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**EVALUATION OF URBAN COMPONENT
OF FAMILY PLANNING DEVELOPMENT
AND SERVICES II**

Project 497-0327

by

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Glossary

A.I.D.	U.S. Agency for International Development
Apotiks	Pharmacies
AVSC	Association for Voluntary Surgical Contraception
Bachtera Haju	Jakarta-based mothers clubs
BKKBN	National Family Planning Coordination Board (Indonesia)
Blue Circle	Theme and logo for private sector family planning service points and products
CDC	Centers for Disease Control
CBD	Community-based distribution
CPS	Contraceptive Prevalence Survey
CSM	Contraceptive Social Marketing
DuaLima	Condom Brand of IKB-SOMARK
Enterprise	Enterprise (Project)
FISKA	Forum for various Indonesian population NGOs
FPDS II	Family Planning Development and Services II Project
FPIA	Family Planning International Assistance
Fortune	Private sector advertising firm
GOI	Government of Indonesia
IBI	Indonesian Association of Midwives
IDI	Indonesian Association of Doctors
IEC	Information, Education and Communication
IKB-SOMARK	Indonesian SOMARC Project
ISFI	Indonesian Association of Pharmacists

ISFI	Indonesian Association of Pharmacists
Jalur Swasta	The private way, dispensing of BKKBN contraceptives through private practices
JHPIEGO	Johns Hopkins Program for International Education and Obstetrics
JHU/PCS	Johns Hopkins University/Population Communication Services
KB-Mandiri	Self-sufficient family planning
Kimia Farma	Government pharmaceutical production corporation
LAN	Institute for Public Administration
MOH	Ministry of Health
NICPS	National Indonesian Contraceptive Prevalence Survey, 1987
NGO	Non-governmental organization
NORPLANT	Commercial brand of female contraceptive implant
PKBI	Indonesian Planned Parenthood Association (IPPF)
PKMI	Indonesian Association for Secure Contraception
PKK	Family Welfare Development Program
Posyandu	Integrated Health Services Activities
PT Mecosin	Private sector pharmaceutical manufacturing and distribution firm
Puskesmas	Public Health Center
R	Rupiah -- Indonesian unit of currency
Schering	Pharmaceutical company
SOMARC	Social Marketing for Change (Project)
SPJ	Financial/Expense Report (Surat Pertanggung Jawab)
SRI	Survey Research Indonesia
TA	Technical Assistance

UNFPA	United Nations Population Fund
Upjohn	Pharmaceutical company
URC	University Research Corporation
USAID	United States Agency for International Development (Country Mission)
VS/VSC	Voluntary sterilization/voluntary surgical contraception
YKB	Yayasan Kusuma Buana (Family Planning Foundation)

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We would also like to express our gratitude to the offices of the provincial governors and the city mayors who shared their time and were instrumental in allowing the Evaluation Team to visit the four cities in Indonesia on such short notice and made it possible for them to collect information efficiently in those areas.

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USAID personnel and the technical consultants associated with the project provided invaluable information and insights for the Team. The outstanding secretarial support for the Team facilitated the work enormously.

The Team has been privileged to review this urban program, another successful component of Indonesia's outstanding family planning program.

Executive Summary

Overview

The urban family planning program, one of six components (training, modern management technology, voluntary sterilization, village family planning, research and urban) in the Family Planning Development and Services II project 497-0327, which began in 1983 and has recently been extended to 1992, continues the long-standing USAID support to the Indonesia National Family Planning Coordinating Board's (BKKBN) successful family planning program. The urban family planning program and its amendments are providing US\$7.25 million to the urban sector, all but \$100,000 of which has already been committed to specific project activities.

Project Activities

This urban component, designed to bring the same success to the urban areas as had been accomplished previously in the rural program, and to accelerate the shift to provision of services by the private sector, has been implemented through the following activities:

- A special funding mechanism has been developed to assist 27 of Indonesia's larger cities to increase their informational programs and enlist the participation of professional associations of doctors and midwives and non-governmental organizations (NGO) to expand private sector delivery of family planning services.
- A major mass media, point-of-service informational campaign (Blue Circle IEC) has been developed through a contract with a private sector professional public relations firm.
- A contraceptive social marketing activity (Blue Circle CSM) including the participation of three manufacturers of contraceptives and private sector management and advertising agencies has been launched.

Project Accomplishments

On the whole, this project is found to be functioning effectively, making a significant contribution to BKKBN's stated policy of *KB-Mandiri* or family planning self-sufficiency.

After some initial delay, activities have gathered momentum and impressive progress has been made. Already 3,229 doctors and midwives have been trained; 2,081 have received IUD kits; and 3,265 have received informational materials. The Blue Circle IEC campaign, with attractive, well-designed, and tested materials, has been carried out in 11 cities with plans to include 16 more in 1989. Contractual relations have been established and Blue Circle CSM products are now in the market. Citywide public relations events, which included many high-level dignitaries, formally launched the CSM Blue Circle Phase II project in four cities in February 1989, with six more planned in the next six months.

With few exceptions there has been improved coordination among the various institutions involved, with a substantial increase in information-sharing and with implementation responsibilities shifted to the private sector.

Although no doubt influenced by other factors, the growth in the knowledge and use of contraceptives in the urban area is another measure of progress. According to the national contraceptive prevalence survey (NICPS), knowledge of contraceptive methods increased from 90 percent in 1983 to 97.5 percent in 1987, and prevalence from an average of about 42 percent in 1983 to 54 percent at the end of 1987. The 1987 NICPS indicates that urban knowledge (97.5 percent) now surpasses the rural level (92.9 percent), as does contraceptive prevalence, 54 percent for urban areas as compared to 45 percent for rural areas. Another important benchmark has been reached with 25 percent of the users in the urban areas reporting they procured their contraceptives from a private source as compared to 10 percent in 1983.

Contribution of Technical Assistance

A significant portion of the project funds supports technical assistance. To date some 61 months of expatriate and 66 months of local technical assistance has been provided and well utilized by the BKKBN, NGOs and commercial organizations involved. This effort has contributed to a considerable growth in BKKBN's institutional capacity to deal with the private sector and in the capacity of the private sector itself to develop high quality fee-for-service family planning activities. It also has helped increase BKKBN's capability to carry out a communications and marketing effort that will create awareness of, and demand for, family planning services and products.

Recommendations

Ways to continue the improvement in BKKBN's institutional capacity to develop private fee-for-service family planning outlets:

1. Continue manpower and organizational studies to respond to the needs of a program that is making more use of private providers, collecting statistics in different ways and potentially using a significantly different cadre of community-level personnel in community-based distribution (CBD).
2. Develop a strategy for the most cost-efficient way to collect and analyze service statistics in a substantially changed program.
3. Further improve coordination, involving appropriate BKKBN bureaus, NGOs, professional associations and commercial firms to engage all in policy dialogue, shared planning of overall approaches, and information sharing in a way that is supportive without interfering with private sector management prerogatives.
4. Continue trends toward decentralization of management.
5. Continue and strengthen actions toward quality assurance of clinical services.

6. Review and clarify BKKBN policy relating to the degree of public sector support likely to be available for private sector activities.

How to utilize most effectively uncommitted project funds during the final years of the project (in order of priority as funds are limited):

1. Commission studies to review possible problems with the transition from BKKBN supplied *Jalur Swasta* (private channel) contraceptives to Blue Circle CSM.
2. Extend technical assistance contracts for NGO and DuaLima activity.
3. Provide organizational development assistance to the Association of Midwives (IBI).
4. Extend the Fortune contract for an additional 6 months.

The roles to be played by the Bureaus of Integration and of Information and Motivational Services in the implementation of the proposed new USAID project, "Private Sector Family Planning," planned for FY 89 obligation:

Bureau of Integration

1. Liaison with NGOs to develop improved working mechanisms with BKKBN.
2. Work with USAID and the Bureau of Finance to simplify financial procedures related to expansion of NGO or city activities.
3. Work with other Bureaus to develop necessary modification and implementation of urban CBD.
4. Facilitate continuing support to strengthen NGO management, especially IBI.
5. Arrange studies of program implementation as needed.

Bureau of Information and Motivational Services.

1. Chair Task Force for internal BKKBN coordination of Blue Circle CSM.
2. Continue oversight of Blue Circle IEC at province and city level.
3. Coordinate other BKKBN IEC activities to have maximum impact on Blue Circle CSM.

The above will require specific personnel assigned, training and internal seminars.

Other Programmatic Recommendations

1. Broaden the message of Blue Circle CSM advertising to go beyond mere product advertising and differentiate the target audience.

2. **Clarify and communicate precisely the message of Blue Circle.**
3. **Keep the Blue Circle campaign on track, channeling its spontaneous spread into more constructive program support.**
4. **Monitor the distribution of IUD Kits.**

1. Introduction and Background

1.1 General Background and Description of Project

The Indonesian family planning program, world renowned for its many successes, has been unique in initially achieving more widespread knowledge of family planning and greater use of contraceptives in rural rather than urban areas. Although Indonesia's urban population in the early 1980s was only about 15 to 20 percent of the total population, it was growing rapidly, both in actual numbers and in relation to the rural population. A five-city survey of contraceptive knowledge and use in 1983 demonstrated a substantial, unmet demand for family planning in the urban areas -- for example, 50 to 60 percent of respondents who never used contraceptives reported they did not want additional children, and from 15 to 30 percent of the women reported their previous pregnancy was unwanted. At that time, the urban (five cities) contraceptive prevalence averaged about 42 percent, compared to a use level reported by BKKBN in rural areas of 50 to 60 percent.

Consequently, USAID and BKKBN included an urban component in the Family Planning Development and Services II (FPDS) project, which began in late 1983 and which, as amended, will continue until 1992. The urban component was one of six, the other five being training, modern management technology, voluntary sterilization, village family planning, and research. The several components were to be complementary, with USAID and BKKBN coordinating them into a cohesive program effort. General program thrusts were outlined in the project paper. Detailed annual plans of action were to be presented by BKKBN after development of a more comprehensive urban family planning strategy. These activities were funded through Project Implementation Letters (PIL) and Project Implementation Orders/Technical (PIO/T). A total of \$3.75 million was obligated for technical assistance, pilot clinic development, promotion of private clinics, doctor and midwives offices, media campaigns, market research, training of private doctors and midwives, and development of non-government organization (NGO) support for private sector family planning services and fee-for-service operational research in 11 target cities. Another \$3.5 million was obligated at the end of FY 1987 to fund additional technical assistance, establish a contraceptive social marketing (CSM) program, expand the urban program to 16 more cities, and expand the mass media campaign for private sector services to 25 cities. Although there was some delay in initiating many elements of the urban component (mainly associated with financial and contractual procedures), it has been actively operational for the past two and one-half to three years. The most recent activity is the Blue Circle Phase II CSM campaign, the products of which are just now entering the market.

The original project and BKKBN's urban strategy placed substantial emphasis on the use of the private sector to reach additional users. During the project period 1983-88, the private sector concept received even greater emphasis as BKKBN developed its policy of *KB-Mandiri* or family planning self-sufficiency, the ultimate goal of which is to shift up to 80 percent¹ of family planning users to services provided by the private sector. The activities of this urban component have provided much of the knowledge, experience base and institutional development necessary for USAID's and BKKBN's next project, Private Sector Family Planning 597-0355.

¹Eighty percent was an ultimate goal expressed in early discussions of *KB-Mandiri*. Further experience with this concept has suggested to BKKBN that a somewhat lower national goal may be more achievable.

1.2 Project Objectives

The original objectives of USAID support for this component, as outlined in the FPDS II project paper, were

1. To develop pilot family planning fee-for-service clinics in order to test the feasibility of this approach to expand urban coverage;
2. To develop an urban strategy to shift 25 percent of the acceptors to fee-for-service family planning by 1990;
3. To promote the use of private clinics, doctors and midwives services in 10 cities by training and equipping these professionals; and
4. To double the service points in 10 cities by 1987.

Project Amendments No. 2 and 3 added four more objectives:

5. To expand mass media campaigns, training, market research, and the equipping of private doctor and midwife clinics to 15 more cities;
6. To assist NGOs to expand their services to the private medical services network;
7. To provide international and local technical assistance to these activities; and
8. To establish a national contraceptive social marketing program in the private commercial sector.

1.3 Evaluation Scope of Work (provided by USAID/BKKBN)

The scope of work had three main objectives:

1. To gauge the extent to which the activities supported under the project have met the quantitative objectives of the project. In addition the evaluation was to assess the quality of the work conducted and the degree to which the new services provided have been utilized;
2. To examine the development of institutional capacity to provide quality fee for service and surveillance in the private clinic sector and the commercial sector; and
3. To assess the contribution of the international technical assistance in improving BKKBN's and the private sector's (NGOs, professional and commercial outlets) ability to create a national private sector family planning service program.

(See Appendix A for the complete Scope of Work.)

1.4 Evaluation Team

A Team of two Indonesian professionals and two international consultants were contracted through DUAL & Associates, Inc. and the International Science and Technology Institute, Inc.

The Indonesian professionals were Dr. Suprijanto Rijadi and Julie Marsaban-Stirling, and the international consultants were James Echols and William Bair, Team Leader. (See Appendix B for information on the backgrounds and experience of the Team members.)

1.5 Methodology

During the assignment, the Team reviewed relevant documents and interviewed BKKBN personnel, USAID personnel, technical assistance consultants, leaders of NGOs, professional associations and directors of pharmaceutical, marketing, research and public relations firms. (Appendix C provides a list of many of the institutions and organizations involved in the project.) It was possible to attend a regular coordinating meeting of BKKBN and NGOs as well as a special meeting held to coordinate elements of the Blue Circle campaign. Three cities, Jakarta, Surabaya, and Medan, were selected for visits. Here, interviews were based on a structured questionnaire. Those interviewed included provincial and city BKKBN officials, mayors, IBI (Midwives Association), ISFI (Pharmacists Association), and IDI (Doctors Association) executives, selected doctors, nurse-midwives and pharmacists in their places of practice, and health center (*puskemas*) directors. In two cities, Medan and Surabaya, the Team visit coincided with the launch of the Blue Circle contraceptive product sales, a major public relations event. A fourth city, Bogor, was visited to assess operations research activities. The work was carried out according to the following schedule:

Jan. 27 - Feb. 10	Document review and interviews with USAID, BKKBN, NGO and commercial firm personnel
Feb. 11	Visit to operations research field site, Bogor
Feb. 11 - 17	Field visits to Jakarta, Medan, Surabaya
Feb. 18 - 23	Report writing and additional interviews
Feb. 23	Draft Report to BKKBN and USAID
Feb. 24 - Feb. 27	Report revision
Feb. 27	Presentation and review with BKKBN/USAID

2. Quantitative Results to Date

2.1 Financial Summary

The basic strategy of the urban component has been planned, most of the funds are either committed or earmarked, with only \$100,119 out of \$7,250,000 still undesignated (see Appendix D), and the activities are being carried out.

The allocation of funding is as follows:

- Approximately \$3.3 million -- advertising and IEC materials development for social marketing of private family planning services and sale of contraceptives.
- US\$1 million -- technical assistance services in social marketing, communications, health education, NGO development, and analysis of project results for new project development.
- US\$0.6 million -- operations research in pilot clinic development and urban community-based distribution development.
- US\$0.6 million -- training of midwives, doctors and pharmacists.
- US\$0.4 million -- grants to NGOs.

Other activities include supervision travel, workshops, evaluations, audits and social studies.

As set forth in the bilateral agreement, BKKBN has utilized most of the funds in promotion of private sector family planning services. In addition, the amendments to the FPDS II project provided funds to start bridging activities which will be further developed in the Private Sector Family Planning Project now under development.

2.2 Activity Progress (as of February 1989)

Selected Aspects

- An urban sector strategy was developed and later modified to focus even more on the private sector. Additionally, a strategy for communication, one for self sufficiency (*KB-Mandiri*) and one for social marketing was developed.
- Eleven pilot clinics were supported through YKB (NGO family planning foundation), five currently operating.
- Patient flow analysis study was carried out by YKB with Centers for Disease Control (CDC) support.
- Operations research on community-based distribution is in the operational stage in three urban areas.

- A BKKBN system has been established to provide block grants to 27 cities to stimulate private sector services.
- A BKKBN grant mechanism is in place to support six NGOs and professional associations at the national and local levels.
- BKKBN support has been provided for 1,746 doctors trained by IDI to deliver family planning services in 11 cities.
- A mail survey was carried out by IDI, ISFI, IBI with 6,000 respondents (data being analyzed).
- With BKKBN support, 1,483 midwives have been trained by IBI to deliver family planning services in 11 cities.
- IUD (Intra-uterine device) Kits were provided to 875 doctors and 1,899 doctors received IEC (information, education, and communication) packages.
- IUD Kits were supplied to 1,206 midwives and 1,366 midwives received IEC packages.
- ISFI trained 605 of its members in 11 cities.
- The Blue Circle Phase I Campaign to promote private sector services has been carried out in 11 cities, with 16 more ready for inclusion in 1989.
- A Blue Circle (Phase II) contraceptive social marketing program has been initiated:
 - a. A contract was executed with a marketing management firm to oversee planning and implementation of CSM.
 - b. Subcontracts were developed with three local contraceptive manufacturers to provide and distribute contraceptives.
 - c. A local advertising firm has been arranged to develop a product advertising campaign to be initiated in 11 cities in the next six months.
 - d. The CMS marketing of products is to be launched in four cities in February and ready for launch in six more in the next six months.
- Eleven market research surveys and studies were carried out by a local research firm related to Blue Circle Phases I and II.
- Technical assistance has been provided by the project:
 - 18 person-months for urban social marketing
 - 15 person-months for NGO development and health education
 - 3 person-months for senior population advisor (management)
 - 8 person-months social marketing through SOMARC
 - 12 person-months operations research
 - 5 person-months IEC through JHU/PCS
 - 56 person-months local accountant and communication consultants
 - 10 person-months (estimated) by YKB to NGOs, BKKBN, etc.

3. Support to NGOs and Professional Associations

3.1 Background

BKKBN has developed an urban family planning strategy (outlining policies, objectives, general program areas and activities) in line with BKKBN's long-term goal of *KB-Mandiri* or family planning self-sufficiency.

One objective of the urban family planning program was to develop and make use of private channels (semi-commercial or commercial) and private institutions in the provision of family planning services. Examples of these private channels include the Indonesian Planned Parenthood Association (PKBI), the Indonesian Medical Association (IDI), the Indonesian Midwives Association (IBI), the Indonesian Pharmacists Association (ISFI), Kusuma Buana Foundation (YKB), and the Forum for Population NGOs (FISKA).

These institutions are to be assisted through the leadership and coordination, primarily of BKKBN's Bureau of Integration, with both the Bureaus of Contraceptive Services and Information and Motivational Services supporting the effort. Leadership is provided by BKKBN headquarters in Jakarta. Many of the activities, however, were to be decentralized through the provincial offices of BKKBN and especially through the BKKBN offices which are established in the major cities. Task forces have been formed as well at both the national and city levels to help in coordinating these activities with the private sector.

The urban family planning program contains the following elements in support of the NGO/professional organization thrust:

- Block City Grants, which involve transfer of BKKBN funds to support provision of family planning services by private sector organizations such as IDI and IBI;
- Funds to strengthen the national IDI and IBI (these funds ensure proper linkages between the national and city branches of these associations);
- A small fund to local IDI and IBI chapters for operational costs;
- Funds for training costs of IDI, IBI, and ISFI;
- Funds to assist BKKBN in monitoring and supervising the implementation of the 27 Block City Grants. (A total of 27 cities will eventually receive Block City Grants; to date, these grants have been utilized by 11 cities -- Jakarta, Medan, Surabaya, Ujung Pandang, Bandung, Malang, Padang, Palembang, Pontianak, Semarang, and Solo); and
- Grants to NGOs for pilot and local projects.

3.2 Implementation of Efforts to Develop the Capacity of Private Sector Organizations to Provide Family Planning Services

3.2.1 Training

IDI, IBI, and ISFI conduct training in family planning services for their members. Manuals to standardize the training have been developed and produced by both the National IDI

and IBI. Development funds came from the urban family planning project and the printing costs were covered by five private companies (Organon, PT Mecosin, Schering, Dumex, and TIGAKA). Each organization received 5,000 manuals for distribution to their respective branches.

Training is proceeding on schedule in the 11 cities currently funded by Block City Grants, with 40 percent of the private doctors and 65 percent of the private midwives already trained in general family planning and IUD insertion procedures, and 45 percent of pharmacists and assistants having received appropriate training (see Tables 1, 2, and 3). Funded plans for 1989 will cover most of the remaining doctors and midwives in the major urban centers. Doctors and midwives who have received the training have found it useful for their family planning practices. BKKBN's strategy is gradually to relinquish the task of training, transferring it instead to the private sector. An example of this is occurring in the city of Medan where the first and second training sessions were conducted by BKKBN Medan, and the third to the fifth session conducted by IDI and IBI. In other cases, this has not happened with BKKBN continuing to handle training, both at the city and at the province levels.

TABLE 1: PRIVATE DOCTORS ASSISTED BY URBAN PROGRAM

NO.	CITY	Estimated Number of Doctors with Private Practice in City	Number of Doctors Trained in FP by Urban Program (BKKBN/IDI)	Number of Doctors Who Received IUD Kit
1	Jakarta	2,150	462	170
2	Surabaya	535	150	100
3	Bandung	375	240	65
4	Medan	300	239	165
5	Semarang	170	130	45
6	Palembang	270	120	120
7	U. Pandang	150	115	40
8	Malang	150	110	30
9	Padang	125	90	40
10	Solo	110	90	40
11	Pontianak	70	60	50
TOTAL		4,405 (100%)	1,806 (40%)	865 (20%)

TABLE 2: PRIVATE NURSE MIDWIVES ASSISTED BY URBAN PROGRAM

NO.	CITY	Estimated Number of Midwives with Private Practice in City	Number of Midwives Trained in FP by Urban Program (BKKBN/IDI)	Number of Midwives Who Received IUD Kit
1	Jakarta	815	340	490
2	Surabaya	155	155	80
3	Bandung	150	130	65
4	Medan	371	258	181
5	Semarang	130	115	115
6	Palembang	250	120	100
7	Ujung Pandang	70	70	55
8	Malang	80	75	20
9	Padang	125	120	40
10	Solo	90	60	40
11	Pontianak	75	50	30
TOTAL		2,311 (100%)	1,493 (65%)	1,216 (53%)

TABLE 3: PHARMACISTS ASSISTED BY URBAN PROGRAM

NO.	CITY	Estimated Number of Pharmacists in City	Number of Pharmacists and Pharm. Assistants Trained by Urban Program (BKKBN/ISFI)
1	Jakarta	450	125
2	Surabaya	210	50
3	Bandung	100	25
4	Medan	150	100
5	Semarang	90	85
6	Palembang	70	30
7	Ujung Pandang	60	40
8	Malang	40	30
9	Padang	90	50
10	Solo	50	30
11	Pontianak	30	40 *
TOTAL		1,340 (100%)	605 (45%)

* Plus Pharmacist Assistants

Some smaller cities will need assistance with basic training in the future. A greater need, however, will be for refresher, updating training which can be of shorter duration. Provision for this is noted in the Project Identification Document (PID) for the new Private Sector Family Planning Project (PSFP).

3.2.2 IEC Materials and IUD Kit Distribution

Both IEC materials and IUD kits have been distributed and are being used in the private practices of doctors and midwives (see Tables 1 and 2). An early problem of a need for lamps appears to have been resolved since the newer kits include head lamps. Distribution has not yet been completed -- 50 percent of the doctors and 19 percent of the midwives who have been trained have not yet received their kits (not all needed them). Some 2,000 kits are yet to be distributed and funds are available from other donors for more if necessary.

3.2.3 Prominent Role of Midwives and IBI

Field observations and BKKBN reports indicate that a growing number of family planning clients are being served by the private sector.

Midwife practice has profited the most. A lesson learned from this program is that, with minimum investment, the BKKBN can stimulate a viable private practice for midwives with a significant number of family planning clients. This confirms the potential indicated in the PID for the future PSFP Project to provide minimum support (seed money) for individual midwives through their association (IBI). The impressive action and capacity of Medan's IBI gives further support to this concept.

IBI has made important strides over the past few years in identifying its role and demonstrating individual competence and confidence. There is an issue, however, of whether IBI is ready for the greatly expanded role anticipated for it in future project implementation and service delivery nationwide. The organization has expressed enthusiasm for the technical assistance supplied by the project and may look to additional assistance from a local management institute in the area of organizational development. Such assistance would be helpful in such areas as articulation of goals and strategy and development of a stronger organizational structure (to serve their members better, meet expanded activity objectives and move toward self-sufficiency). It might also be coupled with external assistance from an organization like the American College of Nurse Midwives.

3.2.4 NGO Pilot and Local Projects

Development of a Quarterly Bulletin. FSKA (a forum for various Indonesia population NGOs) activity is mainly to develop a quarterly bulletin to be sent to 750 private voluntary organizations in Indonesia.

Family Life Education Training. An Indonesian Planned Parenthood Association (PKBI) pilot activity supported by the project concentrates on training leaders in family life education for youth with low socioeconomic status in North Jakarta.

Operations Research on Community-Based Distribution of Contraceptives. Operations research on CBD is being carried out in collaboration with the University Research Corporation (URC), YKB and BKKBN in three urban areas, Jakarta, Bandung and Bogor. In

these studies the distribution network is largely that of the standard BKKBN urban village² family planning program. The thrust is to learn whether urban villagers will be willing to pay a small service fee for pills and condoms dispensed by village level volunteers. The approach involves providing training to volunteers in how to be effective door-to-door promoters. Contraceptives are provided free to the distributors and they charge for their door-to-door service. The revenues are divided between the volunteers and the urban village council. Supervision is provided by the BKKBN supervisor. Clients are referred to private doctors and midwives for clinical services.

Some 200 distributors have been involved in these studies, which have been under way for approximately a year. The trend in use is favorable, indicating that users can be attracted to this fee-for-service system -- at least as long as the cost is low (as stated above, this is made possible by BKKBN providing free contraceptives to distributors). Pill acceptors using the system had increased from 19 percent of all pill acceptors in the first quarter of 1988 to 28 percent in the fourth quarter. Distributors displayed enthusiasm and appeared self-confident about their roles, work and perception of success.

The full results of this research are not yet available, especially those dealing with cost-effectiveness and potential savings to BKKBN in fieldworker costs. This approach appears promising, however, as a way to provide a transitional step in the shift from free *puskesmas* (Public Health Centers) supplies to the higher-cost services of the Blue Circle approach. This CBD approach may not reduce the need for BKKBN fieldworkers, but it could broaden their reach to more communities or enable them to take on other roles in the "beyond family planning approach" of BKKBN/MOH/PKK integrated health and community development activities. If the approach proves cost-effective, it remains to decide whether BKKBN should continue to participate in training, supervision and contraceptive supply, whether the private sector should take over, or whether there should be some combination of the two.

Present discussions suggest a trend toward having the private sector assume all aspects of CBD including provision of Blue Circle products, field training, and supervision. This approach raises questions about the price to the consumer (i.e., keeping prices within reach of lower economic levels), potential distribution channels, and NGO capacity to manage without government support. These issues are under study by URC, YKB, USAID and BKKBN officials.

Kusuma Buana Foundation Activities. The Kusuma Buana Foundation (YKB) is undertaking several activities. One is to provide family planning services in industrial factories in an effort to reach the unreached urban segment of the family planning target. This has involved development of appropriate IEC materials. A second activity has been operations research on community-based distribution, using a semi-commercial provider at the subvillage level. In a third activity, YKB is developing family planning services for the middle class using the family planning clinics. Working with private voluntary organizations in five cities (Palembang, Pontianak, Malang, Padang, and Medan), YKB conducted an assessment of the types and demand for family planning services in these urban areas. With the assistance of the Centers for Disease Control (CDC), it also carried out a clinic patient flow analysis designed to improve the efficiency of family planning clinics.

²"Urban village" refers to the village organization that exists even within large urban centers. Urban villages may differ from rural villages but they have similar organizational structures.

Another experimental effort -- to see if pilot clinics for middle class clients in urban areas could be self-sufficient -- has not had very promising results to date. Based on early efforts by other donors and this project, 11 such clinics have been developed through the project. YKB³ was the implementing agency and the goal was to provide services for those groups (C and D socioeconomic levels) not already served by private doctors and midwives (upper classes) or those served by the *puskesmas* (lower classes). Perhaps due to their locations, these clinics attracted very few clients (on average only 12 a day). In addition, costs are high -- substantial initial investment and considerable overhead including a typical staff of two midwives, one administrative staff, an office boy, a part-time general practitioner doctor, a part-time gynecologist and in some cases a psychologist. At this point, perhaps three of the clinics might be considered self-sufficient, with good prospects for two others.

On balance -- considering the lack of client draw and high costs -- the pilot clinics do not appear to be a cost-effective way of greatly expanding service. With respect to expanding services, assistance to midwives appears to be much more effective. Model clinics should not be completely ruled out, however, for they can play other important roles, such as testing new clinical methods or service delivery systems, providing good training opportunities, or demonstrating high standards of quality care.

3.2.5 Implementation Issues

NGO Self-Sufficiency vs Need for Continuing Public Sector Support. Much progress was seen in institutional development and implementation of activities by the professional associations and NGOs, including efforts on their part to increase their self-sufficiency. It is unlikely, however, that they will be able to expand their activities in family planning to the degree desired without substantial, continuing public sector support. This conclusion appears to be supported by the BKKBN chairman who has said "to shift emphasis to the private sector does not mean BKKBN will withdraw." Nonetheless, the policy appears to be in favor of eventual self-sufficiency.

Quality Assurance. Concerns for quality assurance were expressed both in the village family planning evaluation and the PID for the new Private Sector Family Planning project. Except for physical conditions at the *puskesmas* visited, there was little indication of any significant widespread problem of service quality, and the private clinics visited gave evidence of attention to these concerns. Additionally, the National Indonesian Contraceptive Prevalence Survey, 1987 (NICPS) indicates that 94 percent of the users expressed no problem with the source of services. Nevertheless, among those who have stopped using contraceptives in the last five years, health concerns were second only to the desire to get pregnant as the reason for discontinuation.

With greater emphasis in the program on clinical methods and the inclusion of a new cadre of service providers (see Section 3.2.4), the issue of quality assurance becomes more important. The urban project has done much already to improve quality through training, provision of informational materials and medical equipment, and the referral to fee-for-service private service where client satisfaction may receive more attention. BKKBN is reviewing with IDI, IBI and PKMI ways to monitor and improve quality assurance in the delivery of clinical methods. IDI and IBI chapters made several suggestions for surveys to identify possible problems. The National IDI expressed an interest in the development of service standards and participation in quality assurance

³YKB also runs a pilot clinic with funds provided by the A.I.D.-funded Enterprise project which opened in October 1987 and is targeting higher economic level clients. It is now about 60 percent self-sufficient.

efforts if requested to do so by BKKBN.⁴ The PID for the new Private Sector Family Planning Project calls for a broader spectrum of service delivery to be considered by those developing quality assurance programs for sterilization.

Collection of Service Statistics. BKKBN has one of the most comprehensive and timely systems for producing service statistics of any family planning program in the world. It is apparent from census data and the contraceptive prevalence survey, however, that some of the assumptions BKKBN has used to produce estimates of prevalence will require updating. With the shift to private sector service, the present system of fieldworkers collecting this data will become increasingly cumbersome. BKKBN has established a committee to review this process. The new Private Sector Family Planning project will support one additional contraceptive prevalence survey.

Role of Women. BKKBN has done much to include women in its program, working closely with the Family Welfare Development Program (PKK), which has been especially active in helping to mobilize local volunteers. Most community contraceptive distributors are women, as are about half the fieldworkers. The percentage of women's participation decreases at the higher management levels although one of BKKBN's deputies and two bureau chiefs are women, as is the Jakarta province chairperson. Welcome as is this degree of women's participation, there are still instances in which policy discussion and program planning about family planning could benefit from greater input from women. Among other substantial advantages to be gained from the inclusion of IBI in the program, is that it will provide an additional way to advance the status of women and include women's perspective more in policy formation.

Impact on Youth. BKKBN program strategies and informational materials place significant emphasis on encouraging the postponement of marriage and reaching couples at a younger age with family planning services. Work with the Boy Scouts, Girl Scouts and the national youth organization has been largely informational and motivational in nature, as has a recent youth activity of the Indonesian Family Planning Association (PKBI). Service facilities, however, are not designed for younger couples and only limited results have been achieved in lowering their fertility. BKKBN's Bureau of Integration is reviewing innovative possibilities to deal with these couples both in their workplaces and through youth clubs.

Recommendations

- 3-1. The Bureau of Integration together with IDI and IBI should review and monitor the distribution of IUD kits to assure that all trainees requiring these kits have been supplied.
- 3-2. Depending on the wishes of IBI, technical assistance should be provided from a local management institute to assist in organizational development including role identification, goal setting, strategic planning, organizational structure and self-sufficiency. The initial assistance should be followed by periodic additional consultation. External assistance from someone experienced with an organization such as the American College of Nurse Midwives could complement this assistance from the management institute.

⁴Although concerns for quality are essential they can become a stumbling block if not applied realistically, e.g. at one time the Health Department would not license a private midwife until her clinic was fully equipped. At the same time, BKKBN policy was to provide IUD kits only to licensed midwives. This seemed reasonable, but in practice created problems.

- 3-3. The urban and rural community-based distribution project will expand in the planned PSFP project. BKKBN's Bureau of Integration can work together with the Bureau of Contraceptive Services and the Bureau of Institutional Development in developing the modification of the CBD approach used in the study in order to implement this approach in the expanded program.
- 3-4. BKKBN's Bureau of Integration should facilitate continuing support to strengthen the management (including data collection and reporting) capability of NGOs' family planning activities, particularly IBI, which will be playing a key role.
- 3-5. BKKBN must continue to review the issue of NGO self-sufficiency and clarify its policy related to continuing public sector support for NGO and professional associations' private sector family planning programs.
- 3-6. The Bureau of Integration can act as coordinator or liaison to develop the working mechanism between BKKBN and the NGOs. (This role must be closely coordinated with the Bureau of Information and Motivational Services in its role with the Blue Circle.)
- 3-7. BKKBN should continue its review with IDI, IBI, and PKMI of ways to monitor and improve quality assurance in the delivery of all clinical methods. IDI interest in establishing clinical standards should be supported; surveys of present quality of care should be carried out and consideration might be given to securing technical assistance in developing a strategy for providing surveillance and quality assurance in situations in which regular on-site inspection is not likely to be feasible.
- 3-8. BKKBN should continue its review of a strategy for the most cost-effective way to gather and analyze necessary family planning data from both the public and private sector. Local professionals should be involved, those internal to BKKBN, those from the Bureau of the Census and those who were involved in completing the NICPS. Additional short-term external technical assistance should be provided as needed to develop this strategy. Development of the strategy should be based, among other things, on further experience with the Blue Circle campaign and decisions about CBD. NGOs should be consulted in the development of the strategy, as should commercial enterprises engaged in marketing contraceptives.
- 3-9. The Bureau of Integration should be encouraged in its efforts to develop innovative, service delivery-oriented, pilot activities with youth. New opportunities should be assisted as funds are available.

3.3 Management/Coordination of Activities

3.3.1 National and City Committees/Task Forces

The BKKBN has developed various means of achieving coordination of all the activities in the urban family planning program. For example, at the national level, there is a committee consisting of representatives from the Bureau of Integration and NGOs; and a committee with representatives from the BKKBN's Bureau of Information and Motivational Services (Bureau of I&MS), and commercial firms for the Blue Circle campaign. At the city level, these committees are merged into one task force.

It is not clear how effective these task forces are. Meetings at the city level do not appear to be held regularly. Rather, task forces are said to convene only when there are activities to be carried out. Issues discussed (at least in two observed sessions of the meetings -- NGO Committee in Jakarta and task force in Medan city) focused on financial matters and reports of previous activities.

3.3.2 Roles of BKKBN and the NGOs

The complex web of public and private organizations involved in implementing the Block City Grants is putting a large strain on BKKBN's ability to provide financial oversight and control. The difficulty of collecting monthly financial report forms (SPJ) from three professional associations scattered in 11 cities cannot be underestimated, and the expansion to 27 cities will multiply the problems.

On the other hand, current BKKBN financial procedures also may be a problem. In a Jakarta task force meeting, the agenda was solely taken up with discussing how much money was spent, when the next disbursement would be, and the backlog of program activities due to the financial procedures. In Medan, however, financial procedures were not considered a major problem, and here and elsewhere, evidence was seen of institutions learning how to respond to the system and make it work.

Weighed against the problems observed is the consideration that the goal of this component is development of better working mechanisms between BKKBN and the professional associations. There may be a temptation to centralize the funding for better implementation, but the institution-building objective will not be achieved as well by this approach. Even though the present mechanism is difficult, the institution-building process develops through the discussion of the many parties involved in this activity.

Simpler financial and reporting procedures would be desirable.

Recommendations

- 3-10. The task forces that have been formed at the national and city levels should be continued on a more regular basis to involve both appropriate BKKBN personnel (Bureau of Integration and Bureau of Information and Motivational Services) and NGOs, professional associations, and commercial firms. In addition to planning specific activities, this coordination should stimulate policy dialogue, joint planning of general program approaches and information sharing. Coordinating groups should avoid becoming involved in management of activities that are implemented by the private sector. There should be improved coordination in the field by strengthening the role of the task force chairpersons and bringing them into closer contact with the BKKBN Jakarta coordinating body as it relates to their provinces and cities.
- 3-11. To foster institutional development and better working mechanisms between BKKBN and NGOs at the several levels and provide programs more responsive to local requirements, BKKBN's role as coordinator of the urban family planning activities should be decentralized in so far as possible. The professional associations are expected to follow this pattern when their organizations are ready. Fiscal and contracting procedures must be reviewed to facilitate this process of decentralization and of making grants to NGOs or contracting with private sector commercial firms.

- 3-13. With the expansion of Block City Grant activities to 27 cities, the financial problems associated with program implementation will multiply; therefore, BKKBN's Bureaus of Integration and Finance should work together to simplify financial procedures, and with USAID where A.I.D. funds are involved.

3.4 Special Studies

BKKBN, with UNFPA support and the assistance of LAN (a national institute for public administration), has been making a study of the personnel redeployment and organizational restructuring that may be required by a changing program. Although the study is not complete, some decisions have already been made including plans to reduce central staff by up to 25 percent and hiring higher quality staff with more training in analytic methods. It will be important to continue the review as decisions on CBD are made, experience is gained with monitoring social marketing, and a new strategy is developed for gathering and analyzing service statistics.

IDI and IBI conducted a survey of characteristics of private doctors and midwives to verify the level and nature of family planning services provided; the 6,000 responses received are now being analyzed. IDI has also concluded an agreement with BKKBN to initiate a study of ways to include family planning in health insurance plans.

Recommendations

- 3-14. BKKBN should continue its studies with the management institute LAN, using additional technical assistance if necessary, to maintain an on-going analysis of the responsibilities of various Bureaus, personnel needs, roles and possible redeployment of personnel in the light of shifts in program emphasis to the private sector. This study should, among other aspects, include the implications of any decisions made regarding the urban community-based distribution programs, experiences gained with the Blue Circle CSM activities and decisions on a strategy for obtaining and analyzing service statistics.
- 3-15. Several studies are needed to guide policy development and program implementation. The Bureau of Integration, in conjunction with the Division of Program Development, can arrange for local institutions to carry out studies in areas such as:
- Problems associated with the transition period from *Jalur Swasta* to Blue Circle contraceptives.
 - Problems associated with the rapid expansion of urban family planning from 11 cities to 27 cities.
 - System for monitoring the NGO's effort to replace the current reporting and recording activity for private doctors and midwives.
 - Monitoring the quality assurance of clinical services provided by the private sector.

**4. Blue Circle IEC and
CSM Campaigns**

4. Blue Circle IEC and CSM Campaigns

4.1 Background

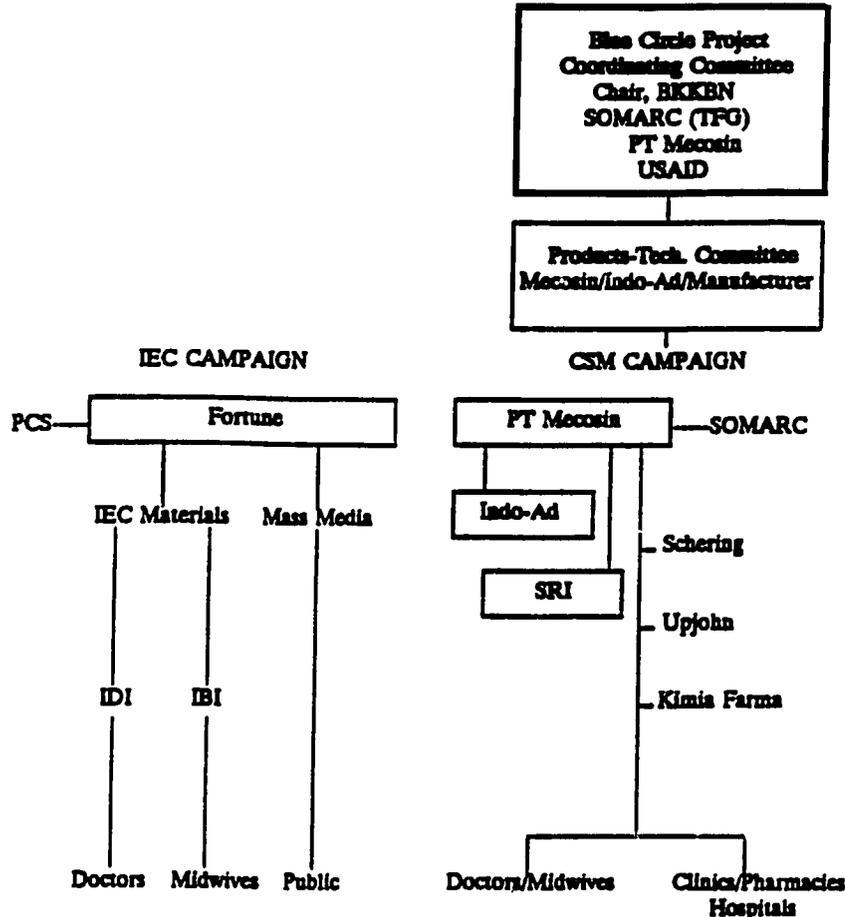
A key element in the project strategy is the two-phase BKKBN Blue Circle campaigns, which began in 1987. The campaigns were designed as a major thrust in the effort to institutionalize the concept of *KB-Mandiri* or self-sufficient family planning.

Phase I (IEC) was geared to enlisting the support of the public and of private sector providers, particularly doctors and midwives. It involved both mass media and targeted IEC campaigns. Begun in four pilot cities, it has expanded to 11 and is in the process of moving to 16 more.

Phase II (CSM) is focused on product promotion, and involves a major marketing management contract to conduct a CSM campaign for contraceptive products. Following these two campaigns, BKKBN has planned a Private Sector Family Planning Project (1989-1995), with A.L.D. support, to continue the shift to the private sector.

The two phases are being implemented by various institutions and organizations under the policy guidelines and coordination of BKKBN headquarters. (See the organizational chart below and Appendix C for a complete listing of all groups involved.)

BLUE CIRCLE PROJECT



4.2 IEC Blue Circle

4.2.1 Implementation

Phase I of the Blue Circle campaign was designed to achieve the following objectives:

- Promote awareness of the family planning services available in the private sector, especially through private doctors, private midwives and to some extent through pharmacies;
- Motivate use of these services by emphasizing quality of service; and
- Provide information that would counteract rumors and misinformation about family planning.

Activities were orchestrated by Fortune advertising company, with technical assistance from John Hopkins University/Population Communication Services (JHU/PCS). A wide range of IEC approaches have been used: In year one (October 1987 to November 1988), a massive public relations campaign was inaugurated, after which Fortune produced and arranged for the distribution of sets of materials to 3,265 doctors and midwives in four cities: Jakarta, Medan, Surabaya, Ujung Pandang (as shown in Tables 4 and 5); and a five-month mass media campaign (radio, newspapers, and 50,000 posters) was begun in February 1988.

TABLE 4: DOCTORS AND MIDWIVES WHO RECEIVED IEC PACKAGE

NO.	CITY	Number of Doctors	Number of Midwives
1	Jakarta	1,530	964
2	Surabaya	157	164
3	Bandung	-	-
4	Medan	150	200
5	Semarang	-	-
6	Palembang	-	-
7	Ujung Pandang	62	38
8	Malang	-	-
9	Padang	-	-
10	Solo	-	-
11	Pontianak	-	-
TOTAL		1,899	1,366

TABLE 5: YEAR I DISTRIBUTION IEC MATERIALS TO 3,265 DOCTORS/MIDWIVES

Item	Distributed to Doctors/Midwives	Remaining in Storage	Average Distr. Per Outlet
Sign	3,315	200	1
Leaflet II	3,250	250	1
Wall Chart	3,307	63	1
Dr. Poster	1,821	280	1
Mid. Poster	1,220	50	1
KB Brochure	1,197,050	1,480,150	370
Pill Leaf	708,820	189,500	220
IUD Leaf	899,220	199,100	220
Inj. Leaf	385,660	63,220	120
Ster. Leaf	224,580	0	70
Users Guide	3,293	450	1

The objective of countering rumors and misinformation was addressed through a series of radio dramas and, less successfully, through a series of newspaper articles.

Year two (November 1988 to October 1989) of the campaign involves considerable expansion of the efforts begun in year one: In the original four cities, efforts will be made to enlist all potential private family planning providers, including clinics and hospitals; and seven new cities will be added -- Bandung, Malang, Padang, Palembang, Pontianak, Semarang, and Solo.

The approach will be similar to that used in year one: It will include training for working groups in all 11 cities, preparation of a guidebook, distribution of materials through 7,700 doctors and midwives in the 11 cities, and an advertising campaign (which began in February 1989).

In addition, Fortune will conduct public relations activities in support of campaigns in each city, develop corporate sponsorship to help defray costs, and coordinate activities with PT Mecosin and Indo-Ad in the products campaign (see Section 4.3.1). It also plans to produce campaign kits so that not only the 11 cities but an additional 16 cities will have model materials upon which to develop their own campaigns. The kits will include guidebook/manuals with specifications for printing, banners, and master copies of all advertising and PR materials.

4.2.2 Management Continuity

Fortune staff, with JHU/PCS assistance, appears to be performing with high involvement and dedication and to be doing a very good job. The project is on schedule, and materials have been produced in the quantities and of a quality anticipated. Those tested by SRI appear to be successful in communicating the message. The only exception noted is a billboard, planned for use in January and February 1989, which attempted to combine products and services.

Fortune's contract expires in October 1989. In anticipation, it is preparing kits for those cities which will not be covered by then. These kits will require IEC materials preparation, production, and distribution prior to the inauguration of campaigns under the direction of the local task force (see Section 3.3.1). Without the continuing backstopping of Fortune, this may prove to be a difficult, if not impossible task. In addition, the mechanism for dealing with the CSM Blue Circle Phase II after the Blue Circle IEC Phase I expires will need to be improved in order to deal with advertising/market research/sales activities. There will still be a continuing concern for the broader aspects of IEC needed to continue the creation of demand and to encourage couples (especially young ones) to become part of the family planning movement. Because of the complexity of this task, the continuation of the Blue Circle working level coordinating committee is essential (see Section 4.4.1).

Recommendations

- 4-1. The Fortune contract should be amended to continue the IEC part of the Blue Circle program for an additional six months to assist with proper utilization by the city task forces of the IEC campaign kits. For the long term, the BKKBN should develop a stronger IEC in-house capacity, or if committed to a private sector approach to IEC, through a technical assistance (TA) or contract organization such as JHU/PCS or Fortune.
- 4-2. BKKBN's Bureau of Information and Motivational Services should be responsible for the oversight of on-going Blue Circle IEC activity, which centers on the IEC kits that provide the main materials for local IEC campaigns to be carried out by provincial and city task forces. Even with short-term extension of the Fortune contracts, there will be a continuing need for encouragement, guidance, and monitoring of all local IEC campaigns.
- 4-3. The BKKBN budget provides for general information and motivation activities required to maintain the momentum toward establishing the small, happy, prosperous family as the accepted social norm. BKKBN's Bureau of Information and Motivational Services should assure that these programs are well coordinated with Blue Circle *KB-Mandiri* objectives and that both programs have the maximum possible impact on one other.

4.3 CSM Blue Circle

4.3.1 Implementing Agencies

Phase II of the campaign has one principal objective: to make available through doctors, midwives, pharmacies, private clinics, and hospitals, a range of moderately priced contraceptives that would offer alternatives to free BKKBN products and high-priced products in pharmacies.⁵

The goal is to have consumers assume an increased level of financial responsibility through the means of a social marketing campaign, which would constitute a major element of the *KB-Mandiri* or self-sufficiency effort. PT Mecosin, a private marketing management company in

⁵The success with the SOMARC-funded CSM project DuaLima condom provided basic experience for developing this concept. BKKBN had also provided free contraceptives to doctors and midwives (*Jalur Swasta*) for use in their private practice demonstrating the potential growth of these service delivery points.

Indonesia, was selected to develop the marketing strategy and to provide coordination with market research, advertising, and contraceptive manufacturers and distributors. Technical and financial assistance was provided by the SOMARC project, including the hiring of a senior marketing manager to oversee the program. Indo-Ad was selected as a sub-contractor to PT Mecosin to plan and implement the CSM advertising campaign. Indo-Ad creates and tests the various media and public relation components of the project, with the help of Survey Research Indonesia (SRI), a marketing research firm with many years association with BKKBN.

4.3.2 Products

Initially, three products were marketed: Microgynon 30ED from Schering, Depo-Provera from Upjohn, and the Copper-T IUD from Kimia Farma. Consideration is being given to adding three more products, and DuaLima condoms might also be packaged as a Blue Circle product.

The three products currently being distributed through the project were already available in Indonesia under the manufacturers' labels. Making them available through the CSM project involves an agreement with manufacturers to reduce their price and to add a Blue Circle logo on the package. The Blue Circle products are distributed only through commercial channels, not through BKKBN. The commercial channels include not only pharmacies (where prescriptions are needed), but also, under special regulatory changes approved by the Ministry of Health, private doctors, midwives, clinics, and hospitals.

4.3.3 Marketing/Promotion

Overlap with IEC. The Blue Circle CSM phase began in February 1989, according to a planned overlap with the second year of the Blue Circle IEC phase. Schering, Upjohn and Kimia Farma have expressed their full commitment to the Blue Circle CSM project, and all are anxious to start full-scale marketing of their products. Both they and pharmacists anticipate dramatic increases in the volume of product sales to compensate for the lower price concession of Blue Circle products. Detailers are already communicating information concerning Blue Circle products to service providers, and Schering has begun distributing Microgynon 30ED in Blue Circle presentations to doctors and midwives (it is also available in some pharmacies).

Although Indo-Ad senior staff is not fully convinced of the value of the IEC campaign as an introduction to the CSM campaign, the two phases are in reality complementary. While both contain some of the same mass media strategies, there are differences in emphasis: IEC stresses the creation of demand, encourages couples to become part of the family planning movement, and enlists participation of medical personnel; CSM advertising, on the other hand, focuses more directly on the product itself. The Blue Circle marketing strategy also includes some promotional activities similar to some of the IEC output that should be maintained in order to balance with the mass media advertising, especially as the Fortune IEC project phases out.

Marketing Strategy. The Blue Circle Products Marketing Plan was developed by PT Mecosin staff and their collaborators. Its promotion section targets detailers (pharmaceutical company representatives who visit potential customers -- in this case, doctors, midwives, clinic and hospital personnel) and the professionals who will carry and dispense the three Blue Circle products. Its mass media, direct advertising section stresses that "Blue Circle products are reliable and suitable for you" and that they are prescribed and recommended by "people you can trust" (i.e., your doctor, midwife, or pharmacist). The plan's strategy emphasizes integration with the Blue Circle IEC effort. It also stresses careful monitoring and evaluation.

There is one questionable aspect of the marketing message developed by Indo-Ad: its use of a mass media approach to encourage people to "buy" Blue Circle products. Only two products can actually be purchased: pills and condoms. The other two (IUDs and injectables⁶) must be administered by medical professionals, and require a different kind of promotion. The campaign needs to differentiate its approach to these two types of products and users.

Testing and Evaluation (SRI). SRI has provided strong support to the project. The organization has been involved with the BKKBN for many years, most recently with the DuaLima campaign. Its association with the Blue Circle campaign began in August 1987, with a SOMARC-supported assessment of the state of the market, and the current practices of doctors and midwives. With SOMARC and JHU/PCS support, they also prepared guidelines for the bids which assisted BKKBN and PT Mecosin in finalizing the contracts with Fortune and Indo-Ad. The pre-tests, consumer evaluations, concept tests, and the IEC concepts it has carried out, have, on the whole, been excellent, and have laid the groundwork for very effective messages: Audience reaction studies indicate broad comprehension of, and favorable attitudes toward, the Blue Circle IEC campaign materials and the early materials prepared for the Blue Circle CSM project.

Blue Circle Products Launch. The launches in Surabaya and Medan appear to be eminently successful. The Governor, other government and city officials, large crowds of doctors, midwives, and other participants were present for the inauguration that was highlighted by a Blue Circle giant balloon, a permanent Blue Circle monument (in Medan), mock-ups of Blue Circle products, flags, banners, signs throughout the city, presentations of Blue Circle products, and, in Surabaya, followed by a press conference held by the BKKBN National Chairman. City officials and others felt that immediate and continuous follow-up such as signs, radio, leaflets, posters, etc., was necessary.

Of potentially serious concern is the possibility that the Blue Circle products campaign will outrun its planned roll-out. Although a careful marketing strategy has been designed combining a time-phased approach with appropriate promotion, advertising, and products availability, there could be a greater negative than positive impact if there are substantial departures from this schedule by any one of the component elements. On the other hand, if additional momentum were gained to extend the products beyond the somewhat limited reach of the presently planned distribution through pharmacies, doctors, and midwives, it could be quite positive.

4.3.4 Transition to Blue Circle Contraceptives

In the past several years, contraceptives for private doctors and midwives have been supplied by BKKBN through *Jalur Swasta* (the private channel). The supplies either came through *puskemas* and were distributed to the doctors or midwives by family planning fieldworkers, or were distributed through their professional associations (IDI, IBI). Both ways provided the contraceptives free of charge to doctors and midwives who in turn charged clients for services but did not charge for the contraceptives. With the planned introduction of Blue Circle products, BKKBN terminated this free supply of contraceptives for the doctors and midwives in December 1988. Concern was expressed by midwives and doctors that abrupt discontinuation of the free contraceptives might harm the program. It is fortunate that in Medan, private doctors and midwives have a large enough supply of contraceptives to bridge the period until Blue Circle contraceptives are readily available. However, this may not be the case in other locations.

⁶Although possible, it appears highly unlikely that IUDs and injectables would be purchased by clients at a pharmacy for use by their doctor or midwife.

A number of other issues that could arise with the switch to new Blue Circle CSM products have not been explored. Prominent among them are questions related to doctor, midwife, and client satisfaction, price, supply, and product formulation. For example, the Blue Circle pills must be taken according to a schedule different from that of previous BKKBN program pills, requiring new client instructions. Whether all involved are clear about these instructions is not known. Another change is that only one type of pill will be available (one hormone formulation) instead of the several that were provided through *Jalur Swasta*. Some doctors and midwives may prefer more alternatives. The question of price of services also arises, especially for the IUD and its insertion. The price will be higher under Blue Circle and the question is whether it may be more than women are able or willing to pay. Unfortunately, existing plans for market research do not appear to address these kinds of issues.

Recommendations

- 4-4. Indo-Ad, under policy direction from BKKBN and PT Mecosin, should assure a careful balance between: (1) promotional activities aimed at the professionals who will dispense most of the contraceptives, and (2) mass media messages directed to the general public.
- 4-5. There should be careful monitoring of the roll-out of the Blue Circle products campaign, keeping component elements in step with each other, while capitalizing on new opportunities for additional distribution outlets. As part of this review process, it would be useful to hold senior seminars bringing in experts in marketing/social marketing to help an expanded group of BKKBN and private sector leaders explore these and other matters related to Blue Circle.
- 4-6. In addition to the planned market research of the Blue Circle campaign, a local research firm should be commissioned to carry out surveys and focus group studies or use other methods to review any problems in client or service provider understanding, satisfaction with the products, the price, packaging, use instructions, continuity of supply, etc., during the transition from *Jalur Swasta* to Blue Circle.

4.4 The Management Challenge

4.4.1 Coordination of Activities

BKKBN has responsibility for overall policy guidance and coordination of the project. It is assisted by a Blue Circle Project Coordinating Committee headed by the Chairman of BKKBN, and includes other high-level BKKBN officers, and representatives from PT Mecosin, SOMARC, and USAID to oversee policy and the general progress of the marketing program. In practice, it falls to the Chief of the Bureau of Information and Motivational Services to coordinate these groups and insure that the program stays on course. There is also a Blue Circle Products Technical Committee, composed of members of PT Mecosin, Indo-Ad and the manufacturers, which oversees technical details.

PT Mecosin is charged with the supervision of the nationwide Blue Circle product launches, a job that entails coordinating the roles of the advertising agencies and manufacturers, and acting as liaison agent between BKKBN headquarters and provincial BKKBN offices, city authorities, and IBI, IDI, and ISFI. There are some real challenges in managing this large task. For example, BKKBN provincial offices and IBI have commented that various implementing agencies in the past had not provided them sufficient guidance or allowed them sufficient participation. The distribution of Blue Circle signs, IEC materials, banners for the IEC campaign,

and the distribution of *Jalur Swasta* free contraceptives directly to midwives, they felt, should have been channeled through either BKKBN or IBI.

To some degree, this kind of clash is inevitable when the private sector works in conjunction with the public sector and other private organizations. It is not possible for all elements to be involved in management. Nonetheless, it is important for PT Mecosin, for the BKKBN, and for the local task forces to bring all these elements together in a coordinated management system. This system must keep appropriate parties well informed and involved in overall policy and program planning while taking full advantage of the professional marketing and management expertise of the private sector.

The Blue Circle products launch in key cities has been a large step toward improving this situation and, in general, coordination is much better. Planned seminars following the launch should further alleviate problems; however, this will remain an issue of concern.

Consideration is being given to formalizing a working level committee, which presently meets from time to time. This committee, chaired by the Bureau of Information and Motivational Services, includes representatives from BKKBN bureaus, NGOs, and professional associations and provides for coordination, information sharing and problem solving on a day-to-day basis. The group deals adequately with on-going problems and appears to enlist the commitment of its members.

4.4.2 Delays

The other kind of management problem identified is related to substantial delays in contract preparation and approvals associated both with BKKBN and USAID procedures. Although problems within BKKBN and of Government of Indonesia fiscal procedures are beyond the competence of the Evaluation Team, it is significant that such problems divert management time from program functions, frustrate implementing agencies, and ultimately hinder project performance. Project managers seem to have found at least interim solutions, however, and attention is being given to this issue in the new PSFP project design. (See Section 6.2 for a further discussion of this issue).⁷

4.4.3 Role of BKKBN

BKKBN's task of orchestrating the array of institutions and organizations involved in the Blue Circle campaigns is extremely complex, especially in light of the need to relate the IEC and CSM components to BKKBN's overall objectives. While the BKKBN does appear committed to working with the private sector, it needs to develop greater skills in coordinating advertising and sales organizations.

Recommendations

- 4-7. A seminar on private sector social marketing techniques and management for personnel of the Bureau of Information and Motivational Services and other key

⁷ See also "Private Sector Family Planning (PSFP) - A Strategy for PID Development," by William Bair, Oct. 13, 1987, Appendix F, page 9, which recommends a three to four week consultancy by two persons already knowledgeable about BKKBN procedures if this issue is to be more adequately addressed.

BKKBN staff would be useful, as would the assignment of several people to the Bureau to deal with private sector IEC and CSM.

- 4-8. The Bureau of Information and Motivational Services should play a more regular role in the policy development process of the Blue Circle IEC and CSM projects. This could be through formalizing the working level coordinating committee, in day-to-day work within the BKKBN, and in the Bureau's contacts with the private sector and other NGOs.
- 4-9. The role to be played by BKKBN's Bureau of Information and Motivational Services in the planned PSFP project needs to be clearly delineated, recognizing the existence of several complicating factors:
- The Blue Circle CSM campaign will be the major activity of the planned PSFP project, in which planning, management, implementation and evaluation responsibilities will rest with the private sector. Inherent to the success of CSM projects is recognition that this process is best handled by the private sector managers with testing and evaluation by the research firm, SRI.
 - As an innovative, high-profile activity, there will be more than usual involvement of top level BKKBN management in policy formation and in BKKBN's on-going relation to the project.
 - At least two other programmatic BKKBN Bureaus will have a substantial interest in matters influenced by this activity, namely the Bureau of Integration and the Bureau of Contraceptive Services.
- 4-10. The major role of the Bureau of Information and Motivational Services must be one of coordination, perhaps chairing a Blue Circle working level coordinating committee composed of the Bureau of Integration, Bureau of Contraceptive Services and representatives of IDI, IBI and ISFI. PT Mecosin, Indo-Ad and SRI would be invited when particular activities warrant their participation. Representation by top level BKKBN management would be expected at each meeting to assure that the committee is informed of any top level management decisions, especially those emanating from the high level Blue Circle Project Coordinating Committee. The committee's role would be to assist BKKBN management in establishing and interpreting policy vis-a-vis Blue Circle, maintain appropriate information flow (vertical and horizontal within BKKBN headquarters and with the provinces), identify and work toward solving policy or regulatory impediments, deal with appropriate BKKBN Bureaus and A.I.D. personnel to resolve fiscal and contracting bottlenecks, and establish monitoring procedures designed not to interfere with private sector management.

4.5 Public Response to Blue Circle Campaigns

4.5.1 Product Acceptance

Response by the public has been good: Providers reported that clients were asking for Blue Circle information and services. This is undoubtedly due to effective implementation of the IEC project and the beginnings of CSM. Also, the quality of Blue Circle IEC and materials related to IBI and IDI training was evidently good since doctors and, to a greater extent midwives, were enthusiastic.

4.5.2 Issues of Concern

Although most BKKBN officials and NGO leaders contacted were very positive about the Blue Circle campaign, a few commented that the campaign might draw users from the *puskesmas* only to find that they could not afford Blue Circle contraceptives. On the other hand, one doctor said that the *puskesmas* had taken away most of his family planning patients some years ago; now he hoped the Blue Circle would bring them back. *Puskesmas* personnel in general did not view the Blue Circle campaign as competition with, or detrimental to, the *puskesmas* program and many of these personnel now also have access to the Blue Circle informational materials through their private practices.

In most conversations, *KB-Mandiri* clearly means "self-sufficiency" but some confusion exists about Blue Circle, not only among the general public, but even among some officials: Does it mean buying contraceptives? Does it mean the place to get contraceptives? Does it mean to go to the *puskesmas*?

The Blue Circle concept, in addition to needing careful scrutiny to make certain its meaning is clear and communicated correctly, must be reconsidered in the light of its rapid, countrywide dissemination, far beyond the targeted cities and far beyond its original intent. Originally, the Blue Circle logo was expected to transmit a fairly narrow concept, that of identifying private sector providers and the specific low-cost, high quality contraceptives that would be supplied by the private sector as part of the social marketing approach. But the Blue Circle's distinctive logo and the private sector's enthusiastic cooperation have quickly given Blue Circle a life of its own. It is being used to denote many things -- from family planning in general to *KB-Mandiri*, to its use as an advertising ploy by other common products in commercial trade. This has the negative effect of diluting the impact of a carefully crafted communication strategy. Such wide recognition could also have a negative effect if the advertising creates a demand for the product or service that out-paces its availability in the market or in the community. On the other hand, it does provide free, unexpected support and wider advertising than the specific Blue Circle logo IEC campaign could have envisioned. Is it out of control? How long will the momentum last? How can it be harnessed? These are questions that should be answered by the Project Advisory Committee and appropriate changes made to keep the Blue Circle campaign on the most positive, but also the most controllable, track.

Recommendation

- 4-11. The BKKBN, backstopped by outside testing, should clarify the meaning of the Blue Circle and assure that the messages regarding the Blue Circle are communicated more precisely through the various media. To ensure that the content of campaign messages is clearly communicated to target audiences, more attention should be given to the pre-testing of IEC and CSM materials prior to production.

4.6 Development of BKKBN's Institutional Capacity to Handle Blue Circle IEC and CSM Activities

Developing BKKBN's institutional capacity to deal with the Blue Circle IEC and CSM activities has proven to be a difficult task requiring unusually close cooperation among a number of disparate institutions: BKKBN (at the national, provincial and city levels); technical assistance organizations (JHU/PCS and SOMARC); NGOs (professional associations, YKB); and the private sector (Fortune, PT Mecosin, Indo-Ad and SRI).

Blue Circle coordinating committees (both the formal and informal working level committees -- see Section 4.4.1) deal with problems related to meshing the efforts of TA and the implementing agencies with the private sector in the Blue Circle campaigns. The Bureau members who make up the coordinating committees are also responsible for coordinating provincial and city task forces. These meetings have helped to build closer working cooperation between BKKBN and the private sector (PT Mecosin, Fortune, pharmaceutical companies and Indo-Ad), although there remains much to be done in this area. Some of the things that lead to success in the competitive private sector are the same factors that make coordination and cooperation difficult.

It took some time for these committees to become effective. For the Blue Circle IEC project, for instance, Fortune did most of the materials production and promotion and actually handled the first round distribution. Later, central coordinating committees and provincial task forces took a larger part in distributing materials and conducting promotional activities.

BKKBN senior officers have also had to coordinate the Blue Circle *KB-Mandiri* effort at various levels and among various Bureaus of the BKKBN. They have, on occasion, made major decisions with the two technical assistance organizations and the three implementing companies with less than full inclusion of the Bureau of Information and Motivational Services. Nevertheless, BKKBN has learned a great deal from administering this complicated mix and future prospects for dealing with the various Blue Circle elements appear good.

4.7 The Private Sector in a New Arena

This project represents a new departure for all private sector organizations concerned, both the manufacturers and the other service companies (PT Mecosin, Fortune, Indo-Ad and SRI). It remains to be seen whether the price concessions required will ultimately be compensated for. At this point, however, all parties are sanguine. The manufacturers should eventually increase sales volumes, and thus profit margins. Even at conservative sales-volume estimates, they anticipate satisfactory growth in market volumes both through *apotiks* (pharmacies), which currently account for only a very small proportion of their sales, and through promotional efforts with health professionals.

For the service companies, the rewards may not be monetary, but they already appear to have benefited through exchange of information and expertise, having started out with relatively little awareness of the special issues involved in promoting and researching family planning. Fortune, for example, has gained experience through the actual distribution of the Blue Circle signs and other IEC materials.

5. Project Technical Assistance

5. Project Technical Assistance

5.1 Contribution to Project Goals

To date the urban project has provided some 61 person-months of expatriate technical assistance (of which 56 months were resident assistance) in the areas of urban social marketing, health education, NGO development, IEC, operations research and general program development. Sixty-six person-months of assistance have also been provided by local consultants in the areas of IEC, accounting, and NGO development.

The role of technical assistance has included a wide range of activities including acting as the liaison between USAID and BKKBN and various private sector organizations, engaging in institution development work with private sector organizations, and providing specific technology transfer, especially in IEC and social marketing. The contributions of local technical assistance in NGO development (program and financial) and IEC have assured a professional Indonesian perspective and have equally contributed to program content and institutional development.

The technical assistance has been provided in a timely fashion by well-selected, competent individuals. BKKBN and NGO officials have expressed appreciation for the quality of the individuals involved and are appreciative of the collegial style of work. Most often the technical personnel have recognized the high quality of BKKBN personnel and their knowledge and experience in the family planning field, and thus, it has been possible to develop a partnership relationship in which there is as much to be learned as taught.

With no intention of slighting the contribution of others, the following are examples of effective technical assistance:

- Assistance from the IEC advisor in helping to clarify tasks to be accomplished and developing the competitive bidding process for the Blue Circle IEC campaign;
- Assistance from the NGO advisor in the production of the IDI and IBI training manuals; and
- Assistance from the senior population advisor in overall program development and the transition to the new private sector family planning project.

Some of the advisors have been more effective than others in contributing to USAID's body of historic and analytical knowledge and to the programming process. The planned substantial use of the contractors in the development of the private sector project paper can be a significant way to strengthen this contribution.

5.2 BKKBN, Technical Assistance and the Private Sector

Exposure to private sector marketing and media activities has provided a positive flow of new information and expertise to BKKBN. BKKBN has taken advantage of the technical assistance provided by JHU/PCS and SOMARC, for instance, to improve its own procedures to interact more effectively with the private sector. For example, with assistance from SRI and JHU/PCS, BKKBN developed a competitive bidding format to select the advertising agencies. This

process has helped BKKBN gain an understanding of the process of selecting and dealing with mass media advertising firms. Despite substantial remaining problems in the contract management area, this experience should be helpful for the future.

Through the TA provided by SOMARC and through close collaboration with the PT Mecosin staff, BKKBN has gained an understanding of how the principles of commercial marketing can be applied to the marketing of contraceptives through CSM. It has also opened up new channels to reach non-acceptors currently not addressed by existing channels.

With the information derived through URC operations research, BKKBN is gaining a better understanding of how best to proceed with the dissemination of IEC concepts and materials by utilizing existing established community activities or networks such as PKK, *Bachtera Haju* (Jakarta-based mothers clubs active in family planning), and *Posyandu* (Integrated Health Services Activities). The experience that BKKBN has gained through assisting IBI and IDI to take over the training of their memberships has prepared its own personnel to deal more effectively in its role of supporting, coordinating and monitoring NGO efforts.

5.3 Issues

There is some concern that a break in continuity from the current project to the new project will occur when the present contract with the NGO advisor ends. This same concern arises in connection with the terminating contract for the present technical assistance for the SOMARC-funded DuaLima CSM condom project activity because of the substantial administrative and management follow-up that will be required to assure its continuity on a self-sufficient basis. Among other requirements, procedures must be fully operational for the utilization of the return to project funds.

Additionally, SOMARC agreed to provide a resident senior marketing advisor for the CSM project because the extensive short-term technical assistance provided by SOMARC Washington-based staff and other consultants has not facilitated the continuity and personal interaction required for close technical collaboration. To date, however, final selection of a candidate has not been made.

Recommendations

- 5-1. An extension of six to nine months for the present NGO advisor contract is suggested to provide the appropriate continuity of service.
- 5-2. A contract should be made to continue the technical assistance to the DuaLima CSM condom project that was funded under SOMARC for an additional six months.
- 5-3. The selection of the SOMARC resident senior marketing advisor should be made as soon as possible.

6. USAID Management

6.1 Background

Despite reduced USAID staff, project management has been well informed, closely coordinated with BKKBN, and careful to document activities through annual plans, PILs, PIO/Ts and periodic reports. USAID has coordinated its program planning with UNFPA and the World Bank. Efforts have also been made to ensure that other aspects of the USAID bilateral projects and A.I.D. centrally funded activities are supportive of the urban project. Examples of these other activities are as follows:

6.1.1 Other USAID Bilateral Activities in Support of the Urban Component

- **Project 0327 Training** - This activity is retraining all BKKBN family planning field workers (PLKB) and their supervisors, with special emphasis on their relationship to *KB-Mandiri*, *Posyandu* and voluntary sterilization. In the process, they are to be provided some of the Blue Circle IEC material, so they have some knowledge of the campaign. This activity is also training 2,500 midwives in implant use and the Blue Circle services program. They will receive the IBI manual as part of their learning material.
- **Project 0327 Voluntary Sterilization** - All sterilization sites have received Blue Circle signs, since all are partly funded by patient fees. This component is developing a subactivity to improve private clinics as voluntary sterilization sites and to develop an IEC strategy.
- **Project 0327 Research** - the NICPS has made a significant contribution to measuring progress in the urban areas. The research component also cooperated on a survey of all doctors, midwives, and pharmacists to determine the extent of their knowledge of, and support for, family planning services.
- **Project 0327 Modern Management Technology** - This activity has assisted in developing computer lists of midwife and doctor addresses for those taking part in the Blue Circle project.
- **Project 0327 Village Family Planning** - This activity has undertaken a CBD operations research activity modeled in part on the one tried earlier in the urban project effort.
- **Project 0270 FPDS I** - This project provided the IUD insertion and IUD backup kits for doctors and midwives trained under the urban project.
- **Project 0354 Health Sector Financing** - The Social Financing Group in this project is cooperating with the Bureau of Integration and IDI on studying approaches to include coverage for family planning services in various prepaid health schemes.

6.1.2 Centrally Funded A.I.D. Activities

- **A.I.D.'s SOMARC DuaLima condom project** served as a pilot activity for the Blue Circle marketing campaign. Many of its IEC strategies have been adapted for the urban project.

- The JHU/PCS project assisted in drafting for BKKBN both a five-year IEC strategy and a more specific urban IEC strategy. Its consultants have assisted in the Blue Circle services campaign.
- A.I.D.'s URC operations research project has developed a factory-based, prepaid pilot family planning services activity at Atmajaya University, provided technical assistance to the three urban operations research activities and completed studies of the costs of voluntary sterilization services that should be important in efforts to privatize those services.
- A.I.D.'s FPIA project includes an activity to assist IDI to manage a number of subgrants to NGOs to conduct family planning services. In this way, IDI's financial, grant making, and monitoring systems are being strengthened.

6.2 Issues

There is always a tension between the requirements of fiscal accountability and reporting and those of project flexibility and momentum. Both these concerns have been dealt with in managing this project but not always to the best effect.

A.I.D. procedures for fiscal management and contracting have appeared cumbersome in the context of this project. Some of the delays in implementation can be traced to the U.S. Government having added more and more requirements to its competitive bidding, contracting, legal and fiscal procedures. A further complication in this project was that the management approach has been perhaps over-zealous in adhering to the letter of all procedures. The administrative tasks have outgrown the administrative capabilities of a reduced USAID project staff to handle detailed documentation, especially through a multiplicity of PILs and subsequent individual vouchers in the cost reimbursement system used.⁹ This is not to criticize either USAID or BKKBN managers who have worked hard to make the system function. It is to point out that the system itself appears to need some changes.

Review of the PID for the PSFP project and the response cable from A.I.D./Washington indicates that this area is being given considerable attention for the future. It would be presumptuous to suggest how this all might work out, what modifications of A.I.D. procedures are possible and what balance A.I.D. would like to strike between strict accountability and other program requirements. In response to USAID's request for suggestions that might be considered as part of new project planning, the following are offered as food for thought, not as recommendations.

- Funding procedures could move from a cost reimbursement system to a modified project or program support grant procedure with BKKBN. Mutually acceptable broad goals and major targets could be agreed upon jointly, together with a reasonably objective way of measuring achievement. These targets could include concrete accomplishments in areas such as training, NGO support, IEC and advertising, users of specific products or services, specific policy revisions, and degree

⁹During this present period, management has been simplified somewhat by the consolidation of more actions into each PIL. The negative side is that this increases the potential for one activity being held hostage to poor performance in another.

of BKKBN financial expenditure. Procedures for local purchases, local contracting, etc., would be specified, based on Indonesian law.

- A short list could be drawn up of activities ineligible for inclusion in the project accounting, since A.I.D. regulations would preclude A.I.D. support of them. Therefore none of the expenses for such activities would be reported as part of the BKKBN contribution against which USAID would make disbursements.
- USAID could reimburse against an agreed-upon percentage of BKKBN expenditure of GOI resources for the project/program purposes.
- Quarterly or semi-annual reports could be required from BKKBN on performance related to the agreed-upon targets.
- The future percentage of USAID contribution could be renegotiated annually based on progress in meeting targets.
- A mutually agreed-upon independent international audit firm could be contracted with project funds to review fiscal accounts and performance with authority to arbitrate differences, recommend recovery of funds if necessary and assist in determining the proposed percentage of future USAID participation. This process would be considered primarily for local cost items.
- Direct USAID payments for such items as technical assistance or commodities could be handled separately.

This approach may simplify management and speed the A.I.D. contribution process. It would allow current analysis of a larger segment of program performance, not just the A.I.D.-funded aspect. It would also provide more leverage for both USAID and BKKBN to achieve desired program objectives or policy change.

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7. Measures of Project Performance

7. Measures of Project Performance

The funds for the urban component have been used by BKKBN for a widespread expansion of the work of private sector professional and non-governmental organizations in family planning. This has been supported by an effective private sector-managed mass media/point-of-service informational campaign and the development of a contraceptive social marketing program. Despite some delays, largely associated with financial and contractual procedures, the program has developed effectively. It has contributed both to achieving concrete targets and developing the institutional structure necessary for continuing progress on the road to self-sufficiency. This unique undertaking -- persuading a vast audience to move from accepting free, government-sponsored family planning to paying for these services, i.e., self-sufficiency -- is a challenging effort. Even if it only partially succeeds, a new chapter will have been written in family planning history. Indications are that the undertaking is well under way.

7.1 Changes in Key Measurements

It is impossible to separate the influence of the several factors that have contributed to the accomplishment of overall project objectives. BKKBN has applied resources from many sources and involved other government agencies, other donors have made their contributions, and the general process of urbanization and socio-economic development has no doubt contributed as well. Nevertheless, some key measurements closely related to the project's objectives have changed since 1983; therefore, it is not unreasonable to attribute a significant portion of the change to the impact of this project. Timing suggests that the training activities with doctors and midwives, BKKBN's provision of free *Jalur Swasta* contraceptives and the pre-Blue Circle IEC activities had the greatest impact on the increase in contraceptive use during this period, and that, undoubtedly, the Blue Circle IEC and CSM campaigns are building on this momentum.

An example of this change in measurements is seen in Table 6 which compares the number of private service points and new acceptors in 1988 with the numbers in 1986 and in 1985. The upward trend in private sector points and new acceptors is an indication of the success of this activity.

Tables 7 and 8 compare knowledge about, and use of, contraceptives by urban women surveyed in the 1987 NICPS (CPS) with those included in the five-city survey of 1983. There has been a significant increase among urban women, even from the high levels of knowledge of contraceptives of 1983 -- from about 90 percent in 1983 to 97.5 percent in 1987. There has also been a marked increase in the knowledge of the longer lasting contraceptives such as injectables, IUDs and sterilization; in the case of female sterilization, from about 30 percent in 1983 to 52 percent in 1987. The overall use of contraceptives in the urban areas has increased from an average of about 42 percent in 1983 to 54 percent in 1987. In 1987, 25 percent of users obtained their contraceptives from a private source as compared to an estimated 10 percent in 1983. A major objective of the project -- to bring knowledge and use of contraceptives in the urban areas up to that of rural areas -- has been accomplished with the attainment of an urban contraceptive prevalence of 54 percent in 1987 compared to 45 percent in rural areas; and an increase in contraceptive knowledge in the urban areas to 97.5 percent compared to 92.9 percent in rural areas.

Table 6

OVERVIEW 11 CITIES: NO. OF PRIVATE SERVICE POINTS*
AND ACCEPTORS TREND 1985 - 1988

City	Size of Population '000****	Total Block Grant Funds Transferred to city*** '000.000R	Number of FP Service Points			Number of New Acceptors**		
			1985	1986	1988	1985	1986	1988
1. JKT	7,885	191.09	2,652	2,698	3,204	94.4	119.8	154.7
2. SBY	2,332	142.56	777	843	870	28.4	26.7	18.7
3. ENDG	1,467	102.96	501	577	610	38.2	50.3	50.0
4. MEDAN	1,379	97.52	295	329	394	17.1	22.6	19.1
5. SMRNG	1,096	112.22	438	359	357	5.3	3.9	5.2
6. PLMBG	827	68.94	89	82	253	2.0	1.4	10.6
7. U.PNG	753	84.13	144	191	229	0.4	1.0	3.3
8. MALANG	565	10.00	177	201	155	3.8	4.6	6.2
9. PADANG	481	37.96	93	125	197	3.9	4.5	7.4
10. SOLO	502	3.50	203	168	122	12.5	12.6	9.1
11. PONTIANAK	389	68.06	89	88	91	2.4	2.5	3.0
TOTAL	17,616	918.04	5,458	5,661	6,482	208.4	249.9	287.3

* Registered private doctors, midwives and pharmacists by BKKBN

** From service statistics

*** From Bureau of Integration

**** Province Statistic Data

Note: Semarang's grant also includes Solo's grant up to PIL 131 in 1980. The same case happened for Surabaya and Malang.

Table 7
CONTRACEPTIVE KNOWLEDGE AND USE 1983 AND 1987

<u>From NICPS 1987</u>	<u>Percent of MWRA* with Knowledge of One Modern Method of Contraception</u> (%)	<u>Percent of MWRA Knowing a Source</u> (%)	<u>Percent of MWRA Currently Using Contraceptives</u> (%)	<u>Percent using a Private Sector Source of Supply</u> (%)
Urban	97.5	96.6	54	25
Rural	92.9	91.2	45	7
 <u>From 1983 Survey of Five Cities</u>				
Medan	93.7		35**	
Jakarta	94.7		42	
Semarang	96		51	
Surabaya	91.5		45	
Ujung Pandang	88		32	

* Married women of reproductive age.

** Average weighted by size of population in each city: 42 percent. The report is not altogether clear as to whether this was a percent of married women of fertile age or as stated in the text of the report, non-pregnant MWRA. If just the non-pregnant women were questioned, this average (42%) should be reduced by several percentage points to be compared to the 1987 figures. In any event the increase between 1983 and 1987 is substantial.

Table 8

**PERCENT OF MWRA WITH KNOWLEDGE OF SPECIFIC CONTRACEPTIVE METHODS
1983 FIVE CITIES SURVEY – 1987 CONTRACEPTIVE PREVALENCE SURVEY (NICPS)**

	1987 National Contraceptive Prevalence Survey (aggregate Rural and Urban)	1983 - 5 Cities Survey				
		Medan	Jakarta	Semarang	Surabaya	Ujung Pandang
Pill	91.1	74	83	80	75	60
IUD	82.4	64	74	70	65	50
Injectables	84.4	51	63	69	45	41
Condom	65.2	44	44	54	55	21
Female Sterilization	52.5	18	26	36	41	8
Male Sterilization	26.5	2	12	18	19	2

The FPDS II project paper included the overall purpose of increasing national contraceptive prevalence to 58 percent by 1987. Although this kind of goal is taken seriously in Indonesia, it was adopted more to challenge the system than to measure success or failure. If the prevalence goal were to be measured by service statistics, the more common method used at the time the project paper was written, the goal was actually surpassed, reaching 65 percent by 1987.

7.2 Policy Changes

Perhaps even more significant for the future have been the many evidences of policy change during this period.⁹ The urban family planning program has seen a dramatic change in the attitude and actions of BKKBN, an institution which for 18 years has provided free contraceptive services through public institutions. For some, it must have been traumatic to see the change in policy and to be required to relinquish considerable responsibility and even transfer public resources to the private sector. Time-tested ideology, to say nothing of employee sense of job security, were strong impediments that committed leadership dealt with successfully.

On the other hand, it may have been no less challenging to secure the active participation of a private sector which had not previously taken a strong role in providing services or developing a commercial market for contraceptive products in the light of the free public provision. This, too, has been changed to the degree that manufacturers have been willing to

⁹The policy changes toward KB-Mandiri (family planning self-sufficiency) have been explained at length in the village family planning evaluation and the PID for the new Private Sector Family Planning project.

position discounted (not subsidized) contraceptives in the Blue Circle CSM activity. The enthusiastic participation of IDI and IBI has also been secured.

Not the least important of these changes has been in the regulations against advertising contraceptives or against physicians or midwives dispensing them from their private clinics. These impediments have been reduced if not eliminated completely.

The support evidenced by policy statements and budget allocations made by the President, the National Chairman of the BKKBN, the provincial BKKBN chairmen and mayors, as well as the increased participation of the private sector itself, is ample evidence of the very substantial policy shift toward encouraging individual self-reliance in family planning and the involvement of the private sector.

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8. Recommendations

8. Recommendations

Recommendations are here presented in accordance with the outline of the scope of work provided by USAID/BKKBN. A fourth item on other specific programmatic recommendations has been added.

How to Improve Further the Institutional Capacity at BKKBN to Develop Private Fee-for-Service Family Planning Outlets

Manpower Development

It is recommended that BKKBN continue its studies with the management institute, LAN, using additional technical assistance if necessary, to maintain an ongoing analysis of various Bureau responsibilities, personnel needs, roles and possible redeployment of personnel in the light of shifts in program emphasis to the private sector. This study should, among other aspects, include the implications of any decisions made regarding the urban community-based distribution programs, experiences gained with the Blue Circle CSM activities and decisions on a strategy for obtaining and analyzing service statistics (Recommendation 3-14).¹⁰

Statistics

BKKBN should continue its review of a strategy for the most cost-effective way to gather and analyze necessary family planning data from both the public and private sector. Local professionals should be involved, those internal to BKKBN, those from the Bureau of the Census and those who were involved in completing the NICPS. Additional short-term external technical assistance should be provided as needed to develop this strategy. Development of the strategy should be based, among other things, on further experience with the Blue Circle campaign and decisions about CBD. NGOs should be consulted in the development of the strategy, as should commercial enterprises engaged in marketing contraceptives (Recommendation 3-8).

Coordination

The task forces that have been formed at the national and city levels should be continued on a more regular basis to involve both appropriate BKKBN personnel (Bureau of Integration and Bureau of Information and Motivational Services) and NGOs, professional associations and commercial firms. In addition to planning specific activities, this coordination should stimulate policy dialogue, joint planning of general program approaches and information sharing. Coordinating groups should avoid becoming involved in management of activities that are implemented by the private sector.

There should be improved coordination in the field by strengthening the role of the task force chairpersons and bringing them into closer contact with the BKKBN Jakarta coordinating body as it relates to their provinces and cities (Recommendation 3-10).

¹⁰The numbering of the recommendations in this chapter correspond to the recommendations as given in previous chapters of the report.

Management

To foster institutional development and better working mechanisms between BKKBN and NGOs at the several levels and provide programs more responsive to local requirements, BKKBN's role as coordinator of the urban family planning activities should be decentralized in so far as possible. The professional associations are expected to follow this pattern when their organizations are ready. Fiscal and contracting procedures must be reviewed to facilitate this process of decentralization and of making grants to NGOs or contracting with private sector commercial firms (Recommendation 3-11).

Quality Assurance

BKKBN should continue its review with IDI, IBI, and PKMI of ways to monitor and improve quality assurance in the delivery of all clinical methods. IDI interest in establishing clinical standards should be supported; surveys of present quality of care should be carried out and surveillance systems instituted. External technical assistance should be secured if needed (Recommendation 3-7).

Policy Clarification Regarding NGO Support

BKKBN is encouraging NGOs and professional associations to expand family planning activities and is correctly encouraging them to do so without depending exclusively on public sector support. On the other hand, an excessive emphasis on NGO self-sufficiency may limit the extent of their program expansion or force them to charge client fees that are inconsistent with meeting the needs of the lower economic levels of the population. Policy in this area has substantial implications for how BKKBN organizes to handle the task and how NGOs develop to respond.

BKKBN must continue to review the issue of NGO self-sufficiency and clarify its policy related to continuing public sector support for NGO and professional associations' private sector family planning programs (Recommendation 3-5).

How to Utilize Most Effectively the Project's Remaining Uncommitted Funds

Recognizing the limitation of the only approximately \$100,000 still remaining (but expecting some additional funds might be decommitted), the following list in order of priority is recommended:

Review of Possible Problems in the Transition from *Jalur Swasta* to Blue Circle

In addition to planned market research of the Blue Circle campaign, a local research firm should be commissioned to carry out surveys and focus group studies or by other methods review any problems of client or service provider understanding, satisfaction with the products, the price, packaging, use instructions, continuity of supply, etc., in the period of transition from *Jalur Swasta* to Blue Circle (Recommendation 4-6).

Extension of Technical Assistance Contracts

The contract should be extended from six to nine months for the NGO technical assistance and a contract made to continue the technical assistance to DuaLima that was funded under SOMARC for an additional six months (Recommendation 5-1).

Organizational Development Assistance to IBI

Depending on the wishes of IBI, technical assistance should be provided from a local management institute to assist in organizational development including role identification, goal setting, strategic planning, organizational structure and self-sufficiency. The initial assistance should be followed by periodic additional consultation. External assistance from someone experienced with an organization such as the American College of Nurse Midwives could complement this assistance from the management institute (Recommendation 3-2).

Continuing Assistance from PT Fortune in Blue Circle IEC

The Fortune contract should be amended to continue the IEC part of the Blue Circle program for an additional six months to assist with proper utilization by the city task forces of the IEC campaign kits (Recommendation 4-1).

For the long term, the BKKBN should develop a stronger IEC in-house capacity or if committed to a private sector approach to IEC, through a TA and/or contract organization such as JHU/PCS and/or Fortune. CSM is not a complete substitute for IEC. As noted, advertising products for sale to consumers is generally expected to be the focus of a CSM advertising agency. There will still be a continuing concern for the broader aspects of IEC needed to continue demand creation and encourage couples (especially young ones) to become part of the family planning movement.

Expand Emphasis on Youth

The Bureau of Integration should be encouraged in its efforts to develop innovative, service delivery-oriented, pilot activities with youth. New opportunities should be assisted as funds are available (Recommendation 3-9).

The Role the Bureau of Integration and the Bureau of Information and Motivational Service Could Play in Implementing the Proposed New USAID Project "Private Sector Family Planning"

Role of the Bureau of Integration in the Proposed New PSFP Project

The Bureau of Integration as Coordinator

The Bureau can act as coordinator or liaison to develop the working mechanism between BKKBN and the NGOs. (This role must be closely coordinated with the Bureau of Information and Motivational Services in its role with the Blue Circle.) (Recommendation 3-6).

Expansion of Block City Grants

The expansion of block city grant activities to 27 cities will multiply the financial problems associated with program implementation. The Bureau of Integration can work together with the Bureau of Finance to simplify the financial procedures and with USAID where A.I.D. funds are involved (Recommendation 3-13).

Expansion of CBD

The urban and rural community-based distribution project will expand in the PSFP project. The Bureau of Integration can work together with the Bureau of Contraceptive Services and the Bureau of Institutional Development in developing the modification of the CBD approach used in the study in order to implement this approach in the expanded program (Recommendation 3-3).

Strengthening Management Capability of NGOs

The Bureau of Integration should facilitate continuing support to strengthen the management (including data collection and reporting) capability of NGOs' family planning activities, particularly IBI which will be playing a key role (Recommendation 3-4).

Task Force Sessions

The Bureau of Integration should take an active role in making the task force sessions more productive from a program planning, policy and strategy development point of view. Specific attention should be given to clarifying the NGO role, self-sufficiency and the continuing needs for public sector support. Increasingly, leadership should be passed to NGO participants with the Bureau of Integration playing a supporting role (Recommendation 3-10).

Special Studies

Several studies are needed to guide policy development and program implementation. The Bureau of Integration, in conjunction with the Division of Program Development, can arrange for local institutions to carry out studies in areas such as:

- Problems associated with the transition period from *Jalur Swasta* to Blue Circle contraceptives.
- Problems associated with the rapid expansion of urban family planning from 11 cities to 27 cities.
- System for monitoring NGO's effort to replace the current reporting and recording activity for private doctors and midwives.
- Monitoring the quality assurance of clinical services provided by the private sector (Recommendation 3-15).

The Role of the Bureau of Information and Motivational Services in the Private Sector Family Planning Project (PSFP)

Relation to the Blue Circle CSM

In identifying the role of the Bureau of Information and Motivational Services, several complicating factors must be recognized:

- The major portion of the activity of the PSFP related to this Bureau is the Blue Circle CSM, where planning, management, implementation and evaluation responsibilities rest with the private sector. Inherent to the success of CSM projects is the recognition that this process is best handled by the private sector managers with testing and evaluation by the research firm (SRI).

- As an innovative, high-profile activity, there will be more than usual involvement of top level BKKBN management in policy formation and an ongoing BKKBN relation to the project.
- At least two other programmatic Bureaus have substantial interest in matters influenced by this activity, namely the Bureau of Integration and the Bureau of Contraceptive Services. Consequently, the role of the Bureau of Information and Motivational Services must be one of coordination, perhaps chairing a Blue Circle working level coordinating committee composed of the Bureau of Integration, Bureau of Contraceptive Services and representatives of IDI, IBI and ISFI. PT Mecosin, Indo-Ad and SRI would be invited when particular activities warrant their participation. Representation by top level BKKBN management would be expected at each meeting to assure that the committee is informed of any top level management decisions, especially those emanating from the high level Blue Circle Project Coordinating Committee. The committee's role would be to assist BKKBN management to establish and interpret policy vis-a-vis Blue Circle, maintain an appropriate information flow (vertical and horizontal within BKKBN headquarters and with the provinces), identify and work toward solving policy or regulatory impediments, deal with appropriate BKKBN bureaus and A.I.D. personnel to resolve fiscal and contracting bottlenecks, and establish monitoring procedures designed so as not to interfere with private sector management.
- In order to manage commercial private sector projects more effectively, the BKKBN should assign several people in the Bureau of Information and Motivational Services to deal with these issues; it should also hold a training session on private sector administration (Recommendation 4-9).

Follow-on to the Phase I Blue Circle IEC Activities

In many cities, the end product of the Fortune-assisted activity will be an IEC kit providing the main materials for an IEC campaign to be carried out by a local provincial or city task force. As good as this kit may be or regardless of any short-term extension of the Fortune contracts, there will be a need for continuing encouragement, guidance and monitoring of local implementation.

Consequently, the Bureau of Information and Motivational Services should be responsible for the oversight of this continuing Blue Circle IEC activity (Recommendation 4-2).

Other IEC Activities

The BKKBN budget provides for general information and motivation required to maintain the momentum toward establishing the small, happy, prosperous family as the accepted social norm. BKKBN's Bureau of Information and Motivational Services should assure that these programs are well coordinated with Blue Circle *KB-Mandiri* objectives and that both of these programs make maximum possible impact on each other (Recommendation 4-3).

Additional Recommendations Related to Present Activities

Broaden the Message of Indo-Ad and Differentiate Target Audience

Indo-Ad, under policy direction from BKKBN and PT Mecosin, should assure a careful balance between: (1) promotional activities aimed at the professionals who will dispense most of the contraceptives, and (2) use of mass media to reach the public (Recommendation 4-4).

Clarify and Communicate Precisely the Message of Blue Circle

The BKKBN, back-stopped by outside testing, should clarify the meaning of the Blue Circle and assure that the messages regarding the Blue Circle are communicated more precisely through the various media. To ensure that the content of campaign messages is clearly communicated to target audiences, more attention should be given to the pre-testing of IEC and CSM materials prior to production (Recommendation 4-11).

Coordinate and Utilize the Country-wide Momentum of the Blue Circle Logo and Monitor Roll-out of Blue Circle Products

The Blue Circle advisory committee should carefully review the spontaneous spread of the Blue Circle idea and maximize the positive aspects of this phenomenon while still attempting to keep the campaign on a controllable track. There should also be careful monitoring of the roll-out of the Blue Circle products campaign, keeping component elements in step with each other, but also moving progressively to new opportunities for additional categories of distribution outlets as circumstances permit. As part of this review process, it could be useful to hold several senior seminars bringing in experts in marketing and social marketing to help an expanded group of BKKBN and private sector leaders explore these and other matters related to Blue Circle (Recommendation 4-5).

Supply of IUD Kits

The Bureau of Integration together with IDI & IBI should review and monitor the distribution of IUD Kits to assure that all trainees requiring these kits have been supplied (Recommendation 3-1).

Appendices

Appendix A
Scope of Work

Appendix A

Scope of Work

1. **Purpose:** The Family Planning Development and Services (FPDS) II project with the National Family Planning Coordinating Board (BKKBN) provides support for six components: Training, Modern Management, Voluntary Sterilization, Urban, Village Family Planning, and Research. The project began in 1983 and has recently been extended until 1992. Support provided for the Urban Component included for activities of the Bureau of Integrated Services and Bureau of Information and Motivation within BKKBN; a total of US\$3.75 million was obligated for technical assistance, Pilot clinic development, promotion of private clinics, doctors and midwives offices, Media campaigns, market research, training of private doctors and midwives, development of NGO support for private sector family planning services, and fee for service operational research in 11 target cities. Another US\$3.5 million was obligated by the end of FY 1987 to fund additional technical assistance, establish a contraceptive social marketing program, expand urban program to 15 more cities, and expand the mass media campaign for private services to 25 cities. Specifically, the original objectives of USAID support for this component, as outlined in the FPDS-II project paper were:

1. To develop pilot family planning fee for service clinics to test the feasibility of this approach to expand urban coverage.
2. To develop an urban strategy to shift 25% of acceptors to fee for service family planning by 1990.
3. To promote the use of private clinics, Doctors and midwives services in 10 cities by training and equipping these professionals.
4. To double the service points in 10 cities by 1987.

Additional objectives were added with Amendments 2 and 3 of the project, they were:

1. To continue mass media, training, market research, and equipping private doctor and midwife clinics in 15 more cities.
2. To assist Non Government Organizations to expand their services to the private medical services network.
3. To provide international and local technical assistance to activity.

4. To establish a national contraceptive social marketing program in private commercial sector.

The first objective of this evaluation is to gauge the extent to which the activities supported under the project have met the objectives of the project as outlined above. In addition to quantitative measures of actual activities performed, the evaluation should assess the quality of the work conducted and the degree to which the new services provided have been utilized. The second objective is to examine the development of institutional capacity to provide quality fee for service and surveillance in the private clinic sector and the commercial sector. The third objective is to assess the contribution of the international technical assistance to improving BKKBN's and the private sector's (NGO's, professional and commercial outlets) ability to create a national private sector family planning service program.

Based on the findings, the evaluators should provide recommendations in three areas:

1. How to improve further the institutional capacity at BKKBN to develop private fee for service family planning outlets.
2. How to utilize most effectively the remaining original and new resources planned for the final years of this project.
3. What role the Bureau of Integration and the Bureau of Information and Motivation Services could play in implementing the proposed new USAID project, "Private Sector Family Planning" planned for FY 89 obligation.

2. Background: A remarkably successful Indonesian Family Planning Program effort over the past 18 years has made much progress in achieving one of its main goals - establishing Family Planning as a social movement which recognizes the small, prosperous, happy family as a social norm. This successful program has been under the direction of the National Family Planning Coordinating Board (BKKBN), an independent government body. Working with the Ministry of Health and village and religious leaders, the BKKBN has established an extensive network of contraceptive services and supplies throughout Indonesia's 13,000 islands at little or no cost to Family Planning acceptors. The national contraceptive prevalence rate is 48%, with approximately 16 million Family Planning acceptors.

The Government of Indonesia is now seeking to expand the role of the private sector in many previously public sponsored activities and the Family Planning Program is at the forefront of this effort. Through a program called KB Mandiri (self-sufficient family planning), the BKKBN is urging their acceptors to take responsibility for their own Family Planning and to pay for services and supplies if they can afford them. BKKBN believes that sufficient commitment to Family Planning has been developed and individual purchasing power is adequate, at least in the urban areas where private sector providers are more available, to allow a shift to the private sector. Static or declining budgetary resources and a projected substantial increase in demand for Family Planning Services have encouraged the GOI to actively promote this shift to private sector services and supplies.

With funding from the Urban Component of the USAID Family Planning Development and Services II Project 497-0327, BKKBN has developed a number of pilot and full activities to promote and support the development of private sector services and supplies.

Under the umbrella of the Urban Project, BKKBN has given grants to the Indonesian Doctors Association, The Indonesian Midwives Association and The Indonesian Pharmacists Association in order to strengthen and develop the professional organizations at the national and local levels. In conjunction with this effort, block city grants were developed to provide for Family Planning Services training of local doctors and midwives through the coordinated efforts of the local city BKKBN, and local professional organizations. The block city grants began with 11 cities and in 1988 have been expanded to an additional 16 cities. Training has also been expanded to include pharmacists and pharmacists assistants, and local IEC monies have been provided to support these efforts.

In addition, the Urban Project has included grants to NGO's for pilot and local projects, and some operational research efforts. Grants to NGO's such as YKB, FISKA and PKBI include the development and operation of model fee-for-service clinics in urban areas, IEC and community outreach to youth, and coordination of NGO efforts. Operational research includes a coordination of NGO efforts. Operational research includes a pilot urban contraceptive distribution/sales project. Management of all the above project activities are through BKKBN Bureau of Integrated Services.

Surveys of potential acceptors showed both a low level of awareness that Family Planning Services were available from private doctors and midwives and a high level fears due to rumors about contraceptives. After 18 years of essentially free services through the BKKBN system, the Indonesian public has naturally come to equate Family Planning with government services. In order to promote the services of the newly developed private providers, BKKBN has engaged the services of a professional advertising agency P.T. Fortune to develop a mass media campaign in urban areas. This campaign - known as the Blue Circle campaign - uses a Blue Circle logo and uses radio and newspaper advertising to urge people to "come to the sign of the Blue Circle at the private doctors or midwife's office" for family planning information and services.

The Blue Circle campaign was launched in four pilot cities in November 1987 with Public Relations events and in February 1988 with a mass media campaign and outdoor posters. Signs, wall charts, posters and Family Planning information materials were distributed to 3300 doctors and midwives in the four cities. In addition, a number of articles and radio programs countering popular FP rumors were developed and broadcast. Although the project is now expanding to 7 more cities and will later include the 18 smaller cities in the block city grant program, the campaign itself has become so popular that spontaneous Blue Circle campaigns have appeared throughout Indonesia. Project management is through BKKBN Bureau of Information and Motivation with implementation by P.T. Fortune.

Within the umbrella of the urban project, BKKBN and AID have worked to develop a contraceptive social marketing project in order to provide acceptors with an affordable range of contraceptive products. The only current alternatives are free products through the public sector or much higher priced products through pharmacies. An interim measure to provide private doctors and midwives with free BKKBN contraceptives is being stopped as the new products come on the market.

The products will be sold under the label of the Blue Circle and will be available through pharmacies, doctors and midwife. Packaging, sales and distribution will proceed as usual through the pharmaceutical manufacturers and their detailment and disbutors. Day-to-day coordination of efforts plus direction of the advertising, public relations campaign and market research activities are handled by a private firm P.T. Mecosin. Policy is provided by BKKBN and AID.

Technical assistance to the Urban Component on a full time basis is provided by the Urban Social Marketing Advisors, the NGO Development Advisor, and the Senior Population Advisor. A local private accountant and a local University communications expert also provide technical advisory services. The Blue Circle IEC campaign uses short term assistance from an advertising consultant through a PIO/T with Johns Hopkins PCS. The Blue Circle products project uses both short and eventually long term technical assistance from the SOMARC I and II contract with the Futures Group.

Through the Private Sector Family Planning Project, now under development for 1990 - 1994, USAID plans to continue to support this private sector shift. This project would provide funds for a continuation of the contraceptive social marketing project, grants to Family Planning NGO's and professional organizations, and improvements in quality of clinical services. The shift to the private sector will not be easily achieved because the Indonesian acceptor has received free services and supplies for 18 years. However, with a coordinated effort and the assistance of private sector enterprises such as Fortune and Mecosin, it is hoped that service sources will shift from the current 12.5% to 24% by 1990 and 36% by 1994.

3. Study Structure: Prior to the arrival of the evaluation team, the Bureau of Integrated Services and the Bureau of Information and Motivation will assemble and organize all relevant documents (project papers, monthly/quarterly reports, annual plans and corresponding umbrella PILs) to enable expeditious review by the team. The Bureaus will prepare a list of all activities funded, by time period and institutions. The Bureau will also compile a list of every program trainee and their clinic location. As well as a list of all NGO and private commercial companies involved in the program. These lists can be utilized by the evaluation team to draw samples.

The team will review all the pertinent documents assembled by the Bureaus. They will then select from the 4 cities of the Blue Circle campaign IEC a sample of USAID-supported private clinics, as well as private sector firms, doctors and midwife clinics and visit those sites, in order to assess the BKKEN and private management systems, the quality of work produced and the way the services are utilized. They will also interview several trainees from various courses to learn their views on the value of the experience. The quality and usefulness of the technical assistance, both international and local including YKB and the Futures Group will be reviewed in terms of its contribution of the institutional development of the Bureau and improvement of the quality of the urban program, and the pilot efforts to develop BKKEN and the private sector firms involved a private clinic network.

4. Evaluation Team: The team will consist of our persons. The team leader will be an expert U.S. population generalist who is experienced in urban program management and development, institutional development and private sector campaigns. He/She should have had broad experience in the population field.

A second U.S. consultant should be a contraceptive social marketing or communications expert with experience in developing urban social marketing campaigns and private family planning services. Two local Indonesian expert consultants will be included on the team. These persons should be experienced family planners from an Indonesian university, BKKBN, or a private research institution who is familiar with the family planning program. They should have had many years of experience in the family planning field. All persons selected must be able to read a substantial number of documents in English, be knowledgeable in sampling and interview techniques, and be able to write well documented reports in English. The expatriate consultants will not be expected to know Bahasa Indonesia, as the local consultants will be responsible for reviewing and synthesizing the documents, reports, etc. which are in the Indonesian language. The evaluation will follow the AID PES format and Dual Associates will brief on this requirement in advance.

The team will also contract a secretary to word process their report for presentation prior to departure.

3. Schedule: The evaluation is expected to take four weeks, or 25 working days in Indonesia. Up to five additional days will be allowed for one consultant to visit two days the Futures Group in Washington to review their support and for program preparation and finalization of report in the U.S. The evaluation is planned for the month of February, 1989, so that BKKBN and USAID can use result for preparation of new project. The following schedule is proposed:

<u>Task:</u>	<u>Estimated Dates:</u>
Selection of expatriate consultant and contracting by PopTech.	By January 1989
Selection of local consultants:	By January 1989
Expatriate Travel to Indonesia.	February 18

Briefing at USAID office; introduction to BKKBN.	February 18
Document review at USAID and BKKBN and BKKBN and interviews with BKKBN and USAID officials.	February 20-23 February
Visit to province IDI & IBI chapters & BKKBN trainees, and commercial firm offices	February 23 - March 4
Further interview with BKKBN; assessment of management systems.	March 6 - 10
Preparation of draft report.	March 11-14
Presentation of draft report at BKKBN receive feedback, a.m., Presentation of draft report of USAID p.m.	March 15
Incorporation preliminary feedback into a draft report to leave for USAID/BKKBN review.	March 17
Depart Indonesia.	March 19
Receive written feedback from BKKBN/USAID.	April 10
Submission of final report.	May 30

6. Reporting Requirements: On the fourth working day, the team should submit a written document to USAID and BKKBN describing its sampling methodology and plans for field visits. The evaluation team should prepare 20 copies of a first draft report for presentation and submission to BKKBN and USAID prior to departure. The report should contain:

(a) A data sheet, background, and current status of the project, (b) an introduction, (c) methodology, (d) major findings, (e) conclusions and recommendations, and (f) lessons learned. The report should commence with an executive summary. This draft report should be presented in an open forum to BKKBN and to USAID in order to receive oral feedback and comments. The preliminary feedback should be incorporated as necessary in the draft and 10 copies of this revised draft should be left with USAID before the team departs.

Prior to April 10, BKKBN and USAID will provide the team leader with written comments for incorporation prior to finalization of the report. The final report should be submitted in English in 50 copies -- 30 for the BKKBN and 20 for USAID no later than the end of May 1989. The team leader should also complete the abstract and detailed summary portions of the AID Evaluation Summary Form (to be provided by USAID).

7. Funding: Funds will be provided from Project 0327 Urban Component for a buy-in to the AID/W Population Technical Assistance (POPTECH) Project. PopTech will contract with the expatriate consultants and will provide them with sufficient funds for the local consultants, local transportation, secretary, supplies and material. The expatriate consultant will draw up individual contracts with the local consultants. (The BKKBN consultant will be paid according to BAPPENAS guidelines). If USAID can acquire services of an appropriate AID/W USDH, only one contract consultant will be required.

The evaluators will be expected to make field visits to a sample of projects and institutions receiving funding. Where it is necessary for a BKKBN staff member to accompany, funds for this travel may be taken from the Supervision and Travel line item of PIL 132A and PIL 131.

List of Documents to be Reviewed by Team

1. Project Paper and Amendments for Project 0327 urban.
2. Advertising Brief - IEC Program.
3. PIL 27/PIL 37/PIL 89/PIL 131/PIL 152.
4. Gary Saffitz Reports.
5. Scope of Work PIO/T TFG.
6. SOMARC Reports on Blue Circle Products Campaign Development.
7. PCS - BAKEN Urban Strategy.
8. YKE Reports on Pilot Clinic Activity.

Appendix B
Evaluation Team

Appendix B

Evaluation Team

A team of two Indonesian professionals and two international consultants were contracted through DUAL & Associates, Inc. and the International Science and Technology Institute, Inc.

The Indonesian professionals were Dr. Suprijanto Rijadi and Julie Marsaban-Stirling¹. Dr. Rijahi is professor of Health Administration at the School of Public Health, Jakarta. He has a PhD from the Department of Population Planning and International Health of the University of Michigan, USA. Ms. Stirling has worked as a marketing and market research consultant, including work with an NGO family planning clinic. She has an MBA from the University of Massachusetts.

The International consultants were James Echols, consultant with more than 25 years experience in the areas of Information, Education and Communication (IEC) with the United States Information Service and A.I.D. as well as numerous consultancies for the World Bank and UN Agencies. He is a past president of the Population Reference Bureau. He received his doctorate degree in sociology (Demography) from the University of Virginia.

William Bair, Team Leader, is a consultant with 25 years experience in international family planning in America, Africa and Indonesia. His MS degree from Cornell University was in the field of Agricultural Economics and International Agricultural Development.

¹Ms. J Stirling was excused from any involvement in evaluation of Survey Research Indonesia participation to avoid any appearance of bias due to her relation to the firm.

Appendix C

List of Institutions and Organizations Involved

Appendix C

List of Institutions and Organizations Involved

Institutions and organizations coordinated under the policy guidelines and coordination of BKKBN Headquarters (BKKBN Pusat) are the following:

Technical Assistance and Research Agencies and Commercial Firms

- JHU/PCS:** Population Communication Services of Johns Hopkins University which has provided technical assistance in planning and implementing the Blue Circle Phase I IEC campaign.
- Fortune/Adwitya Alembana (AA):** An advertising agency with its Public Relations (PR) subsidiary, which under contract has planned and implemented the Blue Circle IEC campaign with JHU/PCS technical assistance.
- SOMARC:** Social Marketing for Change Project, a TA Organization, which was contracted for technical/financial support to the contraceptive Social Marketing (CSM) of the Blue Circle (BC) contraceptive products.
- Mecosin Kasita Bahagia:** A marketing management company, contracted to develop the overall CSM marketing strategy and to coordinate sub-contract activities of market research, advertising agencies and manufacturers of BC contraceptives.
- Schering:** Manufacturer of BC - Microgynon 30-ED oral contraceptive pills.
- Upjohn:** Manufacturer of BC Depo-provera, injectible contraceptives.
- Kimia Farma:** Manufacturer of BC Copper T-IUD (intra-uterine device).
- Indo-Ad:** An advertising agency sub-contracted to Mecosin to develop advertising for the CSM products campaign.
- SRI:** Survey Research Indonesia, a marketing research company commissioned to conduct various family planning related surveys especially those related to planning and assessing results of the Blue Circle campaigns.

Coordinating and Cooperating Organizations

- IBI:** Ikatan Bidan Indonesia (Indonesian Association of Midwives) a professional association most of whose members provide family planning services both through the Public Health Centers and in their private practices.
- IDI:** Ikatan Dokter Indonesia (Indonesian Association of Doctors), a professional association many of whose members provide family planning services.

- ISFI:** Ikatan Sarjana Farmasi Indonesia (Indonesian Association of Pharmacists). Provide commercial outlets for products.
- BKKBN Branches:** Provincial and city offices. Coordinate activities at the respective level.
- Governors' and Mayors' offices:** In respective areas as above, provide political and financial support.
- Task Forces:** Kelompok Kerja (PokJa) composed of representatives of BKKBN, provincial/city offices and the private sector (IDI, IBI, ISFI, manufacturers and advertising agencies). Coordinate BC activities at appropriate level.

Appendix D

Urban Component Commitment under FPD and Services II Project

Appendix D

Urban Component Commitment Under FPDS II Project

Urban Component Commitment Under FPDS II Project 497-327

Commitment documentation	Loan Funds	Grant Funds	Totals
TECHNICAL ASSISTANCE			
PIL 82 Health ED Adv 1 yrs *	\$ 38,331.00		
PIL 84 AdvertPrice Audit *	6,090.00		
PIL 90 CSM Advisor 2 yrs		\$ 268,000.00	
PIL 130 NGO Advisor 1 yr		77,300.00	
PIOT 40351 JHU/PCS IEC TA		194,000.00	
PIOT 40593 URC CBD Advisor		27,454.00	
PIOT 70042 Senior FPADV 2 yrs		366,000.00	
PIOT Evaluation Urban Comp		83,785.00	
	Sub Total		\$1,060,960.00
SOCIAL MARKETING			
PIOT 70041 FUTURES 6 mos *		\$ 276,000.00	
(includes Mecosin costs)			
PIOT 70041 FUTURES 1,25 YR		1,869,900.00	
(includes Mecosion&PT IndoAd			
	Sub Total		\$2,145,900.00
BKKBN OPERATIONS			
PIL FY84/85 Focus Gp *	\$ 11,694.00		
PIL 27 YKB Pilot Clinics *	331,049.00		
PIL 89 FY 85/87 Urban Program *	1,607,876.00		
(incl Fortune HCC (33%), Block			
City Grant (20%), URC/YKB			
OpRsch (10%), NGOs (10%)			
PIL 131 FY 88/90 NGO GRANTS	\$1,063,264.00		
(incl Block City (50%), URC/YKB			
Op Resc (10%), NGO Grant (20%)			
YKB TA (5%)			
PIL 132 FY 88/90 IEC Program	82,025.00	\$ 847,111.00	
(incl Fortune Amend (66%)			
distribution (10%), super (10%)			
	Sub Total		\$3,943,021.00
UNEARMARKED BALANCE			
CBM ADV EXT, AMEND PIL 132	\$ 9,669.00	\$ 90,450.00	
PIL 27 YKB Pilot Clinics			
	Sub Total		\$ 100,119.00
TOTAL URBAN COMPONENT			\$7,250,000.00

NOTES *Completed Activities
Data as of 1/1/89

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Appendix E

List of Contacts and Persons Interviewed

Appendix E

List of Contacts and Persons Interviewed

LIST OF CONTACTS

USAID/OPH

John Rogosch	Deputy Chief OPH, USAID
Carol E. Carpenter-Yaman	Head of Fertility Reduction Division, OPH/USAID

BKKBN

Dr. Haryono Suyono	Chairman, BKKBN Headquarters
Dr. Abdulah Cholil, MPH	Deputy for Program Planning and Analysis, BKKBN Headquarters
Dr. Loet Affandi	Deputy for Administration and Management, BKKBN Headquarters
Dr. H. Sumarsono, MPH	Bureau of Planning, BKKBN
Dr. Soetedjo Moeljodihardjo	Deputy for Operational Program, BKKBN Headquarters
Drs. H. Victor Darmokusumo, MPH	Bureau of Integrated Program Services, BKKBN Headquarters
Drs. Mongid	Bureau of Information and Motivation, BKKBN Headquarters
Dr. Agus Rukanda	Bureau of Contraceptive Services, BKKBN Headquarters
Drs. Risman Musa, MA	Bureau of Information and Motivation
Dr. Darman Dahrin	Head of BKKBN Central Jakarta
Dr. T. Suhaemi	Chairman BKKBN North Sumatra
Dr. Sjahrir Lubis	Operational Deputy of BKKBN North Sumatra

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Dr. Nurdin Ginting

Chairman of Medan City

Dr. Indra Pohan

Chairman of Binjai City

Dr. Daricha Jasin

Chairman of Jakarta City

Dr. Sahala Pandjaitan

Chairman of East Java Province

Drs. Subandi

BKKBN Sumatra

Technical Assistance Group

Dr. Paul Richardson

University Research Corporation (URC)

Dr. Neeraj Kak

University Research Corporation (URC)

David Denman

FP Consultant, BKKBN

Rita L. Leavell, MD, MBA

CSM Consultant, BKKBN

Amy Steinberg, MPH

NGO Consultant, BKKBN

Russ Vogel

AVSC Consultant

Harsono Suwardi

Family Planning Blue Circle Project, BKKBN

James Filgo

Modern Management Technology Consultant BKKBN

NGO

Dr. Firman Lubis, MPH

Chairman, Yayasan Kusuma Buana (YKB)

Dr. Joedo Prihartono, MPH

Yayasan Kusuma Buana

City Officials

Raja Inal Siregar

Governor of North Sumatra

Agus Salim Rangkuti

Mayor of Medan City

Marihot Siagian

Governor's Office/Bureau of Population and Environment), Jakarta

Governor of East Java Province

Surabaya City Officials

Indonesian Medical Association (IDI)

Dr. Kartono Mohammad	Vice Chairman
Dr. Azrul Azwar MPH	Chairman
Dr. Bachtiar F. Lubis	Chairman of Medan City
Dr. P. Simandjuntak	Task Force on Urban FP, Medan
Dr. Setiawati	Family Planning Team, National IDI
Dr. H. Wan Zuarni	Chairman of Health Center of Pulo Brayan, Medan
Dr. Lukman Siregar	IDI, Surabaya

Indonesian Association of Midwives (IBI)

Mrs. Wastidar	Family Planning Team, Jakarta
Ms. Roslina Hamid	Treasury
Ms. Kitty Rondonuwu	IBI Jakarta (DKI Jakarta)
Mrs. Dolores Siregar	Vice Chairman, Medan
Mrs. Minuanna Situmorang	Chairman, Medan
Mrs. Tien Koesbandi	Chairman, East Java Province
Mr. Zainal Abidin	Chairman, Surabaya Branch

Indonesian Association of Pharmacists (ISFI)

Drs. Siswandono	Chairman, Surabaya
Drs. Sutikno	Chairman, Medan
Drs. T. E. Sumarno	Secretary, Medan

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Others

Isagani Perla	SOMARC Consultant
Gary Saffitz	JHU/PCS
Indra Abidin	Fortune Indonesia
Syah Mardeka	Fortune Indonesia
Mustafa Alatas	Fortune Indonesia
Abdullah Syarwani	Indonesian Planned Parenthood Association
Firman Lubis	YKB
Taufiq Amin	Kimia Farma
Mayun	Mecosin
H. Kilian	Schering
P. Simandjuntak	Schering
Kai Arief Iman S.	UPJOHN
D. Sparkes	SRI
F. Stirling	SRI
3 Doctors	Private practice (Jakarta)
5 Midwives	Private practice (Jakarta)
2 Pharmacists	Pharmacies (Jakarta)
3 Doctors	Private practice (Medan)
3 Midwives	Private practice (Medan)
2 Pharmacists	Pharmacies (Medan)

Al'

Appendix F

List of Documents Reviewed

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Appendix F

List of Documents Reviewed

USAID Reports and Documents

1. Project Identification Document of Private Sector Family Planning Project: Project #497-0355
2. A.I.D.'s Experience with Contraceptive Social Marketing: A Synthesis of Project Evaluation Findings, April 1986
3. Population Growth, Fertility and Family Planning in Indonesia, prepared by Carol E. Carpenter-Yaman - First Draft Doc. 6070 P
4. Letter from Dr. Haryono to David Merrill, - Letter #3696/ RC.202/E3/88; Work Plan for Urban Family Planning Component for July 1988 - March 1990
5. Project Paper Indonesia, Family Planning Development and Services II, Project No.: 497-0327, USAID/Indonesia: 1983
6. Project Paper Amendment No. 1, Family Planning Development and Services II, Project No. 497-0327, USAID: 1983
7. Project Paper Amendment No. 2, Family Planning Development and Services II, Project No. 497-0327, USAID: 1987
8. Project Paper Amendment No. 3, Family Planning Development and Services II, Project No. 497-0327, USAID: 1987
9. PIL No. 14: Project 497-0327 (FPDS II)
Condition Precedent to Disbursement for Urban Family Planning
10. PIL No. 23: Project 497-0327 (FPDS II)
Component No. 2: Urban Family Planning FY 84/85
11. PIL No. 37: Project 497-0327 (FPDS II)
Component No. 2: Urban Family Planning FY 85/86
12. PIL No. 89: Project 497-0327 (FPDS II)
Urban Family Planning for FY 87/88
13. PIL No. 131: Project 497-0327 (FPDS II)
Condition Precedent and Urban Family Planning Component GOI FY 1988-90
14. PIL No. 132: Project 497-0327 (FPDS II)
Condition Precedent and Urban Family Planning Component GOI FY 1988-90

15. **Memo to: Dr. R. Leavell, from G. Saffitz - "Recap of year 2 Plans for the Lingkaran Biru IEC Campaign"**
16. **The Indonesian Family Planning Program - A Shift to the Private Sector, prepared by Rita L. Leavell, 1988**
17. **Trip Report Indonesia prepared by the Enterprise Program, 1986**
18. **An Expanded Role for NGOs in the Indonesia Family Planning Program, prepared by Morgan and Associates, 1987**
19. **Family Planning Development and Services II Project (398-0249): Indonesia: An Urban Sector Strategy, prepared by William D. Bair, International Science and Technology Institute, Inc. 1986**
20. **NGO Advisor Quarterly Report, January - March 1988, USAID Project No. 497-0327 (PIL #82), prepared by Jeniffer Brinch, 1988**
21. **Evaluation of Village Family Planning Program, USAID Indonesia Project: 497-0327, 1983-1986, prepared by William Bair, et al., International Science and Technology Institute, 1987**
22. **AID Project No. 497-Q-077 (Loan) - Urban Family Planning Activity, FPDS II - Contract**
23. **Letter to Drs. Soetedjo, from Dave Denman, July 13, 1987 - Re: AID Project No. 4978-0327**
24. **Letter from Dr. Haryono Suyono to William Fuller - No. 2356/Rec. 202/DI/87 - 6 April 1987**

BKKBN Reports and Documents

1. **Rencana Pembangunan Lima Tahun KELIMA, 1989/90 - 1993/94 Program Gerakan Keluarga Berencana Nasional, Draft Final (Final Draft of the Fifth Five Year Development Plan, the National Family Planning Program), prepared by BKKBN, 1989**
2. **The Indonesian Contraceptive Prevalence Survey Report 1983, Jakarta: BKKBN, Faculty of Public Health University of Indonesia, 1984**
3. **National Contraceptive Prevalence Survey, 1987; BKKBN; Central Bureau of Statistics, Indonesia; and Institute for Resource Development, Westinghouse, 1988**
4. **Beberapa Pemilihan Dasar untuk Penetapan Strategi Program KB Nasional Pelita V, prepared by BKKBN, 1988**
5. **Strategi dan Pokok-Pokok Kegiatan Program KB Perkotaan, prepared by BKKBN, 1985**

SRI - Research Reports/Documents

1. An Urban Family Planning Multi-Media Campaign - A Brief to Advertising Agencies (Sept. 1986)
2. Somarc Assessment Study on Doctors and Midwives (Management Summary) - August 1987
3. PKMI Sterilization Centre Feasibility - A review of existing research (Feb. 1987)
4. Hospital Research Among Doctors - Management Summary (June 1987)
5. Hospital Research Among Eligible Couple (June 1987)

JHU/PCS Reports and Documents

1. Trip Report: IEC TA to BKKBN, Jkt - Gary Saffitz - Sept. 8-20, 1986
2. Trip Report: IEC TA to BKKBN, Jkt - Gary Saffitz - May 18-27, 1987
3. Review of the IEC Component of the Indonesia Population Program and Recommendations for IEC Planning (1987-1991) -December 1988
4. Trip Report: IEC Technical Assistance to BKKBN, Jkt - Gary Saffitz, February 19, 1988
5. Proposed IEC strategy for the Urban Family Planning in Indonesia - September 1986

SOMARC Reports and Documents

1. Blue Circle Products Marketing Plan
2. Blue Circle IEC Project - update February 1989
3. Social Marketing Strategy 1988 - O/PH-USAID/Indonesia
4. Social Marketing of Low Cost Contraceptives (a proposal)
5. Indonesia Trip Report, prepared by Betty R. and Harry Cole, 1988, February 1-13, 1988
6. Trip Report Indonesia, Sept. 12-23, 1988; prepared by Victoria Baird, 1988
7. SOMARC Assessment on Contraceptives Distribution systems to Family Planning Private Providers Part 1 and Part 2

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YKB Reports and Documents

1. Program KB Perkotaan Sektor Swasta, PIL #27-85; 1985-1986
2. Identifikasi Permasalahan KB Perkotaan di Ujung Padang, 1987
3. Identifikasi Permasalahan KB Perkotaan di Kotamadya Malang 1987
4. Pola Pelayanan KB Perkotaan di Kotamadya Bandung, 1986
5. Identifikasi Permasalahan KB Perkotaan di Kotamadya Palembang, 1987
6. Penelitian Pola Pelayanan KB Perkotaan di Kotamadya Pontianak, 1987
7. Identifikasi Permasalahan KB Perkotaan di Kotamadya Surabaya, 1986
8. Beberapa Pemikiran dalam Upaya Pengarapan KIE-KB Perkotaan, 1988
9. YKB Clinic Operations Research (Draft)

Others

1. General Information - Social Marketing Lingkaran Biru
2. Family Planning Attitudes in Urban Indonesia: Findings from Focus Group Research, December 1981
3. Indonesia: World Bank Population Sector Mission prepared by Nydia Maraviglia, The World Bank, 1988
4. Buku Pegangan Bagi Petugas Pelaksana/Penyelenggara Kampanye KIE Lingkaran Biru KB Mandiri
5. Panduan Pelayanan KB-IDI, prepared by Indonesian Association of Doctors, 1988
6. Pedoman KB-IBI, prepared by Indonesian Midwives Association, 1988
7. Identifikasi Permasalahan KB Perkotaan di Ujung Pandang, 1986; prepared by Yayasan Bina Bahagia, Ujung Pandang, 1986