



Statement by

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On

**17th International Inter-Ministerial Conference on South-South Cooperation
in Population and Development Nairobi Commitments and the 2030 Agenda:
Taking stock and looking ahead in post COVID-19 crisis**

Technical Session 1

Thursday, 19 November 2020, 1:30 p.m. - 3:00 p.m. GMT

Good Afternoon, Assalamualaikum Warahmatullahi Wabarakatuh,
Excellences Ministers. Excellences PPD Executive Committee Members and Board Members.

It is my pleasure to attend the 17th International Inter-Ministerial Conference on South-South Cooperation in Population and Development. We commend the PPD, NHC and UNFPA for organizing this virtual Inter-Ministerial Conference. I hope all of you are in a good health during this Covid 19 Pandemic. In responding to the post Nairobi Commitments on 3 Zeros, Indonesia is pleased to report the progress as follows:

A. Indonesian commitments, progress, and challenges and how on Covid 19 pandemic affected the drive to achieve the ICPD PoA.

With respect to the implementation of the ICPD Program of Action and Nairobi Summit, Indonesia's commitment has remained strong. There are 3 (three) ministries that are responsible for the 3 Zeros, namely Ministry of Health, National Population and Family Planning Board, and Ministry of Women's Empowerment and Child Protection. The Government of Indonesia has put the spirit of the three zeros in its national medium-term development plan 2020-2024. Indonesia seeks to reduce unmet need for family planning from 10.60% to 7.4% in 2024, maternal mortality rate from 305 per 100,000 women in 2015 to 183 in 2024, and to lower the prevalence of violence against women ages 15-64 years in the last 12 months from 9.40% in 2016 by 2024. However, several challenges remain and the outbreak of Covid-19 might put more burden on the program in achieving those targets.

1. Maternal Death

Our policy in this area is focused on improving access and quality of healthcare to realize universal health coverage. We do this by strengthening promotive and preventive services that benefit from innovations and technological advancements. Specifically, our strategies include the following:

- a. Increasing access to maternal and child healthcare as well as premarital health counselling;
- b. Training on maternal and neonatal emergency care, improving the capacity of physicians in delivering the care using blended learning method and through coaching activities for public regional hospitals;
- c. Empowering communities

- d. Strengthening program governance through Maternal Perinatal Audit, Response Surveillance, notification system on Maternal Mortality, Stillbirth, and Neonatal Mortality, establishing a Taskforce on the Acceleration of Maternal and Child Mortality Rate Reduction, and strengthening Referral Network.

2. Unmet Need

The Covid-19 pandemic has caused a drop in the number of visitors to family planning providers. The reasons are: a) fear of being exposed to Covid-19; b) restrictions on the daily number of patients and operating hours of the providers; c) limitations of family planning counselling; d) delayed distribution of contraceptives due to the government's social restriction measures; e) limited availability of PPE for health workers; and f) impeded efforts to improve the capacity of health workers in family planning service delivery, including the long-acting contraceptives.

In responding to this situation, we have endeavored to:

- a) Build demand for family planning and maintain participation
 - 1) We provide information and education on FP service protocols during the Covid-19 pandemic that resonate with **the audience's current emotional state. To disseminate information, we** work with community radio stations, post videos and infographics through our social media channels, and utilize **166 car mounted audio systems**
 - 2) **We actively engage the community, including** the religious and local leaders, social media influencers, and artists
 - 3) A **solidified infrastructure** has been established, involving 24 thousand Family Planning Field Workers (FPFWs) & 1,3 million cadres to reach 81 million Indonesian families.
 - 4) Online training on COVID Response through **weekly FB Live presentations are delivered** in a program supported by USAID participated by more than 12,000 FPFWs.
- b) Strengthen access to and quality of FP

- 1) We organize activation activities that take advantage of important dates, for example on the commemoration of the 27th Indonesian Family Day we provided **1,4 million family planning services in one day on 29 June 2020**. To make sure FP is delivered in remote, disadvantaged, and island regions, we collaborate with the Indonesian Navy and CSOs that provide mobile services from vessels. BKKBN will also provide long-acting contraceptive services as part of the commemoration of the National Health Day.
- 2) The policy on pills and condom distribution by FP Field Workers and Cadres has been relaxed to enable them to provide **'door to door' pills and condoms** to eligible couples in need with a three-month supply under the supervision of health facilities
- 3) We develop an app called Klik KB that pools 51,000 midwives. Accessible to the public, anyone can use the app to make an appointment with a midwife to avoid queuing and crowds. The app also has a reminder feature for FP acceptors to remind them of their next visit.

c. Strengthen program governance

- 1) A guideline on the delivery of reproductive health services amid Covid-19 pandemic has been issued for midwives, health trainers, and health workers;
- 2) In addition, various ministries/public institutions and partners have issued guidelines on FP services and extension activities during the pandemic and new normal situation.

3. GBV, Child Marriage and FGM

Throughout the Covid-19 pandemic, gender-based violence (GBV) has experienced a sharp increase. GBV cases, such as incestuous rape and sexual, physical, and psychological abuse as well as other forms of violence have been occurring because of economic distress (National Commission on Violence Against Women, 2020). Moreover, we also notice an increase in child marriage in Indonesia, as evident from the applications for marriage dispensation, which allows early marriage, that rises from 23,700 in 2019 to 34,000 in 2020, and 97% of those applications have been approved.

Child marriage has been responded to by the issuance of Law 16 of 2019 that raises the minimum age of marriage to 19 years old for both males and females. In addition, we promote stronger commitment among regional governments, improve the capacity of human resource on gender issues, and develop a standard on improving the quality of women’s lives and child protection.

B. Indonesian Commitment Regarding COVID-19 response to continue the progress of action to fully achieve the ICPD and 2030 agenda through SSC

We have carried out several surveys in addition to an ongoing study on the impacts of Covid-19 to our attainment of our programs. Indonesia has continued to update its recognized and applicable health protocols, study available literature, and adjust policies and strategies to make sure that the delivery of public services are maintained. Indonesia’s attainment of the ICPD program of actions and the 2030 SDGs is a national priority as these agendas have been articulated in our national development planning document. Every year, the Government of Indonesia submits its accountability report to the Indonesian people through our national House of Representatives.

Amid all this, Indonesia has remained committed and determined to contribute its experience and expertise with other countries under the South-South cooperation. We are currently developing 7 thematic trainings in 8 selected provinces:



The quality family village project in particular will be carried out together with Seychelles.

We are also preparing a hospital in Jakarta to be a site of training on medical skills for the delivery of FP services in collaboration with UNFPA. For this same purpose, we plan to extend our cooperation with a local hospital in the province of Yogyakarta. The two sites will offer

distinct programs in terms of coverage and duration. The hospital Jakarta will focus on the delivery of long-acting and permanent contraceptives, while the hospital in Yogyakarta will provide a more comprehensive training program.

In this forum, we look forward to discussing the most effective funding scheme so that the learning sites, which we have diligently prepared, can offer the best experience to friendly countries who may need them.

C. Indonesian Partnership to Strengthen the Capacity of Health Systems in post-COVID-19

Presently, BKKBN cooperates with the John Hopkins Center for Communication Program and USAIDS, focusing on social and behavioural change communication of program workers and the society to adapt with new normal habits. BKKBN is also in cooperation with UNFPA to measure the quality of FP services during the pandemic. Indonesia is currently preparing a commitment of FP2030 Partnership with BKKBN as the chair, co-chaired by the UNFPA and the Embassy of Canada. This platform involves CSOs, the private sector, and youth representatives to identify issues and agree on commitments as well as their success indicators.

Indonesia stands ready to work together with all UN Member States and national partners to accelerate our commitments in the ICPD and SDGs in the spirit of inclusivity and multilateralism. Indonesia are committed to spread the spirit of SSTC and mutual collaboration.

I thank you.

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