

INDONESIA

Spotlight on Family Planning: Tracking Progress on the FP2020 Pledges

The Spotlight on Family Planning series offers a snapshot on progress governments have made in delivering on their FP2020 pledges, made at the London 2012 Family Planning Summit.

The Indonesian Planned Parenthood Association (PKBI/IPPA, the IPPF Member Association in Indonesia) and other civil society organizations (CSOs) have identified a number of 'high priority' pledges: progress towards these pledges is critical for increasing access to modern family planning (FP) methods. The table shows achievements and failures in delivering on these promises.



Indonesia's FP2020 pledges

Government of Indonesia's progress on its FP2020 pledges

What has civil society achieved?

Develop a national family planning and population strategy to improve the quality of human resources and increase demand for family planning services

- The National Family Planning Coordinating Board (BKKBN), in partnership with the United States Agency for International Development (USAID) and the United Nations Population Fund (UNFPA), developed a national action plan in 2014 to revitalize family planning.
- The plan includes measures to improve the capacity of human resources and to increase demand for modern methods of contraception.

- A consortium of family planning CSOs – called the FP2020 country-led group, including PKBI/IPPA and the Midwives Association – provided expert guidance to the BKKBN in the development of the national action plan.

Make family planning free of charge to all, as part of the Universal Health Coverage (UHC) programme

- Universal Health Coverage (UHC) launched in January 2014. The Social Security Organizing Agency for Health (BPJS Health) is responsible for overseeing the UHC programme.
- BPJS Health signed a Memorandum of Understanding (MoU) with the BKKBN in 2014, committing to provide free family planning services and supplies.
- Only 50% of the population was covered by the UHC programme in 2015. People who live in rural and remote areas, and women who are not registered as UHC members, have problems accessing services for free.

- PKBI/IPPA and CSOs are monitoring the implementation of the UHC programme to show where people still face barriers to accessing services for free.
- PKBI/IPPA and the BKKBN are in the process of negotiating an MoU so that PKBI/IPPA can provide services and supplies as part of the UHC programme.

Maintain public funding for family planning

- Increased the health budget by 1.5% from 2014 to 2015.
- In early 2015, President Jokowi committed to increase the health budget to at least 5% of the total government budget, amounting to US \$874 million in 2016.
- Due to devolution, both national and local governments hold budgets for FP. Transparency is a concern because not all local governments publish their budgets.

- PKBI/IPPA advocated for increased allocations to the health budget at the national level, and advocated for increased allocations to the district health budget in Gunung Kidul.
- PKBI/IPPA has analysed government budgets since 2012 and attempted to isolate budgetary allocations for family planning.

Allocate resources to the most densely populated provinces and districts with high fertility rates

- The BKKBN signed an MoU with Johns Hopkins University (USA), giving them a budget of US\$40 million, over four years, to provide technical assistance to expand the family planning programme.

- PKBI/IPPA coordinated community awareness activities and local advocacy actions in 200 cadres, in 2013 and 2014, to demand that local district authorities allocate resources to sexual and reproductive health, including family planning.
- The BKKBN partnered with PKBI/IPPA to conduct awareness-raising activities at district level.

Gaps in the FP2020 pledges and recommendations for government action

The government has made some progress towards its pledges, but existing efforts are not enough to deliver on its promises by 2020. In addition, other problems and gaps have emerged. The government must address these problems urgently.

Civil society calls on the government to:

- 1 Create a dedicated budget line for family planning and increase budget allocations for family planning.** Currently, only 2.2% of the health budget is allocated for nutrition and maternal health and family planning, which falls short of the US \$263.7 million target pledged at the 2012 Family Planning Summit. Although the government increased the health budget by 1.5% from 2014-2015, it is not clear how much of the increase was allocated to family planning.
- 2 Amend Population Law 52/2009 to state that family planning services must not discriminate on the basis of marital status.** To implement this amendment, the government must issue new health service delivery guidelines and raise awareness of the policy change.
- 3 Establish mechanisms to involve young people in government decision-making processes.** Youth programmes, in particular, must take into account young people's needs and demands in order to be effective.

Where we are now

The following nationwide statistics¹ reflect, in part, recent government improvements to family planning services.

Indicator measure in 2013



44.7% CPR (modern methods) (increase of 0.2% from 2012)



825,000 unintended pregnancies averted (decline of 4,000 from 2012)



14% of married women have an unmet need for family planning (decline of 0.1% from 2012)

1 Avenir Health (nd) Track20. Available from: www.track20.org. [Accessed: 25/08/2015].

PKBI/IPPA's contribution to SRH services

PKBI/IPPA fulfills an important role in meeting demand for sexual and reproductive health services. For example::



PKBI/IPPA provided 112,173 couple years protection in 2014, a 9% increase from 2013



PKBI/IPPA services resulted in 36,562 unintended pregnancies being averted in 2014, a 14% increase from 2013



PKBI/IPPA provided family planning services to 26,309 new users in 2014

Stories from the field



Tri Kristianganingsih is the head of a woman's cooperative, called Nuansa Mandiri, in central Java.

"It made me realize that for a woman to be productive, and at the same time be an effective wife and mother, her health is of the utmost importance," said Tri.

The cooperative empowers women financially, with knowledge and life skills that equip them to be independent. PKBI/IPPA inspired Tri's team to disseminate reproductive health information to their local community.

"Since we are adopters and practitioners of family planning methods and are out there almost every day, we have the advantage to reach out and be agents of change to improve the health of families. So why not also be motivators and promote family planning."

Joining Voices is an advocacy project that aims to safeguard and strengthen financial commitments to reproductive health and family planning, and reinforce political leadership on universal access. *Joining Voices* is facilitated on behalf of civil society by IPPF and the Countdown 2015 Europe Consortium, led by IPPF European Network.

For more information about PKBI/IPPA: www.pkbi.or.id

For more information about Joining Voices: www.joiningvoices2020.org

For more information about IPPF: www.ippf.org UK Registered Charity No. 229476

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