A Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals

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Developed by the Family Planning Strategy Working Group, with inputs from the Rights and Empowerment Working Group, and technical assistance from UNFPA

FOREWORD

The Family Planning program in Indonesia has been promoted as a success story. Prior to the introduction of the family planning programme in the 1970s, the total fertility rate (TFR) was 5.6. Over the subsequent period, the adoption of family planning services and changes in people's perceptions regarding the ideal number of children and ideal age for marriage caused a dramatic decline in fertility levels. During this period, the contraceptive prevalence increased to 61.9 percent. However, progress has stalled over the last two decades.

The London Summit on Family Planning was held in 2012 to revitalize family planning commitments by countries to addressing unmet need for contraception. As a follow up of FP2020 Summit and its commitment, an FP2020 Country Committee was established in Indonesia. The Committee is co-chaired by BKKBN, UNFPA and formerly USAID, which has been more recently replaced by Canada. A working group on Rights-Based Family Planning Strategy and a working group on Rights and Empowerment were established to develop the rights based family planning strategy.

The strategy provides a rights based programming framework and an operational strategy in alignment to the National Medium Term Development Plan (*Rencana Pembangunan Nasional Jangka Menengah*/RPJMN). It should serve as an operational guide for all stakeholders in Indonesia for implementation of the family planning programme. The effort to develop the strategy was led by the National Planning Agency, involving the National Population and Family Planning Agency (BKKBN) and Ministry of Health, as well as various other related institutions.

The family planning programme efforts under the *RPJMN* are linked to government strategic directions, in which the Ministry of Health and BKKBN are the two main lead institutions. These efforts are based on the following principles: access to quality services, equity in access that ensures the needs of vulnerable population are met, transparency and accountability, and gender and cultural sensitivity.

This strategy document aims to comprehensively address the various facets and determinants of the family planning programme, and provides details of the priorities and steps involved for timely and effective implementation of the programme to achieve its goals. The document outlines four strategic areas of focus: sustaining equitable and high-quality family planning service delivery in public and private sectors; increasing demand for modern methods of contraception; enhancing stewardship at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming, and supporting innovations and operations research for improving efficiency and effectiveness of programmes through South-South Cooperation. The rights-based approach used in this strategy means that the strategic steps described in the document aim to ensure that human rights principles are met; thus providing the necessary access to family planning and reproductive health services and information for a healthy and safe reproductive life.

Finally, we hope that this strategic framework on family planning can be used as a reference to guide the assurance of quality, stewardship and demand creation for rights based family planning in Indonesia, as well as fulfill the commitments made by the Government at the FP2020 Summit and consistent with the Sustainable Development Goals as well as aspirations for universal health coverage.

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1. BACKGROUND

1.1. Introduction

Indonesia is a signatory to the global development agenda of 2000 (Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). The Rights-Based Family Planning Strategy was developed during the era of MDGs.

Family planning indicators are included in Goal 5b on achieving universal access to reproductive health by 2015. This goal consists of indicators such as the contraceptive prevalence rate (CPR), adolescent fertility rate, and unmet need for family planning. In 2015, the MDGs came to an end and the overall achievement of the MDG 5 targets in Indonesia was not satisfactory. Progress towards reducing maternal mortality, unmet need, and increasing CPR, has become stagnant over the past decade. Additionally, there have been significant geographical, rural/urban, and wealth index disparities within these indicators.

Since 2000, the implementation of the family planning program has been further challenged by decentralization, which changed the direct line of authority to the district rather than the central government. The need to revitalize the family planning programme in order to increase its effectiveness and efficiency in meeting women's reproductive needs has been long recognized. In this regard, the National Population and Family Planning Board (BKKBN)—the lead agency for family planning—has initiated several efforts to revitalize the family planning program, among others by implementing the KB Kencana initiative. The initiatives aim to improve the mangement of population and family planning programs at the district and municipality levels by establishing a model for comprehensive management.

In 2012, Family Planning 2020 (FP2020), a global partnership on family planning was launched. FP2020 aims to support the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 is working with governments, civil society, multi-lateral organizations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020.

In line with the global as well as national commitments, including the 2015-2019 National Medium Term Development Plan, two working groups were established under the FP 2020 Country Committee: (a) the Family Planning Strategy working group and (b) Rights and Empowerment working group. The primary purpose of establishing the working groups was to ensure that the national FP strategy and program is grounded in rights-based approaches, and that its implementation ensures the right of every woman to choose a family planning method that meets her fertility goals. The working group on the FP strategy specifically aimed to develop a framework for a rights-based national FP strategy, building on current policies and strategies. The main role of the Rights and Empowerment working group is to ensure that the strategy is right-based by overcoming barriers by identifying barriers, issues and opportunities to family planning programme. The group also has responsibility for monitoring the implementation of the strategy to ensure that rights are not violated.

The strategy was being developed in parallel with the preparation of the National Medium Term Development Plan for 2015-2019. The strategy will serve as a reference and

provide guidance for different programmes and sectors, as well as non-governmental organizations and the private sector, in contributing their efforts to implement the family planning programme in Indonesia. The strategy focuses on inter-sectoral and inter-program coordination. In developing the strategy, representatives from various sectors and professional organizations, as well as experts and academicians, were involved.

The rights-based strategy is an operational strategy that is built on the priorities of the 2015-2019 National Medium Term Development Plan (*Rencana Pembangunan Jangka Menengah Nasional/RPJMN*) and the elaboration of the document takes into account rights-based principles.

The family planning program has contributed in improving the quality of life of individuals. The family planning program efforts under RPJMN are linked to government strategic directions, in which the Ministry of Health and BKKBN are the two main lead institutions. These efforts are based on the following principles: access to quality services, equity in access that ensures the needs of vulnerable population are met, transparency and accountability, and gender and cultural sensitivity. Five inter-sectoral efforts in the family planning program that are part of the RPJMN include:

1. Improving family planning services.
2. Strengthening advocacy and behavioural change communication.
3. Strengthening family planning information and counselling/services for young people.
4. Family development.
5. Management (data and information, review, research, review, regulation and institutionalisation).

The rights-based family planning strategy is a further elaboration of the family planning program efforts in the RPJMN. The strategy is focused on protecting the rights of individuals, both women and men, to voluntarily family planning services.

The Rights-based Approach:

The rights-based approach used in this strategy means that the strategic steps described in this document aims to ensure that human rights principles are met; thus providing the necessary access to family planning and reproductive health services and information for a healthy and safe reproductive life.

The guiding principles of the rights-based strategy include the following:

1. The right to access family planning information and the highest standards of care
2. Equity in access
3. Health system approach applicable to private and public sector:
   - Integration of family planning in continuum of care across the reproductive cycle.
   - Ethical and professional standards in delivery of family planning services.
4. Evidence-based programming
5. Transparency and accountability
6. Gender sensitive services
7. Cultural sensitivity
8. Partnership

The four strategic outcomes of the rights-based family planning strategy are:

1. **Strategic outcome 1:** Equitable and high-quality family planning service delivery system

sustained in public and private sectors to enable all citizens to meet their reproductive goals

2. **Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use
3. **Strategic outcome 3:** Enhanced stewardship /governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals
4. **Strategic outcome 4:** Fostered and applied innovations and operations research for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation

The strategic outcomes are built on the RPJMN strategic areas. The rights-based FP strategy activities, outputs and outcomes integrate human rights principles and public health-based approaches that are critical in achieving results for demographic goals. The relationship between RPJMN and the Rights-based Family Planning Strategy can be seen in Figures 1 and 2.

Figure 1: The relationship between the RPJMN and the Rights-based Family Planning Strategy

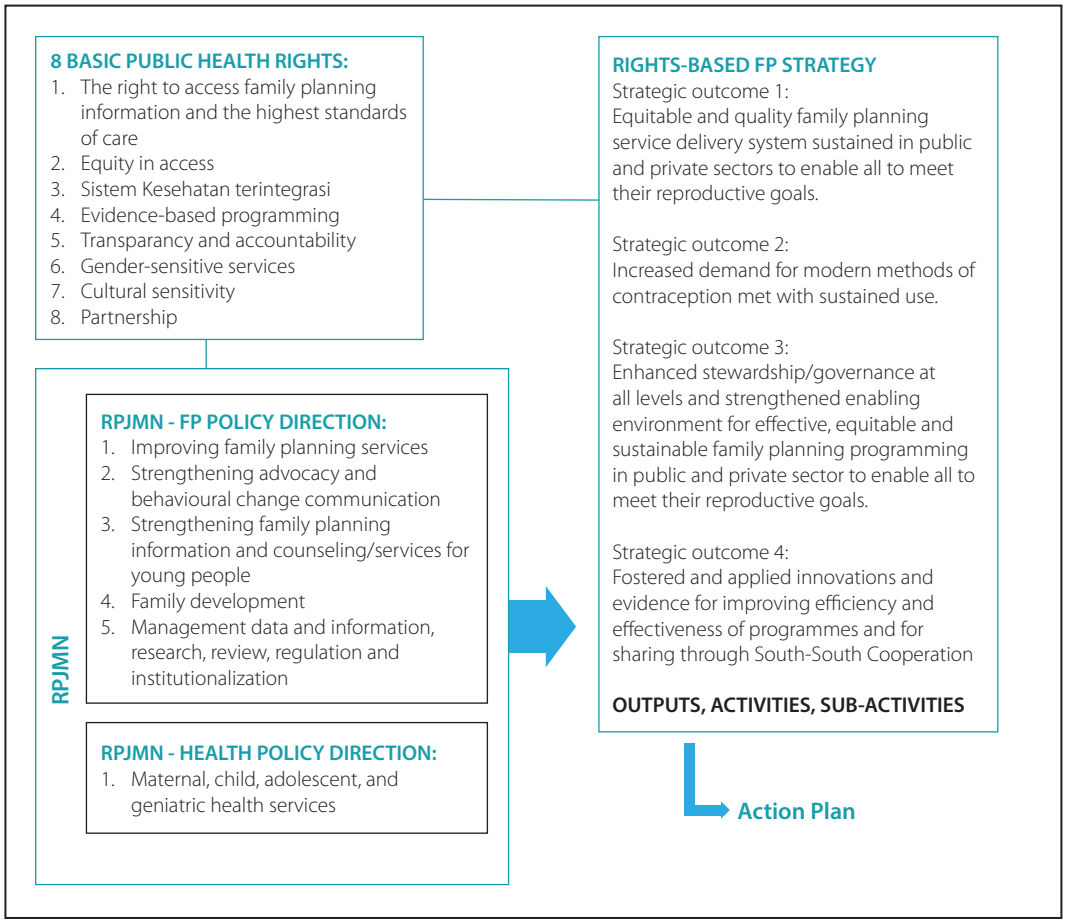
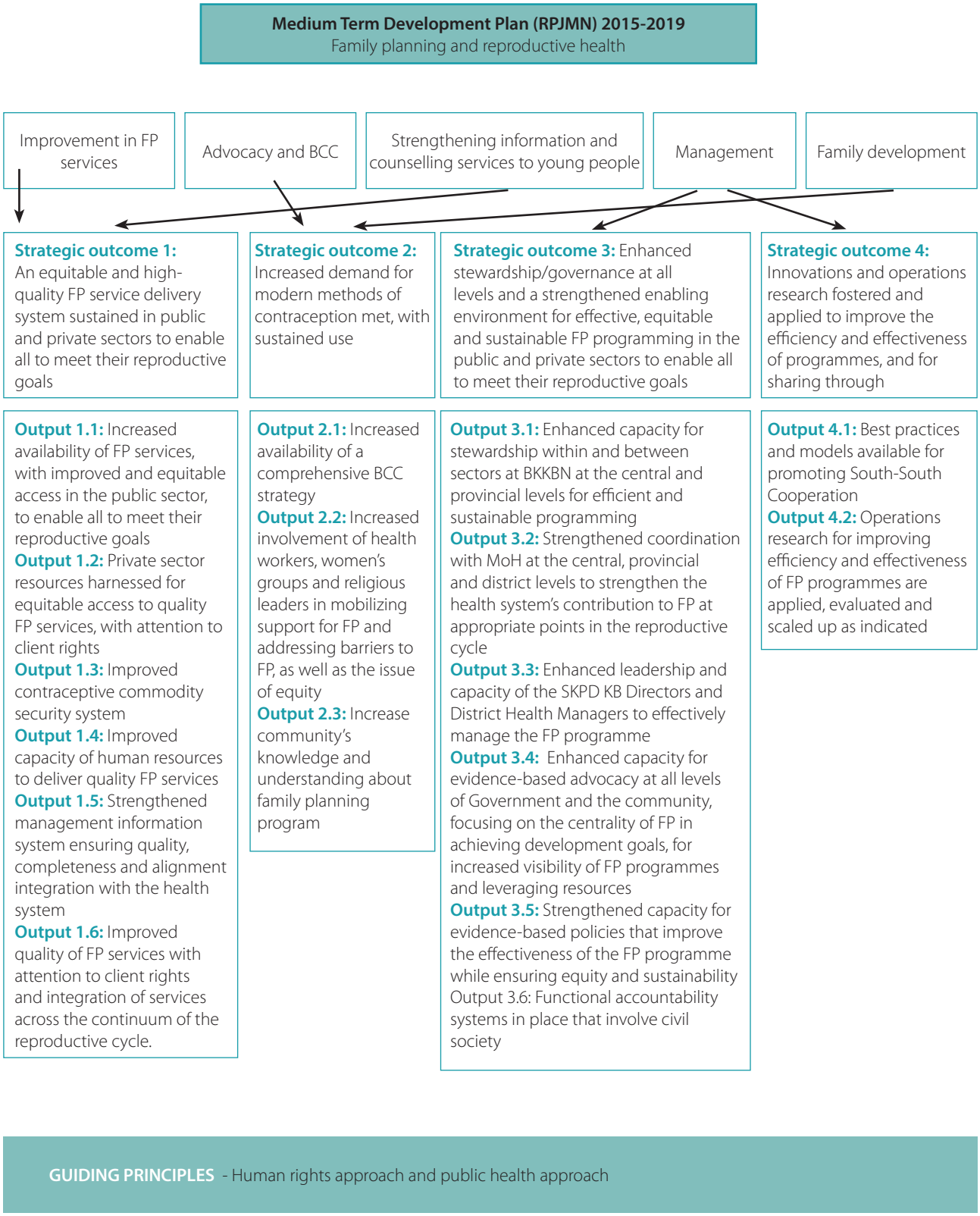


Figure 2


Medium Term Development Plan (RPJMN) 2015-2019
Family planning and reproductive health
Improvement in FP services
Advocacy and BCC
Strengthening information and counselling services to young people
Management
Family development
Strategic outcome 1: An equitable and high-quality FP service delivery system sustained in public and private sectors to enable all to meet their reproductive goals
Strategic outcome 2: Increased demand for modern methods of contraception met, with sustained use
Strategic outcome 3: Enhanced stewardship/governance at all levels and a strengthened enabling environment for effective, equitable and sustainable FP programming in the public and private sectors to enable all to meet their reproductive goals
Strategic outcome 4: Innovations and operations research fostered and applied to improve the efficiency and effectiveness of programmes, and for sharing through
Output 1.1: Increased availability of FP services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals
Output 1.2: Private sector resources harnessed for equitable access to quality FP services, with attention to client rights
Output 1.3: Improved contraceptive commodity security system
Output 1.4: Improved capacity of human resources to deliver quality FP services
Output 1.5: Strengthened management information system ensuring quality, completeness and alignment integration with the health system
Output 1.6: Improved quality of FP services with attention to client rights and integration of services across the continuum of the reproductive cycle.
Output 2.1: Increased availability of a comprehensive BCC strategy
Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for FP and addressing barriers to FP, as well as the issue of equity
Output 2.3: Increase community's knowledge and understanding about family planning program
Output 3.1: Enhanced capacity for stewardship within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming
Output 3.2: Strengthened coordination with MoH at the central, provincial and district levels to strengthen the health system's contribution to FP at appropriate points in the reproductive cycle
Output 3.3: Enhanced leadership and capacity of the SKPD KB Directors and District Health Managers to effectively manage the FP programme
Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of Government and the community, focusing on the centrality of FP in achieving development goals, for increased visibility of FP programmes and leveraging resources
Output 3.5: Strengthened capacity for evidence-based policies that improve the effectiveness of the FP programme while ensuring equity and sustainability
Output 3.6: Functional accountability systems in place that involve civil society
Output 4.1: Best practices and models available for promoting South-South Cooperation
Output 4.2: Operations research for improving efficiency and effectiveness of FP programmes are applied, evaluated and scaled up as indicated
GUIDING PRINCIPLES - Human rights approach and public health approach

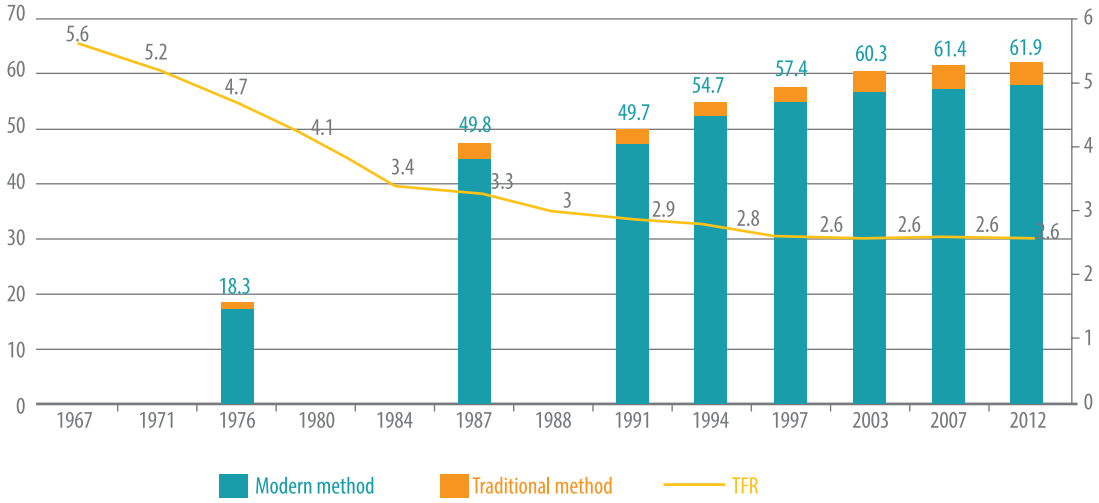
1.2 Context

1.2.1 Fertility and Contraceptive Use

Indonesia has gone through a demographic transition, signified by a decline in fertility and mortality rates. Prior to the introduction of the family planning program in Indonesia in the late 1960s, the total fertility rate (TFR) was 5.6. Over the subsequent period, the adoption of contraception along with changes in people's perceptions regarding the ideal number of children and ideal age for marriage caused a dramatic decline in fertility levels. During this period, the TFR decreased by approximately 50% from 5.6 births per woman in 1968 to 2.6 in 2012.

In 2012, the national CPR showed a rate of 61.9 percent for all methods, a rate that has remained relatively stagnant over the past two decades. In fact, some provinces have even experienced a decrease in contraceptive use.

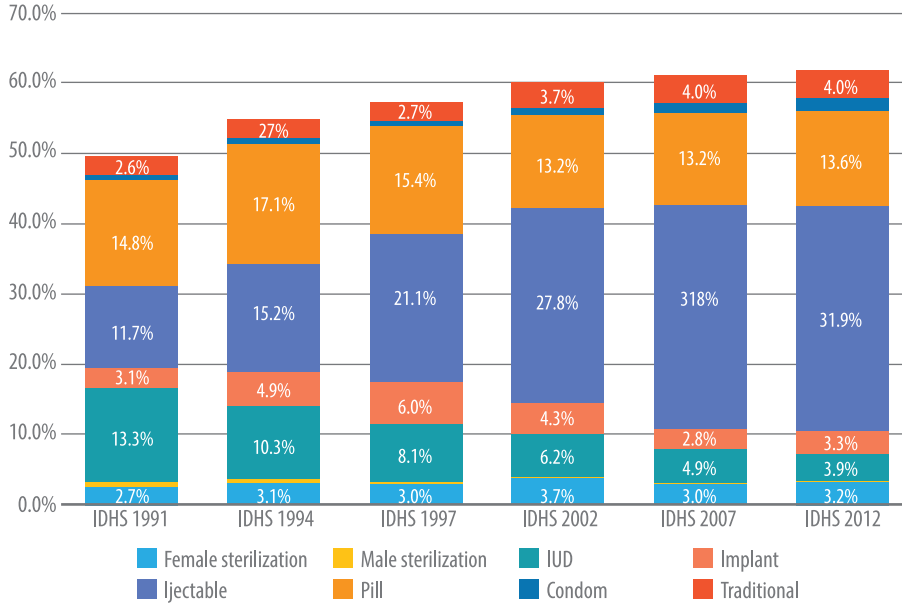
Figure 3. Trends in the Total Fertility Rate and Contraceptive Use in Indonesia, 1964-2012



Source: Population Census 1980, 2000; Indonesian Demographic and Health Surveys 1991, 1994, 1997, 1997, 2002/3, 2007, 2012

Between 1991 and 2012, CPR increased from 49% to 62%. During this period, there was a major shift in the contraceptive method mix, with a dramatic increase in the proportion of women using injectables and a decrease in the use of long-acting methods such as IUDs and implants. The use of permanent methods such as sterilization (male and female) remains low, as is case with condoms. Besides modern methods, traditional methods were used by around 4 percent of currently married women in 2012 (Figure 4).

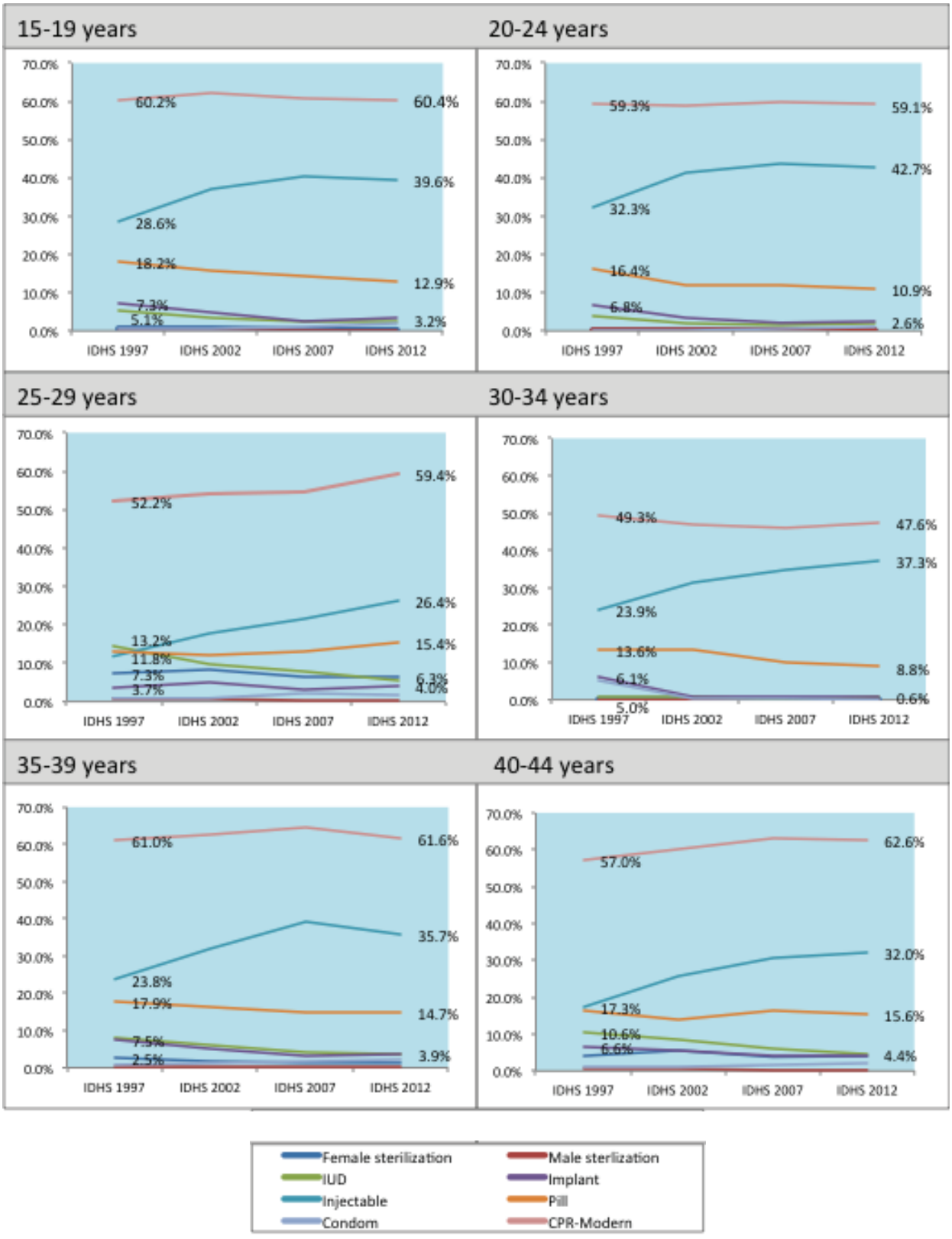
Figure 4. Contraceptive method mix among currently married women 15-49 years in Indonesia, 1991 to 2012



Source: Indonesian Demographic and Health Surveys 1991, 1994, 1997, 1997, 2002/3, 2007, 2012

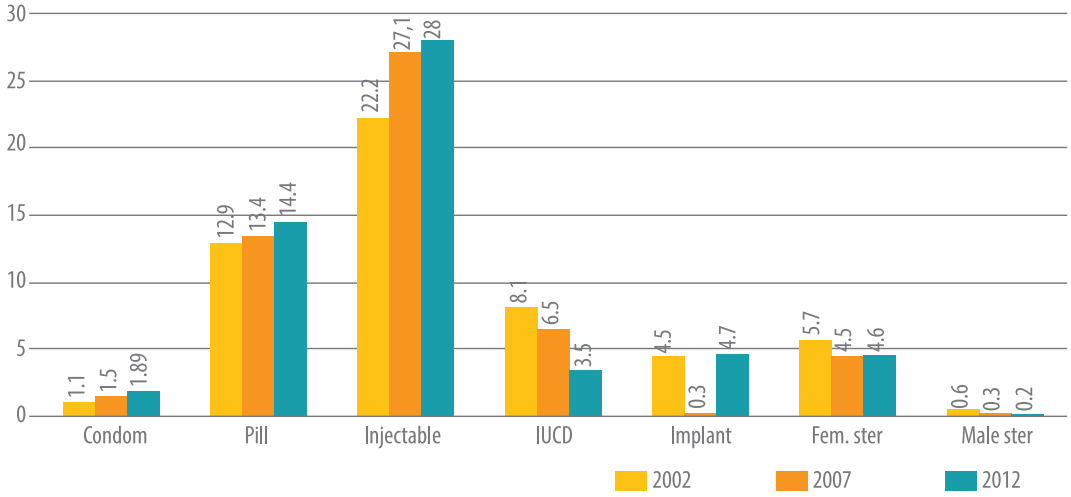
Figure 5 shows age-specific use of contraceptive methods. The contraceptive use does not change significantly over the span of 20 years, with only a slight increase in the 25-29 and 40-44 age groups. The use of injectables increased in every age group, while the use of other contraceptive methods decreased.

Figure 5. Contraceptive use by age group



Source: Indonesian Demographic and Health Survey 1997, 2002/03, 2007, 2012

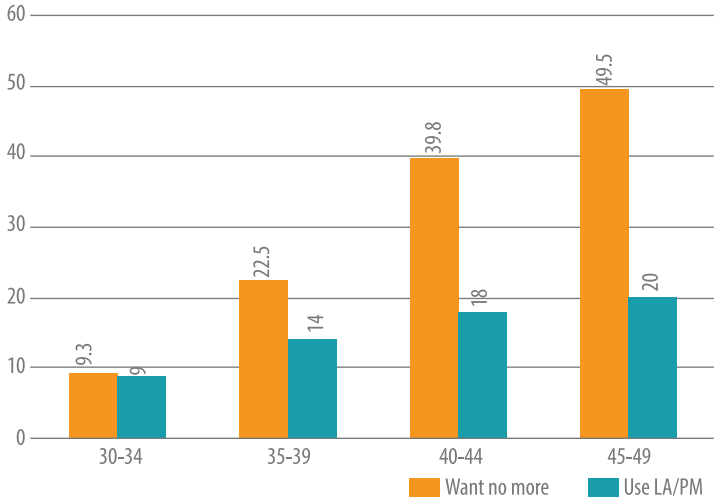
Figure 6: Method mix among currently married women aged 30-49 years



Source: Indonesia Demographic and Health Survey 2002/3, 2007, 2012

Figure 6 shows that even among older women who may have completed their reproductive goals and want to limit the number of children, the use of short-acting contraceptive methods such as pills and injectables are still high. The finding is further confirmed by Figure 7, which demonstrates a high proportion of women aged 30-49 years who do not want to have any more children, but among whom very few are using a long-acting or permanent method of contraception.

Figure 7: Use of long-acting (LA) and permanent methods (PM) among currently married women aged 30-49 years who do not want any more children



Source: Source: Indonesia Demographic and Health Survey 2002/3, 2007, 2012

The 2012 Indonesian Demographic and Health Survey (IDHS) reported a total contraceptive discontinuation rate of 27%, with the highest rates for short-acting methods (pills: 41%; male condoms: 31%; and injectables: 25%). An analysis of Demographic and Health Survey data from several countries, including Indonesia, on contraceptive failure rates and abortions showed that the proportion of unintended live births/pregnancies in Indonesia was 19.8%, predominantly due to non-use of contraceptives, followed by use of short-acting methods. The analysis also showed that 15.8% of unintended pregnancies in Indonesia could be avoided by switching to long-acting or permanent methods of

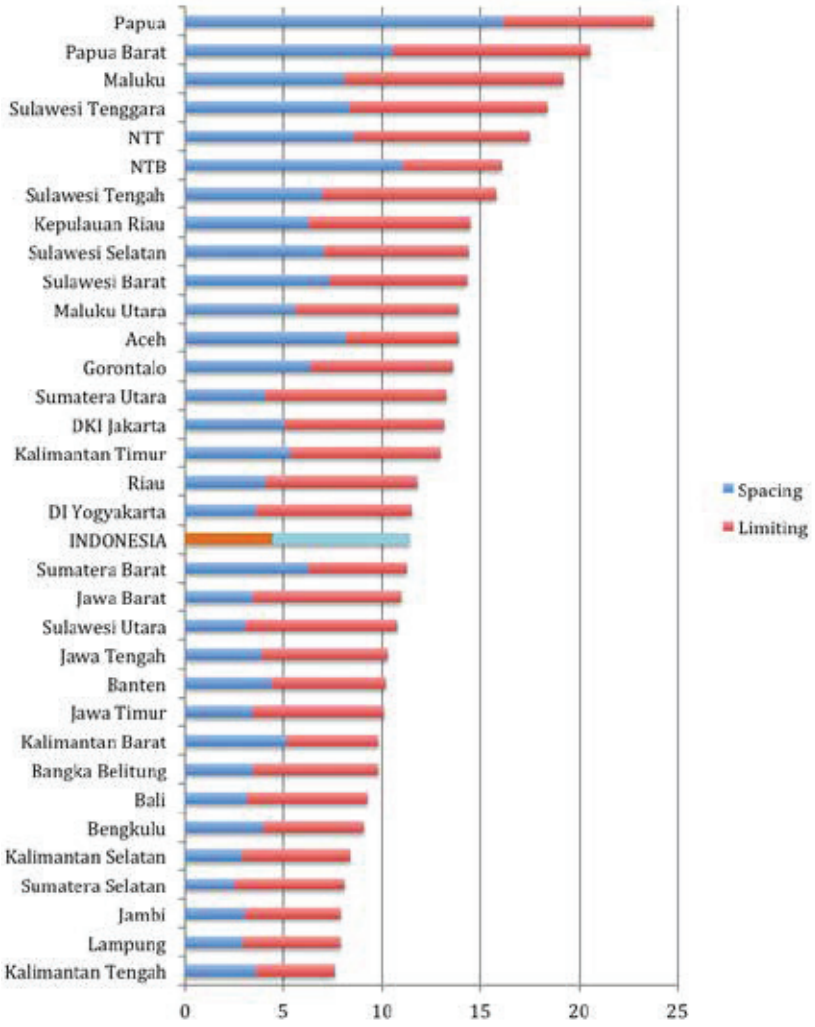
contraception. In addition to the cost-saving benefits to the family planning programme, the potential to avoid unwanted births or unwanted pregnancies ending in abortions is a key consideration.

On the providers' side, there have been notable shifts concerning sources of modern methods of contraception. Over the years, reliance on private medical providers as suppliers of contraceptive needs has increased. While data from the 1997 IDHS indicated that the share of government and private medical providers of contraceptive services was virtually equal (43% and 40%), by 2012 the share of private medical providers had sharply increased to 73% as the government share fell to 22%.

1.2.2 Unmet need

In 2012, eleven percent of currently married women who either did not want to have any more children or wanted to delay pregnancy were not using any contraceptive method. A wide variation of unmet need for family planning was found among the provinces. The lowest rate of unmet need was found in Central Kalimantan (Kalimantan Tengah), at 7.6 %, and the highest in Papua, at 23.8 %.

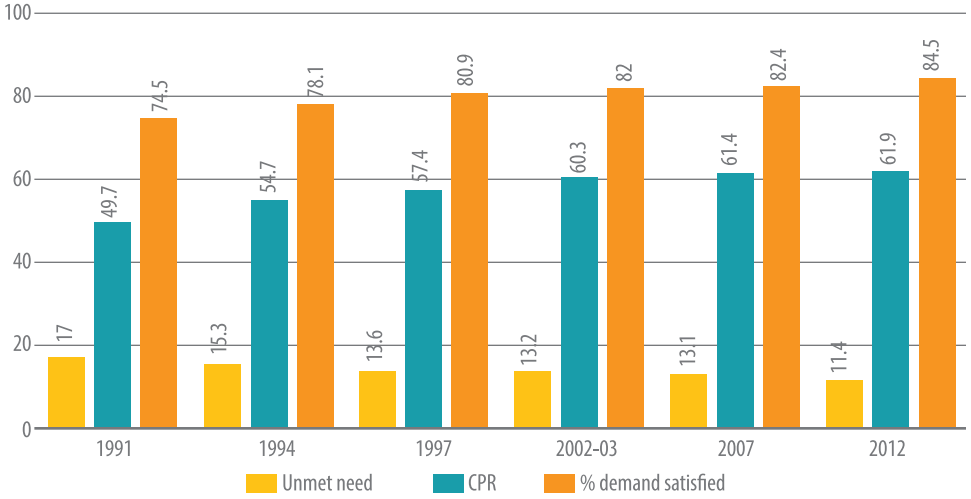
Figure 8: Family Planning unmet need by province in 2012



Source: Indonesian Demographic and Health Survey 2007

Figure 9 shows the contraceptive prevalence (all methods), unmet need, and proportion of demand satisfied, which are FP2020 core indicators. As seen in the figure, the unmet need has been declining over the years. The percentage of demand satisfied has increased slightly, although the CPR has remained stagnant.

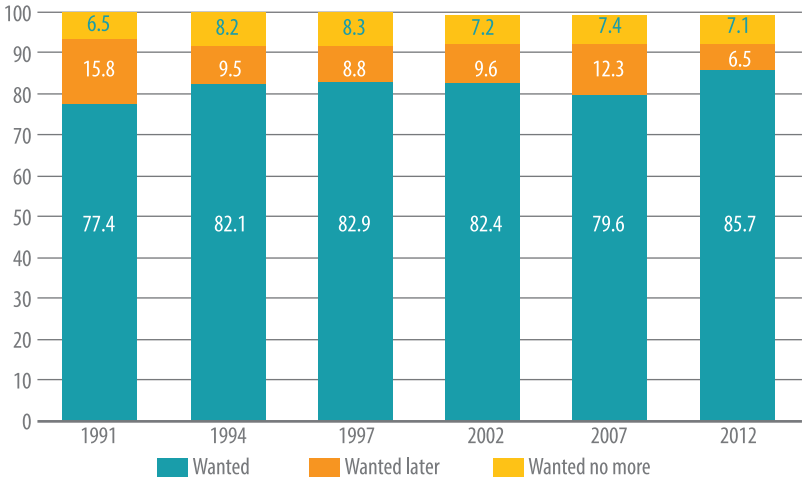
Figure 9 Unmet need, CPR and Demand Satisfied 1991-2012



Source: Indonesian Demographic Health Survey 1991, 1994, 1997, 2002/03, 2007, 2012

While the majority of births (80%) were wanted/planned, Figure 10 shows that on average approximately 18% of births are either wanted later or not wanted at all. The proportion of those who 'wanted no more births' was 7.1 in 2012 and has remained stagnant since 1991. The proportion of those who 'wanted later births' has shown a significant decrease since 1991.

Figure 10. Births in the five years preceding the survey by planning status in Indonesia, 1991-2012



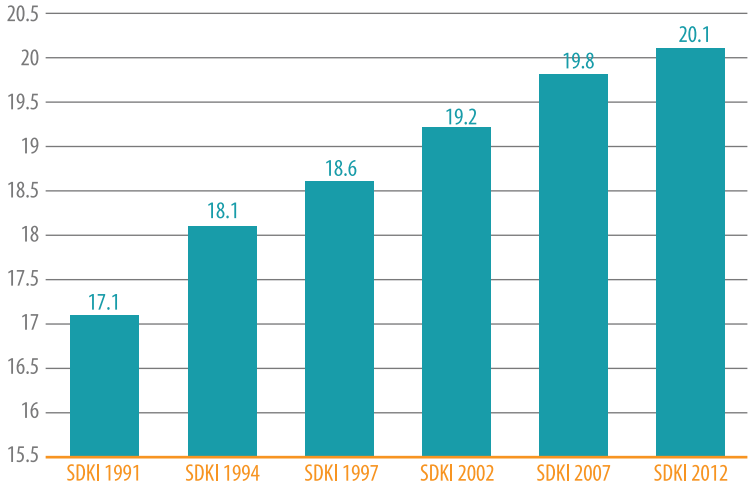
Source: Indonesian Demographic Health Survey 1991, 1994, 1997, 2002/03, 2007, 2012

The explanations and findings discussed above show that while the family planning program has expanded in Indonesia, prevailing data suggests that unintended pregnancies do still occur. The unintended pregnancies may be due to the unmet need for family planning, as well as the shift in the choices of contraceptives from long-acting IUDs to short-acting injectables that require routine injection every one to three months.

1.2.3. Adolescent fertility and age of marriage

The age at first marriage has generally increased, with the median age of first marriage increasing from 17.1 in 1991 to 20.1 in 2012, although the proportion of early marriage and early childbearing remains high. The 2012 IDHS reported that 9.5% of women age 15-19 years had begun childbearing or are currently pregnant.

Figure 11. Trend in Median Age of First Marriage of Ever Married Women, 25-49 years



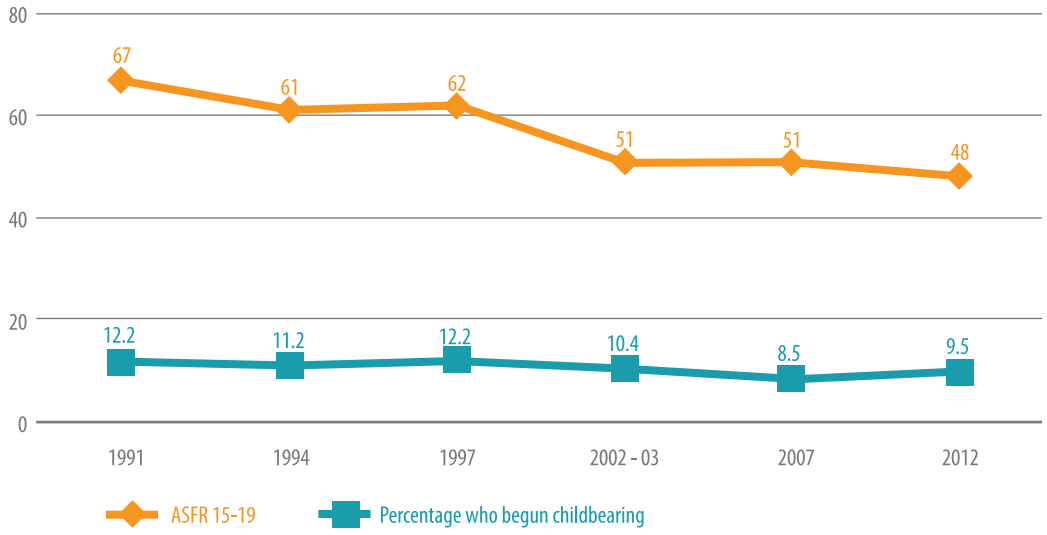
Source: Indonesian Demographic and Health Survey 1991, 1994, 1997, 2002, 2007, 2012

Marriage is universal in Indonesia, and pre-marital pregnancy is not considered to be socially acceptable. As people are delaying marriage, they are become increasingly exposed to premarital sex, which can have big implications, especially for young and unmarried adolescents, such as unwanted pregnancy, abortion and childbirth at a young age (children who have children).

There are a few legal gaps that do not protect children and adolescents, such as Law No. 1 of 1974 on marriage. This law sets the permissible minimum age of marriage at 19 years for men and 16 years for women. The international definition of a child refers to all individuals up to the age of 18 years. Therefore, the Indonesian law on marriage is not inline with the international regulations concerning the elimination of child marriage, which states that marriage under the age of 18 and teen pregnancy are practices that are harmful and dangerous to women, both medically and psychologically.

Knowledge of reproductive health among adolescents is also limited. The Adolescent Reproductive Health Survey (ARHS) shows that knowledge among adolescents about reproductive health and sexuality is low. For example, only about half of unmarried women and men aged 15-24 years know that pregnancy can occur after sexual intercourse. The 2012 ARHS also reported that about 0.7% of women and 4.5% of men aged 15-19 years had ever experienced sexual intercourse. There were only slight differences in sexual experience by age and place of residence; however, there was a significant difference by education. Unmarried women who had not completed primary school were four times as likely to have had sex than those who had continued to higher education.

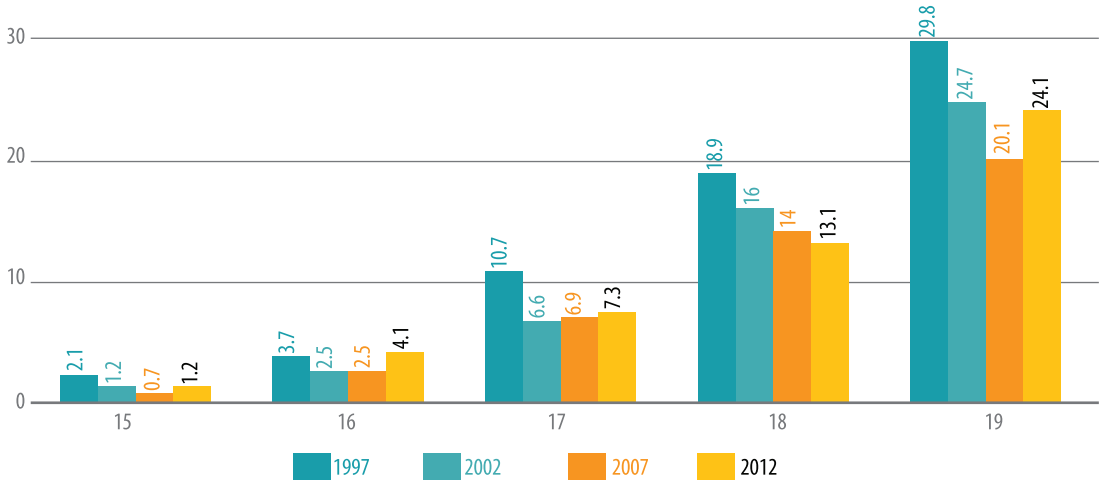
Figure 12. Trend in Age-Specific Fertility Rate at 15-19 years of age, and percentage of adolescents who have started childbearing



Source: IDHS (Suharti, Bappenas 2014)

Figure 12 shows that Indonesia could not achieve the MDG target on adolescent fertility. The figure also shows an increase in the percentage of 15-19 year-olds who have begun childbearing after 2007, which is further validated by Figure 13. Trend analysis shown in Figure 13 illustrates that in all age groups, except at the age of 18 years, the percentage that has begun childbearing has increased. This has serious implications for maternal and newborn

Figure 13. Distribution of women aged 15-19 years who have begun childbearing or are pregnant



Source: IDHS 1991, IDHS 1994, IDHS 1997, IDHS 2002/03, IDHS 2007, IDHS 2012

1.3 Issues Related to Human Resources in the Family Planning Program

An assessment conducted by UNFPA in 2012 (UNFPA, 2012) shows the many challenges faced by districts authorities in implementing the family planning programme. These include the lack of family planning health workers (Petugas Lapangan Keluarga

Berencana/PLKB), low capacity of the programme staff and limited funding for the family planning programme. The low capacity and capability of the staff responsible for family planning activities at the district level has been pointed out as a major challenge, even in districts with a fully functional, independent family planning office (Badan Kependudukan dan Keluarga Berencana Daerah/BKKBD). The low presence of PLKB is another key challenge noted by many observers. One PLKB should be responsible for a maximum of two villages. However, the number currently varies, with a very low ratio in some districts, particularly in the eastern part of Indonesia. On average, one PLKB currently serves 3.6 villages.

The ability and capacity of the regional family planning work units (Satuan Kerja Perangkat Daerah keluarga Berencana/SKPD KB) to advocate to budget decision-makers in a district, such as the Mayor, the Regional Development Planning Agency (Bappeda) or the Regional House of People's Representatives, is also limited, as reported by the assessment. The high turnover of staff and rate of transfer to other positions, unmatched educational background, and lack of work experience in the family planning programme, are some of the main problems repeatedly found in many districts. These problems have contributed to the low allocation of funds for the family planning programme.

Another important issue is the availability of health personnel such as midwives in the field. Midwives are the main providers of the family planning programme in Indonesia While the number and distribution of midwives are reported to be better compared to other health personnel, such as general practitioners and medical specialiststhe distribution remains uneven and tends to be concentrated in big cities. The ratio of the different health professionals by population can be seen in Table 1.

Table 1. Ratio of Health Professionals to Population in 2013

Health Professionals	Numbers	Ratio per 100,000 population
General practitioners	94,727	38.1
Nurse	288,405	116.1
Midwives	137,110	55.2

Source: Indonesian Health Profile 2014, MOH

1.4 Contraceptive Commodity Security

A recent evaluation conducted by BKKBN and UNFPA in 2013 showed a range of complex issues and challenges in the logistic management of contraceptives as follows:

- Determining the need for contraceptives is based on targets as opposed to actual contraceptive use, which often causes overestimation of the family planning program coverage.
- In terms of warehousing of family planning commodities, the recommended standard for storage of contraceptives is not more than 25 degrees Celsius. It was observed that in the vast majority of storage facilities the temperatures recorded were 30 degrees or higher.
- The limited capacity of the warehouses, and the lack of experience and skills among logistics staff were found to be the underlying reasons for the above findings.
- Problems were found in the distribution of contraceptives to Service Delivery Points (SDPs). The assessment reported a stock-out rate at 42 percent among SDPs.

2. RATIONALE FOR REVITALIZING THE FAMILY PLANNING PROGRAMME

2.1 Summary points

Based on the situational analysis above, a revitalization plan is needed in order to address the following key issues plaguing the family planning program:

- *Stagnating fertility rate* and continued gap between wanted and actual fertility. The TFR has been stagnant at 2.6 over the past two decades, and there is a gap between wanted and actual fertility rate, with the wanted fertility 23% lower than the actual rate.
- *Coverage gaps:*
  - Stagnating trends in CPR for modern methods and unmet needs.
  - Contraceptive method-mix in favour of short-term spacing methods and low use of long-acting and permanent methods by women who do not want to have any more children and are over 30 years old.
- *Equity gaps:*
  - Disparity between the rich and poor.
  - Slow progress in improving family planning indicators in selected provinces since 1994 (geographical disparities).
- *Service provision gaps:*
  - Gaps in the supply chain management of contraceptives.
  - Gaps in the quality assurance of contraceptive commodities.
  - Quality gaps related to information, informed choice, access to services, lack of integration with other services, continuity of care, lack of skills of providers, supervision and inadequate supplies and infrastructure.
  - Gaps in data quality and accuracy.
  - Gaps in financing at the central, provincial and district levels, as well as utilization of the limited budget.
- *System gaps:*
  - The impact of decentralization with weakened administrative capacity to manage and advocate for family planning programs.
  - Issues related to the capacity and capability of BKKBN at all levels in managing and implementing various elements of the national family planning program.
  - Weak coordination of family planning activities with the MoH at the national, provincial and district levels such as reporting on family planning, training, and supervision.
- Early age at marriage in some districts as well as an increased proportion getting married between the ages of 16-18 years.

The above concerns and the issues identified below call for a revitalization of the current family planning program.

2.2 Basis for consideration

Demographic dividend

Indonesia is in the middle of a demographic window of opportunity. The government is striving to reap the full benefits of the demographic dividend through supportive economic and labour policies. However, unless the family programme is strengthened to achieve fertility reduction, it will not be possible to achieve the full potential of this demographic opportunity.

Maternal mortality reduction

Indonesia was unable to achieve its MDG target on maternal mortality reduction, with recent estimates indicating an exceptionally high maternal mortality rate. Family planning is one of the critical interventions for reducing maternal mortality, and contributes to reducing approximately one-third of maternal deaths. As indicated in an earlier section, unintended pregnancies in Indonesia are about 20% (among married women), predominantly due to non-use of contraception or inconsistent use of short-acting methods. The consequences of unintended pregnancies, such as abortions and related complications, are well known; thus reducing unintended pregnancies through quality family planning services can contribute to improved maternal health.

Universal health coverage

A major advancement in the provision of health services in Indonesia is the 2014 enactment of the National Health Insurance scheme (Jaminan Kesehatan Nasional/JKN). JKN is part of the Social Security Scheme enacted through Law No. 40 of 2004 and aims to achieve universal health coverage by the end of 2019.

The introduction of JKN under the National Health Insurance Agency (*Badan Pengelola Jaminan Sosial Kesehatan*/BPJS Kesehatan) scheme provides an opportunity to deliver equitable and high-quality family planning services, and aim for higher coverage of modern methods in the family planning services. Family Planning is part of the benefit package of JKN and provision of contraceptives, equipment and supplies, including educational materials, is the responsibility of BKKBN. The service charge is covered by BPJS and is reimbursed to first and referral health facilities. However, there are still unresolved issues related to female sterilization. The utilization of family planning services under JKN is reported to be low.

Law No. 23 of 2014 on Local Government

The Law No. 23 of 2014 on Local Government defines the role of provincial and district administrative structures as well as the roles of district' health and family planning services. In the law, it states that health is a compulsory basic service while family planning is a compulsory non-basic service. However, implementation of the law with regard to the family planning programme is dependent upon local regulations, and therefore the family planning institutions may differ between districts.

Law no 6 of 2014 on Village

In 2014, the Law on Village was enacted which strengthens the legal status of villages and increases their authority and responsibilities with increased fiscal transfers for administration, development and community empowerment. The law requires districts to transfer around 10% of the fund received from the central government to villages and the

national government to transfer an additional 10% directly to villages. The law establishes a new institutional framework for community development in indonesia. Taking advantage of the law, BKKBN has recently launched *Kampung KB* (initiative for family planning promotion at village level).

National Medium Term Development Plan *Rencana Pembangunan Jangka Menengah Nasional*/RPJMN) for 2015-2019

Efforts to increase the quality of life of individuals is done through four sub-agenda priorities: (1) population development and family planning; (2) educational development; (3) health development, particularly *Program Indonesia Sehat*; (4) improving the wellbeing of marginalized communities through the implementation of *Program Indonesia Kerja*.

Recognizing the importance of family planning in improving the quality of life of individuals, in the RPJMN, the family planning program is linked with the direction and strategic outcomes of the health sector and the population and family planning sector, as well as other relevant sectors.

Population Development and Family Planning

One of the development indicators of the population and family planning sector is to reduce the total fertility rate, which requires an equitable and quality family planning program. In the 2015-2019 RPJMN, the family planning program falls within the following policy directions:

1. Strengthening and integrating policy of equitable and quality family planning and reproductive health services between sectors and between central and regional institutions organizing and providing family planning services, particularly in the Social Security System for Health.
2. Provision of infrastructure and facilities and ensuring adequate availability of contraceptives at each facility (distribution of health facilities for family planning, static and mobile services).
3. Improving family planning services with increase in use of long-acting methods to reduce the risks of drop-out and increasing the use of short-term methods with provision of continued information for sustainability of family planning by considering the principles of rationale, effectiveness and efficiency. In addition, effort to promote and manage post-partum and post-abortion family planning s well as management of complication and side effects should also be promoted.
4. Increasing the number and strengthening capacity of family planning field workers and health personnel for provision of quality family planning services, as well as strengthening the capacity of institution at the community level to support mobilization and counseling on family planning.
5. Advocacy program on population, family planning, and family development to policy makers, as well as promotion and mobilization to the community in utilization contraceptives, both long-acting and short-acting methods while maintaining continuation of contraceptive use.
6. Increasing knowledge and understanding on reproductive health for the adolescents through education and socialization on the importance of compulsory education to 12 years in order increase age of marriage, and increasing the focus of family planning services for couples young couples to prevent adolescent pregnancy.

7. Fostering resilience and family empowerment through facilitation of family development to sustain family's participation in family planning program and influence prospective family planning users. In addition, strengthening of family function in forming small, happy and prosperous family.
8. Strengthening the legal, institutional, as well as data and information on population and family planning.

Health Development

Health development and community nutrition is meant to increase the health and nutritional status of the community at every life stage, including at the individual, family, and community level.

Efforts that are related to family planning are included in the acceleration plan to provide access to maternal, child, adolescent, and geriatric-quality health services through:

- Improving access and quality of continuum of care for maternal and child health services, including prenatal visits, births attended by skilled health personnel at a health facility, and a decrease in maternal deaths at hospitals.
- Improving reproductive health services for adolescents
- Strengthening school health efforts (Usaha Kesehatan Sekolah)
- Improving health services for the working-age and geriatric population

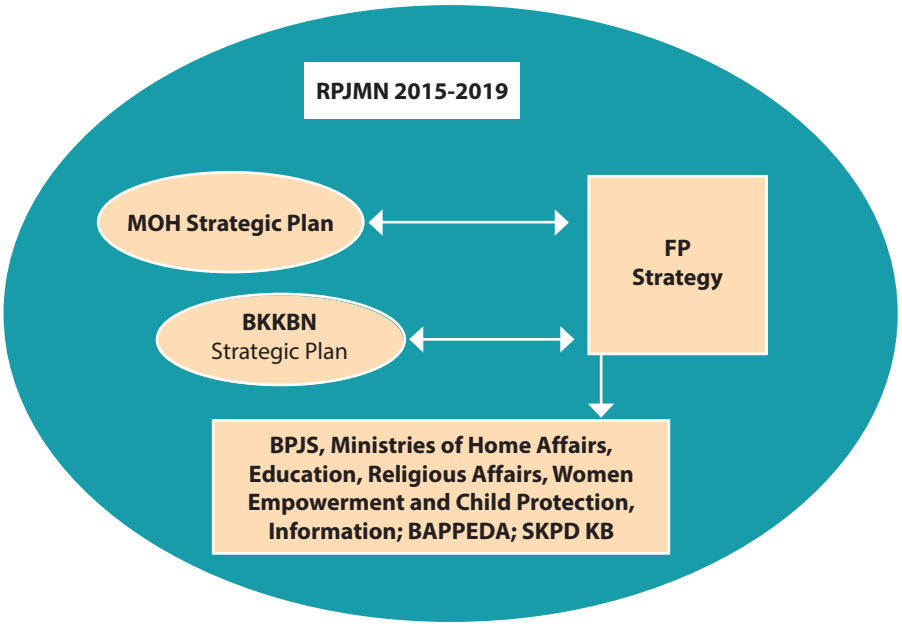
Legal Basis

1. Law No. 29 of 2004 concerning Medical Practice and strengthened by the Regulation of the Minister of Health No. 512/Menkes/Per/IV/2007 concerning Medical Licence and Medical Practice.
2. Law No. 40 of 2004 concerning the National Social Security System.
3. Law No 36 o 2009 concerning Health.
4. Law No. 52 of 2009 concerning Population and Family Development.
5. Law No. 24 of 2011 concerning the Social Security Administrator.
6. Law No. 23 of 2014 concerning Local Government.
7. Law No. 35 of 2014 concerning the amendment to Law No. 23 of 2002 concerning Child Protection.
8. Law No. 38 of 2014 concerning Nursing.
9. Law No. 61 of 2014 concerning Reproductive Health.
10. Regulation of the Minister of Health No. 1464 of 2010 concerning Midwife License and Practice.
11. Regulation of the Minister of Health No. 5 of 2014 concerning Clinical Practice Guidelines for Doctors at Primary Health Facilities.
12. Regulation of the Minister No. 75 of 2014 concerning Puskesmas.
13. Regulation of the Minister of Health No. 97 of 2014 concerning Antenatal, Childbirth, Postnatal, Contraceptive and Reproductive Health Services.

3. A RIGHTS-BASED STRATEGY FOR ACCELERATING ACCESS TO INTEGRATED FAMILY PLANNING AND REPRODUCTIVE HEALTH SERVICES TO ACHIEVE INDONESIA'S DEVELOPMENT GOALS

3.1 Vision

The rights-based strategy is in line with the Nawacita[1] vision. It is also aligned with the 2015-2019 RPJMN and is built on the Strategic Plans (*Rencana Strategis, Renstra*) of BKKBN, MoH, and other relevant ministries as it relates to family planning.



3.2 Goal

To catalyse collective action by BKKBN, Ministry of Health, Ministry of Home Affairs, Ministry of Education; Ministry of Religious Affairs, Ministry of Women Empowerment and Child Protection, Ministry of Village, Underdeveloped area and Transmigration, Ministry of Communication and Information, Central Bureau of Statistics, NGOs, private sector partners, professional associations, development partners, and **local governments** to achieve universal access to high-quality family planning services, according to the needs of individuals and couples, and to support their reproductive intentions.

3.3 Objective

To contribute to reduction of maternal mortality, population growth and fertility rates by addressing unmet needs, removing barriers to access and improving the quality of services to provide modern methods of contraception to be used voluntarily by the women and men of Indonesia.

1 Nawacita refers to the nine priority agendas of the Indonesian government, directed by the President and the Vice President, Mr. Joko Widodo and Jusuf Kalla.

2015-2019 RPJMN Targets

Indicator	Baseline (2012)	Target 2015-2019
Maternal Mortality Ratio	346	309
Annual growth rate (%) (medium projection 2000-2010)	1.49	1.19
Total Fertility Rate	2.6	2.3
Adolescent Age Specific Fertility Rate	48	35
Contraceptive Prevalence Rate all methods (%)	61.9	66
Proportion of long acting and permanent method users as proportion of modern method users (%)	18.3	23.5
Unmet need (%)	11.4	9.9

3.4 Definition of family Planning

The definition of family planning used in the strategic framework is based on the international definition of family planning and adheres to the definition used in the International Conference on Population and Development (ICPD) Programme of Action (PoA) and its principles and actions on family planning and adolescents.

The family planning program enables couples and individuals to decide freely and responsibly the number of and spacing between their children and to have the means to do so and to ensure informed choice and make available a full range of safe and effective methods (ICPD POA 1994). It is achieved through use of contraceptive methods and the treatment of involuntary infertility (WHO). However, in the case of adolescents, the strategic framework focuses on providing information.

3.5 Target group

Women, men, and adolescents, reproductive-age group between 15-49.

3.6 Objective of the strategy

To serve as a supporting document in translating the RPJMN in family planning services and provide guidance for quality FP services, stewardship and governance, and demand creation to help translate the national development goals and global commitments made by the Government at the Sustainable Development Goals summit, ICPD at 20, and the FP 2020 Summit.

3.7 Strategic outcomes

The strategic plan seeks to establish a coherent and rights-based framework building on past successful programme elements and innovations introduced under BKKBN's KB Kencana and MoH's family planning action plan. It tries to comprehensively address the various facets of determinants of family planning utilization. It provides details of the priorities and steps involved for timely and effective implementation of the programme to achieve the stated goals. The strategic objectives focus on four main synergistic areas, to create an enabling environment, and support inter-dependent supply and demand and operations research/innovations that can enable couples and individuals to meet their reproductive intentions.

Strategic outcome 1: Equitable and quality family planning service delivery system sustained in public and private sectors to enable all individuals and couples to meet their reproductive goals.

Strategic outcome 2: Increased demand for modern methods of contraception, met with sustained use.

Strategic outcome 3: Enhanced stewardship/governance at all levels, and a strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sectors to enable all individuals and couples to meet their reproductive goals.

Strategic outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes, and for sharing via South-South Cooperation.

The plan is expected to provide guidance for quality assurance and rights-based approaches.

3.8 Demographic and geographic focus

- Improve CPR and reduce unmet need through improved method mix with differential strategies for different age groups according to their reproductive intentions.
- The strategy will be implemented in phases, with the first phase to cover a limited number of provinces, while the second phase will cover all provinces, incorporating changes from lessons learned in the implementation of the first phase.

3.9 Alignment with national policies and action plans

This strategy is in line with the strategic issues of the RPJMN and the BKKBN and MOH action plans.

3.9.1 Areas of alignment with RPJMN strategic issues

Population Development and Family Planning

Strategic Issues of RPJMN: Population Development and Family Planning	Rights-based family planning strategy
1. Strengthening and integrating policy of equitable and quality family planning and reproductive health services between sectors and between central and regional institutions organizing and providing family planning services, particularly in the Social Security System for Health.	**Strategic outcome 3:** Enhanced stewardship /governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals Strategic outcome 2: Increased demand for modern methods of contraception met with sustained use.
2. Provision of infrastructure and facilities and ensuring adequate availability of contraceptives at each facility (distribution of health facilities for family planning, static and mobile services).	**Strategic outcome 1:** Equitable and high-quality family planning service delivery system sustained in public and private sectors to enable all citizens to meet their reproductive goals

3. Improving family planning services with increase in use of long-acting methods to reduce the risks of drop-out and increasing the use of short-term methods with provision of continued information for sustainability of family planning by considering the principles of rationale, effectiveness and efficiency. In addition, effort to promote and manage post-partum and post-abortion family planning s well as management of complication and side effects should also be promoted.	**Strategic outcome 1:** Equitable and high-quality family planning service delivery system sustained in public and private sectors to enable al l citizens to meet their reproductive goals
4. Increasing the number and strengthening capacity of family planning field workers and health personnel for provision of quality family planning services, as well as strengthening the capacity of institution at the community level to support mobilization and counseling on family planning.	**Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use.
5. Advocacy program on population, family planning, and family development to policy makers, as well as promotion and mobilization to the community in utilization contraceptives, both long-acting and short-acting methods while maintaining continuation of contraceptive use.	**Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use.
6. Increasing knowledge and understanding on reproductive health for the adolescents through education and socialization on the importance of compulsory education to 12 years in order increase age of marriage, and increasing the focus of family planning services for couples young couples to prevent adolescent pregnancy.	**Strategic outcome 3:** Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals.
7. Fostering resilience and family empowerment through facilitation of family development to sustain family's participation in family planning program and influence prospective family planning users. In addition, strengthening of family function in forming small, happy and prosperous family	
8. Strengthening the legal, institutional, as well as data and information on population and family planning.	**Strategic outcome 4:** Fostered and applied innovations and operations research for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation.

Health Development

Health Development Policy Direction and Strategy	Rights-based family planning strategy
a. Improving access and quality of continuum of care for maternal and child health services, including prenatal visits, births attended by skilled health personnel at a health facility, and a decrease in maternal deaths at hospitals. b. Improving reproductive health services for adolescents c. Strengthening school health efforts (Usaha Kesehatan Sekolah d. Strengthening occupational health and sports services e. Improving health services for the working-age and geriatric population f. Increasing the scope of timely immunization for newborns and infants. g. Increase the role of community-based health efforts, including posyandu and other integrated services in health education, and maternal, child, adolescent, and geriatric services.	**Strategic outcome 1:** Equitable and high-quality family planning service delivery system sustained in public and private sectors to enable all citizens to meet their reproductive goals **Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use. **Strategic outcome 3:** Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals. **Strategic outcome 4:** Fostered and applied innovations and operations research for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation.

Education Development

Education Development Policy Direction and Strategy	Rights-based Family Planning Strategy
Strengthening the curriculum on self care including: clean and healthy lifestyle, environmental awareness, reproductive health, balanced and nutritious diet, and physical activity; while at the same time prioritizing the social norms in Indonesia. Also, strengthening the curriculum on entrepreneurship.	**Strategic outcome 2**: Increased demand for modern methods of contraception met with sustained use. **Strategic outcome 3:** Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals.

3.9.2 Areas of alignment with the BKKBN strategic plan for 2015-2019

BKKBN policy direction and strategy	Rights-based family planning strategy
Policy direction and strategy 1: Improving equitable and high family planning access and services within the national health insurance scheme.	**Strategic outcome 1:** Equitable and high-quality family planning service delivery system sustained in public and private sectors to enable all citizens to meet their reproductive goals
Policy direction and strategy 2: Improving the understanding of adolescents on reproductive health and preparation of family life	**Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use
Policy direction and strategy 3: Strengthening advocacy and IEC on family planning and reproductive health	
Policy direction and strategy 6: Arranging, strengthening and improving the institutional capacity for population and family planning programme at the central and regional level	**Strategic outcome 3:** Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in the public and private sectors to enable all citizens to meet their reproductive goals
Policy direction and strategy 7: Increasing availability and quality of population data and information that are adequate, accurate and timely	**Strategic outcome 4:** Fostered and applied innovations and operations research for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation
Policy direction and strategy 8: Strengthening research and development in Population and family planning program	
Targets and indicators as specified under each strategic issue	**M&E:** Indicators for each output
Framework: Regulatory framework, financing framework, institutional framework	

3.9.3 Areas of alignment with the MoH family planning action plan 2014-2015

MoH family planning action plan	Rights-based Family Planning Strategy
Strategy 1: To strengthen the commitment of stakeholders, both the government and non-government stakeholders, in organizing family planning services	**Strategic outcome 3:** Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sector to enable all to meet their reproductive goals
Strategy 2: To increase availability, affordability, and quality of family planning services, including IEC and counselling services	**Strategic outcome 1:** Equitable and quality FP service delivery system sustained in public and private sector to enable all to meet their reproductive goals

Strategy 3: To increase the demand for family planning services due to changes in values regarding he ideal number of children in the family	**Strategic outcome 2:** Increased demand for modern methods of contraception met with sustained use
Strategy 4: To reduce the unmet need by improving access, counseling, and to strengthen post-partum use of contraceptives as well as decreasing the reluctance to continually use contraceptives through increased use of long acting and permanent methods (MKJP) and family planning coaching	**Strategic outcome 1:** Equitable and quality FP service delivery system sustained in public and private sector to enable all to meet their reproductive goals
Strategy 5: To lower the rate of pregnancy among teens aged 15-19 years old by encouraging them to get married at older age and improving their knowledge of adolescent reproductive health.	**Strategic outcome 1:** Equitable and quality FP service delivery system sustained in public and private sector to enable all to meet their reproductive goals
M&E – Indicators for activities	**M&E:** Indicators for each output

3.10 Guiding principles

Indonesia is a signatory to various human rights instruments and the ICPD PoA. The guiding principles listed below are in the context of the commitments made. While it is recognized that socio-cultural and economic issues are determinants of universal access to family planning FP, national policies, strategies and guidelines determine how family planning FP programmes are implemented and whether they address rights of individuals and families (rights-holders). The stagnation of CPR and unmet need is an indication that women, men and adolescents are not able to exercise their rights (particularly women and young girls). The continuing differences in CPR and unmet need among districts is an indication of the inability of the population to exercise their rights. Low funding levels and frequent stock-outs affect the availability of contraceptives and services, and also increase the cost of services. The implications of the above can lead to unwanted pregnancies and clandestine abortions (as abortion is not legal), particularly among unmarried adolescents. Indonesia is committed to reduce unmet need by 2019, both through its commitment to the ICPD PoA as well as the MDGs and post-development agenda.

The strategy is guided by the following principles of **human rights and public health programming:**

- *The right to access family planning information and the highest standard of care:* The right to family planning is based on human rights standards for health, as also enunciated in the ICPD PoA. It rests on the basic rights of all couples and individuals to decide freely and responsibly on the number, timing and spacing of their children. Everyone has the right to access comprehensive contraceptive information that is unbiased, the right to make an autonomous decision on the type of contraceptive used (without being influenced by a provider or spouse), in an environment that is private and confidential (with full information accessibility).

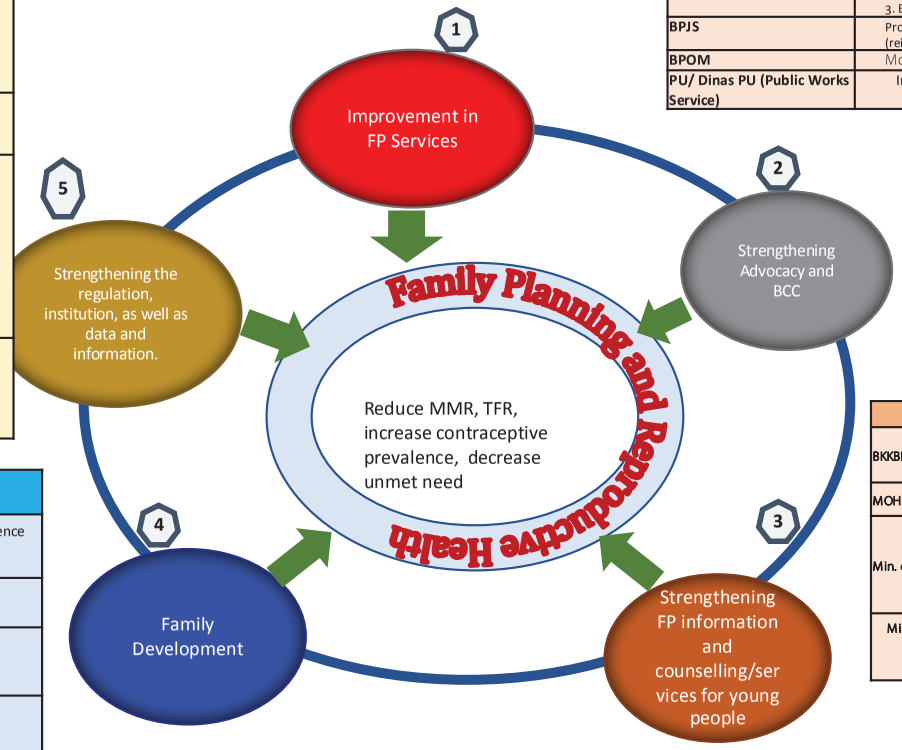
- *Equity in access:* Overcoming barriers to differential levels of access to services between geographical areas and financial barriers is critical for ensuring equity and overcoming disparities in access and utilization. Considering the huge population of young population, particularly those who are unmarried and whose access to information and services is limited due to legal, social, religious and cultural restrictions, the implications of denying their rights is huge. To improve access for young people, in addition to enabling policies, the provision of services is critical.

- *Health systems approach applicable to the public and private sector.*
  - *Integration of family planning continuum of care across reproductive cycle:* Family planning services play a key role throughout the reproductive cycle, enabling couples to have the number of children they want to have, at the age they want to have them, ensuring the elimination of unwanted pregnancies and births, as well as the need for abortions and their consequences, and the prevention of STIs and HIV via sexual transmission. The contribution of family planning services across the continuum of maternal and child care to reducing mortality and improving health among mothers and children is well documented. The integration of family planning with maternal and child health services in particular is proven to be cost-efficient for clients and the health system.
  - *Ethical and professional standards in the delivery of family planning services:* Although this point is part of the right to the highest standard of care, it is presented as a separate point here to highlight the responsibility of duty bearers and institutions that provide family planning services. Duty bearers also have the responsibility to ensure responsible, voluntary and informed consent, and avoid bias towards specific methods. A related key principle is the removal of unnecessary legal, medical, clinical and regulatory barriers to information and access[1].
- *Evidence-based programming:* Designing new approaches and advocacy-based messages based on formative research, operations research and data, including from monitoring and evaluation constitute one of the ten elements of a successful family planning programme.
- *Transparency and accountability:* These are critical attributes to the leadership and management of programmes, particularly in decentralized settings, and contribute to creating an enabling environment. Accountability is one of the core principles under human rights. Commitment to transparency and accountability is critical for implementing rights-based approaches, and for ensuring equity in access.
- *Gender-sensitive services:* Enabling women, particularly young women, to decide on whether to use contraceptives, as well as decide on the type of contraceptives used, is important not only from a health perspective but also from the perspective of empowerment. Increasing male involvement by informing men about various methods of contraception, and particularly male methods, is another critical element of creating an enabling environment. Male involvement is also critical for supporting female spouses/partners in their decisions and sustained use of contraceptives.
- *Cultural sensitivity:* Cultural acceptance of methods, the procedures involved and service delivery approaches are important for acceptance and continuation of contraceptive use. Needs to define cultural sensitivity better to avoid the use of cultural issue as barriers to health.
- *Partnership:* Public-private partnership among health institutions is critical for improving access to services and also to ensure that the highest quality standards are being implemented. Partnership among and between community groups, particularly women's groups, civil society organizations including faith-based organizations, parliamentarians, and so on are critical for improving access, particularly for disadvantaged groups, as well as building community support and the accountability of the health system to the people it serves.[1]

EFFORTS IN DEVELOPING FP THAT IS INTEGRATED BY THE INTER-SECTOR DEVELOPMENT

Ministry/Institution	EFFORTS
BKKBN/ SKPD KB	1. Harmonizing development policies regarding population and FP 2. Providing data and information of population and FP (collecting family data, routine statistics of FP, FP mini survey) 3. Facilitating of the establishment of FP SKPD
MOH	1. Development of policies related to JKN 2. Development of standards for facilities
Min. of Home Affairs Local Government	1. Strengthening the regulation of local Government regarding policies The establishment of FP SKPD 2. Establishment of SKPD KB; formulating the policy of Population and FP in the RPJMD/RKPD 3. Budget support of FP through Regional Government Budget (APBD)
BPS	1. Providing data and FP information from census and surveys

Ministry/Institution	EFFORTS
BKKBN/ SKPDKB	1. Provision of contraceptive supplies (contraceptive devices and drugs) 2. Strengthening facilities for implementation of FP program through DAK 3. Distribution of contractive supplies to BOKB
Min. of Health	1. Provision of family planning services through health services 2. Improving quantity and quality of Midwives and Doctors for improving access to services 3. Enabling health facilities to provide FP services
BPJS	Provision of health care insurance for FP services in health facilities (reimbursement to providers)
BPOM	Monitoring quality of contraceptives
PU/ Dinas PU (Public Works Service)	Improving access to healthcare facilities



Ministry/Institution	EFFORTS
BKKBN/ SKPD KB	1. Advocacy, BCC, mobilisation through media and officers 2. Increasing the quantity and quality of field workers; 3. Strengthening health facilities for implementing FP programme through DAK 4. Operational support through BOKB
Min. of Health	Promoting reproductive health and family planning
Min. of Religious Affairs	FP program counselling within the religious context

Ministry/Institution	EFFORTS
BKKBN/ SKPD KB	Family empowerment and resilience through BKB, BKR, BKL, UPPKS
Min. of Social Services	Helping families programme (Keluarga Harapan Program)
Min. of Education and Culture	Early childhood education programme
MOH	Monitoring family health
MOWE	?

Ministry/Institution	EFFORTS
BKKBN	1. Improving the development of Adolescent RH Information center (PIK/KRR) 2. improving the development of BKR
MOH	Adolescent reproductive health information and services
Min. of Education and Culture	1. Improving the 12-year compulsory education policy (for delaying age at marriage) 2. Improving the quality of reproductive health and family life education
Min. of Religious Affairs	Spiritual counselling on the topic of harmonious family and the delay in age at marriage

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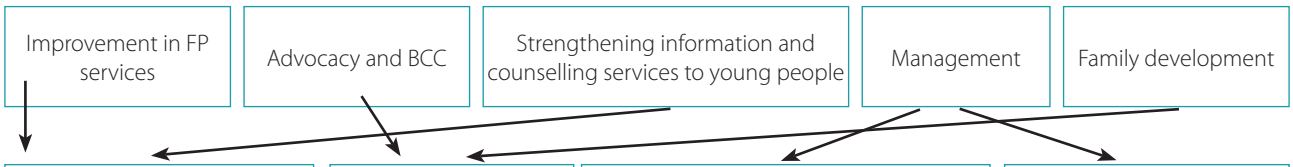

Strategic outcome 1: An equitable and high-quality FP service delivery system sustained in public and private sectors to enable all to meet their reproductive goals

Output 1.1: Increased availability of FP services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals
Output 1.2: Private sector resources harnessed for equitable access to quality FP services, with attention to client rights
Output 1.3: Improved contraceptive commodity security system
Output 1.4: Improved capacity of human resources to deliver quality FP services
Output 1.5: Strengthened management information system ensuring quality, completeness and alignment integration with the health system
Output 1.6: Improved quality of FP services with attention to client rights and integration of services across the continuum of the reproductive cycle.

Strategic outcome 2: Increased demand for modern methods of contraception met, with sustained use

Output 2.1: Increased availability of a comprehensive BCC strategy
Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for FP and addressing barriers to FP, as well as the issue of equity
Output 2.3: Increase community's knowledge and understanding about family planning program

Strategic outcome 3: Enhanced stewardship/governance at all levels and a strengthened enabling environment for effective, equitable and sustainable FP programming in the public and private sectors to enable all to meet their reproductive goals

Output 3.1: Enhanced capacity for stewardship within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming
Output 3.2: Strengthened coordination with MoH at the central, provincial and district levels to strengthen the health system's contribution to FP at appropriate points in the reproductive cycle
Output 3.3: Enhanced leadership and capacity of the SKPD KB Directors and District Health Managers to effectively manage the FP programme
Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of Government and the community, focusing on the centrality of FP in achieving development goals, for increased visibility of FP programmes and leveraging resources
Output 3.5: Strengthened capacity for evidence-based policies that improve the effectiveness of the FP programme while ensuring equity and sustainability
Output 3.6: Functional accountability systems in place that involve civil society

Strategic outcome 4: Innovations and operations research fostered and applied to improve the efficiency and effectiveness of programmes, and for sharing through

Output 4.1: Best practices and models available for promoting South-South Cooperation
Output 4.2: Operations research for improving efficiency and effectiveness of FP programmes are applied, evaluated and scaled up as indicated

GUIDING PRINCIPLES - Human rights approach and public health approach

3.11 Outputs and activities

Indicators specific to the strategic objectives and outputs are presented in the log frame matrix.

Strategic outcome 1: Equitable and quality family planning service delivery system sustained in public and private sectors to enable all to meet their reproductive goals.

The strategic objective is built from the building blocks of the health system. There are six outputs, which are interlinked.

The proposed package of services includes (a) Non-clinical services (Sexual and Reproductive Health/SRH information for adolescents, pre-marital counseling for couples, STI and HIV prevention counseling, post-partum and post-abortion counseling); (b) Clinical provision of modern methods of contraception at various levels of service, referral services, follow-up and complications management.

Output 1:

Output 1.1: Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.

Output 1.2: Increased use of private sector resources to ensure equitable access to quality family planning services with attention to client rights.

Output 1.3: Improved contraceptive commodity security system.

Output 1.4: Improved capacity and availability of human resources to deliver quality family planning services.

Output 1.5: Strengthened management information system ensuring quality, completeness and alignment integration with the health system.

Output 1.6: Improved quality of family planning services with attention to client rights and integration of services across the continuum of the reproductive cycle.

Output 1.1: Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.

Key activities:

1.1.1. Review and revise the current facility standards and guidelines for integrated FP services by considering stratification of clients according to age, parity, reproductive events, etc., ensuring that rights are not violated.
The output of this activity is a MOU between MOH and BKKBN.

1.1.2. Reach a consensus among BKKBN, MOH, and BPJS on family planning facility standards.

1.1.3. District-wise mapping of family planning facilities (public and private sectors) based on the agreed upon criteria, including the availability of mobile services in remote, border, and island regions, and details of their functionality.

1.1.4. Based on the mapping, undertake the following:

- Strengthening of facilities based on the gaps identified from the mapping to achieve equitable access to short-term and long-term methods.
- Upgrading selected facilities as referral facilities based on the mapping to ensure equitable access.
- Strengthening mobile services to provide quality services, including follow-up and management of side effects at regular intervals.

1.1.5. Accreditation of health facilities: review and expand the scope of current puskesmas (primary health center) accreditation standards, developed by the Directorate General of Health Services of MOH (*Bina Upaya Kesehatan*/BUK), to include family planning services for eligibility to be registered with BPJS (the National Health Insurance Agency). This output is linked to Output 3.2.

1.1.6. Youth friendly reproductive health services

1.1.6.1. Revise/develop a strategy for the introduction of YFS, which will be introduced in a phased manner starting with areas with high adolescent fertility rates.

1.1.6.2. Establish a link between Centre for Information and Counseling for Adolescent (Pusat Informasi dan Konseling Remaja/PIK remaja) with Adolescent Friendly Health Centre (Puskesmas PKPR), and other youth services to conduct the above strategy.

1.1.6.3. Revise/develop guidelines on the handling of referrals by peer educators and health workers under the coordination of MOH.

1.1.6.4. Training of providers, including referrals for specialist services.

1.1.6.5. Organization of a public campaign about the YFS.

1.1.6.6. Introduce and promote non-governmental youth friendly reproductive health services.

1.1.7. Provision of family planning services during humanitarian crises as part of the Minimum Initial Services Package (MISP) to improve access to all spacing methods and emergency contraception. The guidelines will also include provision of contraception to victims of gender-based violence (GBV).

Output 1.2: Increased use of private sector resources to ensure equitable access to quality family planning services with attention to client rights. The private sector in this context refers to all organizations and individuals who are not under the direct authority of the government when providing family planning services.

Key activities:

1.2.1. Development of a sustainable business model of public-private partnership through a network of standardized private-sector family planning services model, focusing on increased access to equitable, affordable and quality services. The network of private-sector family planning services model will include a full- and partial model. The roles and responsibilities of this network will be defined further.

- Standardization of the private sector family planning services model by MOH. Develop a reporting mechanism based on puskesmas service area.
- Formulate a regulation on the fixed fee structure for family planning services.
- Development of accreditation criteria for registering with BPJS (mandatory reporting as part of the accreditation). This is linked to Output 3.
- Partnership with the Private Medical Association of Indonesia and/Indonesian Midwives Association (IBI) to develop a QA system dan ensure adherence to the standards through routine monitoring, etc. This is linked to Output 1.6.

1.2.2. Social marketing of contraceptives (private sector/NGO) to increase access to quality family planning services in the private sector, either by building on existing programmes or starting new ones, ensuring confidentiality and reduced costs (linked to Output 1.1).

Output 1.3: Improved contraceptive commodity security system

Key activities:

1.3.1. Quality assured procurement of contraceptives, including developing a system of e-procurement (linked to Output 3.1)

1.3.2. Quality assured contraceptive commodity security system:

1.3.2.1. Revision of the current strategy for contraceptive commodity security that reflects quality assured procurement.

1.3.2.2. Ensuring the availability of family planning commodities based on the forecasting of contraceptive needs of clients.

1.3.2.3. Review of manufacturer's standards for various contraceptives and its implementation.

1.3.2.4. Improving warehousing:

i. Review and update current BKKBN warehousing standards of BKKBN

ii. Review of current management and distribution of FP commodities, including mapping of provincial/district health offices and provincial BKKBN and district FP offices against MOH functionality standards for warehouses.

iii. Supporting/facilitating inputs to improve facilities as per standards.

iv. Develop a guideline on storing contraceptives in hospitals, puskesmas and facilities below the puskesmas.

v. Training for the various levels of warehouse managers, including pharmacists at the lower level institutions (pharmacists/storekeepers of private facilities that provide family planning services will be included in the training).

vi. Monitoring adherence to standards at all levels, including the private sector by central-level staff (provincial-level monitoring), provincial-level staff (district-level monitoring, public and private sector major facilities), district-level staff (monitoring puskesmas and other public sector facilities, private sector facilities and other service providers).

1.3.3. Strengthening supply chain management: Evaluation of the three models currently being implemented in terms of its efficiency, cost-effectiveness and sustainability (the three models are improved current distribution systems of BKKBN, integrated system with MoH and using postal services for distribution).

1.3.4. Strengthening Logistics Management Information System (LMIS) and forecasting:

1.3.4.1. Review current LMIS and assess its effectiveness in being able to predict stock-outs and modify as needed.

1.3.4.2. Enhancing the capacity to forecast at the national, provincial and district levels as well as in hospitals and puskesmas (linked to Output 1.4).

Output 1.4: Improved capacity and availability of human resources to deliver quality family planning services

Key activities:

1.4.1. Family planning services

1.4.1.1. Ensure the availability of health providers for family planning services.

1.4.1.2. Conduct pre-service training in family planning:

i. Review the current curriculum and strengthen the family planning training during postings in Obstetrics and Gynaecology (O&G) and during internships.
ii. Expansion of family planning content in the basic training curriculum for midwives.

1.4.1.3. Inservice family planning training for midwives, doctors and other health workers according to their capacity:
i. Assessment of the quality of current trainings at the district level, including skill-level of trainers, certification process at the field level and involvement of the training division of MOH, training management information system, analysis of allocation of funds at various levels for training and follow-up.
ii. Formulation of a training development strategy based on the new regulation related to in-service training and certification including follow-up training at the district level (for continuous professional development) and quality assurance of training.
iii. Revision of the current training module as needed based on the assessment above.
iv. Improving the management information system training to be followed up by training institutions and for reporting to BKKBN and in-service training division of MOH/PPSDM (this should be linked to health providers' information systems, both private and public).
v. Training on FP services for health workers using the revised training module (including the provision of counseling services) which integrates post-training follow-up (linked to Outputs 1.1, 3.2).

1.4.1.4. Development of a consensus on the role of nurses in family planning and expanding the scope of family planning services by midwives:
i. Development of a consensus and strategy on implant training for nurses and expanding the scope of FP services by midwives.
ii. Development of regulations that support implant training for nurses and expanding the scope of FP services by midwives (linked to Output 3.1).

1.4.2. Management of programmes

1.4.2.1. Conduct training on management information systems (linked to Output 1.5).

1.4.2.2. Conduct training on FP program management (including planning, budgeting and monitoring and evaluation), including leadership for provincial/district managers of SKPD KB and provincial/district health offices (linked to Output 3.3).

1.4.2.3. Conduct training on Quality Assurance (QA) for supervisors and managers (linked to Output 1.6).

1.4.2.4. Conduct training on warehousing, LMIS and forecasting (linked to Output 1.3).

Output 1.5: Strengthened management information system for ensuring quality, completeness and aligned integration with the health system.

Key activities:

1.5.1. Review of current recording and reporting system.
- Joint review between BKKBN and MOH on the recording and reporting system for FP services at the district level includ the reporting format, reporting mechanism, data collection system, and data validation.

1.5.2. Development of an integrated family planning reporting system from health facilities, including private sector health facilities.

1.5.3. Enhance the capacity of supervisors to review and analyse the management information system (linked to Output 1.4).

1.5.4. Development of a client tracking system through tickler files and alert systems that are built into the computerized recording system (linked to Strategic Objective 4).

1.5.5. Introduction of the pilot projects for computerized reporting (linked to Strategic Objective 4).

Output 1.6: Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.

Key activities:

1.6.1. Review current FP services standards (counseling – for general and specific methods, instructions on use of a method, procedures, referrals, follow-up, STI/HIV screening, and dual protection) and revise as needed (linked to Output 3.2).
- Premarital counseling, youth friendly services (providers collaborate with faith-based organizations and follow MOH guidelines), referral to youth friendly services and follow-up.
- Post-partum and post-abortion services for clients.
- Promote long-acting and permanent contraceptive methods for clients.

1.6.2. Establishment of a quality assurance/quality improvement (QA/QI) system:

1.6.2.1. Review current Quality Assurance system (QA) for family planning services – guideline, implementation, efficiency, and effectiveness.

1.6.2.2. Improve the QA system for FP and integration with maternal health services and establishing QA circles at various levels of the health and family planning system

1.6.2.3. Review job description of the supervisors in the district health system as well as in the SKPD KB to ensure that it includes supervisory responsibility and amendment of the job description to fill the gaps.

1.6.2.4. Capacity-building of supervisors (Midwife Coordinators and others) in supportive supervision and QA (linked to Output 1.4).

1.6.2.5. Create an enabling environment to ensure that supervisory activities are supported.

1.6.2.6. Establish a continuous quality monitoring system and take action.

1.6.3. Engagement of community-based organizations to ensure quality assurance.

Strategic outcome 2: Increased demand for modern methods of contraception met with sustained use.

Outputs

Output 2.1: Availability of a comprehensive Behavior Change Communication (BCC) strategy.

Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning.

Output 2.1: Availability of a comprehensive Behavior Change Communication (BCC) strategy.

Key activities:

2.1.1 Update/develop a new communication, information, and education strategy aimed at adolescents for a comprehensive behavior change that includes:
- monitoring and evaluation elements
- specific strategies for sustaining performance in districts with good performance and improving performance in districts with poor performance
- a focus on male involement
- a focus in adolescents

2.1.2 Enhancing the capacity of officials responsible at provincial and district level to deliver BCC strategy.

2.1.3 Development and dissemination of locally specific materials using strategic communication channels with maximum reach:
- Core message includes addressing cultural and religious barriers and misconceptions about contraceptives. Messages are gender-sensitive and are targetted to specific groups.
- Integration of FP messages with maternal and child health care messages as well as HIV and STI prevention messages.

2.1.4 Printing and distribution of family planning posters and booklets and ensuring its availability in puskesmas, polindes, podes and hospitals.

2.1.5 Development of a routine review system on the reach of the channels and the impact of the developed messages.

2.1.6 Developing a mobile Family Planning (m-FP) messaging system(linked to Output 1.6)

2.1.6.1 Development of a plan to use mobile messaging as a reminder to receive family planning services and other information.

2.1.7 Incorporation of reproductive health and family planning messages in health education sessions during the provision of antenatal and child health services and during STI and HIV treatment through SKPD KB coordination with DHO.

Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning

Key activities:

2.2.1. Support faith-based and community-based organizations to promote family planning during religious discourses and use opportunities such as pre-marital counseling.

2.2.2. Strengthening family planning component at the posyandu:
- Activation of FP services at Table 5 in the Posyandu
- Health workers to promote family planning while registering mothers, weighing children, etc.

2.2.3. Review and develop performance-based incentives/rewards for health workers in order to increase male, youth, and community involvement (linked to Output 3.5)

2.2.3.1 Providing materials to increase male involvement through education and discussions at the village level.

2.2.3.2 Development of performance-based incentives/rewards for health workers to increase male, youth, and community involvement.

2.2.4. Enhancing the capacity of youth leaders to become peer educators on family planning information and services for adolescents and young people.

2.2.5. Development of strategies to revitalize previously successful community-based efforts by conducting in-depth evaluation of the movements, identifying gaps, and developing a plan to address those gaps as it pertains to the current situation.

2.2.6. Ensuring the availability and building capacity of FP field workers (PLKB) to increase demand generation.

Output 2.3: Increased community's knowledge and understanding about family planning program

Key activities:

2.3.1. Conduct advocacy to various stakeholders through media, audiences and through other forums and activities

2.3.2. Conduct promotional and IEC program for family planning through various media (print, electronic, outdoor media and below the line)

2.3.3. Conduct promotional and IEC program for family planning through frontline providers)

Strategic outcome 3: Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sector to enable all to meet their reproductive goals

Outputs

Output 3.1: Enhanced capacity for stewardship/governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming

Output 3.2: Strengthened coordination between MOH at the central, provincial and district levels to increase the health system's contribution to family planning at appropriate points in the reproductive cycle.

Output 3.3: Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.

Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of the government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources.

Output 3.5: Strengthened capacity for evidence-based policies that can improve the effectiveness of the family planning programme while ensuring equity and sustainability.

Output 3.6 Functional accountability systems in place that involve civil society

Output 3.1: Enhanced capacity for stewardship/governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming

Key activities:

3.1.1. Overseeing and guiding the overall provision of family planning services (public and private) in the interest of protecting the reproductive rights of the public.

3.1.1.1. Development of guidelines on the following:

i. Collaboration and coalition building across sectors, including civil society to influence factors that determine family planning at the national, provincial and district levels.

ii. Guideline for SKPD KB on advocating for family planning programmes and collaborating with MOH to monitor provision of FP services.

iii. Role of the private sector in the provision of family planning services and its responsibilities.

iv. Regulations related to the design of performance measures that are rights-based.

v. Setting targets for provinces and districts based on trends in family planning use, focusing on equity (using the recent district-wise data analyzed by BKKBN).

vi. Mobilization of community to utilize family planning.

3.1.1.2. Orientation for relevant officials on the above-listed guidelines.

3.1.1.3. Monitoring of adherence to guidelines and systems.

3.1.2. Procurement of contraceptives.

3.1.2.1. Implementation of the regulation related to the procurement of quality-assured commodities (commodities that meet WHO pre-qualification standards).

3.1.2.2. Establishing a e-procurement system.

3.1.3. Systems development

3.1.3.1. Developing a system of performance-based disbursements to districts on meeting pre-defined benchmarks related to the family planning programme (transfer of funds from BKKBN to districts for achieving results in family planning).

3.1.4. Strengthening cross-sector collaborations

3.1.4.1. Review the MoU signed by relevant ministries (i.e., MOH, Ministry of Religious Affairs, Ministry of Home Affairs, etc.), to promote, expand, and sustain the family planning program, and update as needed.

3.1.5. Capacity development

3.1.5.1. Enhance the capacity of provincial BKKBN staff to undertake analysis of district level budgets for family planning from various sources, annually, to ensure allocation of funds are adequate according to the minimum standards.

Output 3.2: Strengthened coordination between MOH at the central, provincial and district levels to increase the health system's contribution to family planning at appropriate points in the reproductive cycle.

Key activities:

3.2.1. Based on the MoU signed with MoH for strengthening the health system's contribution to family planning:

3.2.1.1. Review and revise the current standards and guideline for integrated family planning services.

3.2.1.2. Review and update the family planning services standards under the leadership of MOH in collaboration with professional organizations to ensure that there are no health system barriers as well as proper integration with other health services across the continuum of reproductive healthcare (linked to Output 1.6).

3.2.1.3. Development of the family planning training certification mechanism, integrated management information system (MIS), commodity security, and supervision (linked to Outputs 1.5, 1.3).

3.2.2. Development of a strategy to strengthen post-partum and post-abortion family planning.

3.2.3. Development of accreditation criteria for family planning facilities in the public and private sectors - developed for eligibility for registration under BPJS (linked to Outputs 1.1, 1.2)

3.2.4. Coordination between SKPD KB and DHO on the district-level family planning training since the planning stage.

3.2.5. Planning of routine joint supervisory visits by PLKB and midwive coordinators, and create an enabling environment, such as approval of the activity by DHO, allocation of adequate funds for travel, etc.

Output 3.3: Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.

Key activities:

3.3.1 Review of the current roles and responsibilities of the DHO and SKPD KB to identify potential areas of collaboration.

3.3.2 Enhancing the capacity of the SKPD-KB and District Health Offices Directors in:

3.3.2.1. Planning and developing workplans, analyzing budgets, and advocating to increase financial and human resources for the family planning program.

3.3.2.2. Advocating to religious leaders, community leaders and women's groups to discuss the importance of family planning for socio-economic development and the importance of adequate allocation for services and operational budget.

3.3.2.3. Establishing QA/QI mechanisms (linked to Output 1.6).

3.3.3. Monitoring the implementation of minimum standards.
3.3.4. Support the SKPD-KB and District Health Office Directors to hold routine meetings with religious leaders, community leaders and women's groups for advocacy.

Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of the government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources.t

Key activities:

3.4.1. Developing a district comprehensive strategy for advocacy for family planning (based on the national strategy) with a road map for implementation of the strategy at all levels, including the community level, and a checklist for monitoring the implementation of the strategy.
3.4.2. Developing training materials for media personnel and parliamentarians to advocate for family planning.
3.4.3. Monitoring the implementation of advocacy efforts.

Output 3.5: Strengthened capacity for evidence-based policies that can improve the effectiveness of the family planning programme while ensuring equity and sustainability.

Key activities:

3.5.1. Undertaking province-specific studies on the contribution of family planning towards socio-economic development and achievement of the development goals.
3.5.2. Supporting district family planning officials on yearly analysis of budget allocations for family planning services, particularly for tracking operational budgets.
3.5.3. Development of local human resources policies that support effective, equitable and sustainable programming. Some examples are: job description and selection of Director of SKPD KB, equitable distribution of midwives, rotation policies, matching jobs and qualifications, performance-based incentives for health workers, etc. A new area of policy that needs to be developed includes job descriptions of PLKBs, recruitment mechanisms, distribution (at what level of district organization), monitoring performance, etc.
3.5.4. Review transportation cost for clients who are seeking sterilization services but do not live in close proximity to a hospital (linked to output 1.1 and Strategic Objective 4).
3.5.5. Orientation of District Heads/Mayors and parliamentarians about the importance of family planning in improving maternal health and socio-economic development and the need for adequate budget allocation for services and programme management
3.5.6. Enhancing the capacity of BAPPEDA to include family planning in local plans.

Output 3.6: Functional accountability systems in place that involve civil society

Key activities:

3.6.1. Building the capacity of women's groups (rights and empowerment groups) and other civil society organizations to be 'watchdogs' and monitor violation of the client rights, adolescent access to services, etc. (linked to Output 1.6).

3.6.2. Establishment of new committees at the puskesmas and hospitals and building their capacity to ensure that client rights are protected.

Strategic Outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation

Outputs:

Output 4.1: Best practices and models available for promoting South-South Cooperation

Key activities:

4.1.1. Evaluation and documentation of domestic FP program innovations (including donor assisted projects) for replicability.

4.1.2. Identification of models for replication and promotion under South-South Cooperation.

Output 4.2: is Operations research for improving efficiency and effectiveness of family planning programs is applied, evaluated and scaled up

Key activities:

4.2.1. Undertaking operations research for improving efficiency and effectiveness of family planning programmes and conducting evaluations of the same.

4.2.2. Identification of operations research that is effective and has the potential for promotion under South-South Cooperation.

3.12 Proposed list of indicators

The rights-based family planning strategy for acceleration of access to family planning services refers to impact indicators explained to the Midterm Development Plan Document. One indicator is proposed for each output that can be used to monitor progress. Other indicators that can be used to monitor the activities can be found in the annex.

Results and Outputs	Indicators	Definisi Operational	Source of Data	Responsible Institution
Goal (as the Medium Term Development Plan 2015-2019)	Maternal Mortality Rate (MMR)	Number of maternal deaths due to pregnancy, delivery and within 42 days post partum per 100,000 live births in a period of time. MMR measure the risks death related to pregnancy.	IDHS SUPAS CENSUS	**Central:** BKKBN, MOH, Kemendagri, BAPPENAS, Kemendesa, MenegPP, BPS, professional organizations, NGOs, development partners **Province:** Provincial BKKBN, PHO, Provincial Bappeda, Professional Organization, NGOS **District:** District FP Services, DHO, District Bappeda, Professional Organization, NGOS
	Total Fertility Rate (TFR)	The average number of children a woman will have by the end of her reproductive period if her fertility pattern is the same with current fertility.	IDHS SUPAS CENSUS	
	Adolescent Fertility Rate	The number of births among women aged 15-19 among women aged 15-19 during a certain period of time among female population aged 15-19, expressed in 1000 women 15-19 years.	IDHS	
	CPR (all methods) CPR (modern methods)	Number of reproductive age couple who are using a contraceptive method compared to the number of eligible couple in a given period, multiplied by 100.	IDHS SUSENAS	
	Unmet needs	The number of women of childbearing age who do not wish to have children or want to delay the birth of the next child but not using contraceptive methods compared to the number of reproductive age women in a given period, multiplied by 100.	IDHS	
	Proportion of couples using a long acting and permanent contraceptive methods	Number of couple of reproductive age using a long-acting and permanent contraceptive methods compared to the number of reproductive health couples in a given period, multiplied by 100.	IDHS Susenas	
	Proportion of demand satisfied for modern FP program	Number of reproductive age couple using a modern contraceptive method compared to the total of number of eliglible couple using a modern contraceptive method and number of unment need, multiplied by 100.	IDHS	**Central:** BKKBN, MOH **Province:** Provincial BKKBN, PHO **District:** District FP Services, DHO
	Discontinuation rate for contraceptive method	The number of contraceptive discontinuation for each month compared with the total number of months of use. The number of dropouts each month is then calculated cumulatively to obtain an annual number.	IDHS	**Central:** BKKBN, MOH, BPJS, Professional Organization, NGOS **Province:** Provincial BKKBN, PHO, BPJS, Professional Organization, NGOS **District:** District FP Services, DHO, BPJS, Professional Organization, NGOS

Results and Outputs	Indicators	Definisi Operational	Source of Data	Responsible Institution
Strategic outcome 1: Equitable and quality FP service delivery system sustained in public and private sectors to enable all to meet their reproductive goals				
Output 1.1: Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.	Number of government health facilities certified to provide family planning services	Number of government health facilities certified to provide family planning services, in a given period	Report of BKKBN, MOH, BPJS and its subordinates	**Central:** MOH, BPJS, BKKBN, Private facilities association **Province:** PHO, BPJS, Provincial BKKBN, Private facilities association **District:** DHO, BPJS, District FP Services, Private facilities association
Output 1.2: Increased use of private sector resources to ensure equitable access to quality family planning services with attention to client rights.	Number of private health facilities registered in BPJS that provide at least 5 methods of family planning	Number of private health facilities registered in BPJS that provide at least 5 methods of family planning, in a given period	Report of MOH, BKKBN, BPJS and its subordinates	**Central:** MOH, BPJS, BKKBN, Private facilities association **Province:** PHO, BPJS, Provincial BKKBN, Private facilities association **District:** DHO, BPJS, District FP Services, Private facilities association
Output 1.3: Improved contraceptive commodity security system	Percentage of facilities experiencing stockout according to type of contraceptives	Percentage of facilities that experienced stock-out for certain types of contraceptive during the time of assessment, in a given period	Report of BKKBN and its subordinates	**Central:** BKKBN **Province:** Provincial BKKBN, PHO, **District:** District FP Services, DHO, BPJS
Output 1.4: Increased capacity and availability of human resources to deliver quality family planning services	Ratio between FP human resources (health personnel and FP field workers) per population, according to the standard	Number of human resources for family planning compared to the number of community in a working area in a given period	Report of BKKBN, MOH, BPJS and its subordinates	**Central:** BKKBN **Province:** Provincial BKKBN, PHO, **District:** District FP Services , DHO, BPJS
	Proportion of health facilities with providers who are competent in providing family planning services	Number of of health workers who have competency to provide contraceptive services (specify long acting)compared to the total number of health workers, in a given period	Report of MOH and its subordinates	**Central:** MOH, Professional Organization **Province:** PHO, Professional Organization **District:** DHO, Professional Organization
Output 1.5: Strengthened management information system for ensuring quality, completeness and aligned integration with the health system.	An integrated family planning report that integrates data from health offices and family planning offices	Availability of an integrated family planning report that integrates data from the health offices and FP offices, in a given period	Report of BKKBN, MOH and its subordinates	**Central:** Bappenas, MOH, BKKBN **Province:** BAPPEDA, PHO, Provincial BKKBN **District:** BAPPEDA, DHO, District FP Services

Results and Outputs	Indicators	Definisi Operational	Source of Data	Responsible Institution
Output 1.6: Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.	Proportion of contraceptive users who were gave informed consent	Number of contraceptive users who gave informed consent compared to all users of contraception, in a given period, multiplied by 100	IDHS	**Central:** BPS, MOH, BKKBN **Province:** PHO, Provincial BKKBN **District:** DHO, District FP Services
	Proportion of post partum contraception Number of post-partum clients given FP counselling/ service (this indicator from the old version is better)	Number of postpartum contraceptive users who received FP counselling/ services, compared to all postpartum clients, in a given period, multiplied by 100	Report of MOH and its subordinates	**Central:** MOH, BPJS, BKKBN **Province:** PHO, BPJS, Provincial BKKBN **District:** DHO, District FP Services
Strategic outcome 2: *Increased demand for modern methods of contraception met with sustained use*				
Output 2.1: Availability of a comprehensive Behavior Change Communication (BCC) strategy	Availability of local specific behavior change communication strategy	Availability of behavior change communication strategy that is appropriate for local conditions a specific region	Report of BKKBN and its subordinates	**Central:** BKKBN **Province:** Provincial BKKBN **District:** District FP Services
Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning	The number of community mobilization activities in family planning programs conducted by various community groups, New indicator	The number of community mobilization activities in family planning programs conducted by various community groups, in a given period	Report of BKKBN and its subordinates	**Central:** BKKBN **Province:** Provincial BKKBN **District:** District FP Services
Output 2.3: Increased community's knowledge and understanding about family planning program (see comments in main text about this output)	Proportion of people aged 15-49 years, both men or women who have knowledge on family planning methods	Comparison of the number of people aged 15-49 years, both men and women who have knowledge of family planning methods compared to the total number of people aged 15-49 years	IDHS	**Central:** BKKBN **Province:** Provincial BKKBN **District:** District FP Services
Strategic outcome 3: *Enhanced stewardship /governance at all levels and strengthened enabling environment for effective, equitable and sustainable FP programming in public and private sector to enable all to meet their reproductive goals outcome indicators missing*				
Output 3.1: Enhanced capacity for stewardship/ governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming.	Avaialability of a medium term development planning document that include integrated family planning program	Avaialability of a medium term development planning document that include integrated family planning program, in a given period	Report of Kementerian Kesehatan, BKKBN and its subordinates	**Central:** MOH, BKKBN, BAPPENAS **Province:** PHO, Provincial BKKBN, BAPPEDA **District:** DHO, District FP Services , BAPPEDA

Results and Outputs	Indicators	Definisi Operational	Source of Data	Responsible Institution
Output 3.2: Strengthened coordination between MOH at the central, provincial and district levels to increase the health system's contribution to family planning at appropriate points in the reproductive cycle.	A functioning coordination forum for family planning program at the central, provincial and district level	Availability of a cross-sector coordination forums for functioning family planning program. Criteria for functioning should be further agreed	Report of BKKBN, MOH and its subordinates	**Central:** BAPPENAS, MOH, BKKBN **Province:** BAPPEDA, PHO, Provincial BKKBN **District:** BAPPEDA, DHO, District FP Services
Output 3.3: Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.	Increase in budget allocation for family planning program (in family planning and health sector)	Increased in budget allocations for family planning programs, both in the health sector and the family planning sector compared to the same period in a given period.	Report of BKKBN, MOH and its subordinates	**Central:** BAPPENAS, MOH, BKKBN **Province:** BAPPEDA, PHO, Provincial BKKBN **District:** BAPPEDA, DHO, District FP Services
Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of the government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources.	The existence of evidence-based advocacy strategies for family planning programs at various levels of family planning programs	The existence of evidence-based advocacy strategies for family planning programs at various levels of family planning programs	Report of BKKBN and its subordinates	**Central:** MOH, BKKBN, BAPPEDA **Province:** PHO, Provincial BKKBN, BAPPEDA **District:** DHO, District FP Services , BAPPEDA
Output 3.5: Strengthened capacity for evidence-based policies that can improve the effectiveness of the family planning programme while ensuring equity and sustainability.	Availability of policy documents of family planning programs that are evidence-based and rights-based oriented in all government levels	Availability of policy documents of family planning programs that are evidence-based and rights-based oriented in all government levels	Report of BKKBN and its subordinates	**Central:** MOH, BKKBN, BAPPEDA **Province:** PHO, Provincial BKKBN, BAPPEDA **District:** DHO, District FP Services , BAPPEDA
Output 3.6: Functional accountability systems in place that involve civil society.	Number of districts where various community groups are involved in reporting violations of client rights, access for adolescents and young people	Number of districts where various community groups are involved in reporting violations of client rights in a given period	Report of BKKBN and its subordinates	**Central:** MOH, BKKBN, NGOS dan organisasi masyarakat lainnya **Province:** PHO, Provincial BKKBN, NGOS dan organisasi masyarakat lainnya **District**: DHO, District FP Services, NGOS dan organisasi masyarakat lainnya

Results and Outputs	Indicators	Definisi Operational	Source of Data	Responsible Institution
Strategic outcome 4: *Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation*				
Output 4.1: Best practice and models available for promoting South-South Collaboration.	Number of innovations from within the country documented and/or evaluated for replicability	Number of innovations from within the country documented and/or evaluated for replicability in a given period	Report of BKKBN and its subordinates	**Central:** MOH, BKKBN **Province:** PHO, Provincial BKKBN **District:** DHO, District FP Services
Output 4.2: Operations research for improving efficiency and effectiveness of family planning programs is applied, evaluated and scaled up.	Number and type of operation researched conducted and evaluated for improving efficiency and effectiveness of FP program	Number and type of operation researchconducted and evaluated for improving efficiency and effectiveness of FP program in a given period	Report of BKKBN and its subordinates	**Central:** MOH, BKKBN **Province:** PHO, Provincial BKKBN **District:** DHO, District FP Services

4. Costing of The Rights-based Strategy for Accelerating Access to Integrated Family Planning and Reproductive Health Services to Achieve Indonesia's Development Goals

4.1 Methodology, Assumptions and Sources

Resource requirements included in this study fall into two main categories – contraceptive commodities and resources required to carry out the interventions and activities as outlined in the implementation road map (meetings, training workshops, IEC/BCC, monitoring and supervisory activities). Cost data were collected in the spring of 2016 through interviews and discussions with the Indonesia Country Committee as well as relevant experts at the BKKBN and Ministry of Health, UNFPA and USAID in Jakarta.

The interventions and activities in the plan designed to improve the quality of family planning service delivery, create demand, enhance governance and share knowledge among partners were costed using an activity-based, bottom-up costing approach. For each activity, unit costs were determined which were then multiplied by the number of units involved in the activity.

The following table shows the number of provinces, districts, hospitals, Puskesmas, and health staff used in the costing.

Number of Provinces, Districts, Gov. Hospital, PHC, Posyandu and Health Staff

	Number	
Provinces	34	MOHA District Profile 2016
Districts	514	MOHA District Profile 2016
Hospitals	1,593	MOH Hospital Facilities 2015, http://sirs.yankes.kemkes.go.id/rsonline/report/
Puskesmas	9,754	MOH Number of Puskesmas 2015
SKPD KB	514	MOHA District Profile 2016
DHO	514	MOHA District Profile 2016
Posyandu	289,635	MOH Health Profile 2014
Public facilities	11,347	MOH Health Facilities 2015
Doctors	94,747	Indonesian Health Profile 2014, MOH
Nurses	288,405	Indonesian Health Profile 2014, MOH
Midwives	137,110	Indonesian Health Profile 2014, MOH
FP Field Workers	15,777	BKKBN Website 2017

4.2. Contraceptive commodity

Contraceptive commodity needs were projected starting in 2016 through the year 2020 using the FP2020 projection model, modified to reflect circumstances specific to Indonesia. The specific interventions and activities contained in the implementation road map were costed using an activity-based, bottom-up costing methodology.

The cost of procuring and distributing contraceptive commodities and supplies was calculated using contraceptive prevalence data, targets as well as unit costs provided by BKKBN. A current total contraceptive prevalence rate for married women of 61.9% was assumed for 2016, increasing to the FP2020 goal of 66.0%, with long-term methods accounting for 23.5% of all method use in the final year. The contraceptive method mix used for the commodity cost estimates was based on the 2012 DHS survey and is shown to the right.

The following table shows the specific assumptions used in the calculations as well as their sources.

Assumptions and Data Sources for FP Projections

	Values	Source/Comment
Women of Reproductive Age (15-49):	69.2 million in 2015, increasing to 71.6 million in 2016.	Total population: Central Statistics Office (BPS) Projection of Indonesia Population by Province, 2010-2035 (in thousand) Proyeksi Penduduk menurut Provinsi, 2010-2035 (Ribuan) Use of 2015 and 2020 values, interpolation for values in the years in-between. Women Aged 15-49: Based on BPS data, women between 15-49 represent approximately 27% of that total population. For detailed annual values see Table 1 in Results Section.
% of Women Married:	59.2%	2015 data applied across the entire period (2016-2020) as data only available for 2015. BPS website, July 2016.
CPR Married Women and Method Mix (2016):	61.9% in 2016	IDHS 2012.
CPR Married Women and Method Mix (2019):	Based on FP2020 goal of 66% CPR, modern CPR of 62%	Assumption that the entire 4.1% increase in CPR would go to long-term methods (50% to IUD, 50% to implant), all other methods would stay the same (e.g. pill 13.6% of total in 2016 and 2020). IUD going from 3.9% to 6.0% Implant from 3.3% to 5.4%
CYP per method:	Short-term methods: Pills: 13 cycles per CYP Injectable: 4 injections per CYP Condom: 72 condoms per CYP Long-term methods: Implant: 3.2 CYP IUD: 4.6 CYP Male and female sterilization: 13 CYP	Long-term method assumptions based on FP2020 model
Commodity Cost per Method:	Short-term methods: Pills: IDR 2,200 per cycle Injectable: IDR 6,500 per injection Condom: 400 per condom Long-term methods: Implant: IDR 250,000 IUD: IDR 18,895 Male and female sterilization: --	BKKBN Standard Cost 2017
Other drugs and supplies required per Method:	Short-term methods: Pills: -- Injectable: IDR 1,500 per injection Condom: -- Long-term methods: Implant: IDR 46,500 IUD: IDR 8,100 Male and female sterilization: IDR 23,000 and 65,000, respectively	Calculated using UNFPA Costing Tool, prices provided by BKKBN and, where not available, international supply prices from UNICEF supply catalogue 2016
Transportation Cost of Commodities a) From Central Level to Province b) From Province to District c) From District to Facility	Assumed to be 40% on top of commodity cost a) 50% of total cost b) 25% c) 25%	

The following tables estimate the number of women requiring contraceptives under the scale-up plan as well as the number and cost of contraceptives required, exclusive and inclusive of the cost of transportation (assumed to be 40% on top of the commodity costs). It also includes the cost of other drugs and supplies required (e.g. supplies required for male and female sterilization and syringes, gloves and other consumables required for the other long-term methods).

Total Number of Contraceptive Users

	2017	2018	2019
1. Population			
WRA	70,250,500	70,715,500	71,149,900
Married WRA	42,226,072	42,505,573	42,766,682
Unmarried WRA	28,024,428	28,209,927	28,383,218
Sexually Active Unmarried WRA	0	0	0
2. Married WRA - MCPR and Method Mix			
Total CPR	63.3%	64.6%	66.0%
Modern CPR	59.1%	60.2%	62.0%
Male sterilizations	0.2%	0.2%	0.2%
Female sterilizations	3.2%	3.2%	3.2%
IUDs	4.6%	5.3%	6.0%
Implants	4.0%	4.7%	5.4%
Injectables	31.9%	31.9%	31.9%
Pills	13.6%	13.6%	13.6%
Male condoms	1.8%	1.8%	1.8%
Female condoms	0.0%	0.0%	0.0%
Traditional Methods	4.0%	4.0%	4.0%
3. Total Users (Married)			
Male sterilizations	84,452	85,011	85,533
Female sterilizations	1,351,234	1,360,178	1,368,534
IUDs	1,935,362	2,238,627	2,544,618
Implants	1,682,005	1,983,593	2,288,017
Injectables	13,470,117	13,559,278	13,642,572
Pills	5,742,746	5,780,758	5,816,269
Male condoms	760,069	765,100	769,800
Traditional Methods	1,689,043	1,700,223	1,710,667
TOTAL	**26,715,028**	**27,472,769**	**28,226,010**
4. Total Users to be Provided with Commodities/Services Each Year			
Male sterilizations	7,064	7,055	7,062
Female sterilizations	113,021	112,885	112,985
IUDs	655,931	723,996	792,649
Implants	730,975	827,215	924,297
Injectables	13,470,117	13,559,278	13,642,572
Pills	5,742,746	5,780,758	5,816,269
Male condoms	760,069	765,100	769,800
Traditional	1,689,043	1,700,223	1,710,667
TOTAL	**23,168,965**	**23,476,511**	**23,776,300**

Total Number of Commodities Required and Commodity Costs

Total Commodities Needed	2017	2018	2019	2017-2019
Male sterilizations	7,064	7,055	7,062	21,181
Female sterilizations	113,021	112,885	112,985	338,891
IUDs	655,931	723,996	792,649	2,172,575
Implants	730,975	827,215	924,297	2,482,487
Injectables	53,880,468	54,237,112	54,570,286	162,687,865
Pills	74,655,695	75,149,854	75,611,494	225,417,042
Male condoms	54,724,989	55,087,223	55,425,620	165,237,832
Traditional Methods	1,689,043	1,700,223	1,710,667	5,099,933
TOTAL				

Total Commodity Cost (Mio IDR)				
Male sterilizations	0	0	0	0
Female sterilizations	0	0	0	0
IUDs	12,394	13,680	14,977	41,051
Implants	182,744	206,804	231,074	620,622
Injectables	350,223	352,541	354,707	1,057,471
Pills	164,243	165,330	166,345	495,917
Male condoms	21,890	22,035	22,170	66,095
Traditional Methods	0	0	0	0
TOTAL	**731,493**	**760,389**	**789,274**	**2,281,156**

Total Commodity Cost (US$)				
Male sterilizations	$0	$0	$0	$0
Female sterilizations	$0	$0	$0	$0
IUDs	$918,060	$1,013,326	$1,109,415	$3,040,801
Implants	$13,536,577	$15,318,794	$17,116,611	$45,971,981
Injectables	$25,942,447	$26,114,165	$26,274,582	$78,331,194
Pills	$12,166,113	$12,246,643	$12,321,873	$36,734,629
Male condoms	$1,621,481	$1,632,214	$1,642,241	$4,895,936
Traditional Methods	$0	$0	$0	$0
TOTAL	**$54,184,678**	**$56,325,142**	**$58,464,722**	**$168,974,542**

Cost of Other Drugs and Supplies Needed

	2017		2018		2019		2017-2019	
	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$
Male sterilizations	163	$12,074	163	$12,074	163	$12,074	488	$36,148
Female sterilizations	7,305	$541,111	7,297	$540,519	7,303	$540,963	21,905	$1,622,593
IUDs	5,313	$393,556	5,864	$434,370	6,420	$475,556	17,598	$1,303,556
Implants	33,990	$2,517,778	38,465	$2,849,259	42,980	$3,183,704	115,436	$8,550,815
Injectables	80,012	$5,926,815	80,542	$5,966,074	81,037	$6,002,741	241,591	$17,895,630
Pills	0	$0	0	$0	0	$0	0	$0
Male condoms	0	$0	0	$0	0	$0	0	$0
Traditional Methods	0	$0	0	$0	0	$0	0	$0
TOTAL	**126,784**	**$9,391,407**	**132,331**	**$9,802,296**	**137,903**	**$10,215,037**	**397,019**	**$29,408,815**

Total Cost of Commodities and Supplies

	2017		2018		2019		2017-2019	
	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$
Male sterilizations	163	$12,065	163	$12,050	163	$12,061	24,604	$36,177
Female sterilizations	7,305	$541,144	7,297	$540,494	7,327	$540,970	1,103,544	$1,622,609
IUDs	17,707	$1,311,618	19,544	$1,447,724	15,339	$1,585,004	2,625,434	$4,344,346
Implants	216,734	$16,054,380	245,269	$18,168,089	216,009	$20,300,301	32,751,784	$54,522,770
Injectables	430,236	$31,869,299	433,083	$32,080,247	438,320	$32,277,314	65,248,609	$96,226,860
Pills	164,243	$12,166,113	165,330	$12,246,643	167,329	$12,321,873	24,908,674	$36,734,629
Male condoms	21,890	$1,621,481	22,035	$1,632,214	22,301	$1,642,241	3,319,790	$4,895,936
Traditional Methods	0	$0	0	$0	0	$0	0	$0
TOTAL	**858,277**	**$63,576,101**	**892,721**	**$66,127,462**	**866,789**	**$68,679,763**	**129,982,438**	**$198,383,326**

Total Cost of Commodities and Supplies including Transportation

	2017		2018		2019		2017-2019	
	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$
Male sterilizations	228	$16,891	228	$16,871	228	$16,886	684	$50,647
Female sterilizations	10,228	$757,602	10,215	$756,692	10,224	$757,358	30,667	$2,271,652
IUDs	24,790	$1,836,266	27,362	$2,026,813	29,957	$2,219,005	82,108	$6,082,084
Implants	303,428	$22,476,132	343,377	$25,435,325	383,676	$28,420,421	1,030,480	$76,331,878
Injectables	602,330	$44,617,018	606,317	$44,912,346	610,041	$45,188,239	1,818,688	$134,717,604
Pills	229,940	$17,032,559	231,462	$17,145,300	232,883	$17,250,622	694,284	$51,428,481
Male condoms	30,646	$2,270,074	30,849	$2,285,100	31,038	$2,299,137	92,533	$6,854,310
Traditional Methods	0	$0	0	$0	0	$0	0	$0
TOTAL	**1,201,588**	**$89,006,541**	**1,249,809**	**$92,578,446**	**1,298,048**	**$96,151,669**	**3,749,445**	**$277,736,656**

4.3. Result

Total Cost Summary

Output		Cost (Million IDR)	(Cost (US$)	% of Total
Strategic Outcome 1: Equitable and quality family planning service delivery system sustained in public and private sectors to enable all to meet their reproductive goals.				
Output 1.1	Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.	639.5 Billion	$47,371,475	7.2%
Output 1.2	Private sector resources harnessed for equitable access to quality family planning services with attention to client rights.	123.4 Billion	$9,140,190	1.4%
Output 1.3	Improved contraceptive commodity security system	4,076.6 Billion	$301,973,099	45.7%
Output 1.4	Improved capacity of human resources to deliver quality family planning services	717.9 Billion	$53,176,972	8.0%
Output 1.5	Strengthened management information system for ensuring quality, completeness and alignment integration with the health system.	307.6 Billion	$22,784,832	3.4%
Output 1.6	Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.	166.7 Billion	$12,350,001	1.9%
TOTAL Outcome 1:		**6,031.8 Billion**	**$446,796,569**	**67.6%**
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use.				
Output 2.1	Availability of a BCC strategy	958.7 Billion	$71,017,035	10.7%
Output 2.2	Increased involvement of health workers (including FP field workers), women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning as well as equity issue.	524.1 Billion	$38,821,886	5.9%
TOTAL Outcome 2:		**1,482.8 Billion**	**$109,838,921**	**16.6%**
Strategic Outcome 3: Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sector to enable all to meet their reproductive goals				
Output 3.1	Enhanced capacity for stewardship/governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming	493.2 Billion	$36,533,354	5.5%
Output 3.2	Strengthened coordination between with MoH at central, provincial and district levels for strengthening the health system's contribution to family planning at appropriate points in the reproductive cycle.	341.1 Billion	$25,266,396	3.8%
Output 3.3	Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.	236.0 Billion	$17,478,806	2.6%
Output 3.4	Enhanced capacity for evidence-based advocacy at all levels of Government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources.	111.8 Billion	$8,283,337	1.3%

	Output	Cost (Million IDR)	(Cost (US$)	% of Total
Output 3.5	Strengthened capacity for evidence-based policies that can improve the effectiveness of the family planning programme while ensuring equity and sustainability.	85.9 Billion	$6,359,659	1.0%
Output 3.6	Functional accountability systems in place that involve civil society	38.6 Billion	$2,859,420	0.4%
TOTAL Outcome 3:		**1,306.5 Billion**	**$96,780,971**	**14.6%**
Strategic Outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation				
Output 4.1	Best practices and models available for promoting South-South Cooperation	70.4 Billion	$5,215,010	0.8%
Output 4.2	Operations research for improving efficiency and effectiveness of family planning programmes are applied, evaluated and scaled up as indicated.	31.4 Billion	$2,323,750	0.4%
TOTAL Outcome 4:		**101.8 Billion**	**$7,538,760**	**1.1%**
OVERALL TOTAL		**8,922.9 Billion**	**$660,955,221**	**100.0%**

ANNEX: ACTIVITIES AND SUB-ACTIVITIES

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
Output 1.1: Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.										
1.1.1	Review and revise the current facility standards and guidelines for integrated FP services by considering stratification of clients according to age, parity, reproductive events, etc., ensuring that rights are not violated.	1. Recruit a consult to facilitate the review. 2. Workshops with representatives from selected provinces/ districts to obtain inputs and reach an agreement on the standards and guidelines. 3. Printing and distribution of the standards and guidelines.	1. Stakeholder meetings at the provincial level. 2. Distribution of the standards and guidelines.	1. Stakeholder meetings at the district level. 2. Distribution of the standards and guidelines.				1.MOH	1. BKKBN 2. BPJS 3. Professional organization 4. Development partners	2017
1.1.2	Reach a consensus among BKKBN, MOH, and BPJS on family planning facility standards.	1. Technical meetings at the central level. 2. Development of guidelines on the family planning services standards. 3. Printing and distrbution.	1. Printing and distribution	1. Distribution				1.MOH	1. BKKBN 2. BPJS 3. Professional organization 4. Development partners	2017
1.1.3	District-wise mapping of family planning facilities (public and private sectors) based on the agreed upon criteria, including the availability of mobile services in remote, border, and island regions, and details of their functionality.	1. Contract an instititon (development of tools to measure the functionaility of the facility and map the public and private sector health facilities. Sampling will consider equal distributuion). 2. Socialization at the central level on the mapping of health facilities at the district level.		1. Technical meetings to provide inputs for the implementation of the mapping at the district level.				1.MOH 2.BKKBN	1.BAPPENAS 2.BPJS 3. PHO 4. DHO 5. Development partners	2017

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.1.4	Based on the mapping, undertake the following: -Strengthening of facilities based on the gaps identified from the mapping to achieve equitable access to short-term and long-term methods. -Upgrading selected facilities as referral facilities based on the mapping to ensure equitable access. -Strengthening mobile services to provide quality services, including follow-up and management of side effects at regular intervals.		1. Coordination meetings at the provincial level to discuss the plans to strengthen the health facilities. 2. Monitor the implementation of facility strengthening.	1. Coordination meetin gs to develop a plan to strenthen the health facililities. 2. Training of heath workers. 3. Monitor the implementation of facility strengthening.				1.MOH 2.BKKBN	1.BAPPENAS 2.BAPPEDA 3.BPJS 4.PHO 5.DHO	2017
1.1.5	Accreditation of health facilities: review and expand the scope of current puskesmas (primary health center) accreditation standards, developed by the Directorate General of Health Services of MOH (Bina Upaya Kesehatan/BUK), to include family planning services for eligibility to be registered with BPJS (the National Health Insurance Agency). This output is linked to Output 3.2.	1. Stakeholders meetings/ workshops with representatives from PHO, DHO, and SKPD KB to review and update current accredication accreditation standards for puskesmas.						1.MOH	1.BKKBN 2. BPJS 3.PHO 4.DHO 5.SKPD KB	2017
1.1.6	Youth friendly reproductive health services									
1.1.6.1	Revise/develop a strategy for the introduction of YFS, which will be introduced in a phased manner starting with areas with high adolescent fertility rates.	1. Development of strategy on YFS (consultant). 2. Stakeholder meetings/ workshops with provincial and district representatives on YFS. 3. Printing and distribution of the strategy.	1. Development of the YFS action plan at the provincial level. 2. Distribution of the strategy. 3. Monitoring of the implementation.	1.Development of the YFS action plan at the district level. 2. Distribution of the strategy. 3. Monitoring of the implementation.				1.MOH 2.BKKBN	1.BAPPENAS 2. Min of Education 3. Min of Reigion 4. PHO 5. DHO 6.SKPD KB 7. Development partners	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.1.6.2	Establish a link between PIK remaja with Puskesmas PKPR, and other youth services to conduct the above strategy.	1. Stakeholder meetings. 2. Development of a MoU on YFS.	1. Stakeholder meetings.	1. Stakeholder meetings.				1.MOH 2.BKKBN	1.BPJS 2.BAPPENAS 3.NGO 4.PHO 5.DHO 6.SKPD KB 7. Education Offices (Dinas Pendidikan)	2017 2018 2019
1.1.6.3	Revise/develop guidelines on the handling of referrals by peer educators and health workers under the coordination of MOH.	1. Development of YFS guideline (consultant). 2. Stakeholder meetings/ workshops on the YFS guideline. 3. Printing and distribution of YFS guideline.	1. Participation of selected provinces at meetings/workshops to discuss, review and revise the YFS guideline. 2. Distribution of the YFS guideline.	1. Distribution of the YFS guideline.			Implementation of the guideline.	1.MOH 2.BKKBN	1.NGO 2.PHO 3.DHO 4.SKPD KB 5.Development partners	2017 2018 2019
1.1.6.4	Training of providers, including referrals for specialist services.	1. Stakeholder meetings on YFS. 2.Training of trainers on YFS. 3. Monitoring and supervision.	1. Stakeholder meetings at the provincial level. 2.Training of trainers on YFS. 3. Monitoring and supervision.	1. Stakeholder meetings at the district level. 2. Training of trainers on YFS. 3. Training of health workers on YFS. 4. Post-training follow-up. 5. Monitoring and supervision.				1.MOH 2.BKKBN	1.NGO 2.PHO 3.DHO 4.SKPD KB	2017 2018 2019
1.1.6.5	Organization of a public campaign about the YFS.	1. Socialization at the central level. 2. Media campaign.	1. Socialization at the provincial level. 2. Media campaign.	1. Socialization at the district level. 2. Media campaign.				1.BKKBN 2.MOH	MOH, BKKBN, BPJS, , BAPPENASre-search institutions, professional orga-nizations, NGOs, Ministry of Home Affairs, BAPPEDA	2017 2018 2019
1.1.6.6	Introduce and promote non-governmental youth friendly reproductive health services.	1. Developmeny of social marketing programmes (consultant) 2. Stakeholders meetings 3. Socialization at the central level	1. Socialization at the provincial level 2. Implementation of social marketing program	1. Socialization at the district level 2. Implementation of social marketing program				1.BKKBN	1.NGO 2.PHO 3.DHO 4. SKPD KB	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.1.7	Provision of family planning services during humanitarian crises as part of the Minimum Initial Services Package (MISP) to improve access to all spacing methods and emergency contraception. The guidelines will also include provision of contraception to victims of gender-based violence (GBV).	1. Development of a plan that is integrated into the MOH action plan to provide FP services during humanitarian crises (consultant) 2. Meetings/workshops for the development of a plan to provide FP services during humanitarian crises at the central level 3. Logistic procurement	1. Meetings/workshops for the development of a plan to provide of FP services during humanitarian crises at the provincial level 2. Logistic procurement	1. Meetings/workshops for the development of a plan to provide FP services during humanitarian crises at district level 2. Logistic procurement				1.MOH	1.BKKBN 2. BNPB 3.PHO 4.DHO 5. NGO	2017 2018 2019
Output 1.2: Increased use of private sector resources to ensure equitable access to quality family planning services with attention to client rights.										
Key activities:										
1.2.1	Development of a sustainable business model of public-private partnership through a network of standardized private-sector family planning services model, focusing on increased access to equitable, affordable and quality services.	1. Standardization of the private sector family planning services model by MOH. Develop a reporting mechanism based on puskesmas service area. 2. Formulate a regulation on the fixed fee structure for family planning services. 3. Development of accreditation criteria for registering with BPJS (mandatory reporting as part of the accreditation). This is linked to Output 3. 4. Partnership with the Private Medical Association of Indonesia and/Indonesian Midwives Association (IBI) to develop a QA system dan ensure adherence to the standards through routine monitoring, etc. This is linked to Output 1.6.	1. Socialization of the public-private business model at the provincial level	1. Socialization of the public-private business model at the district level			1. Implementation of the public-private business model at the health facility level	1. MOH 2. Professional organizations 3. Private health facility association	1. BKKBN 2. BPJS 3. Development partners 4. Persi 5. Aadinkes 6. PKFI 7. Asklin 8. PHO 9. DHO 10. SKPD KB (District FP offices)	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.2.2	Social marketing of contraceptives to improve access for adolescents, either building on existing programmes or starting new ones, ensuring confidentiality and reduced costs (linked to Output 1.1).	1. Development of a social marketing program of contraceptives to improve access for adolescents (consultant) 2. Stakeholders meetings 3. Socialization at the central level 4. Implementation of social marketing of contraceptives	1. Socialization at the provincial level 2. Implementation of social marketing of contraceptives	1. Socialization at the district level 2. Implementation of social marketing of contraceptives				1. BKKBN	1. MOH 2. Development partners 3. Private sector 4. NGO	2017 2018 2019
Output 1.3: Improved contraceptive commodity security system										
1.3.1	Quality assured procurement of contraceptives, including developing an e-procurement system (linked to Output 3.1)	1. Review the current procurement process and develop a link to e-procurement (consultant) 2. Development of a guideline 3. Stakeholder meetings 4. Printing an distribution of guideline 5 Socialization at the central level	1. Socialization at the provincial level 2. Distribution of the guideline	1. Socialization at the district level 2. Distribution of the guideline				1. BKKBN 2. MOH	1. BPJS 2. KPAN 3. LKPP 4. Development partners	2017
1.3.2	Quality assured contraceptive commodity security system:									
1.3.2.1	Revision of the current strategy on contraceptive commodity security that reflects quality assured procurement.	1. Consultant to revise current strategy on contraceptive commodity security 2. Stakeholder meetings 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN	1. MOH 2. Provincial BKKBN 3. SKPD KB 4. PHO 5. DHO 6. Development partners	2017
1.3.2.2	Ensuring the availability of family planning commodities based on the forecasting of contraceptive needs of clients	1. Procurement of FP commodity according to the projected target of FP users 2. Distribution of FP commodities to the lower level	1. Procurement of FP commodity at the provincial level according to the projected target of FP users 2. Distribution of FP commodities to the lower level	1. Procurement of FP commodity at the district level according to the projected target of FP users 2. Distribution of FP commodities to the lower level			1. Implementation of FP commodity management at the health facility level according to standards	1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.3.2.3	Review of manufacturer's standards for various contraceptives and its implementation.	1. Implementation of a tracing study (from manufacturer-procurement-distribution-storage-consumption). 2. Review of manufacturer's standards for various contraceptives (consultant) 3. Technical meetings with stakeholders to discuss the results of the review						1. BPOM 2. MOH	1. BKKBN 2. Development partners	2017
1.3.2.4	Improving warehousing:									
	i. Review and update current BKKBN warehousing standards.	1. Review current warehousing standards (consultant) 2. Update warehousing standards 3. Stakeholder meetings 4. Printing and distribution 5. Socialization at the central level	1. Distribution of guideline 2. Socialization at the provincial level	1. Distribution of guideline 2. Socialization at the district level				1. BKKBN	1. MOH 2. Development partners	2017
	ii. Review of current management and distribution of FP commodities, including mapping of provincial/ district health offices and provincial BKKBN and district FP offices against MOH functionality standards for warehouses.	1. Review of of current management and distribution of FP commodities (consultant) 2. Stakeholder meetings 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN 2. MOH	1. Development partners	2017
	iii. Supporting/facilitating inputs to improve facilities as per standards	1. Stakeholders meetings 2. Allocation of operational funds to improve facilities as per standards	1. Socialization at the provincial level 2. Allocation of operational funds to improve facilities as per standards	1. Socialization at the district level 2. Allocation of operational funds to improve facilities as per standards			1. Improvement of identified facilities as per standards	1. BKKBN 2. MOH	1. Development partners 2. Provincial BKKBN 3. District FP services (SKPD KB) 4. PHO 5. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
	iv. Develop a guideline on storing contraceptives in hospitals, puskesmas and facilities below the puskesmas	1.Review guideline on storing contraceptives in hospitals, puskesmas and facilities below the puskesmas (consultant) 2. Stakeholders meetings 3. Printing and distribution 4. Socialization at the central level	1. Socialization at the provincial level 2. Distribution of guideline	1. Socialization at the district level 2. Distribution of guideline			1. Implementation of the guideline on storing contraceptives at the health facility level	1. BKKBN 2. MOH	1. Development partners 2. Provincial BKKBN 3. District FP services (SKPD KB) 4. PHO 5. DHO	2017
	v. Training for the various levels of warehouse managers, including pharmacists at the lower level institutions (pharmacists/storekeepers of private facilities that provide family planning services will be included in the training)	1. Development of a guideline on quality assurance of supervisors and managers (consultant) 2. Stakeholder meetings/ workshops 3. Training of trainers at the central level	1. Training of trainers at the provincial level	1. Training at the district level			1. Training of warehouse managers including pharmacists at the health facility level	1. BKKBN 2. MOH	1. Development partners 2. Provincial BKKBN 3. District FP services (SKPD KB) 4. PHO 5. DHO	2017 2018
	vi. Monitoring adherence to standards at all levels, including the private sector by central-level staff (provincial-level monitoring), provincial-level staff (district-level monitoring, public and private sector major facilities), district-level staff (monitoring *puskesmas* and other public sector facilities, private sector facilities and other service providers)	1.Stakeholder meetings at the central level 2. Monitoring adherence to the standards	1.Stakeholder meetings at the provincial level 2. Monitoring adherence to the standards	1.Stakeholder meetings at the district level 2. Monitoring adherence to the standards			1. Routine coordination meetings at the health facility level	1. BKKBN 2. MOH	1. Development partners 2. Provincial BKKBN 3. District FP services (SKPD KB) 4. PHO 5. DHO	2017 2018 2019
1.3.3	Strengthening supply chain management: Evaluation of the three models currently being implemented in terms of its efficiency, cost-effectiveness and sustainability (the three models are improved current distribution systems of BKKBN, integrated system with MoH and using postal services for distribution).	1. Consultant to evaluate the three models currently being implemented, including in terms of its efficiency, cost-effectiveness and sustainability 2. Stakeholder meetings 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN	1. MOH 2. Research institutions 3. Professional organizations 4. Development partners	2017

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.3.4	Strengthening Logistics Management Information System (LMIS) and forecasting:									
1.3.4.1	Review current LMIS and assess its effectiveness in being able to predict stock-outs and modify as needed.	1. Consultant to review current LMIS and assess its effectiveness in being able to predict stock-outs 2. Stakeholder meetings 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. District FP services (SKPD KB) 5. Development partners	2017
1.3.4.2	Enhancing the capacity to forecast at the national, provincial and district levels as well as in hospitals and puskesmas (linked to Output 1.4).	1. Stakeholder meetings/ workshops 2. Training of trainers at the central level	1. Stakeholder meetings/ workshops 2. Training of trainers at the provincial level	1. Stakeholder meetings/ workshops 2. Trainings at the district level			1. Trainings at the health facility level	1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. District FP services (SKPD KB) 5. Development partners	2017 2018
Output 1.4: Increased capacity and availability of human resources to deliver quality family planning services										
1.4.1	Family planning services									
1.4.1.1	Ensure the availability of health providers for family planning services.	1. Mapping of health personnel at various levels (consultant/research institution) 2. Stakeholder meetings at the central level to develop a human resources plan for health	1. Stakeholder meetings at the provincial level to develop a human resources plan for health	1. Stakeholders meeting at the district level to develop a human resources plan for health 2. Assignment of health personnel at the facility level				1. MOH	1. BKKBN 2. BAPPEDA 3. PHO 4. DHO	2017 2018 2019
1.4.1.2	Conduct pre-service family planning training:									
	i. Review the current curriculum and strengthen the family planning training during postings in Obstetrics and Gynaecology (O&G) and during internships.	1. Review the current curriculum and strengthen the family planning training during postings in Obstetrics and Gynaecology (O&G) and during internships (consultant) 2. Stakeholder meetings/ workshops to strenthen the training curriculum 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. Min of Research, Technology, and Higher Education 2. Indonesian Medical Council	1. MOH 2. BKKBN 3. Universities 4. Professional organizations 5. Development partners	2017

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
	ii. Expansion of family planning content in the basic training curriculum for midwives.	1.Expansion of family planning content in the curriculum of basic training of midwives (consultant) 2. Stakeholders meetings/ workshops at the central level 3.Training of trainers at the central level	1. Socialization of the updated contents on family planning in the curriculum of basic training of midwives 2.Training of trainers at the provincial level	1. Socialization of the updated contents on family planning in the curriculum of basic training of midwives 2.Training of midwives with the updated contents on FP	1.Training of midwives with the updated contents on FP			1. Min of Reseach, Techology, and Higher Education,	1. MOH 2. BKKBN 3. Universities 4. Professional organizations	2017 2018 2019
1.4.1.3	Inservice family planning training for midwives, doctors and other health workers according to their capacity									
	i. Assessment of the quality of current trainings at the district level, including skill-level of trainers, certification process at the field level and involvement of the training division of MOH, training management information system, analysis of allocation of funds at various levels for training and follow-up.	1. Assessment of the quality of current trainings at the district level (consultant) 2. Socialization at the central level on the results of the assessment	1. Socialization on the results of the assessment	1. Socialization on the results of the assessment				1. MOH	1. BKKBN 2. Research institutions 3. Professional organizations 4. Development partners	2017
	ii. Formulation of a training development strategy based on the new regulation related to in-service training and certification including follow-up training at the district level (for continuous professional development) and quality assurance of training.	1. Stakeholder meetings/ workshops to develop a training strategy based on the new regulation related to in-service training and certification including follow-up training at the district level	1. Stakeholder meetings/ workshops to develop a training plan at the provincial level	1. Stakeholder meetings/ workshops to develop a training plan at the district level				1. MOH	1. BKKBN 2. Professional organizations 3. Private Medical Association	2017
	iii. Revision of the current training module as needed based on the assessment above.	1. Revision to the current training module based on the assessment 2. Stakeholder meetings/ workshops to discuss current training module based on the assessment	1. Socialization of the revised training module	1. Socialization of the revised training module	1. Imple-mentation of the revised training module			1. MOH	1. BKKBN 2. Professional organizations 3. Private Medical Association	2018

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
	iv. Improving the management information system training to be followed up by training institutions and for reporting to BKKBN and in-service training division of MOH/ PPSDM (this should be linked to health providers' information systems, both private and public).	1. Consultant to develop training management information system 2. Stakeholder meetings/ workshops to discuss current training management information system	1. Socialization of the results of the assessment	1. Socialization of the results of the assessment	1. Imple-mentation of the man-agement information systen training			1. BKKBN	1. MOH 2. BAPPENAS 3. Professional organizations 4. Private Medical Association 5. Universities	2017 2018 2019
	v. Training on FP services for health workers using the revised training module (including the provision of counseling services) which integrates post-training follow-up (linked to Outputs 1.1, 3.2).	1. Training of trainers at the central level	1. Training of trainers at the provincial level	1. Training of health workers				1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
1.4.1.4	Development of a consensus on the role of nurses in family planning and expanding the scope of family planning services by midwives									
	i. Development of a consensus and strategy on implant training for nurses and expanding the scope of FP services by midwives.	1.Stakeholder meetings/ workshops to achieve a concensus on implant training for nurses and expanding the scope of FP services by midwives	1. Socialization of the concensus and strategy on implant training for nurses and expanding the scope of FP services by midwives	1. Socialization of the concensus and strategy on implant training for nurses and expanding the scope of FP services by midwives				1. MOH	1. BKKBN 2. Professional organizations	2017 2018
	ii. Development of regulations that support implant training for nurses and expanding the scope of FP services by midwives (linked to Output 3.1).	1.Stakeholder meetings/ workshops to develop regulations that support implant training for nurses and expanding the scope of family planning services by midwives	1. Socialization of the regulations that support implant training for nurses and expanding the scope of family planning services by midwives	1. Socialization of the regulations that support implant training for nurses and expanding the scope of family planning services by midwives				1. MOH	1. BKKBN 2. Professional organizations	2017 2018
1.4.2	Program management									
1.4.2.1	Conduct training on management information systems (linked to Output 1.5).	1. Development of a training module in management information system (consultant) 2. Stakeholder meetings/ workshops 3. Training of trainers at the central level	1. Socialization of the management information system module at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the management information system module at the district level 2. Training of trainers at the district level				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.4.2.2	Conduct training on FP program management (including planning, budgeting and monitoring and evaluation), including leadership for provincial/ district managers of SKPD KB and provincial/district health offices (linked to Output 3.3).	1. Development of a training module on FP program management 2. Stakeholder meetings/ workshops to discuss the training module on FP program management 3. Training of trainers at the central level	1. Socialization of the training module on FP program management 2. Training of trainers at the provincial level	1. Socialization of the training module on FP program management 2. Training of trainers at the district level				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
1.4.2.3	Conduct training on Quality Assurance (QA) for supervisors and managers (linked to Output 1.6).	1. Development of a training module on quality assurance for supervisors and managers (consultant) 2. Stakeholders meetings/ workshops to develop guidelines on quality assurance for supervisors and managers 3. Training of trainers at the central level	1. Socialization of the training module on quality assurance for supervisors and manager at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the training module on quality assurance for supervisors and manager at the district level 2. Training at the district level				1. MOH	1. PHO 2. DHO 3. BKKBN 4. Provincial BKKBN 5. SKPD KB	2017 2018
1.4.2.4	Conduct training on warehousing, LMIS and forecasting (linked to Output 1.3).	1. Development of a training module for warehousing, LMIS and forecasting (consultant) 2. Stakeholder meetings/ workshops to develop the training guideline for warehousing, LMIS and forecasting 3. Training of trainers at the central level	1. Socialization of the training module for warehousing, LMIS and forecasting at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the training module for warehousing, LMIS and forecasting at the provincial level 2. Training at the district level				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
1.4.2.3	Conduct training on Quality Assurance (QA) for supervisors and managers (linked to Output 1.6).	1. Development of a training module on quality assurance for supervisors and managers (consultant) 2. Stakeholders meetings/ workshops to develop guidelines on quality assurance for supervisors and managers 3. Training of trainers at the central level	1. Socialization of the training module on quality assurance for supervisors and manager at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the training module on quality assurance for supervisors and manager at the district level 2. Training at the district level				1. MOH	1. PHO 2. DHO 3. BKKBN 4. Provincial BKKBN 5. SKPD KB	2017 2018

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.4.2.4	Conduct training on warehousing, LMIS and forecasting (linked to Output 1.3).	1. Development of a training module for warehousing, LMIS and forecasting (consultant) 2. Stakeholder meetings/ workshops to develop the training guideline for warehousing, LMIS and forecasting 3. Training of trainers at the central level	1. Socialization of the training module for warehousing, LMIS and forecasting at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the training module for warehousing, LMIS and forecasting at the provincial level 2. Training at the district level				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
Output 1.5: Strengthened management information system for ensuring quality, completeness and aligned integration with the health system.										
1.5.1	Review the current recording and reporting system: -Joint review between BKKBN and MOH on the recording and reporting system for FP services at the district level includ the reporting format, reporting mechanism, data collection system, and data validation.	1. Consultant to review the current recording and reporting system and develop a guideline for an integrated recording and reporting system for FP 2. Stakeholders meeting at the central level to discuss the results of the review 3. Socialization of the results of the review at the central level	1. Socialization of the recording and reporting guideline at the provincial level 2. Alignment of data	1. Socialization of the recording and reporting guideline at the district level 2. Alignment of data			1. Alignment of data	1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017
1.5.2	Development of an integrated family planning reporting system from health facilities, including private sector health facilities.	1. Consultant to develop an integrated family planning recording and reporting guideline 2. Stakeholders meeting at the central level 3. Printing and distribution 4. Socialization at the central level	1. Socialization at the provincial level 2. Stakeholder meetings at the provincial level 3. Distribution of the guideline	1. Socialization at the district level 2. Stakeholder meetings at the district level 3. Distribution of the guideline				1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
1.5.3	Enhance the capacity of supervisors to review and analyse the management information system (linked to Output 1.4).	1. Development of a training module on management information system (consultant) 2. Stakeholder meetings/ workshops 3. Training of trainers at the central level	1. Socialization of the management information system at the provincial level 2. Training of trainers at the provincial level	1. Socialization of the management information system at the district level 2. Training of trainers at the district level				1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.5.4	Development of a client tracking system through tickler files and alert systems that are built into the computerized recording system (linked to Strategic Objective 4).	1. Development of a client tracking systemthrough tickler files and alert system (consultant) 2. Stakeholder meetings/ workshops to develop a client tracking system and plan the implementation of pilot projects in selected areas	1. Socialization of the client tracking system and plan to implement the pilot project in selected provinces	1. Socialization of the client tracking system and plan to implement the pilot project in selected districts			1. Implementation of the client tracking system in the health facilities in pilot project areas	1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018
1.5.5	Introduction of the pilot projects for computerized reporting (linked to Strategic Objective 4).	1. Technical meetings at the central level 2. Workshops to socialize the pilot projects for computerized reporting 3. Monitoring and supervision from the central level 4. Evaluation	1. Socialization of the pilot projects for computerized reporting at the provincial level 2. Monitoring and supervision	1. Socialization of of the pilot projects for computerized reporting at the provincial level at the district level 2. Monthly coordination meeting to track progress of activities 3. 'Monitoring and supervision			1. Implementation of pilot project for computerized reporting	1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017
Output 1.6: Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.										
Key activities:										
1.6.1	Review current FP services standards (counseling – for general and specific methods, instructions on use of a method, procedures, referrals, follow-up, STI/ HIV screening, and dual protection) and revise as needed (linked to Output 3.2).	1. Review of current FP services standards (including counseling procedures, referrals, follow-up, STI/HIV screening, and dual protection) (consultant) 2. Stakeholder meetings between MOH (Binkesmas, BUK), BKKBN and profesional organizations to review current FP services standards 3. Workshops with professional organizations and provincial and district representatives to obtain inputs and reach an agreement on the FP services standards 4. Printing and distribution of the standards	1. Workshops to socialize the FP services standards at the provincial level 2. Stakeholder meetings at the provincial level 3. Distribution of the standards	1. Socialization of the FP services standards at the district level 2. Stakeholder meetings at the district level 3. Distribution of the standards to the health facilities				1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4. Provincial BKKBN 5. SKPD KB 6. PHO 7. DHO	2017

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.6.2	Establishment of a quality assurance/quality improvement (QA/QI) system:									
1.6.2.1	Review current Quality Assurance system (QA) for family planning services – guideline, implementation, efficiency, and effectiveness	1. Review system and develop a guideline on QA for FP (consultant). 2. Stakeholder meetings between MOH (Binkesmas, BUK), BKKBN and profesional organizations to review QA system for FP. 3. Workshops to obtain inputs and reach an agreement on the QA system for FP. 4. Printing and distribution of the guideline. 5. Socialization at the central level.	1. Socialization of the QA system for FP at the provincial level. 2. Stakeholder meetings at the provincial level. 3. Printing and distribution of the guideline.	1. Socialization of the QA system for FP at the district level. 2. Stakeholder meetings at the district level. 3. Printing and distribution of the guideline.			1. Socialization of QA system for FP at the health faculity level.	1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4. Provincial BKKBN 5. SKPD KB 6. PHO 7. DHO	2017 2018
1.6.2.2	Improve the QA system for FP and integration with maternal health services and establishing QA circles at various levels of the health and family planning system	1. Implementation of improved QA system for FP integrated with maternal health services and establishing QA circles at the central levels.	1. Implementation of QA system for FP integrated with maternal health services and establishing QA circles at the provincial levels.	1. Implementation of QA system for FP integrated with maternal health services and establishing QA circles at the district levels.			1. Implementation of QA system with FP integrated with maternal health services and establishing QA circles at the facility levels.	1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4. Provincial BKKBN 5. SKPD KB 6. PHO 7. DHO	2018
1.6.2.3	Review of job description of the supervisors in the district health system as well as in the SKPD KB to ensure that it includes supervisory responsibility and amendment of the job description to fill the gaps		1. Technical assistance/ resource persons from relevant provincial officials to review job description of the supervisors in the district health system as well as in the SKPD KB.	1. Review of job description of the supervisors in the district health system as well as in the SKPD KB.				1. MOH 2. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017
1.6.2.4	Capacity-building of supervisors (Midwife Coordinators and others) in supportive supervision and QA (linked to Output 1.4).	1. Stakeholder meetings on supportive supervision at the central level. 2.Training of trainers on supportive supervision.	1. Stakeholder meetings on supportive supervision at the provincial level. 2.Training of trainers on supportive supervision.	1. Stakeholder meetings on supportive supervision at the district level. 2. Training of trainers on supportive suprevision.			1. Training of midwive coordinators on supportive supervision.	1. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
1.6.2.5	Create an enabling environment to ensure that supervisory activities are supported.	1. Coordination meetings to ensure implementation of supportive supportive supervision at the central level	1. Coordination meetings.	1. Coordination meetings.			1. Coordination meetings.	1. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
1.6.2.6	Establish a continuous quality monitoring system and take action	1. Establishment forum at the central level to conduct routine monitoring and follow up.	1. Establishment forum at the provincial level to conduct routine monitoring and follow up.	1. Establishment forum at the district level to conduct routine monitoring and follow up.			1. Establish a forum at the health facility level to routinely monitor and follow-up.	1. MOH 2. PHO 3. DHO	1. Provincial BKKBN 2. SKPD KB	2017 2018 2019
1.6.3.	Engagement of community-based organizations to ensure quality assurance.	1. Stakeholder meetings/ seminars/workshops involving community-based organizations at the central level.	1. Stakeholder meetings/ seminars/workshops involving community-based organizations at the provincial level.	1. Stakeholder meetings/ seminars/workshops involving community-based organizations at the district level.	1. Community meetings at the village level. 2. Allocation of village fund for community-based meetings to ensure quality assurance.	1. NGO meetings to monitor quality of FP services.		1. MOH 2. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO 5. Professional organization 6. NGO	2017 2018 2019
Output 2.1: Availability of a comprehensive Behavior Change Communication (BCC) strategy										
2.1.1	Update/develop a new communication, information, and education strategy aimed at adolescents for a comprehensive behavior change that includes: - monitoring and evaluation elements - specific strategies for sustaining performance in districts with good performance and improving performance in districts with poor performance - a focus on male involement - a focus in adolescents	1. Conduct a needs assessment to identify the needs of the community 2. Review and update strategy for BCC which includse monitoring and evaluation elements, specific strategies for districts, focus on male and adolescent involement (consultant) 3. Meetings between BKKBN and other stakeholders to discuss the strategy for BCC 4. Workshops to obtain inputs and reach an agreement on the startegy for BCC 5. Training of trainers on BCC 6. Facilitate regulations to implement the BCC strategy	1. Stakeholder meetings at the provincial level 2. Training of personnel 3. Implementation of the BCC strategy 4.Monitoring and supervision	1.Stakeholder meetings at the district level 2. Training of personnel 3. Implementation of the BCC strategy 4. Monitoring and supervision	1. Implementation of the BCC strategy at the village level through Kampung Siaga and Kampung Kencana activities			1. BKKBN	1. MOH 2. Professional organizations 3. NGO 4. Religious leaders 5. Community leadaers 6. Development partners	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
2.1.2	Enhancing the capacity of related officials to deliver BCC strategy	1. Socialization of the BCC strategy at the central level 2. TOT at the central level	1. Socialization of the BCC strategy at the provincial level 2. TOT at the provincial level	1. Socialization of the BCC strategy at the district level 2. Training			1. Orientation on FP messages at the health facility level level	1. BKKBN	1. MOH 2. PHO 3. DHO 4. NGO 5. Min of Home Affairs 6. Provincial BKKBN 7. SKPD KB	2017 2018 2019
2.1.3	Development and dissemination of locally specific materials using strategic communication channels with maximum reach: - Core message includes addressing cultural and religious barriers and misconceptions about contraceptives. Messages are gender-sensitive and are targetted to specific groups. - Integration of FP messages with maternal and child health care messages as well as HIV and STI prevention messages.	1.Development of SRHR messages with locally specific materials including core messages addressing religious barriers and integration of FP, maternal and child health, and HIV/AIDS/STI prevention messages (consultant). 2. Meetings between BKKBN and other stakeholders. 3. Documentation of lessons learned for developmengt locally specific SRHR materials.	1.Development of SRHR messages with local specific materials including core messages addressing religious barriers and integration of FP, maternal and child health, and HIV/AIDS/ STI prevention messages (consultant) 2. Meetings between BKKBN and other stakeholders on to discuss the BCC strategy. 3. Workshops to obtain inputs and reach an agreement on the BCC strategy. 4. Operational cost.	1.Development of SRHR messages with local specific materials including core messages addressing religious barriers and integration of FP, maternal and child health, and HIV/AIDS/ STI prevention messages (consultant). 2. Meetings between BKKBN and other stakeholders on to discuss the BCC strategy. 3. Workshops to obtain inputs and reach an agreement on the BCC strategy. 4. Operational cost.				1. BKKBN 2. Provincial BKKBN 3. SKPD KB	1. MOH 2.BPJS 3. BAPPENAS 4. NGO 5. Min of Home Affairs 6. BAPPEDA	2017 2018 2019
2.1.4	Printing and distribution of family planning posters and booklets and ensuring its availability in puskesmas, polindes, podes and hospitals.	1. Design, print and distribute family planning posters and booklets at the central level	'1. Design, print and distribute family planning posters and booklets at the provincial level	'1. Design, print and distribute family planning posters and booklets at the district level				1. BKKBN	1. Provincial BKKBN 2. SKPD KB	2017 2018 2019
2.1.5	Development of a routine review system on the reach of the channels and the impact of the developed messages.	1. Development of the system (consultant/third party) 2. Forum to routinely review the impact of the developed messages.	1. Forum to routinely review the impact of the developed messages at the provincial level	1. Forum to routinely review the impact of the developed messages at the district level				1. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. MOH 4. PHO 5. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
2.1.6	Developing a mobile Family Planning (m-FP) messaging system(linked to Output 1.6)									
2.1.6.1	Development of a plan to use mobile messaging as a reminder to receive family planning services and other information.	1. Stakeholder meeting 2. Establish a MOU with a mobil provider on the implementation of a mobile-FP messaging system 3. Implementation of a mobile-FP messaging system (assign a third party to manage the system)	1. Promotion on the use of the mobile-FP messaging system at the provincial level	1. Promotion on the use of the mobile-FP messaging system at the district level			1. Promotion on the use of the mobile-FP messaging system at the health facility level	1. BKKBN 2. MOH 3. Min of Communi-cation and Information	1. Private sector 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB 6. Devopment partners 7. NGO	2017 2018 2019
2.1.7	Incorporation of reproductive health and family planning messages in health education sessions during the provision of antenatal and child health services and during STI and HIV treatment through SKPD KB coordination with DHO.	1.Consultant to review and integrate FP, maternal and child health, and HIV/AIDS and STI prevention messages at the central level 2. Stakeholder meetings between BKKBN and other stakeholders.	1. Socialization of the integrated FP, maternal and child health, and HIV/AIDS and STI prevention messages at the provincial level	1. Socialization of the integrated FP, maternal and child health, and HIV/AIDS and STI prevention messages at the district level				1. MOH	1. BKKBN 2. BPJS 3. BAPPENAS 4. NGO 5. Min of Home Affairs 6. BAPPEDA	2017 2018 2019
Output 2.2: Increased involvement of health workers, women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning										
2.2.1	Support faith-based and community-based organizations to promote family planning during religious discourses and use opportunities such as pre-marital counseling.	1. Stakeholder meetings to promote FP during religious discourses (e.g. pre-marital counseling) at the central level 2. Consultant to update the guideline on FP promotion during religious discourses 3. Printing and distribution 4. Socialization at the central level	1. Stakeholder meetings at the provincial level 2. Socialization at the provincial level 3. Printing and distribution	1. Stakeholder meetings at the district level 2. Socialization/ orientation at the district level 3. Printing and distribution	1. Commu-nity meet-ings for FP promotion by religious leaders utilizing the village fund or other existing funds	1. NGO/ community meetings for FP promotion by religious leaders utilizing village fund or other existing funds		1. BKKBN 2. Min of Religious Affairs	1. NGOs 2. Min of Home Affairs 3. Min of Villages 4. Provincial BKKBN 5. SKPD KB	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
2.2.2	Strengthening the family planning component at the posyandu: -Activation of FP services at Table 5 in the Posyandu -Health workers to promote family planning while registering mothers, weighing children, etc.	1. Meetings between BKKBN and other stakeholders 2. MOU between BKKBn and Ministry of Home Affairs 3. Consultant to develop a guideline on FP services at Table 5 in the Posyandu and module for PKK cadres 4. Printing and distribution 5. Socialization/orientation at the central level	1. Stakeholder meetings at the provincial level 2. Socialization/ orientation at the provincial level 3. Printing and distribution	1. Stakeholder meetings at the district level 2. Socialization/ orientation at the district level 3. Printing and distribution	1. Imple-mentation of the Po-syandu with a strength-ened FP component utilizing the village fund or other existing funds		1. Socialization/ orientation at the health facilities level	1. BKKBN 2. MOH 3. PKK	1. PHO 2. DHO 3. NGO 4. Min of Women Empowerment and Child Protection 5. Min of Village 6. Provincial BKKBN 7. SKPD KB	2017 2018 2019
2.2.3	Review and develop performance-based incentives/rewards for health workers in order to increase male, youth, and community involvement (linked to Output 3.5)									
2.2.3.1	Providing materials to increase male involvement through education and discussions at the village level	1. Development of materials to increase male involvement through educcation and discussions at the village level (consultant) 2. Printing and distribution of materials to increase male involvement through education and discussions at the village level 3. Socialization/orientation	1. Printing and distribution of materials to increase male involvement through education at the provincial level 2. Training at the provincial level	1. Printing and distribution of FP posters and booklets at the district level 2. Training at the district level	1. Distribu-tion of FP posters and booklets at the village level 2. Com-munity meetings at the village level to in-crease male involvement	1. Training of NGOs on increasing male involvement	1. Training of health wprkerss on increasing male involvement	1. BKKBN 2. MOH 3. NGO	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO 5. Min of Village 6. PKK	2017 2018 2019
2.2.3.2	Development of performance-based incentives/rewards for health workers to increase male, youth, and community involvement	1. Development of performance-based incentive/reward system for health workers to increase male involvement	1. Development of criteria for incentive/ rewards	1. Development of criteria for the performance-based incentive/reward 2. Implementation of the performance-based incentive/reward (selection)			1. Implementation of the performance-based incentive/ reward (selection)	1. BKKBN 2. MOH	1. Provincial BKKBN 2. SKPD KB 3.PHO 4. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
2.2.4	Enhancing the capacity of youth leaders to become peer educators on family planning information and services for adolescents and young people.	1. Stakeholder meetings at the central level 2. Peer educator training of trainers on family planning information and services for adolescents and young people	1. Stakeholder meetings at the provincial level 2. Peer educator training of trainers on family planning information and services for adolescents and young people at the provincial level	1. Stakeholder meetings at the district level 2. Peer educator training of trainers on family planning information and services for adolescents and young people at the district level		1. Training of peer educators on family planning information and services		1. BKKBN 2. Min of Education 3. NGO	1. Provincial BKKBN 2. SKPD KB 3. MOH 4. PHO 5. DHO 6. Min of Village 7. PKK	2017 2018 2019
2.2.5	Development of strategies to revitalize previously successful community-based efforts by conducting in-depth evaluation of the movements, identifying gaps, and developing a plan to address those gaps as it pertains to the current situation.	1.Review lessons learned from community-based movements on Family Planning including Siaga and Kampung Kencana and develop an updated village-level intervention (consultant) 2. Development of an operational guideline for Kampung KB 3. Meetings between BKKBN and other stakeholders 4. Socialization at the central level	1. Stakeholder meetings at the provincial level 2. Socialization at the provincial level	1. Stakeholder meetings at the district level 2. Socialization at the district level	1. Imple-mentation of Kampung Kencana utiliziting the village fund			1. BKKBN 2. Provincial BKKBN 3. SKPD KB	1. MOH 2. PHO 3. DHO 4. Min of Women Empowerment and Child Protection 5. Min of Village	2017 2018 2019
2.2.6	Ensuring the availability of FP field workers (PLKB) to increase demand generation.	1. Mapping of FP field worker availability at all levels (consultant/research institution) 2. Stakeholder meetings at the central level to develop a FP field workers workplan 3. Recruitment of new FP field workers 4. Training of the new FP field workers	1. Stakeholder meetings at the provincial level to develop a FP field worker workplan 2. Recruitment of new FP field workers 3. Training of the new FP field workers	1. Stakeholder meetings at the district level to develop FP field workers workplan 2. Recruitment of new FP field workers 3. Training of the new FP field workers				1. BKKBN 2. Provincial BKKBN 3. SKPD KB	1. BAPPENAS 2. BAPPEDA	2017 2018 2019
Output 2.3: Increased community's knowledge and understanding about family planning program										
2.3.1	Conduct advocacy to various stakeholders through media, audiences and through other forums and activities	1. Advocacy to various stakeholders at various forum at the central level	1 Advocacy to various stakeholders at various forum at the provincial level	1 Advocacy to various stakeholders at various forum at the district level				1. BKKBN 2. BKKBN Provinsi 3. SKPD KB		2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
2.3.2.	Conduct promotional and IEC program for family planning through various media (print, electronic, outdoor media and below the line)	1. FP promotional and IEC program through printed media FP promotional and IEC 2.FP promotional and IEC program through electronic media program program program 3.FP promotional and IEC program through oudoor media 4. FP promotional and IEC program through below the line media	1. FP promotional and IEC program through printed media FP promotional and IEC 2.FP promotional and IEC program through electronic media program program program 3.FP promotional and IEC program through oudoor media 4. FP promotional and IEC program through below the line media	1. FP promotional and IEC program through printed media FP promotional and IEC 2.FP promotional and IEC program through electronic media program program program 3.FP promotional and IEC program through oudoor media 4. FP promotional and IEC program through below the line media				1. BKKBN 2. BKKBN Provinsi 3. SKPD KB		2017 2018 2019
2.3.3	Conduct promotional and IEC program for family planning through frontline providers)	1. Provision of facilities and infrastructures for operationalization of FP planning program through frontline providers	1. Provision of facilities and infrastructures for operationalization of FP planning program through frontline providers	1. Provision of facilities and infrastructures for operationalization of FP planning program through frontline providers				1. BKKBN 2. BKKBN Provinsi 3. SKPD KB		2017 2018 2019
Output 3.1: Enhanced capacity for stewardship/governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming										
3.1.1	Overseeing and guiding the overall provision of family planning services (public and private) in the interest of protecting the reproductive rights of the public									
3.1.1.1	Development of guidelines on the following:									
	i. Collaboration and coalition building across sectors, including civil society to influence factors that determine family planning at the national, provincial and district levels.	1.Workshops for collaboration and coalition buiding at the central level.	1.Workshop for collaboration and coalition buiding at the provincial level.	1.Workshops for collaboration and coalition buiding at the district level.				1. BKKBN	1. BAPPENAS 2. MOH 3. BPJS 4. Professional organizations 5. Min of Religious Affairs 6. Min of Village 7. Min of Home Affairs 8. Min of Education and Culture 9. Min of Information	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
	ii. Guideline for SKPD KB on advocating for family planning programmes and collaborating with MOH to monitor provision of FP services	1. Consultant to develop the guideline for SKPD KB on advocating for the FP program and monitoring the provision of FP services. 2. Meetings/workshops to discuss the guideline. 3. Printing and distribution of the guideline.	1. Participation of selected provinces at meetings/workshops to discuss the guideline. 2. Printing and distribution of the guideline	1. Printing and distribution of the guideline.				1. BKKBN 2. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
	iii. Role of the private sector in the provision of family planning services and its responsibilities.	1. Consultant to develop guideline on role of private sector in the provision of family planning 2. Stakeholder meetings/ workshops to review and develop the guideline. 3. Printing and distribution of the guideline.	1. Socialization at the provincial level	1. Socialization at the district level				1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4.Private Medical Association	2017 2018 2019
	iv. Regulations related to the design of performance measures that are rights-based.	1. Consultant to review the regulations and proposed performance measures that are rights-based. 2. Stakeholder meetings/ workshops at the central level.						1. BKKBN 2. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
	v. Setting targets for provinces and districts based on trends in family planning use, focusing on equity (using the recent district-wise data analyzed by BKKBN)	1.Stakeholder meetings/ workshops to set targets at the provincial and district level.	1.Stakeholder meetings/ workshops to set targets at the district level.	1.Stakeholder meetings/ workshops to set targets at the health facility level.				1. BKKBN 2. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
	vi. Mobilization of community to utilize family planning	1. Consultant to develop guidelines on mobilization of community to utilize family planning 2. Stakeholder meetings/ workshops to review and develop the guideline. 3. Printing and distribution of the guideline.						1. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
	vi. Mobilization of community to utilize family planning	1. Consultant to develop guidelines on mobilization of community to utilize family planning 2. Stakeholder meetings/ workshops to review and develop the guideline. 3. Printing and distribution of the guideline.						1. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
3.1.1.2	Orientation for relevant officials on the above-listed guidelines.	1. Orientation at the central level.	1. Orientation at the provincial level.	1. Orientation at the district level.				1. BKKBN	1. BAPPENAS 2. MOH 3. BPJS 4. Professional organizations 5. Min of Religious Affairs 6. Min of Village 7. Min of of Home Affairs 8. Min of Education 9. Min of Information 10. Provincial BKKBN 11. PHO 12. DHO	2017 2018 2019
3.1.1.3	Monitoring of adherence to guidelines and systems.	1. Stakeholder meetings to discuss lessons learned from implementing supportive supervision.	1. Implementation of supportive supervision at the provincial level	1. Implementation of supportive supervision at the district level			1. Implementa-tion of supportive supervision at the facility level	1. MOH, 2. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO	2017 2018 2019
3.1.2	Procurement of contraceptives	Procurement of contraceptive	Procurement of contraceptive	Procurement of contraceptive						

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.1.2.1	Implementation of the regulation related to the procurement of quality-assured commodities (commodities that meet WHO pre-qualification standards).	1. Socialization of the procurement of quality-assured commodities according to WHO pre-qualification standards.	1. Socialization of the procurement of quality-assured commodities according to WHO pre-qualification standards.	1. Socialization of the procurement of quality-assured commodities according to WHO pre-qualification standards.				1. BKKBN	1. Provincial BKKBN 2. SKPD KB	2017 2018 2019
3.1.2.2	Establishing a e-procurement system.	1. Consultant to review/ establish/integrate family planning supply and commodities in a e-procurement system. 2. Stakeholder meetings. 3. Socialization at the central level.	1. Socialization at the provincial level.	1. Socialization at the district level.				1. MOH	1. BKKBN 2. BPJS, 3. Professional organizations 4. Private Medical Association	2017 2018 2019
3.1.3	Systems development									
3.1.3.1	Developing a system of performance-based disbursements to districts on meeting pre-defined benchmarks related to the family planning programme (transfer of funds from BKKBN to districts for achieving results in family planning).	1. Consultant to develop a system of performance-based disbursements to districts on meeting pre-defined benchmarks related to the family planning programme. 2. Stakeholder meetings/ workshops to discuss the system. 3. Printing and distribution of the guideline. 4. Socialization at the central level.	1. Socialization at the provincial level. 2. Printing and distribution of the guideline.	1. Socialization at the district level. 2. Printing and distribution of the guideline.				1. BKKBN, 2. MOH,	1. Provincial BKKBN 2. BPJS 3. Professional organizations 4. Private Medical Association	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.1.4	Strengthening cross-sector collaborations									
3.1.4.1	Review the MoU signed by relevant ministries (i.e., MOH, Ministry of Religious Affairs, Ministry of Home Affairs, etc.), to promote, expand, and sustain the family planning program, and update as needed.	1. Meetings with various stakeholders. 2. Development and signing of the updated MOU,	1. Meetings with various stakeholders.	1. Meetings with various stakeholders.				1. BKKBN	1. BAPPENAS 2. MOH 3. BPJS 4. Min of Home Affairs 5. Min of Women Empowerment and Child Protection 6. Min of Religious Affairs 7. Min of Social Affairs 8. Ministry of Information	2017 2018 2019
3.1.5	Capacity development									
3.1.5.1	Enhance the capacity of provincial BKKBN staff to undertake analysis of district level budgets for family planning from various sources, annually, to ensure allocation of funds are adequate according to the minimum standards.	1. Consultant to review the existing guideline on analysis of district level budgeting for FP. 2. Stakeholder meetings/ workshops to provide inputs for the guideline. 3. Printing and distribution of the guideline. 4. Socialization at the central level.	1. Orientation or training at the provincial level. 2. Printing and distribution of the guideline.	1. Orientation/training at the district level. 2. Printing and distribution of the guideline.				1. BKKBN	1. Provincial BKKBN 2. SKPD KB	2017 2018 2019
Output 3.2: Strengthened coordination between MOH at the central, provincial and district levels to increase the health system's contribution to family planning at appropriate points in the reproductive cycle.										
3.2.1	Based on the MoU signed with MoH for strengthening the health system's contribution to family planning:									
3.2.1.1	Review and revise the current standards and guideline for integrated family planning services	1. Recruit a consultant to facilitate the review 2. Workshops with representatives from selected provinces and districts to obtain inputs and achieve an agreement on the standards and guideline 3. Development and signing of the MoU 4. Printing and distribution of the standards and guideline	1. Stakeholder meetings to socialize the standards and guideline at the provincial level 2. Distribution of the standards and guideline	1. Stakeholder meetings to socialize the standards and guideline at the district level 2. Distribution of the standards and guideline				1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4. Development partners	2017 2018

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.2.1.2	Review and update the family planning services standards under the leadership of MOH in collaboration with professional organizations to ensure that there are no health system barriers as well as proper integration with other health services across the continuum of reproductive healthcare (linked to Output 1.6)	1. Consultant to review current FP services standards (including counseling procedures, referrals, follow-up, STI/ HIV screening, and dual protection) 2. Stakeholder meetings between MOH (Binkesmas, BUK), BKKBN and profesional organizations to review current FP services standards 3. Workshops with professional organizations and representatives from the selected provinces and districts to obtain inputs and reach an agreement on FP services standards 4. Printing and distribution of the standards	1. Workshops to socialize the FP services standards at the provincial level 2. Stakeholder meetings at the provincial level 3. Distribution of the standards	1. Socialization of FP services standards at the district level 2. Stakeholder meetings at the district level 3. Distribution of the standards to the health facilities				1. MOH	1. BKKBN 2. BPJS 3. Professional organizations 4. Provincial BKKBN 5. SKPD KB 6. PHO 7. DHO	2017 2018
3.2.1.3	Development of the family planning training certification mechanism, integrated management information system (MIS), commodity security, and supervision (linked to Outputs 1.5, 1.3)	1. Meetings between MOH and BKKBN to review and develop FP training certification, integrated management information system, commodity security, and supervison. 2. Consultant to develop a training certification mechanism, commodity security, and supervision 3. Workshops with provincial and district representatives to obtain inputs and reach an agreement on the standards and guideline inviting provincial and districts	1. Socialization at the provincial level	1. Socialization at the district level				1. MOH 2. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO 5. Professional organizations 6. Development partners	2017 2018

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.2.2	Development of a strategy to strengthen post-partum and post-abortion family planning.	1. Consultant to review and update existing guidelines on post-natal and post-abortion family planning 2. Meetings/workshops to discuss, review and revise the guideline 3. Printing and distribution of the guideline	1. Socialization at the provincial level 2. Distribution of the guideline	1. Socialization at the district level 2. Distribution of the guideline			1. Socialization at the health facility level 2. Distribution of the guideline	1. MOH	1. BKKBN 2. PHO 3. DHO 4. Professional organizations	2017 2018
3.2.3	Development of accreditation criteria for family planning facilities in the public and private sectors - developed for eligibility for registration under BPJS (linked to Outputs 1.1, 1.2)	1. Stakeholder meetings/ workshops to review and strengthen the current accreditation standards for the public and private sectors 2. Socialization of the updated accreditation standards at the central level	1. Socialization of the updated accreditation standards at the provincial level	1. Socialization of the updated accreditation standards at the district level			1. Socialization of the updated accreditation standards at the health facility level	1. MOH	1. PHO 2. DHO 3. Professional organizations 4. Asosiasi pelayanan kesehatan swasta	2017
3.2.4	Coordination between SKPD KB and DHO on the district-level family planning training since the planning stage.	1. Coordination meetings at central level between BKKBN and MOH	1. Coordination meetings at the provincial level between PHO and provincial BKKBN	1. Coordination meetings at the district level between DHO and SKPD-KB				1. BKKBN 2. MOH	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
3.2.5	Planning of routine joint supervisory visits by PLKB and midwive coordinators, and create an enabling environment, such as approval of the activity by DHO, allocation of adequate funds for travel, etc.	1. Routine meetings 2. Operational cost for joint supportive supervision	1. Routine meetings 2. Operational cost for joint supportive supervision	1. Regular meeting 2. Operational cost for joint supportive supervision			1. Routine meetings 2. Operational cost for joint supportive supervision	1. MOH 2. BKKBN	1. PHO 2. DHO 3. Provincial BKKBN 4. SKPD KB	2017 2018 2019
Output 3.3: Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.										
3.3.1	Review of the current roles and responsibilities of the DHO and SKPD KB to identify potential areas of collaboration.	1. Consultant to review the job description of family planning personnel at the DHO and SKPD KB to identify potential areas of collaboratuion 2. Stakeholders meetings 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN 2. MOH	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO 5. BAPPEDA	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.3.2	Enhancing the capacity of the SKPD-KB and District Health Offices Directors in:									
3.3.2.1	Planning and developing workplans, analyzing budgets, and advocating to increase financial and human resources for the family planning program.	1. Consultant to develop the planning guideline for the family planning program 2. Meetings/workshops to discuss, review and revise the guideline 3. Printing and distribution of the guideline	1. Distribution of the guideline 2. Socialization at the provincial level	1. Distribution of the guideline 2. Socialization at the district level				1. BKKBN	1. Provincial BKKBN 2. SKPD KB 3. PHO 4. DHO 5. BAPPEDA	2017 2018 2019
3.3.2.2	Advocating to religious leaders, community leaders and women's groups to discuss the importance of family planning for socio-economic development and the importance of adequate allocation for services and operational budget.	1. Consultant to develop advocacy materials on family planning for religious leaders, community leaders and women's groups 2. Meetings/workshops to discuss, review and revise the guideline 3. Printing and distribution of the guideline	1. Distribution of the guideline 2. Socialization at the provincial level	1. Distribution of the guideline 2. Socialization at the district level				1. BKKBN 2. Min of Religious Affairs	1. MOH 2. PHO 3. DHO 4. SKPD KB 5. NGO 6. Min of Home Affairs	2017 2018 2019
3.3.2.3	Establishing QA/QI mechanisms (linked to Output 1.6).	1. Review QA system for FP (consultant) 2. Stakeholder meetings between MOH (Binkesmas, BUK), BKKBN and profesional organizations to review the QA system for FP 3. Workshops to obtain inputs and reach an agreement on the QA system for FP 4. Printing and distribution 5. Socializatio at the central level	1. Socialization of the QA system for FP at the provincial level 2. Stakeholder meetings at the provincial level 3. Printing and distribution	1. Socialization of the QA system for FP at the district level 2. Stakeholder meetings at the district level 3. Printing and distribution			1. Socialization of the QA system for FP at the health facility level	1. MOH	1. BKKBN 2. Provincial BKKBN 3. SKPD KB 4. PHO 5. DHO	2017 2018
3.3.3	Monitoring the implementation of minimum standards.	1. Development of tools to monitor the minimum standards 2. Stakeholder meetings at the central level to monitor the minimum standards	1. Stakeholder meetings at the provincial level to monitor the minimum standards	1. Stakeholder meetings at the district level to monitor the minimum standards				1. BKKBN 2. MOH	1. BKKBN 2. Provincial BKKBN 3. SKPD KB 4. PHO 5. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.3.4	Support the SKPD-KB and District Health Office Directors to hold routine meetings with religious leaders, community leaders and women's groups for advocacy.	1. Routine meetings 2. Joint supportive supervision	1. Routine meetings 2. Joint supportive supervision	1. Routine meetings 2. Joint supportive supervision			1. Routine meetings at the health facility level	1. BKKBN 2. MOH	1. BKKBN 2. Provincial BKKBN 3. SKPD KB 4. PHO 5.DHO	2017 2018 2019
Output 3.4: Enhanced capacity for evidence-based advocacy at all levels of the government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources										
3.4.1.	Developing a district comprehensive strategy for family planning advocacy (based on the national strategy) with a road map to implement the strategy at all levels, including the community level, and a checklist for monitoring the implementation of the strategy.	1. Stakeholder meetings at the central level 2. Consultant to develop the comprehensive strategy on family planning advocacy 3. Workshops at the central level on comprehensive strategy for family planning advocacy	1. Stakeholder meetings at the provincial level 2. Workshops at the provincial level on comprehensive strategy for family planning advocacy	1. Stakeholder meetings at the district level 2. Workshops at the district level on comprehensive strategy for family planning advocacy				1. BKKBN	1. BAPPENAS 2. MOH 3. Min of women empowerment and child protection 4. PHO 5. DHO 6. Provincial BKKBN 7. SKPD KB	2017 2018 2019
3.4.2.	Developing training materials for media personnel and parliamentarians to advocate for family planning.	1. Consultant to develop advocacy materials for parliementarians 2. Printing and distribution of the guideline 3. Advocacy meeting at the central level	1. Advocacy meetings at the provincial level	1. Advocacy meetings at the district level				1. BKKBN	1. MOH 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB	2017 2018 2019
3.4.3.	Monitoring the implementation of advocacy efforts.	1.Development of tools to monitor minimum standards 2. Stakeholder meetings at the central level 3. Implementation of joint monitoring	1. Stakeholder meetings at the provincial level 2. Implementation of joint monitoring	1. Stakeholder meetings at the district level 2. Implementation of joint monitoring				1. BKKBN	1. MOH 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
Output 3.5: Strengthened capacity for evidence-based policies that can improve the effectiveness of the family planning programme while ensuring equity and sustainability.										
3.5.1.	Undertaking province-specific studies on the contribution of family planning towards socio-economic development and achievement of the development goals.	1. Consultant/research institution to conduct province-specific studies on the contribution of family planning towards socio-economic development and achievement of development goals 2. Meetings/workshops to discuss and review the findings of the study 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN	1. MOH 2. BPJS 3. BAPPENAS 4. Research institutions 5. Professional organizations 6. Development partners	2017 2018 2019
3.5.2	Supporting district family planning officials on yearly analysis of budget allocation for family planning services, particularly for tracking operational budgets.	1. National planning and analysis workshops	1. Provincial planning and analysis workshops	1. District planning and analysis workshops				1. BKKBN	1. MOH 2. BPJS 3. BAPPENAS	2017 2018 2019
3.5.3	Development of local human resource policies that support effective, equitable and sustainable programming. Some examples include: job description and selection of SKPD KB Director, equitable distribution of midwives, rotation policies, appropriate matching of jobs with qualifications, performance-based incentives for health workers, etc. A new policy that needs to be developed includes the job description, recruitment mechanism, distribution (at what level of district organization), monitoring performance of PLKBs, etc.	1. Consultant to develop human resources policy for family planning 2. Stakeholder meetings to discuss and plan human resources policy	1. Stakeholder meetings to discuss and plan human resource policy at the province level	1. Stakeholder meetings to discuss and plan human resource policy at the district level				1. BKKBN	1. MOH 2. BPJS 3. BAPPENAS 4. Research institutions 5. Professional organizations 6.PHO 7. DHO	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
3.5.4	Review transportation cost for clients who are seeking sterilization services but do not live in close proximity to a hospital (linked to output 1.1 and Strategic Objective 4).	1. Meetings to review transportation allowance for clients that use permanent contraceptive methods	1. Allocation of transportation allowance for clients that use permanent contraceptive methods at the provincial level	1. Allocation of transportation allowance for clients that use long-acting contraceptive methods at the district level				1. BKKBN	1. MOH 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB 6. NGO	2017 2018 2019
3.5.5	Orientation of District Heads/ Mayors and parliamentarians about the importance of family planning in improving maternal health and socio-economic development and the need for adequate budget allocation for services and programme management	1. Consultant to develop advocacy materials for parliementarians 2. Printing and distribution of the guideline 3. Advocacy meetings at the central level	1. Advocacy meetings at the provincial level	1. Advocacy meetings at the district level				1. BKKBN	1. MOH 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB 6. NGO	2017 2018 2019
3.5.6	Enhancing the capacity of BAPPEDA to include family planning in local plans.	1. Consultant to develop advocacy materials and tools for BAPPEDA to ensure the inclusion of family planning in local plans 2. Printing and distribution of the guideline 3. Trainings at the central level	1. Trainings at the provincial level	1. Trainings at the district level				1. BKKBN	1. MOH 2. PHO 3. DHO 4. Provincial BKKBN 5. SKPD KB 6. NGO	2017 2018 2019
Output 3.6: Functional accountability systems in place that involve civil society										
3.6.1	Building the capacity of women's groups (rights and empowerment groups) and other civil society organizations to be 'watchdogs' and monitor violation of the client rights, adolescent access to services, etc. (linked to Output 1.6).	1. Consultant to develop tools for women's group and civil society organizations to monitor violation of clients rights and adolescent access to services 2. Printing and distribution of the guideline 3. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level		1. Capacity building at the community level		1. BKKBN	1. MOH 2. BAPPENAS 3. BAPPEDA 4. NGO 5. Development partners	2017 2018 2019
3.6.2	Establishment of new committees at the *puskesmas* and hospitals and building their capacity to ensure that client rights are protected.	1. Stakeholder meetings at the central level	1. Stakeholder meetings at the provincial level	1. Stakeholder meetings at the district level 2. Establishment of committees at the *puskesmas*	1. Routine meeting at the community level	1. Routine meeting at the community level	1. Routine meeting at the health facility	1. MOH 2. BKKBN	1. BAPPENAS 2. BAPPEDA 3. NGO 4. Development partners	2017 2018 2019

No	Activities	Central	Provincial	District	Village	Community	Health facility	Lead institution	Stakeholders	Timeline
Output 4.1: Best practices and models are available for promoting South-South Cooperation										
4.1.1	Evaluation and documentation of domestic FP program innovations (including donor assisted projects) for replicability.	1. Evaluation of FP program innovations and documentation of best practices (consultant) 2.Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN 2. MOH 3. BAPPENAS	1. BPJS 2. Min of Human Development and Culture 3. Research institutions 4. Professional organizations 5. Ministry of Home Affairs 6. BAPPEDA	2018
4.1.2	Identification of models for replication and promotion under South-South Cooperation.	1. Consultant for identification of models for promotion under South-South cooperation 2. Socialization at the central level	1. Socialization at the provincial level	1. Socialization at the district level				1. BKKBN 2. MOH 3. BAPPENAS	1. BPJS 2. Min of Human Development and Culture 3. Research institutions 4. Professional organizations 5. Ministry of Home Affairs 6. BAPPEDA	2018 2019
Output 4.2: Operations research for improving efficiency and effectiveness of family planning programmes										
4.2.1	Undertaking operations research to improve efficiency and effectiveness of the family planning program and conducting evaluations of the same.	1. Research institution to conduct operations research in order to improve the efficieny and effectiveness of the family planning program. 2. Consultant to conduct an evaluation. 3. Socialization of the findings of the operations research at the central level.	1. Socialization at the provincial level.	1. Socialization at the district level.				1. BKKBN 2. MOH	1. BPJS 2. Research institutions 3. Professional organizations	2018
4.2.2	Identification of operations research that are effective to be promot ed under South-South Cooperation.	1 .Stakeholder meetings to identify potential topics for operations research for promotion under South-South Cooperation.						1. BKKBN 2. MOH	1. BPJS 2. Research institutions 3. Professional organizations	2018

INDONESIA

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

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