

How does family planning service respond to COVID-19 pandemic in Indonesia: a case study in 8 districts/cities May – June 2020

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Background

Health system disruption caused by an outbreak / pandemic



- There was a **50% reduction in healthcare access** during Ebola outbreak in West Africa (Parpia *et al*, 2016).
- **There was a reduction in the accessibility of contraceptive devices in Sierra Leone (-23%) and Liberia (-65%)** during the peak of Ebola outbreak (Bietsch, Williamson, dan Reeves, 2020).

COVID-19 impacts on family planning



- A modelling estimates **47 million women could face difficulty to access contraceptive devices** leading to **7 million unwanted pregnancies in 114 LMICs** during 6 months of pandemic (UNFPA, 2020).
- **Physical distancing** and **budget refocusing and reallocation** could affect the FP implementation
- COVID-19 has caused disruption **at 80.3% integrated health posts** and **patients' visit reduction at 83.6% PHC** in Indonesia (MoH, 2020).
- COVID-19 pandemic could affect **the FP national key targets and Indonesia FP2020 core indicators**

Aims

- 1** | Identify the policy implementation and budget reallocation for FP services during COVID-19 pandemic in Indonesia
- 2** | Capture FP services adjustment across 8 districts that chosen as study sites.
- 3** | Provide recommendations for FP implementation during public health emergency events in the future.

Methodology

Methods

- A qualitative study.
- Data collected through **28 FGDs, secondary data** and **document review** from Ministry of Health, District Health Offices, PHCs and PMPs.

Trial & Selected study sites

- **Trial:** Yosodadi PHC, Metro City, Lampung.
- **Study sites:** Jakarta (East and South Jakarta); West Java (Depok and Bandung); East Java (Surabaya and Sidoarjo); South Sulawesi (Makassar and Bone).

Data collection

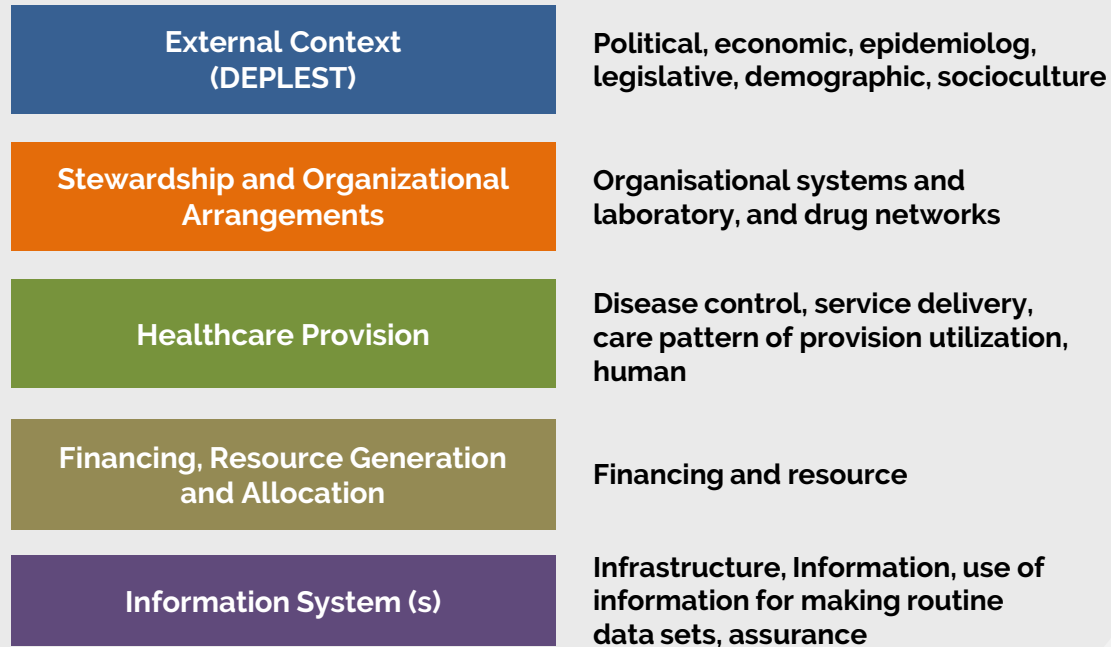
- **Central level:** Ministry of Health (Directorate of Family Health, Dir. Primary Healthcare, and Planning and Budgeting Bureau).
- **Districts:** District Health Offices (DHOs) in 8 selected districts.
- **Primary healthcare level:** 16 Primary Healthcare Centers (PHCs) and 16 Private Midwifery Practices (PMPs) in 8 selected districts.

Conceptual Framework

Health Systems Components



Vertical Programme Components



Linkages with other vertical programmes: (e.g. STI programmes; HIV programmes; substance abuse, etc.)

Result

Policy responses for FP services continuation

Timeline of COVID-19 key policy responses

- **COVID-19 Preparedness Technical Guideline (version 1)**
- **COVID-19** declared as **PHEIC** by WHO.

- **First case** identified on **2 March 2020**.
- **COVID-19** declared as **a pandemic** by WHO.
- **COVID-19 Prevention and Control Technical Guideline (version 3)**.
- Minister of Home Affairs Regulation 14/2020 concerning the acceleration of COVID-19 responses in sub-national level.
- **COVID-19 Prevention and Control Technical Guideline (version 4)**
- President Decree 11/2020 concerning public health emergency
- **Government Regulation 21/2020 concerning large scale social restriction.**

February 2020

April – June 2020

January 2020

March 2020

- **COVID-19 Preparedness Technical Guideline (version 2)**.
- Head of National Disaster Management Authority Decree Number 9A/2020 concerning the emergency status caused by Coronavirus in Indonesia

- **Minister of Health Regulation 9/2020 concerning the guideline for large scale social restriction** for COVID-19 responses, published on **3 April 2020**.
- President Decree 12/2020 concerning the COVID-19 status as a national non-natural disaster
- **Technical guideline for FP and reproductive health services during COVID-19** published on **26 April 2020**.
- **Circulation Letter 02.02/11/509/2020 concerning the family health services during COVID-19 pandemic**, published on **28 May 2020**.
- **Technical guideline for FP services during new normal**, published in **June 2020**.

Technical guideline for FP services adjustment took 2 months after the COVID-19 identified in Indonesia



Published on 26 April 2020

- Postponing pregnancy during pandemic.
- Postponing FP acceptors' visit to healthcare facilities, except emergency cases.
- The use of short-acting contraceptive methods (pill and condom)

Published on 28 May 2020

- Postponing pregnancy.
- Visitation scheduling for FP acceptors.

Published in June 2020

- FP services adjustment depending on the local transmission status across areas.

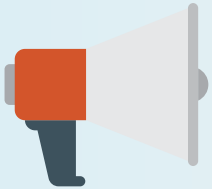
Several challenges

Delay in policy responses for FP services adjustment



- At the early stage of pandemic, **the policy more focuses on COVID-19 control and indirectly neglecting mitigation for other services, including FP**
- **Sub-national governments have been waiting for MoH's direction for the large-scale social restriction**, leading to uncertainty in services implementation.
- Supporting regulatory frameworks and guidelines published in **April - June**, take **2 months after the first case identified**.
- Indonesia **has been facing several outbreaks**, thus ideally should have been able to preserve health services better

Technical barriers in policy socialization



- The socialization for PH services adjustments is unintegrated across programs
- There is **internet and electricity barriers** faced by the sub-national health workforces.
- PHC workforce is overwhelmed with many technical guidelines (not only FP).
- **PMPs are less involved**, and gain access majority from professional organizations (Indonesian Midwives Association and Indonesian Society of Obstetric and Gynecology)

Result

**Organizational management and workforce adjustment
for FP services**

Management and workforce adjustment

Modification at PHCs and PMPs



- **Limitation of services hours** at PMPs
- 1 PHC (Jongaya, Makassar) reported **limitation for FP acceptors' visitation** (maximum 3 persons) per day.
- **Visitation scheduling** for long-acting contraceptives methods at PHCs and PMPs.



The involvement of midwives, cadres, and FP counsellors



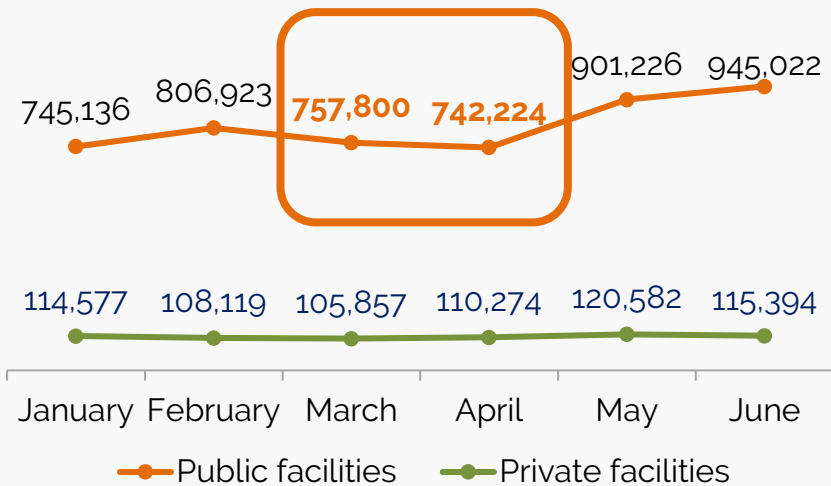
- Midwives, cadres and FP counsellors are involved to **distribute pill and condom.**
- **Cadres receive financial incentives** to implement **IEC** and **data reporting.**
- Ada **PMPs receive financial incentives to provide injection service** for poor couple.
- IEC is maximized through online platform.

Result

FP services adjustment

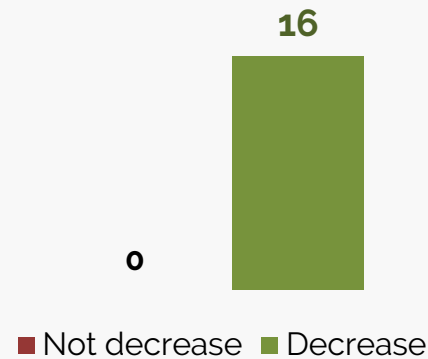
FP visit reduction at PHCs and PMPs

Visit limitation and acceptors' fears cause visit reduction at PHCs and PMPs, particularly related to accessing **IUD, implant, and injection services**.

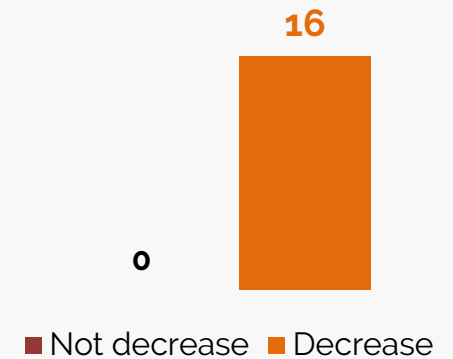


Source: National Population and FP Board, 2020

FP acceptors' visit across 16 PHCs



FP acceptors' visit across 16 PMPs

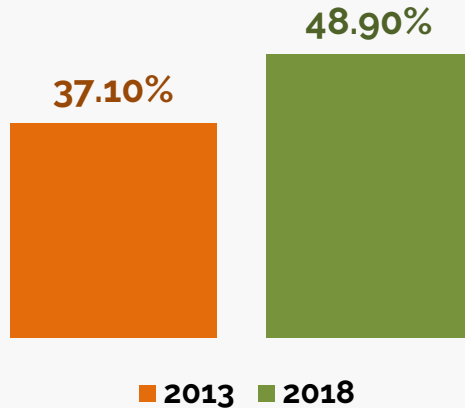


Visit reduction by FP acceptors could lead to unwanted pregnancies during COVID-19 pandemic

Unwanted pregnancy could be exacerbated by limited MCH services during pandemic

Prior the pandemic, anemia keeps increasing over the years

Anemia prevalence among pregnant women



Source: Basic Health Research 2013 and 2018



Preliminary finding in 5 districts shows MCH services reduction during pandemic



Source: Saputri et al, 2020

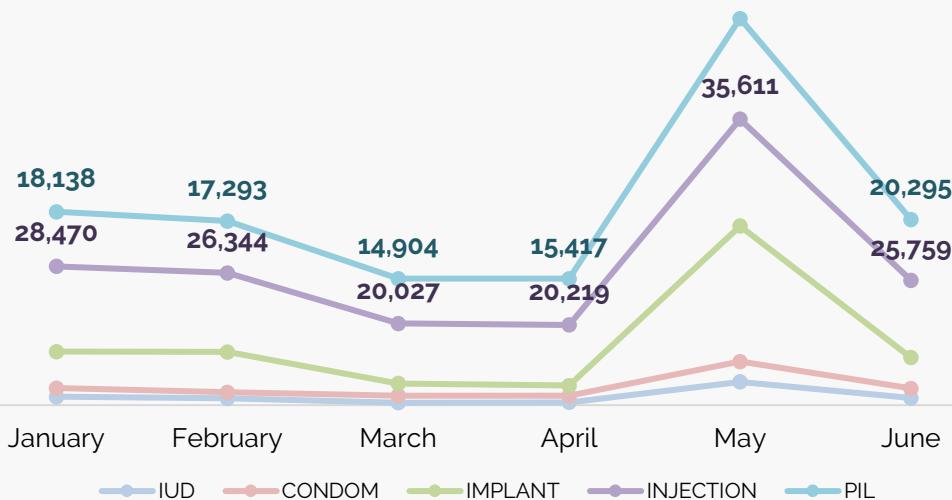
Limited MCH services could bring further challenges

Services disruption cause **the reduction in Fe supplementation** and **other ANC services** that could lead to **an increase in anemia prevalence and the risk of low birth-weight**

FP services adjustments at PHCs and PMPs

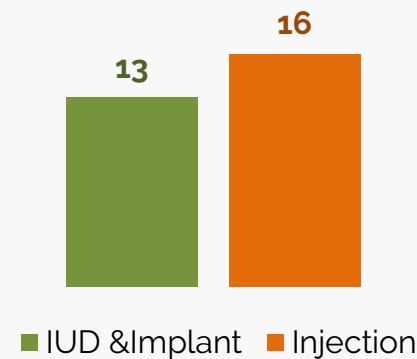
- **Pill, injection, and condom** is highly recommended compared to IUD and implant.
- **In contrast**, the continuation rate of pill, injection, and condom **is lower** than IUD and implant (IDHS, 2017)

Trend for contraception change method at primary healthcare level, January – June 2020

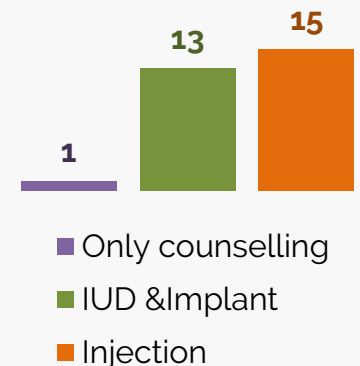


Source: National Population and FP Board, 2020

FP services at 16 PHCs



FP services at 16 PMPs



*pill and condom being distributed by midwives, cadres, and FP counsellors

- 2 PHCs and 2 PMPs do not provide IUD and implant services during pandemic
- National data shows **a surge in contraception change method to pill and injection during March – April 2020**
- **Continues monitoring is pivotal** to ensure the continuation of contraception use among acceptors

Result

Financing aspect of FP services

FP operational budget's refocusing and reallocation

Number	Activity	Scope	Target	Initial budget	Revised budget	Modification
1	Operational budget for FP Counselling Post	Counselling Post	5.517	603.820.540.000	603.820.540.000	
2	Operational budget for distributing contraceptive devices	Healthcare facilities	18.001	43.404.876.000	43.404.876.000	
3	Operational budget for FP activities at FP villages	Sub-district	7.144	676.710.851.000	598.079.230.000	78.631.621.000
	Operational budget for stunting mitigation at FP villages	Village	2.580	56.104.570.000	56.104.570.000	
4	Operational budget for FP programs delivered by the cadres	Village	83.065	498.390.000.000	498.390.000.000	
5	Operational management	District Office	507	52.727.640.000	52.727.640.000	
6	Information, education, and counselling	Sub-district	7.144	36.208.778.000	36.146.399.000	62.379.000
Total Usulan Anggaran BOKB TA.2020				1.967.367.255.000	1.888.673.255.000	78.694.000.000

- **Indonesia FP2020 Country Indicator point 12** stated annual contribution for FP is **\$ 192.110.369** or equivalent with **IDR. 2.709.044.368.453,-** (FP2020, 2020).
- The FP operational budget's cut could affect **the program implementation, the accomplishment of Indonesia FP2020 country indicators, and other key FP indicators.**

Out-of pocket payment for FP services could increase during the pandemic

Prior to pandemic, majority of women (15-49 years old) accessed the FP from private sector (48%).

59% of them paid the services *out-of-pocket*.

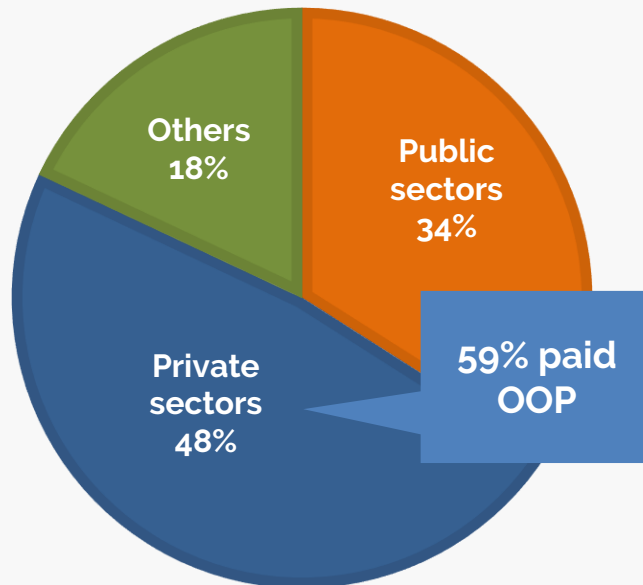


Pandemic has caused **the decrease in FP services utilization at public sector (16 PHCs)** which could lead to the decline in **willingness to pay FP services by the acceptors**, and **increase out-of-pocket** (particularly for Indonesia SHI member).



The decline in willingness to pay and increased OOP could cause FP access reduction and increase unwanted pregnancy during pandemic

FP services payment



IDHS, 2017

Result

**Information system:
Monitoring of FP services' coverage**



FP services monitoring and reporting

- Cadres report the data through online messaging to the PHCs.
- The accuracy and timeliness of data reporting should be evaluated to ensure the data reliability.
- The collected data should be utilized to develop strategy for preserving the continuation of FP services during COVID-19 pandemic.

Conclusion

- 1 | There is 2 months delay to provide direction, regulatory frameworks, and technical guidelines for FP services adjustment that caused disruption at healthcare facilities.
- 2 | There are services adjustment in the form of limitation of service hours and visitation, scheduling, as well as midwives, cadres, and FP counsellors involvement for contraceptive distribution.
- 3 | Access to FP services is decreased across 16 PHCs and PMPs, that could lead to an increased OOP, unwanted pregnancy, and other unintended health effects (such as anemia and low birth weight)
- 4 | Budget refocusing and reallocation could affect the FP services implementation.
- 5 | The data reporting should be monitored and evaluated to develop reliable-evidenced based strategy for preserving FP services.

Recommendation

- Strategy for preserving FP services should be prioritized at the early stage of any public health emergency events.
- PMPs should receive adequate support from the government, irrespective of their status as a private provider.
- Continuous outreach and monitoring by healthcare providers is imperative to ensure the continuation of contraceptive use by the acceptors.
- Budget refocusing and reallocation should be conducted carefully to not affecting the program implementation.
- Routine data on FP services coverage should be utilised to develop strategy for preserving the FP program during the pandemic.

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THANK YOU

