT Tunggal suggested that FP2020 country committee forum should discuss deeper on special topics and specific outputs. He also shared that PT Tunggal once was the member of the market dynamic working group, participated actively at global movement, got feedback from them as well as had opportunity to feed to the Global FP2020 movement. He mentioned that one of the crucial issue is about SCM. As Indonesia is moving towards the UHC, with its 9.800 puskesmas (community health centers) and 83.000 villages, Indonesia FP2020 CC should consider having small working group on SCM. Another working group can be focus on the Role of private sectors in the era of UHC.

Mr. Eddy Hasjmi suggested that it is not the responsibility of UNFPA but the GoI to write to FP2020 global secretariat, to include Indonesia back to the reference group or working groups. He also suggested that the Indonesia FP2020 CC forms smaller working groups and organizes the discussions by theme and then brings to plenary for reporting back.

Closing

Ibu Ambar thanked participants for the discussion, and wished that the meeting can produce clear plan for future Indonesia FP2020 CC.

Ms. Zohra suggested to prioritize the options of topics and thematic issues to be discussed in the next Indonesia FP2020 CC meeting.

To follow up

- To circulate Monkey Survey on the plan for FP2020 CC.
- To circulate minutes of the 13th Indonesia FP2020 CC meeting