Meeting Minutes
14th FP2020 Indonesian Country Committee Meeting

Date : Thursday, September 1, 2016
Time : 9.15 – 13.00
Venue : Ruang Serbaguna, Halim 1, BKKBN

Chairman : Drs. Ipin ZA Husni, MPA
Minute taker : Bunga Astiti (PTSU)
Total attendees : 35

OPENING SESSION:

- Drs. Ipin Zaenal Arifin Husni, MPA (Acting Principal Secretary)
  - Pak Ipin Husni welcomed the participants. He highlighted the commitments Indonesia made at the London Summit, that it correlated with the 3rd and 5th MDG. He briefly explained that UNFPA and BKKBN initiate two working groups, which are Rights and Empowerment working group and Rights-based Family Planning working group.

- Dr. Annette Robertson (UNFPA Representative)
  - Ibu Annette welcomed the participants. She gave updates on Global FP2020 initiative in regards of the commitments made for achieving FP2020 target. The issues are mainly related to Universal Health Coverage (UHC) and investing in South-South Cooperation (SSC). New commitments and memberships from new countries and five private organizaitons.
  - Introduced new PTSU staff, Program Manager is Inang Winarso and Program Associate is Bunga Astiti.
  - Monkeysurvey did not give enough feedback (40 feedbacks), but here are the results:
    - 85% of participants are interested in FP in the UHC.
    - 74% of participants are interested in tracking of FP2020 achievement.
    - 56% of participants are interested FP in SDGs.
    - 56% of participants are interested in SCM.
    - 30% of participants are interested postpartum FP.
  - There are suggestions to form smaller groups to have separate discussion.

- Dr. Zohra Balsara (Health Office Deputy Director USAID)
  - Welcomed and thanked the participants. Excited about the meeting because of the interesting discussion about rights-based FP in UHC. She mentioned that Indonesia was committed for its achievement for 2019 and that it was a huge achievement of having a fully integrated family planning in UHC in Indonesia.
  - Regarding widwives, she thought it was our responsibility to ensure that we determine how best to provide them with the right skills, the right commodities, the right products, the right

environment, to be able to achieve what we are setting up do in the UHC program. Peeling it more in depth and discussing real context of specific issues that we see at the district and sub district level on the regular basis.

PRESENTATION SESSION:

Development of Integrated FP Services in Healthcare Program
Presented by Deputy of FP and RH, Dr. Dwi Listyawardani, Ir., M.Sc[1] :

- The term FP2020 is still faintly heard from the field. Based on reports, the progress is generally great, especially catching up to the target of providing services to almost 7 million fertile couples in Indonesia that fall into the unmet need category. This must be done immediately considering that this has become one of the main indicators of BKKBN work performance.
- We have to put efforts to improve the use of long-term contraceptive methods, which up to this point is still around 20%. We hope to reach 30%. We also have to consider the existence of target locations with "special characteristic", as in difficult to be reached by our service facilities and personnels, or even special target locations that have the potentials but have not yet been cultivated sufficiently in certain angles like, for example, family planning for men. Wether or not family planning is useful for men, it can be explored through the improvements in information delivery, or through the key aspect and that is counseling.
- We all should be on the same page about one important thing: that is when we reorganize the mechanism of the National Health Insurance for National Social Security System (SJSN-JKN), we should know that our service has been undergoing a decline. Before we used to provide services to 26.000 of health facilities including ministry's midwives, so when the National Health Insurance (JKN) was launched, the number decreased. Up to this point we only have around 18.000-19.000 of health facilities that have "returned" to us. There are still approximately 7000 that have not.
- Now the law has developed and changed, and embraced family planning.
- Challenges and demands: Obstacles in socialization process is not the only problem, but also socialization among the facilitators. Many are still unaware of the family planning services. On the supply side, the problem lies on the logistics. Currently there are 3 SCM models, still in search for an alternative. And they are only implemented in two provinces, which is not enough. Hopefully MoH and BKKBN can take advantage of the existing potentials, through Special Allocation Funds (DAK) available on district/municipal level. DAK has provided the budget for the distribution of contraceptive commodities. We should find a way to strengthen and oversee the district-level laws and policies.
- Sampling is limited, but will expand into health facilities. Not all health facilitators are trained for IUD. The trainings also have not yet produced an optimum result; performance tends to drop. During this time, JKN is a minor constraint to our referral system due to misinformation and false judgements coming from health facilities.

[1] See presentation by Ms Dwi Listyawardani on page …

- Tubectomy is mostly done at public hospitals; consequently there is a long waitlist for it. As for local hospitals, they have limited capabilities, and private hospitals do not guarantee its availability. The question is how will JKN provide and facilitate all these health facilities with tubectomy.
- BKKBN needs to collaborate with BPJS and MoH. In this era of autonomy, regional authorities want to speed up the distribution of FP services in order to cover all areas in that region. Some of them already started providing free FP services, like in Lampung, and now we have to prevent the gaps it will cause.
- BPJS is the one funding FP services, whereas the one facilitating the contraceptive commodities will be the hospitals. Yet, misinformation still occurs. This is often misinterpreted into "BPJS does not provide any contraceptive commodities."

Comments from Mr Ipin ZA Husni :

- The global commitment on FP will greatly influence national laws and policies. Nowadays, the government rarely pays attention to the issues of FP, which causes the failing to achieve FP targets on the National Medium Term Development Plan (RPJMN). Targets of FP2020, SDGs, and RPJMN need to be synchronized in order to be less confusing and overlapping.
- Our start was rather late; we only had 5 years remaining when we started. Therefore, it is necessary for all of us to have this agenda: decide which data source we are going to use. Different sources will show different results. We need to hold a data summit, where we determine which data source we would use for each contraceptive commodity.
- We cannot compare all the surveys from different sources. And if they showed different numbers, let's say different TFRs, we can't be fooled into thinking that the TFR had no longer been stagnant.
- We are facing the 2017 Demographic and Health Survey (SDKI). We have to prepare to conduct a better SDKI in the future. Based on past experiences, SDKI has always shown unsatisfactory results than that of Inter-census Population Survey (SUPAS) and Population Census (SENSUS).

Rights-based Family Planning Working Group

Presented by Ahmad Taufik, S.Kom, MAP, Head of Sub-Directorate of Family Planning, BAPPENAS :

- BAPPENAS is asked to expand on the Rights-based FP working group, more specifically the FP development that characterized to be thematic, holistic, integrated, and spatial.
- Regarding family planning, BAPPENAS focuses on community development (Nawacita), covering 3 aspects: 1) human development, 2) leading sectors developments, and 3) equal distribution and territory.
- Ought to be remembered that this development has to be comprehensive and put other aspects and sectors into consideration. The development is for the community, which means it has to be cultivated, not shut down.
- Facilitator approach is usually done by offering them incentives, but the incentives need to be reconsidered. For example, the transportation costs are covered if they volunteer at the health centers. But in result, their willingness to volunteer will fade because they will rely on the incentives given to them instead of their desire to help other people.

- There has been also a change in pattern, it used to be "money follows functions", but it can no longer be the same. Now, it's "money follows programs". This means that we cannot be the only one implementing a program. We have to link and collaborate with other ministries as well.
- Family Planning ssues and challenges. From what I studied, there are 7 aspects[2], some of which:
    - Advocacy and IEC. There is a gap between the knowledge and the practice of family planning. 98% acknowledge the family planning programs, but only 62% practice it.
    - Family Planning services. Health facilities have not yet equally distributed. Many are not aware of the accessability of FP services. The management of contraceptive commodity distribution is also making many mistakes.
    - Policy harmonization. The policies within the ministries are not in sync with one another. For instance, Ministry of Administrative and Bureaucratic Reform declared a law on the government benefits to cover 3 children of civil servant families, and Household Conditional Cash Transfer (PKH) subsidize up to 5 children. Meanwhile, BKKBN encourages families to only have two children.

- We have a target. Not all health facility providers collaborate with BPJS. There needs to be non-BPJS health facilities that guarantee the medical care.
- Advertisement materials needs to be easily understood by our audience. The commercials for FP are too abstract.
- There are some things needing attention for harmonization and synchronization among sectors and central-regional. This data source is also as important. This does not mean that some of the sources (Susenas, survey, and atminduk) are wrong and some are right. But we also ought to understand the context. Therefore, we will know the data source that we need.
- Integrated rights-based FP program: "Rights-based" on FP program is based on 8 principles[3]. In this country, it is not possible for us yet to tolerate sexual rights, we can only tolerate reproductive rights. We have to look at those 8 principles.
- Non-government organizations are not representated in the ministerial decree in regards to the FP2020 Rights-based FP Working Group. But they will participate in a coordation forum to develope the rights-based plan models.

Rights and Empowerment Working Group (REWG)
Presented by Dra. Ninuk Widyantoro

- In the beginning of 2014, two working groups were formed. We want to ask people to think. We cannot talk about rights when we do not have the materials and information. It is actually appropriate that REWG is not within the BKKBN. At the start of the formation, Mr. Julianto is the coordinator of this working group.
- There is a change of structure in recent FP situation. Coordinations became weaker as the regional leaders started to have their own authority. FP program is still heavily target oriented. Many programs

[2] See all 7 aspects on Ahmad Taufik's presentation, slide 6.
[3] See 8 rights based FP on Ahmad Taufik's presentation, slide 20.

focus on HIV, and other topics, but not all of them focus on FP. They are also lacking on health providers, especially the competent ones.

- Since the ICPD, we have changed our paradigm from family planning to sexual reproductive rights. Most people are afraid of the word S(exual) and R(ights). Up until today, even the head of PUSKESMAS, there are still many that do not know the meaning of reprofuctive health. Trainings on family planning are not conducted regularly. They, who are on the grassroot level, are hoping that FP facilitators are competent and able to provide comprehensive information. Concerning the attitude of the facilitators, apart of lacking of knowledge, they also lack of sensitivity and awareness as well, especially about reproductive health issues. Women's health is not just contraceptives; there are unwanted pregnancy, safe abortion, child marriages, contraceptive failures, and more.
- Counseling is always mentioned as the crucial part. We need counseling in the entire part of Indonesia. But in the fieldwork, the meaning of counseling is different for the service providers. Note that counseling is empowering women to make *their own* decision. But for the health providers, counseling is to *suggest* a decision for women. And counseling is not something that can be trained for, for only 1-2 hours, it will not make the person skillful.
- About the logistic in the field, in 2013-2015, there were a lot of complaints. They said they received commodities even when they didn't ask for them. The people in the community are also lacking of knowledge. If the question is about the names of the contraceptives, they can mention all. But when they're asked *how* they work, they cannot answer.
- Many women in this country use the contraceptives that they are not comfortable with, and they experience side effects. Pills and injectables are preferable among married couples, but condom use is very rare. That's why I want to say that contraceptive tools education is important.
- Male informants had limited knowledge about male contraceptives.
- We cannot escape from the opinions of the religious leaders. From my experience, religious and community leaders in Bali are permissive and easy. The others are afraid because there is no guide about how to deal with RH. Since 2001, we, the Women's Health Foundation, have had a chapter under our law about abortion. In 2014, SBY also issued a government regulation about abortion. This year, MoH have come up with the training for safe abortion for those whose health threatened.
- The PUSKESMAS acutally demanded to split the responsibility. They are expecting that BKKBN will take part in the community to give out information, etc.
- Thus in conclusion, health providers need an upgrade, even in Jakarta.
- When it comes to certain places, the women especially, cannot make a decision about abortion, sex, contraceptives, etc. The rights are non-existent. We, as women's activitsts in this working group to empower women, hope that BKKBN empowers US to do it.
- Perhaps we still should have more discussion to set us on the same page. Rights-based is beautiful, but not easy to implement. We have to share similar understanding about that.

Follow up FP Country Committee Action Plan

Presented by the National Program Officer UNFPA in FP, dr. Melania Hidayat, MPH, PhD :

- The presentation is to remind you about the country action plan that we made together. FP2020 global secretariat asks each country to lay out a workplan. We better be on it, and I hope that the WGs can also come up with some workplans. I will encourage WG members to discuss a more concrete workplan, so Ms. Zohra and Ms. Annette can see what's needed for the implementation fo the WG activities.
- FP2020 global secreatariat were very keen to know the updates every time we had a teleconference. Indonesia is expected give a great amount of contribution due to its large population.
- Refer to the 2016 priorities we have arranged.[4]
- Summary of activities in the action plan[5]:
    1. Conduct regular FP2020 CC meeting (refer to the Monkeysurvey)
    2. Provide regular briefing to the Minister of Health. Mr Anung still needs to be reminded.
    3. Quarterly updates to FP2020 Secretariat. It seems that we have not been proactive enough, since we answered only when they asked. Hopefully this year we can produce a progress report.
    4. Conduct review of FP budget. However, this can only be conducted after we develop the Costing Implementation Plan (CIP).
    5. Update the landscaping matrix. The draft is available; Ms. Bunga can share it to everyone here.
    6. Participate in Track20 M&E regional workshop.
    7. Conduct Data Consensus workshop
    8. Use PMA2020 results for results
    9. With support from the FP2020 secretariat, develop the FP Costed Implementation Plan based on Framework for Rights based FP.
    10. Conduct high-level advocacy.

DISCUSSION SESSION:
Moderated by Ipin ZA Husni

Ms Maria Ulfah (National Commission of Child Protection)

- How to advocate SRHR to be included in the curriculum in schools.
- How to advocate for students going through unwanted pregnancy to continue going to school. Many of them either decides/is made to drop out of school. Some local government authorities issue a regulation that bans pregnant students from going to school. They are instead minimizing the accessibility of children rights to education.
- How to advocate the amandement of marriage law to align with the child protection law regarding the marriage age.[6]

[4] See Ms Melania Hidayat's presentation on FP2020 country action plan, slide 3.
[5] See Ms Melania Hidayat's presentation on FP2020 country action plan, slide 4.
[6] Stated on the marriage law, the marriage age for women is 16 years old, whereas on the child protection laws, children are described to be under 18 years old. In other words, the marriage law *allows* children marriage.

Mr Eddy Hasmi (JHU)

- Suggested that the secretariat of this forum could develop an IT-based platform to share information. Therefore, every party is aware of what the other party is doing.
- The 2016 action plan priority issues presented by Ms Mela are four:
  - Costing Implementation Plan
  - Quality
  - PMA: For BAPPENAS, is PMA2020 not socialized enough? Or is it doubted?
  - Policy: Regarding the policies, Advance Family Planning (AFP) has done some activities for policy developments. In 2016, we analyzed UHC policies with BKKBN. We identified 15 issues, and we focused on 6 aspects:
    1) Accelerate interval tubectomy. For this, we need MoH to issue a decree for interval tubectomy to be covered by BPJS.
    2) Claims from non-capitation midwives are sent from the central BPJS to the local BPJS. However, there is no technical guideline for this procedure.
    3) Who is responsible for the certification of competence of these 58.800 midwives?
    4) MoH regulation no.34/2014 (PMK 34) states that the pharmaceutical commodities have to be distributed through the pharmacy, and in health facilities, through the pharmacist. The problem is not all districts have pharmacies, and not all health facilities have pharmacists. This regulation needs revision to provide access to midwives to obtain pharmaceutical commodities.
    5) The amandement process of a penal code that proposes the restriction in contraceptive tools promotion in public. This amandement process will go on until around mid-2017. This needs to be guided because it will likely interrupt FP services during fieldwork.
    6) Today the national government has launched the village fund program (Dana Desa). The village fund has the potential to be allocated to FP programs on village level. That being said, we need to advocate the Ministry of Village to issue a policy that require the head of villages to allocate that fund.

Ms Indra (Ikatan Bidan Indonesia/Indonesian Midwives Organization)

- Midwives are prone to getting penal code. This is because not all patients are married.

Mr Arifin (Kementrian Dalam Negeri/Ministry of Home Affairs)

- The Ministry of Home Affairs is deeply concerned about family planning issues. During this era of autonomy, based on local government law no.23/2014, local authorities are obligated to form a working unit for population control and family planning. Hence, cooperation with local authorities is necessary.

Mr Julianto (Former member of Rights and Empowerment WG)

- In the decentralization era, the authority lies on the local government. But they do not have the capability to analyze the data and they need to be kept updated. Some of us worked together to

develop a formula for CTU training material. The content needs review for SSC. Hopefully, it will be a new new material for TOT training.

Mr Ahmad Taufik (BAPPENAS)

- Response for Ms Maria Ulfah. Integration needs to be multisectoral. Through Ministtry of Education, studentsm especially girls, learn about reproductive health and maybe anti-drug campaign. And Ministry of Religious Affairs has also a significant role, like giving explanations on religious preparation for marriages.
- Response for Mr Eddy Hasmi. It does not mean that PMA is not used at all. PMA is still utilised and beneficial for some of our programs. But it has to be officially released relevant ministries. We should be able to monitor the data once every three months.
- We need continuity collaboration among ministries with holistic approach. When one program or training is completed, then other ministries will do the follow up.
- Under the PMK 34, the laws are restricting other laws. It needs to be discussed, harmonized and synchronized.
- The village fund program (Dana Desa) is indeed beneficial for the family planning program. We need to identify how important the family planning issues are to the local government, and how far can we develop coordination with them regarding this issue.

Ms Annette Robertson (UNFPA)

- Encouraged the group to continue to meet so we can come up with concrete workplan.
- Suggested that BKKBN and FP2020 secretariat organize the Data working group.
- In terms of the FP2020 committee, Mr Eddy had mentioned about the use of IT-based platform to share information between members. Progress report can be conducted through IT platform. Therefore we don't have to wait for the next meeting to get updates.
- Proposed the next meeting to be conducted in November.