A Right-based Strategy for Accelerating Access to integrated Family Planning and Reproductive Health Service to Achieve Indonesia's Development Goals

COSTED IMPLEMENTATION PLAN (2017-2019)

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I. Executive Summary

Indonesia's Rights-based National Family Planning Strategy (2017-2019) integrates and builds on existing government plans with the objective of accelerating the achievement of national development goals including Indonesia's FP2020 target. In order to implement this strategy, a road map was developed that outlines effective, efficient and actionable interventions/activities to be implemented over the course of the next three years (2017-2019). This report presents the results of a costing exercise done in early 2017 to estimate resource requirements for that road map.

Resources included in this study fall into two main categories – contraceptive commodities and supplies needed to reach a contraceptive prevalence rate of 66% by 2019 as well as resources required to implement the specific interventions and activities as outlined in the 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.

Contraceptive commodity needs were projected starting in 2017 through the year 2019 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.

Total costs for the plan over the three-year period were estimated to be just under 12 Trillion Indonesian Rupiahs (IDR) or $910 Million US$ at an exchange rate of IDR 13,500/US$. Two-thirds of those costs were projected to be incurred for improved service delivery, about 13% for demand creation, 10% for enhanced governance and about 1% for knowledge sharing. The following graphs and tables show the data in some more detail.

Figure 1. Total Cost by Strategic Outcome

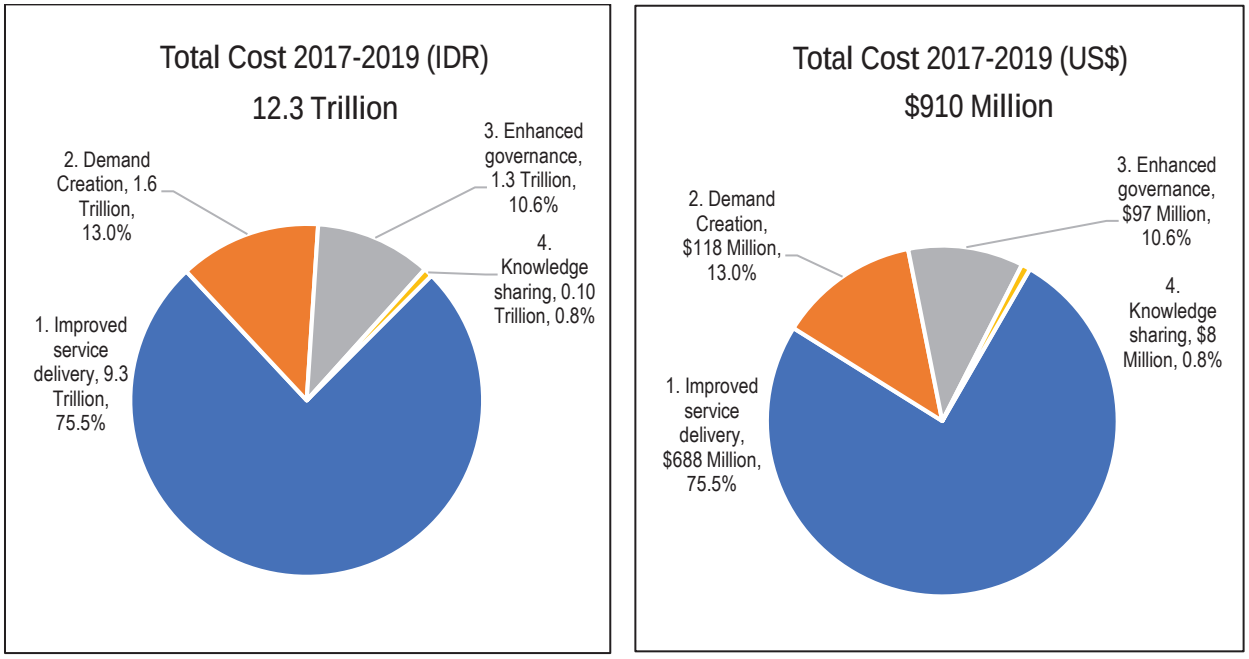
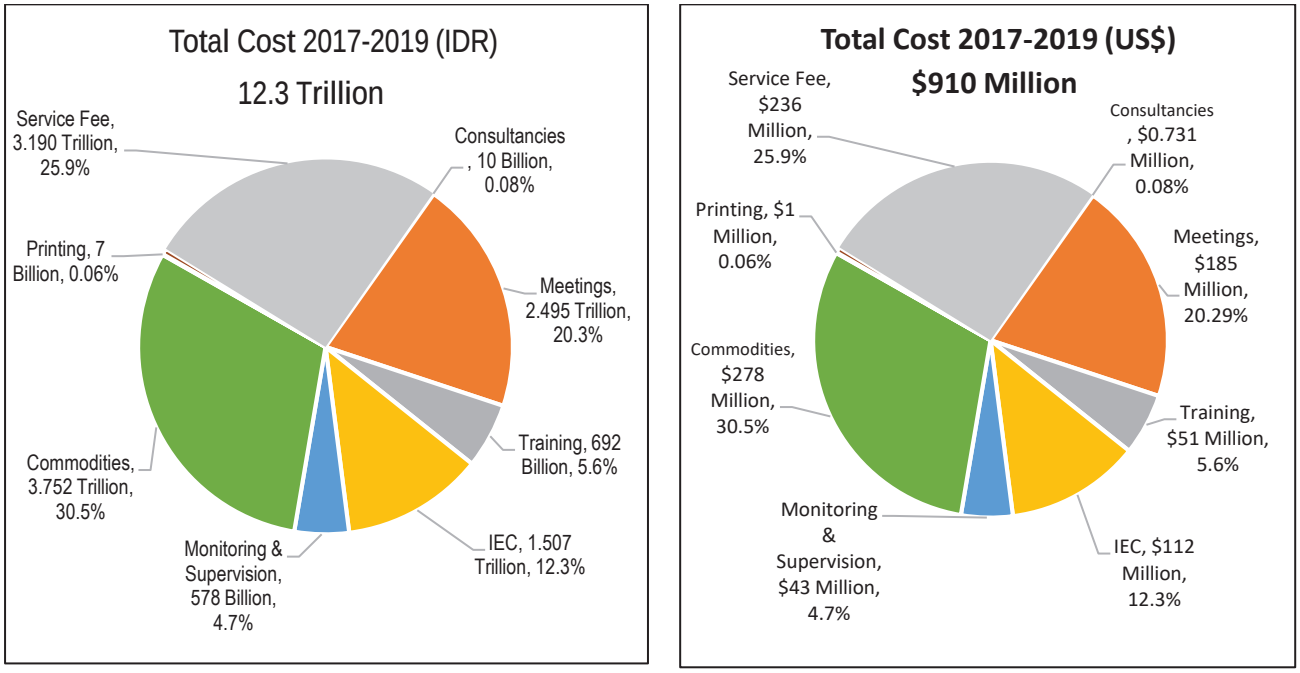


Table 1. Total Cost by Strategic Outcome

Strategic Outcome	Cost (IDR)	Cost US$	%
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.	9.3 Trillion	688 Million	75.5%
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use.	1.6 Trillion	118 Million	13%
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 goal	1.3 Trillion	97 Million	10.8%
Strategic Outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation	102 Billion	8 Million	0.8%
Total	**12.3 Trillion**	**910 Million**	**100%**

About 25.9% of total projected expenditures were for cost services, 30.5% for commodities, 20.3% for meetings and workshops, 12.3% for IEC/BCC activities, 5.6% for training, and 4.7% for supervision.

Figure 2. Total Cost by Activity



The costs of the plan are comparable to other countries' costed FP2020 implementation plans. The average annual cost per woman of reproductive age is $2.75, in line with the $2 to $5 costs estimated for other countries. Unlike some of the other plans, the Indonesian estimate does not include health staff salaries.

The following table shows total resource requirements by outcome and output.

Table 2. Indonesia Costed Implementation Plan 2017-2019 - Summary by Output

	Output	Cost (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.	3.815 Trillion	$283 Million	31.0%
Output 1.2	Private sector resources harnessed for equitable access to quality family planning services with attention to client rights.	123 Billion	$9 Million	1.0%
Output 1.3	Improved contraceptive commodity security system	4.152 Trillion	$308 Million	33.8%
Output 1.4	Improved capacity of human resources to deliver quality family planning services	718 Billion	$53 Million	5.8%
Output 1.5	Strengthened management information system for ensuring quality, completeness and alignment integration with the health system.	308 Billion	$23 Million	2.5%
Output 1.6	Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.	167 Bilion	$12 Million	1.4%
TOTAL Outcome 1:		**9.3 Trillion**	**$688 Million**	**75.5%**
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use.				
Output 2.1	Availability of a BCC strategy	914 Billion	$68 Million	7.4%
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.	504 Billion	$37 Million	4.1%
Output 2.3	Increased community's knowledge and understanding about family planning program	177 Million	$13 Million	1.4%
TOTAL Outcome 2:		**1.5 Trillion**	**$118 Juta**	**13.0%**
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 Billion	$37 Million	4.0%
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 Billion	$25 Million	2.8%
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 Billion	$17 Million	1.9%
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.	112 Billion	$8 Million	0.9%
Output 3.5	Strengthened capacity for evidence-based policies that can improve the	86 Billion	$6 Million	0.7%

	Output	Cost (IDR)	(Cost (US$)	% of Total
	effectiveness of the family planning programme while ensuring equity and sustainability.			
Output 3.6	Functional accountability systems in place that involve civil society	31 Billion	$3 Million	0.3%
TOTAL Outcome 3:		**1.3 Trilllion**	**$97** Million	**10.6%**
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 Billion	$5.2 Million	0.6%
Output 4.2	Operations research for improving efficiency and effectiveness of family planning programmes are applied, evaluated and scaled up as indicated.	31 Billion	$2.3 Million	0.3%
TOTAL Outcome 4:		**101.8 Billion**	**$7.5 Million**	**0.8%**
OVERALL TOTAL		**12.3 Trilion**	**$910 Million**	**100.0%**

II. Background

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. The objective of FP2020 is to enable 120 million additional women and girls to use contraceptives by the year 2020. To achieve this goal, governments, civil society, multi-lateral organizations, donors, the private sector, and the research and development community are working together to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies.

At the 2012 FP2020 summit in London, Indonesia pledged its commitment to the FP2020 goals. It established a FP2020 Indonesia Country committee, chaired by Indonesia's National Family Planning Coordinating Board (BKKBN) and co-chaired by UNFPA and initially USAID (replaced in 2017 by CIDP Canada), and supported by smaller working groups, namely the 1) Family Planning Strategy Working Group, 2) Rights & Empowerment Working Group, and 3) Data Working Group. Over the last years, the FP Strategy Working Group developed a framework for a rights-based national FP strategy that built on existing documents (the Indonesia Middle-Term Development Plan/RPJMN, BKKBN Strategic Planning and MoH Strategic Planning) to serve as a reference and guidance for the different government programs and sectors as well as Indonesian non-government organizations (NGOs) and the private sector.

The rights-based FP Strategy identified the need to re-focus and reposition the national FP program, and provided overall guidance on strengthening it. Based on this strategy, Indonesia has developed a concrete implementation road map that outlines effective, efficient and actionable interventions/activities and identifies timelines and sets benchmarks to be used by the MoH and development partners to monitor and support the national FP programme. This document is meant to accompany that road map, outlining the cost of this endeavor.

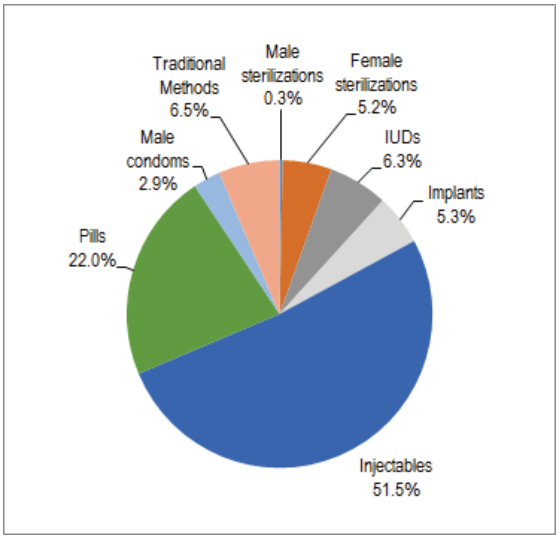
III. Methodology, Assumptions and Sources

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.

Contraceptive commodity needs were projected starting in 2016 through the year 2019 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.

A. Contraceptive Commodities

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.



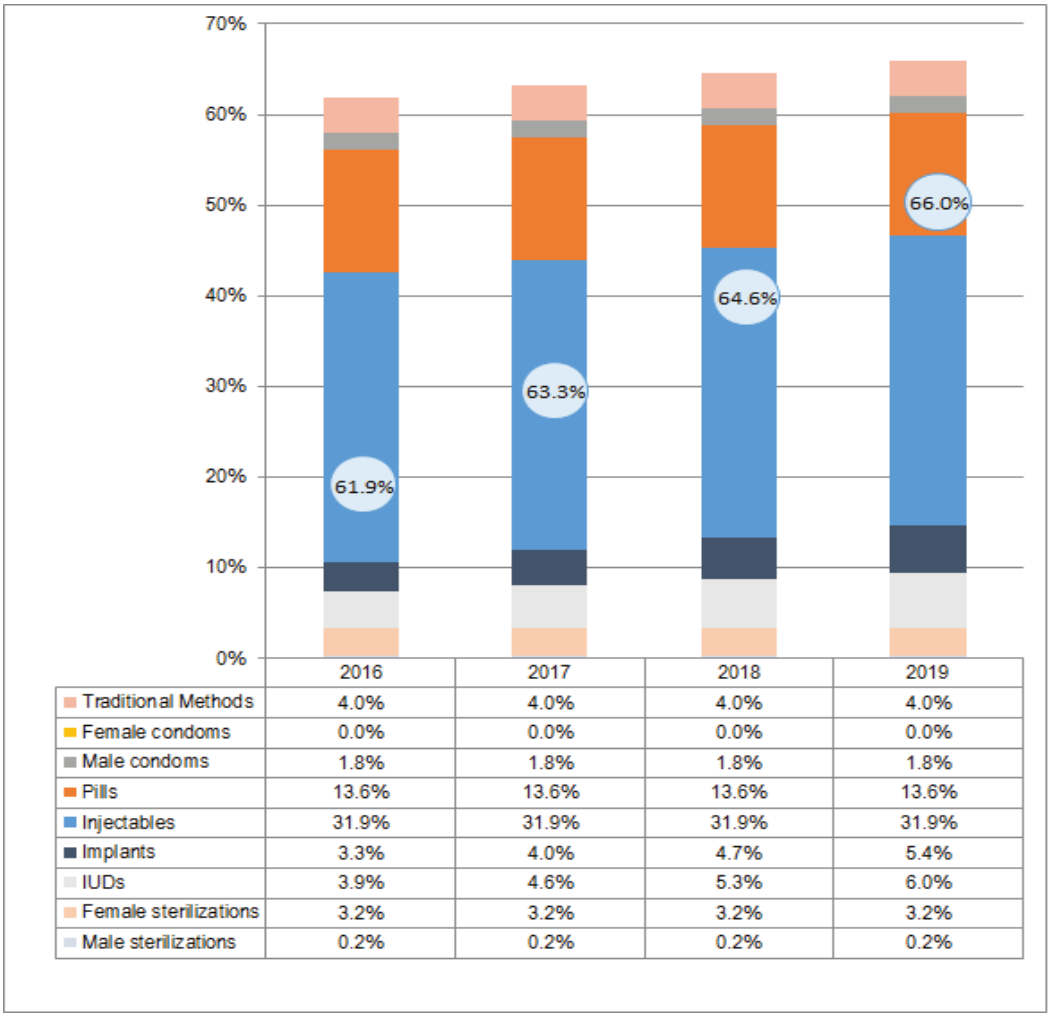
The following table shows the specific assumptions used in the calculations as well as their sources.

Table 3. 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 Statistic Agency (BPS) Projection of Indonesia Population by Province, 2010-2035 (in thousand) Projection of population by province 2010-2035 (thousand) 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 graph shows the percentage of married women in Indonesia projected to use the different contraceptive methods over the 2016-2019 period.

Figure 3: Percentage of Married Women Using Different Methods



	2016	2017	2018	2019
Traditional Methods	4.0%	4.0%	4.0%	4.0%
Female condoms	0.0%	0.0%	0.0%	0.0%
Male condoms	1.8%	1.8%	1.8%	1.8%
Pills	13.6%	13.6%	13.6%	13.6%
Injectables	31.9%	31.9%	31.9%	31.9%
Implants	3.3%	4.0%	4.7%	5.4%
IUDs	3.9%	4.6%	5.3%	6.0%
Female sterilizations	3.2%	3.2%	3.2%	3.2%
Male sterilizations	0.2%	0.2%	0.2%	0.2%

B. Activity Costing

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.

Cost of FP Service

Ministry of Health decree No. 59 of 2014 and Ministry of Health decree No. 52 of 2016 on Health Service Tariff Standards in the Implementation of Health Insurance Program explains that obstetry, neonatal and family planning services performed by midwives or doctors are stipulated as follows:

Table 4. Standar of Tarif for Service Cost of Obstetry, Neonatal, and Family Planning

Service cost of obstetry, neonatal, and family planning	MoH decree No. 59/ 2014 (date: 12 Sep 2014)	MoH decree no. 52/ 2016 (date: 26 Okt 2016)
ANC control	200,000	200,000
Normal vaginal delivery	600,000	700,000/800,000
Vaginal delivery with basic emergency service	750,000	950,000
PNC / neonatal control	25,000	25,000
Postpartum care services	175,000	175,000
Pre-referral services for obstetric and neonatal complications	125,000	125,000
Installation / removal of IUD / implant	100,000	100,000
Services injectables for FP	15,000	15,000
Treatment of complications KB	125,000	125,000
MOP / Vasectomy Services	350,000	350,000
Jenis Pelayanan	Permenkes 69/ 2013 dan INA-CBG 2013	
Pill in PHC	15,000	
Condom in PHC	15,000	
Pill in Hospital	167,500	
condom in Hospital	167,500	
Inject services in Hospital	167,500	
Implant services in Hospital	172,600	
IUD services in Hospital	372,400	
MOW service in Hospital	816,500	

Additional services in MOH regulations No. 69/2013 and INA-CBG 2013 are extracted from contraceptive service research reports in the JKN-era health service system (Wilopo, 2013) which will then be assumed to increase by 5% per year for hospital services because PHC services tend to remain of both MOH regulations tariff standards, except for delivery services. However, in this report will focus in PHC services with reference to MOH regulation No.52 / 2016. Several assumptions used such as:

1. Active FP and new family planning participants for regular injections receive service every 3 months because that is coverage by JKN is injection for 3 months
2. All FP services are claimed through non-capitation mechanism
3. The FP average increase utilization is 0.5% per year
4. Estimated services can be higher because not all family planning services are calculated in estimation costing.

Unit Costs

The following tables shows the most common unit costs such as per diems, travel allowances, etc. used as well as the sources of these unit costs.

Table 5. Unit Costs Used in the Costing of Activities Contained in the CIP

Item	Unit Cost (IDR)	Unit Cost (US$)	Comment	Source/Comment
Consultant	1,700,000	$125.93	per day	MOF No. 33/PMK.02/2016 about General Standard Cost
Refreshments (Province/District)	63,000	$4.67	Per person per day	MOF No. 33/PMK.02/2016 about General Standard Cost
Refreshments (Central)	100,000	$7.41	Per person per day	MOF No. 33/PMK.02/2016 about General Standard Cost
ATK (pen, stationary, photocopies) - Meeting	20,000	$1.48	Per person	MOF No. 33/PMK.02/2016 about General Standard Cost
ATK (pen, stationary, photocopies) - Training	35,000	$2.59	Per person	MOF No. 33/PMK.02/2016 about General Standard Cost, MOH Activities
Clinical Training Supplies	500,000	$37.04		MOF No. 33/PMK.02/2016 about General Standard Cost, MOH Activities
Local transport (Province/District)	150,000	$11.11		District Budget Document (Malang Distric, 2017), MOH Activities
Local transport (Central)	150,000	$11.11		MOF No. 33/PMK.02/2016 about General Standard Cost, MOH Activities
Room rental (district)	2,500,000	$185.19		MOF No. 33/PMK.02/2016 about , Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu, Perbup No 63 Th 2016 ttg Standar Satuan Harga di Lingkungan Kab. Cilacap Tahun 2017
Room rental (central)	2,500,000	$185.19		MOF No. 33/PMK.02/2016 about General Standard Cost, MOH Activities
Meeting package (Central, high level)	500,000	$37.04	per person	MOF No. 33/PMK.02/2016 about General Standard Cost, includes meeting room, lunch and 2x refreshments
Meeting package (Central, regular)	330,000	$24.44	per person	MOF No. 33/PMK.02/2016 about General Standard Cost, includes meeting room, lunch and 2x refreshments
Meeting package full board (Central, regular)	715,000	$52.96	per person	MOF No. 33/PMK.02/2016 about General Standard Cost, includes meeting room, lunch, 2x refreshments + dinner
Meeting package (Province)	250,000	$18.52	per person	MOF No. 33/PMK.02/2016 about General Standard Cost, includes meeting room, lunch and 2x refreshments
Meeting package (District)	150,000	$11.11	per person	MOF No. 33/PMK.02/2016 about General Standard Cost, Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu, Perbup No 63 Th 2016 ttg Standar Satuan Harga di Lingkungan Kab. Cilacap Tahun 2017, includes meeting room, lunch and 2x refreshments
Honorarium Keynote Speaker (Central)	1,100,000	$81.48	per appearance	MOF No. 33/PMK.02/2016, for Echelon 1, MOH Activities
Honorarium Keynote Speaker (Province)	1,000,000	$74.07	per appearance	MOF No. 33/PMK.02/2016, for Echelon 1, MOH Activities
Honorarium Keynote Speaker (District)	500,000	$37.04	per appearance	MOF No. 33/PMK.02/2016, Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu, Perbup No 63 Th 2016 ttg Standar Satuan Harga di Lingkungan Kab. Cilacap Tahun 2017
Honorarium Moderator	700,000	$51.85	per activity	MOF No. 33/PMK.02/2016 about General Standard Cost
Honorarium Facilitator/Trainer (Session)	300,000	$22.22	per session (45 min)	MOF No. 33/PMK.02/2016 about General Standard Cost
Honorarium Resource Person (Session)	600,000	$44.44	per session (45 min)	MOF No. 33/PMK.02/2016 about General Standard Cost
Honorarium Master Trainer (Session)	1,000,000	$74.07	per session (45 min)	MOF No. 33/PMK.02/2016 about General Standard Cost
Notetaker	300,000	$22.22		MOF No. 33/PMK.02/2016 about General Standard Cost

Item	Unit Cost (IDR)	Unit Cost (US$)	Comment	Source/Comment
DSA (Central)	980,000	$72.59		MOF No. 33/PMK.02/2016 about General Standard Cost
DSA (Province)	980,000	$72.59		MOF No. 33/PMK.02/2016 about General Standard Cost
DSA (District)	980,000	$72.59		MOF No. 33/PMK.02/2016, Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu, Perbup No 63 Th 2016 ttg Standar Satuan Harga di Lingkungan Kab. Cilacap Tahun 2017
DSA Food only (District)	100,000	$7.41		Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu
Per Diem (Full Board, City)	115,000	$8.52		MOF No. 33/PMK.02/2016 about General Standard Cost
Flight ticket (Central to Province)	4,000,000	$296.30	average	MOF No. 33/PMK.02/2016 about General Standard Cost
Flight ticket (within province)	1,000,000	$74.07		MOF No. 33/PMK.02/2016 about General Standard Cost
Terminal	330,000	$24.44		MOF No. 33/PMK.02/2016 about General Standard Cost
Car rental	700,000	$51.85	per day	MOF No. 33/PMK.02/2016, Perwal No 960 Th 2015 ttg Standar Biaya 2016 Kota Palu, Perbup No 63 Th 2016 ttg Standar Satuan Harga di Lingkungan Kab. Cilacap Tahun 2017
Printing + Distribution Cost	675	$0.05	per page	MOF No. 33/PMK.02/2016 about General Standard Cost
Design Cost	6,750	$0.50	per page	MOF No. 33/PMK.02/2016 about General Standard Cost
Travel Province to District	370,000	$27.41		MOF No. 33/PMK.02/2016 about General Standard Cost
Gasoline cost (per km)	1,000	$0.07	per km	Assuming fuel efficiency of 10 km per liter
Meeting 1	4,890,000	$362		See Detailed Cost Calculations
Meeting 2	7,500,000	$556		See Detailed Cost Calculations
Meeting 3	28,920,000	$2,142		See Detailed Cost Calculations
Meeting 4	8,100,000	$600		See Detailed Cost Calculations
Meeting 5	21,180,000	$1,569		See Detailed Cost Calculations
Meeting 6	37,700,000	$2,793		See Detailed Cost Calculations
Meeting 7	220,700,000	$16,348		See Detailed Cost Calculations
Training 1	51,425,000	$3,809		See Detailed Cost Calculations
Training 2	68,185,000	$5,051		See Detailed Cost Calculations
Training 3	43,905,000	$3,252		See Detailed Cost Calculations
Training 4	159,625,000	$11,824		See Detailed Cost Calculations
Training 5	46,425,000	$3,439		See Detailed Cost Calculations
Supervisory Visit 1	27,640,000	$2,047		See Detailed Cost Calculations
Supervisory Visit 2	13,960,000	$1,034		See Detailed Cost Calculations
Supervisory Visit 3	1,350,000	$100		See Detailed Cost Calculations
Printing + Distribution Cost	675	$0.05	per page	MOF No. 33/PMK.02/2016, MOH activities 2017
Design	6,750	$0.50	per page	MOF No. 33/PMK.02/2016, MOH activities 2017
National -level media campaign:	4,000,000,000	$296,296		
Province-level media campaign:	1,000,000,000	$74,074		
Village-level media campaign:	100,000,000	$7,407		

Flight Costs between Central and Province Level

Average flight costs between Jakarta and the provinces were based on 2016 regulations by the Ministry of Finance. The different flight costs were averaged to yield an average flight cost of IDR 4.1 million, which was used for all the projections.

Table 6. Airplane Tickets From Jakarta to Some Districts

Destination	IDR	US$
Ambon	7,081,000	524.52
Balikpapan	3,797,000	281.26
Banda Aceh	4,492,000	332.74
Bandar Lampung	1,583,000	117.26
Banjarmasin	2,995,000	221.85
Batam	2,888,000	213.93
Bengkulu	2,621,000	194.15
Biak	7,519,000	556.96
Denpasar	3,262,000	241.63
Gorontalo	4,824,000	357.33
Jambi	2,460,000	182.22
Jayapura	8,193,000	606.89
Yogyakarta	2,268,000	168.00
Kendari	4,182,000	309.78
Kupang	5,081,000	376.37
Makassar	3,829,000	283.63
Malang	2,695,000	199.63
Mamuju	4,867,000	360.52
Manado	5,102,000	377.93
Manokwari	10,824,000	801.78
Mataram	3,230,000	239.26
Medan	3,808,000	282.07
Padang	2,952,000	218.67
Palangkaraya	2,984,000	221.04
Palembang	2,268,000	168.00
Palu	5,113,000	378.74
Pangkal Pinang	2,139,000	158.44
Pekanbaru	3,016,000	223.41
Pontianak	2,781,000	206.00
Semarang	2,182,000	161.63
Solo	2,342,000	173.48
Surabaya	2,674,000	198.07
Ternate	6,664,000	493.63
Timika	7,487,000	554.59

Source: MOF regulation No. 33/2016

Health Facilities and Health Staff

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

Table 7. Number of Provinces, Districts, Gov. Hospital, PHC, Posyandu and Health Staff

	Number	Source
Provinces	34	MOHA Distric Profile 2016
Districts	514	MOHA Distric 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 Distric Profile 2016
DHO	514	MOHA Distric 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

Source: MOH, BKKBN, BPS Indonesia, 2017

Meetings

Due to the large number of planned meetings (about 90,000 at central, province, district and facility level), meetings were not costed individually, but grouped into seven categories so they could be assigned an average cost each. The main factors identified as affecting meeting costs were

a) Will the meeting take place at one of the offices of the Ministry or BKKBN or at a hotel?
   This affects costs as holding a meeting at a hotel entails much higher costs (due to the need to pay for space rental and more expensive refreshment/lunch)
b) At what level will the meeting take place (central, province, district)?
   This mainly affects venue costs, transportation allowance, per diems, etc.
c) Are there any other items that incur significant costs?
   Examples here include participants from another part of the country (e.g., participants from the provinces flying to Jakarta to participate in a meeting, central-level experts/staff flying to the provinces to assist in sensitization meetings), meetings which require resource persons or moderators that need to be paid honorariums, etc.

The following table shows the main characteristics of the different meeting types.
Meetings 1-3 take place at district and province level, meetings 4-7 at central level.

Table 8. Meeting Types considered in the Costing

Meeting	Example	At what Level?	At Office or Hotel?	Significant Extra Expenditures?
Meeting 1:	Technical Working Group Meeting (District Office)	District/Province	Office	--
Meeting 2:	Technical Working Group Meeting (at Hotel)	District/Province	Hotel	--
Meeting 3:	Sensitization Meeting	Province	Hotel	2 participants from central level (travel +DSA)
Meeting 4:	Technical Working Group Meeting (Central-level Office)	Central	Office	--
Meeting 5:	Central-level workshop/stakeholder meeting at hotel	Central	Hotel	Honorarium for 4 resource persons
Meeting 6:	Central, larger, high-level meeting	Central	Hotel	Honorarium for 4 resource persons, more expensive hotel costs
Meeting 7:	Central-level meeting with large number of provincial participants	Central	Hotel	Large travel costs and DSA associated with participants from provinces

The followings shows the meeting cost assumptions in more detail.

Table 9. Meeting 1: Province-/District-Level Technical/Working Group Meeting (at Province/District Office)

Participants	30			
Days	1			
Keynote Speaker	0			
Resource Persons	0			
Moderator	0			
	Unit cost	**Units**	**Total cost IDR**	**US$**
Refreshments (Province/District)	63,000	30	1,890,000	
Local transport (Province/District)	150,000	20	3,000,000	
TOTAL			**4,890,000**	**$362**

Assumptions:

- Half- or full-day meeting
- Meeting assumed to take place at provincial or district office of MoH or BKKBN
- On average, 30 participants
- Every participant receives refreshments (IDR 25,000 each)
- Only MoH staff (assumed to be, on average, 20 out of the 30 participants) receive local transport payment

Table 10. Meeting 2: Province-/District Level Technical /Working Group Meeting (at Hotel)

Participants	30			
Days	1			
Keynote Speaker	0			
Resource Persons	0			
Moderator	0			
	Unit cost	**Units**	**Total costs IDR**	**US$**
Meeting package (District)	150,000	30	4,500,000	
Local transport (Province/District)	150,000	20	3,000,000	
TOTAL			**7,500,000**	**$556**

Assumptions:

- Full-day meeting
- On average, 30 participants
- Meeting assumed to take place at hotel (province- or district-level) at a cost of IDR 150,000 per participant (includes meeting room, lunch and refreshments in the morning and afternoon)
- Only MoH staff (assumed to be, on average, 20 out of the 30 participants) receive local transport payment

Table 11. Meeting 3: Province-Level Workshop/Sensitization Meeting (at Hotel)

Participants	30			
Days	1			
Keynote Speaker	1			
Resource Persons	2			
Moderator	1			
	Unit cost	**Units**	**Total cost IDR**	**US$**
Meeting package (Province)	250,000	34	8,500,000	
Honorarium Keynote Speaker (Province)	1,000,000	1	1,000,000	
Honorarium Resource Person (Session)	600,000	4	2,400,000	
Honorarium Moderator	700,000	1	700,000	
Flight ticket (Central to Province)	4,000,000	2	8,000,000	
Terminal	330,000	2	660,000	
DSA (Province)	980,000	2	1,960,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	30	600,000	
Local transport (Province/District)	150,000	34	5,100,000	
TOTAL			**28,920,000**	**$2,142**

Assumptions:

- Full-day meeting
- Meeting assumed to take place at a hotel at province-level at a cost of IDR 250,000 per participant (includes meeting room, lunch and refreshments in the morning and afternoon)
- On average, 30 participants + 1 keynote speaker, 1 moderator, 2 resource persons
- The 2 resource persons are assumed to come from the central level (they incur costs for their flight to the province, receive DSA for one day[1] (IDR 800,000 at province level) and terminal reimbursement of IDR 500,000. They also receive a honorarium for 2 sessions each.
- Of the local participants, only MoH staff (assumed to be, on average, 20 out of the 30 participants) receive local transport payment

Table 12. Meeting 4: Central Level Technical Meeting/Working Group Meeting (at BKKBN or MoH)

Participants	30			
Days	1			
Keynote Speaker	0			
Resource Persons	0			
Moderator	0			
Notetaker	0			
	Unit cost	**Units**	**Total cost IDR**	**US$**
Refreshments (Central)	100,000	30	3,000,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	30	600,000	
Local transport (Central)	150,000	30	4,500,000	
TOTAL			**8,100,000**	**$600**

Assumptions:

- Full-day meeting
- Meeting takes place at either the MoH or BKKBN offices
- On average, 30 participants
- Every participant receives refreshments (IDR 25,000 each)
- ATK (Photocopies, stationary, pen) per participant IDR 20,000
- Only MoH staff (assumed to be, on average, 20 out of the 30 participants) receive local transport payment

Table 13. Meeting 5: Central Level Workshop/Stakeholder Meeting (at Hotel)

Participants	30			
Days	1			
Keynote Speaker	1			
Resource Person	4			
Moderator	1			
	Unit cost	**Units**	**Total costs**	**US$**
Meeting package (Central, regular)	330,000	36	11,880,000	
Honorarium Keynote Speaker (Central)	1,100,000	1	1,100,000	
Honorarium Resource Person (Session)	600,000	4	2,400,000	
Honorarium Moderator	700,000	1	700,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	30	600,000	
Local transport (Central)	150,000	30	4,500,000	
TOTAL			**21,180,000**	**$1,569**

Assumptions:

- Full-day meeting
- Meeting takes place at a hotel in Jakarta at a cost of IDR 350,000 per participant (includes meeting room, lunch and refreshments in the morning and afternoon)
- On average, 30 participants + 1 moderator, 4 keynote speakers/resource persons
- 4 resource persons, each conducting one session
- ATK (Photocopies, stationary, pen) per participant IDR 20,000

[1] *It is assumed that it is possible for resource persons from Jakarta to fly to all the provinces, attend the meeting and fly back (except Papua) within 1 day.*

- Only MoH staff (assumed to be, on average, 20 out of the 30 participants) receives local transport payment

Table 14. Meeting 6: Central Level, High-level meeting (50 people, local participants)

Participants	50			
Days	1			
Keynote Speaker	1			
Resource Person	4			
Moderator	1			
	Unit cost	**Units**	**Total costs**	**US$**
Meeting package (Central, high level)	500,000	50	25,000,000	
Honorarium Keynote Speaker (Central)	1,100,000	1	1,100,000	
Honorarium Resource Person (Session)	600,000	4	2,400,000	
Honorarium Moderator	700,000	1	700,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	50	1,000,000	
Local transport (Central)	150,000	50	7,500,000	
TOTAL			**37,700,000**	**$2,793**

Assumptions:
- Full-day meeting
- Larger and higher-level meeting than Meeting 5
- Meeting takes place at a 4-star hotel in Jakarta at a cost of IDR 500,000 per participant (includes meeting room, lunch and refreshments in the morning and afternoon)
- On average, 50 participants + 1 moderator, 4 resource persons (all from Jakarta)
- ATK (Photocopies, stationary, pen) per participant IDR 20,000
- Only MoH staff (assumed to be, on average, half of the 50 participants) receive local transport payment

Table 15. Meeting 7: Central-level Meeting (50 participants, 34 from province)

Participants (Central)	16			
Participants (Province)	34			
Days	1			
Keynote Speaker	1			
Resource Person (Session)	3			
Moderator	1			
Notetaker	0			
	Unit cost	**Units**	**Total costs IDR**	**US$**
Meeting package (Central, high level)	500,000	50	25,000,000	
Honorarium Keynote Speaker (Central)	1,100,000	1	1,100,000	
Honorarium Resource Person (Session)	600,000	3	1,800,000	
Honorarium Moderator	700,000	1	700,000	
Flight ticket (Central to Province)	4,000,000	30	120,000,000	
Terminal	330,000	30	9,900,000	
DSA (Central)	980,000	60	58,800,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	50	1,000,000	
Local transport (Central)	150,000	16	2,400,000	
TOTAL			**220,700,000**	**$16,348**

Assumptions:
- Full-day meeting
- High-level meeting at central level (in Jakarta) with large number of participants from provincial level
- Meeting takes place at a 4-star hotel in Jakarta at a cost of IDR 500,000 per participant (includes meeting room, lunch and refreshments in the morning and afternoon)
- On average, 50 participants (34, i.e. 1 from each province) + 16 participants from Jakarta + 1 moderator, 4 resource persons
- 34 participants from province incur average flight costs of IDR 4 million, receive DSA for one day (IDR 900,000) and terminal reimbursement of IDR 330,000
- ATK (Photocopies, stationary, pen) per participant IDR 20,000
- Of the local participants, only MoH staff (assumed to be, on average, half of the 16 local participants) receives local transport payment.

Total Number of Meetings

For each meeting an estimate was made as to how many times it would occur. A technical meeting reviewing new guidelines at the central level, for instance, was assumed to take place on average 3 times. For sensitization meetings, 2 meetings were assumed to take place at each level (central, provincial and district). All meetings planned at provincial level were assumed to occur in each of the 34 provinces, thus costs were calculated for 34 of these meetings. Meetings planned at district level were assumed to take place in all 514 districts. For meetings at community- or facility-level it was assumed that there would be, on average, 2,000 meetings (about 4 in each district).

Using this approach, it was estimated that there would be a total of over 93,000 meetings at a cost of IDR 1.94 Billion (US$184 Million).

Training

Like meetings, training workshops were divided into 5 major types based on the costs they incurred.

- Trainings 1-3 Training-of Trainers (ToT) at central, provincial and district level
- Training 4 actual training – clinical skills
- Training 5 actual training – management

Table 16. Training 1: Tot at Central Level

Participants	25				
Days	5				
Keynote Speaker	1				
Resource Persons/Facilitators	2				
	Unit cost	**Units**	**Days**	**Total costs**	**US$**
Meeting package full board (Central, regular)	715,000	27	5	96,525,000	
Honorarium Keynote Speaker (Central)	1,100,000	1	2	2,200,000	
Honorarium Resource Person (Session)	600,000	4	5	12,000,000	
Per Diem (Full Board, City)	115,000	28	5	16,100,000	
ATK (pen, stationary, photocopies) - Training	35,000	25	1	875,000	
Local transport (Central)	150,000	27	5	20,250,000	
TOTAL				**51,425,000**	**$3,809**

Assumptions:

- Training-of-trainer meeting at central level, lasting 5 days
- Workshop assumed to take place at a hotel in Jakarta at a cost of IDR 350,000 per participant per day (that cost includes meeting room, lunch and refreshments in the morning and afternoon)
- 25 participants and 2 facilitators
- Each facilitator conducts 2 sessions every day (total 20 sessions at IDR 600,000 per session)
- Meeting is opened and closed by keynote speaker from central level (IDR 1.1 million per appearance)
- ATK (Photocopies, stationary, pen) per participant IDR 35,000
- Local transport payment for participants and facilitator

Table 17. Training 2: Tot at Provincial Level

Participants	25				
Days	5				
Keynote Speaker	1				
Resource Persons/Facilitators	2				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
Meeting package (Province)	250,000	27	5	33,750,000	
Honorarium Keynote Speaker (Province)	1,000,000	1	2	2,000,000	
Honorarium Resource Person (Session)	600,000	4	5	12,000,000	
Flight ticket (Central to Province)	4,000,000	2	1	8,000,000	
Terminal	330,000	2	1	660,000	
DSA (Province)	980,000	2	5	9,800,000	
Per Diem (Fullboard, City)	115,000	28	5	16,100,000	
ATK (pen, stationary, photocopies) - Training	35,000	25	1	875,000	
Local transport (Province/District)	150,000	25	5	18,750,000	
TOTAL				**68,185,000**	**$5,051**

Assumptions:

- Training-of-trainer meeting at province level, lasting 5 days
- Workshop assumed to take place at a hotel at a cost of IDR 250,000 per participant per day (that cost includes meeting room, lunch and refreshments in the morning and afternoon)
- 25 participants and 2 facilitators
- Each facilitator conducts 2 sessions every day (total 20 sessions at IDR 600,000 per session)
- The 2 facilitators come from central level and incur flight cost (IDR 4 million), DSA (IDR 800,000 for five days) and terminal cost (IDR 500,000).
- Meeting is opened and closed by keynote speaker from the province (IDR 1.4 million per appearance)
- ATK (Photocopies, stationary, pen) per participant IDR 35,000
- Local transport payment for participants

Table 18. Training 3: Tot at District Level

Participants	25				
Days	5				
Keynote Speaker	1				
Resource Persons/Facilitators	2				
	Unit cost	**Units**	**Days**	**Total costs**	**US$**
Meeting package (Province)	250,000	27	5	33,750,000	
Honorarium Keynote Speaker (District)	500,000	1	2	1,000,000	
Honorarium Resource Person (Session)	600,000	4	5	12,000,000	
Travel Province to District	370,000	2	2	1,480,000	
DSA (District)	980,000	2	5	9,800,000	
ATK (pen, stationary, photocopies) - Training	35,000	25	1	875,000	
Local transport (Province/District)	150,000	25	5	18,750,000	
TOTAL				**43,905,000**	**$3,252**

Assumptions:

- Training-of-trainer meeting at district level, lasting 5 days
- Workshop takes place at a hotel at a cost of IDR 250,000 per participant per day (that cost includes meeting room, lunch and refreshments in the morning and afternoon)
- 25 participants and 2 facilitators
- Each facilitator conducts 2 sessions every day (total 20 sessions at IDR 600,000 per session)
- The 2 facilitators come from province level and incur travel cost (2x IDR 370,000), DSA (IDR 800,000 times five days).
- Meeting is opened and closed by keynote speaker from the province (IDR 500,000 per appearance)
- ATK (Photocopies, stationary, pen) per participant IDR 35,000
- Local transport payment for participants

Table 19. Training 4: Clinical Training at Provincial Level (Health Providers, etc.)

Participants	15				
Days	5				
Sessions per day	8				
Keynote Speaker	1				
Resource Persons/Facilitators	4				
Master Trainer	1				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
Meeting package (Province)	250,000	20	5	25,000,000	
Honorarium Keynote Speaker (Province)	1,000,000	1	2	2,000,000	
Honorarium Facilitator/Trainer (Session)	300,000	8	5	12,000,000	
Honorarium Master Trainer (Session)	1,000,000	1	5	5,000,000	
Flight ticket (within province)	1,000,000	15	1	15,000,000	
DSA (Province)	980,000	20	6	117,600,000	
ATK (pen, stationary, photocopies) - Training	35,000	15	1	525,000	
Clinical Training Supplies	500,000	15	1	7,500,000	
TOTAL				**159,625,000**	**$11,824**

Assumptions:

- Training workshop at provincial level teaching health staff clinical skills, lasting 5 days
- Workshop takes place at a hotel at a cost of IDR 150,000 per participant per day (that cost includes meeting room, lunch and refreshments in the morning and afternoon)

- 15 participants, 4 facilitators and 1 master trainer, all staying at the hotel and receiving 5+1 days of DSA
- The master trainer and the 4 facilitators come from central level and incur travel cost (5x IDR 1 million) and DSA (5x IDR 980,000 times five days).
- There are four sessions in a day conducted by a pair of facilitators (total of 40 sessions at IDR 600,000 per session)
- Meeting is opened and closed by keynote speaker from the district (IDR 500,000 per appearance)
- ATK (Photocopies, stationary, pen) per participant IDR 30,000

Table 20. Training 5: Training at District Level (Management)

Participants	25				
Days	5				
Keynote Speaker	1				
Resource Persons/Facilitators	2				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
Meeting package (District)	150,000	27	5	20,250,000	
Honorarium Keynote Speaker (District)	500,000	1	2	1,000,000	
Honorarium Resource Person (Session)	600,000	4	5	12,000,000	
Flight ticket (within province)	1,000,000	2	2	4,000,000	
DSA (District)	980,000	2	5	9,800,000	
ATK (pen, stationary, photocopies) - Training	35,000	25	1	875,000	
Local transport (Province/District)	150,000	25	5	18,750,000	
TOTAL				**46,425,000**	**$3,439**

Assumptions:
- Training workshop at district level for district or facility managers, logistics staff, youth leaders, etc., lasting 5 days
- Workshop takes place at a hotel at a cost of IDR 150,000 per participant per day (that cost includes meeting room, lunch and refreshments in the morning and afternoon)
- 25 participants and 2 facilitators
- Each facilitator conducts 2 sessions every day (total 20 sessions at IDR 600,000 per session)
- The 2 facilitators come from province level and incur travel cost (2x IDR 1 million), DSA (2x IDR 980,000 times five days).
- Meeting is opened and closed by keynote speaker from the district (IDR 500,000 per appearance)
- ATK (Photocopies, stationary, pen) per participant IDR 35,000
- Local transport payment for participants (IDR 150,000 times 5 days)

Monitoring and Supervision

Supervision and monitoring visits were grouped into 3 categories:
- Supervision 1, supervision from Central to provincial level
- Supervision 2, supervision from provincial to district level
- Supervision 3, supervision from district to district

The following describes the assumptions used for the estimations of the costs of an average supervision trip.

Table 21. Supervision Visit + Meeting (from Central to Province)

Supervisor/Resource person	2				
Days	3				
Meeting participants	25				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
Flight ticket (Central to Province)	4,000,000	2	1	8,000,000	
Terminal	330,000	2	1	660,000	
DSA (Province)	980,000	2	3	5,880,000	
Car rental	700,000	1	3	2,100,000	
Meeting package (Province)	250,000	27	1	6,750,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	25	1	500,000	
Local transport (Province/District)	150,000	25	1	3,750,000	
TOTAL				**27,640,000**	**$2,047**

Assumptions:
- Supervisory visit lasting 3 days including a final meeting
- The 2 supervisors are assumed to come from central level and incur travel cost (2x IDR 4 million) and DSA (IDR 980,000 times three days).
- The supervisors rent a vehicle for 3 days at IDR 700,000 a day.

- They visit 2 facilities each day on average = 6 per supervisory visit.
- There is a meeting at the end of the supervisory visit, attended by 25 participants.
- ATK (Photocopies, stationary, pen) per participant IDR 20,000
- Local transport payment for meeting participants (IDR 150,000)

Table 22. Supervision Visit + Meeting (from Province to District)

Supervisor/Resource person	2				
Days	3				
Meeting participants	25				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
Travel Province to District	370,000	2	2	1,480,000	
DSA (District)	980,000	2	3	1,960,000	
Car rental	700,000	1	3	700,000	
Meeting package (Province)	250,000	27	1	6,750,000	
Notetaker	300,000	1	1	300,000	
ATK (pen, stationary, photocopies) - Meeting	20,000	25	1	500,000	
Local transport (Province/District)	150,000	25	1	3,750,000	
TOTAL				**13,960,000**	**$1,034**

Assumptions:
- Supervisory visit lasting 3 days including a final meeting
- 2 supervisors coming from provincial level and incur travel cost (2x IDR 370,000) and DSA (IDR 800,000 times three days).
- The supervisors rent a vehicle for 3 days at IDR 700,000 a day.
- They visit 2 facilities each day on average = 6 per supervisory visit.
- There is a meeting at the end of the supervisory visit, attended by 25 participants.
- ATK (Photocopies, stationary, pen) per participant IDR 30,000
- Local transport payment for participants (IDR 120,000)

Table 23. Supervision Visit (District, Observation only)

Supervisor/Resource person	2				
Days	3				
	Unit cost	**Units**	**Days**	**Total cost IDR**	**US$**
DSA Food only (District)	100,000	2	3	600,000	
Gasoline cost (per km)	1,000	250	3	750,000	
TOTAL				**1,350,000**	**$100**

Assumptions:
- Supervisory visit lasting 3 days
- The 2 supervisors come from district level and incur DSA cost (IDR 100,000 times three days).
- They visit 2 facilities each day on average = 6 per supervisory visit.
- Average km driven per day is 250km, with gasoline cost per km assumed to be IDR 1,000

Consultancies

Most consultancies in the Action Plan were assumed to last 3 months with the consultants, on average, being paid IDR 1.7 million (about US$125) a day (1 months = 22 days). Studies carried out by research institutions were assumed to last 12 months.

IEC/BCC

As no information was available on the cost of individual planned campaigns and other IEC/BCC activities, planned expenditures from BKKBN's Strategic Plan 2015-2019 were used to estimate spending. As the quoted expenditures were for both advocacy and IEC, it was assumed that 50% of the total amount would be for IEC, yielding estimated expenditures of about 1.5 trillion IDR (or $111.6 million) over the 2017-2019 period.

Table 24. BKKBN Strategic Plan IEC and Advocacy Expenditures

		2017		2018		2019		2017-2019	
In Million		**IDR**	**US$**	**IDR**	**US$**	**IDR**	**US$**	**IDR**	**US$**
BKKBN Central		290,570	21.5	114,692	8.5	120,426	8.9	525,688	38.9
Improving IEC at Central		164,093	12.2	76,233	5.6	80,045	5.9	320,371	23.7
Province level		648,938	48.1	741,032	54.9	778,083	57.6	2,168,053	160.6
Total		**1,105,617**	**$81.7**	**933,975**	**$69.0**	**980,574**	**$72.5**	**3,014,111**	**$223.3**

Table 25. Projected Expenditures for IEC

	2017		2018		2019		2017-2019	
In Million	**IDR**	**US$**	**IDR**	**US$**	**IDR**	**US$**	**IDR**	**US$**
BKKBN Central	145,285	10.7	57,346	4.3	60,213	4.4	262,844	19.5
Improving IEC at Central	82,046	6.1	38,117	2.8	40,023	2.9	160,186	11.9
Province level	324,469	24.0	370,516	27.5	389,042	28.8	1,084,026	80.3
Total	**551,800**	**$40.9**	**465,978**	**$34.5**	**489,277**	**$36.2**	**1,507,056**	**$111.6**

Publications

Costs were also estimated for the design, printing and distribution of reports and guidelines (costs of posters, brochures and other IEC materials were included in the IEC section).

The five key variables required for the cost estimates were a) number of pages of the publication in question, b) number of copies to be printed and c) cost of design of the report, d) cost of printing and distribution per page.

The following assumptions were made:
Number of pages:

- 30-50 pages for general standards or guidelines to be distributed to Central, province (BKKBN) and district level (BKKN and DHO)
- 10 pages for guidelines to be distributed more widely to district and community level (e.g. to all posyandus)

Number of copies to be distributed:
For most guidelines it was assumed that about 1,500 copies would be printed to be distributed to key staff at

- central level (BKKBN, Kemenkes, UNFPA, Bappenas, other partners): 100 copies,
- province level (BKKBN office in all provinces): 100 copies
- district level (500 copies for BKKN and 500 copies for DHO): 1,000 copies
- other: 300 copies

For the Youth-Friendly Services guidelines it was assumed that they in addition would in addition to MoH and BKKBN offices at all levels be distributed to 10 private facilities per district: 1,500 + 10 x 514 = approximately 6,500 copies

Guidelines for all health facilities/hospitals = approximately 11,000 facilities x 2 copies each= 22,000 total

Guidelines designed for Posyandus: 289,635 posyandus = 300,000 copies

IV. Cost Results

A. Contraceptive Commodities

The following tables and graphs estimates for the number of women requiring contraceptives under the scale-up plan as well as for the number and cost of contraceptives required.

Table 26. Total Number of Contraceptive Users

	2016	2017	2018	2019
1. Population				
WRA	69,739,100	70,250,500	70,715,500	71,149,900
Married WRA	41,918,680	42,226,072	42,505,573	42,766,682
Unmarried WRA	27,820,420	28,024,428	28,209,927	28,383,218
Sexually Active Unmarried WRA	0	0	0	0
2. Married WRA - MCPR and Method Mix				
Total CPR	61.9%	63.3%	64.6%	66.0%
Modern CPR	57.9%	59.1%	60.2%	62.0%
Male sterilizations	0.2%	0.2%	0.2%	0.2%
Female sterilizations	3.2%	3.2%	3.2%	3.2%
IUDs	3.9%	4.6%	5.3%	6.0%
Implants	3.3%	4.0%	4.7%	5.4%
Injectables	31.9%	31.9%	31.9%	31.9%
Pills	13.6%	13.6%	13.6%	13.6%
Male condoms	1.8%	1.8%	1.8%	1.8%
Female condoms	0.0%	0.0%	0.0%	0.0%
Traditional Methods	4.0%	4.0%	4.0%	4.0%
	61.9%	63.1%	64.2%	65.4%
3. Total Users (Married)				
Male sterilizations	83,837	84,452	85,011	85,533
Female sterilizations	1,341,398	1,351,234	1,360,178	1,368,534
IUDs	1,634,829	1,935,362	2,238,627	2,544,618
Implants	1,383,316	1,682,005	1,983,593	2,288,017
Injectables	13,372,059	13,470,117	13,559,278	13,642,572
Pills	5,700,941	5,742,746	5,780,758	5,816,269
Male condoms	754,536	760,069	765,100	769,800
Traditional Methods	1,676,747	1,689,043	1,700,223	1,710,667
TOTAL	**25,947,663**	**26,715,028**	**27,472,769**	**28,226,010**
4. Total Users to be Provided with Commodities/Services Each Year				
Male sterilizations	7,052	7,064	7,055	7,062
Female sterilizations	112,838	113,021	112,885	112,985
IUDs	365,372	655,931	723,996	792,649
Implants	439,701	730,975	827,215	924,297
Injectables	13,372,059	13,470,117	13,559,278	13,642,572
Pills	5,700,941	5,742,746	5,780,758	5,816,269
Male condoms	754,536	760,069	765,100	769,800
Traditional	1,676,747	1,689,043	1,700,223	1,710,667
TOTAL	**22,429,246**	**23,168,965**	**23,476,511**	**23,776,300**

The following tables and graphs show the cost of these commodities exclusive and inclusive of the cost of transportation (assumed to be 40% on top of the commodity costs) amounting to 2.2 trillion IDR and 3.1 trillion IDR, respectively over the 3-year period.

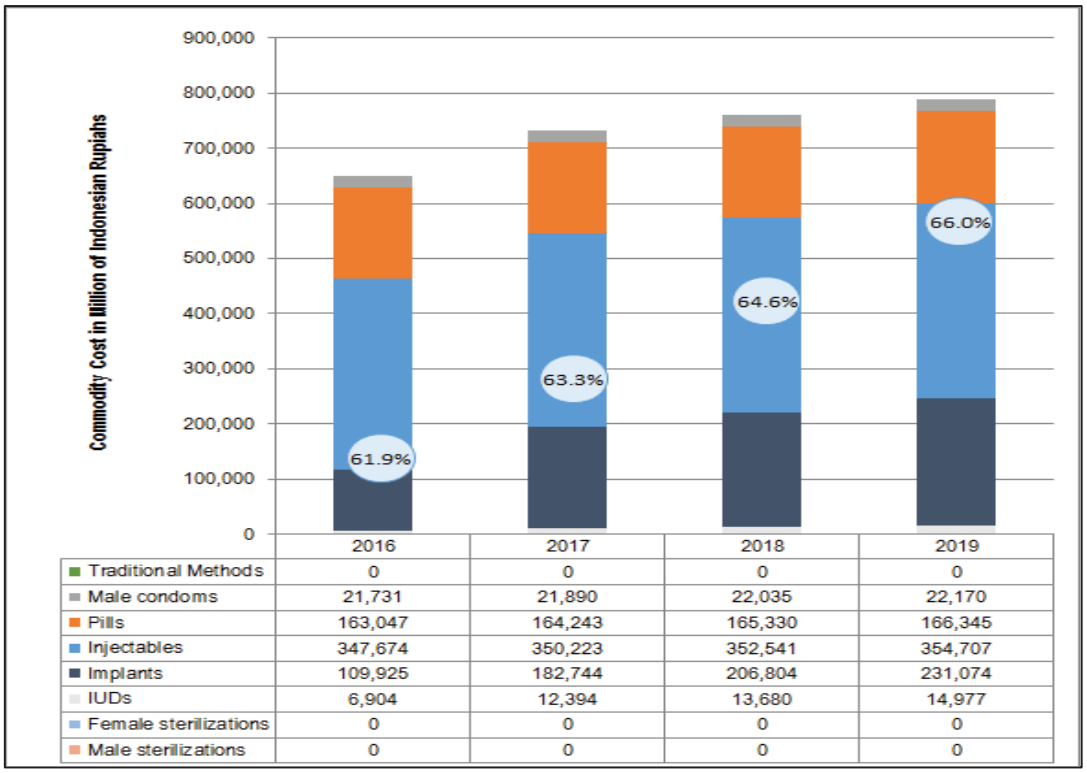
Table 27. Total Number of Commodities Required and Commodity Costs

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**

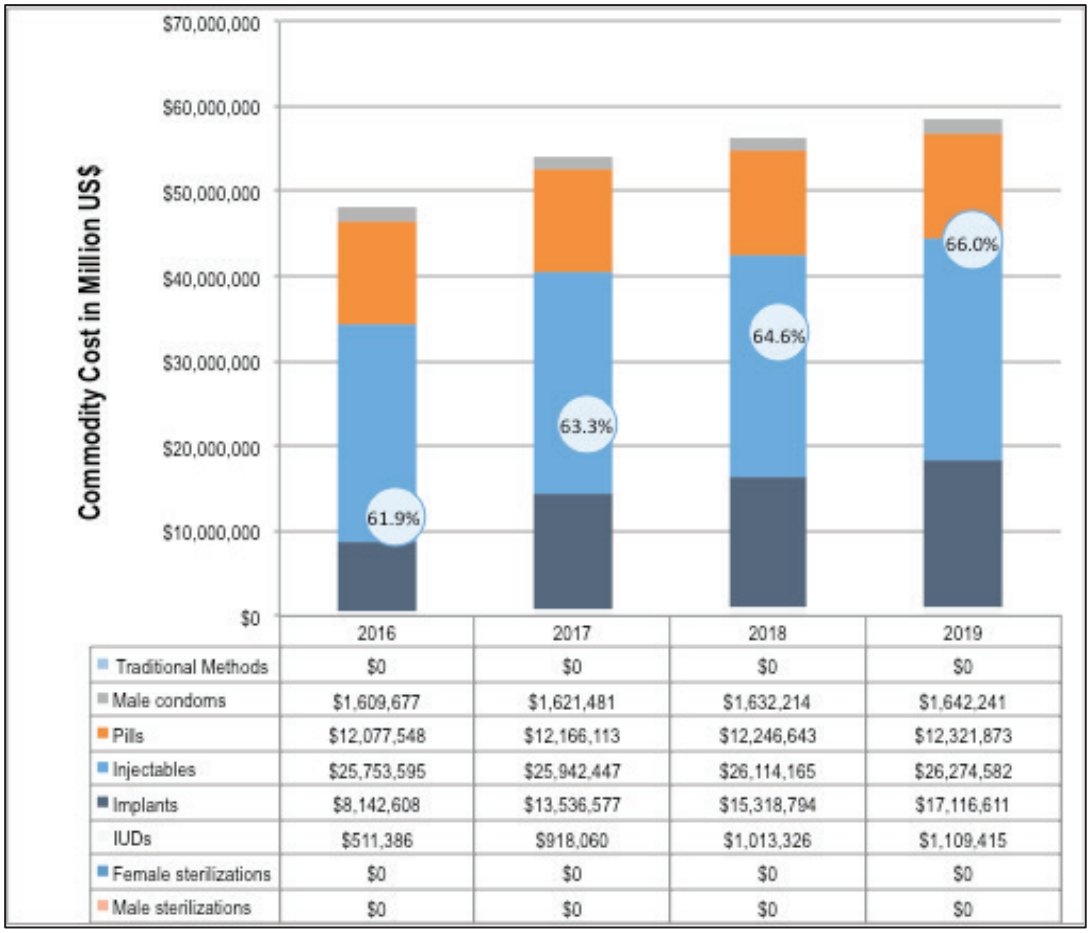
Total Commodity Cost (US$)			XR	13,500
Male sterilizations	$0	$0	$0	$0
Female sterilizations	$0	$0	$0	$0
IUDs	$918,060	$1,013,326	$1,109,415	$3,040,801
Implants	$13,536,577	$15,318,794	$17,116,611	$45,971,981
Injectables	$25,942,447	$26,114,165	$26,274,582	$78,331,194
Pills	$12,166,113	$12,246,643	$12,321,873	$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**

Figure 4. Total Cost of Contraceptive Commodities by Method in IDR (Million)



	2016	2017	2018	2019
Traditional Methods	0	0	0	0
Male condoms	21,731	21,890	22,035	22,170
Pills	163,047	164,243	165,330	166,345
Injectables	347,674	350,223	352,541	354,707
Implants	109,925	182,744	206,804	231,074
IUDs	6,904	12,394	13,680	14,977
Female sterilizations	0	0	0	0
Male sterilizations	0	0	0	0

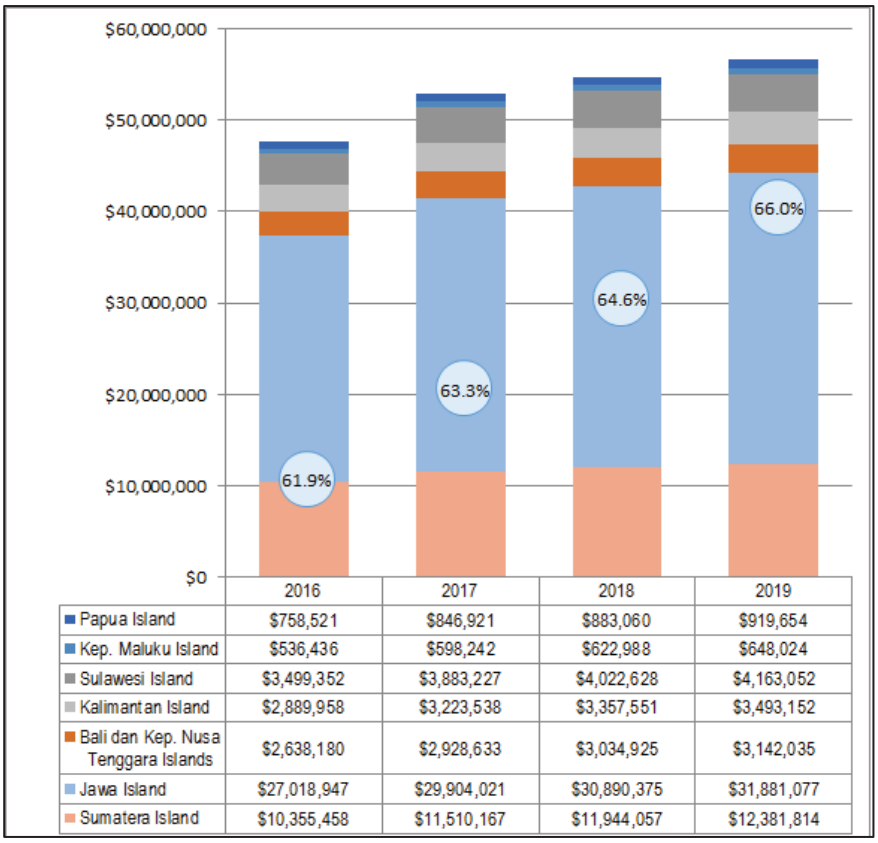
Figure 5. Total Cost of Contraceptive Commodities by Method in US$



	2016	2017	2018	2019
Traditional Methods	$0	$0	$0	$0
Male condoms	$1,609,677	$1,621,481	$1,632,214	$1,642,241
Pills	$12,077,548	$12,166,113	$12,246,643	$12,321,873
Injectables	$25,753,595	$25,942,447	$26,114,165	$26,274,582
Implants	$8,142,608	$13,536,577	$15,318,794	$17,116,611
IUDs	$511,386	$918,060	$1,013,326	$1,109,415
Female sterilizations	$0	$0	$0	$0
Male sterilizations	$0	$0	$0	$0

The following two graphs show the distribution of these costs across islands and by province. Java Island and Sumatera Island account for more than three quarters of total demand at 56.3% and 21.9% of total, respectively.

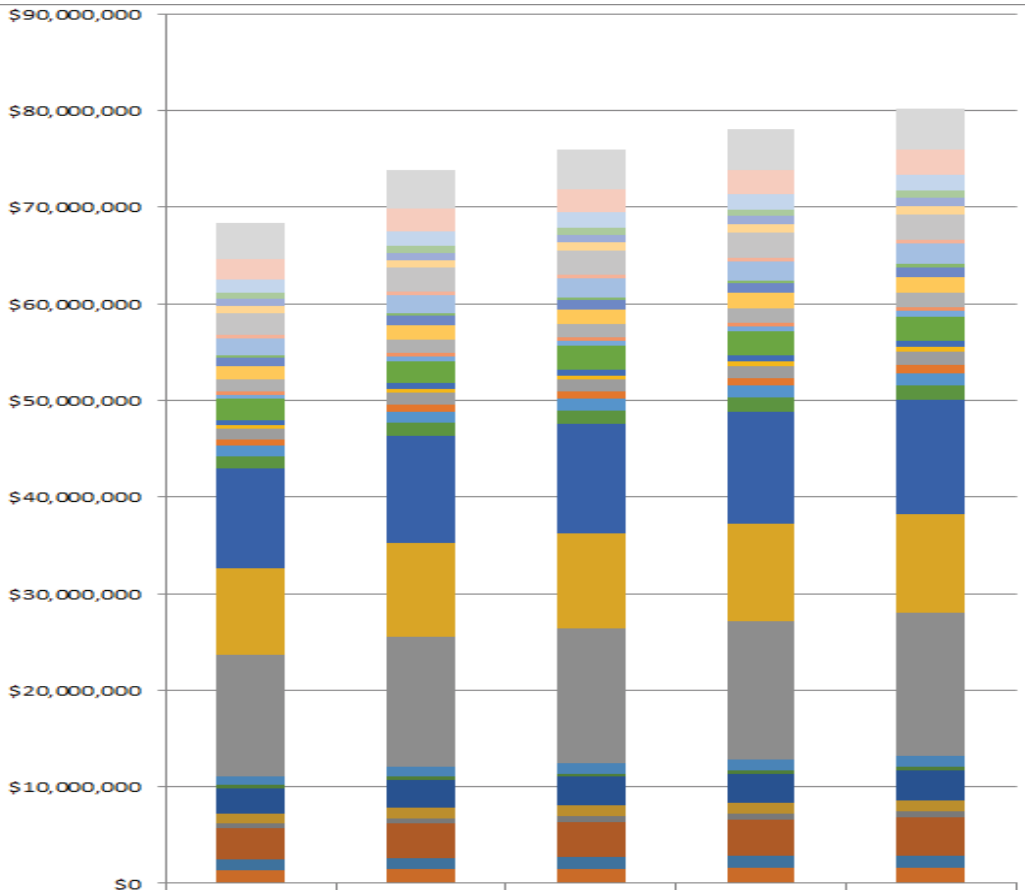
Figure 6. Total Cost of Contraceptive Commodities (excl. transportation) by Island in US$



	2016	2017	2018	2019
Papua Island	$758,521	$846,921	$883,060	$919,654
Kep. Maluku Island	$536,436	$598,242	$622,988	$648,024
Sulawesi Island	$3,499,352	$3,883,227	$4,022,628	$4,163,052
Kalimantan Island	$2,889,958	$3,223,538	$3,357,551	$3,493,152
Bali dan Kep. Nusa Tenggara Islands	$2,638,180	$2,928,633	$3,034,925	$3,142,035
Jawa Island	$27,018,947	$29,904,021	$30,890,375	$31,881,077
Sumatera Island	$10,355,458	$11,510,167	$11,944,057	$12,381,814

By province, the three Java provinces account for the largest share at 18.4% (Jawa Barat), 14.8% (Jawa Timur) and 12.9% (Jawa Tengah), respectively.

Figure 7. Total Cost of Contraceptive Commodities by Province in US$



	2016	2017	2018	2019	2020
Sumatera Utara	$3,724,068	$4,015,916	$4,126,466	$4,237,476	$4,350,100
Sumatera Selatan	$2,156,746	$2,329,742	$2,398,125	$2,466,901	$2,536,740
Sumatera Barat	$1,389,627	$1,499,454	$1,541,720	$1,584,186	$1,627,285
Sulawesi Utara	$643,363	$692,923	$711,080	$729,290	$747,750
Sulawesi Tenggara	$676,340	$735,793	$762,941	$790,379	$818,317
Sulawesi Tengah	$773,083	$837,049	$863,704	$890,563	$917,866
Sulawesi Selatan	$2,272,238	$2,447,031	$2,510,888	$2,574,923	$2,639,836
Sulawesi Barat	$346,337	$376,322	$389,720	$403,252	$417,024
Riau	$1,726,301	$1,885,227	$1,962,390	$2,040,517	$2,120,154
Papua Barat	$237,321	$259,309	$270,070	$280,968	$292,078
Papua	$849,573	$922,287	$954,232	$986,478	$1,019,289
Nusa Tenggara Timur	$1,378,061	$1,493,659	$1,542,903	$1,592,558	$1,643,056
Nusa Tenggara Barat	$1,293,774	$1,396,487	$1,436,342	$1,476,400	$1,517,060
Maluku Utara	$314,322	$341,813	$354,278	$366,872	$379,695
Maluku	$454,391	$492,865	$509,494	$526,270	$543,335
Lampung	$2,165,871	$2,333,324	$2,395,116	$2,457,103	$2,519,955
Kepulauan Riau	$538,668	$589,614	$615,177	$641,085	$667,507
Kepulauan Bangka Belitung	$371,762	$404,664	$419,830	$435,162	$450,776
Kalimantan Timur	$1,106,373	$1,207,715	$1,256,606	$1,306,099	$1,356,543
Kalimantan Tengah	$676,449	$736,907	$765,151	$793,715	$822,813
Kalimantan Selatan	$1,072,836	$1,162,071	$1,199,575	$1,237,375	$1,275,806
Kalimantan Barat	$1,285,611	$1,390,818	$1,433,868	$1,477,218	$1,521,269
Jawa Timur	$10,301,439	$11,049,260	$11,289,847	$11,529,819	$11,772,339
Jawa Tengah	$8,974,872	$9,640,779	$9,866,157	$10,091,456	$10,319,439
Jawa Barat	$12,527,622	$13,545,222	$13,956,401	$14,370,265	$14,790,712
Jambi	$915,370	$991,933	$1,024,398	$1,057,130	$1,090,414
Gorontalo	$304,508	$329,683	$340,160	$350,716	$361,446
DKI Jakarta	$2,712,872	$2,920,476	$2,995,529	$3,070,759	$3,147,003
DI Yogyakarta	$983,122	$1,060,221	$1,089,463	$1,118,829	$1,148,622
Bengkulu	$503,954	$545,723	$563,177	$580,766	$598,646
Banten	$3,233,553	$3,516,743	$3,645,386	$3,775,374	$3,907,723
Bali	$1,109,585	$1,196,533	$1,229,463	$1,262,529	$1,296,077
Aceh	$1,349,586	$1,465,293	$1,516,256	$1,567,702	$1,620,053

Finally, 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) were included. The following two tables present the results exclusive and inclusive of transport cost (assuming a 40% mark-up for transporting commodities to the different provinces and districts).

Table 28. 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**

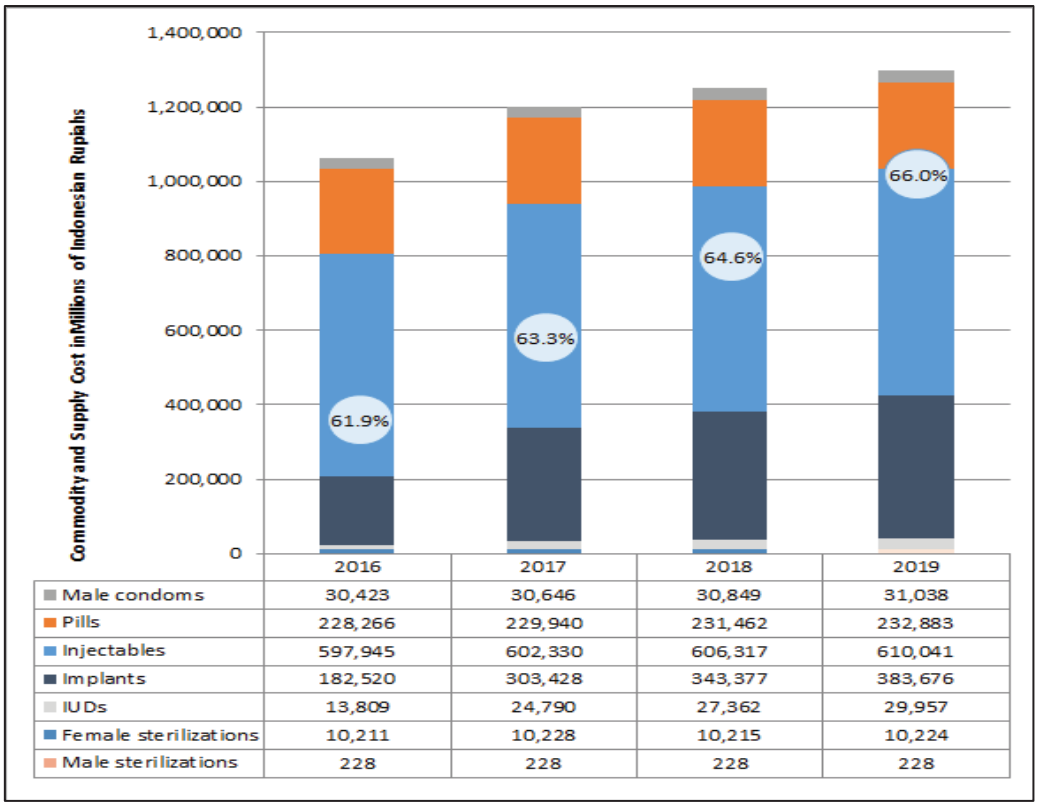
Table 29. Total Cost of Commodities and Supplies

	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**

Table 30. Total Cost of Commodities and Supplies including Transportation

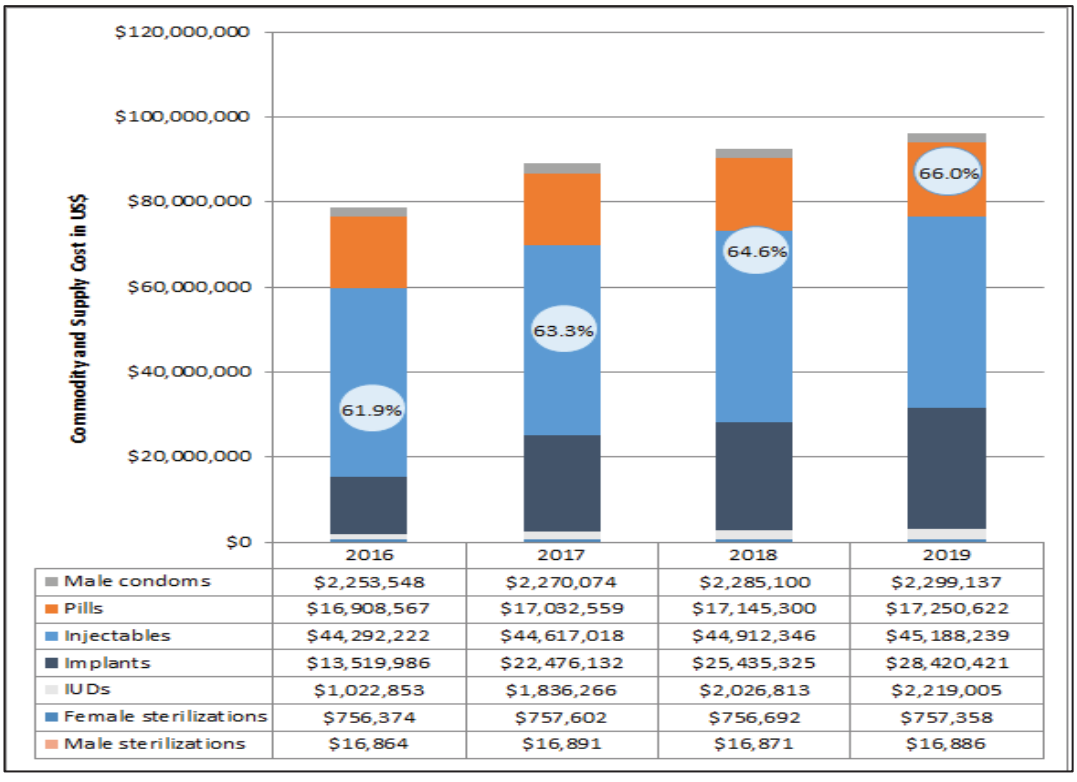
	2017		2018		2019		2017-2019	
	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$	IDR (Million)	US$
Male sterilizations	228	$16,891	228	$16,871	228	$16,886	684	$50,647
Female sterilizations	10,228	$757,602	10,215	$756,692	10,224	$757,358	30,667	$2,271,652
IUDs	24,790	$1,836,266	27,362	$2,026,813	29,957	$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**

Figure 8. Total Cost of Contraceptive Commodities and Supplies (incl. transportation) by Method in IDR (Million)



	2016	2017	2018	2019
Male condoms	30,423	30,646	30,849	31,038
Pills	228,266	229,940	231,462	232,883
Injectables	597,945	602,330	606,317	610,041
Implants	182,520	303,428	343,377	383,676
IUDs	13,809	24,790	27,362	29,957
Female sterilizations	10,211	10,228	10,215	10,224
Male sterilizations	228	228	228	228

Figure 9. Total Cost of Contraceptive Commodities and Supplies (incl. transportation) by Method in US$



	2016	2017	2018	2019
Male condoms	$2,253,548	$2,270,074	$2,285,100	$2,299,137
Pills	$16,908,567	$17,032,559	$17,145,300	$17,250,622
Injectables	$44,292,222	$44,617,018	$44,912,346	$45,188,239
Implants	$13,519,986	$22,476,132	$25,435,325	$28,420,421
IUDs	$1,022,853	$1,836,266	$2,026,813	$2,219,005
Female sterilizations	$756,374	$757,602	$756,692	$757,358
Male sterilizations	$16,864	$16,891	$16,871	$16,886

B. Total FP Service Cost

Table 31. Total Cost Service Estimation for Obstetry, Neonatal and Family Planning in National Level

FP Items	FP User			Frequency of visit/year	JKN Tariff (Rupiah)	Estimation of Cost Service (Billion rupiah)			Total
	2017	2018	2019			2017	2018	2019	
Male Sterilizations	7,064	7,055	7,062	1	350,000	2.47	2.47	2.47	**7.41**
Female Sterilizations	113,021	112,885	112,985	1	816,500	92.28	92.17	92.25	**276.70**
IUDs	655,931	723,996	792,649	1	100,000	65.59	72.40	79.26	**217.26**
Implants	730,975	827,215	924,297	1	100,000	73.10	82.72	92.43	**248.25**
Injectables	13,470,117	13,559,278	13,642,572	4	15,000	808.21	43.83	2.39	**854.43**
Total	**14,977,108**	**15,230,429**	**15,479,565**			**1,041.65**	**293.60**	**268.81**	**1,604.06**

Sources: CIP Document 2016, Number of comodities user per year

The table shows that the estimated services for inject have the potential to be the largest cost among other types of family planning services covered by the JKN program. The estimation of injecting services is 26 times estimated of IUD service and 16,5 times estimated from implant service. The high number of injecting and implanted FP users should be prioritize the selected strategic outcome in supporting the implementation of Integrated Rights-Based Family Planning.

C. Total Cost of FP Road Map

Table 32. Total Cost Summary

No	Activities	Cost (IDR)	(Cost US$)
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.			
	1.1 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.		
	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.	10,331,410,000	$765,290
	1.1.2 Reach a consensus among BKKBN, MOH, and BPJS on family planning facility standards.	73,410,000	$5,438
	1.1.3 District-wide 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.	2,701,060,000	$200,079
	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.	74,369,335,000	$5,508,840

No		Activities	Cost (IDR)	(Cost (US$)
	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.	42,360,000	$3,138
	1.1.6	Youth friendly reproductive health services (YFS)	0	$0
	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.	$4,321,154	$4,321,154
	1.1.6.2	Establish a link between PIK remaja with Puskesmas PKPR, and other youth services to conduct the above strategy.	$722,367	$722,367
	1.1.6.3	Revise/develop guidelines on the handling of referrals by peer educators and health workers under the coordination of MOH.	$163,317	$163,317
	1.1.6.4	Training of providers, including referrals for specialist services.	$13,793,410	$13,793,410
	1.1.6.5	Organization of a publicity campaign about the YFS	$19,700,074	$19,700,074
	1.1.7	Introduce and promote non-governmental youth friendly reproductive health services.	17,611,860,000	$1,304,582
	1.1.8	Provision of family planning services during humanitarian crises: Guidelines for the provision of family planning services to displaced populations (in the event of an earthquake, volcanic eruption, flood, etc.) 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) .	11,931,120,000	$883,787
	1.1.9	Provide of services cost for the contraceptives installation in health facilities	3,189,942,171,500	$236,292,013
		Output 1.1 Sub Total	**639,514,917,059**	**$47,371,475**
	1.2	**Output 1.2: Private sector resources harnessed for equitable access to quality family planning services with attention to client rights.**		
	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.	61,778,880,000	$4,576,213
	1.2.2	Social marketing of contraceptives for improved access for adolescents, either building on existing programmes or starting new ones, ensuring confidentiality and reduced costs (linked to Output 1.1).	61,613,680,000	$4,563,976
		Output 1.2 Sub Total	**123,392,560,000**	**$9,140,190**
	1.3	**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)	31,993,455,000	$2,369,886
	1.3.2	Quality contraceptive commodity security system:	0	$0
	1.3.2.1	Revision of the current strategy on contraceptive commodity security that reflects quality assured procurement.	16,006,160,000	$1,185,641
	.1.3.2.2	Ensuring the availability of family planning commodities based on the forecasting of contraceptive needs of clients	3,749,444,858,215	$272,132,463
	1.3.2.3	Review of producer standards for various contraceptives and their implementation	232,500,000	$17,222
	1.3.2.4	Improving warehousing:	295,786,995,000	$21,910,148
	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).	31,883,920,000	$2,361,772
	1.3.4	Strengthening Logistics Management Information System (LMIS) and forecasting:	0	$0

No	Activities		Cost (IDR)	(Cost US$)
	1.3.4.1	Review of current LMIS and assess its effectiveness in being able to predict stock-outs and modify as needed	2,196,520,000	$162,705
	1.3.4.2	Development of forecasting capacity at national, provincial and district / city levels as well as hospitals and health centers. Related with Ouput 1.4)	24,749,035,000	$1,833,262
	Output 1.3 Sub Total		**4,152,293,443,215**	**$307,577,292**
1.4	**Output 1.4: Improved capacity of human resources to deliver quality family planning services**			
	1.4.1	Family planning services	0	$0
	1.4.1.1	Ensure the availability of health providers for family planning services.	4,988,180,000	$369,495
	1.4.1.2	Conduct pre-service family planning training:	341,797,565,000	$25,318,338
	1.4.1.3	Inservice family planning training for midwives, doctors and other health workers according to their capacity	138,262,585,000	$10,241,673
	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	39,948,720,000	$2,959,164
	1.4.2	Program management	0	$0
	.14.2.1	Conduct training on management information systems (linked to Output 1.5).	63,557,250,000	$4,707,944
	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).	52,391,395,000	$3,880,844
	1.4.2.3	Conduct training on Quality Assurance (QA) for supervisors and managers (linked to Output 1.6).	65,140,355,000	$4,825,211
	1.4.2.4	Conduct training on warehousing, LMIS and forecasting (linked to Output 1.3).	11,803,070,000	$874,301
	Output 1.4 Sub Total		**717,889,120,000**	**$53,176,972**
1.5	**Output 1.5: Strengthened management information system for ensuring quality, completeness and alignment 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	9,939,560,000	$736,264
	1.5.2	Development of an integrated family planning reporting system from health facilities, including private sector health facilities.	61,745,507,500	$4,573,741
	1.5.3	Enhance the capacity of supervisors to review and analyse the management information system (linked to Output 1.4).	84,593,255,000	$6,266,167
	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).	61,580,640,000	$4,561,529
	1.5.5	Introduction of pilot projects for computerized reporting (linked to Strategic Objective 4).	89,736,270,000	$6,647,131
	Output 1.5 Total		**307,595,232,500**	**$22,784,832**
1.6	**Output 1.6: Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.**			
	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).	3,608,397,500	$267,289
	1.6.2	Establishment of quality assurance/quality improvement (QA/QI) system:	0	$0
	1.6.2.1	Review current Quality Assurance system (QA) for family planning services – guidelines, implementation and efficiency and effectiveness	75,485,160,000	$5,591,493
	1.6.2.2	Review current Quality Assurance system (QA) for family planning services – guideline,	0	$0

No	Activities	Cost (IDR)	(Cost (US$)
	implementation, efficiency, and effectiveness		
	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	0	$0
	1.6.2.4 Capacity-building of supervisors (Midwife Coordinators and others) in supportive supervision and QA (linked to Output 1.4).	32,731,775,000	$2,424,576
	1.6.2.5 Create an enabling environment to ensure that supervisory activities are supported.	12,502,080,000	$926,080
	1.6.2.6 Establish a continuous quality monitoring system and take action	5,375,640,000	$398,196
	1.6.3 Engagement of community-based organizations to ensure quality assurance.	37,021,960,000	$2,742,367
	Output 1.6 Sub Total	**166,725,012,500**	**$12,350,001**
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use			
	2.1 Output 2.1: Availability of a 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 involvement - a focus in adolescents	317,307,126,667	$23,504,232
	2.1.2 Enhancing the capacity of related officials to deliver BCC strategy	55,162,295,000	$4,086,096
	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 targeted to specific groups. - Integration of FP messages with maternal and child health care messages as well as HIV and STI prevention messages	524,200,000	$38,830
	2.1.4 Printing and distribution of family planning posters and booklets and ensuring its availability in puskesmas, polindes, podes and hospitals.	251,175,941,667	$18,605,625
	2.1.5 Development of a routine review system on the reach of the channels and the impact of the developed messages.	29,190,480,000	$2,162,258
	2.1.6 Developing a system of mobile Family Planning (m-FP) messaging (linked to Output 1.6)	0	$0
	2.1.6.1 Development of a plan to use mobile messaging as a reminder to receive family planning services and other information.	251,213,641,667	$18,608,418
	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.	9,831,120,000	$728,231
	Output 2.1 Sub Total	**914,404,805,000**	**$67,733,689**
	2.2 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.		
	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.	51,992,737,500	$3,851,314
	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.	15,888,215,000	$1,176,905

No	Activities	Cost (IDR)	(Cost (US$)
	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)	0	$0
	2.2.3.1 Providing materials for increasing male involvement through education and holding discussions in villages	361,628,555,556	$26,787,300
	2.2.3.2 Development of performance-based incentives/rewards for health workers to increase male, youth, and community involvement	336,600,000	$24,933
	2.2.4 Enhancing the capacity of youth leaders to become peer educators on family planning information and services for adolescents and young people.	19,031,785,000	$1,409,762
	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.	31,959,320,000	$2,367,357
	2.2.6 Ensuring the availability of FP field workers (PLKB) to increase demand generation.	23,558,180,000	$1,745,050
	Output 2.2 Sub Total	**504,395,393,056**	**$37,362,622**
	2.3 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	9,751,960,000	$722,367
	2.3.2 Conduct promotional and IEC program for family planning through various media (print, electronic, outdoor media and below the line)	83,725,313,889	$6,201,875
	2.3.4 Conduct promotional and IEC program for family planning through frontline providers	83,725,313,889	$6,201,875
	Output 2.2 Sub Total	**177,202,587,778**	**$13,126,118**
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			
	3.1 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	0	$0
	3.1.1.1 Development of guidelines and guidance notes on the following:	145,060,080,000	$10,745,191
	3.1.1.2 Orientation of relevant officials on the above-listed guidelines.	31,717,500,000	$2,349,444
	3.1.1.3 Monitoring of adherence to guidelines and systems.	61,519,500,000	$4,557,000
	3.1.2 Procurement of contraceptives	0	$0
	3.1.2.1 Implementation of the regulation related to the procurement of quality-assured commodities (commodities meeting WHO pre-qualification standards)	61,501,480,000	$4,555,665
	3.1.2.2 Establishing a system of e-procurement.	61,618,340,000	$4,564,321
	3.1.3 Systems development	0	$0
	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).	60,341,322,500	$4,469,728
	3.1.4 Strengthening cross-sector collaborations	0	$0
	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.	9,751,960,000	$722,367
	3.1.5 Capacity development	0	$0
	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.	61,690,092,500	$4,569,636

No		Activities	Cost (IDR)	(Cost (US$)
		Output 3.1 Sub Total	**493,200,275,000**	**$36,533,354**
	3.2	**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.**		
	3.2.1	Based on the MoU signed with MoH for strengthening health system contribution to family planning:	0	$0
		3.2.1.1 Review and revise the current standards and guideline for integrated family planning services.	10,281,122,500	$761,565
		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)	30,359,072,500	$2,248,820
		3.2.1.3 Development of processes for family planning training certification, integrated MIS, commodity security and supervision (linked to Outputs1.5, 1.3)	60,796,880,000	$4,503,473
	3.2.2	Development of strategy for strengthening post-partum and post-abortion family planning.	61,572,907,500	$4,560,956
	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)	43,095,480,000	$3,192,258
	3.2.4	Coordination between SKPD KB and DHO on the district-level family planning training since the planning stage.	30,247,860,000	$2,240,582
	3.2.5	Planning of routine joint supervisory visits by PLKB and midwives coordinators, and create an enabling environment, such as approval of the activity by DHO, allocation of adequate funds for travel, etc.	104,743,020,000	$7,758,742
		Output 3.2 Sub Total	**341,096,342,500**	**$25,266,396**
	3.3	**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 DHOs and SKPD KB to identify areas of potential collaboration.	17,528,040,000	$1,298,373
	3.3.2	Enhancing the capacity of the SKPD-KB and District Health Offices Directors in:	0	$0
		3.3.2.1 Planning and developing workplans, analyzing budgets, and advocating to increase financial and human resources for the family planning program.	32,280,497,500	$2,391,148
		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.	31,313,877,500	$2,319,546
		3.3.2.3 Establishing QA/QI mechanisms (linked to Output 1.6).	67,776,817,500	$5,020,505
	3.3.3	Monitoring implementation of minimum standards.	14,643,240,000	$1,084,684
	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.	72,421,410,000	$5,364,549
		Output 3.3 Sub Total	**235,963,882,500**	**$17,478,806**
	3.4	**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.**		
	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.	17,122,060,000	$1,268,301
	3.4.2	Developing training materials for training of media personnel and parliamentarians to advocate for family planning.	31,849,055,000	$2,359,189
	3.4.3	Monitoring the implementation of the advocacy efforts.	62,853,930,000	$4,655,847
		Output 3.4 Sub Total	**111,825,045,000**	**$8,283,337**

No		Activities	Cost (IDR)	(Cost US$)
	3.5	**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.	32,262,880,000	$2,389,843
	3.5.2	Supporting district family planning officials on yearly analysis of budget allocations for family planning services, particularly for tracking operational budgets.	9,188,180,000	$680,606
	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.	9,864,160,000	$730,679
	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).	16,200,000	$1,200
	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	31,878,620,000	$2,361,379
	3.5.6	Enhancing the capacity of BAPPEDA to include family planning in local plans.	2,645,350,000	$195,952
		Output 3.5 Sub Total	**85,855,390,000**	**$6,359,659**
	3.6	**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).	36,194,210,000	$2,681,053
	3.6.2	Establishment of new committees at the puskesmas and hospitals and building their capacity to ensure that client rights are protected.	2,407,960,000	$178,367
		Output 3.6 Sub Total	**38,602,170,000**	**$2,859,420**
Strategic Outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation				
	4.1	**Output 4.1: Best practices and models available for promoting South-South Cooperation**		
	4.1.1	Evaluation and documentation of domestic FP program innovations (including donor assisted projects) for replicability.	61,559,460,000	$4,559,960
	4.1.2	Identification of models for replication and promotion under South-South Cooperation.	8,843,180,000	$655,050
		Output 4.1 Sub Total	**70,402,640,000**	**$5,215,010**
	4.2	**Output 4.2: Operations research for improving efficiency and effectiveness of family planning programmes are applied, evaluated and scaled up as indicated.**		
	4.2.1	Undertaking operations research for improving efficiency and effectiveness of family planning programmes and conducting evaluations of the same.	31,295,220,000	$2,318,164
	4.2.2	Identification of operations research projects that is effective to be promoted under South-South Cooperation.	75,400,000	$5,585
		Output 4.2 Total	**31,370,620,000**	**$2,323,750**
		TOTAL	**12,286,896,552,215**	**$910,140,485**