This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Indonesia in collaboration with the FP2020 Secretariat and other partners during the Asia Focal Point Workshop in Bali, Indonesia in January 2016. FP2020’s focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country's family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- The modern contraceptive rate (mCPR) in 2015 was 44% (PMA2020); an estimated 1.2 million additional users since the London Summit in 2012
- The mCPR needs to increase 0.7% per year to reach the FP2020 goal
- National Goals: mCPR is 65% by 2019
- Imbalanced method mix, skewed towards short-term methods; use of injectable trended to increase
- Disparities exist among 34 provinces and more than 500 districts

OPPORTUNITIES

- Higher budget allocation to allow contraceptive availability for all, yet need to ensure that budget is properly allocated through designated family planning (FP) budget lines
- The National Family Planning Coordinating Board (BKKBN) campaign, “Kampung KB:”
  - Starting in 2016, BKKBN initiated new initiative called “Kampung KB”, that targeted poor areas; densely populated urban areas; fishing villages; slums and other disadvantaged areas across the country. The Kampung KB initiative is implemented as a multi-sectoral collaboration among government ministerial/boards, aims to improve the quality of life of people at the village level through the population, FP, and family development program that is integrated with related sectors.
  - Under coordination of the Coordinating Ministry for People's Empowerment and Culture (PMK), BKKBN will collaborate with the Ministry of Interior; Ministry of Health; Ministry of Public Works and Housing; the Ministry of Maritime Affairs and Fisheries; Ministry of Rural Development of Disadvantaged Regions and Transmigration; and other related institutions to develop a range of activities in Kampung KB in accordance with the needs of local communities including to ensure better access to FP services, particularly long-acting contraceptives (LARCs) for poor village communities.
- More data is available from multiple sources; consensus was made on the use of PMA2020 and Track20 data, down to the district level.
- Multi-sectoral mechanism and support is evident but additional coordination is still required; especially with the Ministry of Planning (BAPPENAS), Ministry of Finance; MoH; BKKBN.
- Social Insurance Scheme includes FP: Inclusion of FP in the National Health Insurance (JKN)—Individuals who are enrolled in the JKN will be able to obtain FP services for free; from primary health care facilities to secondary and tertiary health care facilities that have the MOUs with the Social Insurance Board (BPJS). The FP package under the scheme covers almost all types of contraceptive methods from condoms to vasectomy, although it does not cover the interval tubectomy method yet.
• Framework for rights-based FP programming is available
• FP2020 country coordination mechanism is active
• Law on Village Fund provides opportunity for villages to get more funding on FP
• Central government provides funding assistance to the local governments by providing a Special Allocation Fund (DAK). The assistance is provided to the low to medium fiscal capacity local governments. The DAK is to support the expenses for infrastructures; procurement of vehicles and support for operational costs for field workers; materials for IECs; and medical supplies that cannot be purchased or too expensive to procure locally.
• Starting in 2016, the Central Government provides additional Operational Allocation Funds of Family Planning (Bantuan Operasional Keluarga Berencana/BOKB). The BOKB is to be used for supporting daily operational cost of Counseling Center (Balai Penyuluhan) where FP fieldworkers provide counseling and implement family welfare programming in communities. The BOKB is also allocated to support distribution costs of contraceptives and drugs from warehouses at a district level to health facilities/FP clinics.
• Counseling and ARH services for youth that focus in 3 areas
  o Promotion to postpone the age at marriage: prioritizing school and career;
  o Mass distribution of reproductive health information through youth centers (PIK);
  o Promotion to carefully plan for family life (when to get married, when to have children, how many children they will have, etc.) through Genre Program, could be expanded by initiating and strengthening collaboration with related government agencies and strategic partners
• Assessment on Supply Chain Management of FP Commodities, followed by development of supply chain management models in nine districts and technical support for the implementation.
• In August 2016, 13 district heads and district and municipality mayors have signed a joint commitment to support local FP programs.

CHALLENGES

• Despite the recent commitments made by local officials and leaders, there is still a general lack of commitment to FP; more advocacy is needed to strengthen local government commitment to include FP in the district development agenda and provide adequate funding allocation for ensuring access to FP services and other FP-related priority activities for communities at grassroots level.
• Law or regulation to support funding mechanism that allows contribution of national budget allocation (APBN) to FP financing at the district/municipalities (to support the local budget/APBD in FP Program) has not yet been provided.
• Limited engagement of the field workers (PKB/PLKB) and cadres (PPKBD/Sub PPKBD) with communities and women.
• National policies and strategies are not necessarily adopted immediately by local governments and advocacy is needed to get their buy in.
• No national nor sub national CIPs.
• No comprehensive coverage of FP under the UHC scheme; leading to inadequate access to services for the poor. UHC policies require revision to meet all requests and to reach the poor (address equity and social justice).
• Growing religious conservatism affecting demand and decision making.
• Promotion of LARCs tends not to enhance rights-based approach.
• Quality of services is an issue particularly related to counseling affecting discontinuation and method mix (competencies of the midwives).
• Lack of inclusion of private sector in the planning, implementation, and monitoring/reporting.
• FP is not fully integrated into the health system.
• Logistics Management and Information System (LMIS) has been developed but not well implemented yet.

PRIORITIES
- Develop and implement Costed Implementation Plan: National and priority districts/provinces; based on the framework of the rights-based FP strategy.
- Develop policy briefs to strengthen the revision of the regulations, policies, and guides for implementation of FP in UHC.
- Assess quality of FP services and continue the process for quality assurance of condom (with possible expansion to assess quality of DMPA).
- Advocate using evidence based briefs on adolescent health needs, including reproductive health for more youth friendly policies/programs.
- Use PMA2020 results and other knowledge products to inform decision makers (national/sub national) for program/policy strengthening.
- Advocate for FP implementation at sub national level in line with the FP2020 commitments:
  - Special Allocation Funds (DAK) & Operational Allocation Funds of Family Planning to support better access to family planning services at district level;
  - Under the Kampung KB initiative, develop a range of multi sectoral collaboration activities in accordance with the needs of local communities to ensure better access to family planning services particularly LARCs for poor village communities;
  - Starting in 2016, National Working Meeting (RAKERNAS) is replaced with National Coordination Meeting (RAKORNAS) inviting Governors, Regents/Mayors as participants. The Coordinating Minister of PMK, Home Affairs, Bappenas, MOF, MOH and BKKBN are invited as resource persons to reinforce local government support in providing adequate allocation funds for ensuring access to FP services and other FP related priority activities for communities at a grassroots level.