

Overview of Family Planning Program in Supporting the Government of Indonesia

1. Advance Family Planning (AFP)

2. Improving Contraceptive Method Mix (ICMM)

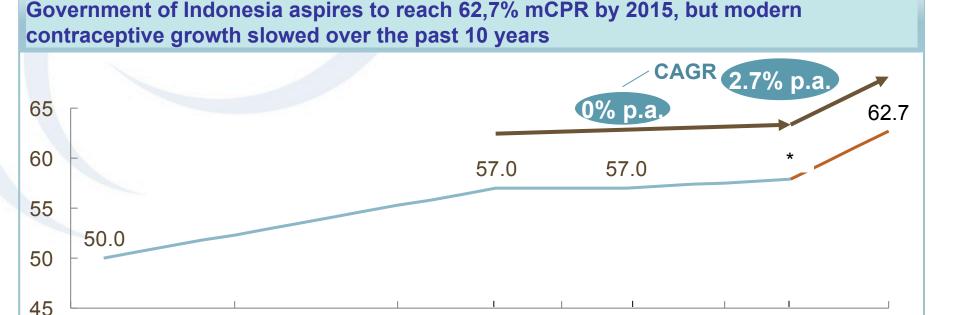
3. Accelerated Grant to Reinvigorate FP under Bill and Melinda Gates Foundation (BMGF)

FP 2020 Country Meeting December 4, 2013



Background





Number of users Millions of women

There needs to be a new set of initiatives to boost CAGR to reach the aspires 62,7% nCPR



Source: Pak Julianto's presentation



Advance Family Planning (AFP)







AFP// Program Intervention (1)







AFP// Key Findings (1)

- •2013 in Pontianak district increased its allocation by 79% from 2010, Bandung by 19%, Karanganyar by 57%, Karawang by 29%, and Bogor by 70%.
- •In Bandung, all 270 Village Leaders—who determine village budgets and report to the Mayor—also committed to allocating Rp. 2,5 million (equal to USD \$275) per village specifically for community-based family planning activities.
- •In Pontianak, 25 companies have signed MOUs with District BKKBN to activate peer educators at worksites to promote LAPM.





AFP// Key Findings (2)

- •The Mayor of Karawang has issued a decree to pave the way for increased district funding and increased commitment from local officials working under him. The Decree will be replicated in the other four AFP districts.
- Capacity development training on RH Costing, Netmap, and AFP SMARTCHART has strengthened advocates' capability.
- •BKKBN adopts advocacy tools through the KB Kencana (Family Planning Kencana) program.





Improved Contraceptive Methods Mix (ICMM)



An operational research funded by USAID and AUSAID.

Using AFP evidencebased advocacy approach.

Partnership with MOH and BkkbN.





ICMM// Objectives

- 1. To increase and document the use of LAPMs in six districts of East Java and West Nusa Tenggara
- 2. To document and analyse district-level KM and advocacy activities and determine what programmatic and behavioral changes resulted from these activities
- 3. To develop an evidence-based advocacy training and support package for use in other districts
- 4. To present an evidence based advocacy plan to government and NGO leaders for increasing the priority of FP at the district level.





Methods

Household surveys, focus group discussions and in-depth interviews conducted in three intervention districts each in East Java and West Nusa Tenggara provinces.

Surveys

N=13,500 MWRA 15-49 years

FGDs

N=48 groups, 384 people

FP users, non-users, LAPM users (both men and women)

In-depth key informant interviews

N=166 provincial, district & subdistrict officials, health providers & community leaders

- →Surveys and in-depth interviews to be repeated in 2015
- →Quarterly process and outcome monitoring in intervention & comparison districts over ICMM lifetime



ICMM// Locations









ICMM// Management Structure

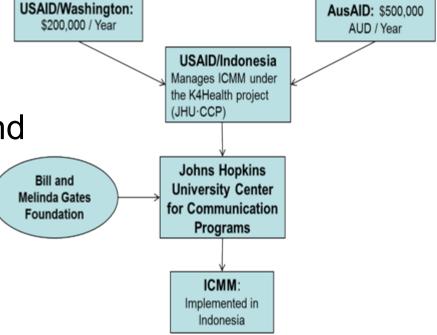
 MoU between AusAID and USAID

> USAID/Indonesia to manage ICMM

 Funding fom AusAID and USAID/Washington

 BMGF provides support through AFP

JHU·CCP implements
 ICMM with local partners:
 Universitas Indonesia and
 Yayasan Cipta Cara Padu





ICMM// Program Intervention

- Year 1 (Oct 2012 Sept 2013): Pilot effort by K4Health
- Years 2-4 (Oct. 2013 Sept 2016): Independent project
- In-country partners: Cipta Cara Padu Foundation;
 Center for Health Research, University of Indonesia,
 MOH, BKKBN
- Methodology: Qualitative and quantitative baseline study (Year 1) and endline study (Year 4); districtlevel advocacy; quarterly monitoring in study districts and control districts





ICMM// Initial Baseline Results

- Method mix is heavily skewed towards shortterm methods (especially injectables)
- Spacing methods are being used (inappropriately) to limit births
- Discontinuation rates for short-term methods are high
- Despite these findings, focus groups showed positive attitudes towards LAPMs





Accelerated Grant to Reinvigorate FP under BMGF







Initial thinking on potential areas for acceleration



Performance Monitoring

- Data driven decision making
- Use innovative approaches to demonstrate impact for decentralized model



Quality

- Mentoring and coaching to increase access
- Develop FP champions (midwives) across the country
- Strengthen LARC service delivery
- Increase access of choice



Demand Creation

- Client driven
- Responding to client needs over their life time
- Integrated mass media, ICT, and outreach
- Activate new partnership with FBOs



Supply chain

- Build off UNFPA assessment
- Test distribution models to reduce stock outs and increase access of choice



Private sector

- Expand service options especially for LARC
- Method specific promotions





Progress

- Conducted brainstorming sessions with government, non government, key partners of consortium, and communication group.
- Conduct working sessions on 9 10 January 2014
- Determine criteria for district selection
- Determine new partners for implementation
- Submission of project document in January 2014 to BMGF
- Plan for implementation in April 2014





THANK YOU



