

HEAD OF THE NATIONAL POPULATION AND FAMILY PLANNING AGENCY OF
THE REPUBLIC OF INDONESIA
NUMBER 2 OF 2025
ON
POSTPARTUM FAMILY PLANNING SERVICES

BY THE BLESSINGS OF ALMIGHTY GOD

MINISTER OF POPULATION AND FAMILY DEVELOPMENT/HEAD OF
NATIONAL POPULATION AND FAMILY PLANNING AGENCY OF
THE REPUBLIC OF INDONESIA,

Considering:

- a. that to improve access and quality of family planning services, the role of health care facilities is very strategic in family planning services, so efforts to enhance family planning services at health care facilities are necessary;
- b. that the high maternal mortality rate, infant mortality rate, and the low coverage of postpartum women receiving family planning services in Indonesia still exist, so it is necessary to implement a strategic program established in laws and regulations legislation regarding postpartum family planning services;
- c. that Regulation of the National Population and Family Planning Agency Number 18 of 2020 on Postpartum Family Planning Services is no longer in accordance with legal development and organizational needs, and therefore needs to be replaced;
- d. that based on the considerations as referred to in point a, point b, and point c, it is necessary to issue a Regulation of the Minister of Population and Family Planning/Head of the National Population and Family Planning Agency on Postpartum Family Planning Services;

Observing:

- 1. Article 17 section (3) of the 1945 Constitution of the Republic of Indonesia;
- 2. Law Number 39 of 2008 on State Ministries (State Gazette of the Republic of Indonesia of 2008 Number 166, Supplement to the State Gazette of the Republic of Indonesia Number 4916) as amended by Law Number 61 of 2024 on Amendment to Law Number 39 of 2008 on State Ministries (State Gazette of the Republic of Indonesia of 2024 Number 225, Supplement to the State Gazette of the Republic of Indonesia Number 6994);
- 3. Law Number 52 of 2009 on Population Development and Family Development (State Gazette of the Republic of Indonesia of 2009 Number 161, Supplement to the State Gazette of the Republic of Indonesia Number 5080);

4. Presidential Regulation Number 180 of 2024 on Ministry of Population and Family Development (State Gazette of the Republic of Indonesia of 2024 Number 376);
5. Presidential Regulation Number 181 of 2024 on National Population and Family Planning Agency (State Gazette of the Republic of Indonesia of 2024 Number 377);
6. Regulation of the Head of the National Population and Family Planning Agency Number 82/PER/B5/2011 on Organization and Work Procedures of Provincial Representative Offices of the National Population and Family Planning Agency;
7. Regulation of the National Population and Family Planning Agency Number 12 of 2020 on Organization and Work Procedures of Technical Implementation Units of the National Population and Family Planning Education and Training Center (State Bulletin Gazette of the Republic of Indonesia of 2020 Number 779);
8. Regulation of the Minister of Population and Family Planning/Head of the National Population and Family Planning Agency Number 6 of 2024 on Organization and Work Procedures of the Ministry of Population and Family Planning/National Population and Family Planning Agency (State Gazette Bulletin of the Republic of Indonesia of 2024 Number 946);

HAS DECIDED:

To issue: REGULATION OF THE MINISTER OF POPULATION AND FAMILY PLANNING/HEAD OF NATIONAL POPULATION AND FAMILY PLANNING AGENCY ON POSTPARTUM FAMILY PLANNING SERVICES.

CHAPTER I
GENERAL PROVISIONS

Article 1

In this Ministerial Regulation:

1. Family Planning (*Keluarga Berencana*), hereafter abbreviated as KB, means an effort to regulate childbirth, the ideal interval and age for giving birth, and to manage pregnancy through the promotion of protection and assistance in accordance with reproductive rights to realize a high-quality family.
2. Postpartum Family Planning (*Keluarga Berencana Pascapersalinan*), hereinafter referred to as KBPP, means family planning services provided after childbirth up to a period of 42 (forty-two) days, aimed at regulating birth interval, pregnancy interval, and preventing unintended pregnancies, so that every family can plan a safe and healthy pregnancy.
3. Health Care Facility means a place and/or equipment used to provide health services to individuals or the community through promotive, preventive, curative, rehabilitative, and/or palliative approaches carried out by the central government, local governments, and/or the community.
4. Primary Health Care Facility (*Fasilitas Pelayanan Kesehatan Tingkat Pertama*), hereafter abbreviated as FPKTP, means a health care facility that provides non-

specialist health services to individuals for observation, promotion, prevention, diagnosis, treatment, medication, and/or other health services. FPKTP includes community health centers (*Puskesmas*) or equivalent, doctor practices, primary clinics or equivalent, and class D primary hospitals or equivalent.

5. Advanced Referral Health Care Facility (*Fasilitas Pelayanan Kesehatan Rujukan Tingkat Lanjutan*), hereinafter abbreviated as FPKRTL, is means a health care facility that provides specialized or subspecialized health services to individuals including advanced outpatient care, advanced inpatient care, and inpatient care in special treatment rooms, which include principal clinics or equivalent, general hospitals, and specialized hospitals.
6. Medical Professional means any person who dedicates themselves in the field of health and has professionalism, knowledge, and skills through medical or dental professional education that requires authority to carry out health measures.
7. Health Professional means any person who dedicates themselves in the field of health and has knowledge and/or skills through health education, which for certain types requires authority to carry out health measures.
8. Recording and Reporting of Contraceptive Services means an activity of recording and reporting various aspects related to contraceptive services provided by government and private Family Planning KB Health Care Facilities, independent doctor/midwife practices, and other Family Planning KB Health Care Facility networks according to the established system.
9. Counseling means a process of exchanging information and positive interaction about family planning KB, conducted between prospective family planning KB participants and officers to help the prospective KB participants recognize their needs, understand family planning KB methods, choose the best solution, and make the right decisions for dealing with their current situation.
10. KBPP Counseling means a process of providing information and positive interaction about KBPP, conducted between prospective KBPP participants and officers to help the prospective participants recognize their family planning KB needs, choose the best solution, and make the right decisions about contraceptive methods for dealing with their current situation.
11. New KB Participant (*Peserta KB Baru*), hereafter referred to as PB, means a participant who is using contraceptive methods for the first time, including those who are postpartum.
12. Communication, Information, and Education, hereinafter referred to as CIE, means the process of delivering and receiving messages to improve a person's knowledge, attitudes, and behaviors.
13. Prenatal Health Service means any activity and/or series of activities carried out from the time of conception until childbirth.

14. Postpartum Health Service means any activity and/or series of activities provided for women during the postpartum period and services that support the baby they have given birth to until the age of 2 (two) years.
15. Activity Group (*Kelompok Kegiatan*), hereinafter referred to as Poktan, means a community group that carries out and manages activities such as early childhood family development, adolescent family development, elderly family development, family economic business empowerment through income-raising business groups for KBPP participants, and a youth Counseling information center in an effort to realize family resilience.
16. Health Security means a guarantee in the form of health protection so that participants receive health maintenance benefits and protection in meeting basic health needs provided to every any person who has paid contributions or whose contributions are paid by the government.
17. Social Security Agency (Badan Penyelenggara Jaminan Sosial), hereinafter abbreviated as BPJS, means a legal entity established to administer the social security program.
18. Intrauterine Device, abbreviated as IUD, means a small, flexible contraceptive device with arms or copper wire around it, inserted into the uterus to provide long-term protection against pregnancy.
19. Implant means a hormonal contraceptive drug that is inserted under the skin of the upper arm using a special inserter, with the drug's effectiveness as a contraceptive lasting for 3 (three) years.
20. Decision-Making Tool (*Alat Bantu Pengambilan Keputusan*), hereinafter abbreviated as ABPK, means a flip chart developed in collaboration with the World Health Organization, used to assist staff in providing Counseling according to standards with reminder signs about the Counseling skills that need to be performed and the information that needs to be provided according to the needs of the family planning KBPP participants.
21. Informed Consent means the consent granted by the family planning KBPP participants or their family based on information and explanation regarding the medical procedure that will be performed on the KBPP participants.
22. KBPP Evaluation and Information System means an effort related to monitoring the quality of KBPP services and programs by analyzing the results of KBPP services and evaluating the performance of KBPP programs and services based on available information.
23. Provider means a Medical Professional and a Health Professional who has the competence and/or certification to provide family planning KB services.
24. Family Planning KB Officer means a person who carries out activities related to family planning KB promotion, including KB Counselors, Field Officers, Rural/Urban Community Institutions of the Bangga Kencana program, Rural/Urban Motivators of the Bangga Kencana program, KB Community Sub-Institutions, as well as Health Professionals or other work partners.

25. KB Counselor means a civil service employee who meets specific competency standards and qualifications, assigned to full responsibilities, authority, and rights by authorized officials as special functional positions to carry out activities related to counseling, service, promotion, and development of Population, Family Planning, and Family Development programs.
26. KB Field Officer (*Petugas Lapangan KB*), hereinafter referred to as PLKB, means a civil service employee who meets specific competency standards and qualifications, assigned to full responsibilities, authority, and rights by the authorized official as a functional position to carry out activities related to recording and reporting, CIE, as well as services for the Population, Family Planning, and Family Development programs.
27. Regional Apparatus Administering Government Affairs in Population Control and Family Planning (*Perangkat Daerah yang Menyelenggarakan Urusan Pemerintah Bidang Pengendalian Penduduk dan Keluarga Berencana*), hereinafter referred to as PD-KB, means a regional apparatus within the Provincial, Regency, and Municipal Governments responsible to the Regional Head in the implementation of population control and Family Planning affairs that fall under the authority of provincial, regency, and municipal areas.
28. Hospital means a Health Care Facility that provides comprehensive individual health services through promotive, preventive, curative, rehabilitative, and/or palliative health services by offering inpatient, outpatient, and emergency services.
29. Family Planning Service at Hospital (*Pelayanan KB di RS*), hereafter abbreviated as PKBRS, means medical and non-medical services for reproductive-age couples to postpone, space, and end fertility using one of the contraceptive methods, managing complications, and failures, including the possibility of re-canalization, carried out by competent Medical Professionals and/or Health Professionals.
30. Ministry of Population and Family Development, hereinafter referred to as the Ministry, means the Ministry administering government affairs in the field of population and the government sub-affairs of family development.
31. National Population and Family Planning Agency (Badan Kependudukan dan Keluarga Berencana Nasional) hereinafter abbreviated as BKKBN, means a non-ministerial government agency administering government duties in the field of population control and family planning.

CHAPTER II AIMS, OBJECTIVES, AND SCOPE

Article 2

This Ministerial Regulation aims to serve as a work guideline for administrators and organizers of KBPP programs and services in accordance with the provisions of laws and regulations legislation.

Article 3

- (1) The objectives of KBPP services are to increase family participation in KB and reproductive health through a strategy to improve KBPP services nationally.
- (2) The strategy to improve KBPP services as referred to in section (1) is carried out with the target of increasing the participation in family planning KB of women giving birth and postpartum women or their partners in accordance with the provisions of legislation.

Article 4

The scope of this Ministerial Regulation includes:

- a. management of the KBPP program and services;
- b. KBPP Evaluation and Information System;
- c. human resources and the improvement of human resource competencies in KBPP services;
- d. funding for KBPP program activities and financing of KBPP services;
- e. contraceptive devices and supporting materials for KBPP activities and services;
- f. family and community participation development.

CHAPTER III

MANAGEMENT OF KBPP SERVICES AND PROGRAMS AND SERVICES

Part One General

Article 5

The management of the KBPP programs and services , as referred to in Article 4 point a, is a series of activities to manage the planning and to govern the implementation of the KBPP services and programs and services.

Part Two

Management of Implementing KBPP Programs and Services

Paragraph 1 General

Article 6

The management of implementing KBPP programs and services as referred to in Article 5 includes:

- a. advocacy;
- b. task organization;
- c. planning of KBPP services and programs and services;
- d. implementation of KBPP services and programs and services; and
- e. guidance, monitoring, and evaluation of the quality of KBPP and services and programs and services.

Paragraph 2
Advocacy

Article 7

Advocacy as referred to in Article 6 point a is one of the efforts to approach stakeholders in order to influence the success of KBPP programs.

Article 8

Advocacy activities are carried out with stakeholders as a form of strategic communication through:

- a. increasing commitment;
- b. utilizing resources; and
- c. empowering community organizations, professional organizations, and forums.

Paragraph 3
Task Organization

Article 9

The task organization as referred to in Article 6 point b consists of:

- a. resource arrangements to implement the family planning and reproductive health KBPP programs and services, including:
 1. human resources;
 2. financing;
 3. contraceptive devices and drugs; and
 4. supporting materials for the implementation of the KBPP programs.
- b. Coordination of the implementation tasks for KBPP programs to institutions and related stakeholders, which includes:
 1. administration of KBPP programs at the central and provincial levels;
 2. administration of KBPP program in regencies/municipalities; and
 3. administration of KBPP programs at the unit level.

Article 10

- (1) The tasks of the organizers of KBPP programs at the central and provincial levels include:
 - a. providing policies for the implementation of KBPP programs.
 - b. introducing policies for the implementation of KBPP programs;
 - c. conducting advocacy for KBPP programs at the central and provincial levels;
 - d. encouraging representatives of provincial BKKBN and PD-KB to coordinate with the Provincial Health Offices, Regency/Municipal Health Offices, training and service institutions, and stakeholders to prepare the implementation plan of the KBPP programs;
 - e. preparing contraceptive devices and master supporting materials for KBPP programs and services;

- f. preparing plans and financing for the KBPP program activities at the central and provincial levels;
- g. conducting guidance, monitoring, and evaluation of the implementation of the KBPP programs and services.

(2) The tasks of organizers of KBPP programs in regencies/municipalities include:

- a. following the guidelines for implementing the KBPP programs;
- b. conducting advocacy for the KBPP programs in regencies/municipalities;
- c. coordinating with the Regency/Municipal Health Offices, stakeholders, and partners in the planning and implementation of KBPP programs.
- d. distributing contraceptive devices and drugs, CIE materials, and supporting materials for KBPP programs;
- e. preparing the planning and budgeting of KBPP program activities in regencies/municipalities; dan
- f. conducting guidance, monitoring, and evaluation of the implementation of the KBPP programs and services.

(3) The duties of organizers of KBPP programs at the unit level include:

- a. following the instructions and guidelines of KBPP program policies established by the organizers at the central, provincial, and regency/municipal levels.
- b. carrying out KBPP services;
- c. coordinating with institutions in the regencies/municipalities regarding planning, processes, and results of KBPP services;
- d. recording and preparing reports on the results of KBPP services;
- e. preparing the planning at the service level.

Paragraph 4
Planning of KBPP Programs and Services

Article 11

(1) Planning of KBPP programs and services as referred to in Article 6 point c, which is conducted at the Ministry/BKKBN and provincial BKKBN, includes:

- a. conducting analysis and mapping of medical and non-medical needs for the development activities of KBPP programs and services;
- b. conducting advocacy to partners and stakeholders;
- c. determining indicators and targets for national and provincial KBPP services;
- d. conducting evaluation and analysis of the results of the KBPP programs and services; and
- e. coordinating with the Provincial Health Offices in planning KBPP programs.

(2) The KBPP program planning carried out at PD-KB includes:

- a. conducting analysis and mapping of Health Care Facilities that can serve KBPP;
- b. conducting analysis and mapping of active Poktan;

- c. mapping the plan for the development needs of human resources of service providers to participate in training to improve KBPP service competencies;
- d. mapping out the plan for the need to improve CIE skills for KB Counselor and Poktan cadres;
- e. doing coordination with the regency/municipal Health Office and the regency/municipal training team in conducting, supervising, and evaluating post-training and regular evaluation of KBPP services; dan
- f. conducting regular meetings to discuss service results with stakeholders, Health Care Facilities, and Providers in analyzing the quality improvement of KBPP services in regencies/municipalities.

(3) Planning of KBPP programs and services at Health Care Facilities includes:

- a. carrying out an analysis of the need for contraceptive devices, means and infrastructure to support KBPP services in Health Care Facilities;
- b. ensuring the availability of contraceptive devices and drugs in Health Care Facilities;
- c. conducting an analysis of the need for competency improvement for KBPP service personnel in service facilities;
- d. determining the target number of KBPP services; and
- e. conducting an analysis of service results to improve quality and achieve KBPP success indicators.

(4) The targets of KBPP services and programs as referred to in section (3) point d include:

- a. the number of women giving birth who receive KBPP Counseling; and
- b. the number of women giving birth and in the postpartum period who use one of the KBPP methods.

(5) The indicators of success of KBPP as referred to in section (3) point e show:

- a. 100% (one hundred percent) of women giving birth in Health Care Facilities receiving KBPP Counseling;
- b. at least 70% (seventy percent) of women giving birth using KBPP; and
- c. 70% (seventy percent) of women giving birth, at least 50% (fifty percent) of them using long-action contraceptive method.

Article 12

(1) The planning of KBPP programs and services in Health Care Facilities as referred to in Article 11 section (3) is carried out in an integrated manner through:

- a. integrated mini-workshop activities; and
- b. other CIE service activities.

(2) Planning for KBPP activities outside the building may be integrated with community-based activities.

Article 13

The analysis of the needs for KBPP services is carried out by ensuring the fulfillment of:

- a. means and infrastructure to support KBPP services;
- b. KBPP promotional materials;

- c. the types of contraceptive devices and drugs used for KBPP services; and
- d. competent KBPP service providers in each Health Care Facility.

Paragraph 5
Implementation of KBPP Programs and Services

Article 14

- (1) The implementation of KBPP programs and services as referred to in Article 6 point d either at center, provinces, regencies/municipalities, or units is integrated with the implementation of the KB and CIE programs.
- (2) The integration of the implementation of KBPP programs and services as referred to in section (1) is carried out through vertical and horizontal coordination between:
 - a. organizers of KB and CIE programs;
 - b. organizers of KB and CIE services; and
 - c. administrators of KB and CIE programs.
- (3) Coordination as referred to in section (2) is implemented to:
 - a. determine the targets and objectives of KBPP services integrated with the targets and objectives of CIE services;
 - b. determine the steps of KBPP services in facilities integrated with the CIE service steps;
 - c. carry out facilitative supervision of the KBPP program at KBPP service facilities; and
 - d. conduct regular coordination meetings to improve the quality of KBPP services.

Article 15

- (1) KBPP services as referred to in Article 14 are carried out at Health Care Facilities for KB services.
- (2) Health Care Facilities as referred to in section (1) are FPKTP and its networks and linkages as well as FPKRTL which provides KB services.
- (3) Health Care Facilities that provide KBPP services as referred to in section (1) must meet the following criteria:
 - a. available infrastructure facilities to support KBPP services; and
 - b. available competent health human resources to provide KBPP services.

Article 16

- (1) KBPP services carried out at FPKTP include AKDR, implants, injectables, pills, condoms, lactation amenorrhea method, and male surgery method.
- (2) KBPP services carried out at FPKRTL include all family planning KB services that can be carried out at FPKTP and women's surgical method services.

Article 17

- (1) The implementation of KBPP services at Health Care Facilities is carried out through contraceptive services including:
 - a. pre-service;

- b. contraceptive practice; and
 - c. post-service.
- (2) The implementation of KBPP pre-service at Health Care Facilities as referred to in section (1) point a is carried out through:
 - a. Counseling provided as early as possible from the first examination in pregnancy and the decision of the KBPP should be taken before delivery;
 - b. Counseling using ABPK;
 - c. medical eligibility screening using the medical eligibility criteria wheel for contraceptive use to ensure the choice of contraceptive method;
 - d. consent to contraceptive choices; and
 - e. Informed Consent.
- (3) The contraceptive practice as referred to in section (1) point b is provided to postpartum women and their partners after receiving Counseling and obtaining the Informed Consent.
- (4) In the event that women in the postpartum period and her partners have not made the choice of the contraceptive method to be used, the Medical Professionals and/or Health Professional provide KIE and Counseling to use contraception in the form of progestin pills and/or condoms.
- (5) The implementation of CIE and Counseling can be carried out repeatedly up to 42 (forty-two) days after postpartum.
- (6) The implementation of KBPP post-service as referred to in section (1) point c is in the form of:
 - a. monitoring and handling of side-effects, complications, and failure to use contraceptives; and
 - b. provision of medical service Counseling and/or referral in accordance with the provisions of laws and regulations legislation.

Article 18

- (1) The implementation of Counseling as referred to in Article 17 section (2) point a and point b is in the form of providing information related:
 - a. choices of contraceptive methods;
 - b. side-effects; and
 - c. handling of side-effects.
- (2) KBPP Counseling activities carried out at Health Care Facilities are integrated with Pregnancy Health Services, Postpartum Health Services, postpartum visits, and other integrated activities.

Article 19

- (1) The screening of medical eligibility as referred to in Article 17 section (2) point c is carried out to ensure the choices of contraceptive methods used in accordance with the health condition of KBPP participants.
- (2) Medical eligibility screening as referred to in section (1) is carried out by Medical Professionals and Health Professionals in accordance with their competence and authority.

Article 20

The referral as referred to in Article 17 section (6) point b is given with the following considerations:

- a. side-effects and/or complications of contraceptive use; and
- b. service capability of the Health Care Facility in accordance with the provisions of legislation.

Paragraph 6

Guidance, Monitoring, and Evaluation of the Quality of KBPP Programs and Services

Article 21

- (1) The guidance and monitoring of the quality of KBPP services and programs as referred to in Article 6 point e are carried out through facilitative supervision.
- (2) The development and monitoring of the quality of the KBPP programs as referred to in section (1) is carried out in stages in each management of KBPP programs and services.
- (3) The results of guidance and monitoring of the quality of KBPP programs and services are discussed between program administrators and service organizers as evaluation materials to enhance and improve the quality of KBPP services.
- (4) Guidance, monitoring, and evaluation of the quality of KBPP programs and services are carried out at least 1 (one) time in 1 (one) year.

CHAPTER IV POSTPARTUM FAMILY PLANNING EVALUATION AND INFORMATION SYSTEM

Part One General

Article 22

The KBPP Evaluation and Information System includes:

- a. KBPP information collection; and
- b. evaluation of KBPP services and programs.

Part Two Postpartum Family Planning Information Collection

Article 23

- (1) The KBPP information collection as referred to in Article 22 point a is an effort made to obtain data on KBPP services and programs, including:
 - a. implementation process;
 - b. service results; and
 - c. results achieved.
- (2) The collection of KBPP information as referred to in section (1) includes:
 - a. routine data management of KBPP services; and
 - b. KBPP survey and research.

Article 24

- (1) The routine data management for KBPP services as referred to in Article 23 section (2) point a is carried out based on recording and reporting the results of KBPP services.
- (2) Data management as referred to in section (1) is carried out in accordance with the provisions of laws and regulations legislation.

Article 25

- (1) The routine data management of KBPP services as referred to in Article 24 results in a source of information used to analyze the quality of KBPP services.
- (2) The sources of information as referred to in section (1) consist of:
 - a. target data of pregnant women and women giving birth in the work area;
 - b. the percentage of pregnant women receiving KBPP Counseling during the visit of Pregnancy Health Services;
 - c. the percentage of women giving birth who receive KBPP Counseling during childbirth; and
 - d. percentage of women giving birth who receive KBPP services.

Article 26

- (1) Recording and reporting of KBPP service results as referred to in Article 24 section (1) are carried out in the following stages:
 - a. introduction of a standard recording and reporting subsystem at Health Care Facilities providing KBPP services registered in the Ministry/BKKBN information system;
 - b. introduction to the limitations of the definition, type of use, and method of filling out the form used; and
 - c. recording and reporting as referred to in point a are carried out at the Health Care Facility, then monitoring and evaluation are carried out structurally from regency/municipal PD-KB, provincial BKKBN to Ministry/BKKBN.
- (2) The recording and reporting of KBPP service results as referred to in section (1) are based by the national family planning KB program recording and reporting subsystem.
- (3) The recording and reporting of KBPP service results are carried out in accordance with the provisions of legislation.

Article 27

- (1) KBPP registration is carried out for PB who use modern contraceptive methods.
- (2) The registration of KBPP as referred to in section (1) is carried out in accordance with the provisions of laws and regulations legislation.

Article 28

KBPP reporting in the form of KBPP service performance indicators consists of the results of PB services with modern contraceptive methods and the results of counseling services.

Part Three Evaluation of Postpartum Family Planning Programs and Services

Article 29

- (1) The evaluation of KBPP programs and services as referred to in Article 22 point b is carried out to obtain an overview of KBPP programs and services and to improve access and quality of KBPP services.
- (2) The purpose of the evaluation of KBPP programs and services is to find out:
 - a. the potential of KBPP programs and services;
 - b. problems and obstacles of KBPP programs and services; and
 - c. alternative problem-solving of KBPP programs and services.
- (3) The results of the KBPP program evaluation are used to improve the planning and implementation of the KBPP programs in the next planning and implementation period.
- (4) The evaluation of KBPP services is carried out by monitoring KBPP services at Health Care Facilities.
- (5) Monitoring of KBPP services in Health Care Facilities as referred to in section (4) includes:
 - a. KBPP services;
 - b. human resources for KBPP services;
 - c. funding;
 - d. the availability of KBPP Counseling and CIE materials;
 - e. the availability of support facilities for KBPP services;
 - f. the availability of contraceptive devices and drugs; and
 - g. Recording and Reporting of KBPP Contraceptive Services.

Article 30

The data from the evaluation and monitoring of KBPP services at Health Care Facilities are used to conduct guidance through facilitative supervision as referred to in Article 21 section (1).

CHAPTER V HUMAN RESOURCES AND COMPETENCE DEVELOPMENT OF HUMAN RESOURCES OF POSTPARTUM FAMILY PLANNING SERVICES

Part One Human Resources

Article 31

- (1) KBPP services at Health Care Facilities are carried out by Medical Professionals and/or Health Professionals in accordance with their competence and authority.

(2) KBPP services at Health Care Facilities as referred to in section (1) include providing Counseling and putting on contraceptives.

Part Two
Competence Development of Human Resources of Postpartum Family Planning

Article 32

(1) The Ministry/BKKBN facilitates the competence development of Medical Professionals and Health Professionals.

(2) Competence development as referred to in section (1) is carried out through training.

(3) Training as referred to in section (2) is carried out in accordance with the provisions of legislation.

Article 33

(1) Training as referred to in Article 32 section (2) is training related to KBPP Services.

(2) In addition to training related to KBPP Services as referred to in section (1), the Ministry/BKKBN also facilitates non-medical technical training including:

- training in recording and reporting as well as KBPP service data management for Health Care Facilities in regencies/municipalities; and
- KBPP promotion training for KB Counselor or PLKB in provinces and regencies/municipalities.

(3) In the implementation of training as referred to in section (1) and section (2), Ministry/BKKBN conducts evaluation, facilitative supervision, and post-training guidance.

CHAPTER VI
FUNDING FOR POSTPARTUM FAMILY PLANNING PROGRAM ACTIVITIES AND FINANCING OF POSTPARTUM FAMILY PLANNING SERVICES

Part One
Funding for Postpartum Family Planning Program Activities

Article 34

(1) Funding for KBPP program and service activities is sourced from:

- state budget;
- local budget; and
- other sources that are valid and non-binding in accordance with the provisions of legislation.

(2) Funding for KBPP program and service activities as referred to in section (1) is carried out in accordance with the provisions of legislation.

Part Two
Financing of Postpartum Family Planning Services

Article 35

Financing of KBPP services may be carried out:

- a. independently by KBPP participants;
- b. through Health Security or national health security; or
- c. through other health insurance.

Article 36

- (1) Financing of KBPP services carried out independently as referred to in Article 35 point a is imposed on KBPP participants who are not participants in Health Security, national health security, or other health insurance.
- (2) Financing of KBPP services through Health Security or national health security as referred to in Article 35 point b is carried out in accordance with the provisions of legislation.

CHAPTER VII
CONTRACEPTIVES AND SUPPORTING MATERIALS FOR
POSTPARTUM FAMILY PLANNING ACTIVITIES AND
SERVICES

Part One
Providing Contraceptive Devices and Drugs

Article 37

- (1) Contraceptive devices and drugs for the KBPP program at Health Care Facilities are provided by Ministry/BKKBN.
- (2) Contraceptive devices and drugs for the KBPP program as referred to in section (1) are provided to operate the KBPP services of each delivery.
- (3) Contraceptive devices and drugs of the KBPP program for KBPP services as referred to in section (2) include:
 - a. AKDR;
 - b. Implants;
 - c. 3 (three) monthly KB injectables;
 - d. combined KB pills;
 - e. progestin KB pills; and
 - f. condoms.

Part Two
Types of Contraception

Article 38

- (1) The types of contraceptives in KBPP services are choices for contraceptive methods.
- (2) The choices of contraceptive methods as referred to in section (1) for postpartum women are adjusted to the reproductive needs of the women and the condition of the postpartum women.

Article 39

- (1) The choices of contraceptive methods based on the duration of use consist of:
 - a. long-action contraceptive method; and
 - b. short-action contraceptive method.
- (2) The choices of contraceptive methods based on the composition consist of:
 - a. hormonal method; and

b. nonhormonal method.

(3) The choices of contraceptive methods can be provided after the postpartum women have received Counseling and medical eligibility screening and have been declared eligible for contraceptive services.

Article 40

(1) The long-action contraceptive method as referred to in Article 39 section (1) point a consists of:

- a. sterilization;
- b. AKDR; and
- c. Implants.

(2) The long-action contraceptive method as referred to in Article 39 section (1) point b consists of:

- a. injectables;
- b. pills;
- c. condoms; and
- d. lactation amenorrhea method.

(3) The sterilization as referred to in the section (1) point a consists of:

- a. female surgical method or tubectomy; and
- b. male surgery method or vasectomy.

Article 41

(1) The hormonal contraceptive method as referred to in Article 39 section (2) point a consists of:

- a. progestogen; and
- b. combined progestogen and estrogen.

(2) Nonhormonal contraceptive method as referred to in Article 39 section (2) point b consists of:

- a. sterilization;
- b. AKDR;
- c. condoms; and
- d. lactation amenorrhea method.

Article 42

(1) Progestin hormonal contraceptives as referred to in Article 41 section (1) point a consist of:

- a. pills;
- b. injectables; and
- c. Implants.

(2) Combined hormonal contraceptives as referred to in Article 41 section (1) point b consists of:

- a. pills; and
- b. injectables.

Article 43

(1) The female surgery method or tubectomy as referred to in Article 40 section (3) point a is a long-action contraceptive method that is non-hormonal for couples who would like to limit the number of children.

(2) The female surgery method or tubectomy as referred to in section (1) is carried out with the following conditions:

- a. at FPKRTL;
- b. for women giving birth with:

1. surgery (Sectio Caesarea), at the same time as delivery; or
2. normal delivery, with laparoscopy;
- c. within 48 (forty-eight) hours after childbirth or above 6 (six) weeks after delivery; and
- d. for breastfeeding women due to not affecting breast milk production.

Article 44

- (1) The male surgery method or vasectomy as referred to in Article 40 section (3) point b is a long-action contraceptive method that is non-hormonal for couples who would like to limit the number of children and is intended for husbands.
- (2) The male surgery method or vasectomy as referred to in section (1) may be carried out at any time, at FPKTP that has trained Medical Professionals and well-equipped facilities.

Article 45

- (1) AKDR as referred to in Article 40 section (1) point b and Article 41 section (2) point b is a long-action contraceptive method that is non-hormonal.
- (2) The use of AKDR as referred to in section (1) is carried out with the following provisions:
 - a. AKDR in the form of cooper T is a choice of non-hormonal contraceptive method and works mechanically;
 - b. postpartum AKDR can be put on 10 (ten) minutes after the placenta is detached from the uterus;
 - c. AKDR should be paired with postpartum KB participants before 48 (forty-eight) hours or more than 4 (four) weeks after childbirth; and
 - d. AKDR can be used for breastfeeding women because it does not affect breast milk production.

Article 46

- (1) Implants as referred to in Article 40 section (1) point c and Article 42 section (1) point c are long-action contraceptive method which is hormonal.
- (2) Implants as referred to in the section (1) may be as follows:
 - a. inserted immediately to women delivering baby or before leaving the Health Care Facility; and
 - b. used for breastfeeding women due to not affecting breast milk production.

Article 47

- (1) KB injectables as referred to in Article 42 section (1) point b and section (2) point b are a short-action contraceptive method which is hormonal.
- (2) KB injectables as referred to in section (1) consist of:
 - a. 3 (three) monthly progestin KB injectables; or
 - b. 3 (three) monthly combined KB injectables.
- (3) The 3 (three) monthly progestin KB injectables as referred to in section (2) point a are provided with the following conditions:

- a. for breastfeeding or non-breastfeeding women due to not affecting breast milk production;
- b. for breastfeeding women over 6 (six) weeks after childbirth; and
- c. immediately after delivery for non-breastfeeding women.

(4) The 3 (three) monthly combined KB injectables as referred to in section (2) point b are provided with the following provisions:

- a. not for breastfeeding women because they will affect breast milk production; and
- b. for women who do not breastfeed after 3 (three) weeks of childbirth.

Article 48

- (1) KB pills as referred to in Article 40 section (2) point b and Article 42 section (1) point a and section (2) point a are short-action contraceptive method which is hormonal.
- (2) KB pills as referred to in section (1) consist of:
 - a. progestin KB pills (mini pills); or
 - b. combined KB pills.
- (3) Progestin KB pills (mini pills) as referred to in section (2) point a are used with the following conditions:
 - a. for breastfeeding women due to not affecting breast milk production;
 - b. immediately for postpartum women.
- (4) Combined KB pills as referred to in section (2) point b are used with the following provisions:
 - a. for breastfeeding women due to affecting breast milk production;
 - b. for non-breastfeeding women after 3 (three) weeks of childbirth.

Article 49

- (1) Condoms as referred to in Article 40 section (2) point c and Article 41 section (2) point c are a short-action contraceptive method which is non-hormonal.
- (2) Condoms as referred to in section (1) will be effective as contraceptives if used properly and correctly.
- (3) Condoms as referred to in section (1) are applied to men.

Article 50

- (1) The lactation amenorrhea method as referred to in Article 40 section (2) point d and Article 41 section (2) point d is a short-action modern contraceptive method which is nonhormonal by breastfeeding the baby more than 8 (eight) times in 1 (one) day effectively if done with discipline.
- (2) The use of lactation amenorrhea method as a contraceptive must meet the requirements:
 - a. women give exclusive breast milk;
 - b. babies are less than 6 (six) months old; and
 - c. women have not had their menstrual periods.
- (3) The use of the qualified lactation amenorrhea method as referred to in section (2) can protect 6 (six) months after childbirth.

(4) After 6 (six) months of childbirth, KB participants must consider the use of other contraceptive methods.

Part Three
Postpartum KB Contraceptive Choices

Article 51

The KBPP contraceptive choices are adjusted to:

- a. women who will breastfeed; and
- b. non-breastfeeding women.

Article 52

- (1) Women who will breastfeed as referred to in Article 51 point a may use contraceptive methods in the form of:
 - a. female surgical method or tubectomy;
 - b. male surgery method or vasectomy;
 - c. AKDR;
 - d. Implants;
 - e. 3 (three) monthly progestin KB injectables;
 - f. progestin KB pills;
 - g. condoms; or
 - h. lactation amenorrhea method.
- (2) Non-breastfeeding women as referred to in Article 51 point b may use contraceptive methods in the form of:
 - a. female surgical method or tubectomy;
 - b. male surgery method or vasectomy;
 - c. AKDR;
 - d. Implants;
 - e. 3 (three) monthly KB injectables;
 - f. KB pills; or
 - g. condoms.

Part Four
Means and Infrastructure

Article 53

- (1) In carrying out KBPP services at Health Care Facilities, means and infrastructure to support KBPP services are needed.
- (2) Means and infrastructure to support KBPP services as referred to in section (1) may be facilitated by the Ministry/BKKBN.
- (3) Means and infrastructure to support KBPP services facilitated by the Ministry/BKKBN as referred to in section (2) are distributed by provincial BKKBN to regency/municipal PD-KB.
- (4) The regency/municipal PD-KB as referred to in section (3) distributes means and infrastructure to support KBPP services to Health Care Facilities.

Article 54

The supporting means and infrastructure as referred to in Article 53 section (2) are at least in the form of:

- a. AKDR postpartum kits;
- b. Counseling aids; and
- c. registration book of KB services.

CHAPTER VIII
GUIDANCE ON FAMILY AND COMMUNITY PARTICIPATION

Part One
Guidance on Participating in KB

Article 55

Guidance on participating in KBPP is an effort made after KB services to ensure the sustainability of participating KB to become active participants.

Article 56

- (1) Guidance on participating in KBPP as referred to in Article 55 is carried out by KB Officers under the coordination of regency/municipal PD-KB.
- (2) Guidance on participating in KBPP as referred to in section (1) includes:
 - a. setting goals for families and potential couples of reproductive ages; and
 - b. after-service monitoring.

Article 57

- (1) After-service monitoring as referred to in Article 56 section (2) point b is an effort to monitor the occurrence of side-effects, complications, and failures in the use of contraceptives and to solve the problem.
- (2) After-service monitoring as referred to in section (1) is carried out through providing CIE to KB participants with the purpose of:
 - a. increasing the compliance of KB participants in using contraceptives correctly and on time;
 - b. increasing the rate of continuity of contraceptive use; and
 - c. increasing the understanding of KB participants regarding rumors of side-effects and complications of contraceptive use.
- (3) After-service monitoring is carried out by active observation through:
 - a. intensive home visits;
 - b. direct meetings with KBPP participants; or
 - c. implementation of community-based activities.

Article 58

- (1) Guidance on participating in KBPP as referred to in Article 56 may be carried out in collaboration with Medical Professionals, Health Professionals, Poktan, professional organizations, higher education institutions, associations, non-governmental organizations, the private sector, and the community.
- (2) Guidance on participating in KBPP as referred to in section (1) is carried out through community empowerment, in the form of:
 - a. providing CIE to KB participants at Poktan meetings or integrated health service activities to continue using contraceptives;

- b. empowering active participants and harmonious family couples to participate as cadres;
- c. establishing a KB participant association, in strengthening the behavior of using contraceptive devices and drugs; and
- d. empowering Poktan cadres, integrated service post cadres, and village health post cadres to conduct guidance on active participants.

Part Two
Family and Community Movement

Article 59

- (1) The family and community movement in the KBPP programs is a series of activities in the form of strengthening prospective participants to be willing to use one of the family planning KB methods immediately after giving birth.
- (2) Prospective participants as referred to in section (1) consist of pregnant women or postpartum women.
- (3) The family and community movement in the KBPP programs as referred to in section (1) is carried out through CIE activities.
- (4) Family and community movement activities as referred to in section (3) are carried out by administrators, KB Counselor, PLKB, Medical Professionals, and/or Health Professionals.

Part Three
Dissemination of Communication, Information, and Education for Postpartum Family Planning

Article 60

- (1) KBPP CIE is disseminated to:
 - a. pregnant women;
 - b. postpartum women; and/or
 - c. their partner and family.
- (2) KBPP CIE as referred to in section (1) may be disseminated directly or indirectly.
- (3) KBPP CIE as referred to in the section (2) disseminated by Medical Professionals, Health Professionals, PLKB, KB Counselor, Family Planning KB cadres, and Poktan.

Article 61

KBPP CIE as referred to in Article 60 is disseminated through:

- a. individual CIE;
- b. grup CIE; and
- c. mass CIE.

Article 62

- (1) Individual CIE as referred to in Article 61 point a is a direct reciprocal CIE process between CIE officers and individuals targeted for KBPP programs.
- (2) Individual CIE as referred to in section (1) may be disseminated by PLKB, KB Counselor, or KB cadres.

- (3) Individual CIE may be disseminated through home visits or tracing individuals as prospective KBPP participants.
- (4) Individual CIE as referred to in section (3) may be disseminated in collaboration with Medical Professionals or Health Professionals.

Article 63

- (1) Group CIE as referred to in Article 61 point b is a direct reciprocal CIE process between CIE officers and groups, with a total of 2 (two) to 15 (fifteen) prospective KBPP participants.
- (2) Group CIE as referred to in section (1) is disseminated through counseling forums and meetings.
- (3) Group CIE is carried out by PLKB, KB Counselor, KB cadres, and Poktan by conducting visits or activities that are integrated with health services.
- (4) Group CIE as referred to in section (3) may be disseminated in collaboration with Medical Professionals or Health Professionals.

Article 64

- (1) Mass CIE as referred to in Article 61 point c is a process of CIE about KB programs that may be disseminated to the community in large numbers directly or indirectly.
- (2) Indirect mass CIE as referred to in section (1) is disseminated without direct interaction with KBPP participants through the use of electronic or non-electronic media.
- (3) Direct CIE as referred to in section (1) is disseminated through direct contact with prospective KBPP participants through counseling forums or meetings.
- (4) Mass CIE is disseminated through comprehending the content of CIE messages and adjusted based on local cultural wisdom.

CHAPTER IX
CLOSING PROVISIONS

Article 65

At the time this Ministerial Regulation comes into force, Regulation of the National Population and Family Planning Agency Number 18 of 2020 on Postpartum Family Planning Services (State Gazette Bulletin of the Republic of Indonesia of 2020 Number 1235), is repealed and declared ineffective.

Article 66

This Ministerial Regulation comes into force on the date of its promulgation.

In order that every person may know hereof, it is ordered to promulgate this Ministerial Regulation by its placement in the State Bulletin of the Republic of Indonesia.

Issued in Jakarta
on 29 August 2025

MINISTER OF POPULATION AND FAMILY
DEVELOPMENT/HEAD OF NATIONAL
POPULATION AND FAMILY PLANNING
AGENCY OF THE REPUBLIC OF
INDONESIA,
signed
WIHAJI

Promulgated in Jakarta
on 1 September 2025

DIRECTOR GENERAL OF LEGISLATION OF THE MINISTRY OF LAW OF THE
REPUBLIC OF INDONESIA,

signed
DHAHANA PUTRA

STATE BULLETIN OF THE REPUBLIC OF INDONESIA OF 2025 NUMBER 655

Jakarta, 23 December 2025

Has been translated as an Official Translation
on behalf of Minister of Law
of the Republic of Indonesia

DIRECTOR GENERAL OF LEGISLATION,

