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"PRIVATE SECTOR FAMILY PLANNING (PSFP) PROJECT 497-0355:

A STRATEGY FOR PROJECT DEVELOPMENT"

Prepared for USAID/Jakarta

William D. Bair

October 13, 1987

Purchase Order 427-0249-0-00-7112-00,

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A

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To : David Denman - O/PH USAID - JAKARTA

From : William D. Bair *William D. Bair*

Subject : "PRIVATE SECTOR FAMILY PLANNING (PSFP) PROJECT 497-0355:
A STRATEGY FOR PROJECT DEVELOPMENT"

1. PERIOD OF CONSULTANCY

Pursuant to Purchase Order 427-0249-0-00-7112-00, PIO/T 497-0249-3-70019, William Bair worked two days in Park Rapids, Minnesota, traveled to Jakarta and worked there September 13 through October 14, 1987.

2. SCOPE OF WORK

Bair was requested to review documents available, interview program personnel, provide a PID outline and recommend additional studies for the private sector family planning project.

Although several of the reports mentioned in the USAID scope of work were not yet ready for review, sufficient basic information was available to continue with the scope of work essentially as planned. Relatively more attention was given to producing a strategy for PID development. See Appendix A - Scope of Work.

3. DOCUMENTS REVIEWED

Appendix B indicates the reports on private sector involvement in family planning, social marketing, and government policy which were available for review. Several others were brought from BKKBN to the USAID for translation. When translations are available, the BKKBN draft plan for Pelita V and the draft policy for KB-Mandiri (family planning self reliance) should be helpful for further review.

4. PERSONS CONTACTED

Appendix C provides the list of USAID, BKKBN, private sector and other donor agencies personnel contacted.

5. WORK ACCOMPLISHED

- a. Documents were reviewed and interviews carried out as indicated.
- b. Following review of the scope of work for the impending AID/W world wide evaluation of social marketing, a draft cable was prepared requesting AID/W to broaden the scope for Indonesia (Appendix D).
- c. Following review of the concept paper for Private Sector Family Planning, a redraft was prepared of the Congressional Budget Presentation (CBP) for this project. This redraft was discussed with both USAID O/PH and BKKBN planning chief who concurred (Appendix E).* This constitutes the recommendation for any redrafting required for the concept paper.

The redraft is not a radical change from the original CBP or concept paper. However, it broadens the concept of Social Marketing to include all elements of subsidized sales and indicates commitment to protecting and, in so far as possible, using the present commercial systems. This redraft calls specific attention to the NGO sector and places broader emphasis on new contraceptive technology especially for the private sector.

* Subsequently, the planning chief stated to Bair and Denman that he had discussed this with the BKKBN Chairman who concurred.

e. Strategy for PID development (See Appendix F)

The strategy for PID development indicates the information already at hand, that which is presently being developed in time for PID writing in May 1988, and that which should be pursued by further studies.

The areas addressed are:

1. Project components

- Social Marketing
- Institutional development for the private sector (BKKBN and NGO)
- New contraceptive technology especially for the private sector

2. Support elements (inputs)

- Training
- Research
- I E C
- Commodities
- Technical assistance
- Data base equipment
- Local costs

3. How this relates to the Health Sector Financing PID

f. Following the preparation of the strategy for PID development a letter was drafted to BKKBN suggesting a social marketing seminar and commenting on the BKKBN strategy development process (Appendix G).

g. PID Outline (Appendix H)

There are several key elements of program information soon to be available and decisions pending which make anything more than a PID outline questionable at this time.

These elements are:

1. A further review of alternatives for the social marketing distribution scheme and decisions by USAID and BKKBN.
2. Field initiation of the operations research on cost recovery by community based distributors of contraceptives and inventory by URC of potential village based KB-Mandiri projects.
3. Completion of the NGO assessment and probable follow up of this review presently being carried out by Roy Morgan.
4. Completion of needs assessment for surgical services (PKMI).
5. BKKBN mail survey of members of IDI, IBI, ISFI enquiring of their involvement in family planning.
6. Contraceptive prevalence survey.
7. Preparation of World Bank financed BKKBN strategy review assisted by Lawrence Smith Enterprises and to be completed in six months.
8. Finalization and translation of BKKBN draft for Pelita V and KB-Mandiri policy statement.
9. Indonesia CDSS.

Thus, while an outline has been prepared it is obviously only the initial step. It does identify the project components and the issues to be considered. It tentatively addresses the questions raised by the AID/W concept paper review cable (Unclass State 151723, May 1987).

APPENDIX A

APPENDIX A

SCOPE OF WORK

The Contractor shall review various documents, clarifying their interrelated implications and providing recommendations to USAID for further development of the new project concept paper leading toward a PID (project identification document).

The Contractor shall:

1. Review pertinent documents and studies related to the amendment to project 497-0327 selecting with the USAID portion of these which can be amplified within the time frame of the consultancy.
2. Consult with BKKBN leadership on these plans and priorities re new project assistance in the urban private sector.
3. Consult with other donors, especially UNFPA, World Bank and Asian Development Bank re these plans for assistance relevant to AID's new project plans.
4. Consult with IDI leadership on these plans and potential.
5. Based on the above review prepare recommendations for USAID re-changes needed in the concept paper of February 25, 1987 on the new project, develop an initial outline of the PID and recommend further studies required for final preparation of the PID.

Five copies of the final report should be submitted to the Population Advsor, USAID, on or about October 5, 1987*.

* Modified in conversations with O/PH and contract officer to Oct. 13, 1987.

APPENDIX B

APPENDIX B

DOCUMENTS REVIEWED

1. Family Planning Development and Services Project (497-0327) Amendment II
2. Family Planning Development and Services Project (497-0327) Amendment III
3. Evaluation of Village Family Planning Program, USAID Indonesia, Project 497-0327 - July 1987, Bair et al, International Science and Technology Institute
4. Family Planning Development and Services II Project (398-0249) Indonesia: An Urban Sector Strategy, Bair March 1987, International Science and Technology Institute
5. Concept Paper - Private Sector Family Planning Project 497-0355
6. Health Sector Financing PID, USAID O/PH, August 1987
7. USAID Office of Population and Health Strategic Plan - August 1987
8. Health and Population Sector Review and Assessment - August 1987
9. Unclass State 151723: Proposed FY 1989 Private Sector Family Planning Project (497-0355): ANPAC Review - May 19, 1987
10. AID Policy Paper: Population Assistance
11. AID Policy Paper: Private Enterprise Development
12. AID Policy Paper: Trade Development
13. Direct Costs of the POSYANDU - A Model for Analysis, Elizabeth Frankenberg - September 1987
14. Draft SOMARC Assessment - Social Marketing - September 1987
15. Family Planning and other Development Program in Indonesia (Integrated Activities of NFP program through other National Development) - Dr. Harry Victor Darmokusumo - Chief, Bureau of Integrated Program Services, BKKBN
16. Scope of Work - AID/W POP/TECH CSM Evaluation
17. USAID Congressional Presentation - Private Sector Family Planning Project, September 1987

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18. IKB - SOMARK Second Quarter 1987 Report Vol. 2, July 1987
19. SOMARC Assessment Study on Doctors and Midwives (Management Summary) SRI, August 1987
20. SOMARC Assessment - State of the Market SRI, August 1987
21. Implementation of Independent Family Program, Essential's of Explanation by Head of BKKBN in Executive Seminar II on "Implementation of Independent Family Planning (KB-Mandiri)", Jakarta July 7, 1987 - BKKBN
22. National Family Planning Program in Indonesia, Haryono Suyono Ph.D., Chairman BKKBN, Jakarta 1987
23. Concept Paper - Retrospective Study of Norplant Users in Indonesia - Paul Richardson/Ruth Harvey, URC, September 1987
24. Improving the utilization and self-sufficiency of Yayasan Kusuma Buana's urban YKB & URC family planning clinics - URC, February 1987
25. Research issues in Private Sector Family Planning Program - BKKBN Deputy for Program Development and Columbia Research Consultant - October 1987

APPENDIX C .

CONTACTS

1. Mr. David Denman Population Officer - O/PH USAID, Jakarta
2. Dr. E. Voulgaropoulos Chief, - O/PH USAID, Jakarta
3. Dr. Carol Carpenter Population Officer - O/PH USAID
4. Mrs. Joy Perla Health Officer - O/PH USAID
5. Mr. Joe Carrol USAID - PRE
6. Mr. Tim Mahoney USAID Program Officer
7. Dr. Paul Richardson University Research Corporation
8. Dr. Neeraj Kak University Research Corporation
9. Ms. Ruth Harvey University Research Corporation
10. Mr. Wes Tribble SOMARK - Social Marketing Assessment
11. Mr. Gani Perla SOMARK - Social Marketing Assessment
12. Dr. Rita Leavell SOMARK - Social Marketing Assessment
13. Dr. Haryono Suyono Chairman, BKKBN
14. Dr. Soetedjo Moeljodihardjo Deputy for Program Planning and Analysis, BKKBN
15. Dr. Ratna Bureau of Planning, BKKBN
16. Dr. P. P. Sumbung Vice-Chairman, BKKBN
17. Dr. Soegeng Soepari Deputy for Supervision, BKKBN
18. Dr. Loet Affandi Deputy for Administration & Management, BKKBN
19. Drs. Soedarmadi Chief, Bureau of Logistics, BKKBN
20. Drs. M. Aminarto Chief, Bureau of Finance, BKKBN
21. Prof. H. Santoso S. Hamijoyo Deputy for Manpower and Training, BKKBN
22. Dr. H. Mahyuddin Deputy for Program Operations, BKKBN
23. Drs. H. Soemarsono, SKM Chief, Bureau of Information & Motivation, BKKBN
24. Dr. Harun Ryanto Bureau of Contraceptive Services, BKKBN
25. Dr. Anna Marnigahti Bureau of Integrated Services, BKKBN
26. Dr. E. Srihartati P. Pandi Deputy for Program Development, BKKBN
27. Dr. Pudjo Rahardjo Policy Research, BKKBN

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28. Drs. Soegeng Waluyo Family Planning Research, BKKBN
29. Dr. Sunarti Sudomo Biomedical & Human Reproduction Research, BKKBN
30. Drs. Sardin Pabbadja Chief, Bureau of Planning, BKKBN
31. Dr. Hermini Sutedi Chief, Bureau of Contraceptive Services, BKKBN
32. Mr. Russell Vogel Association for Voluntary Surgical Contraception (AVSC) / BKKBN Consultant
33. Dr. Kartono Mohammad Indonesian Association of Doctors (IDI)
34. Dr. Azrul Azwar Indonesian Association for Secure Contraception (PKMI)
World Bank, Jakarta
35. Mr. Mark Brooks Yayasan Kusuma Buana, YKB
36. Dr. Firman Lubis Asian Development Bank, Jakarta
37. Mr. Richard Bradley Asian Development Bank, Manila Office
38. Mrs. Lata Singh Consultant to BKKBN (Private Sector)
39. Ms. Jennifer Brinch Consultant to BKKBN (Computers)
40. Mr. James Filgo Consultant to BKKBN (Research)
41. Mr. Garry Lewis UNFPA Resident Representative
42. Ms. Uyin Luong Survey Research Indonesia (SRI)
43. Mr. David Sparks Survey Research Group (SRG), Hongkong Office
44. Mr. Peter Weldon Consultant to YKB
45. Ms. Amy Steinberg Private Consultant - NGO Development
46. Mr. Roy Morgan Consultant to BKKBN (Management)
47. Mr. M.M. Shutt Consultant to MOH
48. Mr. Thomas D'Agnes Worldwide CSM Evaluation Team
49. Mr. Donaldson Worldwide CSM Evaluation Team
50. Mr. Levy Worldwide CSM Evaluation Team
51. Mr. Pay Worldwide CSM Evaluation Team

APPENDIX D.

APPENDIX D

DRAFT CABLE RE WORLD WIDE CSM EVALUATION

1. USAID appreciates receipt of the very complete scope of work and scheduling of the CSM assessment. This assessment of the Indonesia program and access to lessons gained from other countries will be most helpful to USAID in ongoing responsibilities with the SOMARC Dualima activity and in planning the future Private Sector Family Planning Project.
2. The present Dualima project is hopefully only an initial step in social marketing in Indonesia. Despite its limited scope, the project has served to explore the market and demonstrate the social acceptability of this approach. The National Family Planning Board has consequently become much more interested in utilizing marketing approaches for a portion of the national program. Eventually we expect to see a full spectrum of contraceptives merchandised through several channels, reaching the public through private doctors, private midwives, drug stores, pharmacies, community personnel, etc. It is likely that locally produced products and distribution networks of several International/Indonesian firms can be utilized. This probably implies a significant modification of the present Dualima arrangements.
3. One stage in this process has been the relatively successful involvement of the doctors', midwives' and pharmacists' associations in the provision of orals supplied them by BKKBN. Recently SOMARC was requested to review this arrangement and recommend alternative ways of supplying this network through a more commercial or marketing approach. This assessment was just completed, providing helpful information to both USAID and BKKBN. A draft report may be available from the Futures Group. If so, this could provide helpful background for the assessment team.

4. Over the next several months USAID will be reviewing the CSM situation with BKKBN. An organizational approach should be identified which takes advantage of present commercial production/distribution and meets the needs now addressed by Dualima, those of the private doctor/midwives/pharmacists and the potential semi-commercial elements of the government directed service delivery. We understand the scope of work of the assessment team is more narrowly focussed on the ongoing Dualima activity. However, if at the conclusion of their visit, the team have opinions to share with USAID on these broader organizational questions, those opinions would be appreciated.

APPENDIX E

DRAFT CONGRESSIONAL BUDGET PRESENTATION

Purpose: To expand community support of the GOI Family Planning program by increasing the percentage of private sector provision of family planning services from an estimated 20% of continuing acceptors in 1986 to 80% in year 2000. To support the national goal of a 22 per 1000 population crude birth rate for the year 2000, which is expressed in the context of national development, child survival and family well being.

Project Description: The project will assist the National Family Planning Board (BKKBN) to achieve institutionalization of the small and happy family norm through increasing private involvement in the provision and use of family planning services in the following ways:

1. Expand and broaden the Contraceptive Social Marketing program to provide all contraceptive methods through a variety of market oriented approaches. This will include public and private sector production and subsidized and non-subsidized commercial sales of contraceptives, fee for service through private doctors and midwives, and community based distribution with family planning field workers and community groups recovering a portion of their costs through client fees.

2. Assist the institutional development of BKKBN and non-government organizations to expand NGO participation in the National Family Planning program. Such organizations as the Doctors' and Midwives' Associations, Council of Churches, Catholic Medical, Muslim Welfare, Reproductive Health, Planned Parenthood, and several foundations have been involved with limited BKKBN support. They will be helped to develop their organizational capacity for expanded service delivery, research, training and communication. BKKBN will be assisted in its role of coordination, monitoring and support.

3. Expand the availability of new contraceptive technology especially through the private sector. Indonesia has lagged in the adoption of male and female sterilization technology, limited by cultural conditions which are changing. Indonesia has been at the fore-front of research in the use of implants, constrained largely by product cost and availability. By the time of the project it will be appropriate to provide expanded assistance to assure quality availability of these and other clinical methods beyond the public sector into the practices of private doctors and midwives.

These project components will be supported by research (operational, evaluative and bio-medical), training (especially for the private sector), communication (advertising for social marketing and informational material for contraceptive technology), clinical technology commodities, data base equipment and technical assistance.

Relationship of Project to AID Country Strategy: This project addresses the CDSS goal of fertility reduction by expansion of private sector activities, strengthening BKKBN and NGO management systems, and improving contraceptive technology.

Host Country and Other Donors: The host country will supply offices and personnel, wholesale arrangements for CSM commodities, increased support for NGO participation and will maintain a subsidized low cost or free service program in the public sector for the low income population. Assistance to the FP private sector activities from other donors include: FPIA, AVSC, UNFPA, JHPIEGO, TIPPS, Enterprise, Pathfinder, FHI who support research, services, and IEC with charity groups, unions, women's groups, medical and midwives associations, etc. The project will build on this private sector experience and this support will continue to be essential to facilitate the transition to local self support. World Bank and Asian Development Bank loans also support the health and family planning effort.

Beneficiaries: The beneficiaries will be the poor who will remain the target of free services and lower and middle income groups who will benefit from subsidized services and/or have a better choice of services and methods.

Major outputs (All years)

1. Current users of FP will increase from 16 million to 20 million with 30% of this coverage from the private sector.

AID Financial Inputs:

Technical Assistance

Life of project (\$000)
3,000 (G)

Training

2,000 (G)

Commodities

3,000 (G)

Local Costs

12,000 (G)

APPENDIX F

STRATEGY FOR SECURING INFORMATION NEEDED FOR PID

I. PROGRAM COMPONENTS

A. CONTRACEPTIVE SOCIAL MARKETING

1. Objectives

The PID will address several facets of contraceptive social marketing in a broader way than some AID supported CSM projects which focus primarily on the contraceptive sales aspect in activities similar to the normal commercial market.

- a. Continuation and/or modification of the present SOMARK Dualima project.
- b. Development of distribution systems of contraceptives to meet "Social Marketing" requirements of doctors and midwives, NGO's, industrial clinics.
- c. Experiments with community based activities like the urban distribution (NUCD) and the village based distribution (KB-Mandiri) pilot activities.
- d. Explore potential for sales of subsidized contraceptives through pharmacies, drug stores, and other shops.
- e. Review ways to enhance (at least not hinder) the ongoing standard commercial production/marketing system for contraceptives.

2. Information being produced:

- a. The requirements of (1a) will be addressed through:
1. The regular reports of the ongoing Dualima project.
 2. Ad hoc assessments from the SOMARK project consultant and Dr. Rita Leavell.
 3. The world wide CSM evaluation to be carried out this month.

Since you will be monitoring the Dualima activity more directly through Ammendment III, you should have a good information base. Presumably recommendations of the workshop (see next section) will be relevant to this issue. This should be sufficient for the PID writing stage.

- b. Information needs for (2b), (2c), (2d), (2e) are being met by:
- a. The recent SOMARK assessment reviewing the "state of the market" (available now).
 - b. The operations research on urban CBD (report April 30, 1988) - see section 3a.
 - c. The BKKBN/IDI/IBI mail survey of doctors' and midwives (info available January 1988).
 - d. Jennifer Brinch survey of provincial IDI, IBI, branches in the "block grant" cities (report January 1988).
 - e. Field tracking reports of private doctors and midwives' offices through the IEC project (contained in IEC report April 30, 1988). See section II A3.
 - f. Progress reports of the UNFPA/DEPNAKER industrial clinics program (should be something available by April 30, 1988)
Request this from UNFPA.

3. Additional actions suggested:

a. Urban CBD Operations Research

Although the final report of this activity will barely be available for the PP preparation, an interim report can serve the PID preparation.

University Research corporation should be requested to begin now to track information such as the following for specific treatment in an interim report to USAID by April 30, 1988 on the Urban operations research project (Paul Richardson concurs).

1. What has been the response over time to the concepts of this project:
 - a. of BKKBN headquarters personnel
 - b. of BKKBN Provincial, Kabupaten and Kecamatan personnel
 - c. of MOH personnel at national, provincial and Puskesmas level.
2. How did potential NUCDs and field workers respond? Did their response change over time?
3. How did the community and clients respond? Did this change over time?
4. How much time and effort was involved in:
 - a. Coordinating with health (Puskesmas) and local government officials in preparing for the activity? Did this change with time?

- b. Selecting and training supervisors
 - c. Selecting and training NUCD's
 - d. Supervision
5. What are you finding out about price - how it affects client response, how it affects distributor incentive?
 6. What have you learned about the mechanics of collecting, reporting, remitting money?
 7. Are there indications as yet of any significant change in FP client use patterns of the NUCD, Puskesmas, private doctors and midwives?
 8. What management problems (or solutions) have you encountered which are relevant to possible expansion of this type service delivery to other areas?
 9. Based on experience to date, what can be said about costs of expansion to other areas (operationally, not as research)?
 10. What can be said of the growth in YKB capacity for operations research?

b. Pilot projects for Village KB-Mandiri operations research

Although little will be under way operationally before the PID is written, an interim report would be useful:

URC should be asked to provide a village KB-Mandiri report by April 30, 1988 such as the following: (Richardson concurs)

1. An assessment of BKKBN response and participation in the process of project identification, development and approval.
2. An inventory of proposed KB-Mandiri interventions (including those rejected and reasons for rejection).
3. A summary of proposals approved or likely to be approved.
4. Indications of local response to the KB-Mandiri concept - as potential projects were discussed and as those which are under way were initiated.
5. What have you found out about the potential for local NGO participation and the linkages with BKKBN and or with the MOH?
6. What are the cost implications for more operations research of this nature (if needed in the private sector family planning project)?
7. Will some of the pilot activities likely be ready for replication by 1990/1993 - at what cost?

- c. Use of private sector midwives (operations research Lampung)
The study linking private midwives to puskesmas to promote and expand use of longer acting methods through private practice should have some results available in time for PID writing.

URC should be requested to provide a report by April 30, 1988 indicating the following: (Richardson concurs)

1. BKKBN/MOH reaction over time to the concept (including Puskesmas and Field workers);
2. IBI or IDI reaction;
3. Government/community reaction;
4. Method of publicizing midwife and private family planning service;
5. Method of training and supplying midwives with equipment and contraceptives;
6. Costs to clients at puskesmas and at private midwife; client reaction;
7. Level of referrals;
8. Any changes in pattern of family planning client use at puskesmas and midwives;
9. Economic level of private clients and whether from urban or village population;

d. Social Marketing Policy Decisions

SOMARK should be requested, in consultation with SRI, to assist BKKBN with a two day seminar on contraceptive social marketing sometime in the next two or three months.

This seminar should follow up on the recent SOMARK assessment for supplying doctors and midwives. However, the subject matter should include attention to the broader "market" that would eventually be supplied through social marketing - private doctors, midwives, NGO's, industrial clinics, community distributors, and pharmacies, drug stores and shops.

The key theme should be how to develop and serve this "mid-price" market. However, it should be clearly emphasized that this is not a program to eliminate free contraceptives to the poor nor an effort to put present producers/sellers of contraceptives at a disadvantage.

Personnel of BKKBN, MOH, NGOs, IDI, ISFI, IBI, UNFPA, contraceptive producers and distributors, should be invited for a first day of presentations on KB-Mandiri and social marketing activities in Indonesia with an open discussion period. Working groups should discuss:

- a. policy and regulations,
- b. pricing and products,
- c. advertising,
- d. organization and logistics.

The second day should be reserved for BKKBN personnel and resource persons to discuss first day findings and recommend a course of action for BKKBN. An international expert on social marketing should be contracted to serve as an additional resource person. Preferably this person could be drawn from the team just completing the world wide assessment of social marketing. The consultant should remain an additional week following the seminar to assist USAID and BKKBN in refining a strategy in this area. SRI should be contracted ahead of time to prepare briefing and presentation materials for the seminar and to assist SOMARK and BKKBN in leading the discussions.

e. PID Team

The information noted above should be augmented by independent assessment of the policy and marketing situation by a social marketing expert who should be contracted for one month to serve on the PID development team in May 1988.

B. INSTITUTIONAL DEVELOPMENT (NGO AND BKKBN) FOR THE PRIVATE SECTOR

1. Objectives

- a. Assist NGO's and private firms (individually or in concerted action) improve their organizational structure to take an expanded role in service delivery, research, training, or communication for the National Family Planning Program.
- b. Assist BKKBN improve its management structures for coordination, monitoring and support for an expanded NGO involvement, as well as assisting BKKBN itself to operate more like a private business.

2. Information Required

Needs for PID preparation are an assessment of:

- a. The strength, spread and nature of the programs of various NGO's and private firms.
- b. The financial under-pinning of these institutions, and their potential for generating income or attracting more broad based support if seed money were provided to put them on a course toward "self sufficiency".
- c. The role these organizations see for themselves in the national family planning program and the role BKKBN sees for them.
- d. The organizational/management problems of the NGO's that are amenable to change.
- e. BKKBN policy and organizational/management problems in dealing with NGO's that are amenable to change (as well as a look at how BKKBN itself can become more "privatized").

3. Information being produced

- a. Since a concern for the private sector is pervasive in all components of the PID, information being gathered for other components will be useful for this NGO component, especially:
 - 1. mail survey of IDI, IBI, ISFI
 - 2. Brinch Survey of IDI, IBI
 - 3. Sterilization needs assessment as relevant to PKMI capability
 - 4. IEC, social marketing and operations research reports as they indicate the capability of the private sector to provide needed services of research and communication.

- b. Two reports on hand or to be available immediately look specifically at NGOs:
 - 1. Family Planning Development and Services II Project (398-0249) Indonesia: An Urban Sector Strategy, ISTI, March 1987
 - 2. Roy Morgan's report on the NGO's, October 1987

- c. Based on interviews with those preparing the above information, it appears you will have available:
 - 1. A good indication of the strength and capabilities of YKB to do operations research, SRI to do market related research, and Fortune and others to provide communications services.
 - 2. A good indication of the degree to which IDI/IBI members are providing Family Planning Services and a general notion of the strengths and problems of IDI and IBI in supporting them.

3. A good knowledge of the spread, strength and aspirations of PKMI in supporting surgical services.
 4. A good general knowledge of the other NGO's at the national level which are relevant to the family planning program including information on their geographic spread, the size of their clinical or educational services, the nature of their clientele and their general resource base. You will have a hazy notion of their aspirations for their role in the family planning program and some information on incipient NGO networks.
 5. A general knowledge of the grants procedures and monitoring mechanism presently used by BKKBN to coordinate, support and utilize NGO's and private sector firms.
- d. You will need more information on the following:
1. A more indepth knowledge of the financial stability of these NGO's and their potential for self sufficiency at what level of activity (presuming only a 3 to 5 year infusion of external support is realistic).
 2. A more clear picture of NGO and BKKBN aspirations of the role of NGO's in the National Family Planning program and the expectations re future federal funding.
 3. A more precise knowledge of the organizational/management problems of the NGO's (including any requirements for NGO coalitions or forums) and the technical assistance or other support required for solutions.

4. A more clear picture of BKKBN grants and monitoring procedures and what kind of assistance will be required for improvements and what are possible alternative systems.
5. A better picture of what might be involved in BKKBN itself becoming more "privatized".

4. Additional actions required:

- a. A consultant team should be contracted with a generalist who has background in NGO development and a financial analyst also with private sector organization experience. This team should work for 6 weeks on the issues of 3d 1, 2, 3 above. If a local management consultant already knowledgeable of BKKBN procedures is available, (e.g., Mrs. Soejatni* or M.M. Shutt if he could be borrowed from UNFPA duties)**, they could help the team adequately to address 3d 4 and 5 in about 3 to 4 weeks. This consultation would be March/April 1987***.
- b. AID should finance a BKKBN/sponsored one or two day seminar at the beginning of the consultancy, (4a), on "The Role of NGO's in KB-Mandiri". In addition to the relevant BKKBN personnel and NGO's, UNFPA and other supporting donors should be invited, the World Bank/BKKBN strategy team, the consultant

* See Morgan Report

** Ms. Luong of UNFPA is agreeable to this in principle and Shutt is interested in participating. Shutt suggests Dave Pyle of John Snow Inc. as an alternate.

*** Further conversation with Morgan in the process of his report preparation suggests he will be able to provide more information now than previously expected. This may be sufficient for the PID and this recommended consultancy could be delayed for the PP - November/December 1988. However, this would mean contracting Shutt from outside Indonesia in which case he could possibly stay the whole period.

team (4a) and an international resource person like Dr Tamayo of Colombia, Sra. Guadalupe de la Vega of Mexico, Dr. Mechai of Thailand or one of the NGO leaders of the Philipines (who could bring a Philippine perspective of how too much government coordination can inhibit NGO initiative, a critical issue that should be introduced in some way to this whole area).

- c. Following the consultancy (4a), a one day seminar could be sponsored by leading NGO's, inviting all NGO's and BKKBN to discuss again the "Role of the NGO's". This should produce some general recommendations for future actions. The report of (4a) should be available in advance as a resource for the meeting.
- d. The letter to Dr. Haryono on the World Bank strategy team should include "the role of NGO's" as one of the questions USAID hopes will be addressed in the strategy.
- e. One of the AID financed local consultants should be identified to be a lead person in working with USAID, BKKBN and NGO's on the above matters, in serving as a liason with the consultant team (4a) and in arranging the seminars 4b and 4c. Jennifer Brinch seems the logical choice, with Rita Leavell, Amy Steinberg, Russel Vogel and Gani Perla collaborating.

C. NEW CONTRACEPTIVE TECHNOLOGY

1. Objectives

- a. Assist the development of a private sector "secure contraception" NGO (PKMI).
- b. Complete the provision of male and female sterilization equipment in an appropriate number of public sector facilities*.
- c. Continue training, monitoring and surveillance activities, expanding to private practitioners.
- d. Assist the expansion of norplant and up to date IUD service under quality care conditions in public facilities.
- e. Expand pilot activities in cooperation with PKMI, IDI, and IBI to increase the provision of surgical/clinical contraceptive services in private practice.

2. Information Needs

- a. Status of BKKBN policy and cultural attitudes on sterilization.
- b. Inventory of equipment needs, degree to which appropriate public sector facilities have been supplied with equipment, outstanding needs.
- c. Requirements for trained surgeons, nurses, counsellors and management personnel and degree to which needs have been met.
- d. Financial and organizational requirements of an ongoing surveillance system.
- e. Levels of surgical services (sterilization and implants) presently being performed (public and private).

*. This will only be a residual need if any; by the time of the PSFP project the remaining emphasis should be on the private sector (1 e).

- f. Amounts of IUD insertion equipment provided in last three years and estimates of any continuing requirements, especially for private sector.
- g. Status of developments in the production of norplant or similar implants, the potential for US assistance with the provision of supplies and plans of other donors in this regard.
- h. Estimate of numbers of doctors who have or wish to develop clinic services appropriate for outpatient surgery - together with some estimates of cost and management requirements involved in setting up a revolving loan fund in PKMI to service their needs for clinic equipment and commodities.

3. Sources of Information

a. Reports or studies to be available

- 1. AVSC and AID February and March evaluations of PKMI and sterilisation should provide most of the basic info for 2a, b, c, d, e. The scope of work should take cognizance of these needs.
- 2. World Bank financed BKKBN strategy should provide additional info on 2a.
- 3. Second PKMI needs assessment should be completed by March 31, 1988 giving you most of the information of 2 b and c.
- 4. USAID and BKKBN reports are available on IUD equipment for 2f. These should be updated by April 1988.
- 5. The BKKBN, IDI, IBI, mail survey will provide some info on 2 h by February 1988.

4. Additional reviews recommended

- a. AID/W will keep USAID apprised of developments in norplant in the US, but this will likely still be a guessing game at the time of PID writing (2g). Continuing conversation with UNFPA, World Bank and Asian Development Bank will be particularly important for this area.
- b. Dr. Azrul Azwar stated he could make a report in about two months on the problems/accomplishments associated with the FPIA supported private clinic activities; he should be asked to do so (2h).
- c. Info on 2h will be sketchy for the PID but should be reviewed in depth for the PP (evaluations of the ongoing program preclude doing this earlier). A needs assessment (funded by the amendment or PDS) should be carried out in the private sector in October 1988 reviewing the potential requirements for all clinical methods (sterilization, implants and IUD). The survey should focus both on interest and need and what a potential service fee structure could produce in some capitalization for PKMI and eventual self support for the private practitioners.
- d. Concur in the URC proposed retrospective study of norplant users in Indonesia asking that they focus more attention on the doctors and midwives as "clients" of a management system to supply and backstop them. How is this management system functioning and what are the implications for expansion? (2h). (was discussed with Richardson).

II. SUPPORT FUNCTIONS

A. INFORMATION EDUCATION AND COMMUNICATION (IEC)

1. Objectives:

- a. Publicize, clarify, "popularize", "institutionalize" the concept of KB-Mandiri.
- b. Promote and advertise the availability of family planning services through private doctors, midwives, NGO and industrial clinics, pharmacies and shops, and community outreach "marketers".
- c. Produce and disseminate informational material for service providers to use with clients. Improved educational / counselling materials will explain contraceptive choices available, advantage/ disadvantages of various methods, ways in which various methods function and are utilized, how to deal with minor or critical side effects, etc.

2. Information being produced

- a. You are addressing (1a) in your Ammendment III to project 327 through the training plan for field workers. You will want to assure this is adequately dealt with in the training plan.
- b. You are effectively addressing (1b) and (1c) through both the mass media IEC portion of the urban family planning ammendments and the SOMARK "buy-in".
Evaluation requirements of these activities will be particularly useful for PP development.

3. Additional Action Recommended

- a. Recognizing the successful but long and complex process with many meetings and seminars required to popularize the concept of family planning, some additional assistance may be desirable for this type inter-personal IEC required to popularize "self-sufficient family planning". (1a).

USAID/BKKBN should explore ways within the present Ammendment levels (for village family planning private sector activities and for expansion of the urban program) to fund some of these "popularization/institutionalization" activities. If this is accomplished, there should be no need to include this area in the PID. A requirement for reporting specifically on this should be included in the PIL authorizing the activity and future requirements could be reconsidered based on these reports, when writing the PP.

- b. You will need more specifics on areas 1 (b) and 1 (c) for PID writing:

Dr. Rita Leavell should be requested to begin tracking certain specific areas now to enable preparation of a report by April 30, 1988 on the following subjects*: (this was discussed in general with Dr. Leavell).

* This suggests something more than a process evaluation but not an impact evaluation. The cost/effectiveness of IEC impact evaluation might be questioned at any time, but certainly it is not appropriate in 6 months).

APPENDIX F

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1. BKKBN (headquarters and province level) reaction over time to the private sector advertising/informational campaign.
2. Professional organization (IDI, IBI, ISFI) and NGO reaction over time.
3. Discussion of the efficiency of the process of BKKBN contracting with a private firm for the IEC campaign. This should be related to programatic decision making and implementation as well as efficiency of financing mechanisms.
4. Discussion of the effectiveness (quantitative productivity) of the activity in getting material produced, published, disseminated including the method and amount of supply and re-supply of informational materials to service providers.
5. Qualitative assessment of the material produced based on whatever field testing was carried out as well as opinions of IDI, IBI, BKKBN personnel.
6. Results of user (doctors and midwives) tracking surveys to assess availability of material at the service provider level, awareness of multi-media campaign messages and any recent change in levels of family planning clients (without attempting to attribute causality).
7. Review of the costs to date to give a rough estimate of what a similar nationwide campaign would cost if included in the 1990-93 private sector family planning program.
8. Any modifications that experience to date would suggest could be made for future IEC programs.

B. RESEARCH

1. Objectives

a. General

To provide the necessary information to develop policy and procedures related to social marketing, NGO participation and new contraceptive technology as the program shifts to greater emphasis on KB-Mandiri/private sector.

b. Specific

1. Provide operations research to experiment with new service delivery modalities and to address specific operational/management problems as they develop.
2. Provide the data base necessary to plan and monitor progress in achieving increased prevalence while shifting to greater emphasis on the private sector delivery mechanisms.
3. Carry out appropriate biomedical research to support the advancement of new contraceptive technology. This will be largely focussed on operational issues. Most will address quality control and user satisfaction as shifts are made to more emphasis on clinical/surgical contraception with greater involvement of private sector providers.

2. Information being produced

- a. Operations research presently being carried out or planned (see section I A3) will provide ideas for additional operations research topics and information on problems, successes and costs of dealing with BKKBN, MOH and private institutions in operations research.
- b. The research division of BKKBN with Garry Lewis have produced a paper, "Research Issues in Private Sector Family Planning," that is particularly helpful in dealing with the issue of monitoring performance and using independent measures of program performance. It similarly makes useful suggestions for program evaluation assistance to the private sector.
- c. Experience in developing the contraceptive prevalence survey and carrying out the field work should be available to guide considerations for including an additional CPS in the new project.
- d. The needs survey for surgical procedures should identify areas where additional operational/biomedical research is needed in this area.
- e. The retrospective study of norplant users in Indonesia (URC) should clarify requirements for additional research in this area.

3. Additional Action Recommended

- a. Columbia University research consultant should be asked to assist BKKBN research staff to expand the "Pilot Projects/ Operations Research" sector of the paper (1b) in a way similar to the treatment of "monitoring" and "independent measures" in that paper. Several key issues in such areas as options in recovering costs, impact of charging on client use, impact of IEC programs, impact of training program in KB-Mandiri, feasibility and economic impact of income generation projects, could be identified, prioritized and expanded on as part of a research agenda or strategy in this area. The strategy could also indicate which studies should be carried out by BKKBN and which could utilize national private institutions, which require international TA. (Garry Lewis concurs).
- b. Request Carol Carpenter to begin to review the experience with the CPS and be prepared to make some recommendation for the PID team such as: (discussed with Carol)
 1. Timing (when to carry out - when to expect data) of next CPS and likely cost - what will amendment funded CPS produce - what needs are there for an additional CPS in the PSFP project.
 2. Requirements for technical assistance and capabilities of national institutions.
 3. Level of disaggregation feasible consistent with cost and with policy requirements of KB-Mandiri.
 4. Kinds of questions that can be added to be most relevant to KB-Mandiri.

- c. The PID should explain actions to be taken in the PP preparation:
1. to clarify the current situation of contraceptive prevalence, service users, contraceptive flow and fertility and
 2. to develop a strategy and plan of action (building on 2b above) for future data gathering.

This should be accomplished in an eight day workshop (funded by the Amendment or PDS) attended by the responsible parties in BKKBN and the Central Bureau of Statistics, the resident demographic advisors to BKKBN and one or two international experts in this field such as Joseph Potter from Harvard, someone from Population Council, someone from Westinghouse, and/or Dr. Moye Freyman from University of North Carolina. The workshop should be late in 1988 so adequate experience in carrying out the CPS contributes to the discussion.

- d. The proposed letter to Dr. Haryono on the World Bank assisted strategy exercise should identify research relevant to the KB-Mandiri shift as a particular concern of AID.

C. TRAINING

1. Objectives

- a. Continue the overseas training that will prepare BKKBN and NGO personnel for a stronger planning/ management role in the national family planning program. This will largely be short term for specific objectives.
- b. Support specific local training programs, preferably those managed by the private sector with BKKBN support, to upgrade the NGO capacity.

2. Information Requirements

- a. A better grasp of the strengths and expected roles of NGO's in providing service, research and communication contributions to the national family planning program - from which could be derived a clearer expectation of training needs.
- b. A better picture of the management responsibilities/problems of both BKKBN and NGO's in this area - from which might be derived training needs.

3. Sources of Information

- a. PKMI needs assessment
- b. BKKBN/IDI/IBI mail survey
- c. Morgan report
- d. Report of NGO consultancy B.4a

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4. Additional Actions Recommended

- a. Include training in letter to Dr. Haryono on World Bank assisted strategy study.
- b. Clarify the needs for training information to the NGO consultant team.
- c. Carol Carpenter is well apprised of the general kinds of training needed to assist BKKBN and the private sector in the KB-Mandiri shift. She will be able to deal with Dr. Santoso and the education advisor, Terrence Whitson, on developing an initial training plan and strategy for the 1990's with an emphasis on this area. She will also be available to clarify to the NGO consultant team (Section I B 4 a) the kinds of information desired about the private sector to add that component to the training plan. Recognizing Carol will be on home leave soon and that Tom D'Agnes assisted BKKBN with the 1980's training plan, it would be most helpful if he could be freed up to work on this area for a week or two, perhaps at the same time the NGO consultant team is here. (Discussed with Carol).

D. CLINICAL TECHNOLOGY COMMODITIES

1. Objectives

- a. Assure there is an adequate supply of clinical contraceptives and equipment with AID being a principle supplier of surgical and IUD insertion equipment, an interested third party in GOI negotiations with other donors on other contraceptives and a possible potential supplier for implant equipment and supplies.

2. Information Required

- a. Status of needs and supplies of above articles in Indonesia.
- b. Up to date plans of other donors
- c. US policy.

3. Sources of Information

- a. PKMI needs assessment
- b. BKKBN distribution reports
- c. Mail survey IDI, IBI
- d. Private Sector Survey (for PP) (I c4 above)

4. Additional Actions

- a. Continue to coordinate with World Bank, ADB and UNFPA on contraceptive supply.
- b. Include contraceptive supply concern in letter to Dr. Haryono re World Bank assisted strategy study.
- c. Request Russ Vogel to be prepared to assist PID team in this area, collecting the necessary statistical data ahead of time.

E. DATA BASE EQUIPMENT

1. Objectives

- a. Complete the remaining equipment and software requirements, if any, to put BKKBN Central and district offices on a modern management footing re automated data processing equipment.
- b. Identify the needs and meet appropriate levels of need both in BKKBN and/or in selected NGO's for limited data base equipment to serve the broader needs of KB-Mandiri, providing training in use and maintenance.

2. Information Sources

- a. User requirements survey (Central BKKBN - for next 5 years) by local firm to be available January or February 1988, together with an evaluation of the survey by US firm.
- b. IRM/CERCOM - case study for computerization of a government agency (BKKBN Indonesia). This may not be finished until mid 1988, in time for PP preparation.
- c. Logistics management survey January (3 weeks). Review system for forecasting contraceptive requirements.

3. Additional Actions Recommended

- a. Fund an additional week of the John Snow Survey (2c) requesting:
 1. A review of the private sector requirements as known at that time.

2. A description of the management and logistics role being identified for BKKBN re the NGO's and
 3. Recommend steps to be taken and studies required to prepare for that role.
- b. Request Jim Filgo to provide a report such as the following by April 30, 1988 (he concurs):
1. Based on user requirement survey (2a), identify residual needs, if any, not covered by project 0327 to complete USAID contribution to BKKBN equipment and software requirements for its ongoing basic information network together with training for use and maintenance.
 2. Identify changing requirements for management technology to meet the needs of shifting emphasis toward private sector - (keep Filgo apprised of these shifts in USAID or BKKBN program direction).
 3. Choose with BKKBN a demonstration NGO or CSM organization and consult with them to clarify their objectives and needs for equipment, training and maintenance in computerized data processing.
 4. Provide a general statement of data processing equipment and training and TA for its use in the 1990 - 1993 period, identifying additional studies needed during PP preparation.

F. TECHNICAL ASSISTANCE

1. Objectives

Provide long and short term TA to support selected aspects of the private sector program.

2. Source of Information

Reports on all the components mentioned above which provide the basis of decisions on Technical Assistance required.

3. Additional Action Recommended

a. The PID team can analyze the requirements based on the above reports. The areas where it appears that Technical assistance should be considered from the project or other sources:

1. Research:

- Direct involvement in operations research projects either with BKKBN or private sector institutions - long term.
- Assistance to BKKBN in building institutional capacity to develop research strategy, to carry out research, to deal with private sector researchers, and to disseminate research findings in a policy influencing manner - long term.

2. Training - Short term to assist in identifying needs and developing training strategy and plans (part of PP design and possibly later) and assist in shift to KB-Mandiri.

3. NGO specialist - long term resident

4. Contraceptive technology specialist - long term resident
5. Social Marketing Advisor - long term resident
6. IEC - short term specific assignments
7. Computers - upto one year resident to assist with installation and training for private sector. Presumably a start on this can be made during Amendment 3 of 0327.

b. The procedures for contracting should be reviewed. It may be time to consider an institutional contract to reduce some of the USAID administrative responsibilities as well as frustrations for individual contractors.

G. LOCAL COSTS

1. Objectives

Provide local cost components of pilot demonstration activities in the field of social marketing, NGO activities or expansion of new contraceptive technology to the private sector.

2. Source of Information

- a. Experience with operations research and program activity under Ammendment 3 of 0327.
- b. Program requirements as identified in the reports mentioned above.

3. Actions to take

The PID team can review the information on hand and do the necessary budget estimates in cooperation with BKKBN personnel. Further refinement will be done in PP design.

III. DATA BASE

1. Objectives

Provide the necessary statistical base to quantify the problem of high fertility, the successes BKKBN has had in dealing with it and the task yet to be accomplished.

2. Source of Information

- a. BKKBN Service Statistics
- b. SUPAS intercensal Survey
- c. Contraceptive Prevalence Survey

3. Actions to take

- a. Pursue further with Dr. Soemarsono or Garry Lewis a report of an analysis by "The Australian University" of the birth rates implied by the SUPAS Survey. This analysis was not available at the time of this report.
- b. Secure first quarter CY 88 BKKBN service statistics.
- c. Secure initial report of CPS which should give key findings by March 1988.
- d. This should provide adequate demographic/fertility/prevalence data for the PID team to use. However arrangements should be made for the data base workshop as part of P.P. preparation (B3 above).

IV. RELATION TO HEALTH SECTOR FINANCING PROJECT (HSF)

There are some savings to be gained from and improvements to be achieved through greater coordination of activities without pushing integration to the extreme that subjugates high priority interests. This is true both as USAID seeks to make the most efficient use of limited staff resources and as the host government wants to achieve the greatest development impact with limited financial resources. In development and implementation of the PSFP project and the health financing project the points of contact and mutual support should be identified and exploited. The following areas of mutuality are readily apparent - experience in implementation will identify more.

- a. The health financing project provides a necessary long term contribution to the problem of sustainability and recurrent costs. The PSFP project does address this issue by its emphasis on cost recovery and shifts to private providers. However, the long term benefits are also clear of establishing prepaid service systems, improving efficiency in health institution financing and seeking greater relative emphasis on prevention than cure as addressed in the HSF Project.

This is not to say that the issue of sustainability is altogether the same for family planning as with other health measures. In the first place the research done to date has been more effective in demonstrating the investment pay off (in development terms) of family planning as compared to the effectiveness of the research demonstrating health investment returns. This has provided a bit more stable base for continuing government support for family planning in Indonesia.

Secondly, the prospects of a spiraling budget for family planning are not so awesome as they are especially for curative health care. The numbers of family planning participants required will grow in a startling fashion but the cost of family planning technology is not likely to increase greatly. E.g., the most costly new surgical method presently available (norplant) can be applied for less than \$10/year and that cost will likely go down. Orals have become substantially cheaper over time and new low dose formulations increase the possibility of their use without high cost professional medical intervention. To speak as some have of the "enormous cost" of contraceptives is a bit exaggerated when the cost to BKKBN of the total program for a country of 170 million persons scarcely exceeds 60 million dollars per year.

- b. One element the Health Financing Project could address with PSFP assistance would be to assure attention to family planning in any pre-paid health system. PSFP could support additional research and analysis to demonstrate to the insurers that inclusion of family planning (and other preventive measures) in the coverage would be a cost effective way to reduce overall expenses for the providers of pre-paid health services. This could be funded by PDS in development of the PP for the PSFP Project.
- c. The attention being given in the Health Financing Project to policy change in the ability of health institutions to keep and utilize client fees will make an important contribution to cost recovery in family planning activities.

- d. As contraceptive social marketing schemes and logistics/marketing systems are being developed and implemented, some attention should be given to the inclusion of several basic health care products. These would be promoted more vigorously to private doctors and midwives, advertised as possible in the mass-media campaign and made available for sale to the public in a greater number of outlets. This is probably something only to be considered after the contraceptive product distribution is well established.

- e. In response to AID/W suggestion, one aspect of the PSFP project will be to review possibilities of privatization of contraceptive production. This will require marketing/production expertise consultancy (probably several years away). This team could look at a broader list of health products (especially with Kimia Farma, the largest producer of contraceptives) to be considered for privatized production.

- f. Training concerns are mutual - especially as "technocrats" will be trained for dealing with these issues.

V. PID TEAM

The actions recommended above should give you most of the information needed for the writing of the PID. This could be done in house if you have time. However, you may want to contract a population generalist to help pull it together. In any event, one area still requiring outside expertise at that time will be social marketing.

The composition of the team might be:

1. USAID population officer or contractor full time.
2. Contracted social marketing expert - full time.
3. USAID population officer (research and training) - part time.
4. Surgical contraception resident consultant - intensive part time.
5. Private sector resident consultant - part time.
6. Resident urban sector consultant - part time.
7. USAID health officer - part time.

The team would draft a PID for review by the standard USAID committee. The draft would require about three weeks; review and redraft??

VI. SUMMARY OF ACTIONS REQUIREDA. Contraceptive Social Marketing

- | | |
|---|---------------------------------|
| 1. Request URC to prepare reports | - Now |
| a. Urban CBD | |
| b. Village KB-Mandiri pilots | |
| c. Private sector midwives Lampung | |
| 2. Arrange 2 day SOMARK/SRI/BKKBN et al Seminar on Social Marketing - secure additional international expert. | - For November or December 1987 |
| 3. Plan to have Social Marketing expert on PID team | - For May 1988. |
| 4. Send letter to Dr. Haryono | - Now. |

B. INSTITUTIONAL DEVELOPMENT PRIVATE SECTOR

- | | |
|---|-------------------|
| 1. Arrange NGO consultant team | - For March 1988* |
| 2. Arrange NGO Seminar initiating consultancy (with international NGO leader) | - March 1988 |
| 3. Arrange NGO Seminar following consultant team | - End April 1988 |
| 4. Request Jennifer Brinch to coordinate | - Now |

* Or November/December 1988 if you decide to delay until PP preparation.

C. NEW TECHNOLOGY

1. Follow up with AID/W on Norplant - April 1988
2. Request Azrul Azwar to make report on FPIA supported private clinic project - Now
3. Assure scope of work for sterilization evaluation covers needs identified in this PID strategy report - December 1987
4. Plan for private sector surgical needs assessment - For October 1988
5. Arrange for URC Norplant Retrospective Study - Now

D. IEC

1. Assure KB-Mandiri is adequately covered in field worker training plan - Now
2. Arrange funding for more consciousness raising inter personal communication on KB-Mandiri - Now
3. Request Dr. Rita Leavell to follow IEC and report April 1988 - Now

E. RESEARCH

1. Ask Garry Lewis for report on research strategy - Now
2. Request Carol Carpenter to make April 1988 report on CPS - Now
3. Plan for data base workshop - For October 1988

F. TRAINING

1. Ask Carol Carpenter to take steps suggested to develop training input for PID - Now

G. CLINICAL TECHNOLOGY COMMODITIES

1. Continue coordination with ADB, World Bank, UNFPA -----
2. Request Russ Vogel to review commodity needs for May 1988 PID preparation - Now

H. DATA BASE EQUIPMENT

1. Fund additional week John Snow consultancy - For January 1988
2. Request Filgo prepare April 1988 report - Now

I. DATA BASE

1. Get "Australian University" Report - Any time
2. Get BKKBN Service Statistics - April 1988
3. Get initial CPS report - April 1988

J. PID TEAM

1. Organize USAID Committee - December 1987
2. Contract Consultants - December 1987

APPENDIX G

APPENDIX G

October 7, 1987

Dr. Haryono Suyono
Chairman
Central BKKBN
Jl. Let.Jen. M.T. Haryono
Cawang, Jakarta

Dear Dr. Haryono;

Both of the consultants, William Bair and Roy Morgan, who have recently completed reviews of several aspects of the private sector family planning program have asked me to express their appreciation for the outstanding cooperation they received from BKKBN.

There is much information yet to be gathered and many decisions still to be made. However, we feel we are a step closer to understanding the aspirations of BKKBN as you pursue your KB-Mandiri policy. David Denman and I look forward to continuing the dialog with you and your staff on these subjects.

We have made some progress in AID's programming process to marshall support for an increased private sector emphasis. As you know, we have sent our initial concept paper to Washington on this subject. The Private Sector Family Planning project will be included in our congressional program submission in a way David Denman and William Bair discussed informally with Dr. Soetedjo. We are working toward preparation of the initial project document (our Project Identification Document, or P.I.D.) in May and June of 1988.

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Mr. Bair has recommended to us several additional studies to be made or actions to be taken for preparation of the P.I.D. There are two I would like to call particularly to your attention at this time. We will be placing a good deal of emphasis in the P.I.D. on social marketing in its broadest interpretation. We also have considerable funds available in Amendment No. 3 of project 497-0327 for social marketing activities. Thus, we are most interested in assisting with further actions leading to policy, program and organizational decisions in the area of social marketing. We hope the recent IKB-SOMARK assessment was helpful to you in this regard. Additionally, we have requested SOMARK and SRI to discuss with BKKBN the desirability of a two day seminar sometime in the next two months to explore the various options further. If you concur, we would be pleased to seek funding for this seminar as another step toward developing consensus in this important area.

Mr. Bair was also impressed with your plans to develop a long term family planning strategy, with World Bank and Lawrence Smith assistance. That strategy statement will also be very helpful for AID's programming process as we attempt to conform to your strategy objectives. David Denman has worked with Lawrence Smith in the past and we look forward to a continuing close relationship as you pursue this process. It would help us if you would suggest to your staff who are developing the strategy with World Bank, that there are several areas of special interest to AID where your strategy clarification will assist us to understand your objectives. These are:

- a) Over the next five years, how much relative emphasis will be given to facilitating the involvement of commercial producers and distributors of contraceptives, private doctors and midwives, urban or village community based distributors? What will be the strategy for their supply and with what pricing objectives?

What will be the strategy for dealing with constraints such as limitations on charging for government purchased commodities, doctors and midwives dispensing contraceptives, advertising of contraceptives, etc.?

- b) What role does BKKBN see for NGO's (including IDI, IBI, ISFI, PKBI, PKMI, YKB, non-profit and for-profit organizations) in the provision of family planning service, research, training or communication? What will be the BKKBN role related to them and what will BKKBN organizational and support strategies be to foster this expanded role for NGO's?
- c) What are BKKBN expectations concerning the growth of surgical contraception and implants both in the public and private sector? What will be the strategy for meeting the equipment and supply requirements?
- d) What shifts will be made in BKKBN's research, monitoring, training or IEC strategies to respond to changing needs of a more private sector oriented program?

We hope the strategy team can give some additional thought to these areas. If you see ways in which USAID can help with studies or technical assistance in this planning process, please inform us.

Sincerely,

Emmanuel Voulgaropoulos, M.D., M.P.H.
Chief
Office of Population and Health

- cc.: 1. Drs. Soetedjo Moeljodihardjo
Deputy for Program Planning & Analysis, Central BKKBN
2. Dr. H. Mahyudin, Deputy for Program Operations, Central BKKBN
3. Dr. E. Srihartati P. Pandi
Deputy for Program Development, Central BKKBN
4. Prof. Dr. H. Santoso S. Hamidjoyo
Deputy for Manpower Development, Central BKKBN
5. Dr. Loet Affandi, Deputy for Administration, Central BKKBN
6. Dr. Soegeng Soepari, Deputy for Supervision, Central BKKBN
7. Drs. Sardin Pabbadja, Chief, Bureau of Planning, Central BKKBN

Drafted:PH:WBair:10/07/87-ch

Distr:PH-3

Clearance:PH:DCDenman _____

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APPENDIX H

PID OUTLINE

I. PROJECT SUMMARY

A. Purpose:

To expand community support of the GOI Family Planning program by increasing the percentage of private sector provision of family planning services from an estimated 20% of continuing acceptors in 1986 to 80% in year 2000. To support the national goal of a 22 per 1000 population crude birth rate for the year 2000, which is expressed in the context of national development, child survival and family well being.

B. Project Description

This summary will call attention to the length of time AID has supported BKKBN's successful public sector village family planning program, the shift to urban and now an accelerated emphasis on the private sector as part of KB-Mandiri (family planning self reliance). AID's support will consist of the following program components:

1. Social Marketing which builds on ongoing activities such as the successful but limited retail sales of condoms, the growing participation of private doctors and midwives and the operational research with cost recovery by community distributors.
2. Institutional development of NGO's and BKKBN to expand NGO participation in the national family planning program which complements and builds on the substantial assistance already given and still required from private donor agencies.

3. Spread of new contraceptive technology to assure widespread quality availability of more secure, longer acting contraception (especially sterilization and implants) with particular attention to the private sector.

These program components will be supported by research (operational, evaluative and biomedical), training (especially for the private sector), communication (advertising for social marketing and informational materials for contraceptive technology), clinical technology commodities, data base equipment, technical assistance and local costs for pilot demonstration activities.

- C. Summary of Relation to Host Country and AID policy
- D. Summary Major Issues
- E. Summary Timing for Project Paper
- F. Summary of Costs

II. BACKGROUND AND RATIONALE

A. Historical perspective on AID support of BKKBN program

- growth of BKKBN
- growth from Java-Bali to Outer Islands I and II
- move from a clinic based to community based village program
- initial efforts at move toward urban/private sector
- re emphasis on clinical/surgical services
- role of NGO's and private doctors/midwives

B. Success of Program - based on:

- An Evaluation of AID's role in Indonesian Family Planning 1980-1984 USAID Jakarta, June 1985
- Evaluation of Village Family Planning Program, USAID Indonesia Project: 497-0327, 1983-1986 - ISTI July 1987
- AID/W Social Marketing Evaluation November 1987
- AVSC and USAID sterilization evaluation March 1988

C. Up to Date Demographic situation - based on:

- SUPAS
- BKKBN Service Statistics
- Contraceptive Prevalence Survey initial report March 1988

- D. Continuing requirements for family planning
 - 1. Estimate of unmet needs (women who want no more children and yet are not using contraceptives).
 - 2. Projected growth of the women of fertile age.
 - 3. Low percent of users in the young, nulliparous group.
 - 4. Low percent of users who are protected by the most effective long acting methods.

- E. Economic conditions and budget constraints in Indonesia

- F. Evidences of continuing strong policy support for family planning:
 - 1. Comparative budget cuts
 - 2. Presidential statements
 - 3. News coverage

- G. Government emphasis on KB-Mandiri

- H. US interest in support of increased privatization

III. PROJECT DESCRIPTION

A. Project Goal and purpose

1. Expand on the goal and purpose as stated above in IA.
2. Explain KB-Mandiri and how the purpose of increasing private sector participation fits in:
 - a. Define KB-Mandiri:
 - slogans have limitations in defining - KB-Mandiri is no exception
 - self sufficiency - self reliance
 - private sector - cost recovery
 - institutionalization and popularization at community and individual level
 - near mystical quality of individual decision and internalizing concept of small, happy, prosperous family
 - b. Interest in securing community participation, individual responsibility
 - c. Interest in privatization to secure broader service potential, presumed efficiencies, increased delivery alternatives and broader advocacy groups provided by private sector.
 - d. Requirements of cost recovery/cost sharing to meet expanding needs with stagnant budget.
3. Explain how expected increases in accepters during the period will contribute to national goal of 22/1000 birth rate (make projections based on CPS, service statistics, etc. Acceptors required during this period to make progress toward goal and how these numbers of accepters might be served by various sectors).

4. Comment on importance attributed by BKKBN to expressing demographic goal in the context of achieving institutionalization of small, happy and prosperous family norm.

B. Project Components

1. Expand and broaden scope of contraceptive social marketing
 - a. Expanded definition of social marketing to show it is not just a retail sales/advertising campaign.
 - b. Summary of BKKBN/SOMARC/SRI/USAID discussions and decisions made.
 - c. What will happen to ongoing DUALIMA program - how this will fit in with or complement other social marketing activities through management, promotion or logistics.
 - d. Summary of activities to date with IDI/IBI and how this will be serviced and supported in future.
 - e. How NGO service outlets and industrial clinics will be serviced.
 - f. How retail sales outlets will be involved.
 - g. What will be done to maintain, if not enhance, the potential for private producers/distributors of contraceptives to expand their markets.
 - h. How the private sector will be utilized in information/promotion/advertising campaigns.
 - i. Based on operations research experience, what the role of community based distributors will be in the urban area and what the potentials are for cost recovery or group incentives through client fees in the village program.

- j. Explain the organizational/operational decisions yet to be made and how they will be achieved by additional consultations, surveys or seminars during the PP design.

2. Institutional Development for NGO's and BKKBN

- a. Summary description of NGO strength and weakness based on:
 - 1. Family Planning Development and Services II Project (398-0249): Indonesia: An urban Sector Strategy, ISTI, March 1987.
 - 2. Consultant report, Roy Morgan, October 1987.
 - 3. Consultant team report, March 1988*.
- b. Expected role of NGO's based on:
 - 1. 2a 2 and 2a 3 above
 - 2. Results of NGO seminar, March 1988
 - 3. BKKBN strategy (World Bank Report)
- c. Kinds of assistance required in such areas as management reviews, training, office equipment, local cost support.
- d. Summary description of strength and weakness of BKKBN system for dealing with NGO's based on sources above.
- e. Kind of assistance required, especially in management review and training.
- f. Potential for helping BKKBN itself operate more like private sector business or NGO.

* Or state what this will produce in the PP design period if postponed.

2. Expand availability of new contraceptive technology, especially in the private sector:
 - a. Policy status re sterilization
 - b. Summary of status of sterilization program based on:
 1. PKMI reports
 2. Needs assessment
 3. AVSC/AID evaluation
 - c. Requirements, if any, for completing appropriate level of services in public sector and kind of assistance to be provided, based on Vogel input.
 - d. Summary of status and potential for expansion of norplant based on:
 1. YKB research
 2. URC research
 3. AID reports
 4. Vogel input
 - e. Potential for expanding sterilization and norplant and improving quality of IUD service through private sector. This will be based on experience to date of actions under Amendment 3 of 0327 looking toward private sector - it will also explain what will be accomplished in private sector during 1988 and 1989 under the Amendment. Possibility to be further explored in PP development of scheme to capitalize PKMI while supplying private practitioners on a subsidized or credit basis with equipment and supplies.
 - f. Kinds of assistance to be provided

C. Project Inputs

1. Research

- a. Ongoing operations research initiated under 0327 amendments to experiment with community groups and community personnel in cost recovery/incentive schemes - some will be continued.
- b. Other operations research specifically directed toward elements of the KB-Mandiri approach - e.g., impact of charges at health centers, impact of various pricing structures, feasibility and economic impact of income generation projects, fee for service in sterilization or norplant service, testing models of organization or service delivery for NGO's.
- c. Biomedical research especially directed toward client satisfaction/quality issues in surgical programs.
- d. Data base improvement through additional CPS and workshop to develop strategy for measurement of contraceptive use and program performance.
- e. Importance of building institutional capability in BKKBN for research management and use of private sector research institutions.

2. Training (Carol Carpenter input)

a. Description of the several ways training to be provided:

1. Overseas with BKKBN administrative support (largely short term).
2. In-country short courses by BKKBN training facilities.
3. Academic training in country.
4. Training courses by NGO's such as IDI, IBI, PKBI, PKMI.

b. Kinds of Trainees

1. Private sector managers, communicators, service providers or marketers or,
2. Public sector managers or trainers to work with private sector or to assist BKKBN operate more like private sector institution.

c. Kinds of training to be provided in the project, such as:

1. Organization and management of NGO's
2. Social Communication
3. Marketing
4. Business administration
5. Contraceptive technology
6. Internships in NGO's or private firms in US or other country to learn business, marketing or organization skills
7. Observational travel to US/Colombia/Mexico or elsewhere to see NGO participation in national program.

d. Relation of these activities to the "technocrat" training supported by USAID in developing schools of Public Health

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3. Communication

- a. Summary of activities to date (some on BKKBN general but more on the private sector IEC campaign)
- b. Lessons learned to date in implementation (Rita Leavell report)
- c. Continuing needs - relate to SRI surveys.
- d. Types of IEC:
 - promotion/advertising
 - contraceptive technology - client education

4. Clinical technology commodities:

- a. The kinds of things project is considering - sterilization and ancillary equipment, simple instruments for implant, possibly IUD kits, possibly implants.
- b. Kind of information being gathered especially for private sector supply - survey to be conducted.
- c. Potential for ADB, UNFPA or World Bank assistance with surgical equipment, supplies and possible interest in health center improvements.
- d. Need for further guidance from AID/W re future of norplant.

5. Data Base Equipment (Filgo input)
 - a. Success so far in automating BKKBN data collection and analysis capability.
 - b. Objective of continuing support in meeting the data base requirements of a program with more emphasis on the private sector.
 - c. Kinds of equipment that may be made available especially to private sector.

6. Technical Assistance
 - a. Experience to date with provision of technical assistance - long term and short term.
 - b. Areas where long term T.A. likely needed - such as research, NGO development, social marketing, contraceptive technology.
 - c. Areas where short term assistance likely needed such as IEC, training, evaluation, program planning, marketing, specific research problems, data base technology.

7. Local Costs
 - a. Objectives of using local cost contribution to finance pilot demonstrations.
 - b. Kinds of activities such as: new service delivery modalities, methods to strengthen NGOs, stimulating private sector involvement in surgical programs, catalizing health insurance programs to cover surgical services, etc.
 - c. Criteria for reasonable assurance of replicability if demonstrated effective.

D. Project Beneficiaries

The project beneficiaries are a wide spectrum of Indonesia's heterogeneous population, as many as 60% of whom are directly benefited as families of users of contraceptive services. In an indirect fashion the total population is benefited as the reduction of the birth rate makes a critical contribution to Indonesia's long term development efforts. This reduction impacts in the mid-term on the size of the labor force and the requirements for social capital in health and education.

Short term impact is already felt in the requirements for maternal and child health services and elementary education. More directly the project will benefit the families of users of contraceptive services as reductions in fertility improve health, nutrition and family well being.

As more emphasis is placed on the voluntary decisions of individuals and the delivery of services by the private sector, it is expected there will be more alternatives offered, higher quality services and greater client satisfaction among those who can afford some financial expenditure for the service. This will tend toward greater sustainability of the services and more widespread access over the long run. Those unable to afford payments for service will continue to receive free services from the public sector program or private charities. They will also benefit from increased access to newer contraceptive technology and the informational program supported by the project.

IV. RELATIONSHIP OF PROJECT TO HOST COUNTRY PROGRAMS AND OTHER DONOR ASSISTANCE.

a. Host Country Programs

Family planning has been one of the high priority programs of the government of Indonesia for many years as the government has clearly recognized the prejudicial impact of high fertility on family well being and national development. BKKBN has consistently received preferential treatment in the National budget.

The family planning program catalyzed, and in many ways implemented, by BKKBN is linked to the Ministry of Health and its networks of health facilities and personnel for much of its public sector service delivery. This becomes more important with shifts in emphasis toward greater use of clinical contraceptive methods, which to date have largely been provided in public sector health facilities. Even the village or community based activities are increasingly attached to the integrated health outreach program, Posyandu. Unfortunately the Ministry of Health has not fared as well as BKKBN in budgetary allocations and many of their activities have been drastically curtailed. The private sector thrust of this project will ameliorate this situation. Over the long run, the Health Sector Financing project will provide some relief. However, in the short run this budget situation of the MOH will remain a problem.

b. Relation to CDSS and other USAID projects

- Show relationship to CDSS
- Note relation to Health Sector Financing Project - As noted in previous paragraph - what happens to health financing is critical to family planning. However, there are also other reasons for close coordination in development and management of these two projects (See Strategy for PID Development, Appendix F Section IV).

c. Other Donors

World Bank and Asian Development Bank assistance has been primarily for health and BKKBN infrastructure rather than for operational aspects of the family planning program. At present they are both reviewing new loan possibilities in these areas for the 1990's. A long term Family Planning strategy being developed by BKKBN with World Bank financing should clarify GOI intent in using these sources of funding for family planning. The UNFPA, a long time supporter of population programs in Indonesia, will be completing its mid project review in early 1988 and beginning to program for the 1990's. Among other countries, Japan and the Netherlands have made significant contributions, the former through a sizeable loan for a condom manufacturing plant and the latter with a substantial supply of low dose oral contraceptives. We expect this kind of help will continue. Coordination will be continued with all these agencies.

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The contributions of AID/W centrally funded projects have been enormously helpful in supporting the operations research and pilot projects which are key to the social marketing thrust. The development of surgical programs was only possible with this assistance. Many of the NGO initiatives were built on the imagination and support of the centrally funded agencies. The contribution to an improved data base by the contraceptive prevalence survey is already apparent. The USAID will continue to be dependent on a strong input from these sources especially in the areas of research, pilot activities with NGO's and new technology. The USAID program will provide local costs for many of these activities and some training and technical assistance inputs to make them more efficient. However, the flexibility, rapid response, and management inputs of the centrally funded institutions continue to make a key contribution.

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V. MAJOR ISSUES

A. There are several issues which must continue to be addressed in the Project Paper design:

1. Regulatory constraints to Social Marketing

There are several constraints impeding the widespread application of social marketing approaches to the family planning program. Individually they are limitations; collectively they represent a real barrier to project impact. BKKBN is working on solutions by change of regulation or exception. It will be important to review progress.

- a. Basic government policy that does not permit the resale of government purchased commodities to the public. Even where some service fees are charged, these should go back to the public treasury instead of being used by the institution involved.
- b. Advertising of drugs (including contraceptives) is only permitted through professional journals.
- c. Drug detailers are restricted from delivering to doctors and midwives.
- d. Doctors and midwives may not stock or dispense drugs (including contraceptives).
- e. Only pharmacies and some registered drug stores can handle oral contraceptives.
- f. The Association of Pharmacists establishes allowable mark-up rates for pharmaceutical distribution and retail which in practice substantially increase the cost of contraceptives to the consumer.

2. Effective economic demand for contraceptives at the community or village level.

Several operations research projects will be completed during the PP design period to demonstrate if there is sufficient effective economic demand locally for community based services to:

- a. provide significant cost recovery without reducing client use of family planning.
- b. provide sufficient incentive for distributors to significantly improve the quality of service and increase utilization.

3. Feasibility of Private Surgical Practice

Will significant numbers of private doctors and midwives have personal and economic interest in developing a subsidized but pay as you go surgical service for new contraceptive technology? A survey of private providers by PKMI will provide a better answer to this question during the PP design period.

4. Organizational Changes

Will BKKBN be willing and able to make the institutional changes necessary to support and monitor private sector activity in a flexible and timely fashion?

Response to recommendations of the NGO consultation March 1988 should give some indications.

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B. Two issues were raised by AID/W following the concept paper review (Unclass State 151725) May 19, 1987:

- 1) Can the project leverage greater private sector involvement than fee-for-services and prepaid surgical services - for example, reductions of state role in contraceptive sales and subsidies, privatization of manufacturing of contraceptives, etc.?

In the first place, the project is attempting to achieve far more private sector involvement than the question implies. To be taking the second or third step in a process to shift 80% of the users to a more private sector source of supply is no small accomplishment after 18 years of programming dominated by the public sector. Building the institutional capability of private sector organizations to assume a greater role, focussing on removing policy constraints to more vigorous private sector activity, operations research at the community level to generate more private participation, stimulating more economic demand through promotion and advertising and seeking ways to utilize private suppliers and distributors of contraceptives in social marketing are essential elements of a process that is already moving. AID's policy statement on parastatals is informative in this regard. "This objective is more likely to be achieved through an evolutionary process rather than as a result of an AID insistence on the immediate and complete divestiture by sale to the private sector."*

* AID Policy Paper: Private Enterprise Development March 1985.

Annex A of that same Private Enterprise policy speaks of merit goods. Some, like education and public health, may be in the category of goods which could properly receive special government treatment to secure consumption in greater quantities than individuals would purchase in a free market. This is still true of family planning in Indonesia. However, demand (even economic demand) is increasing and will be stimulated by the project.

Discussions have been carried out with BKKBN officials who do not express any opposition to privatization of the production of contraceptives. We think it more prudent at this time to stimulate other private producers rather than focus too much attention on divestiture of the government production facilities. These government owned plants (for orals and condoms) are large, modern and costly facilities with production capacity considerably beyond present country needs. Divestiture would require a thorough financial feasibility study which we suspect would show a profitability only on the basis of complete monopoly in country (unlikely and undesired) and/or substantial export sales (which is probably only a possibility for condoms).

The dialog will be continued but we should not hurry - nor divert attention away from other necessary actions. The PP team will identify the kinds of consultation necessary to review the feasibility picture in the future.

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- 2) The project should adhere to private sector policy guidelines for any proposed financing of inputs for start-up support and local costs of non-government agencies.

The mission will be glad to receive further specifics on this. However, we expect the actions of this nature contemplated will be justified by the externalities of the situation (using a new technology, developing a new approach to contraceptive distribution, etc., pg 13 of policy statement) or based on the extra costs of a new venture or of meeting a special AID target group (pg 6 of policy statement).

VI. PROJECT ADMINISTRATION

a. Host Government Administration

Describe here the management decisions made in BKKBN about KB-Mandiri. At present all Bureaus are responsible to include KB-Mandiri in their activities which in essence means no one is primarily responsible. This is perhaps a good way to get a philosophy propagated but not too good operationally. Part of the NGO/BKKBN consultant team (Feb/March 1988) responsibility will be to look at this issue.

b. NGO Participation

Individual actions will be carried out by several NGO's. Generally they will get their support through BKKBN, but some alternatives for direct funding will be reviewed for specific activities.

c. Technical Assistance

Technical assistance has been funded both by contracts with external institutions and by direct host country contracts paid by AID. There is some local institution building advantage to the latter but the process will be reviewed to see if this is adequately meeting the needs of the consultants. Consideration will be given to an institutional contract, perhaps with an 8a firm, to provide this assistance and the necessary back stopping for the contractor to relieve AID's administrative involvement.

d. USAID

AID's management of this project will be by the population officer within the Office of Population and Health.

Review is being given to establishing procedures to fund much of the activity under broader sectoral procedures, placing more responsibility on BKKBN for co-financing and monitoring and extricating USAID from some of the detailed administrative/fiscal involvement which may no longer be necessary or administratively possible.

VII. PLANS FOR PROJECT PAPER PREPARATION

a. Organization of Work

This section will depend on the amount of information provided by various reports prepared for the PID and what is considered essential to expand. A committee supported by a consultant team is one approach that might be used:

Committee

- USAID - Population Officer
- USAID - Population Officer - (Research and Training)
- USAID - Program Officer
- USAID - Controller
- USAID - Health Adviser
- USAID - Voluntary and Humanitarian Programs Officer
- BKKBN - Deputy for Planning
- Contractor - Surgical Contraceptives (also major resource
(resident) for consultant team)
- PKMI - Director represents PKMI, IDI & NGO interests

Consultant Team

- Population Generalist - Team Leader
- NGO Specialist
- Social Marketing Expert
- Assisted by resident surgical contraceptive contractor intensive part time.

b. Schedule

1. PID approval - August 1988
2. Committee constituted and identifies pending issues and reports to be collected; drafts scope of work and qualifications of consultant team. - September to October 1988
3. Committee follow-up, additional consultancies and analysis of various reports - November 1988 to February 1989
4. PP Consultant Team in Jakarta - March/April 1989
5. USAID Project Review Committee - April/May 1989
6. Approval by USAID Director - June 1989

7. Negotiation/Obligation - July 1989

VIII. BUDGET

To be determined by design.

ANNEXES

- Environmental Impact
- Indication of BKKBN concurrence
- Log Frame