

# THE MOTION TRACKER: FP2020 COMMITMENTS ACTIVITY REPORT

JULY-DECEMBER 2019

**THE *m*OTION TRACKER**

## Chapter 1: Introduction

With less than four years to 2020, the Government of Indonesia (GoI) remains committed to the goal of enabling 120 million more women to use contraceptives. Between 2015 and 2019, GoI will maintain quality family planning (FP) services to more than 30 million current users and ensure accessibility to at least 2.8 million additional users.

In order to do so, GoI will allocate USD 1.6 billion for FP programs between 2015 and 2019; this includes an almost two-fold increase in budget allocation from 255 million in 2015 to 458 million in 2019. Additional funding assistance for health programs including family planning will also be provided to local governments in the amount of USD 1.7 billion per year. Indonesia plans to fulfil its commitment to the FP2020 goal by ensuring the:

- a) Provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019
- b) Improvement of Contraceptive Method Mix
- c) Availability, quality, and supply chain management of contraceptive commodities
- d) Empowerment of young people
- e) Implementation of the integrated approach to rights-based family planning programming at the sub-national level, and
- f) Investing in South to South Exchanges

### 1.1 The Motion Tracker

Yayasan Cipta in Indonesia is working in partnership with Population Action International (PAI), and Samasha to adapt, implement and scale up the Motion Tracker. The Motion Tracker was developed by Samasha to effectively translate global commitments into local action by fostering partner participation and engagement to realize these global commitments. The Motion Tracker is currently used to track FP2020 commitments in Indonesia. Yayasan Cipta is serving as a neutral convener, bringing together CSOs implementing family planning programs and will galvanize efforts of other stakeholders towards using the Motion tracker in Indonesia.

The Motion Tracker is a customized, dynamic framework for strengthening accountability and driving action by keeping commitments visible, highlighting progress and fostering partner participation, engagement and ownership to address bottlenecks. This framework is based on a six-steps approach and ensures universal understanding of commitments through purposeful concurrent partner engagement and participation at national and subnational level.

### 1.1 Objectives

Specific objectives of the Motion Tracker are;




- a. to create an enabling environment to ensure that global commitments are translated into local action,
- b. to harness the collective power of civil society, development partners and government to address the country commitments with enhanced strategic response, and
- c. to create a systematic approach to realizing the global commitments made by individual countries

## Chapter 2: Methodology

### 2.1 Development of process indicators

The Motion Tracker consist of 6 steps, of which Steps 1-5 focus on the deconstruction of the FP2020 commitments. These steps are centered around getting a clear understanding of the rationale that informed the commitments and developing process indicators. The process indicators are validated and agreed upon by family planning partners at a Motion Tracker validation meeting.

The status of each process indicators is denoted using the following criteria to indicate progress reached based on information provided during the data collection period:

Color	Status
GREEN 	Achieved, available information indicates that process indicator has been achieved
YELLOW 	On track, available information indicates that process indicator is not yet achieved, but on track to be achieved
RED 	Not on Track, available information indicates that the process indicator is not on track to be achieved

## 2.2 Sampling technique

We utilized purposive and snowballing techniques to select organizations from which information was collected. Purposive selection of organizations was based on a stakeholder mapping matrix developed during a partners' validation meeting held in August 2019. In addition, based on the recommendations of organizations listed on the stakeholders' matrix, a snowballing technique was employed to reach out to other organizations that conduct similar work. The selection methods employed ensured most organizations contributing to the FP2020 commitments were reached. Aside from **BKKBN** and the **Ministry of Health**, a total of 24 organizations were contacted during the data collection period— (November 1 2019 to January 31 2020) for the reporting period (July-December, 2019) of which only 20 organizations responded.

## 2.3 Types of Data utilized

Both primary and secondary data sources were utilised. Primary data was collected using a Partner Contribution Questionnaire. Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, newspaper articles, and project dissemination meeting minutes.

## 2.4 Data collection techniques

The following data collection techniques were utilized as briefly described below;

- *Key informant interviews:* A structured questionnaire was administered to key informants amongst donors, international NGOs, local CSOs, BKKBN (National Family Planning Board) and Ministry of Health.
- *Desk review:* A list of relevant documents was reviewed. The list of documents reviewed included Project Documents, Organization annual reports, Newspaper Articles, Health sector review papers, MoH Status reports, recent Indonesia FPP2020 self-reporting questionnaires to mention a few.

The data collection modalities included one-on-one meetings, phone calls and email correspondences. Data collected from partners is then validated during the stakeholder validation meetings.

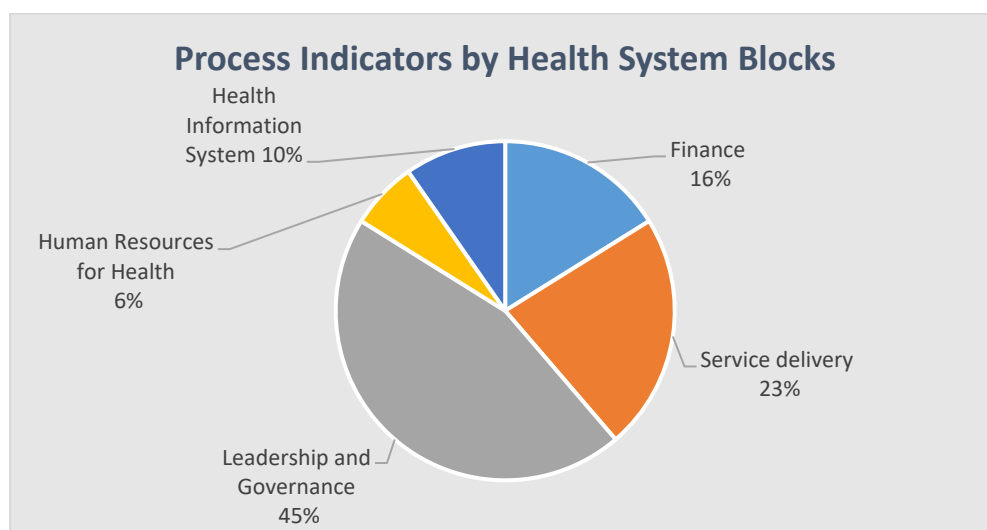
### 3.1 Description of reporting partners

A total of 21 partners contributed to this report in the specified reporting period (July-December 2019).

Category	Institutions
Government	<ul style="list-style-type: none"> <li>• BKKBN</li> <li>• Ministry of Health</li> <li>• BAPPENAS</li> <li>• Ministry of Home Affairs</li> </ul>
Donors/UN Agency	<ul style="list-style-type: none"> <li>• UNFPA</li> <li>• World Health Organization (WHO)</li> </ul>
International NGO	<ul style="list-style-type: none"> <li>• John Snow Inc (JSI)</li> <li>• Médecins Sans Frontières (MSF) Indonesia</li> <li>• USAID-JALIN</li> <li>• JHCCP</li> </ul>
Local NGOs	<ul style="list-style-type: none"> <li>• Yayasan Cipta</li> <li>• Faculty of Medicine, Public Health, and Nursing; University of Gadjah Mada (FKKMK, UGM)</li> <li>• Lembaga Demografi - University of Indonesia (UI)</li> <li>• Aisyiyah</li> <li>• Perkumpulan Keluarga Berencana Indonesia (PKBI)</li> <li>• Centre for Nutrition and Health Studies-UI</li> <li>• Jaringan Aksi</li> <li>• Positive Defiance Research Centre</li> </ul>
Private (for profit) Company	<ul style="list-style-type: none"> <li>• Halodoc</li> <li>• DKT Indonesia</li> </ul>

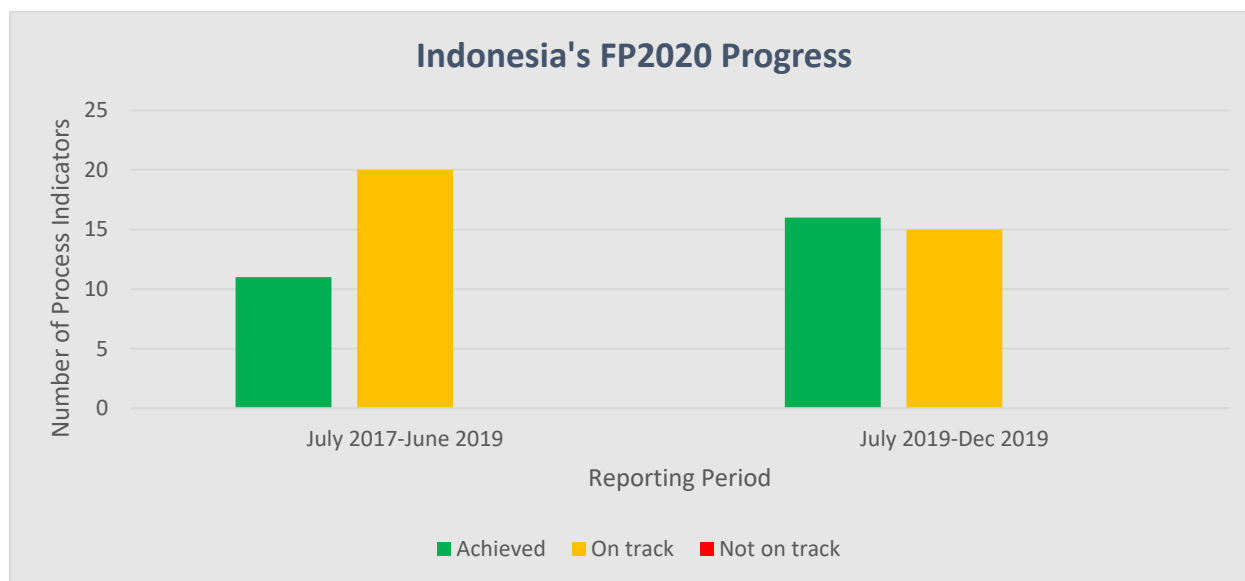
### 3.2 Description of process indicators by World Health Organization (WHO) Health system blocks

Indonesia’s FP2020 commitment process indicators can be categorized into thematic areas—service delivery, Health financing, Leadership and governance, Access to essential medicines, Health Workforce and Health Information Systems—based on the World Health Organization (WHO) health systems building blocks. A total of 31 process indicators were developed to track Indonesia’s FP2020 commitment



## PARTNER CONTRIBUTIONS BY PROCESS INDICATORS

The section below details contributions of organizations towards the FP2020 commitment organized by process indicator. The Figure below summarizes the overall status of the commitment process indicators.



### OBJECTIVES

- *By 2019, there will be at least 2.8 million additional users of modern contraceptives in Indonesia*
- *By 2019, Indonesia will maintain quality family planning services to at least 30 million current contraceptive users*

### Consensus on Data Summit

#### PROGRESS (December 2019 – January 2020) :

In 2019, FKKMK UGM together with the UNFPA conducted a pilot project for a Data Summit in 2 provinces and 3 districts (Central Java Province: Semarang and Purworejo; Aceh Province: Melabouh district) by integrating it with Kampung KB with the baseline on data management system at the village level (Rumah Dataku). Currently, FKKMK UGM is in the early stage of conducting a pilot project, to improve the "Rumah Dataku" in Kampung KB as the baseline of family planning data at the grassroots level. FKKMK UGM is also conducting capacity building for the Data Summit district working group (DWG); and inform the DWG on the family planning indicator handbook.

No	Partners	Activities Contribute to the indicators
1	Faculty of Medicine, Public Health, and Nursing; University of Gadjah Mada (FK-KMK UGM)	Together with UNFPA, FK-KMK has been involved in the Data Summit since its early discussion pre-2017 commitment making (in 2015). FKKMK is actively involved with the coordination team to revitalize the Data Summit work as a basic data in family planning, following the withdrawal of PMA2020. Currently both parties are involved in the discussion related to indicators (sources of data and definition) of the Kampung KB. A coordination team at the national level was also established with BKKBN as the leading stakeholder for the data summit. Aligned with the coordination team at the national level, coordination teams at district level have also been established, formalized

with a District Head decree, and will be followed up with capacity building, and information session on family planning indicator handbook.

## COMMITMENT 1

"The Government of Indonesia will allocate USD 1.6 billion for family planning programs between 2015 and 2019; this includes an almost two-fold increase in budget allocation from 255 million in 2015 to 458 million in 2019. Additional funding assistance for health programs including family planning will also be provided to local governments in the amount of USD 1.7 billion per year.

### 1.1. Government of Indonesia's allocation for FP programs annually

#### PROGRESS :

In FY 2019, the Government of Indonesia through BKKBN allocated USD 458 million to family planning. However, this was a 14% decrease from USD 565 million that had been allocated in 2018. It is worth noting that this is two-fold increase from USD 278 millions and 252 million allocated to Family Planning in 2016 and 2017, respectively.

No	Partners	Activities Contributing to the indicators
1	Demographic Institute of the Faculty of Economics and Business; University of Indonesia (Lembaga Demografi – UI)	Lembaga Demografi has been supporting UNFPA to conduct annual Resource Flow Indonesia Surveys (RFIS) since 2017. In 2019, Lembaga Demografi coordinated the RFIS 2016 that collected expenditure data for programs/projects and activities related to Family Planning at central level. The survey collects data from government institutions, FP related private companies and NGOs/NPIs. The survey is conducted through questionnaire and reconfirmation in person if needed. RFIS 2016 results were released and validated in May 2019. Furthermore, Lembaga Demografi is conducting ongoing RFIS 2018 survey.
2	Yayasan Cipta	Yayasan Cipta, through Advanced Family Planning (AFP) program continues to advocate with local governments at district and provincial level to prioritize population and family planning programs in the local government plans (i.e. by the issuance of Endorsement Letter, Governor's Decree, etc), which includes funds mobilization from local domestic budget.

### 1.2. Government of Indonesia's allocation for FP programs between 2015 – 2019

#### PROGRESS :

As of FY2019, the Government of Indonesia had allocated USD 1.9billion, and exceeded the FP allocation target of USD 1.6billion. In 2015, budget allocation for FP programs was around USD 278 millions, followed by an increase in 2016 with total of USD 315 millions. While slightly decreased on 2017 with USD 252 millions, the allocation was then followed by an increase almost two times in 2018 with total of USD 565 millions. In 2019 alone, the Family planning budget allocation was USD 458 millions.

No	Partners	Activities Contributing to the indicators
<i>(No new Information)</i>		

### 1.3. Yearly allocations to local governments through DAK via BKKBN

#### PROGRESS :

In 2019, the yearly allocation to Local Government through Special Allocation Fund (DAK) via BKKBN amounted to USD 185million. This is a build up from USD 166million and USD 56million in 2018 and 2017 respectively.

*\*note: the DAK consists of infrastructure and non-infrastructure allocation. The BKKBN's non-infrastructure DAK allocation is further reported in more details under Family Planning Operational Fund (BOKB)*

No	Partners	Activities Contributing to the indicators
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(No new Information)

#### **1.4. Yearly allocations for health programs including family planning and maternal child health through DAK via Ministry of Health**

##### **PROGRESS :**

In FY2019, Government of Indonesia through Ministry of Health allocated USD 2.1billions to the special allocation fund (DAK) for health programs including family planning and maternal child health. This exceeded the FP2020 commitment of USD 1.7billion by USD 400million. The MoH allocation through DAK has been increasing from USD 1.8billions, 1.65 billion in 2018 and 2017 respectively.

*\*The DAK consists of physical and non-physical components*

No	Partners	Activities Contributing to the indicators
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(No new Information)

#### **1.5. Government of Indonesia allocates Family Planning Operational Fund for FP operational**

##### **PROGRESS :**

In FY 2019, the Government of Indonesia through BKKBN allocated USD 140 millions to the FP Operational Fund (BOKB), an increase from USD 129 millions in 2018. The allocation was to support the operational of FP counselling centre, contraceptive distribution, Kampung KB program, stunting management, program assistance by cadres, Information – education – counselling (IEC), and management operational fees.

No	Partners	Activities Contributing to the indicators
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(No new Information)

##### **Key Issues identified:**

- Agree on mechanism of assessing consensus on data summit
- No clear tracking mechanism for expenditures for FP at the central level
- Low budget tracking undertaken of resources allocated to FP from development partners annually



## COMMITMENT 2

"The Government of Indonesia will ensure the provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019. In order to expand its reach, the Government of Indonesia will actively engage the private sector, include post-partum and post-abortion family planning services in the scheme, and ensure the availability of family planning services and contraceptives for hard-to-reach populations, including those living in remote area, border region, and outermost islands."

### 2.1. Revised FP regulations/policies and guidelines for universal health coverage

#### PROGRESS :

Family planning services have been included in the Universal Health Coverage (known as BPJS/SJSN) scheme since the beginning of its implementation (Presidential Decree No. 40 year 2004). A number of revisions have been made since then, including Presidential Decree No. 19 of 2016 to replace the Decree No. 12 of 2013. The new decree expanded services to include vasectomy, tubectomy, and FP counselling as components of the UHC scheme, as well as the arrangement of contraceptive commodities in central and local government's authorities. Further development of FP regulations was elaborated in the release of Ministry of Health's Decree No. 64 of 2016 which provides guidance for FP services payment in BPJS-affiliated primary healthcare (FKTP) and referral healthcare (FKRTL).

In 2019, as part of the optimization of FP services in the UHC scheme, the Ministry of Health, BKKBN and other related stakeholders held series of discussions for establishing implementation management ("Manlak") guidelines for family planning benefit in the UHC scheme. The guidelines development process is currently ongoing, and will be comprehensive since it not only covers family planning but also other medical services.

No	Partners	Activities Contributing to the indicators
		(no new information)

### 2.2. Affiliated private providers (i.e. health clinics and midwives) signed on BPJS

#### PROGRESS:

The GoI continues its commitment to improve access to FP services by establishing more BPJS-affiliated healthcare facilities. Updated national data per January 2020 showed a total of **10,360** private health facilities comprised of 9,427 primary (FKTP) units and 1,623 Referral (FKRTL) units. are eligible for providing family planning services.

No	Partners	Activities Contributing to the indicators
1.	Aisyiyah	Aisyiyah is a women-led faith-based organization. The organization focuses on the life empowerment of women and children, including educational, economic, and health issues. Aisyiyah has hundreds of health clinics and hospitals spread nationally, ranging from the primary health facilities (at the village/sub-district level) to regional hospitals. The health facilities composition includes; 87 general hospitals, 16 mother & child hospitals, 70 maternity hospitals, 106 clinics, 20 sub-clinics, 75 maternal and children-based clinics, 105 maternity clinics, and integrated healthcare centres. Women, children and adolescents have access to much needed care including family planning services from these facilities. The health facilities are also affiliated with BPJS (UHC) scheme.

2.	BKKBN	BKKBN continued to increase the number of FP facilities affiliated with BPJS by playing a coordinating role between the FP division and other directorates/bureaus in BKKBN, such as Directorate of Reporting and Statistic (DITLAPTIK) which has the responsibility of reporting and recording the registration and coverage numbers of FP facilities and developing the Family Information System (Sistem Informasi Keluarga/SIGA). Furthermore, BKKBN provided contraceptives and related supplies to the FP health facilities, based on e-Catalogue procurement system.
3.	ThinkWell	ThinkWell with the support from Gates Foundation through the Ministry of Health is implementing a project 'Strategic Purchasing for Primary Health Care (SP4PHC) focusing on maternal, neonatal, and family planning issues. The project strategy aims to optimize the role of primary healthcare level (FKTP) in the era of BPJS/UHC by improving the quality of services and cares provided by private midwives. By end of 2019, Thinkwell, developed a landscaping report on midwives and identified key issues that public and private PH private PHC providers face, clarifying criteria for selecting pilot areas, co -developing the technical design for potential policy options, developing pilot interventions, and advocating to key stakeholders on selected options.
4.	PKBI	PKBI owns a number of clinics that provide FP services in 31 cities and 17 provinces, in which the services include contraceptive and abortion services. By the end of 2019, a total of 45,539 clients accessed contraceptive services. There are currently 2 (two) PKBI clinics that are registered on BPJS (UHC) scheme.

### 2.3. Develop a policy on postpartum and post-abortion FP counselling and services pre-discharge

#### PROGRESS :

The Gol through BKKBN released the BKKBN Chairperson Decree No. 24 of 2017 concerning post-partum and post-abortion FP services. Under such Decree, counselling of post abortion and post partum FP can be integrated with antenatal care, pregnancy class, Posyandu and other activities.

The updated policy from the Ministry of Health's part (the revision of Ministry of Health Decree No. 97 of 2014) is currently under final review in legal division.

No	Partners	Activities Contribute to the indicators
1	USAID – JALIN	USAID Jalin project is partnering with the DAI and Indonesian Ministry of Health to reduce maternal and newborn deaths using whole-of-the-market approach. The project focuses on the efforts to reduce maternal mortality rate in Indonesia by bringing together partners from public and private sectors to advocate for and implement broad improvements to health system (primary and referral), as well as ensure the quality of maternal and post-partum care. The standard quality is integrated through accreditation scheme for health providers. Jalin project is implemented in 120 districts and currently has presence in 65 across six provinces (that is Banten, Central Java, East Java, North Sumatra, South Sulawesi, and West Java). As part of the efforts in reducing Maternal Mortality Rates, post-partum family planning services is also one of the standard care efforts being strengthened by the Jalin project.
2	Médecins Sans Frontières (MSF) Indonesia	MSF also works to improve the health of pregnant adolescents (under 19 years old), which is often underreported and is one of the largest contributors to maternal mortality rate due to lack of access to healthcare. With the focus in Pandeglang, Banten, MSF works with local communities/cadres to identify

		pregnant adolescents and help to access health services such as ANC, laboratorial onsite test, and referral medical attention for pregnant adolescents through home visit. The effort also includes post-natal care including post-partum family planning services if necessary.
3	IPAS	<p>IPAS is implementing the PEKERTI project that developed a comprehensive post-abortion care consist of 5 components: 1) releasing the product of conception; 2) post-abortion counselling; 3) post-abortion FP services; 4) other reproductive health services; and 5) service referral and community engagement.</p> <p>At the national level, IPAS is also actively involved in the policy development in post-abortion care services. This has led to establishment of 2 (two) National Guidance on Medical Services aka (PNPK) focusing on post-abortion care and National Guidance on Medical Services (PNPK) focusing on contraception.</p>
4	JHPIEGO	<p>JHPIEGO, under MyChoice program, is actively involved in the capacity building for health providers, specifically in post-partum FP services. Piloting in 4 provinces and 11 districts, JHPIEGO aims to increase the use of post-partum contraceptives in selected health facilities. Within 2015-2018, 59% women who delivered in JHPIEGO health facilities had received counseling related to post-partum FP services, 51% chose to use post-partum contraceptives, of which 75% chose long-acting methods contraceptives.</p> <p>At the national level, JHPIEGO also supports the BKKBN in the development and revision of the National Guidelines for the Implementation of Post-partum FP services, as well as creating a web-based system to manage post-partum FP service data in the district level.</p>
5	PKBI	The advocacy process related to the Criminal Law Book aka (KUHP) is still ongoing, and currently the legislative has included the new KUHP in the legislative priority list (Prolegnas) for 2020, a further step for discussion and to the legalization of the regulation.

#### 2.4. Develop a policy for FP commodities and services for hardest to reach population

##### PROGRESS:

BKKBN issued Decree No. 10 of 2018 which regulates the provision of mobile family planning services. The regulations include implementation of family planning services in areas that do not yet have or have limited coverage of health facilities in accordance with standards, competency of medical staff in provision of family planning services or areas that require family planning services such as Social Services. Family planning services include pre-service, service delivery (provision of contraceptive devices and medicines, support of the family planning team and the implementation of contraceptive medical services) and post-service (post-service counseling, complications and side effects and complications service procedures).

BKKBN also has 100 priority districts/cities providing access to family planning services in areas with low family planning uptake. These areas also intersect with DTPK areas, The areas are Papua Province, West Papua, North Maluku, Maluku, Southeast Sulawesi, West Kalimantan, NTT, Kep. Riau, Riau, West Sumatra, North Sumatra and Aceh.

No	Partners	Activities Contribute to the indicators
1.	WHO	WHO has been working with the Ministry of Health since 2018 on the implementation of Guidelines on Reproductive Health Service for People with Disabilities, Vulnerable and Marginalized Groups focusing on people in prison; Development of policy brief and infertility prevention.

2.	BKKBN	BKKBN issued a decree (BKKBN Chairperson Decree No. 10 of 2018) on mobile outreach family planning services to reach isolated/remote areas; or areas without or with limited health facilities or health providers. The mobile outreach service also supports the areas that had momentum activities. The services covered all modern methods. The services are provided in a well-equipped mobile unit, supported by well-trained teams. In its operation, the mobile unit has to have close coordination with the nearest health facilities
3.	MoH	MoH continued its affirmative actions to support health care services in remote and border regions, as well as in the outermost islands. Through Special Allocated Budget on Health, MOH provided an earmarked budget of IDR 2.2 trillion (2017) and IDR 3.1 trillion (2018) to improve primary and referral healthcare facilities in remote, border regions and the outermost islands. MOH also continued to assign special team-based health professionals (including doctors, midwives, nurses, etc.) to work in such regions through Nusantara Sehat (Healthy Archipelago) program. Through the Nusantara Sehat program, from 2015 to December 2018 a total of 7,377 health professionals have been deployed to 258 districts in 29 provinces throughout Indonesia.

## 2.5. Develop a policy for FP commodities and services for emergency and crisis situations

### PROGRESS :

The BKKBN Directorate of Special Lines in collaboration with UNFPA Indonesia, BNPB and the Ministry of Health are drafting contraceptive service guidelines in crisis and disaster areas which include pre-service, implementation and post-service processes. The service guidelines are under final review by UNFPA before being formalized in the form of BKKBN Decree.

No	Partners	Activities Contribute to the indicators
1.	Aisyiyah	In the emergency and disaster area, Aisyiyah together with UNFPA provide integrated health services ( with a gender-based lense) that prioritize the condition of women and children in humanitarian settings.
2.	UNFPA	Together with BKKBN, UNFPA supported the development of contraceptive service guidelines in crisis and disaster area
3.	PKBI	PKBI's program related to humanitarian response focuses on reproductive health and refer to the PPAM standard by Ministry of Health. For this initiative, PKBI also established a special humanity team at PKBI national and its branches in sub-national level, with the members consisting of trained PKBI staffs and volunteers. To date, 3,903 clients have received FP services provided by PKBI in crisis and disaster areas.
4.	MoH	MoH, in collaboration with UNFPA issued the National MISP (Minimum Initial Service Packages) Operational and Logistic Guidelines in 2018. The guidelines include the provision of FP services during crisis and emergency situations. The guidelines have been disseminated and used to train all Provincial Health Officers in April 2019. The guidelines were also incorporated into Minister of Health Decree concerning Minimum Standard of Health Services at provincial level.

## 2.6. INCLUSION OF FP SERVICES IN THE HEALTHY INDONESIA PROGRAM

### PROGRESS :

Under Healthy Indonesia Program, implemented with family approach, Ministry of Health has incorporated FP indicators into the national standard of 12 (twelve) Healthy Family indicators. The Healthy program is operational in all 34 provinces, with primary health care facilities (*Puskesmas*) as the lead implementer.

No	Partners	Activities Contribute to the indicators
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*(No new information)*

## 2.7. "Keluarga Sehat" (Healthy Family) indicators fulfilled

### PROGRESS :

Ministry of Health incorporated FP indicators in the Healthy Family set of Indicators as the target for Healthy Indonesia Program. The Ministry of Health also regularly conducts visitation and intervention down to the family level in order to optimize the fulfillment of the 12 Healthy Family indicators. As per this reporting period, there have been no update on the number of visitation and initial interventions made.

No	Partners	Activities Contribute to the indicators
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*(no new information)*

### **Key Issues identified:**

- Delayed/ Stalled completion of FP policies on;
  - Post-partum and post-abortion FP counselling pre-discharge
  - FP commodities and services for emergency and crisis populations Affiliated private providers signed on BJS

## COMMITMENT 3

"The Government of Indonesia will improve Contraceptive Method Mix in Indonesia by expanding the number of service delivery points capable to provide long-acting contraceptive"

### 3.1. Service Delivery Points (SDPs) providing full choice of FP services

#### PROGRESS :

The Government of Indonesia through BKKBN, provide free contraceptive based on the level of service delivery points. For primary SDPs (FKTP), full choice contraceptives include pill, injection (3 months cycle), and condoms ("sederhana" level), and added with IUD, and implants ("lengkap" (secondary) level). For referral SDPs (FKRTL), aside from the five choices, additional post-partum services, vasectomy, and tubectomy services ("sempurna" level) are also provided; while for "paripurna" level, the facilities provide the services in "sempurna" level added with fallopian tube recanalization and infertility services." In FY 2019, most, 93.7% (17,720 facilities) of the SDPs were *seederhana* level , followed by *lengkap* level 5.12% (969 facilities), *paripurna* level 0.47% (89 facilities), and lastly *sempurna* level with 0.71% (135 facilities), nationally.

No	Partners	Activities Contribute to the indicators
1.	HaloDoc	<p>HaloDoc aims to simplify access to healthcare by developing a mobile application, which clients can call and consult doctors by chat, phone, and video call. The clients can also buy medicine through a network of pharmacies as well as perform lab test if it was suggested by the doctors through the help of third party (private lab). The type of medicine available depends on each network pharmacist, and include a variety of contraceptive methods. The application can be downloaded free, but the consultation fee range from free (for general practitioners) to IDR 25,000 (USD 2) for specialist doctor.</p> <p>To date there have been 20,000 doctors/practitioners and 1,100 pharmacists in 30 cities partnering with HaloDoc, with an average total of 1,000 teleconsultation daily.</p>

### 3.2. Capacity building of (public) health providers in FP services

#### PROGRESS :

BKKBN developed a system to monitor the verification and certification process of previously-trained midwives and doctors during 2011-2016. As of January 2020, a total of 7,996 doctors and 36,622 midwives had been trained; 11 doctors and 1,922 midwives stated as "competent", while only 5 doctors and 1,069 midwives had received competency certification.

No	Partners	Activities Contribute to the indicators
1.	JHPIEGO	JHPIEGO supports BKKBN in building capacity related to post-partum FP services for training facilities at provincial level. Training materials and other resources are pooled at provincial level and can be scaled up to districts level with partnering hospitals and other healthcare facilities.
2.	IPAS	Connected with the post-abortion comprehensive care scheme that was developed by IPAS. IPAS actively builds capacity building of health providers, in collaboration with local organization at district level.

3.	JHCCP	Related to the midwives competency certification, through AFP JHCCP contributed to the advocacy process at the national level to escalate the process of certification by supporting the government's accreditation of JNPK (National Clinical Training Network) accreditation as one of the biggest training centre that conduct FP training for health providers so that the midwives trained by JNPK can be certified.
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### 3.3. Contraceptive total market assessment (TMA) conducted

#### PROGRESS :

The contraceptive TMA study was conducted in 2018. Reports and analysis were disseminated during BKKBN internal meetings in 2019. In addition, a TMA Standard Operating Procedures has been developed in 2019 by BKKBN to inform the next TMA activity.

1.	JSI	Supported by MyChoice program in the initiatives in assisting BKKBN, JSI is still actively involved in the collaborative effort in developing supply chain management system with BKKBN including progress of the TMA, MIM tools, and supply chain regulation establishment.
2.	UNFPA	Provided technical and financial support for the TMA research.

### 3.4. Capacity building of private health providers in FP services

#### PROGRESS :

Private sector providers continue to support the Government of Indonesia in capacity building for health providers.

No	Partners	Activities Contribute to the indicators
1.	Centre for Nutrition and Health Studies – UI  (Pusat Kajian Gizi Kesehatan)	Working together with the Ministry of Health, the Centers for Nutrition and Health conducted capacity building related to stunting prevention, maternal health, and reproductive health. for the health workers, field officers, and cadres from 8 sub-districts, 10 villages in Bogor District, West Java, the initiatives also had advocacy efforts targeting district officials to prioritize reproductive health and nutrition in district development initiatives.
2.	DKT Indonesia	DKT Indonesia regularly conducts CTU training for private midwives with legal certification from JNPK (Clinical Reproductive Health Training Network) By end of December, 2019, DKT had trained 180 midwives and 160 cadres, and managed to do counselling for 32,084 women in reproductive age with the results: 17% of them were interested on using long-term contraceptives, and 50% of those who were interested ended up accessing the services installing the long-term methods.
3.	Yayasan Kusuma Buana	Supported by FP2020 RRM, during 2018-2019 Yayasan Kusuma Buana (YKB) conducted a series of advocacy efforts in Subang district for workplaces to be able to provide family planning services for their employees in their private clinics. Encouraging the collaboration efforts among company clinics, primary healthcare facilities, district health office, district FP office, resulted in a follow up plan to conduct FP services within the companies. Alongside the advocacy process, YKB also held refresher FP training for the midwives/doctors stationed in the company clinics and reproductive health seminar/workshop for employees. In total, there were 5 companies who were actively involved

in the project and signed the commitment to support family planning services.

***Key Issues identified:***

- SDPs providing full choice of family planning services
- Capacity building for both private and public health workers in provision of Family Planning Services



## COMMITMENT 4

"The Government of Indonesia will ensure the availability, quality, and supply chain management of contraceptive commodities."

### 4.1. The National Supply Chain Management (SCM) guidelines updated

#### PROGRESS :

Ministry of Law and Human Rights is reviewing the BKKBN Decree No. 9 of 2019. The process of implementation and introduction to the technical team have not started yet. This decree covers comprehensive supply chain regulation, not only on distribution (like its origin/previous regulation No. 286 of 2011) but also on product selection, planning, procurement, distribution, up to monitoring and evaluation activities.

No	Partners	Activities Contribute to the indicators
1.	JSI	Supporting BKKBN in developing SCM guidelines, together with the issuance of the newest Head of BKKBN's Decree related to supply chain management (BKKBN Decree No. 9 of 2019), revising the previous Decree No. 286 of 2011

### 4.2. An online system for monitoring contraceptive commodities developed

#### PROGRESS:

The excel-based Inventory Management and Monitoring (MIM) tools were adapted by BKKBN into "SIRIKA" (Information System for Contraceptive Supply Chain) which will be used nationally to strengthen the supply chain management system. SIRIKA is a digital online system with two platforms connected into each other, including the web-based MIM which is used for calculating the contraceptive need for distribution, operated by BKKBN's family planning unit, and the "Stokku" (smartphone android base): used to execute distribution order (from family planning unit) in the form of warehouse operational form; operated by warehouse staff.

A series of activities, including assesment, infrastructure set up, tier-level training, and activity implementation have been agreed upon with BKKBN.

No	Partners	Activities Contribute to the indicators
1.	JSI	JSI is supporting BKKBN in the development of MIM tools, including assisting its adoption in SIRIKA tools.

### 4.3. Technical guidelines for forecasting contraceptive needs and procurement developed

#### PROGRESS:

The technical guideline draft was completed and integrated into the BKKBN decree for supply chain (*refer to indicator 4.1.*)

No	Partners	Activities Contribute to the indicators
1.	JSI	JSI is still actively involved in the collaborative effort in developing supply chain management system with BKKBN including progress of the TMA, MIM tools, and supply chain regulation establishment.

***Key Issues identified:***

- Approval and endorsement of BKKBN's decree related to supply chain management is needed

## COMMITMENT 5

"The Government of Indonesia will address reproductive health needs of young people by implementing cross-sector, integrated, and comprehensive policies and strategies on sexual and reproductive health information, education, communication, and counseling through youth friendly healthcare services as well as community- and school-based programs. The Government of Indonesia will strengthen the integrated approach for rights-based family planning (RFP) programming at the sub-national level. Indonesia has launched new initiative "Kampung KB" (Family Planning Village) that will help village communities improve their quality of life and welfare through family planning and family development programs. In addition, Indonesia is currently developing an integrated and Rights-Based Family Planning Strategy and its Costed Implementation Plan to be piloted in selected districts for further adoption and replication nation-wide."

### 5.1. Policy related to Youth Friendly Services developed

#### PROGRESS :

Under the flagship of Ministry of Health and Coordinating Ministry for the Development of Human and Culture in collaboration with 5 Ministries, there are ongoing efforts to have National Action Plan for Youth (RAN) in a working group focusing on reproductive health of school-age children and adolescents.

*\*the progress of this process indicator will be tracked in process indicator 5.3.*

No	Partners	Activities Contribute to the indicators
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(not yet applicable)

### 5.2. BKKBN/MOH develop adolescent and youth information Education and Communication materials

#### PROGRESS:

Updated data per January 2020 showed an increase in the number of established PIK-R, with the total of 24,606 PIK-R almost 50% from the previous update on September 2019, most of the PIK-R are established at school (64%). In December 2019, BKKBN held an annual event for the inauguration of Youth Family Planning Ambassadors (GenRe) and the National Jamboree of the Youth Creativity. The GenRe ambassadors, selected at the provincial and national level, are expected to be youth motivator for family planning and especially adolescents' reproductive health program, information, and education in their respective areas. Furthermore, BKKBN is in the process of revitalizing PIK-R to be more "youth-friendly" and enrich reproductive health information, education, and counselling materials for adolescents. In addition, BKKBN is also currently designing a special youth/adolescents program for Papua and Papua Barat provinces, started with assessment in November 2019.

The number of established PKPR from the Ministry of Health increased to 6,641 PKPR. In addition, collaborating with the Ministry of Education and Culture, with the support from UNFPA, Ministry of Health has conducted training focused on adolescents' reproductive health for teachers.

No	Partners	Activities Contribute to the indicators
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1.	UNFPA	UNFPA supported the Ministry of Health in conducting teachers' training in relation to adolescents' reproductive health at school.
2.	WHO	WHO supports the Ministry of Health in implementing different projects related to Adolescents Health/RH. WHO piloted the "Posyandu Remaja" by implementing the Guidelines of IHP of adolescents (that were later adopted by the Ministry of Health) as well as finalization of Integrated Management of Adolescent and Adult Illness for adolescents' Youth Friendly Services; reviewing the implementation of National Standard on Adolescent Friendly Health Services (AFHS); Evaluation of field testing results from trial of new guidelines on development of integrated health PSA for adolescents; and the finalization of adolescent health Monitoring Book

### 5.3. National Action Plan on Adolescent health including RH programs developed

#### PROGRESS :

There is ongoing discussion of the 2020-2024 RAN development (revised from 2017-2019 RAN) under the coordination of Ministry (Coordinating Ministry for Human Development and Culture) and MoH supported partners. However, there are notable delays in the development due to the current evaluation of previous RAN 2017-2019 which may necessitate total realignment of previous indicators and other components.

No	Partners	Activities Contribute to the indicators
<i>(no new information)</i>		

### 5.4. Public-private partnerships established for provision for Youth-friendly services

#### PROGRESS :

There are multiple ongoing partnerships that support the Government of Indonesia in providing youth-friendly services.

No	Partners	Activities Contribute to the indicators
1	Jaringan Aksi	As a network of various organizations focusing on youth issues, Jaringan Aksi has contributed to activities in related to youth-friendly services and reproductive health's information, education, and counselling. With their latest project is releasing a policy brief in regards to child marriage and promote the delayed/matured-age of marriage. This brief is also addressing the success story in advocacy of Jaringan Aksi networking members for raising the age-limit marriage for girls, from 16 years old to 19 years old (while remains the same for boys, 19 years old). It is formalized through the Article 7:1 Regulation No. 16 year 2019, in October 2019.
2	Médecins Sans Frontières (MSF) Indonesia	With the main focus on adolescents' health, MSF supports, provides assistance, and strengthen Ministry of Health's adolescents/YFS programs in primary healthcare facilities (PKPR). The efforts include capacity building for the health workers, infrastructure improvement, strengthening the concept of "youth-friendly" such as confidentiality in providing services, how to respond and record adolescents' health issues, etc. Aside from PKPR (which is stationed in healthcare facilities), MSF also supports MoH's newly approach in "Posyandu Remaja", community-based YFS located in the communities including to plan and facilitate the activities that can be potentially conducted

		in Posyandu Remaja. MSF also has “youth corner” in one of the Tsunami-affected district, Pandeglang, Banten, since 2017, with the aim as a “safe-space” for adolescents in the neighborhood to explore, learn, and building skills about reproductive health.
3	Positive Deviance Research Centre	Positive Deviance Research Centre collaborated with PT Indofood (its CSR funding) and Ruang Guru produced a promotion video called “Hidup Sehat Yuk” in 2018, with main message to educate young people in relation to healthy life, adolescents’ reproductive health, and adolescents’ nutrition need.
4	Aisyiyah	Together with BKKBN, Aisyiyah also developed a guideline in marriage preparation for bride/groom-to be which includes comprehensive sexual health information and education for both gender. Starting from December 2019, the Ministry of Religious Affair suggested a pre-marriage certificate to become compulsory for bride/groom-to-be, in which includes the material related to sexual health and family planning.
5	UNFPA	UNFPA is supporting the Ministry of Health and Ministry of Education and Culture in developing IEC materials for youth reproductive health in the form of modul for primary, secondary, and high school. UNFPA is also collaborating with Yayasan Siklus for developing IEC materials.  UNFPA develops health services through public partnerships with the private sector, namely UNALA. Currently UNALA is developing SOPs and capacity building in collaboration with the Ministry of Health and professional organizations such as IDI, IBI, POGI, IDAI and Mental Health for doctors and midwives in private practice.
6	Rutgers WPF	Rutgers WPF Indonesia is working with national governments (GOI: MoH, BKKBN, Ministry of Women Empowerment and Child Protection, Ministry of Education etc.), district and village stakeholders to provide comprehensive sexuality education, improve access to sexual & reproductive and eliminate against women and children. Rutgers WPF Indonesia is also collaborating with IPPF Indonesia, Aliansi Remaja, RH research center UGM, Sahabat Kapas Foundation, Rahima, Ardhanary, Damar ect., to implement various programs including: Get Up Speak Out, Yes I Do, Dance4Life, Explore4Action and Prevention+.  In 2017 – 2018, the program intervention resulted 32.869 students received CSE, 4.593 young people involved in all programs, 23.838 people reached in various programs, 39 schools implemented SETARA module & 34 schools implemented Dance4Life, 6 studies/surveys, 38 health facilities moving forwards youth friendly service standards and 1.198.944 page views in Rutgers WPF Indonesia and SobatASK website.
7	Canadian Embassy	Under BERANI (Better Reproductive Health and Rights for All in Indonesia Outcome) project, Government of Canada together with UNFPA Indonesia and UNICEF is working with the Government of Indonesia to improve the country’s sexual and reproductive health and rights for women and young people through a joint programme which one of the objectives is to increase access to SRHR information and services to young people through CSE and

		UNALA project, and decreasing harmful practices e.g child marriage and female genital mutilation/cutting (FGM/C) and gender based violence.
8	JHCCP	Under MyChoice program, JHCCP developed digital platform, namely "DokterGenZ" ( <a href="https://doktergenz.hipwee.com">https://doktergenz.hipwee.com</a> ) which specialized for information, education, and counselling related to reproductive health for youth. Collaborated with popular online media, Hipwee, the platform was launched in September 2018 and the launching event was attended by youth groups, social influencers, youth technical working group, BKKBN, and 20 media outlets. A week after it was launched, the number of website visitor in total reached 100,000 visitors, and by the end of year-4 (2018), the website has reached 333,000 visitors.
9	PKBI	PKBI owns centre of information and counseling service for youth in 26 provinces and districts, as well as youth forum as a space for youth to voice out their rights related to reproductive health. Aside from IEC, the PKBI clinics have served contraceptive and abortion services with number of youth (<25 years old) clients up to 9.69% and 19% out of total beneficiaries, respectively.

### 5.5. District CIPs developed

#### PROGRESS :

Building on the successful pilot of Costed Implementation Plans in 3 districts (namely Malang of East Java, Meulaboh of Aceh, and Lahat of South Sumatra) in the implementation of the Rights-Based Family Planning (RFP) Strategy, there is ongoing discussion for the national scale-up of the District Action Plans aka RAD and CIP approach. BAPPENAS and UNFPA, in collaboration with Yayasan Cipta, is developing a document for advocacy and expansion strategy for the Integrated rights-based family planning and maternal health program, based on the lessons-learned from the 3 piloted districts.

No	Partners	Activities Contribute to the indicators
1.	UNFPA	Supporting Yayasan Cipta and BAPPENAS is currently developing a document for advocacy and expansion strategy for the Integrated rights-based family planning and maternal health program
2.	Yayasan Cipta	Part of taskforce with UNFPA and BAPPENAS that is developing a document for advocacy and expansion strategy for the Integrated rights-based family planning and maternal health program
3.	BAPPENAS	BAPPENAS has been leading the efforts in developing the Integrated Rights-based Family Planning and Maternal Health strategy, collaborated with UNFPA, Ministry of Health and BKKBN, since its pilot project in the three districts. This year, BAPPENAS will focus on the scaling-up the Integrated RFP and maternal health at all the districts nationally, in several phases. To begin with, BAPPENAS and UNFPA collaborates with Yayasan Cipta in developing the Advocacy and Expansion Strategy based on lessons-learned at the three districts. The strategy document has been finished and in its on final review on BAPPENAS and UNFPA.

### 5.6. Pilot districts CIPs from 2016 to 2020 and obtain the pilot report

#### PROGRESS :

The pilot project in 3 districts for Integrated rights-based family planning and maternal health strategy have been completed. BAPPENAS and partners have conducted a dissemination event to report the results of Pilot CIPs in the three districts on November 2019. The lessons-learned and reports from the three pilot

districts become one of the references in developing advocacy and expansion strategy to all the districts, nationally.

No	Partners	Activities Contribute to the indicators
1.	UNFPA	UNFPA supports BAPPENAS, BKKBN, and MoH in the implementation of Integrated Right-based FP and maternal health and piloting program in 3 districts of 3 provinces.

**5.7. Local governments integrate population and FP indicators to their Medium-term Development Plans**

**PROGRESS :**

BKKBN, through Directorate of Advocacy and IEC (Information, Education, and Communication) has developed a sub-national advocacy strategy which aim to advocacte local governments to be able to prioritize family planning as part of their local development plans. This is a multi-step process of this effort is through the establishment of advocacy working groups (provincial and district level) to then be formalized in the form of Governor/Mayor/District Head Decree. Some part of the scaling-up process is assisted by My Choice program. In 2018, BKKBN has facilitated advocacy workshops in 13 provinces, and 7 provinces in 2019. This year, this scaling-up advocacy will be included in the BKKBN’s Strategic Plan 2020 – 2024 with the focus this year to improve the quality of established working groups

No	Partners	Activities Contribute to the indicators
1.	Ministry of Home Affairs	As part of the result for the advocacy at national level by JHCCP for the Minimum Standard Health Services (SPM), on December 2019 Ministry of Home Affairs just released a Regulation (No 90 year 2019) mentioning family planning in the classification, codefication, and nomenclature for local/regional development and financial planning.
2.	Yayasan Cipta	Yayasan Cipta is currently assisting the Directorate of Advocacy and IEC in developing BKKBN’s strategic plan 2020-2024 especially in the component of scaling-up advocacy in sub-national.
3.	JHCCP	In partnership with JHCCP under MyChoice program, in 2018 BKKBN adapted the AFP approach and included it into their National Strategy of Advocacy, Information, Education and Communication. As part of the effort, JHCCP is supporting BKKBN in the scaling up process for advocating local governments in prioritizing population and family planning programs in local government’s plan with BKKBN SMART tools.

**5.8. Right-based FP coordinating team established at central level**

**PROGRESS :**

The right-based FP coordinating team is established at central/national level to provide guidance on the operationalization of the RFP strategy and the CIP to the national and sub-national level, specifically the pilot districts. Led by the National Development Planning Agency (BAPPENAS), the team was established under the release of BAPPENAS’ deputy decree which members consist of Partners from 7 ministerial/governmental agencies.

No	Partners	Activities Contribute to the indicators
<i>(no new information)</i>		

**5.9. Implementation of the Kampung KB Intiative**

**PROGRESS :**

BKKBN is currently developing Kampung KB classification model as the initial phase of establishing a Grand Design for *Kampung KB*. The classification developed has been discussed across all the Directorates in BKKBN and received reviews and feedback. The follow up strategies after classification is also part of the technical assistance provided to BKKBN in developing Kampung KB strategies for the next 5 years. The strategies will be adjusted based on the classification of each Kampung KB. As part of this progress, Kampung KB is now under the Directorate of Population Impact, as previously under the Directorate of Field Development.

As of January 2020, the number of Kampung KB that had been launched stands at 15,660 Kampung KB.

No	Partners	Contribution
1.	Yayasan Cipta	Yayasan Cipta provided technical assistance to BKKBN's Directorate of Population Impact in the preparation of the 2020-2024 Kampung KB Grand Design including developing Kampung KB Classification Model. Yayasan Cipta assisted in developing a Kampung KB classification tools, which were adapted from the Institutional Development Framework (IDF).
2.	Ministry of Home Affairs	The Ministry of Home Affairs released a series of regulations to support the implementation of Kampung KB. At the beginning of Kampung KB implementation, Ministry of Home Affairs released Endorsement Letter No. 44/70/SC as the first and fundamental legal umbrella for the establishment and launching of Kampung KB. Following up in 2018 and 2019, Ministry of Home Affairs released another regulation (No. 38 year 2018 and no 33 year 2019) mentioning Kampung KB as one of the suggested components included in developing local budget allocation at the district level. These regulations are very crucial as the local government use them as a legal umbrella to allocate local funding for Kampung KB.
3.	JHCCP	JHCCP, under the MyChoice program, together with the Directorate of Field Development developed national guidelines on the components that need to be included in the piloting/modeling Kampung KB based on the My choice model. A national training curriculum is also developed, together with the Population and KB Education Center (Pulap) and Directorate of Field Development developed a training module that will be used in 2019 to train all the provinces regarding the implementation of the KB Village using the approach of Modelling Kampung KB (" <i>Kampung KB Percontohan</i> ")

**5.10. Kampung KB online monitoring and reporting system developed**

**PROGRESS :**

BKKBN developed online monitoring and reporting system for Kampung KB (<https://kampungkb.bkkbn.go.id>) which contains components such as local policies related to Kampung KB, number of activities and multi-sectoral activities, and others. Coordinated by FP field officers (PKB) for data inputs and monitoring in district level, only 61% *Kampung KBs* had submitted and updated data to the online system as of September, 2019).

No	Partners	Activities Contribute to the indicators
<i>(no new information)</i>		



***Key Issues identified:***

- Stalled approval and endorsement of National Action Plan (2020-2024) due to ongoing stakeholder consultations
- Private – public partnerships established for provision of youth friendly services
- Developing district CIPs
- Adolescent and youth IEC materials developed

## COMMITMENT 6 (2012)

*"The country is investing in South-South exchange to share experiences." (2012)*

### South-south exchange activities that focus on family planning

#### Results :

The Government of Indonesia has been conducting several activities to promote South-South exchange

No	Partners	Activities Contribute to the indicators
1.	UNFPA	UNFPA has supported BKKBN in south-south exchange programs since 2013, starting with strategic cooperation with Muslim Religious Leaders in the family planning program. In 2015, another program for a rights-based comprehensive family planning started and continue until 2019, collaborate with Universitas Gajah Mada (UGM)'s Center of Excellence. This UNFPA support takes place every year until UNFPA's CP 9 year.
2.	BKKBN	<p>With support from MOH, Ministry of State Secretariat, UGM, UNFPA, the Government of Indonesia established a Center of Excellence for Comprehensive Right Based Family Planning Training in Yogyakarta since 2015, with participants from Afghanistan, Bangladesh and Timor Leste. This activity was also held in Yogyakarta on 3-22 September 2018 with 10 participants from 5 countries from Timor Leste, Afghanistan, Bangladesh, Papua New Guinea, and Ghana.</p> <p>In addition, CoE International FP training 2019 in Yogyakarta (BKKBN) attended by Afghanistan delegates was conducted in April 2019 through tailor-made typed mechanism. Also convened Muslim Religious Leaders (MRL) Training Program and autonomous Regional Muslim Mindanao (ARMM) Training Program in 2019.</p>
3.	MoH	With support from Ministry of State Secretariat and JICA, the Government of Indonesia conducted the TCTP (Third Country Training Programme) on the MCH Handbook in West Sumatera on 3-8 September 2017 with participants from Morocco, Cameroon, Uganda, Kenya, Palestine, Afghanistan, Tajikistan, Bangladesh, Myanmar, Vietnam, Thailand, Philippines, and Laos. This activity was also held in Lampung on 2-7 September 2018, with participants from Afghanistan, Fiji, Kenya, Philippines, Tajikistan, Vanuatu, Laos, Vietnam, Thailand, and Uganda. TCTP will hold in North Sulawesi on September 2019 with participants from Lao PDR, Cambodia, Kenya, Myanmar, Tajikistan, Afghanistan.

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## DISCLAIMER

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*The information contained in this Report has been prepared by Yayasan Cipta from publicly available material and from discussions held with stakeholders. Yayasan Cipta does not express an opinion as to the accuracy or completeness of the information provided or any conclusions reached by those parties. Yayasan Cipta has based this Report on information received or obtained, on the basis that such information is accurate and, where it is represented to Yayasan Cipta as such, complete.*

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## MORE INFORMATION

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