

Results/tables of the 2021 FPSA

1. Financing Sources from government: central and decentralized/local levels

Financing Sources	Value (USD)	% of total
Central Government		
Ministry of Finance	\$246,762,456	98.19%
Province/Local/Municipal Government		
Locally Generated Revenue from Province/District Government	\$2,331,042	0.93%
Employer contributions collated by Social Security		
BPJS Kesehatan	\$2,226,508	0.89%
Total	\$251,320,006	100%

2. Family planning expenditures by financing agents

Financing Agents	Value (USD)	% of total
Central/Federal level		
Ministry of Health	\$485,812	0.19%
State/Province/Department		
District/Province Government	\$39,010,598	15.52%
Social Security Funds		
BPJS Kesehatan	\$2,226,508	0.89%
Other Ministries (or equivalent sector entities) *		
National Population & Family Planning Board/BKKBN	\$209,578,706	83.39%
Ministry of National Development Planning/Bappenas	\$18,381	0.01%
Total	\$251,320,006	100.00%

3. Family planning expenditures by provider type

Providers	Value (USD)	% of total
National Family Planning Agency		
National Population & Family Planning Board/BKKBN	\$167,738,425	66.74%
Public Health Centers		
Public Health Facility	\$32,101,650	12.77%
Other Ministries or Public Administration entities n.e.c		
District/Province Government Population Control Office	\$48,119,961	19.15%
Ministry of National Development Planning/Bappenas	\$18,381	0.01%
Private For-Profit Health Centers		
Private Health Facility	\$2,855,776	1.14%
Departments inside the Ministry of Health		
Directorate of Productive Age and Elderly Ministry of Health	\$458,812	0.19%
Total	\$251,320,006	100.00%

As in Table 4.3, the largest service provider was still the same from 2020, which is BKKBN in fiscal year 2021. The Board used \$167,738,425 or 66.74% of all FP resources in Indonesia in that year to provide

family planning services in Indonesia. As we see above too, the local government was the second largest provider in fiscal year 2021. They combined resources from the national and local budget if the local budget was already sustainable enough.

4. Family Planning expenditures categories (FPSC)

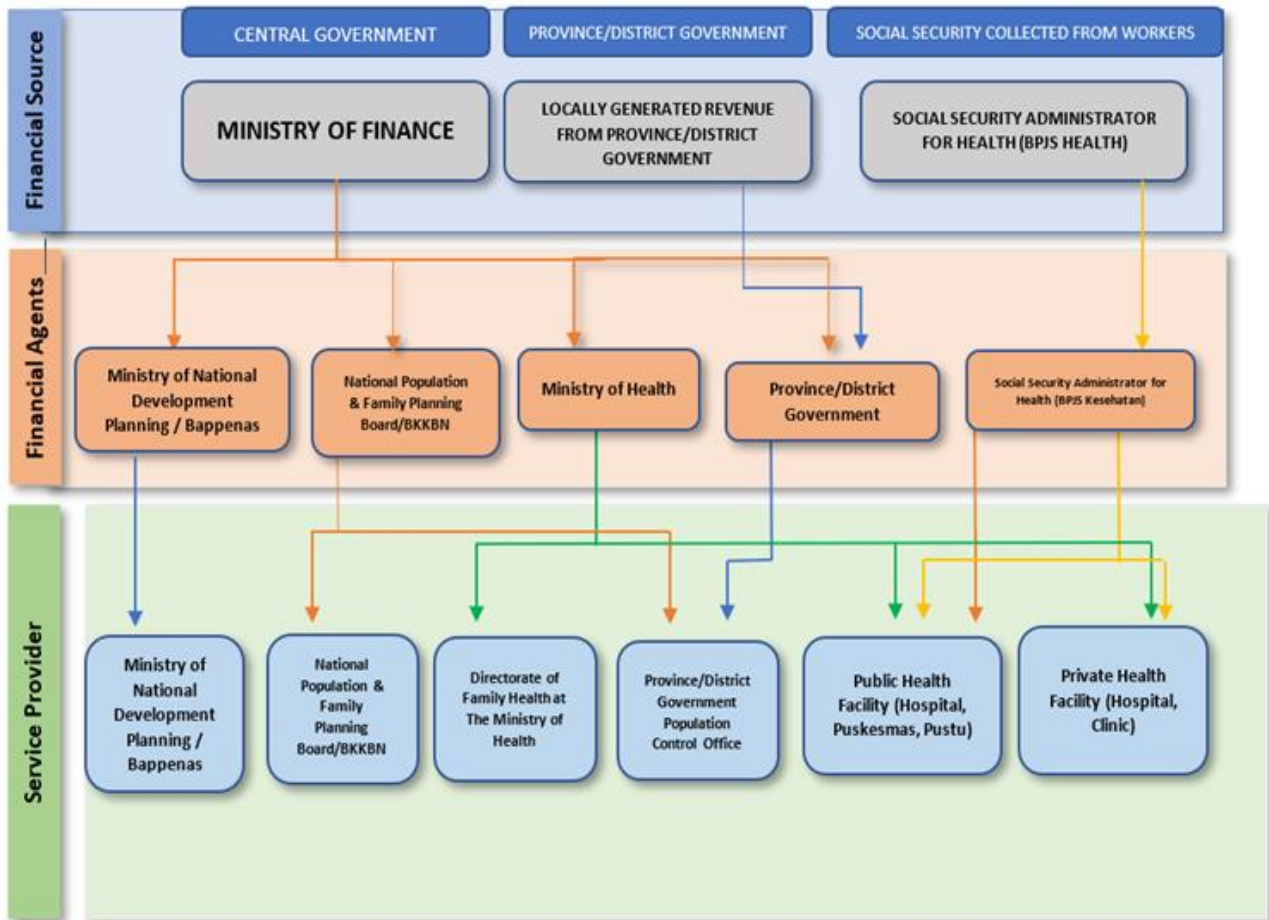
4.1 Family Planning expenditures categories (FPSC) 2021

Expenditure Categories	Amount in USD			% of Total
	Central/ Federal	Sub National	TOTAL	
A - Service Delivery Category				
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	\$2,226,508	\$611,147	\$2,837,655	1.13%
2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs				
3 -Outsourcing of services				
4 - Contraceptives, medicine & other consumables				
IUD	\$303,735		\$303,735	0.12%
Implants	\$11,726,959		\$11,726,959	4.67%
DMPA-IM (Depo Medroxyprogesterone Acetate Intra-Muscular)	\$4,730,669		\$4,730,669	1.88%
Sayana Press – Depo Medroxyprogesterone Acetate Sub-Cutaneous (DMPA-SC)				
Pills	\$10,760,676		\$10,760,676	4.28%
Condoms (male and female)	\$4,036,182		\$4,036,182	1.61%
Lactational Amenorrhea Method (LAM)				
Long acting method (sterilization)				
Others (Contraceptives/consumables not disaggregated by type)				
B - Above-site level category				
Logistics/transportation of contraceptives etc.	\$1,172,696	\$9,097	\$1,181,793	0.47%
Information, Education and Communication (IEC)	\$1,720,394	\$191,596	\$1,911,990	0.76%
Policy Development and Advocacy	\$36,861,800	\$202,183	\$37,063,983	14.75%
Management Information System (MIS) and Health Information System (HIS)	\$2,502,292	\$20,151	\$2,522,443	1.00%
Monitoring, Evaluation and Research	\$757,475	\$35,348	\$792,824	0.32%
Capacity building/training (for all categories mentioned above)	\$1,022,125	\$114,514	\$1,136,639	0.45%
Program Management	\$31,933,813	\$914,580	\$32,848,394	13.07%
Operational expenditures (Expenditures that cannot be directly traced to the provision of a service)	\$0	\$232,426	\$232,426	0.09%
Others (Wages and salaries of employees)	\$139,233,639	\$0	\$139,233,639	55.40%
C - Capital (Medical & Non-medical Equipment, Construction and Renovation. ...)				
GRAND TOTAL (A+B+C)	\$248,988,964	\$2,331,042	\$251,320,006	100.00%

4.2 Comparison Family Planning Expenditures Categories (FPSC) 2020 & 2021

Expenditure Categories	Amount in USD	
	2020	2021
A - Service Delivery Category		
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	\$224,908.63	\$2,837,655
2 – Service staff costs (for direct service provision) in mobile/community services settings/CBDs		
3 -Outsourcing of services		
4 - Contraceptives, medicine & other consumables		
IUD	\$38,737.53	\$303,735
Implants	\$136,465.95	\$11,726,959
DMPA-IM (Depo Medroxyprogesterone Acetate Intra-Muscular)	\$41,771.19	\$4,730,669
Sayana Press – Depo Medroxyprogesterone Acetate Sub-Cutaneous (DMPA-SC)		
Pills	\$7,303.76	\$10,760,676
Condoms (male and female)	\$6,320.18	\$4,036,182
Lactational Amenorrhea Method (LAM)		
Long acting method (sterilization)		
<i>Male Sterilization</i>	\$117.80	
<i>Female Sterilization</i>	\$563.76	
Others (Contraceptives/consumables not disaggregated by type)	\$380.82	
B - Above-site level category		
Logistics/transportation of contraceptives etc.		\$1,181,793
Information, Education and Communication (IEC)	\$7,985,858.90	\$1,911,990
Policy Development and Advocacy	\$402,561.54	\$37,063,983
Management Information System (MIS) and Health Information System (HIS)	\$312,692.18	\$2,522,443
Monitoring, Evaluation and Research	\$999,172.48	\$792,824
Capacity building/training (for all categories mentioned above)	\$5,138,196.08	\$1,136,639
Program Management	\$186,369,790.86	\$32,848,394
Operational expenditures (Expenditures that cannot be directly traced to the provision of a service; sometimes referred to as “overhead” or “indirect” costs, e.g., rent, utilities)	\$120,884,091.15	\$232,426
Others (Wages and salaries of employees)	\$2,145,002.83	\$139,233,639
C - Capital (Medical & Non-medical Equipment, Construction and Renovation. ...)		
Capital expenditure (technology, medical & non-medical equipment, construction & renovation) for FY and FP from funds/budget	\$30,777,189.24	
GRAND TOTAL (A+B+C)	\$355,471,124.88	251,320,006

5. Flows of family planning service funds from government



Annex

1. Financing Sources from government: central and decentralized/local levels

From above, the largest source in fiscal year 2021 was still from the Ministry of Finance since most of the funds in the government sector is taken from the national budget and it is under authority of the Ministry of Finance. The funds allocated from this ministry was \$246,762,456 or 98.19% of FP-related total funds in Indonesia – see Table 1. This transfer is justified from local needs and related ministries in family planning, such as National Population & Family Planning Board/BKKBN, Ministry of Health, and Social Security Agency of Health (BPJS Kesehatan).

Second largest financing source was the revenue which was locally generated from the Province/District Government. They allocated \$2,331,042 or 0.93% of Indonesia’s FP-related total funds in fiscal year 2021.

The third largest financing sources was Social Security/Badan Penyelenggara Jaminan Sosial (BPJS) Kesehatan. They allocated \$2,226,508 or 0.89% of Indonesia’s FP-related total funds in fiscal year 2021. BPJS Kesehatan financed all FP-related claims in all health facilities in Indonesia, including public health centres/puskesmas, hospitals, and private clinics.

2. Family planning expenditures by financing agents

The largest financing agent in fiscal year 2021 was National Population & Family Planning Board/BKKBN. As seen in Table 2, The Board distributed \$209,578,706 or 83.39% of Indonesia's FP-related total resources. The Board financed most of resources to their provincial representative offices and local offices in providing FP services.

Second largest financing agent in the fiscal year 2021 was from the local government. As we can see before in financing sources above, the funds were used to finance some programmes in BKKBN, and/or some of them used resources received from ministries/institutions and their local budget to finance FP office and health facilities under their jurisdiction.

3. Family planning expenditures by provider type

As in Table 4.3, the largest service provider was still the same from 2020, which is BKKBN in fiscal year 2021. The Board used \$167,738,425 or 66.74% of all FP resources in Indonesia in that year to provide family planning services in Indonesia. As we see above too, the local government was the second largest provider in fiscal year 2021. They combined resources from the national and local budget if the local budget was already sustainable enough.

4. Family Planning expenditures categories (FPSC)

The largest spending categories in fiscal year 2021 was on wages and salaries of employees who provide family planning services. Government, especially the central government spent \$139,233,639 or 55.40% of total FP resources in 2021. The spending is allocated through Non-physical Special Allocation Funds/DAK Non Fisik. This was also confirmed through a stakeholder meeting which was held on December 23, 2022, by one of the employees from BKKBN.

“Overall, the salary for extension workers is the highest, the reason is because in doing the KB program, there are many extension workers needed, and the financing is charged to the central government.” (RM, employee of BKKBN)

The second largest spending was on policy development and advocacy. Government spent \$37,063,983 or 14.75% of total FP resources in 2021; which is divided into the central government who spent \$36,861,800, and the sub-national/local government who spent \$202,183. The spending is allocated through Non-physical Special Allocation Funds/DAK Non Fisik.

The third largest spending was on program management. Government spent \$32,848,394 or 13.07% of total FP resources in 2021; which is divided into the central government who spent \$31,933,813, and the sub-national/local government who spent \$914,580. The spending is allocated through Non-physical Special Allocation Funds/DAK Non Fisik.

The fourth largest spending was on implants. Government, especially the central government spent \$11,726,959 or 4.67% of total FP resources in 2021. The spending is allocated through Non-physical Special Allocation Funds/DAK Non Fisik. This was also confirmed through a stakeholder meeting which was held on December 23, 2022, by one of the employees from BKKBN.

“It is correct that in contraception data, expenditure in procuring implant is the highest, compared to other options of contraception. The reason is because the demand of implant is high. Implant is also the most expensive compared to other methods, such as pill and injection.” (RM, employee of BKKBN)