

memorandum

DATE: November 23, 1988

REPLY TO
ATTN OF:Dr. Carol E. Carpenter-Yaman, Population Advisor, O/PH *CCY*

SUBJECT:

Project Assistance Completion Report
 Family Planning Development and Services I
 Project No. 497-0270; Total LOP Auth. Funding \$25,920,000 (G)
 \$ 2,000,000 (L)

To: Mr. Lee Twentyman, Deputy Director

Dr. E. Voulgaropoulos, Chief, O/PH *JR for EV*A. Project purpose:

The goal of the project is to assist the GOI reduce fertility by 50 percent, from 44 births per 1,000 population in 1971 to 22 births per 1,000 in 2000 (revised to 1990 by the GOI in 1980). The specific project purpose is to increase the use of all legal types of contraceptive methods from 18.4 percent of all married women of reproductive age (MWRA) in 1976 to 47.6 percent in 1982. (The project was subsequently extended until April 6, 1988.)

The main inputs of the project were technical consultants in manpower development, planning, management systems, budgeting, operations research, training and contraceptive logistics (\$1,729,772); US training to Masters or Ph.D level and short term courses (\$4,667,176); expansion of village family planning services, research, in-country training and system development on logistics, reporting/recording system; and support for voluntary sterilization (\$14,174,044); commodities including Jeeps, laproscopators intrauterine devices (IUDs), falope ring bands, headlamps, medical kits, typewriters for kabupaten level and computer equipment (\$6,963,931). The expected outputs were full contraceptive services available through hospitals, clinics, village and sub-village family planning posts and groups throughout Indonesia; the completion of a series of policy and program-related studies; and a more highly trained National Family Planning Coordinating Board (BKKBN) and implementing unit staff.

B. Accomplishments:

1. During the life of this project (1978-1988), the total performance of family planning program increased. According to BKKBN service statistics, the total family planning current users by the end of March 1988 reached 18,309,634 representing 68 percent of the married women of reproductive age (MWRA) compared to only 4,687,723 or 24.64 percent of the total MWRA at the end of March 1978. According to an independent contraceptive prevalence survey, contraceptive prevalence was 47.8 percent at the end of 1987. Thus, the project purpose was achieved.

A fertility decline also occurred: the Indonesia total fertility rate declined from 5.6 in 1971 to 3.3 for the 1984-87 period. The crude birth rate declined from 44 in 1971 to about 28 in 1987.

2. This project assisted BKKBN to test, expand, refine and strengthen Village Family Planning activities, first in Java and Bali, followed by 10 provinces in Outer Island I, and finally in selected less densely populated provinces designated as Outer Island II. This project successfully changed the BKKBN strategy to extend family planning services to the communities from clinic-based approach to one of village based services in order to reach the 75 percent of the population who live in rural areas. The total number of family planning service points increased from 3,670 clinics and 36,000 Village Contraceptive Distribution Centers (VCDC) in 1978 to 18,878 clinics and 70,459 VCDCs in 1988.
3. In terms of institutional effectiveness of the BKKBN, this project was successful in strengthening its institutional capacity in five interrelated program areas:

- a. **Program Planning**

USAID and BKKBN had worked closely and successfully to create responsive, flexible and innovative province specific planning and implementation processes.

- b. **Procurement and Production of Oral Contraceptives**

This project successfully supported BKKBN objectives to transfer the function of contraceptive procurement from AID/W central procurment mechanisms to BKKBN procurement and to increase in-country capacity to produce oral contraceptives.

- c. **Nationwide Logistics System for Contraceptives and Other Commodities**

This project assisted BKKBN to develop a nationwide logistical system which is currently functioning well.

d. Nationwide Data Based Information System

This project successfully assisted BKKBN to strengthen its institutional capacity in the establishment of a management information system primarily focused on the collection of data regarding contraceptive services and logistics. The system is now in place and is being well utilized for planning and program management.

e. Manpower Development

This project successfully assisted BKKBN to conduct training programs to develop the knowledge and skills of family planning workers of the BKKBN and its implementing units. Also due to the rising costs of long term academic overseas training, USAID

assistance was utilized to develop the institutional capacity of BKKBN to directly administer its own overseas training and thereby conserve financial resources. A total of 13 PhDs and 90 Masters degree participants were trained in the United States in fields relating to public health, demography, communications, statistics, program planning and administration. In addition, 84 participants were sent to the United States, Thailand, and the Philippines, for short term training in a variety of technical areas related to improving the family planning program.

4. The project was evaluated in June 1985 and the team found by most indicators of success, the Family Planning Development and Services Project (0270) has met or, in many cases, exceeded stated project goals and objectives. This success applies both to measures of contraceptive availability and use and to the project's institutional impact on BKKBN and related implementing units in the field.

C. Problems Encountered:

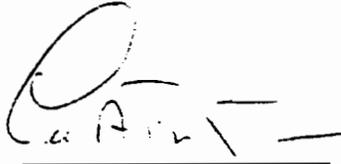
1. The village family planning (VFP) model was developed primarily for densely populated, demographically important Java and Bali. There increased availability and accessibility of information and contraceptive services at the village level led to an increase in contraceptive use. The model was not so effective in the sparsely populated outer island provinces, mainly due to the rugged topography, poor transportation and communications, size of administrative areas, lack of fieldworkers and other supervisory staff, and heterogenous populations. Thus, a major issue raised during this project was whether the VFP model developed in Java/Bali was flexible enough to accommodate regional differences both provincially and interprovincially in the outer islands. A new program strategy may be needed. For example, instead of increasing the absolute number of services points, the more important objective may be to strategically place and strengthen the quality of services.

2. During this project, the progress in the urban areas did not keep pace with the outstanding progress in the rural areas. This was attributed to the absence in urban areas of relatively homogeneous populations, tightly knit community structures and extensive BKKBN contraceptive distribution system which are found in rural areas. More imaginative approaches were needed, and these were built into the USAID follow-on project, 497-0327, Urban component. Social marketing and other private sector strategies are being tested to provide better quality, urban-style information and services.

D. Lessons Learned:

1. At the commencement of the project, contraceptive supply, logistics, information systems and the management of the BKKBN manpower development program were largely dependent on USAID initiative and technical support. With technical assistance over the project period, USAID has successfully assisted BKKBN to institutionalize these critical management processes and procedures.
2. The flexibility and responsiveness of the local cost programming mechanism used for USAID funding of BKKBN activities under this project was the key factor supporting innovation, learning, local adaptation and effective implementation of high priority local initiatives.
3. USAID played a major facilitating role in BKKBN program decentralization by providing selective supplementary funding for local activities and by helping finance meetings for coordination and information sharing at early stages of program development in new areas. The investments established productive management patterns that have been institutionalized with BKKBN procedures and funding.
4. USAID support to the village family planning program has played a major facilitating role in the development and spread of this highly effective concept throughout the most populated areas of Indonesia. USAID support has been strategically targeted and timely programmed in ways that has facilitated institutionalization of successful innovations.
5. Although the village family planning model continues to provide a successful and flexible framework for program extension in Java, Bali, and the more developed outer islands, in remote, sparsely populated areas, the model is less successful, particularly on grounds of cost-effectiveness.

6. Despite a number of innovative experiments and pilot tests in Jakarta and some other cities, BKKBN did not develop an adequate urban strategy during this project. Thus, more attention and resources for work in this area were built into the follow on project, 497-0327.
7. The heavy USAID investment in manpower development programs, including both domestic training and overseas degree programs, have had a major impact on the quality of BKKBN and implementing unit staff, which has, in turn, improved the implementation of field activities by both BKKBN and implementing units.
8. The 1983 Indonesian contraceptive prevalence survey (CPS) in five cities as well as the 1987 national CPS documented that a large proportion of women want no more children. This indicates that more attention should be paid to improving the availability of and access to voluntary sterilization.

Approved: 

Lee Twentyman
Deputy Director

Disapproved:

Lee Twentyman
Deputy Director

Date: 11/2/88

cc: 1. AID/Washington: ANE/TR/HPN; ST/POP
2. Mr. David N. Merrill, Director