

16th FP2020 Country Committee for Indonesia
Minutes of Meeting
Tuesday, 7 March 2017, 09.00—12.00
Ruang NKKBS, Halim I, BKKBN

Date : Tuesday, 7 March 2017
Time : 09.00-13.00
Venue : Ruang NKKBS, Halim I, BKKBN

Co-Chairs:

- Dr. Wendy Hartanto, Deputy of Population Control, BKKBN
- Drs. Ipin Zaenal Arifin Husni, Head of Planning Bureau, BKKBN
- Ms. Woro Srihastuti Sulistyaningrum (Ibu Lisa), Director of Family, Women, Children, Youth and Sports, BAPPENAS
- Dr. Annette Sachs Robertson, Representative, UNFPA
- Ms. Zohra Balsara, Health Office Deputy Director, USAID

Attendants:

- See List of Attendees (Annex I)

Agenda:

- Opening remarks
- Presentations Session:
 - Policy Brief on Family Planning in UHC
 - Briefing from FP2020 Global Secretariat
 - Working Group Updates (FP Strategy; Rights and Empowerment; and Data/M&E)
- Discussion Session
- Closing remarks

Opening

Mr. Ipin Zaenal Arifin Husni (Head of Planning Bureau, BKKBN) welcomed the participants and outlined the meeting agenda. He highlighted the consensus achieved during the previous FP2020 meeting, in which these meetings would also serve as a discussion and decision-making forum regarding strategic issues faced by the relevant ministries/partners in achieving the Indonesia FP2020 goals. Dr. Wendy Hartanto (Deputy of Population Control at BKKBN) opened the meeting and delivered the opening remarks. He also provided a brief background on and strategic efforts related to the reproductive health and family planning situation in Indonesia since the London Summit on Family Planning in 2012. The FP2020 Co-Chairs thanked colleagues and partners for attending the meeting.

Summary of Discussion

1. Indonesia's contributions to fulfil its commitment to the FP2020 goal:
Dr. Wendy Hartanto delivered opening remarks on behalf of BKKBN as the Chair of the FP2020 Country Committee.

- a. Brief history of FP2020:
 - The FP2020 commitment to provide universal access to family planning and reproductive health services as stipulated at the 2012 London Summit on Family Planning, is in line with BKKBN's mandate to realize the 5th priority agenda or *Nawacita* (i.e., increase the quality of life of Indonesians). It is also in line with Sustainable Development Goals three and five.
 - Family Planning targets: In order to fulfil Indonesia's commitment to the FP2020 goal, efforts are geared towards achieving the following targets by 2019: increase the contraceptive prevalence rate for all methods (66%); decrease dropout rates (24.6%); increase the use of long-acting contraceptive methods (23.5%); decrease unmet need (9.91%); decrease age-specific fertility rates (38/1000); decrease unwanted pregnancies (6.6%).
 - b. The national strategic family planning direction is focused on the following strategic directions:
 - 1) Strengthening and harmonization of service regulations for family planning and reproductive health; 2) provision of infrastructure and ensuring the availability of adequate contraceptives; 3) provision of information; 4) improving the quality of family planning services by increasing the use of long-acting methods in order to minimize the potential for dropouts through continuous counseling.; 5) increasing the number and strengthening the capacity of family planning field workers and other health providers; 6) advocating population, family planning, and family development programs; 7) empowering families to ensure constant participation in family planning.
 - c. Efforts to increase access to family planning services:
 - In the Presidential Decree No. 19 (2016) on health insurance, the provision of family planning services is included as a promotive and preventive measure and includes: counseling and contraceptive services, including vasectomy and tubectomy.
 - Over the past three years, BKKBN in collaboration with development partners have engaged in the following efforts to achieve the FP2020 goals: Supply Chain Management; Advance Family Planning; Right-time, Right Method; My Choice; Landscaping exercise and mapping stakeholders; Track20; PMA2020; and FP Strategy and Rights and Empowerment working groups; and RFP Strategy.
2. Follow up from the FP2020 Country Committee Meeting
- Dr. Robertson raised points from the previous FP2020 Country Committee meeting and highlighted the follow up actions and progress that have been made.*
- a. Rights-based Family Planning (RFP) Strategy and Costed Implementation Plan (CIP):
 - The assumptions for the CIP are currently being finalized. Once BAPPENAS, BKKBN, and MOH have cleared the assumptions, we will share the document with the FP2020 Country Committee members for inputs.
 - The RFP Strategy has also gone through several iterations and inputs from key stakeholders have been incorporated. Additional inputs from the FP2020 Country Committee members are welcomed.
 - b. Data, Monitoring and Evaluation Working Group:

- The draft TOR for the Working Group has been made available and the letter of invitation (signed by the focal points) have been sent to prospective members for the Data Working Group. Member nominations have been received from BKKBN, Avenir Health, UNFPA, JHU CCP and UGM. Other prospective members (UI, BPS, MOHA, and MOH) are encouraged to send their member nominations for the working group as soon as possible.
 - The working group is expected to routinely monitor the progress and achievements of the approved family planning indicators. It is expected that the working group will provide inputs for the Data Summit. The first Data Working Group meeting is tentatively scheduled for 15 March 2017
 - Mr. Husni briefly discussed the plans for the Data Summit.
 - The Data Summit is a forum that will be held to discuss and reach a consensus on what data sources will be used and how to measure the achievements of the FP2020 and SDG and RPJMN indicators. The aim is to minimize the potential for differences in findings, because it has been agreed upon beforehand.
 - The Data Summit will involve relevant ministries and agencies, including: BAPPENAS, MOH, BPS, MOHA, BPJS, MENKO PMK, FP2020 Country Committee members, etc. and is tentatively scheduled for the end of March or the beginning of April 2017.
- c. FP2020 mode of communication:
- The Indonesia FP2020 website has been developed. A link will be shared with the FP2020 members for inputs on how to improve the website before going live.
 - Initial comments on the website include: to have an Indonesian version of the website; to link the Indonesia FP2020 website with BKKBN as well as the Global FP2020 website; to ensure password protection for internal documents such as the TORs and minutes of meetings.

Actions:

1. *The RFP Strategy and CIP documents will be shared with the FP2020 Country Committee members once they have been reviewed and cleared by BAPPENAS, BKKBN, and MOH for inputs.*
2. *Prospective members of the Data Working Group are encouraged to send their member nominations and the first working group meeting will be organized as soon as possible.*
3. *The FP2020 Secretariat will share a link to the Indonesia FP2020 website to the Country Committee members for inputs.*
4. *To be more engaging at the country level, to develop the website in two languages: English and Indonesian.*

3. Health Sector Investment: Value for Money

Ms. Balsara raised the issue of value for money with regards to Indonesia's health sector investment. She suggested that the FP2020 Data, Monitoring and Evaluation working group examine the impact of the broader changes in the health system on family planning services and care.

- a. She highlighted the question from the Ministry of Finance (Fiscal Policy Unit) on the value for money regarding Indonesia's health sector investment. More specifically, given the investments that we have in the health sector, how is

Indonesia utilizing its financing to actually improve health outcomes? MoF is not questioning the investment itself; rather they want to know how Indonesia can make the investment more effective.

- b. Similarly, she also noted that the Vice President's office has mentioned that currently about 40% of the State budget for the health sector goes to JKN. They want to know what the impact is of the remaining health budget that does not go to JKN.
- c. She encourages the Data working group to not only track traditional indicators, but also examine how the changes in the broader health system are impacting FP service delivery.
- d. Prof. Moertiningsih Adioetomo (Ibu Toening) emphasized that family planning is not a cost, it is an investment and the demographic dividend poses a potential for economic growth.

Action:

1. *Data, Monitoring and Evaluation Working Group to consider the inclusion of the above suggested topics in its mandate and for further discussion.*

4. Report from the FP2020 Global Secretariat

Ms. Eva Ross delivered the presentation and the ppt is provided in Appendix 2¹:

- a. Fourth annual progress report
 - The report emphasizes the progress made towards the goal of increasing access to modern contraception, improving service quality, expanding choice, and reducing barriers to use in the 69 focus countries.
 - In July 2016 (the midpoint of the FP2020 movement), 30 million additional women and girls have access to modern contraceptives. This is lower than the target set for the midpoint of FP2020 and this remains to be a challenge for the years to come.
 - She highlighted the partnerships that have grown since the 2012 London Summit on Family Planning.
- b. Family Planning Strategy and Costed Implementation Plans (CIPs)
 - She acknowledged and appreciated the Indonesia FP2020 CC for developing the National Rights-based Strategy and saw it as a good practice that can be shared with other countries.
 - Four out of the 11 Asia countries already have a CIP that are under implementation, while five countries are currently in the development process. Pakistan is looking at CIPs at the sub-national/province level.
- c. The roll out of CSO representation as a FP2020 focal point
 - FP2020 will formally acknowledge the strong role of CSOs in the FP2020 movement and family planning more broadly by appointing a representative as part of the focal point structure.
 - The FP2020 Secretariat will provide suggested guidance, but the selection/nomination process of the CSO representative will be led at the country level. Countries are expected to provide their nomination, if possible, by the end of March or beginning of April.
- d. Focal Point Workshops

¹ See the presentation entitled "FP2020 Secretariat Visit to Indonesia."

- Ms. Ross highlighted Indonesia’s active role in FP2020 since the 2012 London Summit on Family Planning. This includes Indonesia’s representation as a Reference Group member, and Indonesia’s participation at the first Global and Regional Focal Point workshops.
 - The focus of these workshops is to have the focal points collectively think through the challenges, opportunities, and priorities that need to be identified in a short-term country action plan (18 months) that is in line and in support of with other national strategies on family planning.
 - The next Regional Focal Point workshop will be held in Manila, Philippines in May. Eleven countries from the Asia region are expected to participate to share knowledge as well as update and revise the country action plan for FP2020.
- e. Family Planning High Impact Practices (HIPs) Advisor
- In collaboration with USAID Washington, FP2020 will bring on a dedicated advisor for family planning high impact practices (HIPs) to assist the FP2020 Secretariat and country focal points on determining practices that will best fit the needs of each country.

Actions:

1. *FP2020 Country Committee to identify the Civil Society Focal Point for Indonesia.*

5. Family Planning in Universal Health Coverage (FP in UHC)

Prof. Siswanto delivered the presentation and the ppt is provided in Appendix 2²:

- a. Policy Direction
 - According to the President Decree No. 12/2013 and the Ministry of Health decree related to insurance implementation and revised tariff, the costs for FP service will be covered by BPJS (through capitation and reimbursement), while the contraceptive will be provided by BKKBN.
 - Indonesian policies related to FP in UHC are going in the right direction; the issue now is the actual implementation of the policies.
- b. Data
 - Between 2015 and 2016, contraceptive users covered by the insurance scheme (BPJS) has only increased slightly from 5.7 to 6.4% (PMA 2016).
 - Overall, there is a clear shift from *Jamkesda* (local insurance) to BPJS as the insurance provider for modern contraceptives; however, in some rural areas there is still reluctance to switch from *Jamkesda* to BPJS.
 - Data reflects that even though the right policies are in place, the implementation in the field has not been as optimal as it should be.
- c. Recommendations on how health insurance can reinforce the FP program
 - BKKBN is recommended to focus on 5Ps: political, people, package, provider, and payments. A detailed breakdown of recommendations will be provided to BKKBN. Below is a few highlights from the presentation:
 - i. The need for getting the political commitment to include family planning interventions in the universal healthcare scheme (BPJS).
 - ii. To agree on the (one) criteria for ‘poor family’ who are eligible to receive financial assistance (to receive government subsidy to cover their

² See the presentation entitled “The role of Indonesia Health Insurance: In Family Planning Services.”

insurance premium). As of now, the criteria for financial assistance recipients (*penerima bantuan iuran* or PBI) and the classification of poor families are different.

iii. Sufficient budget allocation to fulfil the contraceptive needs.

- Responding to the issue that many health providers (e.g. midwives) do not want to join the BPJS network, Mr. Robert Ainslie of JHU CCP noted as part of the recommendations to BKKBN, Prof. Siswanto should also include specific ways to engage and encourage the midwives and private providers to join the BPJS network.
- Ms. Martha Santoso Ismail of UNFPA proposed that the rights-based approach is streamlined in all of the 5P's that Prof. Wilopo presented on earlier (particularly under 'political' and 'people').

6. Updates from the FP2020 Working Groups

a. Working Group on the Family Planning Strategy

Ms. Woro Srihastuti delivered the update and the ppt is provided in Appendix 2³:

- BAPPENAS is committed to take the coordination roles in the operationalization of the RFP strategy, and will continue to work in close collaboration with BKKBN and MOH.
- The updated RFP Strategy is already in line with the SDG, 2015-2019 RPJMN. The operational details of the Strategy have also been formulized from the national to the health facility level, including identification of who will be responsible for what.
- In 2016, a rights-based family planning situational analysis was conducted in five provinces (Aceh, East Java, East Nusa Tenggara, Gorontalo, and West Papua) and 10 districts. Report is being revised hopefully to be finalized and shared before the next FP2020 CC meeting.
- The CIP is also being developed to estimate the financial needs to properly implement the strategy.
- Bappenas will coordinate the district piloting for strengthening the FP district programming based on the RFP Strategy and the CIP. Before implementing the district piloting a mapping of FP facilities and quality of care will also be conducted to better understand the quality of the FP facilities and its services in two selected pilot project areas.
- Dr. Julianto Witjaksono added to Ibu Lisa's presentation and highlighted the capacity gap in the era of decentralization. Not enough attention is given to strengthening the capacity of the local government in running the family planning and MCH programs. To this end, the RFP Strategy will place focus on strengthening the capacity management at the district level.
- As the 2017 IDHS will soon be published, he requested that BAPPENAS provide access to the data in order to allow for the quick determination of family planning actions to be taken by 2018.

b. Working Group on Rights and Empowerment

Ms. Ninuk Widyantoro delivered the update:

³ See the presentation entitled "Kemajuan pelaksanaan kegiatan inisiatif perencanaan dan pelaksanaan KB berbasis hak terintegrasi."

- The working group conducted a qualitative survey to explore knowledge, attitudes, and behaviors regarding sexual reproductive health and family planning of clients, community members, and providers. This survey found that comprehensive knowledge on SRHR and family planning is still lacking.
- In implementing FP2020, the working group is hopeful for the strong commitments from and coordination among government institutions in order to ensure that rights and empowerment in family planning becomes a reality. She stressed the need to increase the inclusive involvement of the Rights and Empowerment working group in meetings (e.g., meetings to develop the RFP Strategy). She also highlighted the resources, modalities, and experiences that the working group has to offer to the policy-makers.

c. **Working Group on Data, Monitoring and Evaluation**

Prof. Siswanto delivered the update:

- Indonesia has many sources of data, among others: IDHS, Census, SUPAS, SUSENAS, RPJMN Survey (down to the provincial level); and most recent is the PMA 2020. He highlighted the need for this working group to address the issues around access to data, quality of data, and the appropriate use and consistency of data to monitor and evaluate the progress of our programs. In the future, BKKBN hopes to display data in the form of a dashboard that can be accessed publically.
- Mr. Husni briefly elaborated on the RPJMN Survey that was mentioned by Prof. Wilopo. In 2018, the name of the survey will be changed to *Survey Kinerja dan Akuntabilitas Progam* (SKAP). The survey has adopted the design, methodology, and sampling from IDHS and PMA. The hope is that this survey will gain credibility and potentially be deemed worthy to be used as one of the data sources to measure the FP2020 and SDG indicators.
- The first Data, Monitoring and Evaluation working group meeting will focus on finalizing the TOR, developing the plan of action, and data checking to be used at the upcoming Data Summit.

7. **Issue of Youth Involvement in Family Planning**

- a. Youth representatives expressed their keenness to be part of the Indonesia FP2020 Country Committee, including the FP2020 working groups. Youth should be involved in family planning, because family planning is not just about the provision of contraceptives and services, but it is also about disseminating accurate information to young people.
- b. Concerns regarding the availability of contraceptives to unmarried youth were also raised as a point of discussion. From a medical doctor perspective, Prof. Wilopo highlighted the need for harm reduction policies related to premarital sex.
- c. Prof. Wilopo also noted that together with JHU he conducted a qualitative study on youth through more than 200 focus groups discussions. He highlighted that there is limited knowledge on contraceptives and none of the sampled adolescents mentioned emergency contraceptives.

8. **Quality of Locally Manufactured Condoms**

- a. Prof. Siswanto mentioned that BKKBN is the only institution that can procure condoms. BKKBN and MOH have begun to discuss and initiate efforts to improve the quality of domestically produced condoms.
 - b. This year PT. Mitra Rajawali Banjaran (MRB) plans to continue efforts to improve the quality of condoms. PT. MRB welcomes inputs and suggestions from BKKBN and looks forward to future collaborations.
9. Minimum Service Standards (MSS) related to Maternal Health and Family Planning
- a. There are currently two laws on the minimum service standards for health. The laws, Permendagri No. 18 (2016) and Permenkes No. 43(2016), both have points on the minimum service standards for maternal and child health.
 - b. Mr. Halik Sidik (NAC), suggests that MOHA, MOH, and BKKBN can discuss further ways to utilize the technical guidelines or *petunjuk teknis* and possibly integrate the MSS related to maternal and child health with family planning.

Closing

1. Dr. Annette Sachs Robertson, UNFPA

Dr. Annette Sachs Robertson delivered closing remarks and thanked all the presenters and participants of the meeting for a very lively discussion. She highlighted the overriding theme of the meeting, which was coordination, integration, and cooperation. Particularly, the importance of close coordination across government institutions, private sector, and the community, as well as ensuring that coordination is translated into concrete action.

Dr. Robertson mentioned that a round-table policy dialogue on family planning in UHC is currently being organized by UNFPA and BKKBN. The dialogue will discuss policy briefs that are currently being developed by Prof. Wilopo and colleagues as well as other existing studies on this topic UNFPA is also working with five other countries in the region (through the sharing mechanism of South-South Cooperation) on the issue of FP in UHC. Prof. Laksono is leading this effort.

2. Ms. Woro Srihastuti Sulistyaningrum (Ibu Lisa), BAPPENAS

Ibu Lisa reiterated the importance of coordination as mentioned by Dr. Robertson, particularly in the context of the RFP Strategy as well as the work of the Data, Monitoring and Evaluation working group for FP2020. She agrees with the need to reach a consensus among institution on the use and source of data. She will update the Deputy of Human Development, Community and Culture on the issues of RFP, data, and FP in UHC and will coordinate with Mr. Pungkas Bahjuri Ali as the Director of Community Health and Nutrition. Ibu Lisa closed the meeting and thanked BKKBN, UNFPA, USAID and all FP2020 Country Committee members for their continued support on the issue of family planning in Indonesia.

Actions:

1. *Provide input to the Indonesia FP2020 website.*
2. *Send member nominations for the Data, Monitoring and Working Group.*
3. *FP2020 Secretariat to share lessons learned on High Impact Practices (HIPs) from other countries once the HIPs Coordinator comes on board.*
4. *Selection and appointment of the FP2020 CSO Focal Points.*

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