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USAID/INDONESIA

TRANSITION PLAN

FOR

**USAID/INDONESIA'S ASSISTANCE IN
POPULATION, HEALTH AND NUTRITION**

1996-2005

APPROVED

April 1997

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**USAID/Indonesia Transition Plan
for Population, Health and Nutrition**

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ACRONYMS

| | |
|----------|--|
| ADB | Asian Development Bank |
| AusAid | Australian Overseas Aid Program |
| AVSC | Association for Voluntary and Safe Contraception |
| BAPEL | JPKM local administrative management unit |
| BASICS | Basic Support for Institutionalizing Child Survival |
| BKKBN | National Family Planning Coordinating Board |
| BRI | Bank Rakyat Indonesia |
| CA | Cooperating Agency |
| CPR | Contraceptive Prevalence Rate |
| CPS | Country Program Strategy Objective |
| Depkes | Ministry of Health |
| DHS | Demographic and Health Surveys |
| DTCs | District Training Centers |
| G/PHN | Global Bureau/Center for Population, Health and Nutrition |
| GOI | Government of Indonesia |
| HAPP | HIV/AIDS Prevention Project |
| HCF | Health Care Financing |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| HKI | Helen Keller International |
| HSP | Health Sector Financing Project |
| IBI | The Indonesian Midwives Association |
| IDI | The Indonesian Doctors Association |
| IEC | Information, Education and Communication |
| IRH | Integrated Reproductive Health |
| ISFI | Indonesian Pharmacists Association |
| IUD | Intrauterine Device |
| JHPIEGO | The Johns Hopkins Program for International Education in Reproductive Health |
| JHU/PCS | The Johns Hopkins University/Population Communications Services |
| JICA | Japan International Cooperation Agency |
| JPKM | Assurance for Community Health Care (managed health care) |
| KfW | German Development Agency |
| LSS | Life-saving Skills |
| LTM | Long-Term Method |
| MOH | Ministry of Health |
| NCTN | National Clinical Training Network |
| NGO | Non-Governmental Organization |
| NRC | National Resource Centers |
| NU | Nahdlatul Ulama (Islamic organization) |
| OMNI | Opportunities for Micronutrient Interventions |
| OR | Operations Research |
| PATH | Program for Appropriate Technology in Health |

| | |
|--------|--|
| PHN | Population, Health and Nutrition |
| PHR | Partnership for Health Reform Project |
| PKMI | Indonesian Association for Secure Contraception |
| POGI | Indonesian Obstetrics & Gynecologists Association |
| POLICY | The Policy Project |
| PPC | Program and Policy Coordination |
| PRIME | Primary Providers' Education and Training in Reproductive Health |
| PROFIT | Promoting Financial Investments and Transfers |
| PSFP | Private Sector Family Planning Project |
| PTCs | Provincial Training Centers |
| QA | Quality Assurance |
| QOC | Quality Of Care |
| RP | Results Package |
| SDES | Service Delivery Expansion Support |
| SO2 | Strategic Objective Two |
| SOMARC | Social Marketing for Change Project |
| STI | Sexually Transmitted Infections |
| TO | Transition Objective |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Fund for Population Activities |
| VS | Voluntary Sterilization |

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USAID/Indonesia Transition Plan for Population, Health and Nutrition

Executive Summary

Introduction

The USAID/Indonesia transition plan outlines a phase-out strategy for the Mission's Strategic Objective 2 *Sustained Improvements in Health and Reduced Fertility*. This strategy will be carried out by meeting three Transition Objectives (formerly known as Program Outcomes). For purposes of this plan, sustainability is defined as

The capacity of the health system (public and private) to generate family planning and health information, products, and services that are responsive to consumer needs and are of sufficient quality so that they are valued by consumers. The value placed on these goods and services by Indonesians will serve to catalyze sustained consumer demand, thus ensuring that investments will be made towards the continued generation of these goods and services.

The plan identifies a set of policy, organizational, and model development activities which will help the GOI to overcome constraints to developing sustainable PHN policies, programs and institutions. It outlines a timetable for a two stage phase-out. The plan outlines benchmarks which will be used to monitor the transition towards increased sustainability and proposes a management and coordination strategy. Development of the plan has been a collaborative effort among USAID/Indonesia, G/PHN, ANE, and PPC. Representatives from USAID cooperating agencies have also provided considerable input.

The Transition Plan

Impressive achievements have been made in improving health and reducing fertility. However, Indonesia still faces a number of critical challenges in this sector. The goal of this transition plan is to ensure that the systems and tools are in place to address many of these challenges.

The plan builds on a framework based on the conceptualization that at this stage in the development of Indonesia's program, three elements must be addressed in order to achieve a sustained and long lasting impact in the PHN sector: (1) policy development, (2) organizational development, and (3) models and systems development.

Based on the challenges and constraints facing Indonesia, and keeping in mind the comparative advantage of USAID assistance, the transition plan focuses on three Transition Objectives.

- TO 2 1 Increased use, quality and sustainability of family planning and other reproductive health services
- TO 2 2 Increased use and quality of effective STI/HIV/AIDS prevention programs and sound policies developed
- TO 2 3 Sustainable financing of health services

The transition plan has established a set of criteria for prioritizing the specific activities which will be supported. These criteria are based on extensive discussions with partners and customers about what could reasonably be accomplished during the short time remaining, and how to appropriately balance and integrate support for a range of health and family planning activities in order to achieve the transition objectives. The criteria are potential for sustainability, potential for impact, feasibility, Government of Indonesia and USAID priorities, and USAID's comparative advantage.

The conceptual basis, transition objectives and priority setting criteria create an operational framework within which transition period activities can be determined. This framework also serves to identify current programs or opportunities that should be discontinued or not pursued. As a result of applying this criteria, a number of activities are either being discontinued or will not be pursued, such as programs addressing breastfeeding and young adults.

Phase I What will be achieved by 2000

By the year 2000, USAID will have contributed to the reduction of total fertility in Indonesia to improving maternal health, and to the establishment of successful STI/HIV/AIDS prevention programs in demonstration areas. USAID will also have contributed to the establishment of an effective model of managed health care that is appropriate for broad replication.

To accomplish these objectives, the following priorities will be carried out:

Transition Objective 2 1 Increased use, quality and sustainability of family planning and other reproductive health services By 2000, contraceptive prevalence will have reached nearly 64% and long-term method use will have increased to 40%. Forty percent of users of family planning methods will be served by the private sector. Obstetric complications will be referred for treatment and significantly reduced, and 80% of pregnant women will receive appropriate micronutrient supplementation in demonstration areas.

Progress in important policy areas will be achieved including reducing barriers to the availability of long term contraceptive methods and improved quality of care, facilitating the role of midwives in reproductive health service delivery, and reducing constraints to increased participation by the private sector.

In organizational development, the transition plan will focus on institutionalizing a national clinical training system, strengthening BKKBN's capacity for strategic planning, and improving the sustainability and service delivery capability of members of the Indonesian Midwives Association (IBI) and other NGOs

Testing new and innovative ways to achieve sustained improvements in family planning and other reproductive health services will focus on identifying appropriate approaches to enhance sustainability, testing quality of care interventions, and testing reproductive health delivery systems

Transition Objective 2 2 Increased Use and Quality of effective STI/HIV/AIDS prevention programs and policies By the year 2000 the experience of these areas will have resulted in 40% of those at highest risk having adopted risk reduction strategies, 70% of those at high risk correctly diagnosed and treated in STI clinics, 80% of the total population in demonstration areas exhibiting knowledge of prevention practices, a full set of operational policies for HIV/AIDS in place, and a four-fold increase in the national health resources allocated to STI/HIV/AIDS activities

In policy development for HIV/AIDS, USAID will focus on issues concerning resource allocation, operationalizing an STI management strategy and IEC strategy, and developing and implementing other key operational policies

In organizational development, efforts will focus on improving NGO capacity and sustainability, developing and institutionalizing an STI surveillance system, and strengthening MOH technical capacity for implementing HIV/AIDS programs

USAID will develop models for testing STI syndromic management, improving condom logistics and quality assurance systems, and testing social marketing strategies for HIV/AIDS

Transition Objective 2 3 Sustainable Financing of Health By 2000 the Integrated Health Care Reform model in Klaten District, Central Java will be fully operational and the population covered by the model will have increased to nearly 300,000 (approximately 24% of the Klaten population), the national health care reform regulatory system will be established and operating, and the Klaten BBP-JPKM program will be actively marketed by the Klaten Bapel which will also be operating at a profit

In policy development, efforts will focus on the development and implementation of operational policies for the national legal and regulatory system for managed health care, resource generation and allocation, restructuring the basic benefits package to facilitate replication and attract increased enrollment, and working with the GOI to ensure that appropriate long term policy and legal and regulatory agenda for managed health care is

incorporated into the Seventh Five year Plan

In organizational development, USAID will focus on strengthening the regulatory body of the MOH, strengthening provider groups and strengthening the Klaten Bapel

Phase II - 2001 through 2005

By the year 2000, current SO2 projects supported directly by USAID/Jakarta in family planning and reproductive health, STI/HIV/AIDS prevention, and health sector financing, will have ended, as the objectives for Phase I are completed. Phase II, covering the period beginning in 2001, is a post-transition period where direct Mission financial and staff support for project activities will have ended and USAID-supported activities during this period will be limited to key "development cooperation" activities deemed necessary to overcome a global challenge or to complete the final transition. Resources for these activities are expected to be minimal, and management and funding of these activities would be provided through the Global or ANE Bureau. They would be implemented by Global bureau CAs, and monitored in Washington, with limited technical backstopping from USAID direct-hire staff assigned to Jakarta.

The decision to support activities in Phase II will be governed by a set of criteria that is a more limited variation of the criteria used for Phase I. They include degree to which the activity is required to achieve full sustainability, global impact, feasibility within limited time frame, USAID unique comparative advantage, and minimal management requirements.

USAID/INDONESIA TRANSITION PLAN FOR POPULATION HEALTH AND NUTRITION

I Introduction

During the Washington review of USAID/Indonesia's Country Program Strategy in April 1995, it was agreed that USAID/Indonesia, in collaboration with USAID/Washington, would develop a Transition Plan for USAID population, health and nutrition (PHN) assistance in Indonesia

The USAID/Indonesia transition plan, presented below, outlines a phase-out strategy for the Mission's Strategic Objective 2 *Sustained Improvements in Health and Reduced Fertility*. For purposes of this plan, sustainability is defined as

The capacity of the health system (public and private) to generate family planning and health information, products, and services that are responsive to consumer needs and are of sufficient quality so that they are valued by consumers. The value placed on these goods and services by Indonesians will serve to catalyze sustained consumer demand, thus ensuring that investments will be made towards the continued generation of these goods and services.

The strategy is based on a three-pronged approach which addresses key elements necessary to achieve the SO: Policy development and implementation, organization development and sustainability, and implementation models/systems development. This approach is incorporated within three Transition Objectives (formerly known as Program Outcomes), which focus on activities that will assist the GOI to overcome constraints in the PHN sector and that will have a direct and sustained impact on health and fertility.

A set of criteria are used to prioritize areas of support within each of the Transition Objectives. The entire SO2 portfolio has been examined in relation to these criteria, and activities that do not meet the criteria have been discontinued or refocused. These criteria are especially important given the uncertainty of future availability of management and program resources. Indeed, the priorities and activities presented in this plan reflect the bare minimum necessary to maintain a credible program and to successfully achieve the Strategic Objective within a reasonable time frame. Based on these guiding principles, the plan outlines a timetable for a two stage phase-out, which includes a Phase I (1996-2000) and a Phase II (2001 - 2005). Finally, the plan outlines benchmarks which will be used to monitor the transition towards increased sustainability and proposes a management and coordination strategy.

Development of the plan has been a collaborative effort among USAID/Indonesia, G/PHN, ANE, and PPC. Representatives from USAID cooperating agencies have also

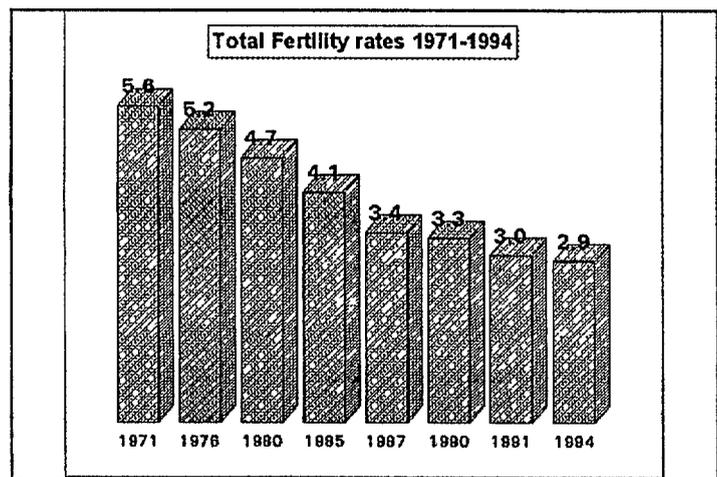
provided considerable input. In July 1995, a preliminary scope of work for the Transition Plan Design was formulated. In September 1995, a team of population experts from the Mission and G/PHN developed a preliminary transition framework which proposed a 'phase-out' approach. USAID/Indonesia and USAID/Washington then conducted a series of consultative meetings with the Government of Indonesia (GOI), PHN cooperating agencies, bilateral and multilateral donors, and local NGOs, in order to define issues, priorities and benchmarks. The preliminary transition framework was accepted in the February 1996 R4 Review in Washington. USAID/Indonesia and G/PHN drafted the transition plan in March/April 1996. Based upon a July review of the plan, G/PHN and PPC representatives assisted the Mission in finalizing the document in December 1996. USAID/Washington approved the PHN transition plan on April 9, 1997 in STATE 065963 (Appendix G).

II Demographic and Health Achievements to Date

In the past twenty five years, impressive demographic and health achievements have been made in the Population, Health and Nutrition (PHN) sector in

Indonesia. Due to a rapid increase in contraceptive use, the fertility rate has dropped by nearly one half, from an average of 5.6 births per woman in 1971 to 2.9 births per woman in 1994. In 1971 less than 10% of married women used contraceptives. Today approximately 55% of married women use contraceptives. Infant mortality has been reduced by over 40 percent. In 1971, 142 out of 1,000 children died before their first birth date. In 1995, 57 out of 1,000 children under one die.

Similarly, child mortality rates have fallen from 110 deaths per 1,000 births in 1980 to 81 in 1994. Three major reasons for this decline are increased immunization coverage, more widespread use of Vitamin A, and improved management of diarrheal diseases. Further reductions are expected with the implementation of interventions targeted toward high risk groups and improved maternal health and nutrition. USAID has played a significant role in this success, both as the largest donor in this sector and as a source for key technical and financial support to the Government of Indonesia's family planning and public health programs.



Considerable progress has also been made in establishing sustainable programs and institutions. Indonesian institutions have a depth of technical and managerial capability, such that the National Family Planning Coordinating Board (BKKBN) is a resource for family planning managers around the world, who participate in BKKBN's International Training

Program USAID has provided substantial technical and financial assistance to develop the technical and managerial capabilities of BKKBN staff and BKKBN's research and evaluation capacity, as well as the establishment of effective logistics and management information systems. BKKBN, in partnership with USAID, has also successfully undertaken institution building at the provincial level, as a result, seven provinces now receive funding, manage resources and implement programs directly.

The Indonesian family planning program has also been undergoing an evolutionary shift, moving from a program of "family planning by the government for the people" to a program "by the people" that is responsive to demand for services among clients, rather than being dependent on motivation from the government. For the last decade, BKKBN has increasingly promoted the use of private sector providers and the concept of KB Mandiri, or self reliance, which in practice means paying for family planning. As a result, private sector participation in family planning service delivery and contraceptive production has substantially increased. The private sector market share of contraceptive supplies and services more than doubled between 1987 and 1994--from 12 to 28 percent--and has continued to increase since then.

BKKBN has achieved a relatively balanced distribution of different contraceptive methods, and is nearly self-sufficient in meeting needs for contraceptive supplies in Indonesia. Of the 55 percent of currently married women using contraception, 52 percent are using modern methods and 3 percent are using traditional methods (1994 DHS Survey). The most popular methods are the pill, injection, and the IUD, used by 17 percent, 15 percent and 10 percent respectively. From 1968 to the mid-1980s, USAID spent over \$80 million to purchase contraceptives. Since then, USAID has discontinued support for contraceptive procurement and instead has helped BKKBN to develop domestic capacity in contraceptive production. Today, most of BKKBN's oral contraceptives are provided by a locally owned pharmaceutical company.

Important family planning policies have been established. There is continued high-level political commitment to the national family planning program, and support for voluntary sterilization to reduce maternal mortality has been announced recently. The GOI has also given certified midwives permission to insert and remove implants.

The number of organizations and institutions in the private sector have expanded dramatically, and are growing increasingly self reliant. For example, a number of clinics of five service delivery organizations with widespread coverage no longer require funding, and are able to market and manage themselves. Members of the Indonesian Midwives Association (IBI) are important providers of family planning and other reproductive health services, providing services to 16% of all family planning users. The technical capabilities and professional standing of IBI members have also improved significantly, and IBI members now provide services that are high in demand.

USAID also supported the development of an extremely successful social marketing program. The world famous Blue Circle campaign, under BKKBN's direction, no longer requires external assistance, and demand is such that the pharmaceutical companies participating in the program continue to market contraceptives on their own.

Government of Indonesia commitment to supporting HIV/AIDS programs is growing increasingly stronger. A national AIDS commission has been established, and a national AIDS strategy has been developed with assistance from USAID. The Government has also increased the share of resources devoted to HIV/AIDS prevention programs. USAID has also supported the development and institutionalization of a number of NGOs that provide services for HIV/AIDS. Three NGOs are now fully self-financed.

USAID/Indonesia has directly supported health sector financing reform since 1988. With assistance from USAID, the GOI has successfully developed and implemented policy reform in hospital finance, rational drug-use and managed health care (JPKM) in order to improve cost recovery for expensive health services and shift subsidies to the primary health care system. USAID support has succeeded in increasing MOH funding for child survival activities by over 35% in 1995 and this continues to increase. Important results that grew out of USAID supported activities are epitomized in the 1992 National Health Law, which sets the course for future health sector development in Indonesia. Notably, the self-financing cost recovery system for hospital (Unit Swadana) and managed health care schemes (JPKM) are considered central to achieving the government's health sector goals in the Sixth Five-year Development Plan (REPELITA VI 1994/95 - 1998/99). Finally, the Health and Economic Policy Analysis Unit (HEPAU) under the MOH, also started with USAID support, has been active in supplying key GOI decision-makers with economic analysis of health policy options.

III Challenges and Constraints

While impressive achievements have been made in improving health and reducing fertility, sustaining high level government commitment, and in building institutions capable of meeting demand for family planning and reproductive health services, Indonesia still faces a number of critical challenges in this sector. The country will have to meet these challenges if it is to continue progress towards sustainability, and increase program impact.

A Family Planning and Reproductive Health

Indonesia is the fourth most populous country in the world. The importance of reducing fertility cannot be overstated if USAID is to contribute significantly to reducing global population growth. Worldwide experience indicates that the contraceptive prevalence in Indonesia may need to increase by 15 percentage points by the year 2005, from 55% to approximately 70% of currently married women, if it is to achieve replacement level fertility, (a Total Fertility Rate of 2.1), which is the GOI's stated fertility reduction goal.

As with other countries that have already reached relatively high levels of contraceptive prevalence, Indonesia faces the difficult prospect of higher marginal costs for every marginal increase in contraceptive prevalence. Given the size and geographic spread of Indonesia's population, achieving marginal increases in prevalence will be difficult. For example, the national family planning program will have to recruit an additional five to six million new family planning acceptors each year for the next ten years AND maintain the 22 to 24 million current users per year if it is to achieve a 15% increase in contraceptive prevalence. In order to both increase contraceptive prevalence rates and ensure program sustainability, demand for services AND the quality of services must be improved so that services meet the needs of an ever increasing client base. Many new acceptors will come from segments of the population which are less educated, have cultural norms that encourage large families, reside in hard-to-reach rural areas or urban slums, and have less access to family planning and health care services. In addition, a huge cohort of well-educated young adults are now entering their reproductive years who will demand high quality information and services. Continued program success will depend upon attracting new acceptors early in their reproductive years, and providing high quality services so these users will continue to use contraceptives over their reproductive life cycle.

In addition to reducing fertility, the GOI has a formidable challenge of reducing maternal mortality. Indonesia's average maternal mortality ratio of 390 deaths per 100,000 births is the highest among ASEAN countries. This ratio reaches as high as 875 deaths per 100,000 births in outlying parts of the country. Unacceptably high maternal mortality rates in Indonesia reflect the fact that the family planning and health care delivery systems fails to meet the reproductive health needs of Indonesian women on several levels. First, nearly 80 percent of women give birth at home, frequently only attended by insufficiently trained traditional birth attendants and midwives. As a result, high risk pregnancies often go unidentified, and high risk births are rarely referred to adequately trained professionals. Second, most women do not seek or receive adequate pre- and post- natal services, including post-partum family planning counselling. Third, approximately 55 percent of pregnant women are mildly or moderately anemic, and many have reproductive tract infections which are not diagnosed and treated. All of these factors contribute to high maternal and perinatal mortality, and more generally, to poor reproductive health.

There are several constraints impeding the ability of the Indonesian program to address these needs and achieve GOI objectives. Quality of care, while improving, requires concerted attention through ensuring the establishment of practices and tools for improving and incorporating quality assurance into family planning and reproductive health programs. This is also key to ensuring expanded and continued demand for family planning and reproductive health services. Not only must appropriate policy and guidelines be established, but a system for comprehensive training must be put in place through the institutionalization of a national clinical training network, capable of meeting all future in-country training needs for family planning and reproductive health.

Expansion of use of long-term methods is an issue for improved quality of services as well as for achieving Indonesia's overall objectives. Long term methods, particularly implants and voluntary sterilization account for a relatively small proportion of overall contraceptive use. BKKBN is making plans to introduce a locally produced NORPLANT®-2 implant and the new one rod method IMPLANON in an effort to make the method more easily available and increase its use. International family planning experts are monitoring the Indonesian experience with contraceptive implants since the success or failure of this program may have a global impact that continues well into the next century. Relatively few contraceptive users choose voluntary sterilization, largely because it is still not officially endorsed by the GOI family planning program, however the GOI did recently endorse voluntary sterilization as an intervention to reduce maternal mortality. Key political leaders are concerned that official recognition of the method will engender strong opposition from religious leaders that could have a broader negative impact upon the national family planning program, and a number of operational and policy constraints limit mass media promotion of voluntary sterilization. Targeted policy interventions will be required to address these issues and ease some of the barriers to the availability of voluntary sterilization through the public and private sectors.

While BKKBN and many of the organizations that provide family planning and reproductive health services are well developed institutions, there are some key gaps that require targeted organizational development assistance. Particular concerns are weak capacity for strategic planning, quality assurance and implementing operational policies.

Over the last several years, midwives have emerged as key providers of private sector family planning and other reproductive health services. However, many still require considerable financial and operational support in setting up or expanding their practices. More recently, a commitment to reduce the maternal mortality ratio from 390 to 225 over the next four years was announced by President Soeharto and resulted in the GOI training and deploying over 50,000 midwives throughout rural Indonesia ("*bidan di desa*") While this represents an important first step towards reducing maternal mortality, many of these village midwives are young and inexperienced recent graduates with inadequate clinical training and experience. To address this, targeted assistance is needed to support the introduction of competency-based training and family planning into the MOH midwifery curriculum, and integrate essential maternal health courses into the national clinical training network. Key support to strengthen the organizational development and management capabilities of the IBI is also critical. With a current membership of over 70,000, IBI has the potential to be a leader in providing support to private sector midwives and village midwives. However, the central and provincial branches will need considerable management strengthening and organizational development in the coming years.

At present, awareness of the synergistic relationships among family planning, health, and nutrition interventions, and their correlation with improved maternal and perinatal outcomes is limited, as are appropriate models for systems and practices to improve maternal

health Models for improved organizational sustainability and cost recovery are needed to increase utilization of private sector family planning and reproductive health services

There are still a number of constraints to full participation of the private sector in family planning service delivery As long as BKKBN continues to distribute free contraceptives, the private sector's role in contraceptive provision will be limited BKKBN's strategy of 'coverage for all' is inefficient and undermines expansion of the commercial private sector It also increases the public sector's recurrent financial burden Targeted assistance is required to help the GOI develop its capacity to undertake market segmentation strategies for its family planning program in order to target provision of free services and subsidized contraceptives to population groups that truly are unable to pay, while ensuring that those who can pay do so

B STI/HIV/AIDS

The HIV/AIDS epidemic in Indonesia is at a critical stage in its evolution and may have entered the exponential growth phase As of November 1996, 466 cases of HIV infection (112 of these AIDS) have been officially reported by the GOI's woefully inadequate surveillance system A recent UNICEF report estimates that HIV infections have increased from 45,000 in 1993 to 144,000 in 1996 WHO estimates 95,000 HIV infections in 1996 Clearly, the disease is present among groups whose behavior places them at increased risk for contracting the virus 1996 data collected show a 40% prevalence rate of sexually transmitted infections (STIs) among commercial sex workers in Jakarta and Surabaya Several factors known to facilitate the rapid spread of the virus are also present in Indonesia An extensive commercial sex industry caters to large numbers of mobile, male workers -- many of whom are from countries with very high HIV prevalence Data collected from six reproductive health clinics in North Jakarta between 1987 and 1994 indicates an STI prevalence rate of 29% among low-income, married women

In 1994, a National AIDS Strategy for Indonesia was developed, and the President issued a decree establishing a multi-sectoral National AIDS Commission The national strategy and the Presidential decree represent the starting point of a concerted effort to respond to HIV/AIDS in Indonesia Decision-makers, health providers, and the general public have begun to actively discuss and debate a range of HIV/AIDS related issues With the assistance of several multinational and bilateral donors, the Government is preparing to implement a coordinated and comprehensive STI/HIV/AIDS intervention program

However, while the Government of Indonesia has recently acknowledged that HIV/AIDS is a potential problem, there is still a lack of consensus on how to respond This is partly due to incomplete knowledge of effective HIV/AIDS prevention strategies, and partly due to divergent views on what responses are possible and appropriate within the Indonesian political, social and religious context The policy environment surrounding HIV/AIDS is dynamic, but emergent

Institutional and organizational capacity to respond to HIV/AIDS is clearly in incipient stages. Information about HIV/AIDS and other STIs, high quality STI diagnosis and treatment services, and counseling services for risk reduction and vulnerable populations are not yet widely available. Public and private sector health care providers do not yet have access to STI/HIV/AIDS training. It is still problematic to market condoms for disease prevention. Both donors and the GOI will likely look to NGOs to take the lead in providing outreach education. While several NGOs have successfully carried out intervention activities and a few are self-reliant, they require continued support to develop sufficient financial and technical expertise in HIV/AIDS programming.

Knowledge and awareness of STI/HIV/AIDS is extremely low among groups who consistently practice high risk behaviors, among groups who are vulnerable to contracting the virus through their regular partners, and within the general population. Community support for risk reduction is still lacking. Therefore, people who practice high risk behaviors have little incentive to change them. People who are at risk secondarily have few resources for reducing their vulnerability.

Demand for condoms is, in turn, very low, and negative attitudes towards their use are widespread. Demand for STI services is also low, and further constrained by the stigmatization associated with seeking treatment for an STI, and by the prevalence of self-treatment with traditional, herbal medicines.

USAID has just begun to fulfill its commitment to help Indonesia mount an effective and sustainable response to STI/HIV/AIDS. Furthermore, experience in responding to the global epidemic has shown that it takes some time - ten to fifteen years - to institutionalize prevention programs and have an impact on reducing the spread of HIV and other sexually transmitted diseases. Over the next few years, a number of policies, organizations, and systems will be put in place, but they will not yet be fully institutionalized. Results in reducing STI/HIV prevalence will be evident, but not yet sufficient to contain the epidemic.

Developing a USAID transition strategy for STI/HIV/AIDS involves making a fundamental decision about how much to invest in Indonesia's response to the epidemic. Based upon its track record in family planning, the Government of Indonesia has the potential to implement a sustainable and effective response to STI/HIV/AIDS. Over the past few years, it has also demonstrated its willingness to respond. The global implications of the HIV/AIDS epidemic in Indonesia must also be considered. Indonesia is located near the geographic epicenter of the global pandemic and has a population of approximately 192 million people. The future course of the epidemic in Indonesia will have a direct impact on USAID's ability to meet its objective of reducing the global spread of HIV/AIDS.

C Sustainable Financing of Health Service Delivery

With the world's fourth largest population, Indonesia's national budget for health is among the lowest in the world at 2.0% of GDP annually. The country must find viable

alternatives to a heavily subsidized and inefficient health and family planning service delivery system. While progress has been made, at present, over 65% of health care services, primarily drugs and hospital care, are purchased from the public sector. Over the next decade, Indonesia faces a major challenge in reforming the financing of a more efficient, equitable and high quality system of health care delivery.

Since 1988 USAID has assisted the GOI in developing key components of the MOH Health Care Reform Strategy. These components include the JPKM health care financing and delivery strategy, the Unit Swadana (hospital and health center cost recovery), rational drug use, contract doctors, and quality assurance/standards of care. These reforms have been addressed in either National Laws or in ministerial regulations, and have achieved significant levels of success in separate test or pilot sites. After an assessment of USAID supported efforts, the MOH concluded that an "integrated field trial" of all the above strategies was necessary to work out the practical aspects of integrated health care delivery.

USAID agreed to support this effort through the Integrated Health Care Reform (IHCR) field trial to be conducted in Klaten. This trial supports a model for providing the Klaten population with access to a basic benefits package of preventive and curative health and family planning services at an affordable cost. If this model is successful, replicating and expanding the system nationwide will be a major undertaking for the GOI, but critical if progress in health sector reform is to keep pace with rapid economic and social development in Indonesia.

Several assessments completed in 1995 and early 1996 have identified operational problems in the IHCR model as it is currently being implemented. These assessments concluded that the primary obstacle is that the BBP-JPKM program in Klaten was not being established in line with the existing regulations.

GOI commitment, however, remains high. In October 1996, USAID and the MOH developed a detailed implementation work plan to move the Klaten integrated field trial forward as the national model. If the Klaten model is to attract support from both the private sector and international donors for replication nationwide, the GOI must develop clear rules and regulations for engagement between service providers, JPKM programs, and their clients. This would ideally facilitate cross-subsidization of services to impoverished segments of the population.

IV Transition Plan Framework

A Conceptual Basis

The framework utilized in this plan is based on the conceptualization that at this stage in the development of Indonesia's program, three elements are necessary in order to achieve a sustained and long lasting impact in the PHN sector.

1 Policy Environment An enabling policy environment (i.e., broader social, financial, and/or regulatory environments) must exist in which clients are able to obtain full information about products and services, and have affordable access to a wide range of such high quality services and products. Providers should be able to compete freely and openly, without unfair or unreasonable restrictions. The rules of interaction should be clear and transparent, and providers and clients should be able to exchange information openly. The roles of government and private sector should be clearly spelled out and adhered to. National and operational policies should encourage the strategic allocation of resources.

2 Organizational Development Both public and private sector organizations must be able to align their services and products based on market forces, and respond without external assistance. The public sector should be able to strategically focus their attention on the impoverished segment of the population. Organizations must have the technical, managerial, and financial capacity to provide accessible high quality products and services. The public sector should also have the capacity to utilize data for decision making in resource allocation and programmatic focus. The private sector organizations should have a sufficiently strong financial and institutional base that will allow them to continue providing services and products.

3 Models and Systems Development. Achieving a sustained impact will not be possible without the ability of policy makers and program managers to respond and be flexible to continuously changing circumstances. In this context, testing out new intervention mechanisms, proposed legal and regulatory adjustment, and/or the feasibility of replicating innovative procedures will be important. Models will be undertaken for those areas critical to the achievement of the overall transition objectives and to address key constraints. Frequently, neither counterpart organizations nor donors are willing to risk funding on untested approaches, yet such risk taking is necessary for long term sustainability.

The three elements described are neither exhaustive nor exclusive, and frequently intersect and overlap. Nor are these elements meant to imply that this transition plan will address all issues of each one. Rather, the elements are a tool which help organize in a systematic and conceptual manner the key features and issues which will be addressed in this plan.

B Transition Objectives

Based on the discussion of the challenges and constraints, and keeping in mind the comparative advantage of USAID assistance, it was determined that achievement of the Strategic Objective which focuses on a transition period with declining resources would require a redefinition of the Strategic Objective and Program Outcomes originally defined under Strategic Objective Two (SO2) - "Improved Health and Reduced Fertility" - of USAID/Indonesia's Country Program Strategy (CPS). The revised SO statement is "Sustained Improvements in Health and Reduced Fertility."

In this plan, the term 'Transition Objective' (TO) has been adopted to reflect these modifications. The outcome indicators which were approved for the original POs have been modified accordingly (Appendix C Indonesia PHN Transition Plan Indicators). USAID/Indonesia will routinely report on progress against these indicators as part of the annual R4 process.

This plan defines three Transition Objectives (TO), one each for family planning and reproductive health, STI/HIV/AIDS, and sustainable health financing. The following table presents the similarities and differences between the original Program Outcomes and the new Transition Objectives.

| Original Program Outcomes | | Revised Transition Objectives and Results Packages | |
|---------------------------|--|--|---|
| 2.1 | Increased use and quality of family planning services | 2.1 | Increased use, quality and sustainability of family planning and other reproductive health services |
| 2.2 | Increased use and quality of STI/HIV/AIDS and reproductive health services | 2.2 | Increased use and quality of STI/HIV/AIDS prevention programs and sound policies developed |
| 2.3 | Developed and implemented National AIDS and reproductive health policies | 2.3 | Sustainable financing of health services |
| 2.4 | Improved balance of public and private sector provision of health and family planning services | | |

C Criteria for Setting Priorities

The successful achievement of the SO will depend upon, *inter alia*, the availability of financial and management resources. At the same time, there is recognition that significant uncertainty exists surrounding the availability of resources. As such, this plan has established a set of criteria for prioritizing the specific activities which will be supported. These criteria are based on extensive discussions with partners and customers about what could reasonably be accomplished during the short time remaining, and how to appropriately

balance and integrate support for a range of health and family planning activities in order to achieve the transition objectives

- Potential for sustainability Greater support will be given to activities which may lead to the establishment of sound national and operational policies, stronger organizations, and/or more effective models and efficient systems
- Potential for impact Greater support will be given to activities which can demonstrate consistent results in reducing fertility and improving health
- Feasibility Priority will be given to activities that have high potential for achieving results during the transition period
- GOI and USAID/Indonesia priorities Activities that do not coincide with GOI and USAID/Indonesia priorities or that do not directly relate to transition objectives will not receive support
- USAID's Comparative Advantage Priority will be given to activities where USAID has a clear and established comparative advantage Discussions with partners and stakeholders indicate that where USAID has the greatest advantage is in supporting innovative, "high risk" interventions and procedures which test the limits of policy, organizations, and systems This criterion also takes into account the priorities of other donors and the extent of their support for specific activities

V Transition Period Activities Phase I 1996 - 2000

The melding of the conceptual basis, the Transition Objectives, and the criteria for priority setting creates an operational framework within which transition period activities can be determined The operational framework also serves to identify current programs or opportunities that should be discontinued or not pursued

For USAID/Indonesia, the application of the framework identified the following programs that will be either discontinued or not pursued

Child Survival Because the GOI has made significant advances in this area, continued USAID assistance will no longer have a major impact in this sector, nor does USAID enjoy a comparative advantage Therefore, activities funded under the BASICS project and several other child survival grants from the Bureau for Humanitarian Response will no longer be funded

Breastfeeding The Mission will not expand any breastfeeding activities in its maternal health and family planning portfolio As the GOI recognizes the value and importance of

breastfeeding, this intervention is already included in public and private sector community health programs. There is no need for additional, specialized TA in this area.

Micronutrients With the exception of limited anemia prevention initiatives for maternal health, this program area will be phased out upon completion of the current activities, as transition objectives will have been achieved. Also, the World Bank is investing heavily in this area, so the impact of continued USAID support would be marginal.

Young Adults There are a number of limited activities in the current population and health portfolio which address the needs of this segment of the population. Many of the HIV/AIDS prevention interventions to be implemented under the HIV/AIDS Prevention Project (HAPP) are directed toward youth. IE&C and family planning counseling is being provided to young adults as part of the overall BKKBN program. Beyond these initiatives, however, it is recognized that achieving a sustained impact will require significant resources and time, and thus is not feasible under this plan. Appendix E, "Reaching Young Adults" describes more fully current activities of USAID, the GOI and other donors that address the needs of young adults.

Gender and Advocacy USAID has supported gender training for NGOs including training for improved advocacy skills in reproductive health as well as research on women's status. Given that these activities will have a limited impact on the achievement of the Strategic Objective, they will be discontinued. However, in this SO, as with all other Mission strategic objectives, the Mission remains committed to addressing gender issues.

Research and Evaluation Over the past twenty years, USAID has invested heavily in strengthening the research and evaluation capabilities of BKKBN and the Bureau of Statistics. Nonetheless, the survey research and analytical capabilities of GOI staff are still inadequate, especially at the provincial levels. USAID/Indonesia believes that these capabilities can only be improved through long-term training and structural improvements in the graduate education system. Neither are feasible within the context of the transition period, nor does USAID have a comparative advantage. Therefore the Mission will no longer provide support to this area.

Contraceptive Social Marketing USAID has invested heavily over the past ten years in a highly successful contraceptive social marketing program in Indonesia. This investment has demonstrated that there is a market for the commercial sector, and that there is strong competition among pharmaceutical companies. USAID investments have helped to stimulate the market, and its objectives in this area have been achieved. USAID's support for social marketing is limited to the STI/HIV/AIDS program, as noted below.

South/South For the past several years, USAID has supported BKKBN's very successful South/South program that brings family planning managers from other countries to Indonesia for training. Given that USAID's support is no longer critical for the sustainability of this program, USAID support will gradually end.

*A Transition Objective 2.1
Increased Use, Quality and Sustainability of Family Planning
and Other Reproductive Health Services*

Policy Development Despite the strong government commitment over the years, a number of policy constraints still exist. Of these, three priority areas will be addressed in this Transition Plan:

- 1 The availability of long term contraceptive methods and quality of care, including a) an operational policy which will encourage public and private providers to use the newer, more effective CuT IUD, b) a national policy on NORPLANT® removal, and a national strategy for delivering implant services, and c) a national operational policy on voluntary surgical contraception
- 2 The role of midwives and reproductive health, including a) revision of operational policies and standardized service protocols in order to improve obstetrical and newborn case management and postpartum family planning, b) national and operational policies which clarify and expand the responsibilities of midwives in service provision, and c) implementation strategy for GOI's recently developed comprehensive reproductive health framework based on the Cairo/ICPD tenets
- 3 The role of private sector and market segmentation, including a) modification of operational policies regarding the procurement and distribution of contraceptive commodities, and b) modification of resource allocation, pricing, and program emphasis based on a market segmentation strategy

In the area of policy development for family planning and reproductive health, USAID has historically played a critical role in all stages of the policy process, from awareness raising to national policy formulation to establishment of legal and regulatory frameworks. Each of the policy priorities will require a carefully crafted combination of technical assistance and policy dialogue in order to be successful. Other donors, and indeed the GOI have always looked to USAID to take a leadership role in the policy process, especially in politically sensitive areas.

Each of the policy areas described above is extremely critical and cutbacks in resources must not occur. Such cutbacks would severely limit USAID's capacity to continue engagement in critical policy matters, and would result in loss of credibility with the GOI and with other donors and would undermine USAID's ability to successfully transition out of assistance. Should resources above and beyond those being requested become available, USAID would be able to support the fine tuning of policy implementation. For example, USAID would support BKKBN in carrying out alternative pricing schemes to determine how best to monitor, evaluate, and refocus the market segmentation strategy. Support would be provided to better document the cost effectiveness of alternative reproductive health

packages Support would also be provided for the establishment of national and operational policies to meet the needs of young adults Appendix F includes a list of priority activities for all elements of the program that USAID would consider supporting if additional staffing and funding were available

Organizational Development Activities in this area will focus on

1 Institutionalizing a national clinical training system It is often said that the process of training "never ends" This implies that routine short term or long term training is not sustainable, USAID's investment thus will focus on institutionalizing systems for both pre-service and in-service training These systems have already been tested and accepted by GOI leadership, what is still required is to ensure continuation of the system Pre-service training is limited to midwifery training, where support will be provided to institutionalize life saving skills curricula, including infection prevention, postpartum care, and community outreach For in-service training for a variety of family planning and other reproductive health professionals, support will be provided to fully institutionalize the National Clinical Training Network (NCTN) in the SDES provinces The network will be comprised of two National Resource Centers, 11 Provincial Centers, and a number of District Training Centers The NCTN will have the capacity to provide competency based training for long term contraceptive methods (i e IUD, NORPLANT, and VS), infection prevention and other clinical quality of care procedures, competency based life saving skills for essential obstetric care, postpartum care, etc

2 Strengthening BKKBN's capacity for strategic planning As other actors (NGOs, JPKMs, private sector) become increasingly active in the provision of family planning and other reproductive health services, BKKBN must become increasingly sophisticated about planning and management, especially at the provincial level, and about coordination efforts with MOH BKKBN will need to focus on demand generation, through IEC processes, ensuring quality services, through effective monitoring, and ensuring that demand fulfillment truly takes hold through market segmentation strategies

3 Improve the sustainability and service delivery capability of IBI and other NGOs A key objective under this component is to strengthen the capability of the Indonesian Midwives Association (IBI) to provide services to its 70,000 members including strengthening the organization's ability to provide safe and competent care to women and infants, strengthening the organization's structure by clarifying the roles and responsibilities of the board of directors, and strengthening IBI member's financial position by institutionalizing the Midwives Loan program Another organizational development activity consists of support for several key NGOs including PKBI, IDI, NU, Muhammadiyah, and PKMI, in order to improve organizational management and financial sustainability

The comparative advantage which USAID has exhibited in organizational development is particularly strong in strategic planning and in developing NGO sustainability. For the public sector, the general consensus is that USAID resources aimed at strengthening BKKBN's strategic planning capability serve a catalytic role in "speeding up" the pace at which new and strategic programs can come on line, and thus have a greater impact. Given the size and momentum of the population of Indonesia, the ability to have a quick and flexible ability to react will be key to the GOI's ability to meet its goals.

Each of the organizational development priorities stated above are considered critical and further cutbacks would hamper significantly USAID's ability to meet its Strategic Objective. It could, moreover, have a major demographic impact by slowing down the pace at which progress is being made. Should additional resources become available, these would be utilized to expand the institutionalization of the NCTN in other provinces as well as the number and type of NGO organizations that benefit from improvements in sustainability and service delivery capability.

Model/Systems Development A select number of models will be supported which test new and innovative ways to achieve sustained improvements in family planning and other reproductive health services. Many of these models are considered "high risk", in that the activities push the limits of providers, policies, and systems. If these models are successful and are replicated, significant inroads will be made. Utilizing the criteria for setting priorities, a number of models which had been proposed or were in their early stages of development have been discontinued. Each of the models and test sites selected for support will continue to go through the selection criteria.

Three focused and strategic types of model testing and systems development will be supported:

1 **Approaches to enhance sustainability** USAID will support the development and testing of private sector health and family planning clinic models that improve institutional sustainability. Private medical associations and NGOs will benefit from these approaches. Testing will determine the extent to which these clinic models can become recipients of contracts under the JPKM system, the cost and coverage implications, and the legal and regulatory reform that is needed in order to facilitate private sector participation.

2 **Testing quality of care** Because quality of care is a key priority for the transition plan, developing new models to facilitate BKKBN's ability to implement the Cairo/ICPD agenda, especially enhancing responsiveness to client perspectives, will be necessary. In the Indonesian societal context such an approach poses particular challenges. USAID will support counselling, quality assurance, peer review, and other interventions which address the unique constraints of rural Indonesian settings.

3 Testing reproductive health delivery systems Although Indonesia's population program has reached a high level of maturity, relatively little has been done in the area of service delivery in other reproductive health interventions. A select number of delivery modalities will be examined by USAID during the transition period to determine the feasibility of integrating family planning and other reproductive health services, alternative models for strengthening midwives' clinical and managerial skills (including skills to strengthen links between the village midwife and her community), and alternative community empowerment models such as Quality Assurance Committees

Although USAID funding represents less than 10% of the total resources allocated for family planning, it is a significant proportion of the discretionary resources available to the GOI. As a result, USAID has consistently taken the lead in supporting new approaches which are inherently at high risk of failure but have very high payoff, and which push organizations and policies to new levels resulting in greater impact. This has been critically important for the success of the Indonesian family planning program, and USAID's contribution has been widely recognized.

For this Transition Objective, model testing and systems development is of particular importance, since the program has reached a high level of maturity and achieving marginal increases in contraceptive prevalence will be increasingly difficult and require innovative approaches. With further cutbacks, model testing and systems development would have to be discontinued - possibly leading to a plateauing of program achievements. With additional resources, a greater variety of interventions and initiatives could be tested.

*B Transition Objective 2.2
Increased Use and Quality of Effective STI/HIV/AIDS
Prevention Programs and Policies Developed*

Policy Development A major policy breakthrough was achieved with the unveiling of the National AIDS Strategy. The focus of USAID support for policy development will now turn to assisting the GOI to launch the implementation of this strategy through development and implementation of operational policies.

1 Resource Allocation A priority will be increasing and further strengthening the commitment from the GOI at all levels (national, provincial, local) to providing sufficient resources for program activities. Strengthening the capacity of the MOH to plan and strategically allocate resources through epidemiological modelling, surveillance, etc. will also be critical.

2 STI Management Strategy Operational policies for STI management are part and parcel of the national AIDS strategy. A full range of processes to implement this

strategy must take place, from awareness raising, agenda setting, to establishment of program priorities

3 IEC Strategy This operational policy continues to be one of the most sensitive, since mass media IEC in the area of STI/HIV/AIDS is controversial. Setting up committees, careful review, and intensive policy dialogue will be necessary

4 Operational policies While STI management and IEC are at the core of HIV/AIDS prevention strategy, operational policies in other areas, such as counselling, clinical and syndromic case management guidelines, STI curricula for medical schools, outreach, addressing the very different needs of groups of population at risk, all require the establishment of procedures, manuals, guidelines etc

The global leadership that USAID has taken with respect to STI/HIV/AIDS prevention is also evident in Indonesia. A National Commission has an unprecedented grouping of public and private organizations, both at the national as well as provincial and local levels

At a time when the GOI is finally coming to grips with the serious nature of the HIV/AIDS epidemic and given the potential impact the course of the epidemic in Indonesia has for the region, it would be catastrophic for USAID to cut back its support in this area. The policy development issues which are delineated above are critical and can not be further reduced. Any such cutbacks would result in a critical loss of the ground gained so far. Moreover, the GOI would interpret such cutbacks as USAID's determination that the HIV/AIDS epidemic is not a problem in Indonesia, and could see it as less of a priority as a result. Should additional resources become available, USAID would deepen the operational policy process at the provincial and local levels, and would especially target other areas of affinity. Appendix F includes a list of priority activities for all elements of the program that USAID would consider supporting if additional staffing and funding were available

Organizational Development Three critical and strategically focused constraints will be addressed

1 Improve NGO capacity and sustainability There are a number of NGOs working in STI/HIV/AIDS and some of these have already reached an impressive level of sustainability. The support that will be provided to these and other NGOs include technical improvements, such as outreach education activities, client counselling, IEC campaigns, and institutional improvements, such as integration with family planning clinics as appropriate, community mobilization, management strengthening, and cost recovery

2 Develop and institutionalize an STI surveillance system This is a critical activity which will require a concerted leadership effort by MOH and the cooperation and coordination of partner organizations (NGOs, private entities, universities,

communities, etc) USAID support will include the institutionalization of an STI survey system, and upgrading the capacity of the national STI laboratory

3 Strengthening MOH technical implementation capacity Support in this area will include establishing training systems for pre-service and in-service training, including STI/HIV curriculum development, and building up the institutional capacity to design, implement and evaluate IEC programs Access to condoms will be expanded through collaboration with the private sector, including distribution through the commercial and NGO sector

The predominant comparative advantage for USAID in this area is the highly skilled technical assistance which has been able to rapidly mobilize and upgrade local expertise to respond to STI/HIV/AIDS

As with policy development, any cutbacks in USAID support in organizational development sends the unequivocal message to partner organizations that HIV/AIDS need not be a priority area of concern

Model/Systems Development In order to strengthen policies and organizations, a number of models and systems must be developed, tested and operationalized The following are of the highest priority

1 Testing STI syndromic management While STI syndromic management guidelines have been developed, further testing of their implementation and different approaches is necessary Differences in approaches will be based on provider and client characteristics, as well as existing institutional capacities The success of both the STI clinics and HIV testing center counselling services will be carefully evaluated and documented, in order to guide further policy and program development

2 Condom logistics and QA systems MOH will begin testing the effectiveness of condoms, the procurement and logistics systems, and will track condom use by respective high risk population groups

3 Social marketing strategies USAID will support the development and testing of a select number of mass media and outreach campaigns which are intended to generate behavior change in at risk populations

The comparative advantage of USAID in supporting innovative and at times risky interventions and methodologies will once again be of paramount importance in furthering the understanding of the HIV/AIDS challenge in Indonesia, and in arriving at cost effective and highly flexible responses to these challenges

The models listed above are the minimum investment that USAID should be making in this area Should there be further cutbacks in resource availability, only traditional

interventions will be attempted, thereby causing Indonesia to lose precious time in responding to the HIV/AIDS epidemic. Such loss of time will have obvious implications both regionally and globally. Should additional resources become available, many more alternative intervention schemes can be tested. Given the size and variation in social norms across the country, it is important that client sensitive programs be established.

*Transition Objective 2.3
Sustainable Financing of Health Services*

Policy Development Activities in this area will address four policy challenges facing JPKM

- 1 Legal and regulatory systems In order to successfully replicate the IHCR, USAID will provide critical assistance to the GOI for the development and implementation of operational policies. These include licensing procedures, quality assurance, tariff setting, and other basic operational criteria.
- 2 Resource generation and equity Technical assistance and policy dialogue will focus on revising the tariff structure, addressing tax issues, instituting appropriate pricing policies, monitoring costs, undertaking financial viability studies, and developing cross subsidization schemes.
- 3 The Basic Benefits Package USAID will provide assistance for establishing strategies for implementation of the BBP, and reviewing and restructuring of the BBP for purposes of replication with the goal of attracting enrollment of the informal sector in the BBP-JPKM scheme.
- 4 Managed care and the Seventh Five Year Plan Over the next several months, the GOI will develop its Seventh Five year Plan. This presents a unique opportunity to ensure that the appropriate long term policy and legal and regulatory agenda for managed health care is incorporated.

The comparative advantage of USAID in this area is its ability to "set the stage" for significant investments by other donors, especially the multilateral lending banks. USAID has the capability of engaging GOI leadership in policy dialogue on matters that can be sensitive such as resource and equity issues.

Given that the Mission has designated this Transition Objective as one of its highest priorities, the policy issues addressed here are the minimum necessary to engage the GOI. Other national and operational policies could be addressed in a Phase II of the transition, should there be sufficient resources.

Organizational Development USAID support in this area will include

- 1 Strengthening the regulatory body of the MOH In order to assure not only the success of the Klaten model, but also effective replication of the model elsewhere, technical assistance is required to address the need to clarify decision-making roles of the regulatory body at national, provincial and district levels, the need to strengthen the national regulatory body in terms of short term training to handle functions such as licensing, data analysis, and compliance
- 2 Strengthening provider groups In conjunction with TO2 1, support in this area would focus on NGO and private sector providers that can become provider groups under contract with various JPKM schemes
- 3 Strengthening the Bapel Assistance to develop the capacity of the Klaten Bapel to perform a variety of management and programming functions including implementing a marketing plan, ensuring quality assurance practices among providers, implementing a business plan, ensuring and establishing and fully utilizing the MIS systems

The comparative advantage of USAID is its experience and partnership with U S institutions USAID and its partners have had extensive experience in sector reform and facilitating the changing roles of government institutions in health as well as other areas In particular, USAID's experience in health sector reform provides a unique opportunity to apply some of the lessons learned to further the Indonesia IHCR

The organizational development areas described above are the minimum necessary for a successful program If additional resources were to become available, more could be done to implement alternative IHCR models, including identifying additional financing options

Models /Systems Development The Klaten model is essentially a trial of an integrated approach to implementing the GOI's health sector reform strategy The major objective was to discover how smoothly these strategies interfaced, what unforeseen problems would be encountered, how these problems would be overcome, and how the entire integrated health reform strategy could be optimized prior to a more general implementation As such, all the policy and organizational development activities described above constitute tests of a model, therefore no separate modelling is required to implement TO2 3 Alternative IHCR implementation models should be considered in Phase II if sufficient resources are available

VI Phase II - 2001 through 2005

By the year 2000, current SO2 projects supported directly by USAID/Jakarta in family planning and reproductive health, STI/HIV/AIDS prevention, and health sector financing, will have gradually ended, as the objectives for Phase I are completed (See Appendix C USAID/Indonesia SO2 Project Activities Time Line)

Phase II, covering the period beginning in 2001, is distinguished from Phase I as a post-transition period where direct Mission financial and staff support for project activities will have ended and USAID-supported activities during this period will be limited to key "development cooperation" activities which the Global or ANE Bureau deems necessary to overcome a global challenge or to complete the final transition. Resources for these activities are expected to be minimal, and management and funding of these activities would be provided through the Global or ANE Bureau. They would be implemented by Global bureau CAs, and monitored in Washington, with limited technical backstopping from USAID direct-hire staff assigned to Jakarta.

The decision to support activities in Phase II will be governed by a set of criteria that is a more limited variation of the criteria used for Phase I.

- Sustainability degree to which assistance is needed to complete transition objectives
- Global impact degree to which the intervention is required for regional or global impact
- Feasibility within limited timeframe degree to which intervention can be achieved within the five year timeframe of Phase II
- Advantage degree to which the intervention represents something USAID is uniquely capable of doing
- Management requirements degree to which the activity can be managed by USAID/Washington or the implementing partner with limited to no required management from USAID/Jakarta

It is expected that transition objectives for TO 2 1 will be fully completed by the end of Phase I, and no further assistance will be required. Given the longer time frame required for TO2 2 and TO2 3, and the relatively nascent stage of these program and institutions, focused activities, in line with the above criteria, will be required to complete the transition objectives. Examples would include testing alternative IHCR implementation approaches and/or institutionalizing HIV/AIDS programs in key areas of affinity.

VII Transition Monitoring and Management

A Monitoring and Evaluation

Monitoring USAID will work with its partners to develop a detailed implementation plan, identifying the specific activities and results required for each partner for each transition objective, as measured by the indicators (See Appendix A, SO2 Results

Framework) This implementation plan will be monitored on an ongoing basis, and results and progress toward the transition objectives will be reported annually through the R4

In 1997, USAID will provide support to the GOI for the next Indonesian DHS Data from this DHS is key for assessing progress of the overall SO

During the transition plan, USAID will continue support for the establishment of baselines for STI prevalence and maternal health status

Evaluation There are three key evaluation activities planned for the transition strategy In the third quarter of FY 1998, an evaluation of the Klaten model will be undertaken, results of which will determine the future course and feasibility of assistance to the managed care model

At the end of Phase I, USAID will support a full evaluation of the transition plan and achievement of transition objectives Results from this evaluation will guide the identification of requirements for Phase II

In concert with the evaluation of the overall transition plan, USAID will also undertake a full stock-taking of USAID's assistance to and partnership with the Government of Indonesia's population program, as this assistance concludes

B Transition Plan Staffing and Funding

Funding During Phase I (1996-2000), the Mission will require approximately \$18.7 million in FY 97, an estimated \$12.8 million in FY 98, \$7 million in FY 99 and \$1 million in FY 2000 to achieve the results outlined (See Appendix D SO2 Illustrative Obligation Budget) It is expected that no additional funding for TO2.1 will be required after FY 98

Mission staffing Two direct-hire FTE PHN Officers (in addition to any PHN regional staff that may be assigned to Indonesia) will be needed for SO2 program management, project management, supervision, results monitoring and donor coordination until 2000 Since the Mission's SO2 program will be considerably reduced by the end of 2000, only one direct hire PHN officer will be required thereafter

Washington staffing Given that the global importance of Indonesia, especially in HIV/AIDS and given that there will be little to no mission staffing after the end of Phase I, adequate Regional or Global Bureau staff will be needed to provide technical backstopping and management for any Phase II activities It is estimated that at least 5 FTE will be required from Washington through Phase I, and 1 FTE through Phase II

C USAID Coordination and Management Requirements

In order to manage the transition, close coordination will be required between USAID/Indonesia, and the ANE and Global Bureaus. USAID/Indonesia will have primary responsibility for the implementation of the Transition Plan. The Mission will coordinate with CAs and G/PHN on program implementation, and in monitoring progress in meeting transition objectives.

The Global Bureau will be responsible for (1) ensuring that relevant CAs provide timely and effective technical assistance (2) holding regular CA meetings to foster close coordination of activities, and (3) assisting the Mission in defining and monitoring transition benchmarks. The Global bureau will also be responsible for managing any activities in Phase II.

The Global bureau will be responsible for ensuring that all activities undertaken by CAs obtain Mission approval prior to their initiation. This includes activities which are supported by "core" funds with a global objective. Activities that are not consistent with the Transition Objectives and that could be carried out in other countries will not be undertaken without prior approval by the Mission Director.

The ANE Bureau will take the lead in coordinating dialogue between the Mission and USAID/W Bureaus regarding (1) Agency policy development and program implementation, and (2) the Mission's human and financial resource needs, including budget requirements for Phase II activities. To this end, it will be particularly important for the ANE Bureau to work closely with the Global Bureau and the Mission to ensure that policy development and program implementation incorporate other strategic objectives, as necessary.

D Donor Coordination

Successful implementation of this plan will demand effective donor collaboration. USAID is currently making substantial and strategic investments in several areas in PHN. To ensure that these investments are sustainable and beneficial, it is essential to formulate a rational framework for terminating initiatives which no longer need external assistance, and for generating support for activities which require additional support of other donors. For example, USAID has been able to discontinue its support for micronutrients except for limited support related to reproductive health due to the World Bank's heavy investment in this area.

Donor coordination in Indonesia is strong. The major donor agencies in PHN in Indonesia include the World Health Organization (WHO), World Bank, Asian Development Bank, UNFPA, UNICEF, UNDP, AusAID, KfW, the Japanese Government and USAID. In several areas, these donors have already moved beyond coordination as a simple process of information sharing, and begun to actively collaborate in policy dialogue and program implementation.

Collaboration in HIV/AIDS has been especially strong, with USAID taking a leading role. USAID, in collaboration with WHO, UNDP, UNFPA, the World Bank, AusAID, and the Japanese are actively assisting the GOI to finance and implement its National AIDS Strategy. USAID had a predominant role in establishing this collaboration, and in developing the National AIDS strategy.

USAID is working closely with the GOI, the Asian Development Bank and the World Bank to ensure the viability and replicability of model health care management programs. The Japanese Government and USAID meet regularly to exchange technical information and coordinate joint activities in family planning and maternal and child health programs.

Over the past six months, the ANE Bureau, Mission and CA staff have worked with the GOI and other major donors to design a systematic collaborative process for realizing a common long term strategy for institutionalizing a sustainable PHN service delivery system in Indonesia. Through this work, the Mission developed a pro-active implementation plan for involving donors in USAID's transition from the PHN sector in Indonesia. Briefly, the plan involves a four-fold process of 1) regular coordination with the GOI, 2) an annual all-donor conference, 3) quarterly sub-sector donor technical working group meetings, and 4) one-on-one donor meetings.

USAID/Indonesia also met with key counterparts in the GOI ministries to discuss the vision and direction of its PHN transition plan. Once the transition plan is approved, USAID/Indonesia will continue dialogue with its GOI counterparts and other donors about the plan and its implementation.

It is principally the role of the GOI to coordinate donor input in a given sector/subsector. However, the GOI currently welcomes sensitive and strategic donor collaboration to ensure that donor interventions maximize limited financial resources and reduce strains on GOI absorptive capacity.

Thus, the donor collaboration process for the USAID transition will be part of a broader and on-going donor collaboration effort. At the same time, donor collaboration with respect to the USAID transition plan must also target specific activities and objectives. USAID will share its priorities and objectives for policy development and implementation, organizational development, and models and systems development during the transition period with other donors. Working group participants, including key government representatives, will discuss which activities will be sustainable and require no further donor assistance, which are still transitional and will require additional donor input to achieve maximum impact, and which successful models can and should be replicated for long term impact. Donor interest and capacity to adopt USAID/Indonesia initiatives will depend on their comparative professional and technical advantage and available funding resources. Discussions will be held with individual donor representatives which have a comparative advantage in implementing a given USAID-supported program area or activity.

Coordinating implementation of the transition plan with the government and other donors will not be accomplished in one year. Rather it will be a lengthy process that will last throughout the entire transition period. It will require sophisticated and sensitive planning. Qualified and sufficient staff that are specifically designated to manage donor coordination of the transition plan will be needed. Regular meetings on the all-donor, donor subsector, individual donor and government levels will have to be held. The goals for donor coordination during the transition are ambitious, but the Mission feels this is an aspect of implementing the plan which must be done well, if the plan is to succeed.

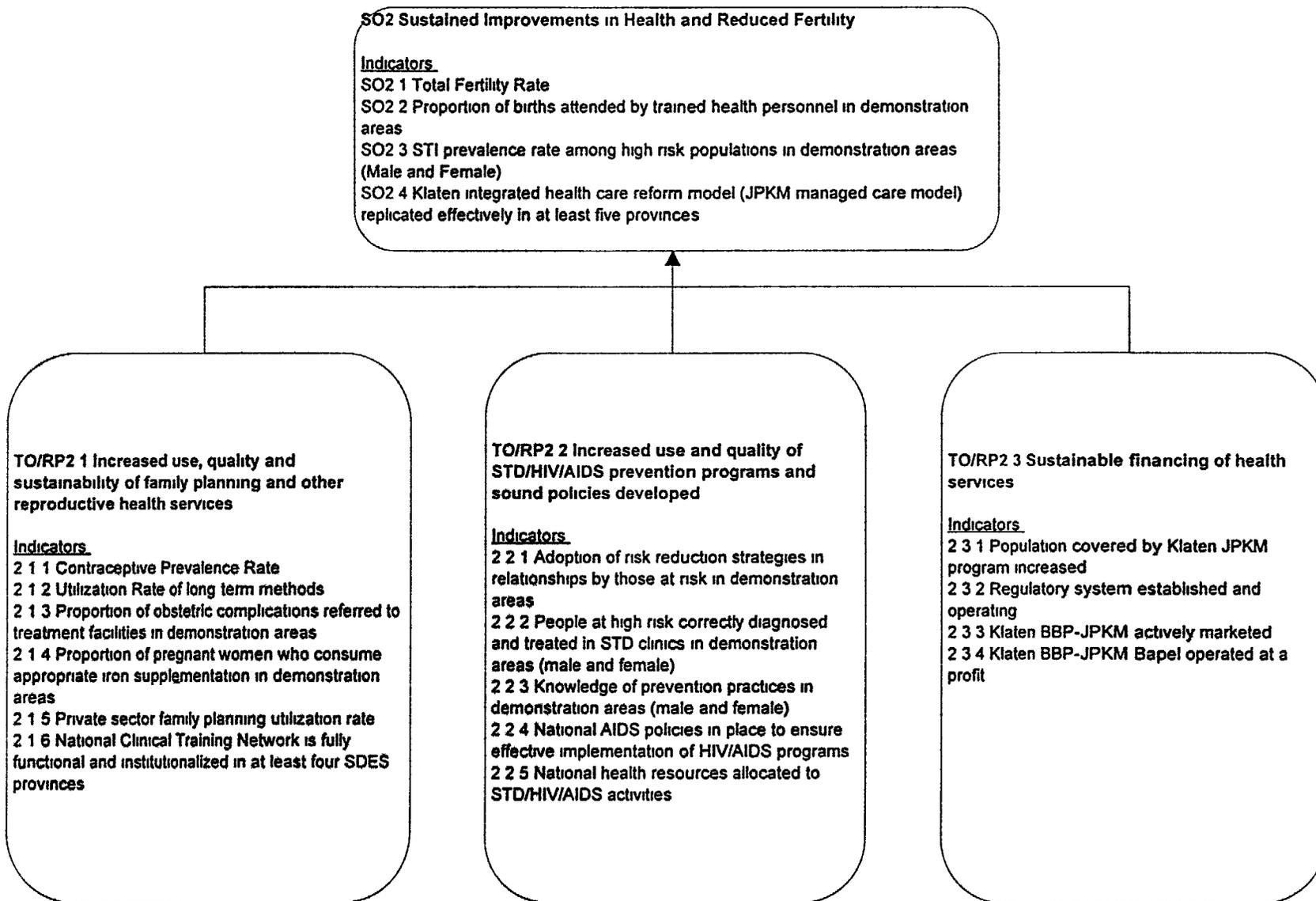
E CA Coordination

Regular CA coordination will take place at the TO level throughout the transition period. For example, under TO2 3 Sustainable Financing of Health Services, local or Washington-based representatives from all implementing agencies (MSED, PHR, SOMARC) will be invited to attend meetings to discuss issues, concerns, accomplishments and coordination in TO implementation. These meetings will be held yearly, at least, and more frequently if the TO team leader deems it necessary.

USAID/Indonesia PHN Transition Plan

Appendices

SO 2 Results Framework



USAID/Indonesia PHN Transition Plan

Appendix B Transition Plan Priorities

SO2 Sustained Improvements in Health and Reduced Fertility

| | TO1 Increased Use, Quality, and Sustainability of Family Planning and Other Reproductive Health Services | TO2 Increased Use and Quality of STI/HIV/AIDS Prevention Programs and Sound Policies Developed | TO3 Sustainable Financing of Health Services |
|--|---|--|---|
| Policy Development Creating an Enabling Environment for National and Operational Policies | <ul style="list-style-type: none"> ● Private Sector, Market Segmentation ● Long Term Methods, Quality of Care ● Role of Midwives and Reproductive Health | <ul style="list-style-type: none"> ● Resource Allocation ● STI Management Strategy ● IEC Strategy ● Operational Policies | <ul style="list-style-type: none"> ● Legal and Regulatory Systems ● Resource Generation and Allocation ● Basic Benefits Package ● Managed Care and the Seventh Five Year Plan |
| Organizational Development Strengthening Public and Private Institutions to Respond to Client Needs in a Sustainable Manner | <ul style="list-style-type: none"> ● National Clinical Training Network ● Strategic Planning at BKKBN ● Sustainability of IBI and other NGOs | <ul style="list-style-type: none"> ● STI Surveillance System ● NGO Capacity & Sustainability ● Implementation Capacity at MOH | <ul style="list-style-type: none"> ● MOH Regulatory Body ● Provider Groups ● Bapel |
| Models/Systems Development Taking Risks to Test New and Innovative Approaches | <ul style="list-style-type: none"> ● Sustainability ● Quality of Care ● Reproductive Health Delivery Systems | <ul style="list-style-type: none"> ● STI Syndromic Management ● Condom Logistics and QA ● HIV/AIDS Social Marketing | <ul style="list-style-type: none"> ● Klaten Integrated Health Care Reform |

USAID/Indonesia PHN Transition Plan

Transition Plan Indicators

Strategic Objective 2 Sustained Improvements in Health and Reduced Fertility

| SO Indicators | Baseline | Target 2000 |
|---|----------|-------------|
| SO 2 1 Total Fertility Rate | 2 9 | 2 6 |
| SO 2 2 Proportion of Births attended by trained health personnel in demonstration areas | 43% | 80% |
| SO 2 3 STI Prevalence Rate among high risk populations in demonstration areas (male and female) | 40% | 20% |
| SO 2 4 Klaten integrated health care reform/managed health care model replicated effectively | 0 | 5 provinces |

TO/RP 2.1 Increased use, quality and sustainability of family planning and other reproductive health services

| TO/RP Indicators | Baseline | Target 2000 |
|--|----------|-------------|
| 2 1 1 Contraceptive Prevalence Rate | 54 7 | 63 7 |
| 2 1 2 Utilization Rate of long term methods | 35 | 40 |
| 2 1 3 Proportion of obstetric complications referred to treatment facilities in demonstration areas | 10% | 40% |
| 2 1 4 Proportion of pregnant women who consume appropriate iron supplementation in demonstration areas | 58% | 80% |
| 2 1 5 Private Sector Family Planning Utilization Rate | 28% | 40% |
| 2 1 6 National Clinic Training Network is fully functional and institutionalized | 0 | 4 provinces |

TO/RP 2.2 Increased use and quality of STI/HIV/AIDS prevention programs and sound policies developed

| TO/RP Indicators | Baseline | Target 2000 |
|---|----------|-------------|
| 2 2 1 Adoption of risk reduction strategies in relationships by those at risk in demonstration areas | 36% | 65% |
| 2 2 2 People at high risk correctly diagnosed and treated in STI clinics in demonstration areas (male and female) | 9% | 70% |
| 2 2 3 Knowledge of prevention practices in demonstration areas (male and female) | 71% | 80% |
| 2 2 4 Number of National AIDS policies developed | 1 | 7 |
| 2 2 5 National health resources allocated to STI/HIV/AIDS activities | \$2 5 M | \$10M |

TO/RP 2.3 Sustainable financing of health services

| TO/RP Indicators | Baseline | Target 2000 |
|---|----------|-------------|
| 2 3 1 Population covered by Klaten JPKM program increased | 166,286 | 280,665 |
| 2 3 2 Regulatory system established and operating | No | Yes |
| 2 3 3 Klaten BBP-JPKM actively marketed | No | Yes |
| 2 3 4 Klaten BBP-JPKM Bapel operated at a profit | No | Yes |

APPENDIX C

APPENDIX D

**USAID/INDONESIA PHN TRANSITION PLAN
SO2 ESTIMATED BUDGET**

| | FY 96 | FY 97 | FY 98 | FY 99 | FY 00 | FY 01 |
|---|---------------|---------------|---------------|--------------|--------------|--------------|
| T O 2 1 Increased use, quality and sustainability of family planning and other reproductive health services | 14 156 | 10 750 | 4 814 | 0 | 0 | 0 |
| T O 2 2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed | 1 040 | 6 100 | 8 300 | 6 100 | 3 000 | 2 500 |
| T O 2 3 Sustainable financing of health services | 3 725 | 1 150 | 750 | 900 | 0 | 0 |
| TOTAL | 18,921 | 18,000 | 13,864 | 7,000 | 3,000 | 2,500 |

**USAID/INDONESIA
TRANSITION PLAN FOR POPULATION, HEALTH AND NUTRITION
REACHING YOUNG ADULTS**

I INTRODUCTION

The degree to which Indonesia's family planning, reproductive health, HIV/AIDS and overall health programs are meeting the needs of young adults, (primarily young married couples 15-24), is a cross-cutting concern for all elements of USAID's transition plan. Very often reaching young adults requires specialized program approaches and sensitivity among providers, or there may be barriers in the system to access for young adults. The choices made by the generation just now beginning their reproductive lives will have a key impact on population momentum, Indonesia's total fertility rate, the course of the HIV/AIDS epidemic, maternal mortality and the overall health system in Indonesia. This large cohort, representing almost 25% of the total population of Indonesia, also includes several different cohorts, whose needs vary considerably. Programs directed at adolescents, particularly unmarried adolescents outside the family structure, are extremely sensitive in Indonesia at this point in time and are seen as unacceptable to many parts of the GOI. However, there is a growing recognition that young adolescents and even primary school children need to be exposed to information about HIV/AIDS.

II BACKGROUND

At the time of the 1994 Indonesia Demographic and Health Survey, 35 percent, or roughly 70 million, of the population was under the age of 15. The largest single cohort were those between the ages of 10 and 14 -- now entering their childbearing years -- representing roughly 12% of the total population. Subsequent five year age cohorts are smaller. This means that the Indonesian family planning and public health programs are not only facing an increase in the number of people whose needs must be met in the coming years, but they are facing Indonesia's largest single generation. In addition to having important implications for the GOI's and USAID's objectives in increasing contraceptive prevalence and reducing fertility in the next few years, this also has implications for efforts to reduce the spread of HIV/AIDS, as young adults are often among the most vulnerable, and the sheer numbers of this cohort means that their decisions about preventive practices can have an impact on the spread of the epidemic in Indonesia. The choices of this generation also have implications

for the future of managed health care in Indonesia. The degree to which managed health care is accepted by future generations will be influenced by the acceptability of the system to the young adult clientele, and whether it has the capacity to absorb the large influx of people.

It is important to note that younger adults, and particularly younger women are increasingly better educated. Less than 5% of women 15-19 have had no education, compared to about one third of women in their late 40s, and 20% of women in their late 30s. Fifty percent of these younger women have completed primary school, compared to only 17% percent of women 45-49. Desired family size is also declining for younger women, according to the 1994 DHS, ideal family size for women in their late teens was on average 2.4, compared to 3.4 for women in their forties. The age at marriage and first birth is also increasing, it is now close to 20 for younger women, compared to an average of 17 for women now in their forties.

A key question is whether the needs of young adults are being adequately addressed by the current program. While data from the 1994 DHS highlights some concerns, there is not enough information to determine the extent to which there is a problem and what should be done about it.

The 1994 DHS identified a relatively higher unmet need for family planning among younger women. 13.7% for those 15-19 compared to 10% for older women, and birth intervals for younger women are shorter on average -- a greater proportion of women 15-19, had a birth interval of less than 24 months than older women. The DHS also indicates that there may be some programmatic issues that may result in barriers to access for younger women. For example, the proportion of those visited by family planning workers is slightly higher among women in their 20s and 30s, than for younger (and older) women. Recently, however, there has been a significant increase in new acceptors of temporary family planning methods, and this may be due to demand among younger women.

There are indications that young adults, including college students, are increasingly engaged in sex with multiple partners and in commercial sex. Most commercial sex workers fall within the 15-24 age cohort. Many have very limited or inaccurate information about transmission of HIV/AIDS, and limited information and tools to protect themselves.

III ONGOING AND PLANNED ACTIVITIES FOR YOUNG ADULTS

Within USAID's current strategy, there are a number of activities that address the needs of young adults. Some of these activities are currently underway, others will take place over the course of the next year.

A Family planning/reproductive health

- Service delivery Service Delivery Expansion and Support (SDES) project (Pathfinder International) focuses on increasing use, quality, and sustainability of family planning services for all married women and men, including married young adults, between the ages of 15-24. Activities include clinical and counseling training, service delivery, support for local community organizations to conduct family planning activities and services, IEC and research. The project works with BKKBN to provide public sector support in 11 provinces and also provides support to 10 NGO service delivery organizations. These include PKBI, the Indonesian IPPF affiliate, and several religious organizations, which have youth programs.

Key for USAID's efforts is ensuring that BKKBN has the *capacity* to address the needs of an increasing population, and increasing *quality* of service delivery -- including addressing the different needs of all clients. In keeping with this, BKKBN has identified several strategic issues and priorities, including ensuring that the contraceptive needs of the population are met, and identifying young adults as a target group in efforts to improve quality of services. At the same time, young adults are increasingly demanding higher quality services and information from providers, more than older generations have in the past. SDES will continue to work with BKKBN to improve quality of services such that service provision is driven by client needs and so that providers are trained to be sensitive to the different needs of different clients.

Over the next year, SDES is planning to explore the possibility of expanding a premarital counseling program that had been successfully implemented in one of the provinces. In addition, in the year 4 proposal guidance for its grantees, SDES has included activities to provide information for unmarried teens and young couples.

- IEC JHU/PCS is revitalizing a daily government radio program promoting cross-sectoral, reproductive health messages, and is developing a three-part national TV social drama focusing on safe motherhood and maternal mortality. As part of this effort, JHU/PCS has supported a study examining the needs, attitudes and behaviors of young married couples. Results from this study will be used in preparation for the radio and TV drama programs to ensure that the messages are relevant for young adults. As part of its evaluation of this program, JHU/PCS will be asked to evaluate the specific impact these programs have on young adult attitudes and behaviors.
- Policy The POLICY project will begin work in Indonesia over the next few months. A key element of POLICY's SOW is to strengthen the capability of BKKBN to do policy analysis and strategic planning. One of the initial issues to be taken on by POLICY and BKKBN in this context will be assessing the needs and constraints to reaching young adults, and making appropriate programmatic adjustments. POLICY may also work with the HIV/AIDS program on cross-cutting policy issues, including issues related to young adults.

- Adolescent nutrition OMNI supports two subprojects which aim to improve the nutritional status of youth. One is working to increase knowledge of nutritional needs and improve access to micronutrients among adolescent school girls in rural and urban communities. The other is working to ensure appropriate intake of vitamin A, iron and iodine among young female factory workers.
- Young adult chart book for policy makers The Population Council is finalizing a chartbook on youth for policy makers, using information from eight countries in the Asia region (including Indonesia), examining population momentum, age at marriage, births to young women, CPR, fertility, education, and employment. The Population Council is planning to use this chartbook for high level in-country policy seminars to make the data known, and to highlight programmatic implications.
- DHS Fieldwork for a new DHS will begin in late October 1997, with a preliminary report available by March 1998. The DHS will include key information on young adult attitudes and practices.

B HIV/AIDS

Under USAID's HIV/AIDS results package, a number of activities for youth and young adults are underway.

- HIV/AIDS Prevention Project (HAPP) HAPP supports a number of NGOs with programs specifically targeted at youth. These or similar activities will continue under the new HAPP program currently being competed. In Manado, YMM (a local NGO) is implementing an aggressive outreach program targeted at youth engaged in high risk behavior. There are also behavior change IEC messages for younger adolescents (ages 12-18). IEC messages for young adults (18-25) engaged in high risk behavior are supported in all three HAPP demonstration areas. Support is also provided to Lentera, a NGO based in Yogyakarta, for IEC targeted at youth in that province. In Jakarta, YPI, a local NGO, is developing training materials for high school teachers and students for information on HIV/AIDS and prevention practices.
- AIDS Initiative in Irian Jaya PATH is preparing a proposal (to be funded through Healthtech field support) to strengthen the programmatic, administrative and financial capabilities of indigenous NGOs working in STI/HIV prevention programs and to introduce and apply more integrated multisectoral programs in HIV/AIDS prevention. Among others, target audiences include young people at immediate risk, commercial sex workers (most of whom are young), and young factory workers. This program follows on to a similar program implemented by PATH in seven provinces that will end in mid 1997.

- Ministry of Education and Culture With support from AIDSCAP, modules are being developed for university students providing information on HIV/AIDS and prevention practices
- RESCUE-Indonesia RESCUE-Indonesia implements a broad ranging assistance program for street children USAID provided seed money to help RESCUE incorporate an HIV/AIDS component into their broader efforts Through this component, RESCUE provides outreach and information about HIV/AIDS to street children who are acutely vulnerable to sexual exploitation and HIV/AIDS and other sexually transmitted infections Because this falls outside the objectives of the transition plan, USAID support will end shortly, but RESCUE intends to continue this program with funding from other donors

C FY 1998 Young adult assessment

Any further expansion of work for young adults would require a much more concerted and comprehensive effort and would therefore require a shift in program emphasis and priorities for USAID/Indonesia, and tradeoffs with current efforts Before a more concerted effort is undertaken, further analysis must be done to determine the degree to which the needs of young adults are not being met by the current program, and the programmatic and demographic implications

Therefore in FY 1998, an assessment of the adequacy of the overall program (USAID, GOI, and other donors) in meeting the family planning, reproductive health and HIV/AIDS needs of young adults will be conducted This assessment will take place either in the fall of 1997, or in the spring of 1998 when DHS data becomes available Key questions will include

- Is there an unmet need for family planning/reproductive health services for young adults? How does this compare to other cohorts?
- Does the current program (including USAID, GOI, NGOs, other donors, etc) adequately meet the needs of young adults, or are there programmatic barriers?
- To reach young adults, do specific USAID-supported interventions need to be undertaken?
- If so, what are the implications of not doing so?
- What are the implications for USAID's program of taking on these specific interventions? What are the tradeoffs? What would be the required time frame and level of resources to mount such an intervention?

If it is clear from this assessment that the needs of young adults are not being adequately addressed, recommendations for further policy dialogue with GOI and other donors, or revisions to USAID's transition plan will be prepared. Any changes to Indonesia's transition plan would necessarily take into consideration tradeoffs with other program elements, the plan's time frame, staffing and financial resource requirements

IV GOVERNMENT OF INDONESIA AND OTHER DONOR ACTIVITIES

- Government of Indonesia BKKBN is implementing a comprehensive strategy focusing on family welfare development and community centered development, and focusing on improving the reproductive health status of all members of the family. In addition to family planning, a key element is increasing the age of marriage

The GOI has been implementing a strategy for a number of years to increase the age at marriage, using a comprehensive, multi-sectoral approach. In Indonesia, couples try to have their first child as soon as possible after marriage, so the GOI has also been encouraging the adoption of a "honey year" for the first year of marriage to convince newlyweds to delay having children for a few years. Part of this also includes an effort to lengthen birth intervals to between 3 and 5 years

- World Bank The World Bank is developing a new project for safe motherhood. A key element of this project will be to address the reproductive health needs of the current reproductive age cohort while maintaining demand and preparing the next generation, i.e. adolescents, for their reproductive lives
- UNFPA UNFPA is assisting the GOI in its family centered approach to reproductive health and family planning for adolescents. For efforts outside the family, UNFPA is also supporting NGOs who provide information and services to adolescents. Support is being provided to PKBI (the Indonesian IPPF affiliate) to improve counseling services for youth. In the pipeline is a program to work in Bali, Jakarta, and Semarang with two groups of adolescents: those still with the family, and those living away from their parents, and working in factories, etc. The program will test approaches to providing young adults with family planning/reproductive health information
- UNICEF UNICEF is planning to support an HIV/AIDS program for young adults, working with university students and with the Department of Education to include HIV/AIDS information in the curricula for children, including preadolescents. As a first step, UNICEF recently sponsored an event with university students in Yogyakarta on HIV/AIDS advocacy

- Ford Foundation.—The Ford Foundation has supported some research on adolescents and young adults, and is supporting programs that provide reproductive health information to families at the community level. These community information programs include special components for adolescents.

**USAID/INDONESIA
TRANSITION PLAN FOR POPULATION, HEALTH AND NUTRITION
OPTIONS FOR SUPPORT WITH ADDITIONAL STAFFING AND FUNDING**

If additional staffing as well as funding were to become available, the following options represent USAID/Indonesia's priorities for additional activities in support of the SO2 transition plan at this point in time. As implementation of the plan progresses, these priorities may shift.

USAID/Indonesia feels strongly that in order to take on any of these options, additional staffing would be required. In some cases this would mean an additional FSN or fellow, other options would require a PSC, TAACS or RSSA/PASA.

1 Transition objective 2.2 Increased use and quality of STD/HIV/AIDS prevention programs and sound policies developed

Strengthening HIV/AIDS organizational development To contribute to the transition plan's organizational development efforts for HIV/AIDS and make a direct contribution to this transition objective, two options under the HAPP program could be considered. It should be noted that either of these would require an extension of the HAPP program, and amendment to the bilateral agreement, which could take 12-18 months.

Type of USAID staffing requirements

An additional PSC or fellow would be required for either one or both of these activities.

- a Additional assistance would be used to expand the HIV/AIDS NGOs capacity building and institutional strengthening to ensure sustainability. This would result in an increased number of people reached through HIV/AIDS prevention programs and STI services, and stronger NGOs capable of delivering services. This would be measured by an increase in the proportion of people who are aware of and adopt risk reduction strategies in demonstration areas. Opportunities for integrating HIV/AIDS and other reproductive health programs with family planning would be given highest priority.

Estimated cost \$2 - 2.5 million

- b Expand the institutionalization of the operational policy process through strengthening the provincial and district AIDS commission(s) in demonstration areas, or target other areas of affinity and expand the number of project sites. A key element of USAID's objective in HIV/AIDS is to facilitate the development and institutionalization of sound policies for STI/HIV/AIDS. As a result of these efforts, the local capacity for implementing policies will be expanded, and more national AIDS policies will be operationalized.

Estimated cost \$2 - 2.5 million

2 **Transition Objective 2.1 Increased use, quality and sustainability of family planning and other reproductive health services**

Type of USAID staffing requirements

one additional FSN, PSC or fellow would be needed for any one or any combination of the following options

- National Clinical Training Network USAID's support to the NCTN will result in the establishment of a fully functioning -- from provincial to district level -- clinical training network for family planning as well as safe motherhood/maternal health in four provinces. However, while family planning and infection prevention components will also be institutionalized in the NCTN in the other seven SDES provinces, maternal health components will not be included in these other provinces at this point in time. Additional support would be used to assist BKKBN, DEPKES, POGI and IBI expand and integrate the safe motherhood/maternal health clinical training components into the network in other provinces and districts, and leverage support from other donors. As a result, a fully functioning integrated NCTN will be functional in at least two more provinces.

Estimated cost \$1 million per year for 3 years

- Telemedicine JHPIEGO has developed a promising telemedicine model called "ReproSystem". ReproSystem is a telecommunications/computer-assisted learning tool consisting of four interrelated software packages which can be utilized separately or in combination. This system can provide peripheral health centers with access to expert advice or information on emergency surgical procedures, interactive computer training modules for reproductive health and family planning, a computer model for projecting family planning and reproductive health training needs, and an on-line worldwide web service featuring continuously updated reproductive health information. Establishing this model in Kalimantan would expand and strengthen the capacity of the NCTN, and

make a contribution to efforts to reduce maternal mortality. The GOI has also expressed interest in support from the U.S. for such a system.

Estimated cost \$600,000

- Family planning/reproductive health NGO strengthening With additional funding within the existing SDES program, support to NGOs to improve sustainability and service delivery capacity would be expanded. As a result, utilization of services in the private sector will increase, and NGOs will have increased capacity to function without external assistance. Priority would be given to programs integrating reproductive health and HIV/AIDS activities with family planning. Additional staff at SDES would be required.

Estimated cost \$200,000-\$500,000

- International Training Program The GOI has indicated that technical assistance from USAID for the ITP is a high priority. This would involve the placement of a long-term advisor at BKKBN for the ITP, to strengthen the technical capacity of ITP, improve the quality and content of the training program, and ensure the full technical sustainability of the ITP. This is an excellent example of south-south collaboration, and would add another dimension to the organizational development objectives in family planning and reproductive health, and be a step toward the evolving partnership of USAID and BKKBN.

Estimated cost \$500,000 for two years, (\$250,000 per year -- population funding)

Extended strategy options

If the transition plan assumptions regarding staffing, resources and timeframe were to change and additional resources, staffing and time made available, the following program options could be considered:

USAID staffing

Either of these options would require one additional PSC, TAACS or RSSA/PASA to design and manage these programs.

- Integrated reproductive health service delivery model in one or two priority provinces This project would replicate a model reproductive health service delivery approach for improved maternal morbidity/mortality outcomes, resulting in a further decrease in maternal mortality in demonstration areas. The program would replicate and expand integrated maternal health activities developed under the MotherCare

project (improved pre and post-natal care, diagnosis and treatment of reproductive tract infections, anemia prevention and improved management of obstetric emergencies) and would incorporate family planning service delivery models developed under the SDES project, as well as HIV/AIDS prevention activities for a truly integrated approach to reproductive health. A special component or orientation for young adults could also be incorporated if the upcoming young adult assessment identified such a need.

This integrated package of services would be expanded to one or two other provinces where SDES and MotherCare had successfully developed model family planning and maternal health services.

Estimated cost \$2 million per year for 4 years (est)

- Young adults results package If USAID's upcoming FY 1998 assessment of the needs of and programs for young adults identifies key programmatic or policy gaps, resources could be used to mount a comprehensive youth results package. Results would depend upon the nature and magnitude of the problem and program.

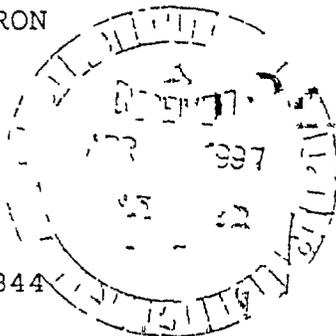
Estimated cost \$2 million per year for 4 years (est)

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TAGS

SUBJECT ANE -- USAID/INDONESIA POPULATION, HEALTH AND
 NUTRITION TRANSITION PLAN

SUMMARY

=====

1 USAID/W APPROVES THE SUBJECT TRANSITION PLAN, WITH
 THE FOLLOWING STATEMENT OF THE STRATEGIC OBJECTIVE
 SUSTAINED IMPROVEMENTS IN HEALTH AND REDUCED FERTILITY
 FOUR SO LEVEL INDICATORS AND THEIR ASSOCIATED TARGETS ARE
 ALSO APPROVED THE APPROVED TRANSITION PLAN REPLACES THE
 CURRENT PHN-RELATED SECTIONS OF THE MANAGEMENT CONTRACT
 WITH AID/W

MISSION IS COMMENDED FOR PRESENTING AN EXCEPTIONALLY
 CLEAR, CONCISE AND STRATEGIC DOCUMENT USAID/W
 UNDERSTANDS THAT THE TRANSITION PLAN IS A FRAMEWORK FOR
 PHASING OUT OF THE PHN SECTOR AND IS NOT INTENDED TO
 PROVIDE FULL IMPLEMENTATION DETAILS HOWEVER, USAID/W
 RECOGNIZES THAT THE MISSION HAS COMPLETED A THOROUGH
 ANALYSES AND EXTENSIVE CONSULTATIONS DURING THE
 DEVELOPMENT OF THE PLAN DURING THE COURSE OF THE REVIEW,
 THREE SIGNIFICANT ISSUES WERE RAISED AND THPOUGH

SUBSEQUENT DIALOGUE BETWEEN AID/W AND THE MISSION,
 AGREEMENTS WERE REACHED ON MEANS TO ADDRESS THEM

ISSUE 1 THE YOUNG ADULT COHORT - REVIEWERS WERE CONCERNED
 THAT THE EMPHASIS ON THIS GROUP IN THE TRANSITION PLAN WAS
 INSUFFICIENT GIVEN THEIR IMPORTANCE TO ACHIEVING

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SUSTAINABILITY AND THE DEMOGRAPHIC TARGETS IT WAS AGREED THAT AN ANNEX BE ADDED TO THE TRANSITION PLAN WHICH LAYS OUT HOW THE YOUTH COHORT IS BEING ADDRESSED AND THAT NEXT YEAR AN ASSESSMENT WILL BE CONDUCTED TO ENSURE THAT THE NEEDS OF THIS COHORT ARE BEING MET IN EACH OF THE THREE IRS

ISSUES 2 AND 3 THE ISSUES RELATED TO HIV/AIDS AND HEALTH CARE FINANCING REVOLVE AROUND WHAT APPEAR TO BE VERY AMBITIOUS TARGETS TO BE ACHIEVED IN A VERY NARROW TIMEFRAME USAID/INDONESIA WILL, AS PART OF ITS R4 REPORTING PROCESS, CONTINUE TO MONITOR PERFORMANCE TO ENSURE THAT THE FUNDING LEVELS REQUESTED AND THE ASSUMPTIONS MADE ON TARGETS TO BE ACHIEVED WITHIN PHASE I OF THE TRANSITION PLAN ARE ON TRACK IF THEY ARE NOT, THEY WILL BE REVISITED BY BOTH THE MISSION AND WASHINGTON THE PERFORMANCE OF THIS TRANSITION PLAN, ONE OF ONLY TWO SUCH PHN PLANS IN THE AGENCY, HAS LARGER AND IMPORTANT IMPLICATIONS FOR THE AGENCY AND HOW IT PLANS, MANAGES AND BUDGETS SECTORAL TRANSITIONS IN THE FUTURE

ADDITIONALLY, REVIEWERS SUGGESTED THAT IT WOULD BE USEFUL TO AID/W IF THE MISSION COULD PRIORITIZE THE ADDITIONAL ACTIVITIES IDENTIFIED FOR FURTHER FUNDING IN THE TRANSITION PLAN AND PROVIDE NOTIONAL COSTS -- SHOULD ADDITIONAL FUNDING AND STAFF BECOME AVAILABLE END SUMMARY

APPROVAL

=====

2 USAID/W APPROVAL OF THE PHN TRANSITION PLAN AND OTHER AGREEMENTS BETWEEN THE MISSION AND USAID/W ARE AS FOLLOWS

2A USAID/W APPROVES THE PROPOSED PHN TRANSITION PLAN STRATEGY THROUGH THE YEAR 2000, WITH THE FOLLOWING STATEMENT OF THE STRATEGIC OBJECTIVE

--- SUSTAINABLE IMPROVEMENTS IN HEALTH AND REDUCED FERTILITY

2B USAID/W APPROVES THE FOLLOWING FOUR SO-LEVEL INDICATORS THE BASELINE FOR SO2 AND ANNUAL TARGETS FOR

THESE INDICATORS, IF FEASIBLE, WILL BE REPORTED IN THE FORTHCOMING R-4

--- SO INDICATOR 1 TOTAL FERTILITY RATE, TARGET - A DECREASE FROM 2 9 TO 2 6

--- SO INDICATOR 2 PROPORTION OF BIRTHS ATTENDED BY

TRAINED HEALTH PERSONNEL IN DEMONSTRATION AREAS, TARGET - AN INCREASE FROM 43 PERCENT TO 80 PERCENT

--- SO INDICATOR 3 STI PREVALENCE RATE AMONG HIGH RISK POPULATIONS IN DEMONSTRATION AREAS (MALE AND FEMALE), TARGET - A REDUCTION OF 20 PERCENT FROM THE 1996 BASELINE

--- SO INDICATOR 4 KLATEN INTEGRATED HEALTH CARE REFORM/MANAGED HEALTH CARE MODEL REPLICATED EFFECTIVELY, TARGET - REPLICATION IN 5 PROVINCES

2C USAID/W BELIEVES THAT THE APPROACH EMBODIED IN THE THREE INTERMEDIATE RESULTS PROPOSED BY THE MISSION IS LOGICAL AND HAS A REASONABLE CHANCE OF SUCCESS THE THREE INTERMEDIATE RESULTS ARE

--- IR 2 1 INCREASED USE, QUALITY AND SUSTAINABILITY OF FAMILY PLANNING AND OTHER REPRODUCTIVE HEALTH SERVICES

--- IR 2 2 INCREASED USE AND QUALITY OF STI/HIV/AIDS PREVENTION PROGRAMS AND SOUND POLICIES DEVELOPED

--- IR 2 3 SUSTAINABLE FINANCING OF HEALTH SERVICES

2D MISSION FUNDING ASSUMPTIONS ARE APPROPRIATE AS IS THE MISSION ASSUMPTION OF TWO USDH PHN POSITIONS THROUGH FY 2000 AND ONE THEREAFTER UNTIL FY 2005 THE MISSION SHOULD PROCEED UNDER A WORKING ASSUMPTION OF A LOW LEVEL OF PHN FINANCIAL RESOURCES AFTER THE YEAR 2000 OUT-YEAR FUNDING AND STAFFING WILL CONTINUE TO BE REVIEWED ON AN ANNUAL BASIS BY WASHINGTON AS PART OF ITS R4 REVIEW

ISSUES AND AGREEMENTS

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3 AN ISSUES MEETING WAS CALLED ON JANUARY 15, 1997 TO REVIEW USAID/INDONESIA'S TRANSITION PLAN FOR PHASING OUT OF THE POPULATION, HEALTH AND NUTRITION SECTOR THE MEETING WAS ATTENDED BY MORE THAN 20 REPRESENTATIVES FROM ANE, PPC AND G/PHN PARAGRAPHS 5-7 DESCRIBE THE PRIMARY ISSUES RAISED AND RECOMMENDATIONS FOR THEIR RESOLUTION

4 USAID/W REVIEWERS COMMENDED THE USAID/INDONESIA AND USAID/W STAFF THAT PARTICIPATED IN PREPARING A CONCEPTUALLY CLEAR, CONCISE AND STRATEGIC DOCUMENT THE PLAN DESCRIBES A FRAMEWORK FOR ACHIEVING THE TRANSITION OBJECTIVES OVER THE NEXT FIVE YEARS, WITH IMPLEMENTATION DETAILS TO BE CARRIED OUT BY THE MISSION WHILE RE-ENGINEERING FOCUSES THE WASHINGTON REVIEW ON RESULTS PROPOSED AND THE APPROACH, USAID/W RECOGNIZES THAT THE MISSION HAS COMPLETED EXTENSIVE ANALYSES AND CONSULTATIONS DURING THE DEVELOPMENT OF THE PLAN

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5 ISSUE 1 GIVEN THE LARGE COHORTS MOVING INTO REPRODUCTIVE AGE, THEIR IMPACT ON FERTILITY AND THE ABILITY OF THE HEALTH SYSTEM TO MEET THEIR NEEDS, A MAJOR ISSUE EXPRESSED BY THE AID/W REVIEWERS IS WHETHER THE TRANSITION PLAN SHOULD MORE DIRECTLY ADDRESS THE NEEDS OF YOUNG ADULTS WHILE ONE PART OF THE TRANSITION PLAN DOCUMENT STRESSES THE IMPORTANCE OF REACHING THIS GROUP TO ACHIEVE PROGRAM SUSTAINABILITY, ANOTHER PART GIVES THE RATIONALE FOR NOT FULLY PURSUING SUCH ACTIVITIES (TRANSITION PLAN TIMEFRAME AND FUNDING CONSTRAINTS) AID/W REVIEWERS BELIEVE THAT REACHING THIS COHORT IS CRITICAL TO ACHIEVING THE DEMOGRAPHIC OBJECTIVE OF THE TRANSITION PLAN AND THAT MEETING THE NEEDS OF YOUNG ADULTS SHOULD PLAY A MAJOR ROLE IN BOTH HOST COUNTRY AND DONOR STRATEGIES IN THE SECTOR SINCE THE MISSION HAS PLAYED SUCH A KEY ROLE IN THE PHN SECTOR, USAID SHOULD BEGIN NOW TO ENSURE THAT THE GOI AND OTHER DONORS ARE AWARE OF AND PREPARED TO ENSURE THAT THE NEEDS OF THE YOUNG ADULT COHORT ARE MET IN REPRODUCTIVE HEALTH AS WELL AS IN HIV/AIDS

6 THERE WAS SUFFICIENT CONCERN RAISED AT THE REVIEW TO WARRANT FOLLOWUP WITH THE MISSION TO REACH AGREEMENT ABOUT THE WAY IN WHICH THE NEEDS OF THE YOUNG ADULT COHORT WILL BE ADDRESSED DURING THE TRANSITION PLAN TIMEFRAME AID/W UNDERSTANDS THAT THERE ALREADY ARE A NUMBER OF ACTIVITIES WHICH THE MISSION AND ITS PARTNERS ARE CARRYING OUT IN ADDRESSING THE NEEDS OF YOUNG ADULTS AND THAT MARRIED YOUTH AGED 15-24 ARE AN INTEGRAL PART OF THE MISSION'S ONGOING PROGRAM AID/W ALSO UNDERSTANDS THAT ADDRESSING UNMARRIED YOUTH ACROSS THE ENTIRE PHN PROGRAM WOULD BE DIFFICULT GIVEN GOVERNMENT POLICIES AND THE TRANSITION PLAN PRIORITIES AND TIMEFRAME

7 AID/W RECOGNIZES THE SEVERE FUNDING AND STAFF CONSTRAINTS BEING FACED BY THE MISSION SHOULD THE

MISSION REQUIRE ASSISTANCE IN DOING FURTHER ANALYSIS OF YOUTH COHORT NEEDS OR IN IMPLEMENTATION OF A SCREEN FOR ASSESSING IMPACT OF SELECTED ACTIVITIES ON YOUTH, FUNDING IS STILL AVAILABLE TO THE MISSION IN POPTECH FOR SUCH PURPOSES AID/W ALSO SUGGESTS THAT IT MIGHT BE HELPFUL FOR IRENE KOEK TO REVIEW CURRENT APPROACHES TO ADDRESSING THE NEEDS OF YOUTH, ESPECIALLY IN TRAINING, COUNSELING AND COMMUNICATIONS DURING HER FIVE MONTH TDY

8 AGREEMENT THAT (1) AN ANNEX BE ADDED TO THE TRANSITION PLAN DESCRIBING THE UNDERLYING CONCERN REGARDING THE YOUNG ADULT COHORT, AND A REPORT OF ON-GOING AND PLANNED EFFORTS IN USAID'S CURRENT STRATEGY TO ADDRESS

THE NEEDS OF YOUNG ADULTS, AS WELL AS THE ACTIVITIES OF THE GOI AND OTHER DONORS IN REACHING THIS COHORT, AND (2) IN 1998, USING DATA FROM THE UPCOMING DHS (IF AVAILABLE) AS WELL AS OTHER PROGRAM DATA, AN ASSESSMENT OF THE ADEQUACY OF THE OVERALL PROGRAM IN MEETING THE FAMILY PLANNING, REPRODUCTIVE HEALTH, AND HIV/AIDS NEEDS OF YOUNG ADULTS WILL BE UNDERTAKEN IF IT IS THEN CLEAR THAT CURRENT ACTIVITIES BEING UNDERTAKEN BY USAID, THE GOI OR OTHER DONORS ARE INADEQUATE, USAID WILL TAKE APPROPRIATE STEPS THROUGH POLICY DIALOGUE WITH THE GOI AND OTHER DONORS, AND/OR ADJUSTMENTS OR CHANGES TO THE TRANSITION PLAN, (INCLUDING INTRODUCTION OF A YOUNG ADULT SCREEN IF NECESSARY) ANY SUCH CHANGES WOULD TAKE INTO CONSIDERATION TRADEOFFS WITH OTHER PROGRAM ELEMENTS, THE PLAN'S TIME FRAME, AND MISSION AND CA STAFFING AND PROGRAM LEVELS THIS REPORT AND ANY RECOMMENDED CHANGES TO THE TRANSITION PLAN WILL BE PREPARED FOR NEXT YEAR'S R4

9 ISSUE 2 GIVEN THE RECENT START-UP OF THE HIV/AIDS PROGRAM, AND THE FACT THAT BASELINE INFORMATION IS NOT YET AVAILABLE, CONCERN WAS EXPRESSED ABOUT WHETHER THE TARGETS SET FOR THE HIV/AIDS INTERMEDIATE RESULTS ARE TOO AMBITIOUS REVIEWERS ALSO FELT THAT THE PROJECTED LEVEL OF USAID RESOURCES REQUIRED AFTER THE YEAR 2000 IS TOO LOW TO MAKE A SIGNIFICANT CONTRIBUTION TO REDUCING THE IMPACT OF INDONESIA'S HIV/AIDS EPIDEMIC AND ITS IMPACT GLOBALLY AGAIN, GIVEN THE NEWNESS OF THE PROGRAM AND THE LEADERSHIP ROLE USAID HAS PLAYED, IS 2001 TOO SOON TO PHASE DOWN TO THE LEVEL SUGGESTED BY THE MISSION?

10 AGREEMENT THAT BECAUSE OF THE NEWNESS OF IMPLEMENTATION OF THIS INTERMEDIATE RESULT (IR) AND THE UNKNOWN LEVEL OF BOTH AVAILABLE RESOURCES AND MAGNITUDE OF THE EPIDEMIC, AID/W AND THE MISSION CONTINUE TO CAREFULLY MONITOR AND DISCUSS PROGRESS ON THIS IR AND THAT THE

MISSION ADVISE AID/W DURING THE YEARLY R-4 PROCESS IF THE FUNDING AND TIMEFRAME LAID OUT IN THE TRANSITION PLAN NEED TO BE REVISITED

11 ISSUE 3 REVIEWERS EXPRESSED CONCERN AS TO WHETHER THE HEALTH CARE FINANCING REFORM RESULTS COULD BE ACHIEVED WITHIN THE PROJECTED TIMEFRAME DISCUSSIONS CENTERED AROUND THE RECENT BREAKTHROUGHS WITH THE GOI AND ANTICIPATED PROGRESS IN THE MONTHS TO COME BECAUSE OF THE SIGNIFICANT IMPACT THAT THIS ACTIVITY CAN HAVE ON THE SUSTAINABILITY OF THE INDONESIAN HEALTH CARE SYSTEM, USAID/W REQUESTS THAT PROGRESS BE THOROUGHLY DOCUMENTED IN THE ANNUAL R4 DOCUMENT AND THAT THE PROGRAM CONTINUES TO BE CLOSELY MONITORED TO ENSURE THE EXPECTED RESULTS AND TO

CONFIRM THAT THE MODEST RESOURCES REQUESTED ARE ADEQUATE TO ACHIEVE THE RESULTS DESIRED

12 THE TRANSITION PLAN LAYS OUT A NUMBER OF ACTIVITIES UNDER EACH IR WHICH COULD BE UNDERTAKEN IF FURTHER ADDITIONAL RESOURCES BECAME AVAILABLE HOWEVER, THE PRIORITY FOR ADDITIONAL FUNDING AND STAFFING IS NOT CLEAR

13 AGREEMENT THAT THE MISSION (1) PRIORITIZE THESE ACTIVITIES AND (2) PROVIDE A SENSE OF LEVEL OF FUNDING AND STAFFING REQUIRED FOR THOSE ADDITIONAL ACTIVITIES OF HIGHEST PRIORITY

14 ISSUE 4 THE PERFORMANCE OF THE INDONESIA PHN TRANSITION PLAN, ONE OF ONLY TWO SUCH PHN PLANS IN THE AGENCY, HAS LARGER AND IMPORTANT IMPLICATIONS FOR THE AGENCY AND HOW IT PLANS, MANAGES AND BUDGETS SECTORAL TRANSITIONS (E G , USAID DISENGAGEMENT FROM SECTORS) IN A FUTURE WHERE RESOURCES (PARTICULARLY STAFFING) ARE AN INCREASINGLY BINDING CONSTRAINT INDONESIA HAS BEEN SUCCESSFUL IN LAUNCHING AND MAKING SIGNIFICANT GAINS TOWARDS REPLACEMENT FERTILITY AND BETTER HEALTH THUS, IN A PERIOD OF RAPIDLY TIGHTENING RESOURCES, THERE IS A STRONG LOGIC FOR FOCUSING ON INDONESIA'S PHN SECTOR AS ONE WHERE USAID SHOULD BEGIN TO DISENGAGE HOWEVER, THE AGENCY'S ABILITY IN ASSESSING OR ENSURING THAT SUCH PROGRAMS -- AND THEIR BENEFIT STREAMS -- ARE SUSTAINABLE IS LIMITED LIKEWISE, THE AGENCY HAS HAD LIMITED EXPERIENCE IN MANAGING PROGRAMMATIC TRANSFORMATIONS IN WAYS THAT MAXIMIZE THE LIKELIHOOD OF SUSTAINED BENEFIT STREAMS THUS, REAL RISKS REMAIN, GIVEN THAT INDONESIA IS THE FOURTH LARGEST COUNTRY IN THE WORLD AND THAT INDONESIANS STILL FACE IMPORTANT AND DIFFICULT CHALLENGES

15 AGREEMENT THAT THE AGENCY MONITOR PERFORMANCE IN INDONESIA'S PHN SECTOR IN ORDER TO CONFIRM THAT INDONESIA'S PERFORMANCE REMAINS ON TRACK IF IT DOES NOT REMAIN ON TRACK, THE AGENCY NEEDS TO REASSESS THE ASSUMPTIONS UNDERPINNING THE TRANSITION PLAN, AND, POTENTIALLY, ITS THINKING REGARDING PROGRAMS IN COUNTRIES WHICH HAVE A LARGE IMPACT ON THE AGENCY'S GLOBAL DEVELOPMENT OBJECTIVES CONSEQUENTLY, AS DATA, SUCH AS THE RESULTS OF ANOTHER INDONESIA DEMOGRAPHIC AND HEALTH SURVEY BECOME AVAILABLE, A COMPARISON OF THIS DATA AND PROGRAM PROGRESS AS LAID OUT IN THE TRANSITION PLAN, WILL BE INCORPORATED IN THE MISSION'S R-4 SUBMISSION THE GOI SHOULD BE DEEPLY INVOLVED IN THESE OVERALL PROGRAM PERFORMANCE REVIEWS THE RESULTS WILL BE REVIEWED AND TRANSITION PLAN REVISIONS, IF ANY, AGREED UPON DURING THE ANNUAL R-4 REVIEW PROCESS WASHINGTON (ANE AND G/PHN)

COMMITTS TO HELPING USAID/I COMPLETE THESE ANALYSES
ALBRIGHT
BT
#5963
NNNN

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