

The
Family
Planning
Management
Training
Project

PH-ABE-272

**Comparative Study and Workshop
on Self-Sufficiency of
Family Planning for the
Indonesia Family Planning
Program**

May 31 - June 17, 1988

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EXECUTIVE SUMMARY

The Family Planning Management Training Project conducted a comparative study and workshop on self-sufficiency at the village level for 14 members of the Indonesian Family Planning Program (BKKBN) and a representative of the Ministry of the Health of Bangladesh. The workshop and study tour were held from 31 May to 17 June 1988.

The goal of the workshop was to provide participants with an understanding of the concepts and strategies for self-sufficiency in family planning programs, to observe, firsthand, income generating self-sufficient programs and to apply that knowledge and information to the program in Indonesia.

The workshop covered the issue of self-sufficiency in family planning programs from the perspective of its managerial orientation and philosophy, and the new management skills required such as pricing, costing, marketing and establishing productivity standards.

Participants spent the first week in Boston defining self-sufficiency, analyzing its strengths, weaknesses, opportunities and threats in the present environment in Indonesia and developing four specific strategies to achieve self-sufficiency.

During the second week, the group was divided into four teams that visited income generating family planning programs in the United States, Mexico, and Brazil. During the third week, the Indonesian participants developed two self-sufficient pilot projects based on commercial retail sales and prepaid health plans.

The principal workshop facilitators were Michael Hall and Tonia Papke, who also accompanied the teams on tours of programs in Mexico and Brazil respectively. A second team visiting Brazil was led by FPMT consultant Maria Eugenia Arias. The team visiting United States programs was led by Rosann Wisman, FPMT consultant and Executive Director of The Planned Parenthood Program of Metropolitan Washington, D.C.

The workshop considered the term "self-sufficiency" and its multiple meanings for different organizations and people. The more strictly it is defined as local income generation to cover all program costs, the more elusive it becomes.

Participants were particularly concerned that the mandate of their program, to serve the very poor at the village level, which enjoys broad coverage, seems contradictory to the concept of self-sufficiency in its narrowest sense, that of income generation.

Short of a substantial increase in the national budget for family planning, they were skeptical of the ability of poor rural couples to assume the financial burden of the program and were concerned about the effect of such a move on contraceptive user rates.

Income generation, cost recovery, and operational efficiency were recognized as key elements of what must be a fairly long term strategy to lessen the need for international assistance in implementing population programs. It was felt that moving this process too fast could put services outside the reach of many rural poor and threaten the singular success of the Indonesian program.

In selecting study tour sites FPMT chose organizations which are dealing with the problem of reconciling the income generation goals of self-sufficiency and serving the very poor. However, completely self-sufficient programs of the scope of Indonesia's program, which focuses exclusively on the rural poor, are hard to find in Brazil, Mexico or the U.S.

The programs visited that had attained the highest degree of self-sufficiency were those of private organizations in the United States that had a mix of low income and middle class clients and that had successfully tapped foundation and individual funding sources.

Participants rated the workshop study tour 4.1 out of a possible 5.0. They found it particularly useful in introducing the basic concepts of self-sufficiency and the key factors affecting its success in Indonesia and in analyzing four specific self-sufficient delivery models and observing firsthand income generating self-sufficient programs in a wide variety of settings.

Both participants and trainers felt that the length of the workshop was adequate for introducing those concepts, but that more time was needed to properly develop these skills.

The development of specific self-sufficiency strategies requires new and complex managerial skills. Substantial training and technical assistance are needed to test and analyze these strategies and to determine which are feasible for implementation in Indonesia.

Both participants and trainers agreed that the development of guidelines for the implementation of two self-sufficient pilot projects in rural suburban areas was among the most useful workshop experiences. It allowed participants to apply classroom concepts and lessons learned from field visits to their present situation in Indonesia and to identify further training and technical assistance needs.

1. Introduction

1.1 Background

In the Evaluation of the Village Family Planning program conducted by USAID/BKKBN in 1987, recommendations were made to a) reduce dependency of the village family planning program on BKKBN resources and to increase self-sufficiency through the use of a semi-commercial approach; and b) address problems by improving the quality and delivery of services.

These two objectives were to be achieved through the combined efforts of the village communities and private sector agencies, including hospitals, physicians, nurse-midwives, and specially trained outreach workers.

As there has been little experience in conducting self-sufficient family planning programs in Indonesia, the BKKBN asked Management Sciences for Health, through its Family Planning Management Training (FPMT) project, to conduct a special comparative study and workshop on this subject for senior managers from BKKBN and nongovernmental organizations who are involved with the village family planning program.

1.2 Technical Preparation

The workshop and study tour was funded through a buy-in from the USAID mission. The original scope of work for this workshop was prepared by the USAID mission in collaboration with BKKBN. FPMT consultant Michael Hall developed the initial workshop approach in March 1988. In April principal trainers Michael Hall and Tonia Papke prepared the workshop program and designed the methodology. During this process, FPMT kept in continuous contact with USAID/Jakarta to ensure compatibility between the original workshop concept and objectives and the final workshop program.

Prior to the departure of the participants, the BKKBN organized a 3-day orientation workshop. The briefings covered concepts of self-sufficiency in light of the goals of BKKBN, the purpose of the Study Tour, USAID assistance on self-sufficiency in Village Family Planning Programs, briefings of other USAID funded related activities in Indonesia, marketing and promotion of condoms, etc. Administrative details concerning travel to the U.S. and other countries were provided during this orientation session. (See Annex 1 for orientation program.)

2. Goals and Objectives

The general goal of the workshop was to provide participants with the techniques, skills and attitudes required to develop strategies for self-sufficiency for the Indonesian family planning program. Specific objectives were developed for the workshop and for the study tour.

2.1 Specific Workshop Objectives:

- To analyze and understand the concept and implications of self-sufficiency;
- To understand and articulate the importance of self-sufficiency in the context of the Indonesian family planning program;
- To assess the internal and external environmental forces impacting self-sufficiency strategies in Indonesia;
- To observe and evaluate a variety of self-sufficient delivery models;
- To become familiar with the business skills necessary to recognize, implement and evaluate self-sufficiency strategies and programs;
- To develop a plan of action for self-sufficient projects appropriate for Indonesia.

2.2 Study Tour Objectives:

- To provide a general overview of issues, parameters and constraints facing projects which promote self-sufficiency in family planning;
- To meet with members of top management to discuss their mission and approach to self-sufficiency in family planning;
- To observe various self-sufficient delivery models;
- To observe and determine key factors for success of various delivery models;
- To exchange views on problems and solutions with frontline managers responsible for the daily operation of self-sufficient projects;
- To observe management information systems used by various self-sufficient delivery models.

3. Participants

Participants were selected by BKKEN. All participants were required to have a minimum acceptable proficiency in English for U.S. training.

The 14 participants were all senior level officials in BKKEN. Seven were from the central office, representing I.E.C., Contraceptive services, Community Institutions, Management Information Systems and Planning and Logistics. Six participants were chief of regional offices: North Sulewesi, South Sulewesi, Jakarta, Bali, North Sumatra and Jogjakarta. There was one representative from the nongovernmental sector, the Indonesian Midwives Association.

A representative from Bangladesh, the Deputy Chief of Family Planning Services of the MOH, also attended. The latter collaborates with FPMT on the Bangladesh-Indonesia Study Tour Project. (See Annex 2 for a list of participants.)

4. Administration

4.1 Workshop Arrangements

Preparation for the three week workshop/study tour on self-sufficiency for the village level family planning programs involved coordination of administrative and logistical arrangements in Indonesia, Bangladesh, the United States and Latin America.

Arrangements began in March when consultants and facilitators were contacted, budgets were planned, workshop materials and manuals were prepared, and domestic and international flights, accommodations, and conference facilities were reserved. The FPMT Project Assistant, Lisa Messersmith, coordinated U.S. based logistics and administration.

Don Chauls, FPMT representative in Indonesia, made the travel and visa arrangements for the Indonesian participants to and from the United States. Abu Sayeed, FPMT representative in Bangladesh, made separate travel arrangements for the participant from the Bangladesh Ministry of Health.

The first and third week workshop activities were held in Boston at the John Hancock Conference Center where FPMT had arranged for a conference room, catering services and accommodations.

FPMT issued all per diem allowances on a weekly basis in accordance with differing participant itineraries. All accommodations were prepaid; per diem included funds for meals and incidentals. The amounts were based on U.S.A.I.D. country rates.

In preparation for the workshop, a 300 page volume and two manuals were bound and duplicated for distribution to the participants. FPMT provided all workshop supplies, such as flipcharts, notepads, pens, folders and other stationery items.

In the third week, a three person Secretariat was established to produce the workshop Action Plan within two days, for presentation to the BKKBN and USAID/Jakarta upon the participants' return to Indonesia.

4.2 Study Tour Arrangements

FPMT arranged and prepaid all flights, both domestic and international, for the second week of the workshop/study tour. The incountry programs were arranged as follows:

a) In Mexico, trainer Michael Hall, consultants Ray Silva, Executive Director of Planned Parenthood of El Paso, and Alphonso Lopez Juarez, Director General of Fundacion Mexicana Para la Planeacion Familiar, coordinated all program travel and hotel accommodations for activities in Mexico City and Juarez.

b) In Brazil, FPMT contracted the Brazilian Association of Family Planning Entities (ABEPP) to handle all program logistics including institutional contacts, travel, accommodations and preparation of materials for activities in seven Brazilian cities.

c) In the U.S., under a special services arrangement, James LeFevre, Executive Director of Planned Parenthood of Northern New England, and Rosann Wisman, Executive Director of Planned Parenthood of Metropolitan Washington D.C. organized the technical content and logistics for the U.S. study tour. The FPMT Program Assistant coordinated all hotels, flights, and leisure activities for the U.S.-based group of participants.

5. Workshop Methodology and Program

5.1 Methodology

Participants were provided with a notebook of major reading materials to support both the content and methodology of the workshop. (See Annex III for a list of main reading materials.) During the training, the materials were supplemented with others developed by the participants and the trainers, which formed the basis of The Action Plan to test self-sufficiency strategies. These include:

- A definition of self-sufficiency
- An environmental analysis of the strengths, weaknesses, opportunities and threats of the BKKRN vis-a-vis self-sufficiency

- An environmental analysis of four income generating service delivery models
- A trip report outline
- Guidelines for the implementation of self-sufficient pilot projects in rural and suburban areas of Indonesia.

The workshop relied heavily on a participative methodology which included:

- Role play
- Case method
- Small group work
- Participant led discussion

The workshop materials were structured and sequenced to ground participants in a common understanding of self-sufficiency and the positive and negative environmental forces impacting on it in Indonesia. Readings and classroom work acquainted participants with a wide variety of income generating service delivery models used in family planning throughout the world. Participants analyzed those models in light of present and future conditions in Indonesia.

This first week's work provided the framework for observation and analysis of programs visited in Mexico, Brazil and the United States during the second week's study tours.

During the third week, participants related specific income generating delivery models to the Indonesian context. They developed specific guidelines for the implementation of self-sufficient pilot projects in rural and suburban areas of Indonesia.

5.2 Workshop Program

This section summarizes the key elements of the 16 sessions comprising the first and third week of the workshop program. (The complete workshop program is in Annex II.)

Day 1:

Session 1 was devoted to opening ceremonies, mutual introductions and logistical considerations.

Session 2 reviewed the agenda and syllabus for the workshop in detail. Participants learned the brainstorming method, which was used to develop a consensus of participant expectations. The trainers presented their expectations of participants and adult learning principles.

Session 3 used an interactive exercise to prepare participants for working in groups.

Session 4 tasked the groups to develop a definition of self-sufficiency. A plenary session then developed one unified definition.

Day 2:

Session 5 utilized a case study to explore the relationship of self-sufficiency and organizational mission. Group work was used to reconcile financial considerations of self-sufficiency with the organizational mandates to serve the very poor.

Session 6 introduced participants to the concept of environmental analysis using the technique of SWOT (strengths, weaknesses, opportunities and threats). In their groups, participants practiced the technique by analyzing their definition of self-sufficiency in the context of the BKREN.

Session 7 introduced the concept of force field analysis. This was applied to identify key factors for success for self-sufficiency in Indonesia.

Day 3:

Session 8 focused on identifying and defining four service delivery strategies for self-sufficiency: commercial retail sales of contraceptives, fee for service, community financing, and contributions in kind.

Session 9 asked participants to conduct an environmental analysis of each strategy.

Day 4:

Session 10 applied force field analysis to the identification of key factors for success for each of the four self-sufficient service delivery models.

Session 11 summarized the basic concepts by having the participants develop a protocol for observing and analyzing family planning programs to be visited in Mexico, Brazil and the United States.

Day 5-9:

The week was devoted to a study tour of income generating self-sufficient family planning programs in Mexico, Brazil, and the United States. Participants divided into four interest groups: IEC, service delivery, monitoring and evaluation and logistics, visiting family planning organizations respectively in Mexico, Brazil and the U.S. (Details of the study tour follow in Section 5.3.)

Day 10:

Session 12 was devoted to country reports by each group.

Session 13 asked participants to identify and prioritize the service delivery models for self-sufficiency observed during the study tour which they felt were most appropriate for Indonesia.

Session 14 required participants to design a format for the development of a self-sufficient pilot project in Indonesia. Participants identified rural areas and suburban areas as the foci sites of the pilot project.

Day 11-13:

Session 15 ran three days as participants developed guidelines for the implementation of self-sufficient pilot projects in Indonesia.

Day 14:

Session 16 saw the finalization of the pilot projects and the review of lessons learned during the workshop. The program concluded with a workshop evaluation.

5.3. Study Tour

During week 2, June 5-11, 1988, participants were divided into four groups for the purpose of visiting self-sufficient family planning programs in the United States, Mexico and Brazil (2 groups). Each group consisted of participants with similar responsibilities: a service delivery group and an evaluation and monitoring group visited programs in Brazil; a logistics group observed programs in the United States; and an IEC group visited programs in Mexico. The reports on the study tour follow below. Each report was prepared by a facilitator in collaboration with the group members.

5.3.1 Study Tour: Mexico -- I.E.C. Group

Trainer: Michael Hall
Participants: Mr. Risman Musa, Mr. Zulkifli Gozali,
Mrs. D. Jasin, Mr. Rudi Pekerti.

Factory-based family planning programs

Participants received a general orientation to their visit in Mexico including a review of projects to be visited. The morning was spent visiting a factory-based family planning program in Toluca. Participants had the opportunity to observe the program and to interview the supervisor, physician and clients.

The afternoon was spent with the head of the National Population Council of Mexico, who gave an in-depth explanation of Mexico's family planning program, its financing, and its IEC activities.

Mexican Social Security Institute

The group spent the day with the completely self-financed Mexican Social Security Institute. After a general overview, participants visited an outpatient clinic providing family planning

services and the largest obstetric gynecological hospital in Mexico City. Interviews were held with the chiefs of staff and various personnel working in the program.

MEXFAM

The participants visited the headquarters of Mexico's IPPF affiliate, MEXFAM. Following presentations on its programs and financing, five "community doctors" were visited. They work for a highly innovative program designed to establish private medical practices in poor marginal areas of Mexico City. In the evening, participants met at length with the private marketing firm of FFT of Mexico, which is responsible for the highly successful production and marketing of family planning records by recording artists Tatiana and Johnny.

FEMAP

Participants traveled to Juarez, Mexico, to visit the family planning programs of FEMAP, a private organization working throughout Mexico. They traveled to rural areas outside of Juarez to see the work of volunteer community based distribution (CBD) workers who charge for contraceptives. They also saw several CBD programs integrated with other community development projects.

FEMAP presented participants with its highly successful factory based program in Juarez. After a history and description of the program, participants visited several factories. The day ended with an in-depth presentation of the methodology of cost/benefit analysis used to analyze factory based family planning programs.

5.3.2 Study Tour: Brazil--Service Delivery Group

Trainer: Tonia Papke
Participants: Ms. Samiarti Sewaja, Dr. Svend Tandayu,
Mr. Mohamed Warid, Mr. Azizul Karim

The Service Delivery Group visited six institutions;

1. ABEPPF (Brazilian Association of Family Planning Entities)

ABEPPF's Executive Director presented its history and performance on the national level to the visitors. Other topics of interest were discussed with the professionals of the ABEPPF training program and IEC department. Due to the great interest of the group in ABEPPF's performance and activities, the time allotted for the visit was not enough to approach important topics, such as the evaluation by objectives of ABEPPF's activities through its Goal Plan.

2. CPAIMC (Child Care Research and Development Center)

First, the Strategic Plan of the institution was presented to the group. After that, the group visited a CPAIMC assistance unit, located in a neighborhood in the outskirts of Rio de Janeiro and discussed the criteria used to determine the costs of services.

3. CMI/PF (Center for Mothers and Children - Family Planning)

At the Central Unit, the general coordinator explained all the activities developed by CMI/PF, emphasizing the Integrated Project. The group also visited three assistance posts of the institution, located in different areas in the outskirts of Sao Paulo, which serve the low income population. The visits were well organized. Emphasis was given to CMI's strategy to penetrate in the community through existing services connected with City Health Offices and other assistance institutions, such as the Brazilian Legion for Assistance. CMI/PF's team answered all questions in relation to strategies for self-sufficiency.

4. Sofia Feldman Hospital

The first part of the visit was a presentation of the history of the Hospital and a visit to its facilities. Two field visits were made to community posts in the outskirts of Belo Horizonte. Staff discussed self-sufficiency strategies which basically depend on liaison with the State Health Secretariat and the involvement of the community of St. Vicent de Paul, which also constructed the Hospital with donations.

The Indonesian group reviewed the structure and objectives of the Indonesian National Family Planning Program. Features common to both programs discussed. The group was impressed by the diversity of the services provided by the Hospital through its multidisciplinary team in primary health care, mother and child health care and family planning.

5. CPARH (Center for Research and Assistance in Human Reproduction)

The visit focused on the strategies for performance of companies in Salvador providing Family Planning services. The group was told that CPARH's liaison with the Federal University of Bahia about the creation of a CPARH employment agency to direct women looking for work to companies involved with CPARH.

The group was impressed by the head office and the excellent facilities of the institution, which made it possible to provide high quality services to the low income population in Salvador.

6. BEMFAM (Society for Well-Being of the Family)

The group received a summary of BEMFAM's activities and administrative structure was given to the group, which then visited one of BEMFAM's units located in a neighborhood in the outskirts of Rio de Janeiro. After the field visit there was a meeting with the Executive Secretary, who talked about the politics of work of the institution and the diverse populations it affects.

5.3.3 Study Tour: Brazil - Monitoring and Evaluation group

Trainer: Maria E. Arias
Participants: Mr. Sutedjo Yuwono, Mr. Tohir Diman
Mr. Eddyono, Mr P.N. Gorde

The group visited 5 organizations: ABEPPF; CPAIMC (Child Care Research and Development Center); CIAM (Londrina Council for Aid to Women); SAMEAC (Society for Assistance to the Assis Chateaubriand Maternity School); BEMFAM.

CIAM. Representatives described the organization, the programs, how they came to be, the new ideas for self-sufficiency, and the process involved in implementing these new ideas. The group visited the hospital and diagnostic center.

Time limitations unfortunately made it impossible to visit some cooperatives and unions which CIAM assists, or to talk to union leaders and employees at these centers. Future groups should concentrate on and cover one organization completely.

SAMEAC. Unfortunately the guide did not know very much about the actual operation of the health centers, but he was able to provide information about the problems of the area. Participants focused on the new system of charging user fees and the process SAMEAC went through to establish prices. More time was spent showing services and the process at the clinic than on monitoring and evaluation.

CPAIMC and BEMFAM. Both organizations were well prepared for the monitoring and evaluation group.

Participants suggested that it would be useful to see operations at various levels (national, regional, clinic) of one organization.

The four members of the Indonesian monitoring and evaluation group frequently referred to what they had learned in the first week of the workshop during their visits. Their questions and comments demonstrated that they had acquired certain skills and were actively making use of them.

Participants, however, wanted to spend more time in each organization in order to focus on their specific area of interest, monitoring and evaluation. They felt that the host organizations emphasized general description of the organization and of Brazil at the expense of this particular interest.

The visit to CIAM was the best prepared and the clearest in presentation. Participants liked hearing about the program first and then visiting the hospital and other services, but they would have also liked to have seen a community center and then talk to some of the clients.

The view of the various levels of the organization would have permitted them to see the interrelationships and learn about the

problems encountered in these activities. The group also suggested future visitors should meet with community leaders, union leaders or even board members in addition to the executive directors.

5.3.4 Study Tour: U.S.: Logistic Group

Trainer: Rosann Wisman

Participants: Mr. Bunyamin, Mr. Sudjono, Mr. Sudarmadi

The group two visited Planned Parenthood Affiliates in the U.S.: Planned Parenthood of Northern New England (in Vermont) and Planned Parenthood of Metropolitan Washington, D.C. Economic, cultural and environmental differences between the United States and Indonesia sometimes made it difficult to readily see the potential for successful application of U.S. models in Indonesia. However, by the end of the week's visit, the Indonesian participants had identified several key concepts that could easily be applied to their local environment.

Revenue and expense reports for four of the clinic sites were reviewed and discussed in detail. At Metropolitan Washington, a large suburban clinic (8,000 visits) was compared to a smaller inner city clinic (3,000 visits). The suburban site is 100% self-sufficient for direct expenses through patient fees. The urban site generates some patient fees, but is also subsidized by private contributions and government funding.

The Indonesian participants developed a budget for a small clinic as a way to determine revenue needs. Fee collection was reviewed (i.e., unit cost determination, how to determine what to charge for each service, how to ask patients for fees.)

Fundraising techniques were discussed. This was probably the most difficult component of the discussion. It was generally agreed that in Indonesia, fundraising through private donations, an effective strategy in the U.S., is not very feasible.

However, participants did have the opportunity to hear from a consultant with the Funding Center which recently sponsored an international conference on philanthropy. Fundraising models which have been successful in other countries (e.g., the Philippines) were reviewed.

The following concepts were discussed and reinforced with written materials and observation:

- a) Due to income levels of the populations served, some clinics may be more self-sufficient than others.
- b) Minimizing costs and increasing efficiency and productivity contribute to self-sufficiency.
- c) It is important to project patient numbers and clinic expenses realistically in order to determine revenue needs.

- d) Raising private donations support is possible (albeit on a limited basis) by the enlistment of support from community and business leaders. If these leaders agree that family planning is essential, they will work to maintain the program as government funds diminish.
- e) Consumer/patient feedback is important. If services are made more responsive to patient needs, patients are more likely to pay for part of the service.

Early in the study tour the Indonesian participants gave a brief review of the major components of their program. This offered the Indonesians an opportunity to focus on the issues that they felt were most unique about their program. It also helped the U.S. staff gain an greater appreciation for the Indonesian Family Planning Program.

6. Workshop Outputs

The major workshop outputs included:

- a. A plan of action to guide the planning for the implementation of two self-sufficient pilot projects; one in rural areas and one in suburban areas. The plan includes a description of the project, strategies to be employed, and a workplan with timelines and a budget for the six month planning period. (See Annex V for the Action Plan)
- b. Acquisition of new skills for self-sufficiency, including institutional assessment, environmental analyses, mission definition and key factors for success.
- c. Analysis of four specific income generating delivery models for family planning services: fee for service, commercial retail sales, contributions in kind, and community financing.
- d. Firsthand observation and analysis of self-sufficient programs in Mexico, Brazil and the United States and discussions with managers responsible for their development and supervision about relative advantages and disadvantages of the self-sufficiency models adopted by the organizations.
- e. An institutional analysis of BKKEN, assessing its strengths and weaknesses relative to its potential for self-sufficiency.
- f. An analysis of the opportunities and threats in the external environment of Indonesia that affect the possibilities of promoting self-sufficiency.
- g. Estimation of target markets for the commercial retail sales and fees for service strategies.

- h. Acquisition of skills to establish preliminary pricing guidelines based on socioeconomic information and empirical research results.
 - i. Development of alternative distribution systems for contraceptives based on different assumptions and environmental conditions.
7. Workshop Evaluation

7.1 Participant Evaluation

In all areas, participants gave the workshop a positive evaluation. The overall workshop rating, including participants' assessment of the extent to which it met objectives, was 4.1 out of a possible 5. The environmental analysis technique of SWOT (strengths, weaknesses, opportunities and threats) was mentioned by many as the topic most useful to them. Budgeting was considered the least useful. All sessions (except for Definition of Self-Sufficiency, which received a 3.9) received a score of 4.0 or better for utility.

Lectures were judged the most useful teaching method followed closely by small group discussions. All methods (with the exception of the participant presentation which received a 3.9) received a score of 4.0 or better.

Written materials received a score over 4.0 with the exercises and case studies seen as the most useful. The workbook, "Business Planning for Family Planning Organizations" was seen as the most useful material while the case study, "Family Planning in Arengola," was most frequently mentioned as the least useful. One participant suggested that real-life case studies on self sufficiency would be helpful in outlining the successes and failures of organizations in this area.

Most comments provided by participants related to the length of the workshop. There was general agreement that the workshop was too short for the content it covered and that there was not sufficient time to adequately "digest" the information. They suggested at least one full week for the development of the action plan. (See Annex VI for the complete evaluation results.)

7.2 Observation by the Trainers

Despite the language limitations of several participants, all individuals actively participated in workshop discussions in plenary sessions held in English. The quality of small group and plenary session work was significantly increased by the fact that the participants were the heads of either provincial programs or of central office division. This provided the workshop with a gallery of experts which proved vital in the development of the Action Plan. More representation from the nongovernmental sector would have further enhanced the resources of the group.

Of significant concern was the length of the workshop relative to specific goals and objectives for the training. Self-sufficiency involves many complex concepts and skills which require adequate time for in-depth presentations. Because of jet lag, owing to long and frequent international travel, time was lost making it difficult for the trainers to respond to all the participants.

For logistics, cost and training considerations, it might also be useful to locate future self-sufficiency workshops in the country where programs are to be visited. This would allow for more in-depth observation and analysis and make it easier to relate field work to classroom work.

The trainers were impressed by participants' willingness to put in 14-hour days to assure a finished product despite the travel induced fatigue.

While the experience in self-sufficiency of other countries proved helpful to participants, there were no models that were compatible with the scale of BKKBEN. It is difficult to find totally self-sufficient family programs that do not rely in part on some international assistance. This is especially true of large scale programs that are directed toward the rural poor. Although participants were exposed to a number of unique and innovative programs, few of the latter had the broad mandate and coverage of the Indonesian program in rural areas while being totally self-sufficient.

The one area involved in the move toward self-sufficiency which was not covered was the question of operational efficiency. When organizations also build institutions at the local level to assume responsibility for program operations, operational efficiency may require cuts in staff at the central and provincial level. Such reductions can be an extremely sensitive subject for personnel working in large, highly centralized public bureaucratic organizations.

8. Conclusions and Recommendations

The following conclusions and recommendations are based on the evaluation and views of trainers and participants.

8.1 Workshop Objectives

The workshop objectives as originally outlined in the term of reference were overly inclusive and unrealistic given the length of the workshop. Several objectives made reference to changes in attitudes and behavior of people (and even the community at large) who were not participants in the workshop.

A workshop of this kind should be a first step to a long-term plan of training, technical assistance and site visits that would lead to self-sufficiency. A longer term program would foster more in-depth inculcation of skills and provide continuity in developing a critical mass of personnel to lead the development of sufficiency programs.

8.2 Workshop Duration

The length of the workshop was inadequate for an in-depth discussion and development of the knowledge, skills and attitudes indicated in the original course objectives. The problems of jet lag and further travel for site visits exacerbated this problem.

In future study tours site visits should be limited to one country. FPMT should also consider holding the workshops in the country where site visits are to occur in order to alleviate this problem.

8.3 Methodology

The training methodology for the course was generally very successful.

In the future, it is suggested that site visits be made by multi-disciplinary teams rather than by participants who work in the same functional area. This would allow for more in-depth analysis and understanding of programs.

8.5 Follow-up

Future interventions that would ensure the successful implementation of the self-sufficient pilot projects developed by the participants should stress the following:

a) Marketing:

- Pricing of contraceptives and services;
- Packaging of contraceptives and services;
- Distribution of contraceptives;
- Product and service positioning.

b) Finance:

- Financial controls at the central and provincial levels;
- Village-level record keeping and controls of cash and inventory;
- Systems for cost information on services and product.

c) Management:

- Planning and budgeting of self-sufficient projects (including cost accounting);
- Organizational structure;
- Information systems to monitor productivity, costs and program income.

ANNEX I

REPORT ON THE ORIENTATION OF PARTICIPANTS
FOR COMPARATIVE STUDY AND WORKSHOP ON THE NATURE AND PURPOSE OF
THE PROGRAMS IN THE US AND LATIN AMERICA.

PREPARED BY :
BADAN KOORDINASI KELUARGA BERENCANA NASIONAL

CENTER FOR TRAINING AND EDUCATION

BUREAU OF COMMUNITY INSTITUTION DEVELOPMENT

JAKARTA, JUNE 1982

Report on the Orientation of participants for Comparative Study and Workshop on the nature and purpose of the programs in the US and Latin America..

BKKBN Office-Jakarta and Grand Park Hotel Bogor, May 25-28, 1988.

I. BACKGROUND.

Prior to departure all participants had to attend a special orientation either in Jakarta or in Puncak-Bogor. The orientation was arranged by Center for Training and Education, and Bureau of Community Institutions Development and held on May 25-28, 1988.

The Objective of the orientation was to review with the participants the purpose of the study tour and their task, rights, and responsibility during the visit to those countries.

There were 16 candidates for this orientation program but only 14 (fourteen) could attend. The two participants who were absent were representatives from the Indonesian Physicians Association and Ministry of Health.

II. ORIENTATION PROGRAMMES

1. Wednesday, May 25 1988.

10:00 - 15:00 : Participants outside Jakarta arrived in Jakarta and reported to Center for Training and Education.

18:00 - 21:00 : Briefing - Deputy for Program Operational BKKBN, Drs. Soetedjo Moelyodihardjo.

Moderator : Chief, Bureau of Community Institutions Development, Dr. I.B. Astawa MPH.

Topics :

The Deputy explained that participants should learn in depth how to manage the self-sufficiency and self-financing family planning programs, and to determine to what extent the concepts of self-sufficiency are consonant or dissimilar with the goals and objectives of BKKBN. He suggested the participant read:

1. Country Paper No.3 Aspects of Policy and Strategies of Family Planning Assistance Brazil. ICDMP International Conference On Strategic Management of Population Programmes. China May 3-11, 1988.

By: Marcio Ruiz Schiavo - Executive Secretary BEMFAM-Brazil.

2. BKKBN International Training Program Planning Seminar Report Jakarta and Jogjakarta 21-25 March 1988.

3. Thursday, May 25 1988.

09:00 - 12:00 : Administrative finalization (ticket, per-diem, passport, visa etc.).

13:00 - 16:00 : free time

16:00 : Leaving for Grand Park-Cisarua Bogor arranged by Centre for Training and Education and Bureau of Community Institutions Development.

19:00 - 20:00 : Dinner

20:00 - 21:00 : Briefing by Deputy for Manpower Program Development BKKBN. Dr.R.Sudarto

Topics :

The ideas of sending managers for studying at the Management Sciences for Health-Family Planning Management, Boston USA.

The goal and the objective of the Center for Training and Education BKKBN.

Moderator : Drs. Sans S. Hutabarat, Chief Center for Training and Education. BKKBN

21:00 - 22:00 : Group discussion.

T. Friday, May 27 1988.

07:00 - 08:00 : Breakfast

08:00 - 09:00 : Briefing from Representative of the Management Sciences for Health. Dr. Don Choula.

Topics : Travel, hotel, ticket and per diem arrangement. Study tour programs to Mexico, Brazil and Washington D.C. Contact persons in MSH-FPMT Boston, etc. etc; regarding the trip Jakarta-USA-Latin America/Mexico-USA-Jakarta.

Moderator : Drs. Jasmi Kamil, Chief Division Center for Training and Education.

09.00 - 09.30 : Some information on the USAID assistances on Village Family Planning Program, with special focus on the aspects of self sufficiency family planning program, by Drs. Didi Sudarmadi.

Moderator : Dra. Rieny H. Hardjono MPA, Chief Division, Bureau of Community Institution Development BKKBN.

09.30 - 11.00 : Briefing by university Research Corporation and Yayasan Kusuma Buana.
Dr. Neeray Kak and dr. Yudo Prihartono

Topics : The strategies, the approaches, the programs and the activities of Operasional Research :

- Urban Family Planning as a whole and special topic on the self-sufficiency urban Family Planning.

- Village Family Planning as a whole and special topic on the village self-sufficiency Family Planning.

Moderator : Dra. Rieny H. Hardjono, MPA

11.00 - 14.00 : Free time, mass-prayer (moslem) and lunch

14.00 - 15.00 : Some information and discussion on the marketing and promotion of Condom Dua Lima Project.

Mecosin - Dr. Gani Perla.

Moderator : Drs. Yasmi Kamil.

15.00 - 16.00 : Discussion of the Blue Circle Project by Drs. Harsono Suwardi, MA. Its implementation

and operation in Jakarta, Surabaya, Ujung
Pandang and Medan.

Moderator : Dra. Rieny H. Hardjono, MPA

16.00 - 17.00 : Briefing by Drs. Sans. Hutabarat Chief, Center
for Training & Education BKKEN.

Topics : Schedule and ideas of the workshop at BKKEN
on return. June 22, 1988.

17.00 - 19.00 : Free Time

19.00 - 20.30 : Briefing on the evaluation of the Village
FPP conducted by USAID-BKKEN since 1978 by
Dr. I. S. Astawa, MPH. Other topics :

1. The ideas of reduce dependency of the
VFPP on BKKEN resources and to increase
self-sufficiency through the use of semi-
commercial approach.
2. Address problems by improving the quality
and delivery of services

Moderator : Drs. Yasmi Kamil.

20.30 - 21.30 : Group discussion.

Saturday, May 28 1988.

07.00 - 08.00 : Breakfast
08.00 - : Back to Jakarta
10.00 - 11.00 : Briefing by Chairman, BKKBN DR. Haryono Suyono
at BKKBN.
11.00 - 14.30 : Free Time and lunch
14.30 : Leaving for Airport Soekarno-Hatta
17.20 : Leaving for Boston by Garuda Indonesia Air-
ways.
Bon Voyage.

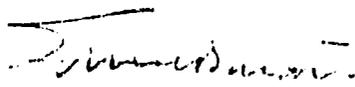
Jakarta, June 5, 1988

BKKBN

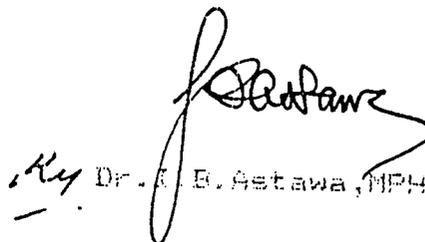
Center For training & Education,
Chief,

Bureau Of Community
Institution Development

Chief,



Drs. Gans Hutabarat



Dr. K. E. Astawa, MPH

ANNEX II

Participant List

- Mr. Risman Musa, Bureau IEC, Central BKKBN
- Mr. Rudi Pekerti, Bureau Contraceptive Services, Central BKKBN
- Mr. Sulkifli Gozali, Chief, BKKBN South Sulawesi Province
- Mrs. D. Jasin, Chief, BKKBN DKI/Jakarta Province
- Mrs. Samiarti Marta Sewaja, Indonesian Midwife's Association
- Dr. Svend Tandayu, Chief, BKKBN North Sulawesi Province
- Mr. M. Warid, Bureau Community Institution, Central BKKBN
- Mr. Tohir Diman, Computer Center, Central BKKBN
- Mr. Sutedjo Yuwono, Planning Bureau, Central BKKBN
- Mr. Eddyono, Reporting and Recording Bureau, Central BKKBN
- Mr. P.N. Gorde, Chief, BKKBN Bali Province
- Mr. Sudarmadi, Chief, Logistics Bureau, Central BKKBN
- Mr. Bunyamin, BKKBN North Sumatra Province
- Mr. Sudjono, Chief, BKKBN Jogjakarta Province
- Mr. Azizul Karim, Deputy Chief, Family Planning Services,
Ministry of Health, Bangladesh

Annex III
Reading Materials

1. Vriesendorp, S., Strachan, D., "A Review of Financing Schemes for Family Planning Programs," The Pathfinder Fund, 1984.
2. Huber, S., "Self-Reliance and Income Generation in Voluntary Surgical Contraception Projects," International Programs Division, Association for Voluntary Surgical Contraception, 1985.
3. Strategic Planning Workbook for Nonprofit Organizations, "What is Strategic Planning," Amherst H. Wilder Foundation, 1986, (pp 10-18).
4. Strategic Planning Workbook for Nonprofit Organizations, "Step 2 Take Stock (Situation Analysis)," Amherst H. Wilder Foundation, 1986, (pp 32-41).
5. The Enterprise Program, "Assessing Your Organizational Assets: A Manual for Managers of Private Voluntary Organizations Involved in Family Planning, John Snow, Inc., 1986, (pp 26-129).
6. Edmunds, M., Strachan, D., Vriesendorp, S., "Accessibility of Services: Distance, Location, Hours, Cost, Clinic Procedures," Client-Responsive Family Planning: A Handbook for Providers, The Pathfinder Fund, 1987.
7. Lewis, M., "Pricing and Cost Recovery Experience in Family Planning Programs, World Bank Staff Working Papers, Number 684, Population and Development Series, No. 9, Washington, D.C., 1985, (pp 42-65)
8. Edmunds, M., Strachan, D., Vriesendorp, S., "Participative Planning," Client-Responsive Family Planning: A Handbook for Providers, The Pathfinder Fund, 1987.
9. Lewis, M., "Pricing and Cost Recovery Experience in Family Planning Programs, World Bank Staff Working Papers, Number 684, Population and Development Series, No. 9, Washington, D.C., 1985, (pp 7-28)
10. de Ferranti, D., "Paying for Health Services in Developing Countries: An Overview," World Bank Staff Working Papers, Number 721, (pp 22-28).
11. de Ferranti, D., "Paying for Health Services in Developing Countries: An Overview," World Bank Staff Working Papers, Number 721, (pp 71-86).
12. Papke, T., "Case Study: Introduction to Budgeting," Management Sciences for Health, Boston, MA, 1986.

ANNEX IV

Workshop Program

Tuesday, May 31

- 9:00 - 10:00 - Workshop Opening
- 10:00 - 11:00 - Expectations of Course
- 11:00 - 11:15 - Break
- 11:15 - 12:00 - Expectations of Course
- 12:15 - 1:15 - Lunch
- 1:15 - 3:00 - Getting to Know Each Other
- 3:00 - 3:15 - Break
- 3:15 - 5:00 - Working in Groups
- 5:00 - 5:15 - Reflections

Wednesday, June 1

- 9:00 - 10:30 - Self-Sufficiency and Organizational Mission
- 10:30 - 10:45 - Break
- 10:45 - 12:00 - Self-Sufficiency and Organizational Mission
- 12:15 - 1:15 - Lunch
- 1:15 - 2:30 - Environmental Analysis
- 2:30 - 2:45 - Break
- 2:45 - 3:45 - Environmental Analysis
- 3:45 - 5:00 - Key Factors for Success
- 5:00 - 5:15 - Reflections

Thursday, June 2

- 9:00 - 10:00 - Mission and Strategies for Self-Sufficiency
- 10:00 - 10:30 - Self-Sufficiency Strategies
- 10:30 - 10:45 - Break
- 10:45 - 12:00 - Analyzing Self-Sufficiency Strategies
- 12:15 - 1:15 - Lunch
- 1:15 - 3:00 - Analyzing Self-Sufficiency Strategies
- 3:00 - 3:15 - Break
- 3:15 - 5:00 - Analyzing Self-Sufficiency

Friday, June 3

- 9:00 - 10:15 - Key Factors for Success: Restraining and Facilitating Forces
- 10:15 - 10:30 - Break
- 10:30 - 12:00 - Key Factors for Success: Restraining and Facilitating Forces
- 12:15 - 1:15 - Lunch
- 1:15 - 2:15 - Key Factors for Success: Restraining and Facilitating Forces
- 2:15 - 3:15 - Preparing for Tour
- 3:15 - 3:30 - Break
- 3:30 - 4:30 - Preparing for Tour
- 4:30 - 5:00 - Reflections

Monday, June 13

9:00 - 10:15 - Trip Reports
10:15 - 10:30 - Break
10:30 - 12:00 - Trip Reports
12:15 - 1:15 - Lunch
1:15 - 1:45 - Prioritizing Self-Sufficiency Models
1:45 - 2:15 - Organizing for Action
2:15 - 2:45 - Action Plan Format
2:45 - 3:00 - Break
3:00 - 5:00 - Action Plan Development - Part I
5:00 - 5:15 - Reflections

Tuesday, June 14

9:00 - 10:15 - Action Plan Part I Presentations
10:15 - 10:30 - Break
10:30 - 11:15 - Action Plan Part I Presentations
11:15 - 12:00 - Action Plan Part I Revisions
12:15 - 1:15 - Lunch
1:15 - 1:45 - Action Plan Part II
1:45 - 2:45 - Action Plan Development Part II
2:45 - 3:00 - Break
3:00 - 5:00 - Action Plan Development Part II
5:00 - 5:15 - Reflections

Wednesday, June 15

9:00 - 10:15 - Action Plan Part II Presentations
10:15 - 10:30 - Break
10:30 - 11:15 - Action Plan Part II Presentations
11:15 - 12:00 - Action Plan Part II Revisions
12:15 - 1:15 - Lunch
1:15 - 1:45 - Budgeting Theory
1:45 - 2:45 - Budgeting - Case Study
2:45 - 3:00 - Break
3:00 - 4:45 - Budgeting - Case Study
4:45 - 5:00 - Reflection

Thursday, June 16

9:00 - 10:15 - Action Plan Budget Development
10:15 - 10:30 - Break
10:30 - 12:00 - Action Plan Budget Development
12:15 - 1:15 - Lunch
1:15 - 2:45 - Action Plan Budget Presentations
2:45 - 3:00 - Break
3:00 - 3:30 - Action Plan Budget Presentations
3:30 - 5:00 - Action Plan Budget Revisions
5:00 - 5:15 - Reflections

Friday, June 17

- 9:00 - 10:15 - Issues of Concern to Participants
- 10:15 - 10:30 - Break
- 10:30 - 11:00 - Issues of Concern to Participants
- 11:00 - 11:30 - Reflections on Course
- 11:30 - 12:00 - Evaluation of Course
- 12:15 - 1:30 - Closing Luncheon

ANNEX V

Guidelines for Implementation of a
Self-Sufficiency Pilot Project in
Family Planning in Selected Districts
of the Provinces of
Bali, Yogya, North Sulawesi,
Jakarta, South Sulawesi, and North Sumatra
Indonesia

June 17, 1988

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3	Sub-Urban Project Strategy Target Population Objectives External Analysis	9
4	Implementation Plan Workplan Budget	15

Tables

This document was prepared by the following individuals during the period June 13-17, 1988:

Mr. Risman Musa
Chief, Division of Media Production
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Mr. Rudi Pekerti
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Medical Technology Bureau for Contraceptive Service

Mr. Zulkifli Gazali
Chief, BKKEN South Sulawesi Province

Mrs. Daricha Yasin
Chief, Provincial NFPCB for Jakarta

Mrs. Samiarti Martosewojo
President of the Indonesian Midwives Association

Dr. Sven Tandayu
Head of the Provincial NFPCB
BKKEN Propinsi Sulawesi Utara

Mr. Mohamad Warid
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Chief of Division
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Mr. Soetedjo Yuwono
Chief, Budget Planning Division
NFPCB

Mr. Matheus Eddyono
Bureau of Reporting and Recording
NFPCB

Mr. Putu Gorde
Chairman
BKKEN Bali Province

Mr. Sudarmadi
Bureau of Logistics
BKKEN

Mr. Bunyamin
Chief of Division
NFPCB

Mr. Soedjono Poerwaningrat
Chairman of NFPCB of Yogyakarta Special Region

Mr. Azizul Karim
Deputy Chief of Planning
Ministry of Health and Family Planning
Government of Bangladesh

CHAPTER 1

EXECUTIVE SUMMARY

BACKGROUND

During the period June 1-17, 1988, sixteen members of the Indonesian government family planning program, BKKBN, and private voluntary organizations attended a workshop/study tour held in Boston, Massachusetts, for self-sufficiency in village level family planning.

The first week of the workshop concentrated on an overview of four main strategies for self-sufficiency, fee for service, community financing, commercial retail sales and pre-paid plans, and their relationship to organizational mission. Self-sufficiency was defined and analyzed in terms of the existing structures and system of BKKBN. In turn, each of the four strategies was analyzed in terms of strengths, weaknesses, opportunities and threats relative to conditions at the village level.

For the second week, the participants were divided into four groups for the purpose of visiting family planning projects that are approaching self-sufficiency in Brazil (two groups), Mexico and the United States. The study tour afforded the participants the opportunity to see projects and their systems firsthand and to speak with those responsible for their development and ongoing supervision.

The third week of the course was dedicated to the development of broad guidelines for the implementation of pilot, self-sufficiency family planning projects in Indonesia at the village level. Given the limited time available to participants, the plan is not intended to be a detailed elaboration of all aspects of a pilot project. Many concepts inherent in self-sufficiency, i.e., market research, costing, pricing, etc., are extremely complex, new, and require specific and unique expertise which cannot be developed in such a brief period. Participants have become familiar with those concepts and understand their importance in elaborating any self-sufficiency strategy. They have defined the scope and target population for a three year pilot project and indicated the strategies they would like to employ.

The pilot project consists of two parts, a rural project and a project in the marginal urban areas. Each project is targeted for 10 districts in each of three different provinces for a total of 60 districts. They have also developed guidelines for an implementation plan that indicate the major tasks that must be accomplished over a six-month period in order to establish the pilot project. Their work represents an understanding of the critical issues of self-sufficiency and a first step in the process of establishing pilot projects at the village level in Indonesia.

INTRODUCTION

Indonesia, the largest archipelago in the world, is located between two continents, Asia and Australia, and between two oceans, the Indian and the Pacific. It has 1,919,443 sq km of land area and its 13,677 islands stretch 5,152 kms or 3,200 miles from East to West and 1,770 kms or 1,100 miles from North to South. The territory of Indonesia comprises 13,677 islands of which 992 are inhabited. The six major islands are Sumatra, Java, Kalimantan, Sulawesi and Irian Jaya. The total population of Indonesia is currently estimated at 161 million, with half the inhabitants under the age of 20 years.

Indonesia's most pressing population problems are the percentage of the population under 25 years of age, high urbanization and relatively uneven distribution and density of population. These population problems command the government's full attention because of their magnitude and urgency; if not dealt with now, these problems will be even more difficult to resolve later.

ORGANIZATIONAL STRUCTURE

The Family Planning Coordinating Board in Indonesia at the national level (BKKBN) began its program in 1970, based on Presidential Decree No. 8, 1970. The BKKBN central office is headed by a Chairperson who is assisted by a Vice Chairperson, six deputies of functional areas, and a cadre of five senior staff experts. The organization is divided into 24 bureaus headed by division chiefs and 225 subdivisions headed by subdivision chiefs.

Field operations are organized and coordinated through a network of provincial, district, subdistrict and village level offices. At the provincial level, BKKBN has a provincial office headed by a chairman who is administratively responsible to the Governor. Organizationally, he also reports to the BKKBN central office. His primary responsibility is to coordinate family planning activities.

At the district level, BKKBN offices are subordinate to the Provincial office and are supervised by the district's administrative chief (Bupati/Walikota) for family planning coordination. In each subdistrict there is a Family Planning Field Worker (FWFP) supervisor who is responsible to the head of the subdistrict. Each supervisor oversees several FWFPs who are responsible to the village leader.

The main functions of BKKBN are to coordinate planning, implementation, research and development in family planning, and to supervise, monitor and evaluate all programs. Operational activities are done by the implementing units of either Govern-

ment or non-Government units. There are three approaches to the annual planning process: horizontal, bottom-up and top-down. During the planning process, the implementing units propose activities according to their function in order to achieve the ultimate goal of the family planning program. During the implementation, a monthly coordination meeting is conducted at each level of the organization. During evaluation, the results of program monitoring are reviewed and evaluated every semester at each level of the organization.

The mission of BKKBN is to reduce the fertility rate 50% from 1971 by 1990. The ultimate goal is to institutionalize a small, happy and prosperous family norm. To achieve that goal, a national commitment is implemented in phases as a three dimensional target:

First, expansion in coverage to encourage the communities needing information to increase the number of family planning acceptors as rapidly as possible.

Second, guidance and encouragement of the community to share in the active development of the program.

Third, institutionalization of the program within the community; which is defined as self-sufficiency. During the course of the workshop, self-sufficiency was defined as a state or condition in which the organization or individual is eager to fulfill its/his needs by itself/himself through the use of available resources in both the short as well as long term. It's recognized as an attitude within a community or institution which encourages the provision of family planning services and changes the attitude and behavior of family planning acceptors toward payment for contraceptives and services. It develops service points in the private sector so that community members may receive quality family planning services at affordable prices. In a state of self-sufficiency the attitude of the provider and the consumer is that family planning is a basic felt need for which they must take responsibility. The result will be a change from supply to demand orientation in order to ensure a happy and prosperous family. According to this strategy, BKKBN is in the position to cover expenses for the following:

1. information, education, and communications activities;
2. training;
3. research and development;
4. field activities coordination;
5. equipment and material purchases;
6. administrative costs.

In order to begin to address the target of self-sufficiency, workshop participants developed the broad guideline for a three year self-sufficiency pilot project consisting of a village component and a sub-urban component. Each is targeted for 10 districts in each of the ten different provinces for a total of 60 districts. The rural component has chosen 3 districts in each

of the Provinces of Bali, North Sulawesi and Jogya. It will utilize a fee for service and community financing strategy for self-sufficiency directed at current contraceptive users and Mothers' and Acceptors' Clubs.

The sub-urban component has chosen 10 districts in each of the three Provinces of Jakarta, South Sulawesi and North Sumatra. It will also use two self-sufficiency strategies. The first, commercial retail sales, will utilize existing VCDCs and small shops and stores to sell contraceptives. The second, will be a fee for service program using private physicians, midwives and government clinics. Both strategies will be directed toward new and continuing users.

CHAPTER 2

RURAL PROJECT

A. Strategies for Self-Sufficiency

Fee For Services

In order to cover costs for services and contraceptives and to reduce dependence on government funds, a fee for service project will be instituted and aimed at current users in three provinces (Bali, North Sulawesi and Yogya) as a 3-year pilot project. Income will be obtained by charging fees for services and contraceptives through VCDCs and private medical practices.

Community Financing

Based on the concept of mutual cooperation, VCDCs and Mothers Clubs (PKK) will generate community income by holding raffles and organizing fundraising activities aimed at individuals and private sector enterprises such as home and large-scale agricultural enterprises.

B. Target Population

1. Location of the Pilot Project

The pilot project will be located in ten districts in each of the three provinces of Bali, North Sulawesi and Yogya. In each subdistrict, the capital and a rural village will be chosen for inclusion in the pilot project.

The 60 selected villages in those provinces have a current user rate higher than 50%, established VCDCs and Mothers Clubs (PKK), existing integrated health programs, availability of private services through nurses, midwives, and practitioners and accessibility to all in the region.

2. Description of Target Population

The target population is composed of married couples 15-44 years old, with a family size between 2 and 5. They are farmers, vendors, and laborers who possess an elementary educational level. Their primary means of receiving information is through

radio, magazines, and newspapers. The socio-economic level of the target population is in the low range (Rps.20,000-50,000/month). In most areas, both wives and husbands take responsibility for contraception; however, in some areas the wives are primarily responsible.

The target population in three years is estimated by the following formula:

$$\frac{\text{The total provincial population } (1+r)^n}{\text{Village population}} \times 12\% \times \text{prevalence rate}$$

r= population growth rate of province

n of the first year = 0
 second year = 1
 third year = 2

The estimated target population in 3 years

Province	Year 1	Year 2	Year 3
Bali	330	352	378
Yogya	469	475	480
North Sulawesi	310	325	355
	-----	-----	-----
Total	1,109	1,152	1,213

The prevalence rate of Bali: 75%
 Yogya: 75%
 North Sulawesi: 70%

For planning purposes, however, we have used a 60% prevalence rate.

C. OBJECTIVES

1. Fee For Service Sales Objectives--in current users

Sell contraceptives to current users in the three provinces of Bali, Yogya and North Sulawesi:

	Year 1	Year 2	Year 3
% of current users	10%	15%	25%

Quantity:

Contraceptive mix:

pill	: 10%
condom	: 4%
injectable:	30%
IUD	: 50%
implant	: 2%
others	: 4%

Total :100%

Contraceptive usage by method per year:

pill	: 13
condom	: 1 gross
IUD	: once every three years = 1/3 year
injectable:	4/year
implant	: once every five years = 1/5 year.

2. Fee for Service Sales Objectives--in rupiahs generated

Generate income from charging fee for service and from sales of contraceptives. See Tables 1-3 for specific sales targets.

3. Community Financing

Develop a mechanism whereby the percentage of household income which is contributed for village family planning programs increases by 1% per year over a three year period. Contributions from acceptors and Club members will occur in the 60 villages of the project. Each member should contribute between Rp 1200 - 3000 in a village with 1800 members. In the first year the pilot project will be implemented in 400 clubs in 60 villages. In the second year the members will be expected to contribute between Rp 1200 and Rp 3000, and in the third year slightly more, between Rp 1200 and Rp 3600. See Table 4.

D. External Environment

1. Competition

Competitors to the pilot project would include private practitioners and government and their prompt services. Competitors' products are various and numerous and their services are professional and credible. They have good equipment and offer comfortable surroundings to their clients. Although higher in price, competitors also provide integrated family planning and health services that are more accessible to client.

2. Legal Parameters

Positive Factors:

The positive legal parameters include a strong commitment to family planning at the national level, mutual agreement among members of the private sector including the Indonesian Medical Association, the Indonesian Midwife Association, KADIN, and ISFI, and a lack of government regulations prohibiting such activity.

3. Social Parameters

Negative Factors:

Some of the negative social parameters include high dependency on formal and informal leaders and unacceptability of family planning contraceptives for teenagers. The population is also used to receiving contraceptives at no cost.

Positive Factors:

On the positive side, however, there is a growing demand from the community for selfsufficiency in family planning.

4. Economic Parameters

Negative Factors:

Slow economic growth, low levels of entrepreneurship, and subsistence income levels are a few of the negative economic parameters which counter the relatively low inflation rate in the community.

5. Logistical Considerations

Negative Factors:

Some of the negative logistical matters to consider are inaccessibility to many areas in the rainy season, limited income related to high transportation expenses, and scarcity of communication systems.

Positive Factors

However, the large stock of contraceptives is a positive factor in logistical considerations.

CHAPTER 3

SUB-URBAN PROJECT

A. Strategies for Self-Sufficiency

The following strategies will be implemented as part of a three year pilot project in ten subdistricts in each of the three provinces of Jakarta, South Sulawesi and North Sumatra:

Commercial Retail Sales

To generate income at the village level for family planning services by utilizing VCDCs and small shops and stores as commercial retail sales outlets for oral contraceptives and condoms in order to meet acceptors' demand for quality services.

Fee for Services

To generate income by charging for family planning services including IUD insertion, injectables and other contraceptive methods offered by private physicians, midwives and government clinics at the subdistrict level in order to meet acceptors' demand for quality services.

B. Target Population

1. Location of the Pilot Project

The pilot project will be located in three provinces as follows:

a. Jakarta Province

- South Jakarta 5 subdistricts
- East Jakarta 5 subdistricts

b. North Sumatra

- Medan municipality 5 subdistricts
- Deli Serdang Regency 5 subdistricts

c. South Sulawesi

- Ujung Pandang municipality 6 subdistricts

- Pare Pare municipality 4 subdistricts

The subdistricts of these municipalities and regencies will be chosen based on the following characteristics:

1. current user rate higher than 50%
2. high community participation -- all villages have Mothers Clubs and VCDCs.
3. availability of family planning services integrated with other developmental programs.
4. more than 50% of villages have self-reliant status.
5. accessibility of villages to regency

C. Objectives

1. Fee for Services--in current users

The following represents the service objectives for the three year pilot project:

<u>Province</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Jakarta	14,960	15,010	15,569
North Sumatra	6,429	6,586	7,287
South Sulawesi	2,048	2,106	2,189
Total	23,437	23,702	25,045

The following represents the sales objectives for the three year pilot project:

<u>Province</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>
Jakarta	145,130,900	157,537,450	146,157,700
North Sumatra	57,173,550	73,099,050	65,311,100
South Sulawesi	24,787,800	25,420,600	25,947,100
Total	227,092,250	256,057,100	237,415,900

Methodology for Calculating Objectives

To define the service area, see Table 5. The estimated total population of the self-sufficiency pilot project in three suburban areas, namely Jakarta, Medan and Ujung Pandang. The

source of total population and eligible couple data are derived from BKKBN historical user data.

We also predict that the eligible couples for next year have a constant increase of 2% annually from the previous years and the estimation of current users, next year, have a constant increase of 1% annually from the previous years for the period of 1989-1991.

The current users each year will be broken down into two categories: free government service (I) and private sector service & self-sufficiency pilot project (II). They will then be subdivided according to method of contraceptive. The proportion of current users in 1988 I-II is estimated at (90%-10%); 1989 I-II (85%-15%); 1990 I-II (80%-20%); and 1991 I-II (75%-25%). The same holds true for the three areas covered by the pilot project.

The proportion of contraceptive method mix is derived from the BKKBN historical user data. We used this trend as a base of estimation for the target service area.

From the current user data in Table 6, for example, we can estimate IUD new acceptors by subtracting the IUD in 1989 with IUD users in 1988. We further subdivided the service target of new acceptors by method; self-sufficiency pilot project 80% and the private sector 20%. See Table 7.

We estimate that in the service target for continuing users by method, 5% will switch from free government services to the self-sufficiency pilot project. (See Table 8) For pricing, we used the market competition strategy. See Table 9.

For the prices of competition see Table 10 for a comprehensive explanation concerning the cost-based pricing strategy. We also compared it with the percentage of family index expenditure for health family planning cost. We arrived at a range of 1%-3%.

In this self-sufficiency pilot project, we chose 1% of the low income and the family planning service segment as a target population. For the recapitulation of the sale objective for the self-sufficiency pilot project, see Table 11. Tables 12, 13, and 14 indicate the Jakarta first, second and third year for sales income. Tables 15, 16, and 17 provide sales income projections for South Sulawesi, and Tables 18, 19, and 20 for North Sumatra.

D. External Environment

1. Competition

Three kinds of family planning services are provided at the village level:

- a. CRS: Good quality brands of condoms are available at shops that are easily accessible. Prices are reasonable: Rp 600
- b. VCDCs: Pills and condoms are distributed free of charge by government outlets.
Hours: 9 am to 5 pm daily
- c. Posyandu: Free contraceptive services are provided at irregular times once a month.

There are five alternatives in family planning at the sub-district level:

- a. Private doctors in private practice: These individuals offer high quality family planning service at their office at high prices. (IUD insertion for Rp 15,000, sterilizations for Rp 40,000, injectables for Rp. 5,000, oral contraceptives for Rp. 3,000)
Office hours: 5-8 pm
- b. Midwives in private practice: These individuals offer good quality family planning services in their offices or their patients homes. The price is reasonable--lower than doctors' fee. (IUD insertion for Rp 5,000, injectables for Rp 3,000, oral contraceptives for 1,000.)
Office Hours: 5-8 pm
- c. Private clinics and hospitals: These institutions offer standardized services at high prices comparable to private doctors. Waiting times are shorter than in state hospitals. Hours: 10 am-12 pm, 5-8 pm
- d. Health Centres (Puskesmas): They provide health care services including family planning services by doctors, midwives or nurses. The fees are low and the services are easily accessible. Rp 150 for all services.
Office Hours: 8 am - 2 pm
- e. Commercial outlets such as shops and drugstores: They sell a variety of condoms at reasonable prices. These are easily accessible to family planning users.
Rp 200 for three condoms.
Office Hours: 8 am-5 pm, 6 pm-9pm

2. Legal Parameters

Positive Factors:

- a. The State Guidelines determined that:
 - Family planning is a movement with community participation.
 - Family planning is integrated with various

development programs

- b. Because the action plan for self-sufficiency will enjoy high-level government support, self-sufficiency is included as one of the family planning strategies in the 5th Five Year Plan.
- c. Strong government commitment from the central office to the provinces supports charge fees for services in non-government family planning services or outlets.

Negative Factors:

- a. The first cycle of pills must be obtained with a doctor's prescription.
- b. Local government regulations state that all fees received by government facilities, including those generated from family planning services, must be submitted to the local government, and can not be used locally for family planning services.

3. Social Parameters

Positive Factors:

- a. High potential demand for family planning services and willingness to pay for those family planning services on the part of the village.
- b. Demand for quality and prompt service.

Negative Factors:

- a. The villages are dependent on the government for free family planning services.

4. Economic Parameters

Positive Factors:

- a. The trend of increasing family income will increase the ability of individuals to buy products through semi-commercial services at reasonable prices.
- b. More than 50% of villages have a self-reliant status which implies that they will be able to pay for family planning services.

5. Logistical Considerations:

Positive Factors:

- a. Pilot project areas have been chosen based on easy accessibility to assure continuous supply and adequate monitoring and evaluation.
- b. There are good transportation resources for distribution of supplies.

Negative Factors:

- a. Inventory problem, irregular recycling of supplies and less management capability.

CHAPTER 4

IMPLEMENTATION PLAN

- . WORKPLAN
- . BUDGET

SELF-SUFFICIENCY WORKPLAN

Activity	Oct	Nov	Dec	Jan	Feb	Mar	Staff Responsible
1. ADMINISTRATION & MANAGEMENT							
A. Organizational structure							
1. Determine organizational structure and institutional relations	*****						Law and Organization Bureau Management Consultant
2. List all related organizations	****						Law and Organization Bureau
3. Establish regulations related to the implementation of self-sufficiency strategies	*****						BKKBN and related sector (Province and regency)
4. Design operational mechanisms	*****						Law and Organization Bureau Operational Bureau
5. Set up village institutions	****						Law and Organization Bureau BKKBN Province and District
B. Personnel							
1. Develop personnel manual		****					Personnel Bureau
2. Determine number and type of required personnel		****					Project Officer
3. Develop job descriptions			*****				Personnel Bureau
4. Recruit personnel				*****	*****		Personnel Bureau of Provincial
5. Hire staff						*****	Personnel Bureau Personnel Bureau of Provincial
C. Supervision							
1. Develop supervisory manual		*****					Program Inspector
2. Set up commitment with related institutions							BKKBN Supervising Division
3. Develop supervisory system							BKKBN Supervising Division
D. Annual Operational Planning							
1. Clarify annual planning procedures	*****						Planning Bureau
2. Develop annual program plan for pilot project		*****					Planning Bureau Provincial Heads Related sectors Chief division of planning
year 1: conditioning and implementation							
year 2: expansion							
year 3: maintenance and evaluation							
3. Review program planning				*****			Planning Bureau
E. Public Relations							
1. Identify related sectors							Project Officer
2. Approach related sectors							Chief, Division of Public
3. Develop material and content of message							Advertising agency
4. Internal coordinating meetings on self-sufficiency							Information Bureau
5. External coordinating meetings on self-sufficiency							Information Bureau
6. Mass media campaign							Advertising agency
F. Reporting							
1. Design reporting system		*****					BKKBN (R&R Bureau)
2. Develop reporting manual			****				BKKBN (R&R Bureau)
3. Pre-test and evaluate			****	****			BKKBN (R&R Bureau)

1. Develop advertising strategy					Advertising agency	
2. Plan media campaign					Advertising agency	
3. Develop content of advertising message					Advertising agency	
2. Distribution		*****	*****			
1. Determine channels of distribution					Logistic Bureau	
2. Develop distribution mechanisms					Related units	
					Logistic Bureau	
					Related units	
IV. TRAINING						
A. Determine training needs in the areas of financial management, administration, and marketing	*****				National Training Centre	
B. Develop training curriculum and schedule	*****				National Training Centre	
C. Train the trainers			*****	*****	Provincial Training Centres	
D. Train intersectoral agency staff				***	*****	National Training Centre
						Provincial Training Centres
E. Train field and village workers				****		Provincial Training Centres

Service Delivery Issues

Present government regulations state that all funds generated by the VCDC at the local level must be submitted to the national treasurer. This presents a problem for this self-sufficiency scheme in that villages may not retain any of the funds that they generate through the sale of services or contraceptives. This section presents three alternative distribution systems that address this logistical parameter.

Alternatives I

1. Logistical contraceptive administrative management by PKBI/IPPF or PKK/Women's Self-Help Movement in the village area, and coordinated by BKKBN at each respective level.
2. Central BKKBN does not directly buy the contraceptive supplies from the GOI through its annual budget.
3. The Central, Provincial, Regency BKKBN warehouses can be rented to others.
4. BKKBN Staff at the respective levels can be maximized as technical consultants or part-time workers for NGO's or IPPF.
5. The Village Contraceptive Distribution Centres (VCDC) are paid as IPPF Field Workers.
6. Need to consider the following:
 - contraceptive costs
 - handling costs
 - warehouse fees
 - rental costs
 - service fee for the VCDCs
 - net profits

Alternative II

1. Central BKKBN buys the contraceptives directly with GOI, using the BKKBN budget.
2. Generated funds are credited directly to the Finance Department.

Alternative III

1. Set up logistics fund at the village level.
2. Central BKKBN does not buy contraceptives directly.
3. The village dispensary already has the expertise, capabilities and professional responsibility for managing the administration of contraceptives
4. Consider:
 - contraceptive costs
 - handling costs
 - warehouse rental costs
 - service fee for VCDC, P of C, dispensary fees

PRE-IMPLEMENTATION PLANNING BUDGET

SALARIES

National Level					
Project Officer	6 months	x Rps.	60,000 month		360,000
Secretary	6 months	x Rps.	45,000 month		270,000
Treasurer	6 months	x Rps.	40,000 month		240,000
2 Clerical Workers	6 months	x Rps.	29,000 month	x 2 individuals	348,000
2 Staff from Research Bureau	2 months	x Rps.	35,000 month	x 2 individuals	140,000
2 Staff from Central Planning	3 months	x Rps.	40,000 month	x 2 individuals	240,000
1 Staff from National Training Ce	3 months	x Rps.	40,000 month		120,000
Total Central Level					1,598,000

Provincial Level					
Provincial Planner	2 months	x Rps.	30,000 month	x 6 provinces	360,000
Sub-project Office	1 month	x Rps.	40,000 month	x 6 provinces	240,000
Clerical Staff	1 month	x Rps.	30,000 month	x 6 provinces	180,000
Total Provincial Level					780,000
TOTAL SALARIES					2,378,000

TOTAL FRINGE BENEFIT (20%) 475,600

CONSULTANTS

Management Consultant	30 days	x Rps.	90,000 day		2,700,000
Marketing Consultant (Strategy)	20 days	x Rps.	90,000 day		1,800,000
Public Relations Consultant	30 days	x Rps.	90,000 day		2,700,000
Market Research Consultant	30 days	x Rps.	90,000 day		2,700,000
Marketing Consultant (Pricing)	5 days	x Rps.	90,000 day		450,000
5 Marketing Interviewers	20 days	x Rps.	30,000 day	x 5 interviewers	3,000,000
TOTAL CONSULTANTS					13,350,000

EQUIPMENT

Computer					3,000,000
Typewriter					1,000,000
Desk					250,000
Chair					150,000
Camera					400,000
Calculator					100,000
Tape Recorder					250,000
TOTAL EQUIPMENT					5,150,000

TRAVEL AND PER DIEM

Management Consultant					
Per Diem	8 days	x Rps.	38,000 /day		304,000
Travel	2 trips	x Rps.	275,000 /trip		550,000
Marketing Consultant					
Per Diem	8 days	x Rps.	38,000 /day		304,000
Travel	2 trips	x Rps.	275,000 /trip		550,000
Pre-testing of Reporting Manual					
Per Diem	9 days	x Rps.	38,000 /day		342,000
Travel	3 trips	x Rps.	275,000 /trip		825,000
Recruitment lunches	10 people	x Rps.	15,000 /person	x 60 subdistricts	9,000,000
Selection Lunches	4 people	x Rps.	15,000 /person	x 60 subdistricts	3,600,000
Test Marketing					
Per Diem	12 days	x Rps.	38,000 /day	x 5 people	2,280,000

Travel	3 trips	x Rps.	275,000 /trip			825,000
Planning Manual Development Meeting						
Lunch	15 people	x Rps.	15,000 /person	x 2 days		450,000
Organizational Development Meeting						
Lunch	15 people	x Rps.	15,000 /person	x 1 day		225,000
2 Personnel Development Meetings						
Lunch	9 people	x Rps.	15,000 /person	x 3 days x 2 meetings		810,000
Per Dien	6 people	x Rps.	38,000 /person	x 3 days x 2 meetings		1,368,000
Travel to Jakarta	6 people	x Rps.	275,000 /person		2 meetings	3,300,000
Planning Manual Development Meeting						
Lunch	15 people	x Rps.	15,000 /person	x 2 days		450,000
Planning Review Meeting						
Central Level	30 people	x Rps.	15,000 /person	x 2 days		900,000
Provincial Level	120 people	x Rps.	15,000 /person	x 2 days		3,600,000
Regency Level	90 people	x Rps.	15,000 /person	x 2 days		2,700,000
Subdistrict Level	60 people	x Rps.	15,000 /person	x 2 days		1,800,000
Determine Related Sector Meeting						
Lunch	5 people	x Rps.	15,000 /person	x 2 days		150,000
Base Line Survey of Communities						
Travel	10 people	x Rps.	50,000 /person			500,000
Per Dien	10 people	x Rps.	38,000 /person	x 1 day		380,000
Reporting Manual Development Meeting						
Lunch	14 people	x Rps.	15,000 /person	x 3 days x 2 meetings		1,260,000
Per Dien	12 people	x Rps.	38,000 /person	x 3 days x 2 meetings		2,736,000
Travel to Jakarta	12 people	x Rps.	275,000 /person		2 meetings	6,600,000
Costing Meeting						
Lunch	5 people	x Rps.	15,000 /person	x 2 days		150,000
Cash Control Development Meeting						
Lunch	5 people	x Rps.	15,000 /person	x 2 days		150,000
Develop Public Relations Message Meeting						
Lunch	10 people	x Rps.	15,000 /person			150,000
Public Relations Coordination Meeting						
Travel	20 people	x Rps.	10,000 /person			200,000
Per Dien	20 people	x Rps.	38,000 /person	x 1 day		760,000
Commitment Meetings						
Central Level--Lunches	341 people	x Rps.	15,000 /person	x 1 day		5,115,000
Provincial Level--Lunches	25 people	x Rps.	15,000 /person	x 1 day x 3-provinces		1,125,000
Regency-Level--Lunches	25 people	x Rps.	15,000 /person	x 1 day x 3 regencies		
Supervision Manual Development Meeting						
Lunch	12 people	x Rps.	15,000 /person	x 3 days		540,000
Per Dien	3 people	x Rps.	38,000 /person	x 3 days		342,000
Travel to Jakarta	3 people	x Rps.	275,000 /person			825,000
3 Reporting Manual Development Meetings						
Lunch	15 people	x Rps.	15,000 /person	x 3 days x 3 meetings		675,000

Financial Manual Development Meeting
 Lunch 15 people x Rps. 15,000 /person x 3 days 675,000

Pricing Meeting
 Lunch 10 people x Rps. 15,000 /person x 2 days x 2 meetings 300,000

Curriculum Development Meeting
 Lunch 14 people x Rps. 15,000 /person x 3 days 630,000
 Per Diem 3 people x Rps. 38,000 /person x 3 days 342,000
 Travel to Jakarta 3 people x Rps. 275,000 /person 825,000
 TOTAL TRAVEL AND PER DIEM 58,613,000

TRAINING

Orientation Course to Self-Sufficiency (7 workshops)

Travel 480 people x Rps. 10,000 /person 4,800,000
 Per Diem 145 people x Rps. 15,000 /person x 2 days 4,350,000
 Trainer 32 sessions x Rps. 5,000 /session x 7 workshops 1,120,000
 Stationary 480 people x Rps. 5,000 2,400,000
 Rental Space 4 days x Rps. 75,000 /day x 7 workshops 2,100,000
 Printing 10 copies x Rps. 2,500 /day x 7 workshops 175,000
 Other 480 people x Rps. 5,000 /person 2,400,000

Supervision Training

Travel 12 people x Rps. 10,000 /person 120,000
 Per Diem 20 people x Rps. 15,000 /person x 6 days 1,800,000
 2 Trainers 40 sessions x Rps. 5,000 /session x 2 trainers 400,000
 Stationary 20 people x Rps. 5,000 /person 100,000
 Rental Space 5 days x Rps. 75,000 /day 375,000

Financial Management Training

Central Office Staff

Travel 20 people x Rps. 10,000 /person 200,000
 Per Diem 20 people x Rps. 15,000 /person x 6 days 1,800,000
 2 Trainers 48 sessions x Rps. 5,000 /session x 2 trainers 480,000
 Stationary 20 people x Rps. 5,000 /person 100,000
 Rental Space 6 days x Rps. 75,000 /day 450,000
 Printing of Report 10 copies x Rps. 25,000 250,000
 Other 20 people x Rps. 5,000 100,000

Provincial and Regency Staff

Travel 4 people x Rps. 1,000 /person x 7 areas 28,000
 Per Diem 4 people x Rps. 15,000 /person x 6 days x 7 areas 2,520,000
 2 Trainers 48 sessions x Rps. 5,000 /session x 2 trainers 480,000
 Stationary 28 people x Rps. 5,000 /person 140,000
 Rental Space 6 days x Rps. 75,000 /day 450,000
 Printing of Report 10 copies x Rps. 25,000 250,000
 Other 28 people x Rps. 50,000 1,400,000

Train the Trainers

Travel 7 people x Rps. 10,000 /person x 4 workshops 280,000
 Per Diem 7 people x Rps. 15,000 /person x 6 days x 7-workshops 4,410,000
 2 Trainers 56 sessions x Rps. 5,000 /session x 2 trainers 560,000
 Stationary 7 people x Rps. 5,000 /person 35,000
 Rental Space 7 days x Rps. 75,000 /day 525,000
 Printing of Report 10 copies x Rps. 25,000 250,000
 Other 28 people x Rps. 50,000 1,400,000

Reporting Manual Training

Travel 22 people x Rps. 10,000 /person 220,000
 Per Diem 22 people x Rps. 15,000 /person x 6 days 1,980,000
 2 Trainers 48 sessions x Rps. 5,000 /session x 2 trainers 480,000

Stationary	22 people	x Rps.	5,000 /person		110,000
Rental Space	6 days	x Rps.	75,000 /day		450,000
Printing of Report	10 copies	x Rps.	25,000		250,000
Other	28 people	x Rps.	50,000		1,400,000
TOTAL TRAINING					41,138,000

ADMINISTRATION

Rental of Meeting Space					
Organizational Development Meet	1 day	x Rps.	75,000 /day		75,000
2 Personnel Development Meeting	3 days	x Rps.	75,000 /day	x 2 meetings	450,000
Planning Review Meeting	2 day	x Rps.	75,000 /day	x 7 meetings	1,050,000
Supervision Manual Development	2 days	x Rps.	75,000 /day		150,000
Planning Manual Development Mee	2 days	x Rps.	75,000 /day		150,000
Financial Manual Development Me	2 days	x Rps.	75,000 /day		150,000
Curriculum Development Meeting	3 days	x Rps.	75,000 /day		225,000

Pre-conditioning

Press Conference	10 reporters	x Rps.	10,000 /person	x 4 conferences	400,000
Brookasting Interviews	3 interview	x Rps.	250,000 /interview		750,000
TV Interviews	3 interview	x Rps.	500,000 /interview		1,500,000

Printing

Marketing Report	100 copies	x Rps.	5,000 /copy		500,000
Planning Manual	100 copies	x Rps.	5,000 /copy		500,000
Supervision Manual	100 copies	x Rps.	5,000 /copy		500,000
Draft Reporting Manual	100 copies	x Rps.	5,000 /copy		500,000
Reporting Forms	500 copies	x Rps.	5,000 /copy		2,500,000
Reporting Manual	100 copies	x Rps.	5,000 /copy		500,000
Financial Management Manual	100 copies	x Rps.	5,000 /copy		500,000
Training Curricuiua	50 copies	x Rps.	5,000 /copy		250,000
Annual Plan	100 copies	x Rps.	5,000 /copy		500,000
Cash Control Manual	100 copies	x Rps.	5,000 /copy		500,000
Organizational Development Meet	100 copies	x Rps.	5,000 /copy		500,000
Personnel Development Meeting	100 copies	x Rps.	5,000 /copy		500,000

Stationary

Marketing					
Recruitment	120 people	x Rps.	5,000 /person		3,000,000
Tast Marketing					600,000
Organizational Development	15 people	x Rps.	10,000 /person		1,500,000
Personnel Development	15 people	x Rps.	5,000 /person		150,000
Planning Manual Development	15 people	x Rps.	5,000 /person		75,000
Supervision Manual Development	15 people	x Rps.	5,000 /person		75,000
Financial Management Developaen	15 people	x Rps.	5,000 /person		75,000
Financial Manual Development	15 people	x Rps.	5,000 /person		75,000
Curriculum Development	15 people	x Rps.	5,000 /person		75,000

Media Costs

TV	25 spots	x Rps.	5,000,000 /spot		125,000,000
Radio	100 spots	x Rps.	50,000 /spot		5,000,000
Newspaper	4 ads	x Rps.	5,000,000 /ad		20,000,000
Posters	15,000 posters	x Rps.	500 /poster		7,500,000

TOTAL ADMINISTRATION

175,850,000

TOTAL BUDGET

Rps. 296,954,600

TABLE 1

Estimated Sales Objectives Of The First Year

Description	Bali			Yogya			North Sulawesi			Total		
	Quantity	Price*	Income	Quantity	Price*	Income	Quantity	Price*	Income	Quantity	Price*	Income
Fee for service												
Doctor visit												
IUD	55	3,000	165,000	78	3,000	234,000	52	3,000	156,000	185	3,000	555,000
Pill												
Injectable	110	2,000	220,000	117	2,000	234,000	109	2,000	218,000	336	2,000	672,000
Implant	7	10,000	70,000	5	10,000	50,000	3	10,000	30,000	15	10,000	150,000
Condom												
Others	13	2,000	26,000	19	2,000	38,000	3	2,000	6,000	35	2,000	70,000
Nurse visit												
IUD (revisit)	165	1,500	247,500	235	1,500	352,500	155	1,500	232,500	555	1,500	832,500
Pill	33	1,250	41,250	48	1,250	60,000	31	1,250	38,750	112	1,250	140,000
Injectable	330	2,000	660,000	351	2,000	702,000	227	2,000	654,000	1,008	2,000	2,016,000
Implant (revisit)	7	1,000	7,000	5	1,000	5,000	3	1,000	3,000	15	1,000	15,000
Others	13	1,000	13,000	19	1,000	19,000	3	1,000	3,000	35	1,000	35,000
Sale of												
Contraceptive												
Pill	429	1,250	536,250	624	1,250	780,000	403	1,250	503,750	1,456	1,250	1,820,000
Condom	2,704	300	811,200	9,776	300	2,932,800	1,872	300	561,600	14,352	300	4,305,600
TOTAL INCOME												19,011,100

* Price: Tentative

TABLE 2

Estimated Sales Objectives Of The Second Year

Description	Bali			Yogya			North Sulawesi			Total		
	Quantity	Price*	Income	Quantity	Price*	Income	Quantity	Price*	Income	Quantity	Price*	Income
Fee for service												
Doctor visit												
IUD	53	3,000	174,000	79	3,000	237,000	54	3,000	162,000	191	3,000	573,000
Fill												
Injectable	106	2,000	212,000	119	2,000	238,000	114	2,000	228,000	339	2,000	678,000
Inplant	7	10,000	70,000	5	10,000	50,000	3	10,000	30,000	15	10,000	150,000
Condom												
Others	14	2,000	28,000	19	2,000	38,000	3	2,000	6,000	36	2,000	72,000
Nurse visit												
IUD (revisit)	176	1,500	264,000	243	1,500	360,000	163	1,500	244,500	579	1,500	868,500
Pill	35	1,250	43,750	48	1,250	60,000	33	1,250	41,250	116	1,250	145,000
Injectable	318	2,000	636,000	357	2,000	714,000	342	2,000	684,000	1,017	2,000	2,034,000
Inplant (revisit)	7	1,000	7,000	5	1,000	5,000	3	1,000	3,000	15	1,000	15,000
Others	14	1,000	14,000	19	1,000	19,000	3	1,000	3,000	36	1,000	36,000
Sale of												
Contraceptive												
Pill	455	1,250	568,750	624	1,250	780,000	429	1,250	536,250	1,508	1,250	1,885,000
Condom	2,929	300	878,700	9,830	300	2,949,000	2,928	300	878,400	14,837	300	4,451,100
TOTAL INCOME												10,907,600

* Price: Tentative

TABLE 3

Estimated Sales Objectives Of The Third Year

Description	Bali Quantity	Price*	Income	Yogya Quantity	Price*	Income	North Sumlawesi Quantity	Price*	Income	Total Quantity	Price*	Income
Fee for service												
Doctor visit												
IUD	42	3,000	126,000	80	3,000	240,000	59	3,000	177,000	181	3,000	543,000
Pill												
Injectable	113	2,000	226,000	120	2,000	240,000	124	2,000	248,000	357	2,000	714,000
Implant	8	10,000	80,000	5	10,000	50,000	4	10,000	40,000	17	10,000	170,000
Condom												
Others	15	2,000	30,000	19	2,000	38,000	4	2,000	8,000	38	2,000	76,000
Nurse visit												
IUD (revisit)	126	1,500	189,000	240	1,500	360,000	177	1,500	265,500	543	1,500	814,500
Pill	38	1,250	47,500	48	1,250	60,000	36	1,250	45,000	122	1,250	152,500
Injectable	339	2,000	678,000	360	2,000	720,000	372	2,000	744,000	1,071	2,000	2,142,000
Implant (revisit)	8	1,000	8,000	5	1,000	5,000	4	1,000	4,000	17	1,000	17,000
Others	15	1,000	15,000	19	1,000	19,000	4	1,000	4,000	38	1,000	38,000
Sale of												
Contraceptive												
Pill	494	1,250	617,500	624	1,250	780,000	432	1,250	540,000	1,550	1,250	1,937,500
Condom	3,142	300	942,600	9,984	300	2,995,200	2,215	300	664,500	15,341	300	4,602,300
TOTAL INCOME												11,206,300

* Price: Tentative

Table 4
Income Generated from Community Financing

Year 1

Mothers Club and VCDC

Bali: 20V x 7C x 25M x 12Mo x Rp100 = Rp 4,200,000
 Yogya: 20V x 10C x 40M x 12Mo x Rp100 = Rp 9,600,000
 North Sulawesi: 20V x 3C x 30M x 12Mo x Rp250 = Rp 5,400,000

Total: -----
Rp 19,200,000

Year 2

Bali: 20V x 7C x 25M x 12Mo x Rp100 = Rp 4,200,000
 Yogya: 20V x 10C x 40M x 12Mo x Rp100 = Rp 9,600,000
 North Sulawesi: 20V x 3C x 30M x 12Mo x Rp250 = Rp 5,400,000

Total: -----
Rp 19,200,000

Year 3

Bali: 20V x 7C x 25M x 12Mo x Rp100 = Rp 4,200,000
 Yogya: 20V x 10C x 40M x 12Mo x Rp150 = Rp 13,900,000
 North Sulawesi: 20V x 3C x 30M x 12Mo x Rp300 = Rp 6,480,000

Total: -----
Rp 24,580,000

Table 5
 Estimate Total Current Users In Pilot Project
 Self-Sufficiencies in Suburban Area
 1988-1991

Project Location	Total 1988 Population	ELCG				Current User			
		1988	1989	1990	1991	1988	1989	1990	1991
Jakarta	1,700,749	261,120	266,344	271,671	277,104	173,267 66%	179,382 67%	184,736 68%	191,201 69%
North Sumatra	712,121	106,818	108,954	111,133	115,623	67,704 63%	69,730 64%	72,536 65%	76,971 66%
South Sulawesi	600,990	39,334	40,120	40,922	41,740	22,900 56%	22,866 57%	23,775 58%	24,627 59%
Totals	3,015,869	407,274	415,418	423,726	434,467	262,971	271,980	280,707	292,799

Table 6
 Estimation Of Current Users By Method For Government And Private In Pilot Project Suburb Area
 1989-1991

Project Location	Year	Free Government Service						Private Sector Services Self-Sufficient and Private Practice					
		IUD	Pill	Condom	Inject.	Others	Total	IUD	Pill	Condom	Inject.	Others	Total
Jakarta	1988	31,188	54,545	23,385	31,688	15,594	156,400	3,466	5,606	2,595	3,466	1,732	16,867
	1989	30,405	53,176	22,797	30,693	15,203	152,474	5,529	8,946	4,139	5,529	2,765	26,908
	1990	29,470	51,542	22,095	29,948	24,732	157,788	7,591	12,283	5,683	7,591	3,799	36,947
	1991	28,594	50,011	21,439	29,058	14,298	143,400	9,821	15,891	7,352	9,821	4,916	47,801
North Sumatera	1988	6,093	24,372	12,187	17,061	1,357	61,070	577	2,708	1,354	1,896		6,635
	1989	5,926	23,706	11,854	16,555	1,190	59,271	1,046	4,184	2,092	3,138		10,460
	1990	5,777	23,113	11,557	16,800	541	57,788	1,444	5,779	3,161	4,064		14,448
	1991	5,770	23,089	11,544	16,782	177	57,362	1,923	7,656	4,210	5,414		19,243
South Sulawesi	1988	2,970	13,860	900	1,980	90	19,800	330	1,540	100	220	10	2,200
	1989	2,915	13,605	883	1,947	88	19,434	514	2,401	155	343	18	3,431
	1990	2,847	13,290	862	1,898	85	18,982	711	3,221	214	474	27	4,647
	1991	2,769	12,527	838	1,847	82	18,463	922	4,367	277	614	37	6,157

Table 7
 Service Target (New Acceptors) By Method In Self-Sufficient Pilot Project Area
 1989-1991

Project Location	Year	Self-Sufficiency By Method (50%)					Public Sector By Method (20%)				
		IUD	Pill	Condoms	Inject	Others	IUD	Pill	Condom	Inject	Others
Jakarta	1989	1,650	2,670	1,235	1,650	826	413	668	308	413	207
	1990	1,649	2,670	1,235	1,649	827	413	667	308	413	205
	1991	1,784	2,886	1,335	1,784	874	446	722	334	334	223
North Sumatera	1989	295	1,151	590	994		74	288	148	248	
	1990	318	1,267	665	746		76	319	214	185	
	1991	383	1,534	839	1,089		96	383	210	270	
South Sulawesi	1989	147	688	44	96	6	37	171	11	22	2
	1990	157	736	48	104	7	35	184	12	26	2
	1991	169	788	50	110	8	42	197	12	28	3

Table 6
 Service Target (Old Acceptor) By Method In Self-Sufficiency Pilot Project Area
 1989-1991 (5% From Free Government Service)

Project Location	Year	Service Target Old Acceptor In Self-Sufficiency		
		Pill	Condom	Inject.
Jakarta	1989	2,658	1,139	1,544
	1990	2,577	1,105	1,497
	1991	2,500	1,072	1,452
North Sumatera	1989	1,219	595	829
	1990	1,185	578	840
	1991	1,156	577	839
South Sulawesi	1989	580	44	97
	1990	654	43	95
	1991	646	41	93

Table 7
 Pricing Strategy Based On Market Competition

Contraceptive	Government fee for service self-sufficiency	Private Sector rivals	Pharmaceutical (no service fee)
IUC	3,000	15,000	1,000
Pill	1,250	2,000	2,500
Condom	300	600	400
Injectable	2,000	2,500	2,500
Other	40,000	45,000	33,000

Table 10
Cost Based

	IUD	Pill	Condom	Inject.	Others
Contraceptive price	900				
Service Fee	500				
Laundry and Other					
Overhead					
Price	3,000	1,250	300	2,000	40,000
Duration of use	5 years	1 month	1 month	3 months	5 years
Cost per year	600	15,000	3,000	8,000	8,000
Index expenditure for family planning 1% from annual income	6,000	6,000	6,000	6,000	6,000

Table 11
Recapitulation Of Sale Objective 1989-1991

Project Location	First Year 1989	Second Year 1990	Third Year 1991	Total
Jakarta	145,130,900	157,537,450	146,157,700	448,826,050
North Sumatera	57,173,550	73,099,050	65,311,100	195,583,700
South Sulawesi	24,787,800	25,420,600	25,947,100	76,155,500
Total	227,092,250	256,057,100	237,415,900	720,565,250

Table 12
 Jakarta
 First Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	
Fee for Service							
Doctor							
IUD	1,650	3,000	4,950,000				4,950,000
Injectable	1,650	2,000	3,300,000				3,300,000
Other	826	40,000	33,040,000				33,040,000
Midwife							
Injectable				11,126	2,000	22,252,000	22,252,000
Pill	2,670	1,250	3,337,500				3,337,500
Condom							
VCDC							
Pill				66,594	1,250	83,242,500	83,242,500
Condom				28,488	300	8,546,400	8,546,400
Total							158,668,400

Table 13
 Jakarta
 Second Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	
Fee for Service							
Doctor							
IUD	1,649	3,000	4,947,000				4,947,000
Injectable	1,649	2,000	3,298,000				3,298,000
Other	827	40,000	33,080,000				33,080,000
Midwife							
Injectable				11,123	2,000	22,246,000	22,246,000
Pill	2,670	1,250	3,337,500				3,337,500
Condom							
VCDC							
Pill				65,541	1,250	81,926,250	81,926,250
Condom				28,884	300	8,665,200	8,665,200
Total							157,499,950

Table 14
 Jakarta
 Third Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	
Fee for Service							
Doctor							
IUD	1,784	3,000	5,352,000				5,352,000
Injectable	1,784	2,000	3,568,000				3,568,000
Other	894	40,000	35,760,000				35,760,000
Midwife							
Injectable				11,160	2,000	22,320,000	22,320,000
Pill	2,886	1,250	3,607,500				3,607,500
Condom							
VCDC							
Pill				53,508	1,250	66,885,000	66,885,000
Condom				28,884	300	8,665,200	8,665,200
Total							146,157,700

Table 15
 North Sumatera
 First Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	
Fee for Service							
Doctor							
IUD	295	3,000	885,000				885,000
Injectable	994	2,000	1,988,000				1,988,000
Other		40,000					
Midwife							
Injectable				6,298	2,000	12,596,000	12,596,000
Pill	1,152	1,250	1,440,000				1,440,000
Condom							
VCDC							
Pill				29,671	1,250	37,088,750	37,088,750
Condom				14,184	300	4,255,200	4,255,200
Total							58,252,950

Table 16
North Sumatera
Second Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	

Fee for Service							
Doctor							
IUD	318	3,000	954,000				954,000
Injectable	740	2,000	1,480,000				1,480,000
Other		40,000	0				
Midwife							
Injectable				5,580	2,000	11,160,000	11,160,000
Pill	1,276	1,250	1,595,000				1,595,000
Condom							
VCDC							
Pill				30,730	1,250	38,412,500	38,412,500
Condom				17,196	300	5,158,800	5,158,800
Total							58,760,300

Table 17
North Sumatera
Third Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	

Fee for Service							
Doctor							
IUD	383	3,000	1,149,000				1,149,000
Injectable	1,080	2,000	2,160,000				2,160,000
Other		40,000	0				
Midwife							
Injectable				6,596	2,000	13,192,000	13,192,000
Pill	1,534	1,250	1,917,500				1,917,500
Condom							
VCDC							
Pill				16,574	1,250	20,717,500	20,717,500
Condom				16,992	300	5,097,600	5,097,600
Total							44,233,600

Table 18
South Sulawesi
First Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	

Fee for Service							
Doctor							
IUD	147	3,000	441,000				441,000
Injectable	98	2,000	196,000				196,000
Other	6	40,000	240,000				240,000
Midwife							
Injectable				682	2,000	1,364,000	1,364,000
Pill	688	1,250	860,000				860,000
Condom							
VCDC							
Pill				17,096	1,250	21,370,000	21,370,000
Condom				1,056	300	316,800	316,800
Total							24,787,800

Table 19
South Sulawesi
Second Year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	

Fee for Service							
Doctor							
IUD	157	3,000	471,000				471,000
Injectable	104	2,000	208,000				208,000
Other	7	40,000	280,000				280,000
Midwife							
Injectable				692	2,000	1,384,000	1,384,000
Pill	736	1,250	920,000				920,000
Condom							
VCDC							
Pill				17,464	1,250	21,830,000	21,830,000
Condom				1,092	300	327,600	327,600
Total							25,420,600

Table 20
 South Sulawesi
 Third year

Description	New Acceptors			Old Acceptors			Total Income
	Quantity	Price	Income	Quantity	Price	Income	

Fee for Service							
Doctor							
IUD	169	3,000	507,000				507,000
Injectable	112	2,000	224,000				224,000
Other	8	40,000	320,000				320,000
Midwife							
Injectable				708	2,000	1,416,000	1,416,000
Pill	788	1,250	985,000				985,000
Condom							
VCDC							
Pill				17,734	1,250	22,167,500	22,167,500
Condom				1,092	300	327,600	327,600
Total							25,947,100

ANNEX VI

Participant Evaluation Results

A. The Course

1. What is your overall rating of this course?	4.1
2. What was your objective in attending the course?	
Develop techniques and skills for developing self-sufficiency strategies	1
See other programs	1
Learn about costing and budgeting for self-sufficiency	1
Increase capability in management	2
Learn about self-sufficiency strategies and concepts	2
Develop self-sufficiency strategies	2
Learn about self-sufficiency issues and methodology	2
Learn about implementation issues of self-sufficiency	3
Did the course meet your objective?	4.1
3. How useful do you expect the course to be on your job?	3.4
4. What topics do you think will be the most useful?	
a) SWOT	7
b) Organizational analysis	3
c) Mission & strategies for self-sufficiency	3
d) Key factors for success	3
e) Self-sufficiency	2
f) Action plans	2
g) All	2
h) Attitudes for self-sufficiency	1
i) Analysis of self-sufficiency strategy	1
5. What topics do you think will be the least useful?	
Budgeting	2

B. The Methods and Materials

1. Overall, did you think the methods and written materials used in the course were good learning aids? 4.4
2. Were these methods and written materials relevant to your work situation? 3.9
3. Please rate the usefulness of the following to you:
 - a) Teaching methods used during the course
 - i. Lectures 4.5
 - ii. Small group discussions 4.4
 - iii. Case study method 4.2
 - iv. Participant presentations 3.9
 - v. Role plays 4.0
 - vi. Other 4.7
 - b) Written materials used during the course
 - i. Case studies 4.3
 - ii. Exercises 4.4
 - iii. Simulation games 4.1
 - iv. Brainstorming 4.5
 - c) Titles of materials most useful to you:
 - i. Business planning 6
 - ii. What is strategic planning? 1
 - iii. Financing Schemes 1
 - iv. All 1
 - v. SWOT 1
 - d) Title of materials least useful to you:
 - i. Family planning in Arengola 2
 - ii. Budgeting 1
 - iii. Self-reliance in Surgical Sterilization Programs 1

4. <u>Session Evaluation</u>	<u>Useful-</u> <u>ness</u>	<u>Effect-</u> <u>iveness</u>
a) Workshop expectations	4.1	4.2
b) Definition of self-sufficiency	3.9	4.0
c) Self-sufficiency and organizational mission	4.3	4.1
d) Mission and strategies for self-sufficiency	4.4	4.1
e) Environmental analysis	4.4	3.7
f) Key factors for success	4.8	4.3
g) Self-sufficiency strategies	4.5	4.2
h) Analyzing self-sufficiency strategies	4.2	4.0
i) Key factor for success - restraining and facilitating forces	4.3	4.1
j) Study tour	4.3	4.1
k) Trip report presentation	4.3	4.1
l) Action plan development	4.5	4.1