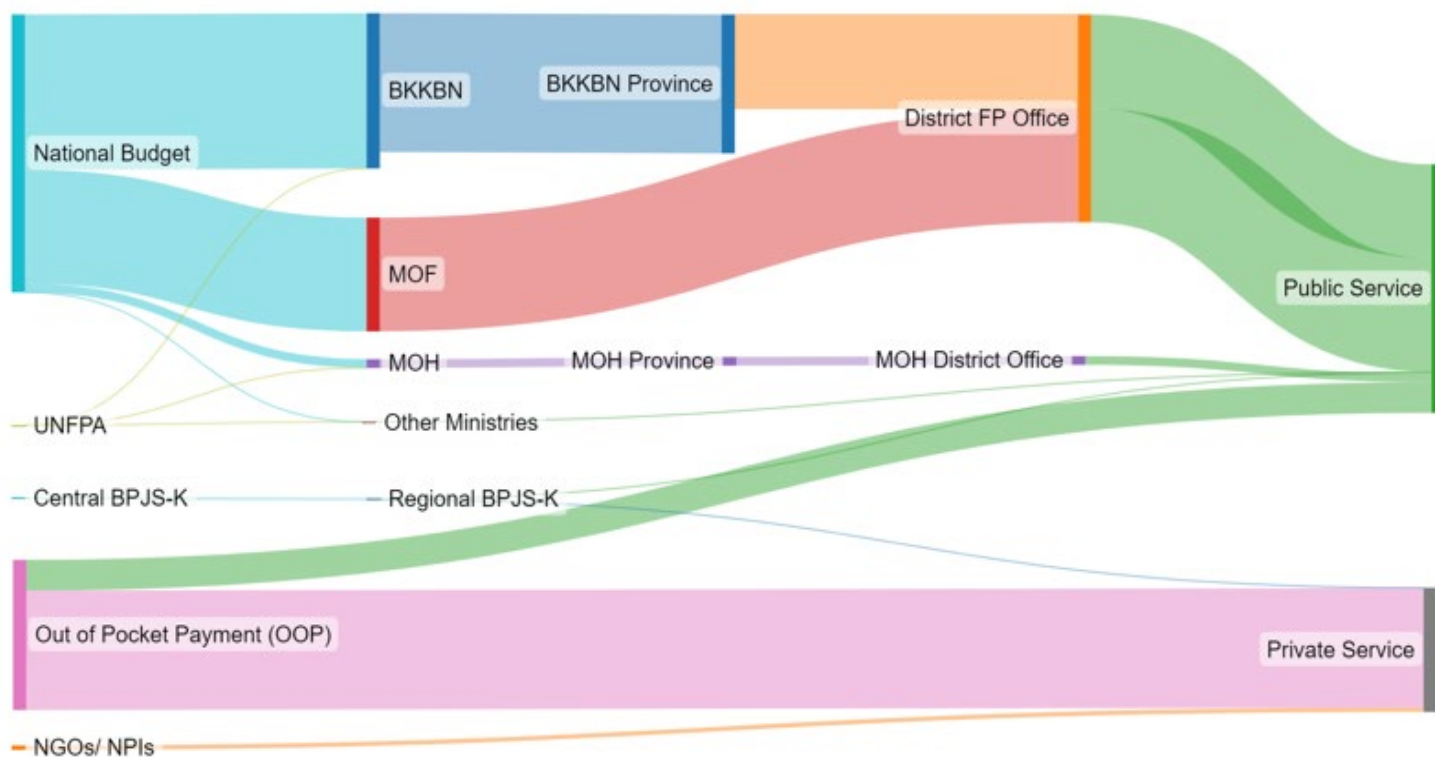


- This fund flow map presents the **sources of funds** available for family planning (FP) program in Indonesia, and **the agents who receive funds from sources to pay for FP**.
- The purpose of the fund flow map is to provide a simplified but comprehensive schematic of FP financing arrangements, highlighting the relationships between key actors. The map, and the collaborative process of developing it, supports sustainable FP policy and planning.

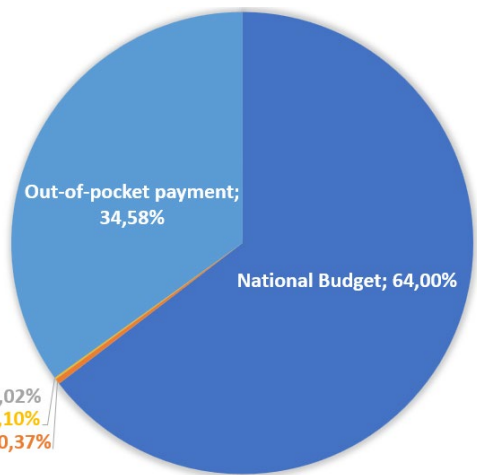
## RESOURCE AND FUND FLOWS FOR FAMILY PLANNING SERVICES - INDONESIA



*Note: Funds are not disaggregated by function, therefore the national budget may include salary, incentives, and capital.*

Source	Agent	Function
<ul style="list-style-type: none"> <li>• Indonesia's family planning program is mainly supported by the national budget (64.00%) which is allocated to the National Population and Family Planning Board (BKKBN) (35.76%), the Ministry of Finance (26.19%), and the Ministry of Health (2.00%).</li> <li>• Out-of-pocket (OOP) spending for both public and private services account for 34.58%.</li> <li>• Revenues from the national health insurance administrator (BPJS-K) plays a minor role in FP programs.</li> </ul>	<ul style="list-style-type: none"> <li>• BKKBN has the main role to finance FP programs at the national, provincial, and district level.</li> <li>• Funds channeled towards the Ministry of Finance account for less than half of the allocated national budget.</li> <li>• Although FP services is included in the national insurance benefit, and having been operated since 2014, BPJS-K plays a very limited role.</li> <li>• Preference to spend out-of-pocket is apparent even when BPJS-K covers the majority of the population.</li> </ul>	<ul style="list-style-type: none"> <li>• One of the main roles of BKKBN is to procure and manage supplies down to the facility-level. Facilities must register to BKKBN to obtain free contraceptives. BKKBN is also responsible for monitoring and evaluation of FP programs.</li> <li>• Ministry of Finance finances an "FP Operational Fund" managed by the district FP office.</li> <li>• OOP payment primarily goes to the private sector, but some public sector services are also paid OOP.</li> </ul>

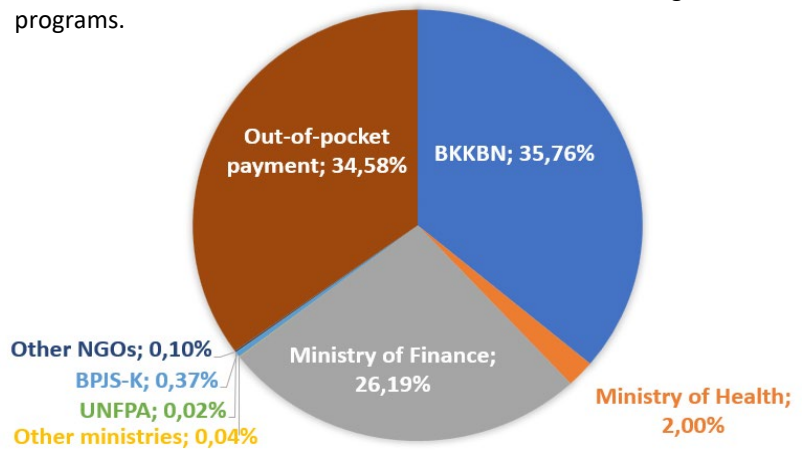
Source: Thinkwell Analysis of 2019 data



Note: Funds are not disaggregated by function, therefore the national budget may include salary, incentives, and capital.

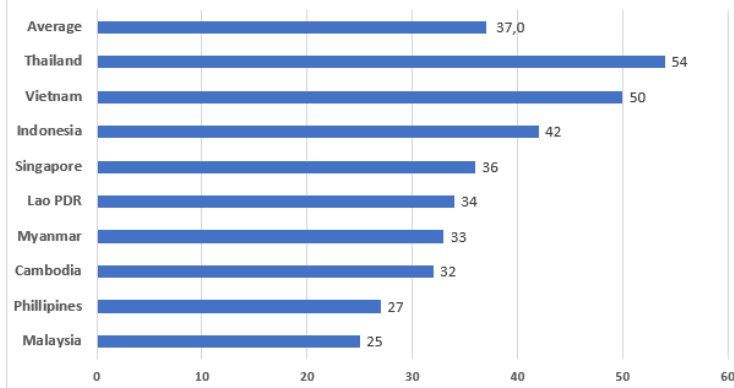
Source: Thinkwell Analysis of 2019 data

BKKBN is the main agent, providing contraceptive supplies to registered facilities. The Ministry of Finance transfers FP operational funds to districts which allows districts to be more flexible in executing their programs.

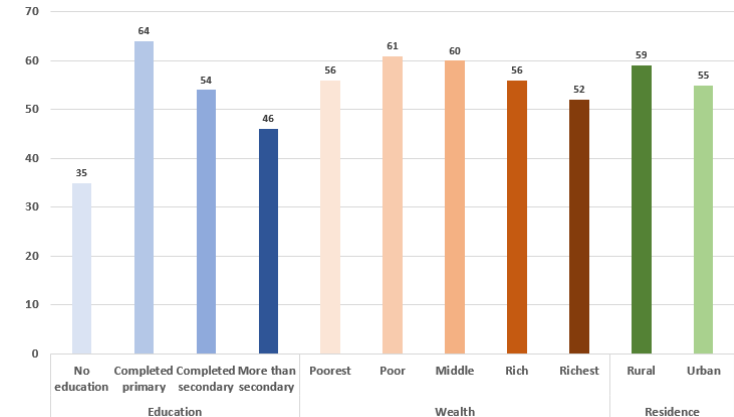


### mCPR in Indonesia is above South-East Asia's Average

Source: UNFPA, 2021



Compared to countries in South-East Asia, Indonesia's mCPR among women age 15-64 years (42%) is above average (37%).

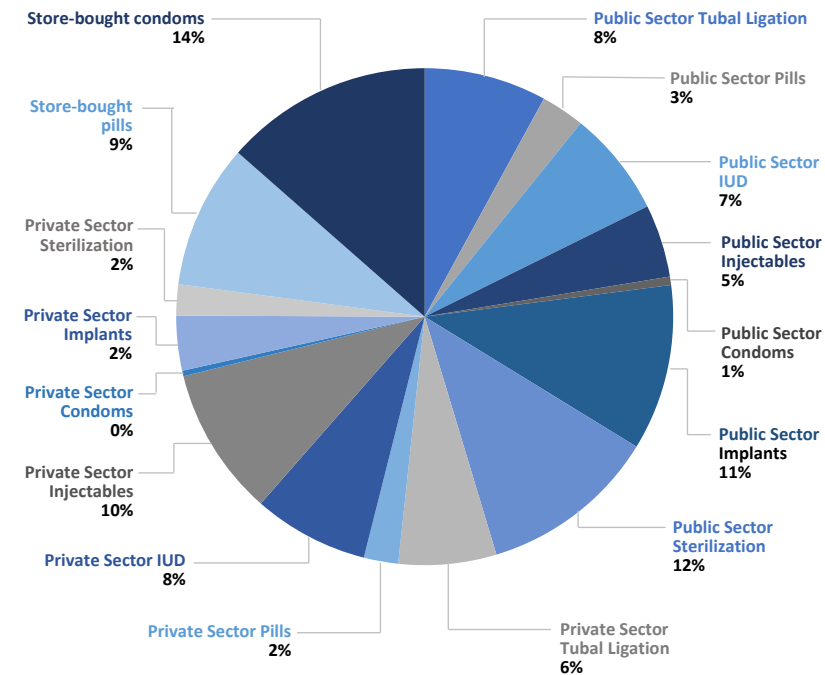


Interestingly, the proportion of those using modern methods are highest among married women with completed primary education. Similarly, the proportion is highest among the poor, and also those residing in rural areas.

### Private Sector and OOP dominates FP Service Provision

Source: Thinkwell Analysis of 2019 data

The private sector and OOP payments (store-bought contraceptives) dominate the provision of FP services, despite the public sector's allocation of providing free contraceptives to registered facilities.



The private sector, like private midwife practices are mostly popular for obtaining injectables (10%) and IUDs (8%), whereas the public sector is for sterilization (12%) and implants (11%). Pharmacies and drug stores are still the main sources to obtain condoms (14%) and pills (9%).

### Future Considerations for Purchasing FP: Better Synergy with Other Funding Channels

- After decentralization in 2002, some of the roles of BKKBN is shifted to the districts, however BKKBN along with the Ministry of Finance still manage the main sources of funds from the national budget.
- Out-of-pocket (OOP) payment is relatively high because the private sector remains the most popular sources to obtain services, especially for short-acting methods. BPJS-K through the national health insurance scheme - *Jaminan Kesehatan Nasional (JKN)* - has the potential to [reduce OOP](#), for example by contracting with private providers. In this case, overcoming the [challenges of contracting private midwives](#) into the JKN system is crucial.
- Free FP programs and education through the district office in the poorest areas can be an approach to target population from lowest education and income levels.
- The FP Operational Fund was established to provide district FP offices the flexibility in rolling out FP programs. [Synergy with other funding channels like JKN](#) should be improved to increase efficiency and prevent the overlapping of allocation.
- Currently, coordination between BKKBN and BPJS-K is limited to data sharing. Improved coordination between the two agencies could potentially increase FP coverage.