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STARH Program



Jakarta, Indonesia

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ABBREVIATIONS

| | |
|---------------------|--|
| AusAID | Australian Agency for International Development |
| ARH | Adolescent Reproductive Health |
| BKKBN | <i>Badan Koordinasi Keluarga Berencana Nasional</i> (National Family Planning Coordinating Board) |
| BPOM | <i>Badan Pengawasan Obat dan Makanan</i> (Food and Drug Agency) |
| BPS | <i>Biro Pusat Statistik</i> (Central Bureau of Statistics) |
| CSO | Civil Society Organization |
| CTO | Cognizant Technical Officer |
| DepKes | <i>Departemen Kesehatan</i> (Ministry of Health) |
| Dinkes | <i>Dinas Kesehatan</i> (Local Health Department) |
| DTC | District Training Center |
| EC | Emergency Contraceptive |
| GOI | Government of Indonesia |
| HI 2010 | Healthy Indonesia 2010 |
| IBI | <i>Ikatan Bidan Indonesia</i> (Indonesian Midwives Association) |
| IDHS | Indonesia Demographic Health Survey |
| IDI | <i>Ikatan Dokter Indonesia</i> (Indonesian Medical Association) |
| IP | Infection Prevention |
| IPC/C | Interpersonal Communication/Counseling |
| JICA | Japanese International Cooperative Agency |
| KB | <i>Keluarga Berencana</i> (family planning) |
| KS | <i>Keluarga Sejahtera</i> (Welfare Family) |
| <i>KaSie Remaja</i> | Head of Section of Adolescents (usually housed in districts) |
| MNH | Maternal & Neonatal Health |
| NCTN | National Clinical Training Network |
| NGO | Non Governmental Organization |
| OD | Organizational Development |
| PI | Performance Improvement |
| PKBI | <i>Perkumpulan Keluarga Berencana Indonesia</i> (Indonesian Family Planning Association) |
| PKMI | <i>Perkumpulan Kontrasepsi Mantap Indonesia</i> (Indonesian Voluntary Sterilization Association) |
| PLKB | <i>Petugas Lapangan Keluarga Berencana</i> (Family Planning Field Worker) |
| POGI | <i>Perkumpulan Obstetri dan Ginekologi Indonesia</i> (Indonesian Society of Obstetrics and Gynecology) |
| PSA | Public Service Announcement |
| QI | Quality Improvement |
| QIQ | Quick Investigation of Quality |
| RH/FP | Reproductive Health/Family Planning |
| <i>SAHABAT</i> | “Trusted Friend” |
| SO | Strategic Objective |
| SOAG | Strategic Objective Agreement Grant |
| UNFPA | United Nations Fund for Population Activities |
| VSC | Voluntary Surgical Contraception |
| WHO | World Health Organization |
| YKB | Yayasan Kusuma Buana (Kusuma Buana Foundation) |

TABLE OF CONTENTS

| | |
|--|-----------|
| PART I: MAJOR PROGRAM ACHIEVEMENTS | 1 |
| PART II: PROGRAM MANAGEMENT ISSUES | 2 |
| PART III: PROGRAM IMPLEMENTATION ISSUES | 4 |
| PART IV: ACHIEVEMENT OF IMPACT AREAS | 5 |
| Impact Area 1: Supply of Quality Services and Expanded Choice Improved | 5 |
| Service Quality Improvement | 5 |
| Contraceptive Security | 10 |
| Expanded Choice | 13 |
| Impact Area 2: Demand for Quality Services and Informed Choice Increased | 15 |
| Empowered Clients and Communities | 15 |
| Capacity Building for Advocacy | 19 |
| Impact Area 3: Environment for Sustaining Quality and Choice Strengthened | 21 |
| Support for National and Regional RH/FP Policy | 21 |
| Support for Clients' Rights | 24 |
| Utilization of Data | 24 |
| PART V: SOAG SECRETARIAT | 27 |
| PART VI: ACTIVITY MATRIX | 30 |
| ----- | |
| APPENDIX I – District Strategy Activities | 37 |
| APPENDIX II – Geographic Impact | 39 |
| APPENDIX III – Referenced Documents | 45 |

PART I: MAJOR PROGRAM ACHIEVEMENTS

- **District Strategy Takes Off:** Integrated district-based quality improvement teams have formed, developed work plans and are now implementing STARH interventions in 12 districts in 8 provinces. In May and June five workshops were held to orient the new district and provincial level STARH Teams (a total of 20 teams) to STARH's integrated quality improvement approach. Capacity building activities are currently underway in all 12 districts.
- **QIQ Assessment Completed:** Quality assessments, using the *Quick Investigation of Quality* (QIQ), were conducted in 123 facilities in 12 districts, as well as 13 facilities in DKI Jakarta, in partnership with the Faculty of Public Health, University of Indonesia. The data will form the basis for helping STARH to determine priority needs at the facility level and serve as a baseline against which improvements in quality will be measured.
- **National Consensus Reached on FP Clinical Standards and Guidelines:** In August a STARH sponsored meeting of stakeholders, involved in the development and promotion of clinical standards and guidelines, developed consensus around the need to consolidate and update FP clinical service guidelines. Stakeholders are now involved in the process of revising the standards which are scheduled to be ready for dissemination in April of 2003.
- **Private Sector Performance and Quality Improvement Pilot Test Shows Positive Results:** STARH worked with IBI to pilot test performance and quality improvement tools and processes in 5 private sector clinics. Findings showed that there was an increase in FP caseload, averaging 24%, as well as increased client focus and community outreach in 4 of 5 private IBI clinics. (The fifth clinic had just instituted changes and had not yet had time to see results.)
- **National Launch of SMART INITIATIVE through SAHABAT's mass media campaign:** The SAHABAT campaign was launched on July 29, in support of "National Family Day". This campaign, focusing on the quality of interaction and the relationship between client and provider, was launched through mass media in four national private TV stations and TVRI. The launch of the SAHABAT campaign at the province and district levels began in September 2002.
- **Adolescent Reproductive Health (ARH) Capacity Building Conducted with BKKBN:** In April, P-Process training was conducted for Provincial ARH teams from all of BKKBN's 30 provincial offices. The training was provided to leverage local government budgets for development of ARH materials and activities.
- **Media Partnerships Create Strong Advocacy Channels:** STARH has provided materials and support for field visits by Indonesian journalists. These efforts have resulted in a continuous dialogue in the media on family planning issues with more than 16 articles being published by Kompas, the Jakarta Post, and Media Indonesia on RH/FP issues.
- **SOAG Amended:** The Strategic Objective Agreement Grant, which provides grant funding to help protect the health of the most vulnerable women and children in Indonesia, was extended and expanded during this reporting period. The SOAG is currently valued at \$135 million and runs through September 2005.
- **Decentralization Strategy Drafted by BKKBN:** Subsequent to a STARH supported BKKBN retreat in April; a decentralization strategy for BKKBN was drafted. This represents the first step toward making decentralization of BKKBN a reality.

PART II: PROGRAM MANAGEMENT ISSUES

During the reporting period, several actions have been taken that will strengthen the overall direction and management of STARH. These include recruitment of a Deputy Team Leader, appointment of Regional Coordinators to manage STARH's District Strategy, relocation of key personnel to BKKBN headquarters, hiring of new staff and revision of STARH's performance monitoring plan.

Internal Issues:

Building on STARH's positive experience with the temporary hiring of an Advisor for Management, a permanent position was created for a Deputy Team Leader to hold an ongoing management role in STARH's growing program. This position, which was filled at the end of July, focuses on planning, reporting, and coordination of STARH activities across impact areas. The Deputy Team Leader joins the Team Leader and the Impact Area Coordinators (IAC) in STARH's weekly coordination meetings to ensure an integrated programmatic approach.

A new structure has been formed to manage the District Strategy, which is now in full operation. Four Regional Coordinators have been appointed (from amongst existing STARH staff) to coordinate activities in the STARH districts. The districts have been divided and assigned to staff as follows:

| Regional Coordinator | Province | Districts |
|-------------------------|-------------------------|----------------------------------|
| Kemal Soeriawidjaja | Central Java | Purbalingga Boyolali |
| | East Java | Kediri Malang |
| Damaryanti Suryaningsih | West Java | Cianjur Sukabumi |
| | Banten | Lebak |
| Nurfina Bachtiar | North Sumatra | Deli Serdang Pematang Siantar |
| | Lampung | Tulang Bawang |
| Esty Febriani | South Sumatra | Ogan Komering Ilir (OKI) |
| | Bangka Belitung (Babel) | Bangka |

The Regional Coordinator maintains regular contact with the District Teams, coordinates STARH inputs, attends key meetings and activities at the district level, maintains reports and files pertinent to the work of the District Teams and reports regularly to senior management. To date this structure has worked very well. An unanticipated outcome of this administrative restructuring has been further integration of the supply and demand elements of STARH's program; an extremely positive development.

To keep pace with the increasing activities STARH expanded its staff dramatically during this reporting period. Below is a list of staff hired since April 1, 2002:

| | |
|-------------------|--|
| Nancy Caiola | Deputy Team Leader |
| Daniel Thompson | Long Term Consultant for Logistics |
| Francisca Lambe | Program Coordinator for Standards & Guidelines and VSC |
| Bambang Wijatmiko | Translator/Interpreter |

| | |
|---------------------|---|
| Inawan Pamungkas | Finance Manager (JHPIEGO) |
| Dwie Rahayu | Administrative Assistant |
| Yulianti | Program Administrator |
| Budi Harnanto | Finance Officer (JHUCCP) |
| Kemal Soeriawidjaja | Community Participation Specialist |
| Novita Sari Kasiran | Program Administrator |
| Abigael Wohing Ati | Research Assistant |
| Armia Idris | Program Coordinator (works at BKKBN supporting the ACU) |
| Wenita Indrasari | Provides support to BKKBN ARH Unit (3 month contract) |

With the arrival of the new CTO at USAID, Monica Kerrigan, STARH has been encouraged to review its Performance Monitoring Plan (PMP). Several meetings have been held with USAID which have resulted in a modified and more streamlined PMP which USAID and STARH feels can effectively be used to “tell STARH’s story” in Washington. With the approval of STARH’s extension the PMP will need to be modified again.

External Issues: In an effort to ensure close collaboration with our partner, BKKBN, STARH has expanded its offices at the BKKBN headquarters and moved key staff to these offices. Logistics Consultants - Daniel Thompson and Yos Hudyono, Advisor for Program Management - Dr. Bimo, Program Advisor - Russ Vogel, and support staff – Yani Zihni Rifai and Yulianti are all now housed at BKKBN. Although this is still a new arrangement, it seems to be further facilitating communication and cooperation between STARH and BKKBN.

During this reporting period STARH expanded its partnership with DepKes through the design and launching of the District Strategy. Both BKKBN and DepKes staff actively participated in the design of the district planning workshops and they both took the lead in presenting the key concepts covered in the workshops. This process enhanced the sense of teamwork among STARH, BKKBN and DepKes. STARH’s partnership with DepKes extends beyond the District Strategy to include activities in VSC, informed consent, and standards and guidelines

PART III: PROGRAM IMPLEMENTATION ISSUES

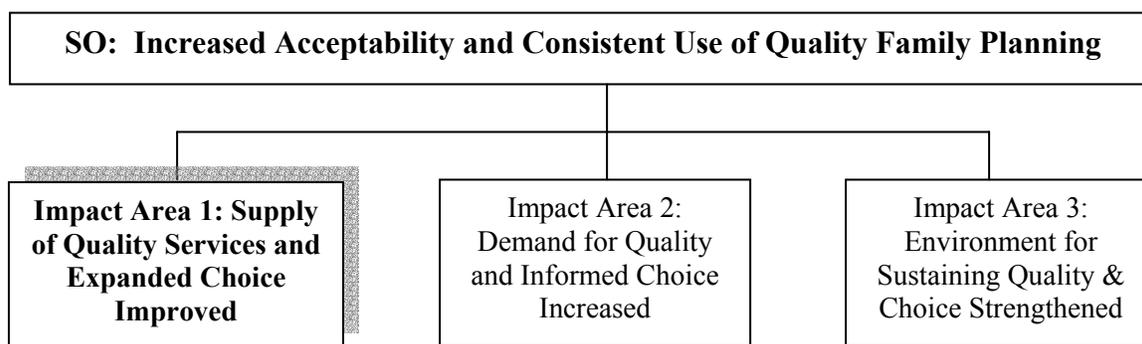
Throughout this report many references are made to the fact that BKKBN will be decentralized by December 2003. While this creates an environment of uncertainty within which STARH must operate, it also provides an important opportunity for STARH to channel its technical assistance in areas of current and genuine need, both at the central and regional levels. Decentralization has the potential to affect the national family planning program in both positive and negative ways. The challenge for STARH and its partners is to maximize the positive outcomes and minimize the negative ones. STARH is working to ensure positive outcomes through its policy work with BKKBN on decentralization and through the District Strategy.

As STARH's District Strategy has moved forward in defining its approach to achieving and sustaining quality improvements through Recognition, concern has been expressed with regard to the scope of Recognition activities. The more we have discussed the concept of Recognition, as a means to promote quality improvements, the more complex the discussions have become with regard to which facilities and which services should be the target of a Recognition program. STARH has not yet reached a mutual understanding with its partners, BKKBN and DepKes, about the role, focus and implementation of a Recognition program. As a result, the Recognition piece of the District Strategy will be delayed. Nevertheless, activities related to quality improvement, as originally conceived and planned in the District Strategy will move forward.

Commodity management continues to be one of the most difficult areas for STARH to make progress. There are a variety of reasons: a reluctance to change old ways of commodity management to match current realities, insufficient funding to meet even a portion of BKKBN program mandates, large leakages, outdated warehouse systems, and a lack of policies in support of rational drug use. STARH's ability to achieve results is greatly dependent on the Government of Indonesia's commitment to transitioning from a centrally driven national family planning program to a strong and viable decentralized program, regardless of its eventual configuration. With such a transition comes change. Government's commitment to manage change so that it results in the greatest benefits for the most vulnerable population is critical to the success of the STARH program. STARH will remain vigilant in working with government partners to achieve this intended result.

PART IV: ACHIEVEMENT OF IMPACT AREAS

This section describes progress toward achieving the desired impacts of STARH. In reporting on each Impact Area we have replaced “expected results”, which were illustrative only, with the objectives from STARH’s Monitoring and Evaluation Plan. We think that reporting progress against objectives is more appropriate and allows us the flexibility to report on a wider range of results, both expected and unexpected. Progress against planned activities can be seen in the Activity Matrix at the end of this report. For further explanation of the rationale of each impact area, please refer to the 2002 workplan.



IMPACT AREA 1: SUPPLY OF QUALITY SERVICES AND EXPANDED CHOICE IMPROVED

STARH will contribute to its Strategic Objective through improving the supply of quality RH/FP services and expanding choice of contraceptive methods. This will be achieved through three activity areas: service quality improvement; contraceptive security; and expanding method choice. Impact Areas One and Two are closely integrated, with the former focusing on developing and disseminating clinical standards and guidelines, institutionalizing a quality improvement process at the facility level and developing support systems for compliance with standards. Impact Area Two links the quality improvement process to the SMART Initiative to promote empowered clients and informed choice in the communities of those facilities involved in improving quality.

SERVICE QUALITY IMPROVEMENT

STARH’s District Strategy

Three attachments to STARH’s 2002 Workplan, “*Quality Improvement Concept Paper*”, “*Smart Clients, Smart Provider & Smart Communities*”, and “*Thoughts on STARH Field Level Activities*” describe activities which, over the past six months, have started to merge nicely in STARH’s District Strategy. STARH was asked to focus its quality improvement efforts in specific provinces and districts because of resource limitations and variability in need and absorptive capacity of districts. STARH’s District Strategy focuses on 9 provinces and an initial 12 districts to demonstrate the development of *quality improvement* models in a *decentralized* system.

STARH's District Strategy supports *quality improvement* by promoting a recognition or reward system to motivate stakeholders to improve quality, involving the community in demanding and supporting quality, supporting and documenting facility based quality improvements, and building sustainable capacity at the district and provincial levels to promote quality improvements beyond the STARH focal areas.

STARH's District Strategy supports *decentralization* efforts by focusing on the development of integrated district teams to manage inputs and quality improvement plans, promoting models of central and provincial level support to district managed activities, carefully documenting lessons learned, using low cost interventions, supporting roll out at the local level and encouraging community involvement.

While most of the activities being undertaken in STARH's District Strategy are described under the appropriate Impact Area sections, it is worth noting here the overall objectives and key developments relating to the management of the District Strategy. The District Strategy is truly an integrated strategy where supply, demand and policy environment activities meet to achieve maximum results.

Objectives:

- Strengthen the capacity of integrated, multi-sectoral teams at the district level to collaboratively plan, implement and monitor community-driven quality improvement programs.
- Strengthen the capacity of integrated, multi-sectoral teams at the province level to learn and foster replication from one district to another.

Key Developments:

- Twelve District Teams have developed workplans and begun implementing priority capacity building activities. During May and June five five-day planning workshops were held to orient the new district and province level STARH teams (a total of 20 teams) to STARH's integrated quality improvement approach. The workshops were highly participatory and involved self-assessment of district capacity to promote quality, analysis of gaps, and the creation of integrated work plans for channeling STARH interventions. (See table in Appendix I for a listing of completed and planned activities by district.) This first effort at self-assessment and planning within the integrated teams proved to be a dynamic and exciting exercise during which the participants and facilitators all learned much from each other. Capacity building activities outlined in the workplans began during this reporting period and will continue into the next reporting period. A report was prepared (Ref #9) which documents the process of the planning workshop including the outputs of each District Team (profiles of quality, gap analysis and draft work plans).
- Eight province teams also developed plans for supporting district level activities. The role of the province teams is to observe and learn from the experiences of the District Teams so that they can serve as agents for scaling up quality improvement activities to additional districts.

General Family Planning Standards and Guidelines

The availability and use of up-to-date FP standards and guidelines is fundamental to STARH's quality improvement strategy. STARH has made considerable progress during this reporting

period toward the goal of having a single set of widely endorsed up-to-date FP guidelines available and in use throughout Indonesia.

Objectives:

- A single standard set of up-to-date, evidence-based guidelines for FP service delivery available to providers in FP service delivery points.
- Providers are aware of standards and can effectively use the guidelines document.

Key Developments:

- Stakeholders, including DepKes, BKKBN, IBI, IDI, POGI, and donor-supported projects, have reached consensus on developing and using one set of FP guidelines. Currently, there are multiple sets of guidelines being referenced in Indonesia, creating confusion and inconsistency of messages.
- A technical committee has been formed, representative of all stakeholders, to develop the new guidelines document, to be titled: *Panduan Praktis Pelayanan KB*. The target audiences for this document are: practicing health care providers, medical, nursing and midwifery students, and residents. The process and timeline for developing the document, based on national and international references, has been determined and agreed to by all parties (Ref #31). Yayasan Bina Pustaka has been contracted to coordinate the process and manage deadlines.
- Following a detailed outline agreed to by the stakeholders, a first draft of guidelines has been completed. It is currently being reviewed for content by the editors and being reformatted by a layout designer for ease of use.
- As part of the consensus building and ownership strategy a large list of reviewers, representative of stakeholders, donors, as well as universities throughout Indonesia, will be asked to review and provide comments on content, format, additions/deletions, compliance procedures and plans for periodic updating. Asking donors, such as UNFPA, WHO, JICA, AusAid, to review the draft will provide the committee and STARH an opportunity to reinforce the message of consistency in guidelines and prevent donor-driven projects from creating their own sets of guidelines.
- Launch of the draft is expected by April 1, 2003. Dissemination activities, involving multiple stakeholders, are in the process of being planned. STARH will disseminate the guidelines in 2003 as part of its District Strategy and will engage other partners in dissemination of the guidelines outside of STARH provinces and districts.

Systems for Quality Improvement

The two key systems that STARH will be supporting through the District Strategy to assist quality improvement efforts at the district level are the clinical training and supervision systems.

Objectives:

- Increase the capacity and leadership role of the National Clinical Training Network to deliver high quality clinical training in family planning at the district level (in partnership with local stakeholders).

- Develop new models of district-level supervision, which support facility-based quality and performance improvement efforts.

Key Developments:

- Following the district work planning process, assessment of the NCTN clinical training capacity was undertaken and completed in all but three districts (the remaining three to be completed in October). Clinical training was identified as a priority in 10 of the 12 districts so STARH and NCTN decided to assess training capacity in all STARH districts. Several preparatory meetings, involving the development of assessment tools (Ref #25), were held prior to the assessments being carried out by the NCTN. In some cases STARH staff joined in the assessments. Based on the assessment results STARH and NCTN provincial trainers will develop and implement a series of capacity building activities. Improving infection prevention practices in sites used for clinical training will be a priority.
- To enhance the leadership role of the NCTN, STARH and MNH have joined hands to follow up on the NCTN strategic planning process of November 2001 by developing a scope of work and identifying local consultants to help NCTN achieve their organizational development goals. An organizational development (OD) team, made up of NCTN members and staff from both programs, has met on a regular basis to define the organizational aspirations of the network and discuss options for its future. To address a priority OD objective, STARH and MNH are working together with the NCTN to update their training quality improvement strategy. This involves updating indicators and tools for monitoring clinical training quality (to encompass all the services for which NCTN provides training - FP, basic delivery care, post abortion care, etc.), defining the benefits and consequence of meeting NCTN quality standards and creating linkages with existing service quality improvement mechanisms.
- In July, a joint STARH and MNH activity examined key lessons learned from previous infection prevention efforts in Indonesia so that they could be applied to the development of STARH's district level infection prevention strategy. Improving infection prevention at clinical training sites as well as at FP service delivery sites is a key quality objective for STARH. Linda Tietjen, an infection prevention consultant who has worked extensively in Indonesia, facilitated the Infection Prevention Strategy Workshop with key stakeholders from both the NCTN and the Central and West Java Departments of Health. Given that both MNH and STARH need to address infection prevention on a large scale throughout their districts, this workshop analyzed past efforts (using gap and root cause analysis) and identified new approaches to improve compliance with infection prevention standards. The participants agreed that training alone is insufficient to change provider and staff behavior, but that supervision is needed to reinforce behavior change. Interventions identified to improve IP included, development of facility-specific standard operating procedures (SOPs), job aids, involvement of managers and administrators in IP efforts, active onsite supervision involving demonstrations and modeling appropriate behavior, and using incentives and sanctions based on performance related to IP (Ref #14). In addition, two groups developed step-by-step plans for addressing infection prevention in a small clinic/puskesmas and in a hospital.
- Work on facilitative supervision though DepKes has been put on hold, as Dr. Loesje wants to combine dissemination of supervision guidelines with the regular FP guidelines. Preliminary data from QIQ, as well as anecdotal reports, suggest that supervision systems are inconsistent at best. STARH will identify and build on whatever supervision system works best in a district as opposed to investing in systems that are not currently functioning. STARH will begin to discuss supervision issues early next year, in the context of developing quality

improvement “coaches” at the district level who can facilitate and encourage facilities to undertake quality improvement efforts.

Recognition

Motivation is key to achieving improvements in quality. To motivate stakeholders to improve quality STARH has proposed that the District Teams consider implementing a community driven Recognition system, whereby a facility engages with the community to achieve standards and is eventually “recognized” for achieving those standards. STARH has proposed that the design and development of a Recognition system be managed by the STARH District Team and be part of the team’s overall efforts to institutionalize quality improvement.

Objectives:

- Link compliance to standards with official as well as community-driven Recognition and benefits.
- Institutionalize Recognition systems at the district level.

Key Developments:

- Consensus was reached with BKKBN partners on including Recognition as a key strategy to promote quality improvement as part of the District Strategy. The basic concept of Recognition was introduced to STARH district and province teams during work planning meetings in May and June. The Philippines’ Sentrong Sigla and Egypt’s Gold Star program examples were used to illustrate the concept. Subsequently, a Recognition concept paper (Ref #22) was drafted and discussed with various stakeholders at the central level (BKKBN and DepKes) as well as at the district level (BKKBN, Dinkes, and IBI and community leaders from 3 STARH districts). STARH consultants Edgar Necochea and Jennifer Bowman provided technical assistance to assist STARH in planning the “implementation” of Recognition.
- In presenting the concept of Recognition to district level partners there was a great deal of enthusiasm about how such a concept could be implemented and how it could make a difference in the promotion of quality. In contrast, while presenting the concept of Recognition to high-level partners at Depkes, questions were raised about the feasibility of implementing a Recognition program in the public sector, specifically in the puskesmas, and the advisability of having Recognition focus on just family planning when the puskesmas provides a wide range of health services. The question was also raised about how a Recognition program, as being proposed, would support or possibly conflict with the DepKes accreditation efforts. While DepKes staff remains very positive about the concept of Recognition and its potential for contributing to quality improvements, issues relating to implementation remain unresolved. Pending resolution of these issues, STARH will suspend its efforts in Recognition but continue to promote community driven quality improvement in communities where STARH facilities are located.
- Self-assessment tools for use by facilities to both learn about standards and to check their own compliance with standards were drafted. (Ref #27) Using examples from other countries as well as international references, STARH consultants, Debora Bossemeyer and Edgar Necochea developed a first and second draft of self-assessment tools for different components of family planning service quality. STARH is committed to incorporating the views of the community into any final assessment tool or tools and making sure that the

community is involved in the self-assessment process. The draft tools will be translated into Bahasa Indonesia before larger groups of stakeholders; users and managers are convened to review and revise them. Regardless of the progress on Recognition, these tools will be used for self-assessment of quality at STARH facilities.

Facility Based Quality Improvement

As stated above, STARH's District Strategy supports integrated District Teams to develop district level capacity and systems to assist facilities in their efforts to improve quality. This means that initial District Strategy efforts are being directed at the district level and will be followed by facility level interventions. The accumulation of QIQ data during this reporting period will help STARH and the District Teams plan priority interventions for facility level quality improvements, which will begin during the next reporting period.

Objective:

Ensure that FP services are provided according to nationally approved standards.

Key Developments:

- Data collection for the baseline assessment of quality in 123 public and private health facilities in 12 districts and 8 provinces, using *Quick Investigation of Quality* (QIQ) methodology and tools, has been completed (Ref #28). This process included submitting protocols to JHU for human subjects review, adapting, translating and pre-testing the tools, recruiting and training the data collection teams and notifying officials in the provinces, districts and facilities to be visited, before data collection could begin. Reports from consultants Margie Ahnan and Joy Fishel, enlisted by STARH to assist in this process, document the process so as to allow STARH to replicate it in future assessments (Refs #5 & 1). The assessment included interviews with facility managers, an audit of infrastructure and supplies, as well as observations of client provider interactions and delivery of FP services.
- A preliminary review of results suggests that while some facilities meet some of the QIQ indicators no facility meets all 24 indicators of quality. The most problematic areas of quality appear to be counseling, infection prevention and availability of contraceptive supplies.
- The SAHABAT campaign has developed materials including posters and brochures, which will be used at facilities as the facility based quality improvement efforts get under way during the next reporting period.

CONTRACEPTIVE SECURITY

This component of Impact Area 1 saw the arrival of JSI long-term consultant Daniel Thompson to give a boost to activities.

Private Sector Expansion

STARH has explored the role of the private sector in achieving national and STARH strategic objectives of sustained use of family planning. Four factors, that are becoming considerably clearer, provide the impetus for expanding the private sector's role. The first is that the subsidized public sector program appears to be a lower priority for the GOI in the current political and economic crisis. The second factor is that the public sector program is operating like the

private sector, with client fees for most if not all users. The third factor is that the private sector is growing rapidly as public sector services become less reliable. And finally, the private sector, in areas where it is established, is being hurt by the public sector's inconsistent availability of supplies.

Objective:

Increased participation of the private sector in meeting the contraceptive needs of clients.

Key Developments:

- To develop a framework for expanding private sector initiatives, a Strategic Options¹ paper (Ref #19) was developed by STARH consultant Jose Rimon. The strategy was researched with both BKKBN and participants from the commercial and NGO sectors. The paper provides rationales and options for several initiatives. One of the major points of the paper is that changes in the policy environment of BKKBN are essential to achieving the full and rapid impact of the private sector in ensuring contraceptive security.
- Subsequently, JSI Consultant Nora Quesada visited Jakarta to assist STARH in planning contraceptive security interventions. As part of her scope of work she wrote an analysis of private sector issues (building on ideas in the Options paper) and made recommendations to STARH, particularly in the policy area (Ref #8). Quesada also participated in developing a new scope of work for the logistics advisor and an extension of the STARH – JSI agreement.
- One of the issues raised by Quesada was how to rationalize BKKBN's mandates with the small number of commodities they are currently procuring. It was agreed that options needed to be constructed as models, using existing data, for BKKBN to be able to make responsible decisions on their limited choices. Consultant economists and demographers have been identified and a brainstorming session is scheduled for late October (due to availability of consultants). The purpose of the exercise is to make clearer the costs and benefits of focusing resources on populations/areas where the private sector is less likely to be able to reach.
- The pilot project with five private sector clinics operated by the Indonesian Midwifery Association (IBI) came to a successful conclusion in July 2002. Teams from each of the 5 clinics convened in Jakarta to present their results after a year-long performance and quality improvement process. Most notable were the dramatic improvement in client focus and an ensuing increase in caseload in 4 out of 5 clinics. The performance improvement methodology also enabled clinic staff and supervisors to question inappropriate management systems or practices. As a result, several clinics radically reformed their staffing patterns, allocation of clinic revenues, and even pricing of services. A summary report of the project is forthcoming from STARH (Ref #11). IBI is eager to continue collaborating with STARH on improving the performance of private IBI clinics in other provinces.

Strengthening existing NGO health delivery networks is a potential strategy for expanding private sector RH/FP services. STARH has been working with Muhammadiyah and Muslimat, the two largest Islamic social welfare groups, to determine how they can increase the provision of non-public sector FP services. STARH will help these groups conduct an inventory of facilities and resources, and a management review. This information will allow STARH and the groups to determine if the management structure is appropriate to channel resources to the affiliated

¹ The full title of the paper is "Strategic Options: Strengthening the Private Sector in the Family Planning Program in Indonesia".

facilities, and if the facilities can absorb STARH assistance to improve the quality and demand for FP services.

Contraceptive Supply Chain Management (formerly Logistics)

Objective:

Ensure that all components of BKKBN's contraceptive supply chain support the availability of contraceptives at service delivery points.

Key Developments:

- A review of the European Commission Project's "Pull Distribution System" was undertaken by reviewing guidelines, consultant reports, the training curriculum used to introduce the new system, and a field visit to one of the test provinces, Bangka Belitung. Findings were discussed with STARH and EC staff. One of the weaknesses of a pull distribution system is that it must guarantee a full supply of contraceptives. It is doubtful if BKKBN can guarantee full supply at this time. As a result of this assessment, STARH will not continue technical support to the pull system as currently designed.
- A training course on "Supply Chain Management" was designed and implemented for 23 BKKBN personnel from central and provincial levels. The course was conducted from September 23 – 27 in Puncak. In working with BKKBN personnel at various levels, STARH consultants have often found that various definitions are used to describe the current BKKBN logistics system. This course was designed to cover the basic concepts and principles of supply chain management, create a common vocabulary, and identify areas in BKKBN's existing contraceptive supply chain needing strengthening. A reference manual titled *A Guide to Managing Contraceptive Supplies* (Ref #30) was developed and translated into Bahasa-Indonesia, and each participant received a copy at the beginning of the course. The course was designed and conducted by Daniel Thompson with the assistance of a STARH interpreter.
- In conjunction with district planning workshops, the contraceptive security team² met several times to develop a revised work plan. This work plan is documented in Nora Quesada's July trip report. In terms of contraceptive supply chain management, an initial decision was made to focus interventions in three of the 12 STARH districts, where the teams chose logistics as a priority intervention. In redesigning and testing a supply chain system in these districts, STARH will document results and advocate for replication.
- As of the end of this reporting period, the baseline contraceptive supply chain management survey is underway in two provinces and about to begin in the third (Ref #29). Yos Hudyono took the lead in designing the instruments and Manggala Jiwa Mukti recruited recent pharmacy school graduates to collect the data. An extensive pre-test was conducted at province level and in two districts of West Java to refine the instruments and give ample practice to the data collection teams. The baseline is designed to support a comparative study, which includes the three intervention districts as well as three comparison districts.

² Yos Hudyono, Daniel Thompson, Anne Pfitzer, Gary Lewis, Adrian Hayes, Ndaru Kuntoro, Russ Vogel

Policy Reform³

Objective:

Encourage the enactment of policy supportive of improved contraceptive supply chain management as well as private sector expansion.

Key Developments:

- With decentralization scheduled for the end of 2003, BKKBN will need to address the implications on the contraceptive supply chain at all levels. A briefing paper is in the process of being prepared as a first step in helping BKKBN analyze the roles and responsibilities associated with supply chain management in order to support their reallocation of tasks at various levels.
- An important outcome from the Supply Chain Management Course was the recommendation to establish a Technical Working Group on Supply Chain Management that would consist of representatives from several divisions within BKKBN as well as from several relevant divisions of the Ministry of Health, BPOM and potentially local manufacturers. The purpose of this group is to explore technical and policy issues related to Supply Chain Management.

EXPANDED CHOICE

Improving the Quality of Voluntary Surgical Contraception (VSC)

In an effort to stress the issue of client safety, STARH is advocating to consolidate VSC services in facilities which have adequate caseload. Consolidation will allow cost effective quality assurance systems to be put in place, allow competency based training and send the message that quality, client safety and VSC are linked.

Objective”

Ensure the delivery of safe and effective VSC services (with an emphasis on high caseload service delivery points) through a strengthened quality assurance system.

Key Developments:

- The VSC Technical Working Group (TWG), formed during the last reporting period, has been very active and has worked in close collaboration with STARH to implement the activities described below. It remains well supported by Dr. Siswanto from BKKBN. In fact, the TWG created the impetus for looking at long-term issues in VSC sooner than originally planned, so as to create a framework for STARH efforts in this area.
- The refinement and testing of tools for assessing quality and client safety in VSC was completed (Ref #26). An initial assessment was conducted in 8 hospitals and 4 districts of West Java. Preliminary results were presented at two separate meetings of the TWG (Ref #32). A report in Bahasa Indonesia is available (Ref #12). Plans are underway for further disseminating these results in West Java. The TWG also developed a scoring system to

³ This component of policy reform is intricately tied to the private sector component. In the interest of brevity, overlapping activities, such as the work done by Nora Quesada, will not be repeated.

categorize facilities as 1) meeting minimum requirements for client safety and deserving recognition, 2) needing to make improvements and 3) improvements needed too extensive, facility should not be recognized as a VSC facility and, therefore, not be eligible for BKKBN reimbursements. Cutoffs were determined with client safety as the first priority, then other factors such as effectiveness of service and implications for the program. *In applying the scoring system, none of the West Java sites met the criteria for recognition.* As a follow up to this assessment, the results will be presented back to the 8 hospitals in West Java followed by discussions about how improvements can be made so that the criteria for recognition can be met. Next steps include finalizing an instruction manual on how to use the tools for the purpose of training future assessors, guidelines for using the scoring system and its linkage to the reimbursement system and a plan for implementing the assessment in 5 high caseload provinces.

- Given that the World Bank's SMFPA (Safe Motherhood: Partnership and Family Approach) project has allocated funds in 2003 for improving VSC services in East and Central Java, STARH has tentatively agreed to support assessments of high caseload sites in those provinces, pending a proposal from BKKBN.
- STARH supported the TWG in the preparation and implementation of a National VSC Strategy Workshop to formulate a national VSC strategy, which focuses on client safety. Ambar Roestam was recruited to coordinate preparation of a draft strategy document, which was presented at the workshop (Ref #21). The workshop brought together senior and mid-level DepKes, BKKBN, POGI, PKMI officials and included both a review of the strategy draft as well as in-depth discussion of controversial or unresolved issues in ensuring a sustainable quality assurance system. To follow up, a small team from STARH and BKKBN will review and reformat the document into one that has the policy, strategy and implementing activities clearly laid out. During the meeting, BKKBN took a strong stand against the use of general anesthetic in tubal ligations. BKKBN has agreed to a deadline of Dec 31, 2002 for making the document official.
- The GOI, through DepKes and BKKBN, has made clear its intention to utilize PKMI specifically in the areas of setting standards and guidelines, training and quality assurance for VSC. Thus, in conjunction with the national VSC workshop, STARH also supported a national PKMI meeting. This was the first meeting since 1998 and allowed the organization to formally install its current set of officers as well as elect a new set of officers for the year 2006. At the top of the agenda was a discussion of how to re-engineer PKMI to adapt to changes in its environment and manage the tasks assigned to it by the GOI. PKMI is completing a report on its plan to strengthen its capacity address the three areas for which it was given responsibility in the National VSC strategy. It is also submitting a declaration, as suggested by Dr. Siswanto, to advocate for ongoing budgetary support from GOI.

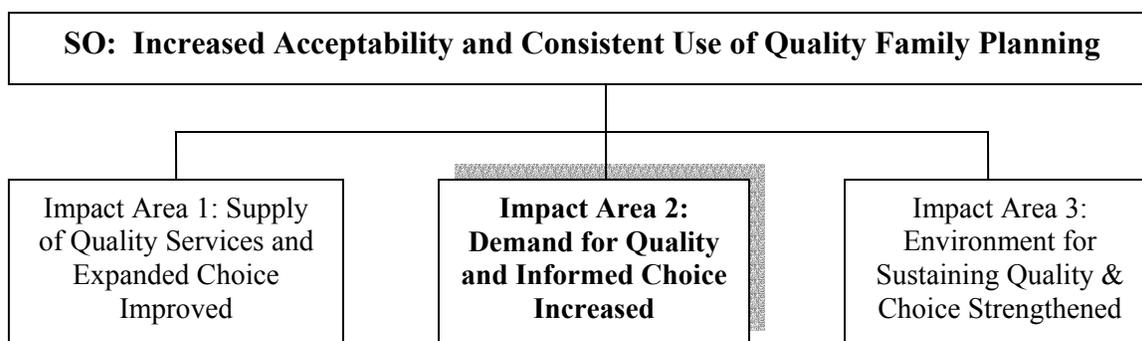
Emergency Contraception

Objective:

Expand the use of available methods of emergency contraception in Indonesia.

Key Development:

A proposal was received from Muhammadiyah, however no real progress can be reported. Given that this activity requires demand generation, we will be looking at reallocating responsibility for this activity within the STARH team



IMPACT AREA 2: DEMAND FOR QUALITY SERVICES AND INFORMED CHOICE INCREASED

STARH will achieve impact by focusing on two main activity areas: empowering clients and communities to demand better quality services and building capacity for a range of advocates to stimulate demand for such services. Both activity areas will work in tandem to ensure that RH/FP services meet client needs and that providers are increasingly accountable to their clients. STARH's demand initiatives are closely integrated with supply side quality improvement interventions in Impact Area One through the District Strategy. Impact Area Two is also closely integrated with aspects of Impact Area Three, particularly in the areas of policy reform and advocacy for Adolescent Reproductive Health.

EMPOWERED CLIENTS AND COMMUNITIES

The goal of the SMART Initiative is to educate groups of prospective clients and providers on their roles and rights in terms of quality of care. This is central to BKKBN's program to empower family planning clients to take control of their own health and to involve them as consumers in setting expectations and improving services.

SMART Clients and Providers

Objectives

- Enhance and strengthen the client-provider relationship as a *partnership* between clients and providers
- Increase client and community awareness about their right to quality services.
- Increase ability and activities of community leaders and PLKB to promote SMART client education /coaching through community members and cadres.

Key Developments

- The results of the "Formative Research" (Ref #13) and the "Positive Deviant Study" have been used by the STARH team to develop the message design of the SMART Initiative. Subsequent to the design of the campaign the following activities took place:

- STARH implemented the SMART Initiative through the SAHABAT’ (“loyal friend”) mass media campaign. Pre-testing showed that clients did not like being called SMART (cerdas), but are most active and comfortable in a friendly (SAHABAT) environment. The campaign focuses on the give and take interaction between client and provider to achieve better quality of services in RH/FP. The television PSA empowers client to be more active in asking for adequate information and services, which in turn motivates the provider to give better quality of service. The campaign also acknowledges the importance of influencers such as community leaders, religious leaders, mothers, mothers-in-law and husbands. SAHABAT acts as an umbrella campaign and future SAHABAT messages will further define quality and client rights. Future messages will also be disseminated through other STARH channels (e.g. advocacy, community activities, ARH activities, P Process training, etc.)
- The SAHABAT national campaign was launched on July 29, 2002 during the National Family Day through four private TV stations and one government station (TVRI). Radio spots followed the TV launch. Printed materials (posters, leaflets, stickers, manual book) have been completed and distributed to the districts for local SAHABAT launches. To maintain the momentum after the initial three months of airing, STARH will sponsor a special talk show on Indosiar TV during Ramadhan, hosted by a well-known religious leader.
- As part of the District Strategy local SAHABAT launches in the STARH districts and provinces followed the national launch. The first local launch was in Cianjur in September 2002, and will be followed by the other district launches in October. To build ownership of the SAHABAT program, the launches are designed by STARH District Teams with technical assistance from the central STARH team. The launches use consistent SAHABAT messages, but are locally adapted involving the community input. The local launches are supported by a mass media campaign though PSAs on the local radio stations, local theatre shows and print materials (posters, leaflets, stickers) for distribution to the clients.
- After the district launches, the SAHABAT messages will be further disseminated through community based activities such as viewing the existing JHU Entertainment Education movies (RH and MNH topics) through BKKBN mobile vans. While showing the movies, the STARH District Team will distribute posters, leaflets and stickers to the clients who attended the show. Materials for community participation and client coaching (radio, video, and print materials) have been developed and will be tested in October 2002.
- The ASUH Program has requested STARH to develop a joint radio program in Cianjur district (an overlapping district for STARH and ASUH). The messages will combine the SAHABAT message: *Client responsibility to better quality of service*, with ASUH’s message: *The importance of having a home visit during the first week of a newborn’s life*. The concept and budget has been submitted to ASUH, and STARH is waiting for a response.
- STARH is exploring the possibility of collaborating with IBI to utilize the monthly bidan coordinator meetings at the facility level to update providers about the content and intent of SAHABAT messages.

SMART Communities and Strengthening Civil Society Organizations (CSOs)

One of the two principal approaches under STARH's SMART Initiative is to increase community participation in improving access to and delivery of quality reproductive health services. Community participation is a critical component of STARH’s District Strategy and will work within the catchment areas of the facilities selected for quality improvement under Impact Area One. These efforts will support the development of models, materials and human resources that can be rolled out to other areas. A variety of community participation activities will be facilitated

in collaboration with key NGOs and an alliance of RH/FP Civil Society Organizations to reinforce key mass media messages at the community level and create a collective demand for quality and choice.

Objectives

- Increase community dialogue about health priorities (e.g., quality, cost/expenditures, emergency response, appropriate choices)
- Increase community participation in promoting health
- Increase community involvement in monitoring and ensuring quality of services

Key Developments

- Using data from Healthy Indonesia 2010 and other resources STARH conducted an initial inventory of NGOs and CSOs at the district level to be engaged as potential resources for implementing community based SMART-SAHABAT activities. As the District Strategy develops, these NGOs and CSO will be drawn upon to promote community dialogue, participation and involvement in the demand for and supply of quality RH/FP services.
- Drafts of materials for community participation (radio, video, and print materials) have been developed and will be tested in October 2002. Discussion guides for community discussion have been explored and STARH is looking for TA to develop training on participatory discussions in the community.
- In another effort to strengthen the NGO sector STARH is developing the capacity of key NGOs to meet a wide range RH/FP service delivery needs. In a first phase STARH has selected five NGOs in East, Central and West Java and Jakarta. A capacity assessment was conducted of these NGOs (Ref #15) and training for sustainability was conducted in September by YKB focusing on development of key management skills. The outcome of the training was a Plan of Action (POA) for each NGO. The POA will be implemented next year with supervision and monitoring by YKB and the STARH team. In a second phase five NGOs from Sumatra will be selected and trained.

Special Groups (adolescents and men/couples)

Under the SMART Initiative, clients are broadly defined as women, men and adolescents. While much of the mass media campaign will target the general public, messages tailored specifically for adolescents and men are required and key program initiatives such as advocacy, need to work in concert with SMART to ensure that these groups of potential/existing clients are served.

Objectives

- Increase normative support for special groups' rights and responsibilities (e.g., demand for quality service)
- Increase knowledge of unique health needs of adolescents
- Increase capacity of NGOs/CSOs to serve adolescents
- Increase demand for male contraceptive methods
- Increase male support for SMART contraceptive decisions and behaviors

Key Developments

- The desk review of ARH has been completed, assessments (NGO assessments, capacity of ARH managers at BKKBN) conducted, and formal and informal discussions have been held. As a result, the ARH Implementation Plan has been drafted and the accompanying strategy paper is in the process of being finalized. The draft plan has been submitted to BKKBN for final input.
- In order to strengthen the capacity of BKKBN's ARH provincial managers in communication program planning, STARH conducted a P-Process training workshop in April, funded jointly by STARH and by local budgets (DIP). Workshop participants included the ARH section head and a trainer from each of 30 BKKBN provincial offices. STARH produced and distributed the "Tips and Models of Youth Education Materials" booklet to all participants. The booklet describes stages of behavior change communication using practical examples from national and international experiences on how to develop education materials and strategic messages.
- As a follow up to the P-Process training, STARH provided small grants to the provinces to implement their ARH programs locally. A team of STARH and BKKBN staff was established to review and select the proposals submitted by 26 provinces. Eleven small grants were awarded to the most innovative proposals and activities are currently underway.
- Subsequent to the provincial level capacity building in ARH, BKKBN requested that STARH help develop the capacity of district based ARH program managers (Kasie Remaja) through training. Concerned about the limited potential impact of a stand alone training event, STARH suggested that a performance assessment of Kasie Remaja be conducted to help BKKBN take a more strategic look at the overall needs and potential contribution of this new cadre of staff, particularly in light of impending decentralization. STARH and BKKBN research staff conducted a rapid performance assessment of Kasie Remaja in North Sulawesi, South Kalimantan and South Sumatra in September. Based on key findings, recommendations were made to BKKBN to: 1) revise the job expectations of district-based Kasie Remaja; 2) encourage the Kasie Remaja to develop strong networks with local NGOs, and; 3) develop the Kasie Remaja as a channel through which ongoing informational needs of multiple ARH stakeholders at the district level can be met. A full report of key findings and recommendations has been presented to BKKBN.
- STARH has worked with PKBI to develop a proposal for Child Survival funding. Activities being considered for funding include regional forums (or a national level meeting) during which ARH NGOs can share best practices, identify resources, and ascertain key training needs. The idea of expanding PKBI's ability to provide child survival and maternal and child health services is also being discussed. A proposal is in the process of being finalized.
- STARH's male participation strategy has been delayed. In September, Anne Palmer from Baltimore provided TA to fine tune the male participation strategy in collaboration with BKKBN. The draft strategy has been discussed with BKKBN's Director of Male Participation and will be revised accordingly, based on inputs and comments from that discussion. During her visit, it was agreed that STARH should conduct a pilot project for male participation rather than attempt to address it on a national scale. A final strategy will be ready by the end of the year. In the meantime, male participation is being demonstrated through the SAHABAT mass media campaign by having the husband appear as an active participant in all scenes.
- STARH was requested by Dr. Siswanto Wilopo to provide TA to the World Bank's "Safe Motherhood Partnership Program" to facilitate the spending of \$250,000 by the end of 2002

on media placement related to FP quality, ARH and male participation. STARH was requested to provide TA on design of the materials. Discussions on this issue are still ongoing.

CAPACITY BUILDING FOR ADVOCACY

The activities in this section are very closely related to the activities in the first section of Impact Area 3. During the next reporting period STARH will be working to further integrate these sets of activities and rationalizing their management within STARH.

Capacity Building

To support the decentralization process, advocacy to sustain demand for RH/FP at central, provincial and district levels is paramount. STARH is strengthening BKKBN and other stakeholders to advocate for the maintenance of the RH/FP program at different administrative levels.

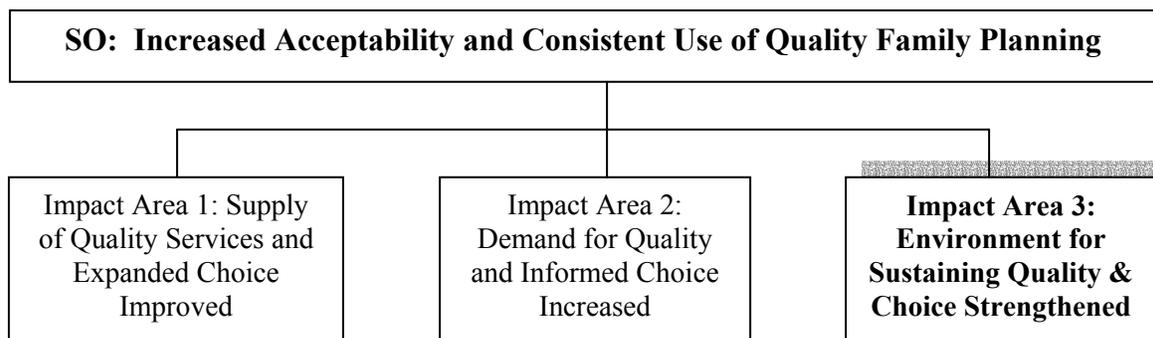
Objective

Increase ability of program staff, partners, and other private and public stakeholders to advocate for attention to RH/FP issues and changes in policy

Key Developments

- In August 2002 Drs. Imam Haryadi and Dr. Siswanto of BKKBN requested that STARH's advocacy strategy work to strengthen the existing National Parliamentary Forum on Population and Development that was established this year in collaboration with UNFPA. BKKBN also requested that STARH facilitate the establishment of district and province level Parliamentary Forums in the STARH districts. These Parliament Forums can serve as both target audiences for advocacy activities and in turn work as advocates to influence members of local parliament for RH/FP local policy. To address those requests, STARH has begun work with Dr. Surya Chandra, the Chairperson of the National Parliamentary Forum and the vice chairman of Commission VII (health committee) at the National Parliament, to get input on how national and regional parliamentary forums can be effective channels for advocacy. Support from Dr. Surya Chandra has been very positive and STARH will continue to develop advocacy efforts in this new direction.
- Another logical target for advocacy capacity building is the STARH District Team. During the district planning workshops in June, the teams expressed a great deal of interest in advocacy. STARH has been collaborating with INSIST, an independent advocacy NGO based in Yogyakarta, to develop a comprehensive training module for advocacy. The module being developed draws on existing advocacy training modules developed by UNFPA, HI-2010, Coremap and JHU/CCP. Training of District Teams, as well as other audiences, will begin early next year.
- One of STARH's main advocacy channels is through mass media. STARH has been very successful in harnessing the power of the media to "tell the story" of reproductive health. This is evidenced by the fact that, in September, Jakarta Post's Bureau Chief, Rita Widiadana was selected as winner of the Population Institute's prestigious Global Media Award in the category of Best Individual Reporting Effort. STARH continues to collaborate with print media such as Kompas, the Jakarta Post and Media Indonesia which have published more

than 16 articles on RH/FP issues during the reporting period. STARH continues to collaborate with TV stations which have been supportive of STARH such as TVRI, SCTV and Trans TV.



IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED

STARH will contribute to the Strategic Objective through strengthening the institutional environment for quality and choice, especially the policy environment. STARH will achieve impact by focusing on three main activity areas: support to national and regional RH/FP policy; support for clients' rights; and improved utilization of data. Strengthening the policy environment for RH/FP is especially important at this time when the country is going through a complex process of political reform and decentralization. Decentralization entails the rewriting of many laws and policies affecting the social sector, and requires the introduction of new programs and interventions at regional levels. The activities in this section are very closely related to the advocacy activities of Impact Area 2.

SUPPORT FOR NATIONAL AND REGIONAL RH/FP POLICY

National RH/FP Policy Strengthened

Since producing the *STARH 2002 Work plan* the Government's decision that BKKBN must decentralize by the end of 2003 has been made definite and this has required some adjustment of STARH priorities.

Objectives

- Assist BKKBN plan for decentralization of its RH/FP programs.
- Formulate and disseminate ARH policy recommendations.
- Produce Policy briefs as required to advance policy reform on VSC, informed consent, private sector involvement, etc.

Key Developments

Decentralization

- A Decentralization Retreat was held in Bekasi, 15-17 April, for senior BKKBN management with STARH support in partnership with MSH. The purpose was brainstorming and developing consensus around a strategic framework for decentralization of RH/FP programs.

The policy team from STARH prepared a short briefing paper (employing the concept of essential public health functions), gave a presentation, and participated in the discussion along with MSH (Ref #23).

- BKKBN established a Decentralization Task Force in February, and later established a small secretariat to handle its day-to-day affairs. The main focus to date has been on assessing the “preparedness” of districts to implement decentralized RH/FP programs and advocating the importance of these programs to districts.
- A preliminary draft of the BKKBN Decentralization Strategy was produced from the proceedings of the Bekasi Retreat (described above) in April; it was subsequently revised and, in June, printed for wider dissemination (Ref #3). STARH will continue to be involved in supporting the implementation of this strategy with a focus on sustaining demand for and provision of quality family planning services.
- STARH and MSH have been cooperating in providing TA to BKKBN regarding decentralization. STARH and MSH have complementary strengths in TA and are assisting BKKBN in a coordinated manner in preparing for decentralization. Preparations were completed for hiring a short term decentralization consultant(s) for 4 months (provided by MSH). Two consultants will share the work, starting in October. BKKBN has requested STARH to provide a long term consultant for decentralization. The SOW for a long term consultant is one planned outcome.

Adolescent Reproductive Health

- Policy reform, which is vital to improving ARH, and has been integrated into the ARH implementation plan. A short policy briefing paper on ARH has been drafted (Ref #17) to pinpoint priority areas for policy reform. It will be distributed after editing.
- STARH has provided background material for the Indonesian ARH Profile, to be produced as a joint publication with the USAID POLICY Project.

Informed Consent

- STARH has been working with BKKBN and DepKes to develop new informed consent procedures. The informed consent working group has developed a new form and associated manual. The new procedures will be pre tested in October for design and in December for application with and without training. New procedures were required because the previous procedures had become totally focused on informed choice and as a consequence were administered by counselors and not medical providers. Informed consent is being applied to VSC, implants and IUD. IUDs were added, not because they represent a risk, but because the high drop out rate suggests some problems with informing about side effects or follow up.

The New Reproductive Health Law

- STARH has been asked to help in the drafting and presentation of a new reproductive health law. Commission VII (the legislative Health Committee) intends to offer a Health Law and a Reproductive Health law to the DPR Review Seminar on October 30. STARH has been asked to provide a consultant to help draft and present the new law, to provide background materials on six issues for the presentation team, and to fund public hearings (called “consultative workshops “by HI2010) in 3 or 4 provinces and districts. The consultant has been identified, Baltimore has started sending background materials, and planning for the provincial visits will begin as soon as the consultant has started work.

Other Policy Areas

- In April the Minister of Health issued an *Edaran* (No. 267/MENKES/IV/2002) announcing significant policy changes in the delivery of **VSC services**. These changes are largely the result of collaborative efforts by STARH with BKKBN and DepKes. STARH continues to work with stakeholders to produce a new National VS Strategy, and has prepared brief statements (in the form of memos, letters, etc.) on improving VS policy as needed.
- Activities under Impact Area 3 have been providing inputs to a range of activities supported under the other two Impact Areas. During the reporting period these inputs have included:
 - Stimulating a policy discussion at BKKBN on how to expand the private/commercial sector and better target BKKBN activities to ensure **contraceptive security**
 - Tying recommendations for strengthening BKKBN's **supply chain management** to changes required by decentralization.
 - Proposing reconsideration of current policies to move to policies that support **“Rational Drug Use”** (e.g. implants for all clients regardless of future fertility desires).

Regional RH/FP Policy Introduced

Decentralization will bring political and administrative decision making closer to the people, but there are potential pitfalls along the way. Many regional units (provinces, districts and municipalities) recognize they need help in building capacities to manage newly devolved programs and design new interventions. It is vital that as decentralization unfolds a sound policy environment be established at the district and provincial levels to protect the gains already achieved in RH/FP.

Objectives:

- Assist BKKBN to develop RH/FP policies for regional units
- Strengthen policy development capacity at regional levels

Key Developments:

- STARH continues to monitor the findings of other agencies on the impacts of decentralization on public and family welfare to determine their relevance for RH/FP. These efforts include the GTZ-Ministry of Home Affairs Project on Support for Decentralization Measures, the USAID-Asia Foundation Rapid Decentralization Appraisal Project, the USAID-MSH Decentralization Effort at DepKes, and the Bappenas-LIPI study of decentralization impacts on RH. The first QIQ results are now being added to the data bank; the Indonesian Family Life Survey (IFLS), and later IDHS, will also be used. Lessons learned from this monitoring activity will be applied as STARH assists BKKBN to develop RH/FP policies for regional units.
- BKKBN has published a provisional list of 87 RH/FP functions to be devolved to districts. In support of regional RH/FP policy development STARH has been assessing this list from the perspective of essential public health functions, and is undertaking a critical analysis to ensure that under decentralization all essential public health functions are covered either by BKKBN or by its partners.
- Plans to strengthen regional policy development capacity are on hold while BKKBN consolidates its decentralization strategy and STARH consolidates its working relations with District Teams.

SUPPORT FOR CLIENTS' RIGHTS

Clients' Rights Monitoring and Reporting

Objective:

Monitor the support for clients' rights.

Key Developments:

- STARH produced a Clients' Rights Monitoring Report, *Voluntarism and Informed Choice in Family Planning: The Case of Kabupaten Sampang, Madura* (Ref #2). This study was undertaken at the request of USAID to review the informed choice systems and procedures used in Madura, and to ascertain whether there are any vulnerabilities to potential Tiaht Amendment violations. This report outlined a Protocol for Clients' Rights Monitoring Field Visits to facilitate future responses to inquiries about potential violations.
- Biannual report on compliance with US legislation produced.

UTILIZATION OF DATA

STARH's main activities supporting utilization of data for policy development and program planning are the IDHS and the corresponding youth survey, QIQ, and the BKKBN family registration (Keluarga Sejahtera) system.

IDHS In-Country Activities Coordinated

Objective:

To generate national and provincial estimates of reproductive health and other health and demographic indicators throughout Indonesia (except in Aceh, Maluku, and Papua.)

Key Developments:

- STARH has facilitated the partnership between ORC/MACRO (technical support), the World Bank (funding and program evaluation), STARH (technical support and dissemination), USAID (funding and program evaluation), BKKBN, DepKes and BPS.
- Collaboration with stakeholders has identified additional program relevant content for inclusion in the questionnaire (e.g. UNICEF, Helen Keller International – Vitamin A, MNH, UNFPA, World Bank, ASA).
- Fieldwork is to begin 18 October 2002; preliminary report anticipated in April 2003.
- Change in provincial configuration (formation of new Bangka-Belitung, Banten, and Gorontalo provinces from South Sumatra, West Java, and North Sulawesi, respectively) required a last minute budget increase to obtain baseline measures for new provinces in 2002. Donors and BKKBN have agreed to increase funding, but exact allocations are still being negotiated.
- ORC/MACRO and STARH are sharing the responsibility for dissemination and utilization of IDHS results. A preliminary dissemination strategy has been developed in collaboration with BKKBN and will be finalized in November.

Youth Survey In-Country Activities Coordinated

- STARH has facilitated a partnership of ORC/MACRO, BPS, USAID, BKKBN, and Program ASA to design the survey and develop the first draft of a questionnaire.
- Collaboration with stakeholders has identified additional program relevant content for inclusion in the questionnaire. In addition, the IDHS, the E. W. Center Youth Survey and other materials were reviewed to allow greater analytical opportunities.
- Fieldwork, data entry and data analysis will take place concurrently with IDHS. ORC/MACRO has been providing technical support and quality control for pre testing, finalization of protocols, training and field supervision systems.
- A preliminary dissemination plan has been prepared and will parallel the IDHS dissemination.

Quick Investigation of Quality (QIQ)

QIQ is a quality FP monitoring tool originally developed under the Measure-Evaluation Project. It is being adapted by STARH to facilitate formative research, evaluate STARH impacts, and as a test of periodic assessment tools for use in future quality improvement efforts. QIQ will serve a diagnostic function in assessing facility-level quality in the district strategy. It will also provide district and national profiles of quality of FP services. QIQ findings will be used at national and regional levels to guide policy making, resource allocation, standard setting, and regional planning to improve RH/FP services and health services in general.

Objectives:

- To provide a systematic assessment of the quality of facility-based reproductive health services in 12 district of 8 provinces.
- To provide a basis for the district-level planning of quality improvement interventions.
- To establish baselines for measuring change in service delivery quality that result from QI efforts.

Key Developments:

- Protocols were approved in a human subjects review.
- A contract with FKM/UI was negotiated and signed.
- Tools were adapted, translated and pre-tested.
- Data collection teams were recruited and trained.
- Data collection (including interviews with facility managers, facility audits and service delivery observations) was conducted in 123 facilities.
- The process was documented to allow STARH to replicate it in future assessments.
- The final report is being prepared.

- Initial dissemination of results to the districts is planned for November. A presentation of the national profile of FP quality will be held in late November for policy makers.

Quality and Decentralization Data Utilization

STARH is working with BKKBN to improve the use of data for evidence-based decision making for RH/FP, and to improve the quality and suitability of the data used. STARH and BKKBN are focusing first on the family registration system or Keluarga Sejahtera (KS), conducted by BKKBN every year.

Objective:

Improve the use of KS data for decision-making.

Key Developments:

- A Working Group has been established at BKKBN, and 2 short-term consultants have been hired.
- A Concept Paper has been drafted, outlining the objectives of the study and how it will be undertaken (Ref #16).
- Work has begun on designing a field study to evaluate KS data collection and assess data reliability and validity. Fieldwork has been delayed (probably until November or December) pending a consultant's completing other research commitments.

PART V: SOAG SECRETARIAT

USAID is providing grant funding through a Strategic Objective Agreement Grant (SOAG-currently valued at \$135 million for the period Aug 1999 – Sept 2005) to the Government of Indonesia to help protect the health of the most vulnerable women and children in Indonesia. The SOAG management structure includes a SOAG Executive Steering Committee, a SOAG Secretariat, appointed Responsible Persons for each technical component, Activity Teams for each implementing activity and Activity Coordinating Units.

The SOAG Secretariat was established at the request of the GOI to help fulfill the responsibility of the GOI for the Grant, including coordination, networking, monitoring and problem solving for the SOAG. The administrative, technical and financial responsibility for the SOAG Secretariat was assigned to STARH by USAID. The key SOAG Secretariat objectives are:

- To support the SOAG Executive Steering Committee (ESC).
- To support the Responsible Persons, Activity Teams, Activity Coordinating Units, Cooperative Agencies, USAID and the GOI.
- To facilitate networking and linkages between the SOAG, USAID and External Groups.

This report details key activities undertaken by the SOAG Secretariat during the reporting period, in support of the Secretariat's main objectives and outcomes.

Objective:

Support the SOAG Executive Steering Committee (ESC)

Key Developments:

- The SOAG Secretariat facilitated a SOAG Retreat from 28 to 30 April 2002, one Executive Steering Committee meeting, (21 August 2002) and one GOI SOAG meeting on 1 August 2002 during this reporting period. The recommendations from the SOAG Retreat focused on ways and means to improve SOAG coordination, cooperation and leveraging among CA and partners as well as strengthening ownership within the government units.
- In follow up to the SOAG Retreat, the SOAG Secretariat helped facilitate two meetings with the GOI Technical Units and one meeting with the Activity Coordinating Units. A follow up meeting of the CA Team Leaders is in the planning stages (see details under next objective).
- During this reporting period a large block of time was devoted to facilitating the process of getting GOI approval for two SOAG Amendments, including coordinating the signing of these amendments. SOAG Amendment # 4 was signed the week of 26 August 2002 while Amendment # 5 was signed the week of 23 September 2002. Both of these amendments added funds to the SOAG.
- To support Executive Steering Committee members, several sets of materials were distributed, the most significant being the SOAG Amendment # 4, the Report of SOAG Retreat, and Meeting Notes for ACU, Technical Units and SOAG Secretariat Meeting (6 June 2002), ACU Head's Meeting (6 July 2002), Echelon I – GOI Meeting (1 August 2002) and Executive Steering Committee meeting (21 August 2002).

- The SOAG Secretariat also finalized the SOAG “Information Booklet” (Ref #20) during this reporting period. This booklet provides basic information about the SOAG for government departments and other potential partners and collaborators. A brief description of the SOAG goals and objectives, the method of operation, and the partners involved with technical assistance and implementation are included in this booklet.
- During the next reporting period, the Secretariat anticipates the following activities will be achieved to ensure effective ESC operations and management of SOAG.
 - Procure additional office equipment as needed.
 - Document the current monitoring system and schedule for SOAG programs by ESC.
 - Document the current reporting system, including copies of routine reports to the SOAG Secretariat and special reports needed by the GOI.
 - Review and regularize all SOAG Secretariat procedure manuals.
 - Support routine meetings of the ESC.

Objective:

Support Responsible Persons, Activity Team, ACUs, Cooperating Agencies, USAID and the GOI

Key Developments:

- A key activity of the SOAG Secretariat was to facilitate ACU team visits by ACU HIV/AIDS to Medan, North Sumatera (3-6 July 2002) and the ACU Litbang Gizi to Lombok, West Nusa Tenggara (21-23 August 2002).
- The SOAG Secretariat also facilitated an ACU and Technical Units meeting on 6 June 2002 and ACU Head’s meeting on 2 July 2002 that were in follow up to the SOAG Retreat and an Echelon I/GOI Meeting on 1 August 2002 that focused on a review of the SOAG Amendment # 4.
- Numerous coordination meetings were held with all component GOI personnel, including Prof. DR. Dr. Umar Fahmi Achmadi (HIV/AIDS), Prof. DR. Azrul Azwar (MCHN), Dr. Siswanto A. Wilopo (FP), Dr. Sri Astuti Soeparmanto (Health Research), Dr. Sri Hermiyanti (MCHN), Dra. Sumarni D. Rahardjo (MCHN), Dr. Dadi S. Argadiredja (DC), and others. Informal meetings were also held with all CAs.
- The Secretariat organized meetings for six special interest CA Groups. These included meetings of the Finance Group (14 August), Tax Group (15 May, 28 August), Advocacy Group (5 Sept), Injection Practices Group (29 May) and the Security Group (9 Sept). These group meetings produced various documents and/or letters to support and facilitate the work of the CAs in Indonesia focusing on coordination, integration and problem solving. Problems range from perdiem and travel rate conflicts to visa and tax problem for programs and expatriates.
- During this reporting period, the SOAG Secretariat also revised the SOAG CA Financial Guidelines to make them more accurate and user friendly. These revised guidelines have been reviewed by the CAs and are now in the final preparation for distribution.
- Finally, the Secretariat sent out seven mailings to CA’s including the following information:
 - SOAG CA Financial Guidelines (April 2002)
 - SOAG Retreat Report (28-30 April 2002)
 - Translation of the new SOAG Surat Keputusan (SK)
 - Various articles on the following topics:
 - Property Law of Foreign Entities in Indonesia

- How to Give Constructive Creative Feedback in Indonesia
- Expatriate Housing Market
- Data and Information from UNFPA Essential RH Service Survey

Objective:

Facilitate Linkages or Networking Between SOAG, USAID and External Groups

Key Developments:

- The SOAG Secretariat participated in and assisted the donor “Partners in Health” to hold seven meetings (5 Apr, 26 Apr, 17 May, 7 Jun, 9 August, 30 August, 20 Sept) which focused on coordination, exchange of information, and preparing material for the Consultative Group on Indonesia. The Secretariat staff also participated in seven meetings on decentralization including a multi donor meeting at the Ministry of Health on 18 September 2002, allowing better information exchange and coordination among SOAG CAs in the area of decentralization.
- The Secretariat also prepared a matrix of geographic coverage at provincial and district levels for all the SOAG programs and for the most important and relevant donor activities. The first draft of this matrix was shared with USAID and CAs in April 2002.
- The Secretariat also facilitate several meetings between the SOAG Secretariat and USAID on key issues, including preparations for the SOAG Retreat, SOAG Amendment #4, new signatory authority for SOAG, the SOAG Information Booklet and clarification of activities under the SOAG.

PART VI: ACTIVITY MATRIX

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| IMPACT AREA 1: SUPPLY OF QUALITY SERVICES AND EXPANDED CHOICE IMPROVED | | | | | | | |
| SERVICE QUALITY IMPROVEMENT through | | | | | | | |
| A.1. FP Standards and Guidelines | | | | | | | |
| <ul style="list-style-type: none"> Review, update, approval and printing of FP guidelines | | | | | 1 Apr 03 | IR 1 | Ricky |
| <ul style="list-style-type: none"> Development and implementation of a FP guidelines dissemination/compliance strategy | | | | | 2003 | IR 2 IR 3 | |
| A.2. Facility-Based Quality Improvement Process | | | | | | | |
| <ul style="list-style-type: none"> Assessment of facilities using QIQ | | | | | 30 Sept | IR 2 | Anne |
| <ul style="list-style-type: none"> Identification of gaps, selection of interventions and implementation of district action plans (including infection prevention, IPC/C, contraceptive technology, clinical knowledge and skills, stock management and problem solving) | | | | | Ongoing, until next QIQ | IR 2 | |
| <ul style="list-style-type: none"> Development and application by providers in <i>puskesmas</i>/clinic of self-assessment tools | | | | | Jan 03 | IR 2 | |
| A.3. Support Systems for Quality Improvement | | | | | | | |
| <ul style="list-style-type: none"> Facilitative supervision; development and pretesting of guidelines and materials | | | | | 31 Mar 03 | IR 1 IR 2 | Anne |
| <ul style="list-style-type: none"> Facilitative Supervision: training of internal and external supervisors | | | | | 31 Jul 03 | IR 2 | |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| <ul style="list-style-type: none"> Clinical training system: assessment and strengthening of capacity in district training centers in STARH districts (NCTN) | | | | | Assessment 15 Oct (strengthening ongoing) | IR 2 | Anne/ Bimo |
| <ul style="list-style-type: none"> Clinical training system: Strengthening capacity for infection prevention training | | | | | 31 Mar 03 | IR 2 | |
| <ul style="list-style-type: none"> Clinical training system: training quality assurance systems – including improved reporting and supervision of training by advanced trainers | | | | | 31 Mar 03 (system development) | IR 2 | |
| A.4. Certification/Recognition | | | | | | | |
| <ul style="list-style-type: none"> Development of generic model and discussion of this model with district-level stakeholders | | | | | 15 Feb 03 | IR 1 IR 2 | Anne |
| CONTRACEPTIVE SECURITY through | | | | | | | |
| B.1. Private Sector | | | | | | | |
| <ul style="list-style-type: none"> Development of private sector sub strategy to increase access and accessibility to private sector contraceptives | | | | | 15 Oct | IR 1 IR 2 | Gary |
| B.2. Logistics | | | | | | | |
| <ul style="list-style-type: none"> Assistance to BKKBN in implementing pull system for distribution of contraceptive supplies (first 5 provinces in collaboration with European Commission project) | | | | | Activity cancelled | IR 2 | Yos/Esty |
| <ul style="list-style-type: none"> Training of BKKBN logistics staff at JSI/DELIVER | | | | | 23 Sep 02 | IR 2 | |
| <ul style="list-style-type: none"> Mapping data flow and implement improved reporting system | | | | | 31 Dec | IR 2 | |
| <ul style="list-style-type: none"> Facilitate USAID donation implants and injectables to BKKBN. | | | | | 30 Mar 02 | IR 2 | |
| <ul style="list-style-type: none"> Support to supply chain management system redesign in 3 STARH districts | | | | | 30 Jun 03 | | |
| B.3. Policy Reform | | | | | | | |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------------|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| <ul style="list-style-type: none"> Continued facilitation of Technical Working Group for contraceptive security | | | | | Ongoing | IR 1 IR 2 | Bimo/ Daniel |
| EXPANDING CHOICE through | | | | | | | |
| C.1. VSC | | | | | | | |
| <ul style="list-style-type: none"> Revision, approval and dissemination of revised VSC standards and guidelines | | | | | Cancelled, merged with FP guidelines | IR 1 IR 2 | Ricky/ Sisca |
| <ul style="list-style-type: none"> Mapping of VSC sites and their performance | | | | | Ongoing | IR 2 | Ricky/ Sisca |
| <ul style="list-style-type: none"> Development and implementation of policy quality assessment methodology to link quality with BKKBN reimbursements for VSC procedures | | | | | 31 Dec | IR 2 | |
| <ul style="list-style-type: none"> Update of training materials and orientation of trainers on minilaporotomy and vasectomy | | | | | 31 Mar 03 | IR 2 | |
| <ul style="list-style-type: none"> Development of a long-term strategy for quality assurance of VSC services, in conjunction with Technical Working Group | | | | | 31 Dec 02 | IR 1 IR 2 | |
| C.2. Emergency Contraception | | | | | | | |
| <ul style="list-style-type: none"> Development and dissemination of information kits on EC for Muhammadiyah Health Network providers | | | | | TBD | IR 2 IR 3 | TBD |
| <ul style="list-style-type: none"> Dissemination of information on emergency contraception to key community groups, through Aisiyah, Muhammadiyah's Women's Movement | | | | | TBD | IR 3 | |
| <ul style="list-style-type: none"> Facilitation of development of policies, regulations and operational guidelines for emergency contraception | | | | | TBD | IR 1 | |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| IMPACT AREA 2: DEMAND FOR QUALITY AND INFORMED CHOICE INCREASED | | | | | | | |
| EMPOWERED CLIENTS & COMMUNITIES through | | | | | | | |
| A.1. SMART Clients and Providers | | | | | | | |
| • Formative research for intervention development on client rights | | | | | 31 Mar | IR 3 | Fitri |
| • Development, production and national airing of TV and radio PSA's on clients rights and responsibilities | | | | | 31 July | IR 3 | Ita/ Ndaru |
| • Development, production and broadcast special radio vignettes | | | | | 31 Dec | IR 3 | |
| • Implementation of community discussions through mobile vans, radio, coaching and other community activities reinforcing key campaign messages | | | | | 31 Dec | IR 3 | |
| • Development, production and dissemination of printed materials for client and community. | | | | | Dev. 31 July Dissemination - ongoing | IR 3 | |
| • Short orientation course for PLKB on facilitation and presentation skills | | | | | 31 Dec | IR 3 | Ndaru/ Nurfina |
| A.2. Strengthening NGO/Civil Society Organizations | | | | | | | |
| • Identification of the NGOs and CSOs active in FP/RHG to implement the community participatin on FH/RH | | | | | 31 Sep | IR 2 IR 3 | Ndaru |
| • Selection of NGO/CSOs under STARH district team to conduct community mobilization/district workplan. | | | | | 31 Dec | IR 3 | Ndaru |
| • Development of training materials, guidelines and train selected NGO/CSOs using participatory methods | | | | | 30 June | IR3 | |
| • Implementation of training (YKB) for selected NGO/CSOs on capacity to manage, monitor and sustain FP/RH programs | | | | | 30 Apr 03 | IR 2 | Nurfina |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| A.3. Special Groups (including Men/Couples and Adolescents) | | | | | | | |
| • Development of ARH implementation plan | | | | | 30 Sept | IR 3 | Dian |
| • Train district level managers on ARH program planning using P-Process followed by small grant program mechanism | | | | | 30 Jun | IR 2 IR 3 | |
| • Support program for NGOs for ARH activities | | | | | 31 Dec | IR 2 | |
| • Development of communication strategy for men/couples | | | | | 31 Dec | IR 3 | Fitri |
| CAPACITY BUILDING FOR ADVOCACY through | | | | | | | |
| | | | | | | | |
| B.1. Reproductive Health/Family Planning Agenda | | | | | | | |
| • Plan media tour and discussion on RH/FP | | | | | 31 May | IR 3 | Ndaru |
| • Preparation of series of fact sheets on RH/FP for parliament, local government, NGOs and other stakeholders | | | | | 31 July | IR 3 | Ita |
| • Development of RH/FP advocacy presentation kit for BKKBN | | | | | 30 Jun | IR 3 | |
| B.2. Capacity Building for Advocacy | | | | | | | |
| • Development of RH/FP advocacy action plan for national, provincial and district levels | | | | | 31 Dec | IR 3 | Ndaru |
| • Development of advocacy training modules for RH/FP | | | | | 31 Dec | IR 2 IR 3 | Ndaru/Fitri |
| • Advocacy training of trainers at central, district and provincial level | | | | | 31 Mar 03 | IR 2 IR 3 | |
| | | | | | | | |
| IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED | | | | | | | |
| NATIONAL & REGIONAL POLICY SUPPORT through | | | | | | | |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| A.1. National Policies Strengthened | | | | | | | |
| • ARH policy analysis | | | | | 31 Mar | IR 1 | Adrian |
| • ARH policy recommendations formulated & disseminated | | | | | 31 Dec | IR 1 | |
| • Advocacy for new ARH policies | | | | | 31 Dec 03 | IR 1 | |
| • Policy analysis of role of RH/FP in Quality Family Initiative | | | | | Cancelled | IR 1 | |
| • Policy briefs on selected topics as needed | | | | | 30 Jun 03 | IR 1 | |
| A.2. Regional Policies Introduced | | | | | | | |
| • Study of impacts of decentralization on RH/FP at regional levels | | | | | 31 Dec | IR 1 | Adrian |
| • Strengthen policy development capacity at regional levels | | | | | 30 Jun 03 | IR 1 | |
| • Policy recommendations formulated & disseminated | | | | | 31 Dec 03 | IR 1 | |
| • Advocacy for new policies | | | | | 31 Dec 03 | IR 1 IR 3 | |
| SUPPORT FOR CLIENTS' RIGHTS through | | | | | | | |
| B.1. Clients' Rights Monitoring & Reporting | | | | | | | |
| • Assessment of current status of clients' rights | | | | | 30 Sep | IR 1 | Adrian |
| • Bi-annual Compliance Report | | | | | LOP | IR 1 | |
| UTILIZATION OF DATA through | | | | | | | |
| C.1. IDHS Field Activities Coordinated | | | | | | | |

| Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|--------------------|
| Approach | Time | | | | | | |
| | Jan-Mar Q1-02 | Apr-Jun Q2-02 | Jul-Sep Q3-02 | Oct-Dec Q4-02 | Date Complete | IR(s) | Responsible |
| <ul style="list-style-type: none"> Coordination of IDHS data analysis | | | | | Ongoing | IR 1 IR 2 IR 3 | Doug |
| <ul style="list-style-type: none"> Facilitate fielding of survey | | | | | 31 Jan 03 | IR 2 | |
| C.2. QIQ | | | | | | | |
| <ul style="list-style-type: none"> QIQ baseline survey implemented | | | | | 30 Sep | IR 2 | Doug |
| <ul style="list-style-type: none"> National policy forum on Quality & FP Care | | | | | 31 Dec | IR 2 | |
| <ul style="list-style-type: none"> Provincial & regional forums to present findings | | | | | 31 Dec | IR 2 | |
| <ul style="list-style-type: none"> QIQ 2003 planning implemented | | | | | 2003 | IR 2 | |
| C.3. Quality & Decentralized Data Utilization | | | | | | | |
| <ul style="list-style-type: none"> Technical working group to assess KS data system established | | | | | 30 Jun | IR 2 | Adrian |
| <ul style="list-style-type: none"> Recommendations of working group disseminated | | | | | 31 Dec | IR 2 | |
| <ul style="list-style-type: none"> System for use of data strengthened | | | | | 2003 | IR 2 | |
| | | | | | | | |
| | | | | | | | |

Examples of Activities and Sequencing in STARH District Strategy⁴

| 2002 | | | | | | | 2003 | | | | | | | | | | | | | | | |
|---|------|-----|------|---|-----|-----|------|-----|-------|-------|-----|------|------|-----|------|-----|-----|-----|---|--|--|--|
| June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March | April | May | June | July | Aug | Sept | Oct | Nov | Dec | | | | |
| Preparation Activities | | | | District Capacity Building Activities | | | | | | | | | | | | | | | Facility Level Quality Improvements | | | |
| <ul style="list-style-type: none"> • Planning Workshops • QIQ Assessment • DTC Assessment • Logistics Assessment • NGO Inventory | | | | <ul style="list-style-type: none"> • Sahabat Launch • Dissemination of QIQ Results • Preparation of District Coaching Teams • Training of IP Teams • Preparation of Community Mobilizers • P-process Training of District Teams • Advocacy Capacity Building for District Teams • Formation of Parliamentary Forums | | | | | | | | | | | | | | | <ul style="list-style-type: none"> • Introduction of Site-Based Self-Assessment • Community Participation • Coaching Team Visits • Provider Training • IP Strengthening • Guidelines Dissemination • NGO/CSO Development • SAHABAT Activities | | | |
| <p><i>These activities are being accomplished by the central STARH team assisting the District STARH teams.</i></p> | | | | <p><i>These activities are being accomplished by the central STARH team assisting the District STARH teams.</i></p> | | | | | | | | | | | | | | | <p><i>These activities will be accomplished by the STARH district teams assisting STARH facilities.</i></p> | | | |

⁴ These activities are planned for the 123 facilities in the initial 12 STARH districts. Once models have been developed, lessons learned and best practices will be disseminated to other districts for replication.

**STARH District Strategy: Completed and Planned Activities
For the Reporting Periods: April – September 2002 and October 2002 – March 2003**

| | Central Java | | East Java | | West Java | | Banten | N. Sumatra | | Lampung | South Sumatra | Babel | |
|---|--------------|----------------|-----------|--------|-----------|---------|----------|------------|--------------|-----------------|---------------|-------|--------|
| | DKI Jakarta | Purbalingga | Boyolali | Kediri | Malang | Cianjur | Sukabumi | Lebak | Deli Serdang | Pintang Siantar | Tulang Bawang | OKI | Bangka |
| Planning Workshop | -- | X | X | X | X | X | X | X | X | X | X | X | X |
| QIQ Assessment | X | X | X | X | X | X | X | X | X | X | X | X | X |
| DTC Assessment | -- | X | X | X | X | X | X | X | X | X | X | X | X |
| Logistics Assessment | -- | X ⁵ | X | X | X | -- | -- | -- | -- | -- | -- | -- | -- |
| NGO Inventory | -- | X | X | X | X | X | X | X | X | X | X | X | X |
| Sahabat Launch | -- | P | P | P | P | X | P | P | P | P | P | P | P |
| QIQ Results Dissemination | P | P | P | P | P | P | P | P | P | P | P | P | P |
| P-Process Training of District Teams | -- | P | P | P | P | P | P | P | P | P | -- | P | P |
| Advocacy Capacity Building for District Teams | -- | P | P | P | P | P | P | P | P | P | P | P | P |
| Formation of Regional Parliamentary Forums ⁶ | | | | | | P | | | | | | P | |
| Clinical Training Center Capacity Building | -- | P | P | P | P | | P | P | P | P | P | | P |
| Training of IP Teams | -- | P | P | P | P | P | P | P | P | P | P | P | P |
| Training of District Coaching Teams | -- | P | P | P | P | P | P | P | P | P | P | P | P |
| Introduction of Site-Based Self-Assessment | -- | P | P | P | P | P | P | P | P | P | P | P | P |
| <i>X = Completed during this reporting period: April – September 2002</i> | | | | | | | | | | | | | |
| <i>P = Planned for next reporting period: October 2002 – March 2003</i> | | | | | | | | | | | | | |

⁵ While the logistics assessment was conducted in Purbalingga, this district is being surveyed as a comparison district to the other three intervention districts. The survey was also conducted in two other non-STARH districts for comparison purposes.

⁶ This activity will be conducted on a provincial basis.

Current Status of STARH Program Efforts by Location

The table on the following pages summarizes STARH's efforts to date by geographic location. The table provides the reader an understanding of the scope of STARH's reach. In almost all cases STARH's efforts are conducted on parallel tracks at different geographic levels. This reflects a strategic systems approach focusing on sustainability.

The items included in the table are brief statements indicating the achievement of key benchmarks. In all cases the statements reflect a culmination of considerable effort by STARH and its partners.

In some cases STARH efforts are in the developmental stages (i.e. working group formed or strategy developed), in most cases **outputs** have been achieved (QI teams operating, assessments completed, media campaigns launched, grants awarded), and in some cases **impact** is noted (policies modified, caseloads increased).

Current Status of STARH Program Efforts by Location – As of September 30, 2002

| Impact | Central | Provincial | District | Facility |
|---|---|--|---|---|
| IMPACT AREA 1: SUPPLY OF QUALITY SERVICES AND EXPANDED CHOICE IMPROVED | | | | |
| Service Quality Improvement | | | | |
| FP Standards and Guidelines | <ul style="list-style-type: none"> • Depkes supervision guidelines modified • Assessment of use of IPC/C materials completed • Consensus reached among stakeholders on the need for a single set of FP guidelines • FP guidelines in final stage of being drafted | | | |
| Support Systems for Quality Improvement | <ul style="list-style-type: none"> • NCTN strategic planning completed • NCTN OD work underway | <ul style="list-style-type: none"> • 8 Interdisciplinary QI Teams operating, workplans designed and being implemented | <ul style="list-style-type: none"> • 12 Interdisciplinary QI Teams formed, workplans designed and being implemented • Clinical training system assessed in 12 districts | |
| Recognition | <ul style="list-style-type: none"> • BKKBN, Depkes and STARH working group formed • Recognition concept designed; concept paper circulated • Lessons from other countries shared and studied | 8 QI teams introduced to concept | <ul style="list-style-type: none"> • 12 QI teams introduced to concept • Input into concept design provided by 3 STARH districts | Facility level self-assessment tools drafted |
| Facility-Based Quality Improvement Process | <ul style="list-style-type: none"> • National and provincial level experts identified lessons learned from past IP efforts to inform STARH's facility level IP strategy | | 12 districts selected a total of 123 facilities to be the focus of QI efforts | 123 facilities in 12 districts assessed for quality using QIQ |

| Impact | Central | Provincial | District | Facility |
|--|---|--|---|---|
| Contraceptive Security | | | | |
| Private Sector | <ul style="list-style-type: none"> Options paper developed IBI supervision of clinics strengthened Feasibility of working with Muhamadiyah and Muslamat being assessed | IBI supervision of clinics strengthened in 5 provinces | | PQI pilot in 5 IBI clinics shows increased caseloads after PQI efforts |
| Logistics | <ul style="list-style-type: none"> Feasibility of “Pull System” studied Working group of stakeholders formed and trained in supply chain management | <ul style="list-style-type: none"> Key stakeholders trained in supply chain management Stakeholders trained in supply chain management | Baseline assessment conducted in 6 districts | |
| Policy Reform | Policy working group formed | | | |
| Expanding Choice | | | | |
| VSC | <ul style="list-style-type: none"> Working group of stakeholders functioning National strategy developed Tools and process developed to assess compliance with standards to ensure client safety | Assessment in W. Java conducted to test assessment tools and process | | 8 hospitals assessed for compliance with VSC quality and safety standards |
| Emergency Contraception | Feasibility discussions with partners underway | | | |
| IMPACT AREA 2: DEMAND FOR QUALITY AND INFORMED CHOICE INCREASED | | | | |
| SMART Clients and Providers | | | | |
| <ul style="list-style-type: none"> Mass Media | <ul style="list-style-type: none"> Quality Family media campaign reached 83% of people surveyed Formative research regarding perceptions of quality conducted Positive deviant study to define factors that support positive provider and client behaviors conducted | National TV and radio messages broadcast | <ul style="list-style-type: none"> National TV and radio messages broadcast First district based campaign launched (to be followed by remaining 11 districts) | National TV and radio messages broadcast |

Semi Annual Report April 1 – September 30, 2002

| Impact | Central | Provincial | District | Facility |
|---|--|---|--|-----------------|
| | <ul style="list-style-type: none"> National TV and radio messages designed broadcast | | | |
| <ul style="list-style-type: none"> Client Coaching | Community participation materials developed | | | |
| Strengthening NGO/Civil Society Organizations | | 5 RH service delivery NGOs assessed for capacity and trained in management skills for sustainability | NGO inventory conducted in 12 districts | |
| Special Groups (including Men/Couples and Adolescents) | <ul style="list-style-type: none"> ARH policy papers developed ARH policy discussions held STARH ARH strategy developed Male participation strategy developed | <ul style="list-style-type: none"> BKKBN staff in 32 Provinces trained in P-Process 11 Provinces received grants and are undertaking communications activities related to ARH | Capacity assessment of district ARH staff conducted in 3 provinces to help central level determine how to strengthen district ARH capacity | |
| Capacity Building for Advocacy | <ul style="list-style-type: none"> Advocacy materials for Quality Family produced and distributed PLKBs trained in leadership skills Work with Parliamentary Forum begun Continued collaboration with journalists resulting in substantial media coverage of RH issues | | | |

| Impact | Central | Provincial | District | Facility |
|--|--|--|--|----------|
| IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED | | | | |
| National and Regional Policy Support | | | | |
| National Policies Strengthened | <ul style="list-style-type: none"> • VSC policy modifications enacted to ensure client safety • BKKBN’s decentralization efforts supported • Ongoing policy discussions with BKKBN and private sector on contraceptive security • Input provided for revised informed consent procedures • Work begun on drafting a National Reproductive Health Law • Ongoing policy discussions on “rational drug use” | | | |
| Regional Policies Introduced | | STARH providing input to ensure that BKKBN functions being devolved to districts take into consideration essential public health functions | STARH providing input to ensure that BKKBN functions being devolved to districts take into consideration essential public health functions | |
| Support for Clients’ Rights | | | | |
| Clients’ Rights Monitoring & Reporting | <ul style="list-style-type: none"> • Protocol for Reproductive Health Rights Monitoring Visits Developed • Monitoring reports completed | | Protection of reproductive health rights in Sampang District, Madura assured | |
| Utilization of Data | | | | |
| IDHS Field Activities Coordinated | <ul style="list-style-type: none"> • IDHS questionnaire finalized • Youth survey questionnaire finalized | | | |

Semi Annual Report April 1 – September 30, 2002

| Impact | Central | Provincial | District | Facility |
|--|--|-------------------|-----------------|--|
| QIQ | <ul style="list-style-type: none"> • QIQ monitoring tools adapted • QIQ assessment team formed and trained | | | QIQ assessment conducted in 123 facilities |
| Quality & Decentralized Data Utilization | Field study to evaluate KS data collection and assess data reliability and validity being designed | | | |

Reference Documents

Listed below are documents referenced in this Semi-Annual Report, the vast majority of which were produced during this reporting period. All of these documents are available at STARH'S office for review. Please contact Christie Natasha Hu at STARH (525-2174 ext. 109) for copies (christie.natasha@jhucpp.or.id).

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