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STARH Program



Jakarta, Indonesia

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ABBREVIATIONS

ARH	Adolescent Reproductive Health
BKKBN	<i>Badan Koordinasi Keluarga Berencana Nasional</i> (National Family Planning Coordinating Board)
BPP	<i>Badan Penyantun Puskesmas</i> (Community Health Board)
CDQI	Community-Driven Quality Improvement
CSO	Civil Society Organization
DepKes	<i>Departemen Kesehatan</i> (Ministry of Health)
DinKes	<i>Dinas Kesehatan</i> (Local Health Department)
DTC	District Training Center
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)
IFPPD	Indonesia Forum of Parliamentarians for Population and Development
IP	Infection Prevention
IPC/C	Interpersonal Communication/Counseling
INSIST	Institute for Social Transformation (Organization)
JICA	Japanese International Cooperative Agency
Kader	Cadre
KaSie Remaja	Head of Section of Adolescents (usually housed in districts)
KB	<i>Keluarga Berencana</i> (family planning)
KS	<i>Keluarga Sejahtera</i> (Welfare Family)
KW	<i>Kewenangan Wajib</i> (Obligatory Mandatory)
LP3Y	<i>Lembaga Penelitian, Pendidikan dan Penerbitan Yogya</i> (Organization)
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)
POGI	<i>Perkumpulan Obstetri dan Ginekologi Indonesia</i> (Indonesian Society of Obstetrics and Gynecology)
PTC	Provincial Training Center
Pusat	Central Level (usually of government)
P2KS	<i>Pusat Pelatihan Klinis Sekunder</i> (Secondary Clinical Training Center)
QI	Quality Improvement
QIQ	Quick Investigation of Quality
Rakernas	<i>Rapat Kerja Nasional</i> (National Working Meeting)
RH/FP	Reproductive Health/Family Planning
<i>SAHABAT</i>	“Trusted Friend”
SDG	Service Delivery Guidelines
SO	Strategic Objective
SOAG	Strategic Objective Agreement Grant
SPM	<i>Standar Pelayanan Minimum</i> (Minimum Service Standards)
UNFPA	United Nations Fund for Population Activities
VSC	Voluntary Surgical Contraception
WHO	World Health Organization
YBP	Yayasan Bina Pustaka
YKB	Yayasan Kusuma Buana (Kusuma Buana Foundation)

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PART I: MAJOR PROGRAM ACHIEVEMENTS

- **Expanded Technical and Management Review Completed:** In November, despite an ordered evacuation of non-emergency U.S. Embassy staff from Indonesia, a Management Review of the STARH program took place in Baltimore, Maryland. One BKKBN and three STARH staff members traveled to Baltimore to join with USAID, JHU/CCP, JHPIEGO, and an external consultant in a comprehensive review of the STARH program. The review helped to affirm most of STARH's current activities, refocus others and add new ones. References to recommendations from the Management Review are made throughout this report.
- **Documentation Prepared for STARH Program Extension:** Originally designed to end in August of 2003, STARH will be extended, based largely on the result of the Management Review, for two additional years though August of 2005. This will allow STARH to complete ongoing activities as well as initiate new ones, particularly with regard to expanding private sector involvement. During the reporting period a new Program Description and Program Extension Budget were prepared and submitted to USAID.
- **Baseline QIQ Findings Compiled and Shared with Stakeholders:** Baseline data from the QIQ survey, one of STARH's major program monitoring and evaluation tools, was compiled, analyzed and presented to stakeholders at the district and national levels. Results of QIQ are being used to inform current STARH program directions and will be used at the district level to form the basis of facility based quality improvement planning (**REFERENCE APPENDIX 3 No. 96**)
- **Media Partnerships Expanded:** STARH continues to network and partner with national level media representatives who have the ability to reach all corners of the country. A recent convening of this group around the issue of birth spacing (using the newly translated Popline Report) demonstrated the great potential of disseminating RH/FP messages through this dynamic channel (**REFERENCE APPENDIX 3 No. 66**)
- **New Direction for Private Sector Strategy Articulated:** The Management Review and a subsequent consultation from Baltimore allowed STARH to articulate a two pronged private sector strategy, one prong focusing on quality recognition of private sector midwives and the other focusing on commercial-sector expansion. These activities will get underway during the next reporting period with a dedicated senior staff person at the helm.
- **Infection Prevention Capacity Building Initiated:** Tremendous progress was made in developing capacity at the district level to promote and improve infection prevention practices at health care facilities. Trained teams are ready to start sharing their expertise with facilities in their districts. The QIQ results highlighted why this is such an important area of focus for STARH. The recent SARS outbreak only reinforces that message.
- **Qualitative Baseline Community and Leadership Study Completed:** STARH is benefiting from the extremely rich data gathered during the qualitative phase of the Community Survey (the quantitative phase of which is to be fielded in April 2003). (**REFERENCE APPENDIX 3 No. 18**) Understanding the cultural and social context of each of the STARH districts allows STARH and its partners to design more appropriate interventions and anticipate opportunities, pitfalls and results.
- **SAHABAT Campaign Broadcast and Local Campaigns Launched:** The first phase of the SAHABAT campaign, part of the SMART Initiative, was broadcast from June-October 2002, and local launches were held September - November 2002. Special SAHABAT messages were broadcast during the Ramadan fasting period. The SAHABAT PSA reached 45% awareness and 63% of consumers knew its logo. Viewers recognized that the message

showed support for FP from different sectors of society, although there was some confusion as to the details of the message.

- **P Process Training Held with District Teams:** In October and November 2002 STARH held six training workshops to build capacity for conducting integrated communication campaigns at the district level. Attendees developed preliminary workplans for local SAHABAT campaigns for 2003.
- **BKKBN's Decentralization Strategy Further Articulated:** STARH, in partnership with MSH, has been providing a great deal of support to BKKBN as it maneuvers through the process of decentralizing essential functions and services to the district level. STARH has focused its inputs on ensuring that a viable quality program, focusing on clients' rights and access by the most vulnerable populations is maintained.
- **Districts Choose CDQI Approach:** All STARH districts elected to try the Community Driven Quality Improvement (CDQI) approach, and a CDQI training module was developed. Collaboration with the Direktorat Komunitas of DepKes to finalize the module has been intense and positive. CDQI training will start in April in all STARH districts.
- **Focusing on National Impact:** One strategy of the STARH Program is to work intensively at the district level to develop models that work which can be scaled up to regional and national levels. Another equally important strategy is to work at the national level to disseminate best practices throughout the country. STARH has already achieved national impact through its SAHABAT campaign that was aired throughout the country. STARH's policy work around decentralization of BKKBN and VSC also impacts the entire country. The development of *nationally* accepted family planning standards and guidelines impacts all of Indonesia. The Journalist Forum reaches the far corners of the country and the new private sector midwife program aims for national impact as well.
- **Maintaining Focus and Commitment:** World events have conspired to raise levels of insecurity, cause distractions from jobs, add additional administrative burdens, and increase crisis planning. The last six months have been difficult for everyone. The STARH team has dealt with the situation, the increased communication responsibilities, and the stress on personal lives and families. This report should be read with the recognition that the last six months have been a difficult time for development assistance and the people who make it possible.

PART II: PROGRAM MANAGEMENT ISSUES

One of the recommendations of the STARH Management Review was to increase staffing to meet current and future program needs. Below is a list of positions recommended by the Management Review and a status report on those positions as of the end of the reporting period:

Management Review Staffing Recommendation	Status as of 31 March 2003
Replace Impact Area One Coordinator as soon as possible	Lucas Pinxten replaced Anne Pfitzer. A four-week overlap was possible.
Hire dedicated staff to manage private sector initiative	Very senior and experience candidate identified. Will start early April.
Hire more clinical staff to assist Reproductive Health Advisor	Dedicated full time midwife identified to focus on infection prevention. Will be on board by mid June. Until that time she is providing consultant services to STARH. Physician advisor yet to be identified.
Hire a program manager to assist Impact Area 3	Candidate identified. Will start mid-April.
Arrange for part time high level local consultants to advise and advocate on policy issues.	The services of two very senior consultants have been engaged and they will be used on an as needed basis.
Hire M&E Advisor as soon as possible	Candidates identified. Offer not yet made

To address the increased demands of STARH’s integrated District Strategy, a full time senior staff person, Dr. Rusdi Ridwan, was hired. Dr. Rusdi is working with the program officers and two support staff to keep an open flow of information between the districts and the STARH program. A key responsibility of this new position is to identify and document district based lessons learned and best practices so they can be scaled up to other areas.

Another change in management of the District Strategy is the more regular and direct involvement of STARH district-team members. Every other month representatives from the teams are brought together so that they can receive updated information from STARH and to raise concerns and share successes. A first round of meetings, one with representatives from districts in Java and one with representatives from districts in Sumatra have already been held. The meetings were well received by the districts and they provided an efficient way for STARH and BKKBN to disseminate and gather information.

Dr. Sugiri Syarief was identified by BKKBN to replace Pak Wandri Muchtar as head of STARH’s Activity Coordination Unit. The loss of Dr. Wandri to promotion was a blow to the STARH team. His commitment, support and professionalism have been a major reason for the success of STARH. Fortunately “lightning struck twice” for STARH with the appointment of Dr. Sugiri, an experienced field professional, with an equal commitment to the goals of STARH. With a new person has come a renewed commitment to coordinate more closely with BKKBN, particularly with regard to the District Strategy. A new policy has been put in place clarifying protocols for letter writing and issuance of invitations, and regular monthly coordination meeting have been initiated. All parties welcome the increased communication and understanding of program direction.

PART III: PROGRAM IMPLEMENTATION ISSUES

Ordered Evacuation

Almost immediately after the devastating bombing in Bali, non-emergency staff of the U.S. Embassy and their families were ordered to evacuate to the United States. As with last year's voluntary evacuation all STARH expatriate staff chose to stay in Indonesia and carry on with program activities. The evacuation status has persisted throughout this reporting period. The main effect that this had on program implementation was a reduction in consultations, and increased challenges in keeping USAID up-to-date on program activities. Otherwise program activities proceeded on schedule.

Development of a Contraceptive Security Strategy

One of the recommendations from the Management Review was that STARH take a closer look at the issue of contraceptive security and undertake an analysis of existing data sets to try to get a picture of Indonesia's contraceptive security situation. This analysis was completed at the end of the reporting period. In the meantime, STARH began looking at how some of its current activities could be shaped into a more coherent contraceptive security strategy. To date we have identified the following current or planned activities which make up STARH's Contraceptive Security Strategy:

- Technical assistance to districts to assess, ensure and monitor contraceptive security
- Policy support to BKKBN to ensure their ongoing role in contraceptive security continues to address the needs of the poor
- Private sector midwife initiative to promote quality services, which include access to a broad range of methods
- Private sector efforts to increase the role of the commercial sector in underserved markets
- Continued focus on consolidating the provision of VSC services in places where quality can be assured.
- Reexamination of the IUD program and removal of barriers that have hindered program growth (*planned*)
- Follow-up data analysis of the poorest segments of the population.

Closer Linkages with Depkes

An extremely positive development in program implementation has been a closer alignment with DepKes around STARH's efforts to involve the community in quality improvement efforts. For the first time STARH has started working with DepKes's *Direktorat Komunitas* which is responsible for community participation. An immediate output of these meetings is that DepKes will join with STARH in training facilitators for the Community-Driven Quality Improvement (CDQI) process. This partnership promises to be one that will be mutually beneficial for both STARH and DepKes.

Monitoring and Evaluation

One area of focus for the Management Review was on monitoring, evaluation and reporting of results. In order to meet reporting expectations for the end of CY 2003, STARH will be using the following data sources to report on the following indicators:

- **DHS:** CPR, private sector utilization, and unmet need

- **Omnibus Survey:** Attitudes about quality; exposure to RH/FP messages (REFERENCE APPENDIX 3 No. 17)
- **QIQ:** Infection prevention and counseling practices at facility level (REFERENCE APPENDIX 3 No. 96)
- **Policy Documentation:** Progress on Law #10 and Decentralization of BKKBN
- **Media Content Analysis:** Media volume, coverage/range of exposure, and numbers and types of active media outlets reporting on RH/FP issues
- **District Capacity Case Studies:** A process for documenting increase in district capacity to monitor contraceptive security, provide quality clinical training, manage the FP program, procure commodities, conduct media campaigns, and advocate for RH issues.

As with all Cooperating Agencies operating under the SOAG, STARH's role is one of providing technical assistance to the government of Indonesia as well as to non-governmental groups. In STARH's case, these efforts are directed at sustaining quality and choice in the national family planning program. The nature of providing technical assistance (TA) means that STARH is *always working through* another agency or organization to achieve results. We call this aspect of *working through* another agency or organization capacity building. While time consuming, the capacity building aspect of what STARH does is critical, in terms of credibility of program inputs as well as long-term sustainability. STARH is looking at ways to capture the impact of its capacity building efforts so that they can be viewed as measurable program results (see last bullet above). STARH hopes to have this in place in time for year-end reporting.

STARH Expanded Technical and Management Review

As already mentioned under Major Program Achievements, STARH underwent a Technical and Management Review (MR) in November 2002 (SEE APPENDIX 3 NO. 94.) This review consumed a large amount of staff time and resources. Given that the review had to be conducted in Baltimore, some extraordinary measures were taken to make sure that all of the right people received the right information at the right time. During October the STARH Jakarta staff prepared and distributed background documents to all review team members. During November, Gary Lewis, Anne Pfitzer, Adrian Hayes and Wandri Mochtar traveled to Baltimore for two weeks to be part of the review team. Since the team was not able to discuss issues with stakeholders in Indonesia in person, a STARH team was formed (Russ Vogel, Bimo, Armia Idris and Imran Lubis - USAID) to interview key informants in Jakarta and in several STARH districts and provinces. These interviews were written up, translated and sent to the review team members in Baltimore. Once the review team came up with their initial findings these were sent to Jakarta where the STARH team met and gathered reactions and input which were sent back again to Baltimore. These highly unusual circumstances necessitated a labor-intensive process that resulted in a good product; the results of which are referred to frequently in this report.

Cooperation and Collaboration

The STARH mandate to coordinate and collaborate within the RH/FP community continues to expand and bear fruit. The unique technical role of STARH, allows it to prove a useful ally to a number of other agencies beyond our primary partners at BKKBN and DepKes.

Collaboration with SOAG Cooperating Agencies

- STARH administration of the SOAG Secretariat provides a number of opportunities to support CAs and to share information. STARH was the first CA to do a presentation for the Executive Steering Committee and other CAs. These presentations are now done on a monthly basis.
- STARH is collaborating with Program ASUH, in the production of radio spots. The spots use the SAHABAT theme to encourage parents of newborns to see their *bidan* within seven days of the birth.
- STARH is collaborating with Healthy Indonesia 2010, Program ASA, and UNFPA in supporting the Parliamentary Forum. The Forum is made up of members of the national parliament who have an interest in and commitment to improving the reproductive health of Indonesians.
- STARH has been collaborating with Program ASA on the Youth Module of the Indonesia Demographic Health Survey.
- STARH has supported ASA, by providing staff time primarily for ASA training activities. Two STARH staff members have previous experience with ASA, and have unique skills that ASA wishes to continue using.
- STARH has ongoing collaboration with MNH in the areas of infection prevention, working with NCTN, shared data collection and media coordination.
- STARH has a very close collaboration with the MSH M&L team in providing technical support for decentralization at BKKBN. MSH focuses primarily on legal and process issues and STARH provides the FP content and field implementation support. While responsibilities are divided, the reality is that the interaction and collaboration allows both groups to move forward faster.
- HKI has recently agreed to provide STARH with FP data from the Nutrition Monitoring System. These data will provide STARH with more current FP information on trends, geographic differences, and method mix.
- STARH, MNH, HI2010 and WHO are collaborating on the SARS related infection prevention activities.
- STARH is collaborating with Health Indonesia 2010 on public education campaigns.
- STARH's interest in injection practices around FP overlaps with PATH's interest in injection practices around immunization. PATH, with Gates Foundation funding intends to do a major intervention to improve injection practices in collaboration with STARH and other SOAG CAs.

Donor Collaboration

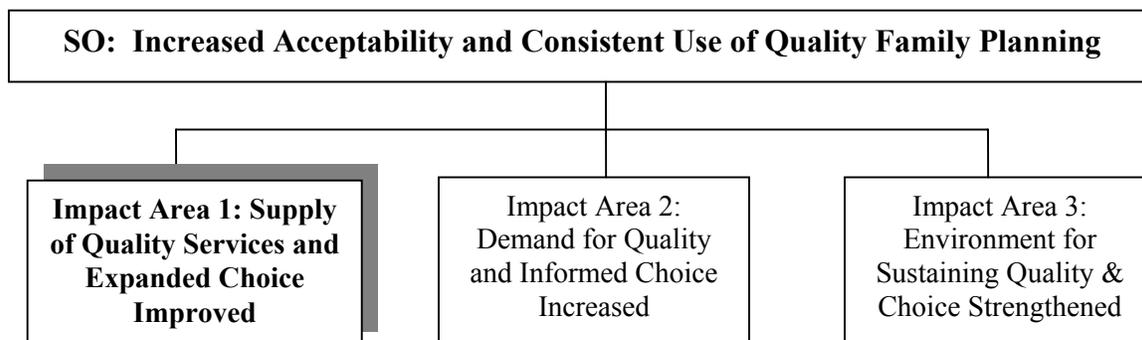
- With UNFPA, STARH conducts joint planning for support to the Parliamentary Forum, regularly communicates on ARH and contraceptive security issues and has provided 10,000 copies of the Tiahrt Poster for distribution in UNFPA program areas.
- With WHO, STARH works on FP Standards and Guidelines, SARS, and on a field test of the WHO Decision Making Tool in Family Planning (WHO flip chart) to help providers perform better counseling. This exercise also results in collaborative links with WHO-Geneva, and the INFORM Program at JHU/CCP.

- STARH works very closely with the World Bank and this cooperation continues to expand. STARH's primary function is to provide technical support to WB activities under the Safe Motherhood Project. Recent areas of collaboration include: IDHS, VSC centers of excellence, pre-service training of midwives, and ARH capacity building.
- STARH has ongoing collaboration with ADB. The new ADB project is in its design phase so there have been no opportunities for collaboration during the reporting period. STARH did provide the ADB design team with data, materials, and insights.
- GTZ has a "decentralization of health services" project in NTT province. Project representatives have met with STARH staff and are using a variety of STARH materials (self assessment tools, IEC materials, etc.).
- STARH has provided, and DKT has distributed, 3,000 Tiaht Posters. There are also ongoing discussions of areas for collaboration.

Collaboration with Other Indonesian Organizations

Most STARH collaboration with Indonesian Organizations is described in detail in the text of this report. In addition to our formal partners, YKB and MJM, we have additional relationships of various intensities and direction including University of Indonesia – Faculty of Public Health, University of Indonesia – Department of Community Health, POGI, IDI, IBI, Muhammadiyah, Muslimat, PKBI, PKMI, YBP, InterNews, various media channels, and SEAMEO TROPMED.

PART IV: ACHIEVEMENT OF IMPACT AREAS



Impact Area 1: Supply of Quality Services and Expanded Choice Improved

STARH is contributing to its Strategic Objective through improving the supply of quality RH/FP services and expanding choice of contraceptive methods. This is being achieved through three activity areas: service quality improvement; contraceptive security; and expanding method choice.

A. SERVICE QUALITY IMPROVEMENT

Preparation and Publication of the “National Family Planning Service Delivery Guidelines.”

The availability and use of up-to-date FP standards and guidelines is fundamental to STARH’s quality improvement strategy. The QIQ assessment found that only 26 percent of audited facilities had “recent” guidelines (updated since 1990) available. 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.

Despite a variety of factors that impacted on the timeline of the Service Delivery Guidelines (SDG) development, Professor Bari Saifuddin, the lead editor from Yayasan Bina Pustaka (YBP), was able to shepherd the process along and has kept the team of contributors and editors focused on the goals and objectives of the SDG development and relatively close to the original timeline. As is shown below, the guidelines development and production process involves many detailed steps; the remaining ones being final copy editing and formatting by the editorial team, followed by printing.

Although April 15 is the earliest date that YBP expects to have a document ready to send to the printer, the editing and formatting steps to ensure that this document is attractive and user friendly may need extra time and thus, a more realistic time frame is the May 15.

Objectives

- A single 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.

Achievements during Reporting Period

- All of the chapters (written during the previous reporting period) of the SDG were received from the various contributors, and reviewed for content accuracy, appropriateness, comprehensiveness, consistency, and language use.
- A Final Draft was printed and mailed to approximately 50 external reviewers including representatives from a majority of the leading medical schools in Indonesia, professional and other health NGOs, DepKes, BKKBN, donor and cooperating agencies. The complete list of reviewers is included in the appendix. Comments and feedback were received from 33 individuals and institutions, and summarized by YBP.
- A meeting of contributors from professional organizations, DepKes and BKKBN met at the end of March to review the comments and feedback from the external reviewers, and agree on the final document. Of note from this meeting, there was no objection to the section on “Contraception for the Adolescent”, the content of which lists the FP methods that adolescents are able to use. BKKBN expanded the sections on informed consent and management aspects of FP services. While the final, approved Inform Consent Form is not yet available for inclusion, its principles and practices are up-to-date.
- YBP and STARH have been working to maintain support from key stakeholders. To date, YBP has received letters formalizing sponsorship of the SDG from the Minister of Health and the Chairpersons of POGI and IBI. Similar letters of endorsement are expected from BKKBN’s Chairperson and Director of RH services. STARH has followed up with the recently arrived officers of WHO and UNFPA, bringing each up-to-date on the SDG activity.
- Dissemination and distribution of the SDG is a key component of STARH’s effort in improving the quality of FP services and expanding choices. An initial plan has been drafted. The guiding principles of this plan are:
 1. While *distribution* of the SDG will take place at numerous opportune, primarily national level events, STARH’s objective is to *disseminate the content* of the standards and guidelines nationwide by developing materials and approaches to do so.
 2. STARH will support dissemination of the SDG in its geographic area of focus and will actively engage other donors to do the same in other areas, providing them with the materials and approaches to do so.
 3. Where donor support is not available, DepKes and BKKBN will encourage local governments to support dissemination activities, again, using materials and approaches developed by STARH.
 4. The SDG will also be made available for direct purchase by providers, consumer groups, and private health facilities.
- STARH is actively engaged in producing two additional tools that reinforce the information in the revised SDG. They are the WHO Decision Making Tool in Family Planning (WHO flip chart) and self-assessment tools for monitoring quality at the facility level. STARH will promote the three tools together as a package for improving service delivery quality. The SDG presents the essential information needed to provide services, the flip chart serves as a tool to ensure that clients are actively involved in the care they receive and the self-assessment tool provides the means for facility staff to review, improve, and monitor the quality of services.

Private Practice Midwife Initiative

Objective

To develop, through IBI, a national quality recognition program, which recognizes and rewards bidans in private practice, who meet standardized FP and safe motherhood clinical and client-centered criteria.

Achievements during this Reporting Period

This activity was recommended during the Management Review. Support for the idea was received from BKKBN and IBI during the months of January and February. In late February technical assistance for conceptualization of the program was provided by Baltimore based consultants. Staff recruitment was conducted in March. A very qualified candidate has been identified and will start work in April, at which time program development will begin. (While this activity is listed under Impact Area One, it is actually a joint program between Impact Areas One and Two.)

One of the recurring issues STARH is asked to address is how to fit our vertical FP efforts into the integrated health care delivery system. This issue is pivotal in STARH's collaboration with DepKes and is particularly important for private practice *bidans* who have highly integrated practices. In the private practice midwife initiative STARH will collaborate with MNH to design a recognition program which covers a broad range of reproductive health and safe motherhood issues, not just family planning.

Clinical Training Systems and Capacity

Overview

The QIQ assessment reaffirmed the need for an upgrading of clinical skills. Specifically QIQ found that:

- Standard clinical procedures were followed in only **30% of IUD** insertions
- Standard clinical procedures were followed in only **50% of injections**
- Standard clinical procedures were followed in only **56% of implant** insertions

Objectives

To improve the capacity of districts and provinces to establish, manage, deliver and sustain quality clinical RH/FP training.

Achievements during this Reporting Period

- In October, JNPK presented results of the DTC performance assessment in the 12 STARH districts (REFERENCE APPENDIX 3 No.75, 76, 77). In general, the results showed that current performance was far below expectations. In some cases DTCs had never been established (Tulang Bawang, Lebak and Sukabumi) and in Boyolali and Bangka the DTCs were inactive. Common gaps included limited numbers of trainers, low caseload, lack of equipment for training, limited support from stakeholders, limited funds and almost no supervision after training.
- In the past, development of DTCs has focused mostly on the development of human resources; specifically the preparation of clinical trainers, primarily OBGyns. This approach has many shortcomings, as can be seen from the results, one of which is the availability of OBGyn time to conduct training. Another shortcoming is the absence of buy-in from stakeholders besides the trainers themselves, such as hospital administrators, DinKes and

local IBI chapters. A third shortcoming is the failure to “anchor” the DTC to the institution, usually the district hospital, in which it is located. In some cases the hospital that “housed” the DTC was not even aware of its “presence”! What we learned from the results and the discussion and analysis that followed is that a more comprehensive set of interventions, beyond just preparation of trainers, needs to be undertaken if a strong district training capacity is to be established and sustained.

- After the participants discussed the results and analyzed why the gaps were occurring, they prepared plans of action. Some of the common areas selected for focused intervention include:
 1. Linking the designated district training center with other satellite facilities to resolve caseload issues;
 2. Establishing a memorandum of understanding between the training center and key stakeholders (DinKes, IBI, POGI, hospital administration, etc.) to publicly acknowledge the role and presence of the training entity;
 3. Increasing the role of the hospital management and DinKes in the functioning of the training center;
 4. Preparation of additional trainers
 5. Provision of training equipment once other criteria have been met.
- In connection with infection prevention activities, STARH has made follow up visits to each designated clinical training center since preparation of their plans of action. See description of IP follow up visits detailed in the next section.
- STARH has begun planning targeted TA to help districts focus on the management issues that are so critical to sustainability and which have been neglected in the past. In so doing we plan to document lessons learned from an MNH supported clinical training network developed by IBI in Surabaya and disseminate best practices from that experience, initially to the STARH districts but ultimately to all districts which have an interest in developing RH clinical training capacity. These best practices include development of satellite sites to ensure adequate caseload, development of fee structures that balance affordability and profitability, efficient management of training programs, self-funded periodic updating of clinical trainers, and development of strong relations with hospital administration.
- A plan for development of provincial and district level trainers has been established and is scheduled to begin in May and run through September. To avoid some of the pitfalls encountered in the past, training and provision of training equipment will *not begin until some of the key management issues for developing sustainable training capacity have been addressed* such as development of an MOU with the critical stakeholders and clear designation of who “owns” the training system and who is responsible for its sustainability.
- Equipment required for each training center has been ordered and will be distributed when the DTCs are ready. While 5 pelvic models, 2 breast models, 3 training arms, 2 condom models, 2 IUD models and low tech audio visual equipment is planned for each DTC, these will be distributed based on actual needs which were determined during the initial assessment.
- Concurrent with the development of training capacity at the district level, STARH has been providing TA to JNPK at the national level to prepare the Network for an eventual end to donor funding. While training events may continue to be funded intermittently by various donors, funding to support JNPK’s central level activities is less likely. Since October our many discussions with JNPK’s leadership have led us to shift the focus away from organizational development at the central level and towards efforts at the district level. JNPK

has already identified its central role as one of materials and module development and training quality assurance. Unfortunately JNPK cannot play this role unless there is a strong network of viable clinical training centers *demanding* these inputs. STARH's work at the district level, newly expanded to include development of sustainable *systems* to plan, manage and sustain training capacity, should logically result in the generation of such demand.

Infection Prevention (IP)

Overview

In previous reports we have not separated infection prevention from clinical training capacity. The two remain very much linked in STARH's district level quality improvement strategy. We have separated it out in this report because, as we begin to support and promote facility level interventions, the strategy for IP is slightly different from that for clinical training and deserves to be highlighted. The IP strategy involves developing a core team of clinical providers and supervisors at the district level to serve as IP resource persons. The primary function of the district IP team is to effect key changes in IP practices at their worksite (which in most cases is the District Training Center – whether existing, new or fledgling) and to effectively disseminate these practices to service delivery points throughout the district. Province level infection prevention practice facilitators will also be developed to provide on going, technical support to the district teams.

The selection of the IP clinical resource team is linked to the training capacity building of the DTC in that it is expected that most of the IP facilitators will eventually join the training team of the DTC. This linkage will ensure that IP practices are practiced within the context of service provision. For example, in the IUD Insertion and removal clinical skills course, the trainers are not only effectively transferring appropriate IUD insertion and removal knowledge and skills but they are also modeling best IP practices. Improvement of IP practices is one step in developing capacity of the DTC.

Objective

To improve the capacity at the district level to assess, promote and improve infection prevention practices at service delivery points.

Achievements during this Reporting Period

- The QIQ assessments highlighted deficiencies in infection prevention practices. Specifically QIQ found that:
 1. Out of 208 injections observed, **only five** followed all standard IP steps.
 2. Out of 40 IUD insertions, 5 pelvic exams and 30 implants **no provider** followed all standard IP steps.
 3. The step most frequently omitted was **hand washing before** commencing a procedure.

As a result STARH has decided to focus its IP improvement efforts on the following major areas that were identified as deficient and yet critical to the provision of high quality services included:

1. Hand hygiene and personal protection
2. Instrument processing
3. Environmental sanitation (general cleanliness)
4. Waste disposal particularly of used syringes and needles

- Through JNPK, STARH supported two 6-day IP workshops, one in Palembang, South Sumatra and the other in Jakarta. The purpose of the workshops was to develop IP teams at the district level who could update IP knowledge and strengthen skills to effectively present and demonstrate appropriate and safe IP practices in low resource settings. It also focused on solving problems at the worksite, and developing an action plan to disseminate IP Practices. A team of four participants consisting of a physician and midwife from each District Training Center (in most cases this is synonymous with the District Hospital) and one supervisor each from DinKes and IBI were selected as participants. The facilitators included selected clinical trainers from the Provincial Training Centers (who received an update while assisting in the training) and STARH technical team. The following districts sent teams to the two workshops:

1. November 2002: Sumatra Region
 - OKI - South Sumatra
 - Tulang Bawang - Lampung
 - Pematang Siantar - North Sumatra
 - Deli Serdang - North Sumatra
 - Bangka - Bangka-Belitung
2. January 2003: Java Region:
 - Malang - East Java
 - Kediri - East Java
 - Boyolali - Central Java
 - Purbalingga - Central Java
 - Cianjur - West Java

(Sukabumi, West Java and Lebak, Banten are scheduled to join the third workshop that will be conducted in May or June.)

- An IP team consisting of a province level IP facilitator and a technical staff person from STARH has conducted post-workshop visits to 7 out of 10 districts. These visits are whole day events involving:
 1. Meeting with key stakeholders in the district (hospital administrator, DinKes, BKKBN officials, IBI and POGI representatives) to advocate support for the district IP team and the tasks that need to be done for the district;
 2. Onsite review of IP practices with the district IP team in selected services of the hospital (Family Planning Clinic, Operating Room, Labor and Delivery Section, Instrument Processing area, laundry and linen, and waste disposal);
 3. IP Team discussion of findings, problem resolution and review of plan of action.
- Information gathered and lessons learned from conducting the IP workshops and the follow-up visits have provided valuable guidance to STARH's district capacity building strategy. Some of the findings include:
 1. Leadership at the DTC is a key element in advocating and disseminating best IP practices. It is also critical to ensuring the success of the DTC as an institution that the district can turn to for technical assistance. Some of the STARH's DTCs have only recently been established such that their organizational structure and the management support have yet to be formalized. STARH will focus effort on securing management support as part of its IP and DTC strengthening initiative. (See section on clinical training.)
 2. Follow-up visits provide not only technical assistance but also strong motivational support to both the IP team and the hospital management. It can jumpstart a stalled plan

- of action. The meetings that result from the site visits also provide a forum for both managers and clinicians to discuss IP issues. Until the IP team and the DTC are able to stand alone, a series of initial TA visits from a province level resource is more cost effective compared to TA from outside of the province. STARH's new IP staff member will help prepare the provinces to perform this task.
3. Most of the experienced clinical trainers of JNPK have not been updated in current IP practices. Their basic knowledge and skills in this area have not been standardized. The P2KS (Secondary Clinical Training Center) in each of the 8 STARH provinces has a need to have their own IP team strengthened if they are to function appropriately as an entity tasked to train better trainers. STARH's new IP staff member will focus on this effort.

Interpersonal Communications and Counseling (IPC/C)

Overview

As explained in the workplan, STARH's IPC/C strategy comprises the following activities from Impact Areas One and Two:

- The SAHABAT campaign, which introduces the expectation of more friendly and open communication between client and provider;
- Printed materials to help the client initiate more confident and informed dialogue;
- Self-assessment tools to be used in CDQI that remind providers of desired performance related to IPC/C, and;
- The WHO Decision Making Tool in Family Planning (WHO flip chart) to enable providers to provide more, complete and accurate information in the interactions with clients

The SAHABAT campaign and the CDQI self assessment tools are described elsewhere in this report. In this section we describe progress made with regard to the use of the WHO flip chart and printed materials for client empowerment.

Objective

Improve the quality of interpersonal communication and counseling during client and provider interactions at service delivery points throughout Indonesia.

Achievements during this Reporting Period

- QIQ results revealed that counseling during family planning visits remains of poor quality. Specifically QIQ found:
 1. Of the nine standard steps expected during a counseling session, providers, on average completed **only 5**.
 2. In almost all cases providers neglected to counsel clients about **STDs and HIV/AIDS**.
 3. History of **obstetric and gynecological complications** was asked in only 29% of encounters.
 4. While accuracy of information provided was generally good, the least accurate information was provided when **counseling about pills**; accurate information about the use of pills was provided in only 54% of counseling sessions.
- The testing of the WHO flipchart is part of a collaboration with WHO/Geneva and WHO/Jakarta. The test is part of a multi country pretest of the flipchart before WHO publishes the model with suggestions for local adaptations. WHO has provided a grant to run the field trials and has provided in-country TA. During the past six months the field test to assess the utility of the flip chart has gone through the following steps:

1. A meeting was held to introduce a selected sample of providers to the tool and to get their input and feedback on the possibility of putting it to use (providers were selected from the two STARH districts in West Java: Cirebon and Sukabumi).
 2. These same providers were videotaped during their counseling sessions without the use of the flip chart, to determine a baseline of practice.
 3. Providers were trained/orientated to the use of the flip chart and the content contained there in.
 4. Providers were visited to observe their counseling practice while using the flip chart and they and their clients were interviewed about their reaction to the use of the flip chart.
- Initial findings show that the flipchart can be an effective tool to improve the quality of IPC/C (SEE FULL REPORT REFERENCED IN THE APPENDIX 3 No. 98), particularly with returning client with problems, new clients, and clients with special needs.
 - Given these findings, STARH has decided to further adapt the WHO flipchart as part of its IPC/C strategy and expects the final adaptation and printing to be completed sometime in July. The flipchart, the SAHABAT campaign and the FP standards and guidelines will be mutually reinforcing in their message and content.
 - STARH is conducting a study in the district of Cianjur to test the use of printed materials for prompting clients to initiate informed dialogue during a family planning counseling session. An information sheet is designed for use by the *kader* to help him/her coach clients about reproductive rights and questions to ask during a family planning visit. A second sheet or brochure is designed for use by the client to remind her what questions to ask and to bring with her to the clinic. *Kaders* in the study area have been introduced to the materials and they have coached clients on how to use the client tool. Qualitative follow up of *kaders*, clients and providers is currently taking place to find out what their experience has been in using the materials. Preliminary results are expected in April. Anticipating positive results, STARH will incorporate the materials into the CDQI strategy. The draft tool has already been adopted for use by BKBBN in their World Bank funded work in East and Central Java. These client aids were first developed and tested in the “Smart Client Study” implemented in East Java with funding from Population Communications Services of JHU/CCP. The journal article is forthcoming in Elsevier – Patient Education and Counseling. (REFERENCE IN APPENDIX 3 No. 99.)

B. CONTRACEPTIVE SECURITY

During the past weeks STARH has formulated a contraceptive security strategy to addresses the concern about the ability of Indonesia to maintain contraceptive security as BKKBN decentralizes its functions. STARH will focus this strategy on building capacity within BKKBN Pusat so that they can provide technical assistance to provinces and districts in maintaining contraceptive security. This allows BKKBN Pusat to transfer needed skills while at the same time performing a new and essential role in a decentralized environment. STARH will develop a broad range of tools that BKKBN can use to assist districts to assess, plan, manage and monitor contraceptive security. Since this is a newly defined strategy the impact of this shift will be reported in the next semi annual report. In the sections below we describe some of the elements that have made up STARH’s Contraceptive Security Strategy to date. (REFERENCE IN APPENDIX 3 No. 46)

Private Sector

Overview

STARH aims to encourage expansion of the private sector’s reach in rural areas, at affordable prices. One of the main constraints to effective private sector expansion is the inconsistent

application of BKKBN policies to provide subsidized commodities to the poor. These government-procured contraceptives are often distributed to non-poor as well as poor clients, and their supply is intermittent. This creates disincentives for private sector investments in expanded distribution networks or active marketing.

Objective

To bring BKKBN and the commercial sector together in a public/private partnership to address contraceptive supply needs of the most vulnerable populations of Indonesia.

Achievements during this Reporting Period

This area of emphasis formed part of the original plan and its importance was reinforced during the Management Review in November. In late February technical assistance for conceptualization of this activity was provided by a Baltimore based consultant. Staff recruitment was conducted in March. A very qualified candidate has been identified and will start work in April, at which time activities will get underway. (The same person who manages the private *bidan* quality recognition program will manage this activity.)

Contraceptive Supply Chain Management

Overview

The QIQ assessment revealed the following with regard to availability of contraceptive supplies:

- Only **two puskesmas** in Jakarta had continuous availability (in the last 6 months) of a full range of contraceptive supplies (7 methods).
- On average facilities had continuous availability of **4 out of 7 methods**.
- The most commonly available methods, which had the least frequent stockouts, were **combination pills (74%), injectables (74%) and IUDs (67%)**.

Objective

Ensure the maintenance of contraceptive security across Indonesia, particularly as BKKBN decentralizes its functions.

Achievements during this Reporting Period

- In November STARH, at the request of BKKBN, presented an Executive Seminar on contraceptive supply chain management to all Echelon 1 and 2 staff of BKKBN. This presentation highlighted the need for BKKBN to focus on maintaining contraceptive security as it goes through the decentralization process (**REFERENCE APPENDIX 3 No. 78**). MSH attended this presentation and provided valuable input during the discussions.
- In February, STARH was again requested to make a presentation, this time at BKKBN's annual *Rakernas* meeting in Jakarta on "Contraceptive Security in Indonesia: Meeting the Challenge" (**REFERENCE APPENDIX 3 No. 80**). This presentation was part of a two-person panel in which the issue of contraceptive security for provinces and districts was addressed. This was a significant step for BKKBN Pusat in an on-going attempt to address the complex issue of contraceptive security in the midst of decentralization. The focus of the presentation was two-fold: first, to clarify for BKKBN staff attending the meeting what contraceptive security is; and secondly, to present to provinces and districts some ideas for helping ensure contraceptive security in their respective provinces and districts.
- A training curriculum on inventory management at the *puskesmas* level was completed and will be incorporated as part of BKKBN's technical assistance "tool box" for capacity building.

- The logistics baseline assessment in six districts (three STARH, three control) was completed. The results are in the process of being analyzed.
- At the end of March John Ross completed a visit to analyze various Indonesian data sets to identify key issues related to the contraceptive security situation in Indonesia. This was designed as a first step in identifying possible critical interventions for ensuring future contraceptive security in Indonesia (REFERENCE APPENDIX 3 No. 97).

C. EXPANDING CHOICE

Voluntary Surgical Contraception (VSC)

Overview

STARH is providing technical and other support for VSC to address the issues of client safety and quality. STARH's overall VSC strategy incorporates the following elements:

- Policy change at the central level focusing on adherence to standards.
- Human resources strengthening.
- Updating standards and guidelines.
- Consolidation of service delivery to ensure safety and quality of care.
- Quality assurance.

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.

Achievements during this Reporting Period

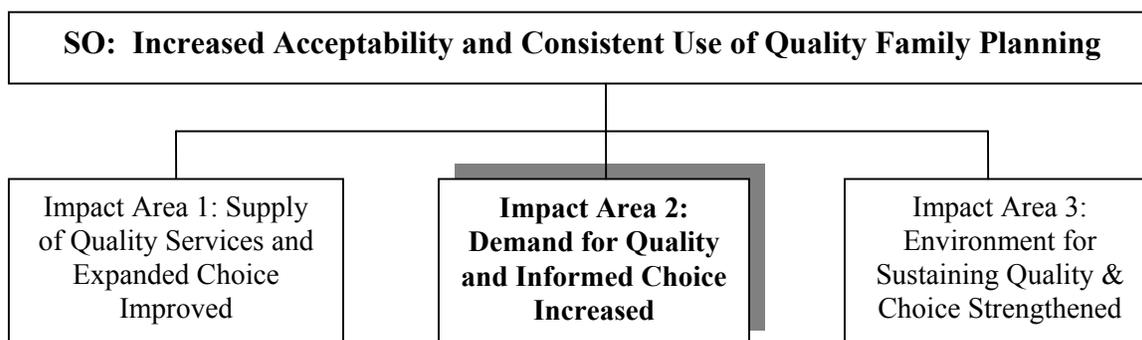
- The National VSC Policy Document that was drafted in a national meeting in Surabaya, East Java last year was finalized by a team of editors from BKKBN, DepKes and PKMI. STARH provided a consultant to lead the team. The document was submitted to the responsible BKKBN office for approval. It has yet to complete the review process required before releasing it as an official document. In anticipation of its release, STARH has had discussions with BKKBN about an advocacy campaign and dissemination strategy. BKKBN is very interested in reaching out to both national as well as local government officials to support the Governments' initiative to expand its VSC program.
- In October STARH supported a 1-day workshop in West Java to share the results of the West Java VSC Assessment and initiate discussions to address the safety and quality issues with the VSC Technical Working Group (BKKBN, DepKes, PKMI and STARH). The participants included representatives from the district; the 8 facilities assessed as well as province level DinKes, BKKBN and PKMI officials. The plan was for the TWG to follow up on quality issues highlighted in the assessment. The fact that this has not yet happened is of concern to STARH. During the next reporting period STARH will be closely monitoring follow-up activities in all provinces to make sure that the results of the assessments are acted upon.
- The assessment of high case load facilities in provinces where the majority of VSC services are provided is one aspect of STARH's effort to consolidate VSC service delivery to ensure client safety and quality of care. The provinces of East and Central Java were selected as the focus this year because of the high number of cases and because it is where VSC Centers of Excellence project funded by the World Bank is located. In East and Central Java STARH completed the following during the reporting period:

1. Identification and verification of high case load (> 300 cases/year) service delivery points for tubal ligation and vasectomy. (REFERENCE APPENDIX 3 No. 26)
 2. Negotiation of a subcontract to conduct the assessment. Three bids were received by STARH. A team from the University of Indonesia's Department of Community Medicine partnering with PKMI was selected based on their institutional track record, technical capabilities and reliability. The subcontract is to commence in the first week of April.
- The National VSC Policy Document identifies PKMI as the technical resource for the National VSC program. STARH's strategy with PKMI is to ensure that client safety and high quality of care becomes an integral part of VSC service delivery. The steps to ensure that this becomes a reality are:
 1. Involve key technical resources from PKMI in the development of the Service Delivery Guidelines, particularly in the section on VSC.
 2. Strengthen their training approach and update existing learning packages that are used to prepare trainers as well as providers.
 3. Strengthen PKMI's training resources, both national and provincial, which are frequently utilized by DepKes and BKKBN to conduct training.
 4. Provide Technical assistance to shift the province-based quality assurance system to the district level.

PKMI members were asked to contribute the VSC section in the Service Delivery Guidelines. Their contribution included the service delivery aspect as well as the procedural steps for tubal ligation and no scalpel vasectomy. STARH is currently negotiating with PKMI to strengthen their training approach and update existing learning packages. This task involves reviewing, revising and/or developing materials to support the three VSC methods supported by DepKes and BKKBN: Minilaparotomy under local anesthesia, Laparoscopy Guided Tubal Ligation and the No Scalpel Vasectomy. The last 2 procedures are presently the least developed in terms of an updated and standardized learning package. The completion target for this effort is before the end of June.

STARH continues to support the development of PKMI. However the use of PKMI as the quality assurance agency of the national program has already proved unsustainable without external support. STARH support for VSC and PKMI is contingent upon the GOI identifying a funding mechanism to ensure long-term sustainability. To date this has not happened. The decision on whether to continue with STARH support for VSC will be made in the next reporting period.

- Finally, STARH has been requested by BKKBN to collaborate on the VSC activities of the World Bank Safe Motherhood Project in East and Central Java. STARH support is in the design of the intervention and through its ongoing efforts to support national VSC activities. Additionally, BKKBN requested STARH to provide technical support to facilitate the monitoring and management of VSC services. The objective of this exercise is to design systems that are as simple as possible while still allowing for a reasonable level of information for planning.



Impact Area 2: Demand for Quality Services and Informed Choice Increased

STARH will achieve impact in the area of demand by focusing on three main activity areas: empowering clients and communities to demand better quality services, advocacy for policy reform, and community participation to support quality improvement. The three activity areas work together to ensure that RH/FP services are client focused and that providers are increasingly accountable to their clients. STARH's demand activities 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.

A. EMPOWERED CLIENTS AND COMMUNITIES

SAHABAT Campaign

Overview

The SAHABAT Campaign (part of the SMART Initiative) supports overall quality improvement by promoting informed choice among clients, providers and communities. This campaign creates SAHABAT clients, SAHABAT providers and SAHABAT communities. It uses mass media, interpersonal communication and community mobilization to change attitudes and behavior.

Objectives

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

Achievements during this Reporting Period

- SAHABAT campaigns were launched in 12 districts and six provinces between September and November 2002. These efforts helped to build capacity at the district level to launch media campaigns and also served to increase/reinforce awareness of the national campaign that was launched from June - October 2002. The launches ranged from huge public events like the one held in Purbalingga which was attended by approximately 5,000 people and

opened by the *Bupati*, to the media launch conducted in Central Java, during which the SAHABAT theme and messages were discussed during an hour long weekly live television show. The launches allowed each district team to disseminate STARH materials and to develop their own materials, including posters, leaflets, stickers, and banners. Special messages related to the SAHABAT campaign were broadcast during the Ramadhan fasting season. See Appendix 4 for detail.

- Awareness of the SAHABAT Public Service Announcements (PSA) on TV was monitored and analyzed through the ACNielsen Omnibus survey (REFERENCE APPENDIX 3 No. 19.) It was found that the SAHABAT campaign had reached a 45% awareness level within the period of airing. This is approximately the same level of awareness as the heavily aired SIAGA campaign. Not surprisingly, we found the messages in the PSAs caused some confusion, and were felt to be unrealistic. However, these criticisms are to be expected for a new campaign and a complicated concept, which can be clarified in future communication efforts. Qualitative evaluators found that the midwife was considered too friendly. The community leader was not respectful enough. The couple was too urban and too confident. Some thought SAHABAT was a new contraceptive brand. These findings are consistent with the original design brief for the SAHABAT PSAs. They were intended to introduce the concepts of: SAHABAT, clients' rights to information, the role of the community in ensuring clients' rights, and the modeled ideal behavior for the couple, community members, and the overly friendly *bidan*. Lesson learned from the research: Media selection was appropriate and should be maintained given the high level of awareness, and the subsequent messages will be more focused, less complex, aimed at a very specific target audiences, and provide very specific client and provider behaviors.

The communication brief for the SAHABAT follow-on campaign has been developed and distributed among team members for input. Learning from the past, the second phase of the SAHABAT campaign will:

1. Focus primarily on client behavior, but will still model good client-provider practices;
2. Convey a focused message centering on knowledge of clients' rights, the benefits of knowing about reproductive rights and the sense of responsibility for one's own health;
3. Model specific aspects of quality of care, like: choosing a method, Infection Prevention, specific method information, and seeking alternate resources of information, and;
4. Maintain the same selection of media, as it had been proven to obtain optimum awareness. TV is still the main medium, while radio and print is will be used as the support.

The expected reaction to this message strategy is: "Ah, I know I have the right to ask and choose. I **shall use** it". Upon completion of the client-focused campaign, the third phase of the campaign will focus on providers.

- The SAHABAT campaign was integrated with STARH District Team capacity building. P-Process (communication planning process) training was conducted with 11 STARH districts teams in late of 2002 (REFERENCE APPENDIX 3 No. 25.) To determine the transfer of knowledge about the P-Process, each district was asked to develop a proposal for conducting ongoing local SAHABAT campaigns. To date proposals have been received from all districts and feedback on the proposals has been provided. This effort allows the teams to develop their capacity to plan and carry out RH/FP communications campaigns. It also allows the District Teams to continue to support locally the SAHABAT messages as the mass media campaign rolls out. It is anticipated that eventually the STARH teams will share their knowledge with other stakeholders in their district.

- The concept behind SAHABAT of empowered clients and caring providers, is relevant for other health services. STARH is collaborating with ASUH's three months radio campaign starting in April. The high quality radio spot was completed, using a popular "dangdut" song that conveys the ASUH message – see *bidan* within seven days of delivering your baby, and the SAHABAT empowerment and caring message. It will be aired in four districts in East and West Java.

Adolescent Reproductive Health

Overview

ARH is one of the most complex of the issues STARH has been asked to address. Within BKKBN, there is a divide between those who see ARH as a serious issue and want to see BKKBN play a leadership role and those who see ARH as a political issue to be avoided. This situation is not unique to BKKBN or to Indonesia. The BKKBN Youth Directorate (DITREM) is quite active and has the benefit of an ARH goal specified in the *Propenas* (National Five-Year Development Strategy). The STARH Management Review recommended that STARH focus its ARH efforts in the areas of policy development, more focusing on public dialog, media, collecting, adapting and disseminating best practices, and donor collaboration. This section reflects achievements in ARH.

Objectives

To increase the capacity of donors, journalists, NGO and government staff to implement adolescent reproductive health activities and to discuss ARH issues openly.

Achievements during this Reporting Period

- STARH, in collaborations with other donors and CAs, has established a Steering Committee for Youth. The purpose is to create a forum for networking, information exchange and joint planning on issues of common interest related to youth. The first meeting was held in January 2003 and focused on sharing information about programs and issues related to youth, specifically on HIV/AIDS/STI and reproductive health. At a later stage discussion may expand to incorporate additional issues concerning young people such as life style, illegal drug use, smoking etc. Specific issues identified during this first meeting include:
 1. The need to inventory existing IEC materials on youth, reproductive health and HIV/AIDS and to explore the potential for joint productions in the future to avoid duplication of effort, to ensure some degree of standardization of key messages and to promote effective utilization of resources for IEC development.
 2. It was proposed that HIV/AIDS not be treated in isolation from adolescent reproductive health as the two are closely linked.
 3. The group agreed to share information on research, studies, and new projects on young people, reproductive health and HIV/AIDS as they become available through program development.
- As a follow up to last year's performance assessment of BKKBN's *Kasie Remaja* (district-based Adolescent Health Program Managers), STARH is assisting DITREM to disseminate international and local ARH best practices through the *Kasie Remaja* (FOR ASSESSMENT REPORT, REFERENCE APPENDIX 3 NO. 12.) During the performance assessment, a lack of resources and a limited understanding of adolescent reproductive health issues were identified as constraining factors inhibiting desired performance of the *Kasie Remaja*. On the other hand, the ability of the *Kasie Remaja* to play a coordination role at the district level was seen as an enabling factor. Channeling current information on ARH practices and programs to the districts through the *Kasie Remaja* solidifies the coordination role of the *Kasie Remaja* while at the

same time increasing their knowledge of and confidence in ARH. This effort also helps to develop capacity at the central level by having DITREM identify ARH best practices from international and local resources and create user-friendly information sheets summarizing them. Materials will be produced, tested and finalized by June.

- Collaboration with Healthy Indonesia on a media campaign for youth is pending reorganization of the program. It is expected that this collaboration will begin in April.
- As a follow on to the P-Process workshops for BKKBN ARH Managers conducted in April 2002, twenty of thirty-three provinces submitted proposals for funding to STARH to carry out ARH communication programs in their areas. Eleven proposals were selected for funding by a team from STARH and BKKBN based on the following criteria: uses innovative approach, addresses strategic youth issues, demonstrates rational budget allocation and includes plan for sustainability. The best proposals came from Nanggroe Aceh Darussalam, West Java, Central Java, Yogyakarta, East Java, Bengkulu, West Kalimantan, North Sulawesi, South-East Sulawesi, Bali, and NTB. These eleven projects tackled issues such as preventing teenage pregnancy, delaying early marriage, dual protection for STD and HIV/AIDS, and counseling. These issues were perceived fresh and challenging, considering the managers were newly recruited for their positions (mostly less than one year) and had fairly limited exposure to the ARH program. Innovative activities involved local NGOs, celebrities, high risk youth and parents and used communication channels such as radio spots, talk shows and development of creative education materials for youth (pencil case, cap, keychain, T-shirt, bookmarks, calendar, wall display, etc.).

All projects were completed by March 2003. Lessons learned will be combined with ARH information dissemination activities as a way to continue the learning process and share success stories from these efforts.

- BKKBN's ARH programs have been targeted at 15-24 year olds. Concerned about the *Propenas* (5 year development strategy) mandate to also include 10-14 year olds they decided to meet and talk with experts in the U.S. who had familiarity with ARH issues for young adolescents. Eddy Hasmi led the team of three from BKKBN and Bu Augustine Basri of Yayasan AIDS Indonesia and the faculty of Psychology at the University of Indonesia. This visit was funded primarily with World Bank funds. STARH helped design the agenda and Anne Palmer and Catherine Harbour, from JHU/CCP in Baltimore, identified U.S. programs, organizations and consultants to serve as resources for the BKKBN team. They did the logistical planning and participated (all) the visits. After meeting with a number of experts and groups, and with Monica Kerrigan, the team developed a draft workplan. Various senior JHU/CCP staff, in a project design seminar, critically reviewed this plan. The team has just returned to Jakarta and has given a presentation to BKKBN. A trip report and workplan will be available shortly.

Strengthening NGO/CSOs

Overview

The achievements described below indicate that YKB is making good progress, with the first round of trained partner NGOs entering the field implementation phase. The mid-term evaluation for this project will take place in April 2003.

Objectives

- Enhance the capacity of NGOs in nine STARH's provinces to develop and implement self-reliant reproductive health programs through inter NGOs exchange of experiences.
- Increase the reproductive health service coverage of the nine partner NGOs.
- Expand the project's scope by replicating the similar process in the nine STARH's provinces through the leadership of the strengthened NGOs.

Achievements during this Reporting Period

- YKB has signed a sub contract with each of the five already trained NGOs to assist them to implement their plan-of-action, which includes activities such as development of IEC materials, assessment of community needs, monitoring of activities and expansion of services.
- With regard to in-service training and field supervision, YKB conducted:
 1. A three-day in-service training session for three members of clinic team from *Yayasan Pelita Ilmu*. The session included clinical skills training, interpersonal-counseling skills, and management skills.
 2. A six-day in-service training session for five members of clinic team from *Aisyiah*. The training focused on clinical skills, interpersonal-counseling skill, mass parasite control, STD prevention, and management skills.
- A baseline survey was developed and conducted for the five trained NGOs to assess progress and the impact of their action plans.
- YKB has compiled available IEC materials and distributed them to the NGOs based on the needs identified in their plans of action. These materials include slides and manuals on subjects such as pap smears, anemia, HIVAIDS, sexually transmitted diseases, and of course family planning.
- To encourage networking between NGOs, YKB facilitated a forum for sharing experiences between *Yayasan Pelita Ilmu* and *Aisyiah* as well as internal networking among various maternity facilities owned by East Java *Muslimat Nahdhatul Ulama*.
- In its commitment to provide facilitative supervision to the trained NGOs, the YKB team visited YPI, *Muslimat*, and *HotLine* to identify problems and provide on-site coaching. The other NGOs will be visited in April.
- In preparation for starting work with five NGOs in Sumatra, YKB has distributed NGO profile forms to numerous NGOs, which will be compiled and analyzed in the coming weeks.

B. ADVOCACY TO SUPPORT RH/FP POLICY CHANGE

Overview

STARH's current advocacy strategy utilizes multiple channels to feed key RH/FP messages to decision makers and to the public at large. The strategy focuses on sustainability and achieving a broad reach. Advocacy is directed towards greater public awareness about the need for RH/FP services and directly towards policy makers, especially in a decentralized system, to support RH/FP priorities set at the national level, through policy and financial backing.

Objectives

To prepare new and existing channels to more effectively advocate for priority RH/FP issues, and to create awareness and support for RH/FP among the many new local government policy makers.

Achievements during this Reporting Period

National Level

- **Parliamentary Forum:** STARH in partnership with UNFPA is supporting the National Parliamentary Forum on Population and Development (IFPPD). The Forum is a group of parliamentarians with a self identified concern about RH/FP issues and interest in addressing those issues. The Forum provides access to the National Parliament (DPR) and an opportunity to inform new national level policy makers. UNFPA is funding the Forum's Secretariat. STARH supports the provision of materials to increase awareness of RH/FP issues. STARH has been working to involve the National Parliamentary Forum in advocacy efforts related to amending key population and health laws (Laws #10 and #23 - see Impact Area Three for further detail of these laws). IFPPD will also provide technical assistance to district parliaments (DPRD) to develop district-level Parliamentary Forums. This activity will be initiated in STARH districts. The role of these local forums are seen as a major advocacy channel in the pending decentralization of BKKBN. A proposal has been submitted by IFPPD, which is currently under review by the STARH team.
- **Journalists Forum:** A team of senior journalists from leading media (print, TV, radio) has formed the Journalists Forum with STARH support. The Forum meets regularly to receive information about key RH/FP issues. A first meeting took place in March. The topic of the meeting was birth spacing and its benefits to maternal and child health. STARH provided the translated version of the Popline edition on birth spacing (series L number 13, volume XXX, Summer 2002) – REFERENCE APPENDIX 3 No. 66. The meeting resulted in media coverage by Metro TV, *Suara Pembaruan*, and *Media Indonesia*. Other topics to be shared with this group will reinforce ongoing program priorities such as male involvement, contraceptive security, infection prevention, VSC, standards and guidelines, adolescent reproductive health, decentralization, to mention a few. This activity has tremendous potential for reaching a huge audience and will be closely monitored and documented.
- **National Alliance for RH/FP:** A core team of national government and non-governmental organization has yet to be formed. In early April STARH will work with HI 2010 to determine if the HI 2010 National Coalition can serve as a national alliance of stakeholders for RH/FP.

Regional Level

- **Parliamentary Forum:** STARH is currently discussing the possibility of supporting the national IFPPD to provide technical assistance to districts to establish local Parliamentary Forums (described above). These local Forums are only relevant when local governments do not have experience with or a commitment to RH/FP. Some districts have already established channels and RH/FP commitment. STARH and IFPPD are identifying districts where a local Forum would play a valuable advocacy role for RH/FP.
- **Journalist Forum:** There has been a significant increase in local media in Indonesia. To get these media interested in and capable of supporting public dialog on RH/FP issues, STARH is working with the Yogyakarta Institute of Research, Education and Publication (*Lembaga Penelitian Pendidikan dan Penerbitan* or LP3Y) to improve the skills of journalists at the district level. LP3Y and STARH will conduct journalist workshops with participants from selected print and electronic media in the selected districts. To ensure transfer of learning takes place, participants will be asked to write monthly articles on RH/FP issues which have been identified as priorities (see next activity). This activity when integrated with a local parliamentary forum is intended to provide an advocacy model for other districts.
- **District Alliance for RH/FP:** It is anticipated that the district alliance for RH/FP will consist of members from the District STARH teams plus additional members who are interested or skilled in advocacy. Where HI 2010 Coalitions exist they will be invited to participate. For this part of its advocacy strategy, STARH will partner with the NGO INSIST to help districts identify resources and priorities for RH/FP advocacy and to build their capacity to create and carry out an advocacy workplan. As a first step, INSIST will conduct an assessment of advocacy resources and priority RH/FP issues in each selected district. The assessment will be used to identify districts in which advocacy is likely to play a role in support of protecting quality and choice. A workshop will be held in each district to create an advocacy plan. The issues identified in the district assessments will be shared at a national workshop to keep national level stakeholders informed of local priorities. District based assessments will begin in April. Advocacy planning workshops will start in July.

C. COMMUNITY PARTICIPATION TO SUPPORT SERVICE QUALITY IMPROVEMENT

Community Driven Quality Improvement

Overview

One of STARH's initial approaches for improving quality at the facility level has involved generating community participation and a sense of community ownership around local health facilities. This simple concept started out as a "recognition" concept in which communities would join with the formal health system to "recognize" health care facilities that met certain criteria. DepKes felt that this approach was not suitable for public sector facilities (*Puskesmas*) and suggested instead that STARH apply the recognition strategy in a private *bidan* initiative (see Impact Area One). STARH then redesigned its public facility approach to include community participation and facility based self-assessment but *not* formal or informal recognition. The redesign also incorporated the DepKes initiative of developing *Puskesmas* community boards or "*Badan Penyantun Puskesmas*" (BPP). The revised concept has been summarized in a new approach entitled Community Driven Quality Improvement (CDQI). Progress towards realization of the CDQI concept is reported on below.

Objectives

To use community mobilization models combined with facility based performance improvement approaches to support improved quality health services.

Achievements during this Reporting Period

- The CDQI concept paper was revised and shared with all STARH's districts and provinces. All districts elected to "try" the CDQI approach, starting in a limited number of facilities, ranging from two to four. Districts have been requested to identify a team of CDQI facilitators (ranging from three to six) to work with the facilities and communities identified by the STARH teams.
- The training module for CDQI was designed in a one-week workshop conducted in the Tifa Building with consultation from Baltimore. Participants in the design workshop included representatives from BKKBN, IBI and consultants from Healthy Indonesia 2010. Materials from many sources, including Save the Children, were used.
- The CDQI concept paper was presented to the STARH ACU in February at which time we were asked to get more input from DepKes.
- Since then there have been several meetings between BKKBN, STARH and DepKes about CDQI and, as a result, STARH's approach has been more closely aligned with that of DepKes. DepKes is now involved in finalizing the training modules and will help conduct the CDQI training workshops, which are scheduled to begin at the end of April. DepKes' experience from developing the *Badan Penyantun Puskesmas* (BPP - community health boards) has been very helpful in finalizing the CDQI approach. One element missing from the BPP model, which DepKes highly supports in the CDQI model, is the presence of district-based facilitators to serve as resources persons for the process.

Community Survey

Overview

As STARH seeks to design a valid program to empower clients and communities to act as advocates for and partners in reproductive health quality improvement (through CDQI and SAHABAT), it is crucial to comprehend the current community situation: community dynamics, leadership, community activities, community health seeking behavior, and attitudes towards reproductive and clients' rights. STARH also needs to monitor changes over time to know if interventions are having the desired impact and to inform program direction.

To achieve these two objectives STARH is conducting a community survey that has a qualitative phase (REFERENCE APPENDIX 2 NO. 18) and a quantitative phase. The recently completed qualitative phase, is providing information on various health attitudes, community structures, health priorities, community member roles in change and perceptions on rights and responsibilities. It also provides a more realistic, informed approach in constructing the questionnaires for the quantitative phase. The survey is being conducted in all 12 STARH districts in 56 of the communities where selected facilities are located.

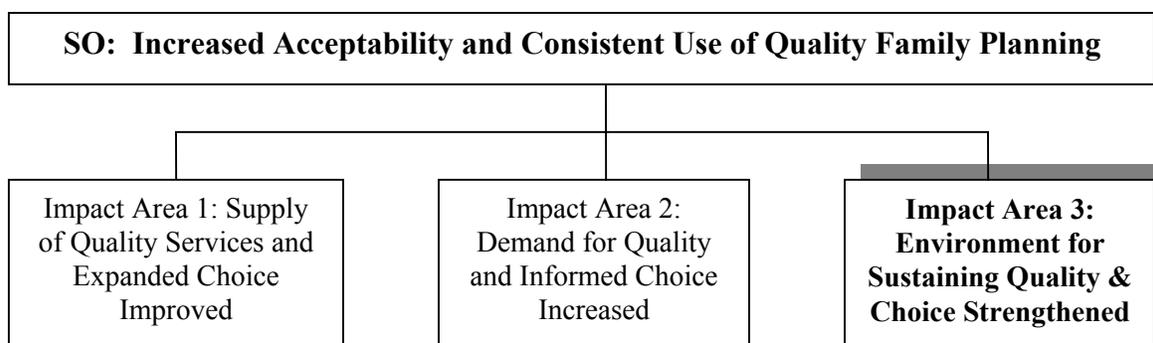
The survey seeks information from married men and women of reproductive age and community leaders. The total number of community members sampled will be 1,700. The gender distribution will be 70% women and 30% men. Approximately 30 leaders will be surveyed from each district, drawn using a quota sampling technique, designed to include formal, informal, and religious leaders of each selected communities. Preliminary quantitative data should be available in May.

Objectives

- To assess the understanding of and demand for quality reproductive health services among community members
- To assess community and religious leaders' readiness to facilitate community participation in improving the quality of reproductive health care and local facilities
- To identify perceived constraining and facilitating community factors associated with seeking and obtaining quality health services.
- To provide baseline measures for subsequent impact evaluation of the STARH quality improvement initiatives.

Achievements during this Reporting Period

- ACNielsen, a marketing research company, was selected as the field implementer of this community survey in a highly competitive bidding process in August 2002. The qualitative phase of the survey began in October 2002 with 20 FGDs of community members and 10 in-depth interviews of community leaders. This phase of the study was completed in November 2002 (**REFERENCE APPENDIX 3 No. 18**) Data collection for the quantitative phase of the survey will be completed in April.
- Findings from the qualitative phase of the study have been presented to all STARH program officers and consultants, particularly those involved in the CDQI program. The findings showed that communities and districts have unique characteristics, for example in how they define "community", who their leaders are, and what constitutes a typical community activity. These aspects are often very different from one community to another and from one district to another. On the other hand, the impact of "*era reformasi*" and decentralization seem quite similar across districts and the association of quality with price is quite consistent. The information gathered in this qualitative phase provides a rich context for STARH's District Strategy. It has reinforced the need for a flexible approach to district level programming; one that fits within the structures, perceptions and realities of very different places. It also helps to predict where STARH efforts are likely to be successful and where success might be harder to achieve.



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: policy analysis and policy development; ensuring 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 Two.

Support for National and Regional RH/FP Policy

A. POLICY ANALYSIS AND POLICY DEVELOPMENT

Following advice from the Management Review, STARH has refocused its policy agenda on the key issues outlined below and linked those with the strong advocacy approach outlined under Impact Area Two. This has allowed for a more integrated and strong approach maximizing the skills of the various members of the STARH Team.

Objectives

- Assist BKKBN to plan for decentralization of its RH/FP programs.
- Make the legislative environment fully supportive of a client oriented approach to RH/FP, through revision of RH/FP laws
- Assist policy makers to have a clear understanding of the policy reforms needed to support healthy lifestyles among adolescents.
- Assist policy makers to have a clear understanding of the policy reforms needed to maintain contraceptive security.

Achievements during this Reporting Period

Decentralization

STARH's work with the BKKBN Decentralization Task Force is aimed at strengthening the policy environment so that quality and choice of the FP/RH program are protected and enhanced when the program decentralizes (beginning on 30 June 2003).

- A major accomplishment during the reporting period was completion of the Obligatory Functions and Minimum Service Standards (*Kewenangan Wajib dan Standar Pelayanan Minimal*) matrix for the family planning and family welfare sector. The Ministry of Home Affairs requires such a matrix for each of the main social sectors as part of their respective decentralization processes. In the case of FP/RH, the matrix defines the essential FP/RH services district/municipality governments will be required to provide by law. There are still one or two further steps the BKKBN Task Force needs to complete before this matrix can in fact be made law - the "narrative" which must accompany the matrix needs to be completed, for example, and specific guidelines (*pedoman*) for each essential service still need to be written - but the most difficult part of the exercise, defining the obligatory authorities, which will be transferred later this year has been finished.
- STARH, in partnership with the MSH M&L Program, supported the development of this matrix in a number of ways. STARH and M&L experts provided TA to the task force to help with the conceptualization, definition, and operationalization of KW and SPM, and supported several 2-day retreats where BKKBN staff could work undisturbed and intensively with inputs from these experts. STARH inputs focused primarily on strengthening program content, while M&L inputs focused more on the requirements of the decentralization process itself. STARH technical contributions included making the definition of essential services more client-oriented, making sure *all* essential functions for a quality FP/RH program were covered in the matrix, and giving explicit attention to the needs of the poor and other vulnerable groups. All of these suggestions have been incorporated into the current version of the matrix.
- STARH has also been helping BKKBN-Central reconceptualize its vision and mission for after decentralization. BKKBN-Central will still perform functions vital to the future of FP/RH in Indonesia (such a developing national policy and guidelines, monitoring the implementation of national policy, training, providing technical services to districts, channeling donor support to the regions, etc.). STARH has begun a policy dialogue with BKKBN and other stakeholders on how to define these functions optimally, and how to plan for their future implementation. There needs to be complementarity and synergy between the centralized and decentralized functions.
- STARH's District Strategy (discussed elsewhere in this report) also complements the work STARH is doing with the Decentralization Task Force. While the Task Force defines *what* districts will do after decentralization, the District Strategy focuses on *how* they will perform these functions and is seeking to establish models of best practice, which can be scaled up for national impact.

RH/FP Laws and Regulations

- Commission 7 of the PDR is sponsoring a new health law to replace Law No. 23 of 1992. At the request of BKKBN STARH conducted a brief informal review of the revised law, focusing on the chapters covering Reproductive Health and Adolescents, respectively. STARH secured the services of Dr. Kartono Muhammad, a former head of IDI and consultant to the Healthy Indonesia 2010 Program who helped draft the revised law, to assist in this

work. After discussions with BKKBN it was decided no action was required by STARH/BKKBN at this time, but we are continuing to monitor the situation in case the need for further intervention arises in the future.

- More recently Commission 7 has initiated a process to revise Law 10 of 1992 (on “Population Development and the Development of Happy and Prosperous Families”), and has asked BKKBN to take the lead in determining and drafting the needed changes, and in preparing supporting documentation. STARH is providing TA to help BKKBN and other stakeholders clarify the issues and recommend changes to ensure the future of quality FP/RH services. STARH will also support advocacy for this policy change, and has already laid the groundwork for this in its work with the Parliamentary Forum on Population and Development (discussed under Impact Area Two).

Adolescent Reproductive Health

Ibu Nafsiah and Firman Lubis have agreed to work with us as prominent Indonesian “champions” for policy change in the area of ARH, however no major ARH policy development activities took place during the reporting period.

Contraceptive Security

STARH commissioned John Ross to write a preliminary report on contraceptive security in Indonesia, using existing data (primarily Susenas 1995-2002). After John gives a debriefing at USAID-Washington and finalizes the report it will be circulated widely as part of an on-going policy dialogue stimulated by STARH (Reference Appendix 3 No. 97). This will pave the way for preparation of a more comprehensive “issues and options” paper on CS which will address the role of the private sector as well as program issues, and will serve as the basis for advocating further policy change.

B. UTILIZATION OF DATA

IDHS

STARH has been following the data collection process being carried out by BPS with TA from DHS-Measure. A design problem emerged when it was discovered that three new, but important provinces, were excluded from the Survey. STARH facilitated the technical and program options discussions. Ultimately USAID was able to fund the data collection in the three new provinces, using funding originally planned for dissemination of results and BKKBN, using World Bank funds, expanded its funding of dissemination.

QIQ

- QIQ results were compiled and district level reports and presentations prepared.
- STARH/BKKBN teams traveled to each district to share the results of the QIQ survey.
- District STARH teams are using the results of QIQ as the starting point for planning quality improvement interventions in non-CDQI facilities
- The results were summarized on a national level and presentations were made in Baltimore, to BKKBN and to DepKes.
- STARH staff analyzed the results and, based on that analysis, focused priorities for infection prevention activities. (REFERENCE APPENDIX 3 No. 96)
- Issues raised by QIQ with regard to counseling will be used to inform STARH’s IPC/C strategy.
- A second round of QIQ, limited in scope is planned for the summer.

C. SUPPORT FOR CLIENT'S RIGHTS

See separate Tiaht report.

STARH's District Strategy: Integrating Impact Area Activities at the District Level

The purpose of STARH's District Strategy is to test centrally developed materials and approaches in a field setting and to document models and lessons learned for national scaling up of best practices. All of the activities undertaken within STARH's District Strategy have been reported on under the specific impact area sections. This section looks at two generic issues related to the District Strategy; that of building capacity of intersectoral management teams at the district level to promote and provide quality RH/FP services, and the scaling up of lessons learned to provincial and national levels.

Data from the qualitative phase of the Community Survey have provided a rich context for STARH's District Strategy. The survey results tell us that some districts are more likely to be receptive to collaboration and community empowerment than others. They tell us that communities define leadership in different ways but, across the board, strong leadership is key to effecting change. They tell us that attitudes towards the *puskesmas* are quite negative. These are just a few of the findings from the qualitative phase which lead us to believe that the District Strategy activities will be more successful in some districts than others. STARH will be monitoring progress of the District Strategy very closely and documenting both successes and failures so that scaling up is implemented in a realistic and efficient manner.

A. BUILDING CAPACITY OF INTERSECTORAL MANAGEMENT TEAMS

- STARH District Teams have successfully accomplished their tasks in preparing provincial and district annual work plans and implementing planned interventions. The Bimonthly Coordination Meetings were initiated in March involving representatives from each STARH Province and District team. During these meetings feedback and information was obtained on the ongoing activities at the Province and District levels. During the past six months District Teams have been actively involved in launching the SAHABAT Campaign, participating in the P-Process Workshop, designing FP/RH communication campaigns, identifying candidates for and participating in IP Workshops, assisting in the assessment of the District Training Centers, disseminating QIQ results, providing feedback on and input into the CDQI concept and identifying sites for initiating CDQI activities. While most of these activities are supported with small grants from STARH to cover meeting and transportation costs, the staff time of the various district team members involved in these activities is not. These costs are supported from a variety of sources including local health departments, BKKBN, local government and NGOs.
- Some districts, such as Kediri, Boyolali, Tulang Bawang and OKI have noted that the establishment of the STARH District Team has raised the awareness within local government about the importance of the FP program. During the next reporting period we will begin to document this type of impact.
- Momentum is gaining in decentralizing the National Family Planning Program. BKKBN's goal is for all districts to have established some form of decentralized FP structure by June of this year. The following table describes the current status of decentralization of the National Family Planning Program in each of the STARH districts and provinces. In all but two districts structures have already been identified. The types of administrative structures identified to date include:
 1. Badan – A “body” reporting to the Bupati but outside of that office
 2. Dinas - An office within the Bupati's office

Some of the structures just cover Family Planning but others are more comprehensive and include additional responsibilities such as population, women's empowerment, community empowerment, family welfare and community mobilization. At the present time the potential

implications of these different structures is unknown. One of the key issues to monitor will be how the family planning field workers are maintained and supported under the new configuration. The activities of the District Teams will lend support to these new structures as they struggle for recognition and resource allocation in a time of competing needs.

Province	No	District	Type of Decentralized FP Structure
North Sumatra	1	Deli Serdang	Badan Family Planning <i>(Local regulation in place)</i>
	2	Pematang Siantar	Dinas Family Planning and Community Mobilization <i>(Local regulation drafted)</i>
South Sumatra	3	Ogan Komering Ilir	Badan Family Planning and Family Welfare <i>(Local regulation drafted)</i>
Bangka Belitung	4	Bangka	Badan Family Planning <i>(Local regulation in place)</i>
Lampung	5	Tulang Bawang	Dinas Family Planning
Banten	6	Lebak	Dinas Family Planning and Population <i>(Local regulation in place)</i>
West Java	7	Sukabumi	Dinas Family Planning and Women Empowerment <i>(Local regulation in place)</i>
	8	Cianjur	Dinas Family Planning and Population and Community Empowerment <i>(Local regulation drafted)</i>
Central Java	9	Boyolali	Not yet determined
	10	Purbalingga	Not yet determined
East Java	11	Kediri	Badan Family Planning <i>(Local regulation drafted)</i>
	12	Malang	Badan Family Planning <i>(No local regulation)</i>

B. SCALING UP OF SUCCESSFUL QUALITY IMPROVEMENT APPROACHES

Phase I: Scaling up Within STARH Provinces

During this reporting period STARH developed a strategy for scaling up lessons learned from the initial 12 districts. This strategy will rely on the STARH province teams to disseminate best practices to other districts. STARH will not be providing inputs into additional districts in the same manner as with the initial 12 districts. Rather STARH will engage the Province Teams, which to date have had a limited role in STARH activities, to help identify, document, analyze and share successes and lessons learned with other districts. To do this STARH will support the Province Teams to:

- Document all activities; the successful as well as the less successful ones
- Hold workshops for dissemination of successful activities to other districts
- Promote Observational Study Tours between successful districts/facilities

- Support “mentoring” visits from successful districts to new or struggling districts

This is a sustainable approach that addresses capacity for scaling up early on, rather than at the end of the STARH program. By the end of the next reporting period we will be able to report on progress at the province level in expanding STARH activities to additional districts.

Phase 2: National Scale Up

Many of STARH’s activities already have a national impact, for example SAHABAT, standards and guidelines, our policy work, adolescent reproductive health, etc. To share lessons learned from STARH’s District Strategy, beyond the 8 STARH provinces, we will create a forum with our partners (BKKBN, DepKes, professional associations, NGOs, donors etc.) to identify scaling up opportunities.

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 management 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

Establish and maintain effective SOAG Executive Steering Committee Operations

Achievements during this Reporting Period

- In follow up to the SOAG Executive Steering Committee Meeting of August, 2002, the SOAG Secretariat continued to work during this reporting period on material requested by the Committee, including a draft TOR for SOAG Mid-Term Mechanism Review, a draft TOR for a KepPres 42/2002 Review Meeting, and a draft TOR for SOAG monitoring by SOAG Executive Steering Committee members. Two meetings were held (1 November 2002 and 28 March 2003) with Bureau Finance/MOH to learn more about the implications of KepPres 42/2002 for the SOAG.
- A SOAG Executive Steering Committee Meeting was held on 18 February 2003. At this meeting a status report on each component was provided by USAID and each Responsible Person reported on SOAG issues that affected their SOAG results.
- In support of the SOAG Executive Steering Committee and the smooth running of the SOAG, a review and coordination meeting was organized by the SOAG Secretariat on 28 January 2003 between Professor Azrul Azwar, the SOAG Executive Steering Committee Chairperson and Ms. Molly Gingerich, the Chief of the Office of HPN, USAID. Furthermore, two review and coordination meetings were organized by the SOAG Secretariat for Dr. Ieke, Director of the SOAG Secretariat, and Ms. Gingerich [18 October 2002 and 20 March 2003].
- To support Executive Steering Committee members, several sets of materials were distributed during this reporting period, the most significant being the final revision of a revised SOAG CA Financial Guidelines (22 Nov 2002) and new per diem regulations just issued by the Minister of Finance (7 March 2003).

- Coordinated with USAID on the receipts of SOAG CA reports for the SOAG Executive Steering Committee and established a set of all available reports at the SOAG Secretariat Office. A report tracking system was set up with USAID. The SOAG Secretariat also began the process of collecting the annual “In-kind Contribution” information from the SOAG Program Components through the SOAG Responsible Persons. An annual “In-kind Contribution” Report is required of the GOI by USAID.
- During the next reporting period, the Secretariat anticipates the following activities will be achieved to ensure effective Executive Steering Committee operations and management of the SOAG:
 1. Procure new copy machine and relocate office within DepKes.
 2. Institutionalize annual program reviews for the SOAG Executive Steering Committee members.
 3. Prepare a SOAG Reporting Manual and routine report tracking process that include required CA reports as well as special reports required of the GOI.
 4. Obtain a clear understanding of the implications of KepPres 42/2002 for the SOAG.
 5. Support routine meetings of the SOAG Executive Steering Committee and special USAID/GOI SOAG meetings

Objective

Facilitate communication and problem solving among Responsible Persons, ACUs, Cooperating Agencies, USAID and GOI operations.

Achievements during this Reporting Period

- The SOAG Secretariat funded a MNH ACU team visit to West Java in March 2003
- The SOAG Secretariat facilitated an MNH ACU and Technical Units meeting on 07 November 2002 at the MOH to allow better coordination and collaboration. The SOAG staff also met with Ibu Sri Hermiyanti, the MNH ACU head, to facilitate further coordination and collaboration between MNH and other program components.
- Several coordination meetings were held with ACU and CA groups, including with the Street Children ACU on 25 February 2003 and with the Litbang Gizi ACU in Bogor on 10 February 2003. Several informal coordination meetings were held with GOI personnel, including Prof. Azrul Azwar (MCN), Dr. Siswanto A. Wilopo (FP), Dr. Sri Hermiyanti (MH), Dra. Sumarni D. Rahardjo (SC), Dr. Dini Latief (Nut/DA), Dr. Dadi S. Argadiredja (DC), and others. Informal meetings were also held with most of the CAs either at the MOH or at their offices during this reporting period.
- The Secretariat organized meetings for one special interest CA Group, the SOAG CA Finance Group on 05 March 2003. 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 changes to visa and tax questions.
- During this reporting period, the SOAG Secretariat, in collaboration with the SOAG CA's, finalized and distributed a revision of the SOAG CA Financial Guidelines that make them more accurate and user friendly. The SOAG CA Financial Guidelines is a document developed in 2001 by the SOAG Secretariat and the SOAG CA Financial Group as a means to standardize as much as possible the travel and perdiem rules across the diverse CA groups. The revised guidelines have been reviewed by the CAs and were distributed to CAs and SOAG Responsible Persons on 22 November 2002.

Fifth Semi Annual Report

- During this reporting period the SOAG Secretariat prepared and finalized an “Information Booklet” (*Buku Informasi*) in both English and Bahasa Indonesia that summarizes the key pieces of information about the SOAG for a general audience. This book will be printed and distributed to interested parties and SOAG partners. (REFERENCE APPENDIX 3 No. 40)
- Finally, the Secretariat sent out nine mailings to CA’s and Responsible Persons including the following:
 1. Revised SOAG CA Financial Guidelines (22 November 2002)
 2. New perdiem regulations just issued by the Minister of Finance (7 February 2003)
 3. Various articles on the following topics:
 - ♣ Final version of revised “SOAG CA Financial Guidelines” (14 October 2002)
 - ♣ Article on “Manpower Minister Decree 150/2000 (24 October 2002)
 - ♣ Small Pox Threat (28 November 2002)
 - ♣ Material on Decentralization (2 January 2003)
 - ♣ Interesting W. Post article about a recent - WHO report (6 January 2003)
 - ♣ International Public Health Newspaper article from Washington Post (26 February 2003)

Objective

Facilitate strong linkages and networking between SOAG, USAID and external groups

Achievements during this Reporting Period

- The SOAG Secretariat participated in and assisted the donor “Partners in Health” group to hold six meetings (11 Oct, 31 Oct, 21 Nov, 02 Dec, 09 Jan, 06 March), which focused on coordination, exchange of information, and preparing material for the Consultative Group on Indonesia. The Secretariat staff also participated in two meetings on decentralization, a National Seminar on the Health Law 23/1992 at the DPR, a Global Fund meeting on 19 December, and a Donor Coordination Meeting at BKKBN on 7 March 2003.
- The Secretariat updated the matrix of geographic coverage at provincial and district levels for all the SOAG programs and for the most important and relevant donor activities.
- The Secretariat also participated in several meetings between the SOAG Secretariat and USAID on key issues including follow up of the August SOAG Executive Steering Committee Meeting, coordination during the US Embassy Evacuation, and clarification of activities under the SOAG. These meetings took place on 25 October, 22 November, and 04 March.

PART VI: ACTIVITY MATRIX AND BUDGET

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time					IR(s)	Responsible
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete		
IMPACT AREA 1: IMPROVED QUALITY OF SERVICES AND EXPANDED CHOICE SUPPLIED (Centrally focused activities)							
STRATEGY: SERVICE QUALITY IMPROVEMENT through							
Dissemination of Up to Date FP Standards and Guidelines (See additional related activities in the District Strategy matrix)							
<ul style="list-style-type: none"> Finalize and print updated <i>Panduan Praktis Pelayanan KB</i> 					31 May 03		Ricky
<ul style="list-style-type: none"> Develop Orientation Package for standards and guidelines 					31 May 03		
<ul style="list-style-type: none"> Distribution of <i>Panduan Praktis</i> and orientation package to BKKBN, DinKes, IBI in Non-STARH provinces and districts as well as 37 medical schools, 106 midwifery schools and relevant professional organizations 					30 Jun 03		Nurfina & Bimo
<ul style="list-style-type: none"> Evaluate informed consent field test 					30 Jun 03		
<ul style="list-style-type: none"> Socialize new informed consent procedures at central level 					30 Jun 03		Dian
<ul style="list-style-type: none"> Print informed consent forms and procedures 					31 May 03		
<ul style="list-style-type: none"> Socialize new forms and procedures to service delivery sites and PLKB in STARH districts and provinces (BKKBN to do so in other provinces and districts) 					30 Jun 03		
<ul style="list-style-type: none"> Finalize field test of WHO flipchart 					30 Jun 03		Dian
<ul style="list-style-type: none"> Depending of findings of field text determine how STARH can promote the flipchart to promote quality counseling 					30 Apr 03		
Implementation of Quality Recognition Program for Private Practice Midwives through IBI							
<ul style="list-style-type: none"> In collaboration with IBI and partners, design private sector midwife initiative 					31 Mar 03		IAC 1&2
<ul style="list-style-type: none"> Establish agreement with IBI for implementation of initiative, including roles at central and field levels 					30 Jun 03		
<ul style="list-style-type: none"> Conduct necessary assessments and focus group discussions with private midwives 					15 May 03		

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
<ul style="list-style-type: none"> Develop with IBI and other partners the quality recognition package (including enrollment process, guide to use of self assessment tools, rewards structure etc). 					30 Jun 03		
<ul style="list-style-type: none"> Provide training to IBI staff involved in private sector initiative 					30 Jun 03		
<ul style="list-style-type: none"> Program launched by IBI 					1 Jul 03		
<ul style="list-style-type: none"> Conduct regular visits with IBI to monitor progress and solve problems 					Quarterly		
<ul style="list-style-type: none"> Design recognition campaign. 					31 Dec 03		
Development of Sustainable National Clinical Training System <i>(See additional related activities in the District Strategy matrix)</i>							
<ul style="list-style-type: none"> Provide technical assistance to the restructuring of the JNPK (jointly with MNH) 					2005		Bimo
<ul style="list-style-type: none"> Through STARH sub-agreement, JNPK (central) to oversee and ensure quality of STARH field level clinical training capacity activities 					Ongoing		
STRATEGY: CONTRACEPTIVE SECURITY through							
Increased Participation of the Private Sector in Meeting Contraceptive Needs of Clients							
<ul style="list-style-type: none"> Develop initiatives with manufacturers and distributors of contraceptives for market expansion 					30 Jun 03		Yos
<ul style="list-style-type: none"> Institutional assessment of Muhammadiyah and Muslimat health networks and their potential capacity to scale up quality improvement models 					30 Jun 03		IAC 2
Rational Decentralization of BKKBN's Contraceptive Supply Chain Management <i>(See additional related activities in the District Strategy matrix and Impact Area 3 matrix)</i>							
<ul style="list-style-type: none"> TA to BKKBN in conceptualizing and operationalizing a decentralized contraceptive Supply Chain. 					Ongoing		Daniel
STRATEGY: EXPANDING CHOICE through							
Safe and Effective VSC Services through a Strengthened Quality Assurance System							

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
• VSC policy and strategy publication and dissemination					30 Apr 03		Ricky
• Identification of tubectomy and vasectomy high-caseload facilities in selected provinces					31 Jan 03		
• VSC Quality Assessment in selected high-caseload facilities in E. & C. Java					30 Jun 03		
• Development of <i>Menjaga Mutu</i> (QA) model (based on policy) and STARH plan for quality improvement in high-caseload facilities in E. & C. Java.					30 Jun 03		
• Testing of Province-level <i>Menjaga Mutu</i> (QA) model for monitoring and improving quality of VSC					31 Dec 03		
• Province-level VSC training needs assessment in E. & Central Java.					30 Jun 03		
• Update of training materials in collaboration with PKMI					30 Jun 03		
• Orientation of trainers in tubectomy (including minilaparotomy and laparoscopic), and no scalpel vasectomy (with a special focus on Centers of Excellence in E. & C. Java.)							
• Technical assistance for development of an information system (in collaboration with the Centers of Excellence) to track demand for VSC services (WB to provide hardware & software)					30 Sep 03		GL/AH
• If quality has demonstrably improved in test provinces, develop a promotion strategy (which may include printed brochures) focusing on PLKB, community leaders and the public, to recognize and promote the improved sites					31 Dec 03		IAC 2
Other Methods							
• Explore client ability to pay for implants in the private sector					30 Jun 03		M&E
• If feasible, work with commercial sector to determine alternative means for distribution of implants					31 Dec 03		Yos
• With stakeholders reassess the strategy of condom promotion in the National Family Planning Program					31 Dec 03		Led by BKKBN

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
IMPACT AREA 2: DEMAND FOR QUALITY AND INFORMED CHOICE INCREASED (Centrally focused activities)							
STRATEGY: CLIENT AND COMMUNITY EMPOWERMENT through							
SAHABAT/SMART Campaign Expanded <i>(See additional related activities in the District Strategy matrix)</i>							
<ul style="list-style-type: none"> Re airing SAHABAT TV spots through national TV channels 					30 Jan 03		FP
<ul style="list-style-type: none"> Develop and disseminate new TV Spot and messages focused on contraceptive security, birth spacing, quality issues identified through QIQ, specific methods, male participation, etc. 					31 Dec 03		FP
<ul style="list-style-type: none"> Produce print materials to support the mass media messages 					30 Apr 03		FP
<ul style="list-style-type: none"> Develop IEC materials to improve information exchange and counseling between provider and client. 					30 Jun 03		Dian
Increased Availability of Resources for Adolescent Reproductive Health Programs							
<i>Develop youth friendly programs in existing popular media</i>							
<ul style="list-style-type: none"> Collaborate with HI-2010 to develop mass media campaign focusing on youth life style 					30 June 03		FP
<i>Adapt international best practices</i>							
<ul style="list-style-type: none"> Review international best practices around tools, materials and programmatic approaches (using Focus project materials as a resource) 					30 June 03		DR
<ul style="list-style-type: none"> Adapt appropriate tools, materials and approaches, adjust with local conditions, pretest them 					30 June 03		DR
<ul style="list-style-type: none"> Based on the above review and adaptation, package appropriate tools, materials and approaches for ARH organizations and BKKBN Kasie Remaja to advocate with or reach their clients. 					30 June 03		DR
<ul style="list-style-type: none"> Assist BKKBN with development and dissemination of ARH fact sheets to provincial and district Kasie Remaja to strengthen their role as ARH advocates 							
<ul style="list-style-type: none"> In collaboration with UNFPA, Ford Foundation and others, convene a national dialogue on ARH issues to exchange 					Ongoing		DR

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Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
materials, share experiences and best practices among the ARH organizations (NGOs, experts, advocates, government agencies, the media and the donor community).							
Sustainable FP/RH Service Delivery NGOs (<i>through contract with YKB</i>)							
<ul style="list-style-type: none"> TA to 5 NGOs in Java to follow up after management training in sustainability 					30 June 03		NB
<ul style="list-style-type: none"> Mid-term evaluation to determine progress with 5 initial NGOs 					31 May 03		NB
<ul style="list-style-type: none"> Selection and training of 5 additional NGOs in Sumatra 					31 Dec 03		NB
STRATEGY: ADVOCACY IN SUPPORT FOR POLICY CHANGE through (All activities in this section will be undertaken in close collaboration with Impact Area 3).							
Advocacy Support at the National Level (<i>See additional related activities in the District Strategy matrix</i>)							
<ul style="list-style-type: none"> Development and distribution of facts, data, arguments and compelling human interest stories in support of FP/RH for the identified advocacy channels at the national and regional levels 					31 Dec 03		NK
Knowledgeable and Effective Parliamentary Forum (<i>See additional related activities in the District Strategy matrix</i>)							
<ul style="list-style-type: none"> Special survey/polling of parliament member's understanding of population issues 					30 Sep 03		NK
<ul style="list-style-type: none"> TA to Parliamentary Forum on FP/RH content and process 					31 Dec 03		NK
Media Engaged as Partners in FP/RH Advocacy (<i>See additional related activities in the District Strategy matrix</i>)							
<ul style="list-style-type: none"> Establish partnership with media and journalists to create media advocacy messages on contraceptive security, ARH, clients' rights and quality improvement programs. 					30 Jun 03		NK
National Advocacy Alliance of RH/FP Stakeholders (<i>See additional related activities in the District Strategy matrix</i>)							
<ul style="list-style-type: none"> TA to support the implementation of advocacy activities by the National and Regional Teams 					31 Dec 03		NK
<ul style="list-style-type: none"> Advocacy plan development by National Team (Government, NGOs, Parliamentary Forum, Universities and others) and Provincial STARH Teams assisted by INSIST 					30 Jun 03		NK

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Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
STRATEGY: COMMUNITY PARTICIPATION TO SUPPORT SERVICE QUALITY IMPROVEMENT through (The activities listed here are performed centrally in support of the community mobilization portion of the Integrated District Strategy. See additional related activities in the District Strategy Matrix)							
<ul style="list-style-type: none"> Community Survey baseline data collected 					Qualitative Nov 02 Quantitative Jun 03		IA 2/M&E
<ul style="list-style-type: none"> Identify training modules for CDQI drawing on MNH, HI-2010, PROQUALI and Save the Children; adapt using TA from Save. 					31 Mar 03		KS
<ul style="list-style-type: none"> Develop community materials, based on the SMART Community Research, for coaching community mobilizers. 					30 Jun 03		FP and KS

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED (Centrally focused activities)							
Impact area Three supports the work of the other two impact areas by focusing on policy and data issues critical to the supply of and demand for quality FP/RH services.							
STRATEGY: POLICY ANALYSIS AND POLICY DEVELOPMENT through							
Decentralization of the National FP/RH Program							
<ul style="list-style-type: none"> Provide TA¹ to BKKBN (in collaboration with MSH-M&L) in developing and socializing (especially the programmatic aspects of) their decentralization strategy 					31 Dec 03		AH
<ul style="list-style-type: none"> Provide TA to BKKBN (in collaboration with MSH-M&L) in determining and socializing the obligatory functions and SPMs for districts regarding FP/RH services 					31 Dec 03		
<ul style="list-style-type: none"> Provide TA to BKKBN (in collaboration with MSH-M&L) in clarifying and socializing the functions of BKKBN-<i>Pusat</i> after decentralization 					31 Dec 03		
<ul style="list-style-type: none"> Provide TA to BKKBN (in collaboration with MSH-M&L) in clarifying and socializing functions for the province supporting FP/RH programs 					31 Dec 03		
<ul style="list-style-type: none"> Work with policy change advocacy activities under IA2 in determining the policy objectives to be advocated, in helping develop appropriate messages, and in providing supporting data and analysis, for developing advocacy tools and strategies for use by district community groups to ensure political commitment to FP/RH 					31 Dec 03		
<ul style="list-style-type: none"> Document the decentralization process in STARH districts in preparation for later scaling up of successful elements of the District Strategy for national impact 					31 Dec 03		
FP/RH Laws and Regulations Strengthened							
<ul style="list-style-type: none"> Provide TA for strengthening reproductive health law 					30 June 03		AH

¹ TA can include analysis, research, documentation, sharing of experiences from other countries, drafting of legislation, etc.

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
<ul style="list-style-type: none"> Provide TA for revising the Population and Family Welfare Law No. 10 of 1992 					31 Dec 03		AH
Adolescent Reproductive Health Policy Priorities Identified and Acted Upon							
<ul style="list-style-type: none"> Complete policy analysis of the current status of ARH, identifying changes needed in adolescent behavior to avoid unplanned pregnancies and other RH problems, and changes needed in existing laws and policies which have a negative impact on ARH 					30 Jun 03		AH
<ul style="list-style-type: none"> Stimulate policy dialogue on key ARH issues among stakeholders; explore using the Parliamentary forum to facilitate this and get ARH on the political agenda 					31 Dec 03		
Contraceptive Security Priorities Identified and Acted Upon							
<ul style="list-style-type: none"> Preparation of Contraceptive Security Analysis and Issues Paper 					30 Apr 03		AP & AH
<ul style="list-style-type: none"> Commission review of available BKKBN contraceptive security data and its use for specialized analysis (e.g. to monitor trends in method mix among different social groups and the use of FP services among the poor) 					31 Mar 03		AH
<ul style="list-style-type: none"> Commission special analysis of SUSENAS data (for geographical variations in method mix, use and discontinuation) 					31 Mar 03		
<ul style="list-style-type: none"> Commission special longitudinal analyses of IFLS data 					30 Apr 03		
<ul style="list-style-type: none"> Establish a working group, with BKKBN and commercial sector participation, to review the government FP/RH policies which may be thwarting the development of the private sector. 					31 Aug 03		AH, Yos
<ul style="list-style-type: none"> Recommend and advocate policy reforms needed to ensure contraceptive security, especially for the poor and vulnerable groups 					30 Sept 03		AH
STRATEGY: UTILIZATION OF DATA							
IDHS Results Disseminated							

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Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
<ul style="list-style-type: none"> Disseminate 2002 IDHS results among policymakers, especially at the national level 					30 Sept 03		AH
<ul style="list-style-type: none"> Disseminate results of <i>Remaja</i> (youth) survey 							

Second Round of QIQ Applied							
<ul style="list-style-type: none"> Sponsor Round 2 of QIQ; and disseminate QIQ findings, especially at the district level 					1 Nov 03		IAC 1 & M&E
Strengthening of KS Data System							
<ul style="list-style-type: none"> Complete KS data system assessment, and recommend ways to strengthen its positive use by policymakers and program managers 					30 June 03		AH
STRATEGY: SUPPORT FOR CLIENT RIGHTS							
Clients' Rights Monitoring and Reporting							
<ul style="list-style-type: none"> Bi-annual Compliance Report 					15 Apr 03 15 Oct 03		AH

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
INTEGRATED IMPACT AREA ACTIVITIES IN SUPPORT OF DISTRICT STRATEGY							
STRATEGY: PROVINCE LEVEL SCALING UP OF SUCCESSFUL QUALITY IMPROVEMENT APPROACHES							
Dissemination of Best Practices in Quality Improvement							
• Documentation and analysis of best practices					Ongoing		IA 1 & 2
• Design of Best Practice Dissemination Strategy (including documentation process, Best Practices meeting, awards, visits to successful sites, media exposure etc.)					31 Aug 03		
• Conduct dissemination activities					Ongoing		
Dissemination of FP Standards and Guidelines							
• Jointly, with province STARH teams, plan and support province-level dissemination of <i>Panduan Praktis Pelayanan KB</i>					30 Sep 03		Ricky
STRATEGY: INTEGRATED DISTRICT MANAGEMENT TEAMS PROMOTING AND PROVIDING QUALITY FP/RH SERVICES							
Intersectoral Collaboration Through District Teams							
• STARH Pusat TA to province and district teams					Ongoing		National Coordinato r
• STARH Pusat TA to district level organizations implementing STARH program activities.					Ongoing		
• District and Province teams prepare 2 nd annual workplan					30 Jul 03		
Dissemination of FP Standards and Guidelines							
• Orient JNPK trainers in STARH provinces and districts to <i>Panduan Praktis Pelayanan KB</i>					30 Sep 03		IAC 1: Ricky
• Integration of standards and guidelines dissemination into existing district-level forums (e.g.: biannual <i>Forum Teknis Medis</i> , IBI meetings, etc.)					30 Dec 03		Field Coord. & District

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Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
• Other dissemination activities as developed by district teams					30 Dec 03		Teams
Improvements in Contraceptive Supply (3 districts only until July 2003, may expand in 2 nd district workplan)							
• Dissemination of results from baseline survey of contraceptive supply chain management in 6 districts					30 Jun 03		Yos
• Formation of district-level interagency contraceptive security working groups under district STARH teams					30 Jun 03		Yos/Daniel
• Where district teams are interested, develop models for expanding supply of contraceptives through agreements with private sector distributors, opening BKKBN distribution channels to private distributors, etc.					30 Sep 03		Yos
• Design contraceptive inventory control system for use at district and facility levels, with input from CS working groups					31 Mar 03		Daniel
• Development of contraceptive inventory control training and support materials					30 May 03		Daniel
• Prepare province and district level contraceptive supply chain trainers					31 June 03		Daniel
• Training of district-level personnel responsible for implementing the new contraceptive inventory control system (training linked to facility level section training for facilities)					30 Oct 03		Daniel
• Provide other district-level TA as needed based on results of baseline survey					TBD		Daniel/Yos
Capacity of District Trainers and Supervisors in Infection Prevention							
• Preparation of district level IP teams					30 Jan 03		IA 1: Ricky
• Technical assistance to IP team members as they improve IP in selected facilities					Ongoing		
Capacity for Clinical and IPC/C Training							
• NCTN district training site preparation (infection prevention, supplies, etc.)					30 Sep 03		IA 1: Esty
• Standardization of district trainers in Contraceptive Technology and IUD skills					15 May 03		

Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
• Clinical Training Skills for district trainers					30 Jun 03		
• Qualification of new district trainers through practical application of training skills during provider course (see facility level)					30 Sep 03		
• Preparation of materials and training of trainers for IPC/C					30 Jun 03		IA 2: Dian
• Monitoring of and support to IPC/C trainers as they conduct training					Ongoing		
Capacity to Manage Behavior Change Campaigns							
• Districts plan local Sahabat campaign					28 Feb 03		District Team
• TA to support design, implementation and evaluation of the local SAHABAT campaign					31 Dec 03		IA 2: FP
Capacity to Advocate for Policy Change							
• Preparation of district level advocacy plans in collaboration with INSIST					30 Jun 03		IA 2: NK
• TA to support implementation of advocacy activities					30 Dec 03		IA 2: NK
• Creation of district level Parliamentary Forum on population and development					30 Jun 03	NK	
Capacity to Implement Community Driven Quality Improvement Activities (District Level)							
• Finalize self assessment tools with district level stakeholder input					30 Apr 03		IA 1
• Recruit and orient facility coaches and community mobilizers to CDQI process					30 Apr 03 (+updates)		IA 1 & IA 2
• Ongoing support to facility coaches, community mobilizers and community-based quality groups, as needed					Ongoing		IA 1 & IA 2
• Reapplication of QIQ					Analysis: 1 Nov 03		IA 1 & IA 3
STRATEGY: IMPROVED QUALITY IN SELECTED FACILITIES through							
Capacity to Implement Community Driven Quality Improvement Activities (Facility Level)							

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Strategic Objective: Increased Acceptability and Consistent Use of High Quality RH/FP Services							
Approach and Strategies	Time						
	Jan-Mar Q1-03	Apr-Jun Q2-03	Jul-Sep Q3-03	Oct-Dec Q4-03	Date Complete	IR(s)	Responsible
<ul style="list-style-type: none"> Facility-level orientation and discussion of FP standards and guidelines with support from district coaches 					30 Apr 2003		District Team with TA from IA 1 & IA 2
<ul style="list-style-type: none"> Community mobilization activities around QI at facilities 					Ongoing		
<ul style="list-style-type: none"> Facility QI teams conduct periodic self assessment with support from district coaches and community members 					Ongoing		
<ul style="list-style-type: none"> Facility teams analyze results, problem-solve, identify and implement QI interventions with support from coaches and community members 					Ongoing		
Improved Performance of Providers and Staff							
<ul style="list-style-type: none"> Clinical training (skill and method to be determined) 					TBD		NCTN
<ul style="list-style-type: none"> IPC/C intervention (training or orientation to WHO flipchart) 					TBD		TBD
<ul style="list-style-type: none"> Training in Contraceptive Inventory Control System (3 districts) 					31 Oct 03		IC Trainers
<ul style="list-style-type: none"> Coaching in on-site infection prevention improvements 					Ongoing		IP Team
<ul style="list-style-type: none"> Provision of and orientation to newly developed IEC materials 					31 Dec 03		Dian

Version date: 1/8/03

**STARH District Strategy: Completed and Planned Activities
For the Reporting Period: October 2002 – March 2003 and April – September 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 ²	X	X	X	--	--	--	--	--	--	--	--
NGO Inventory	--	X	X	X	X	X	X	X	X	X	X	X	X
SAHABAT Launch	--	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
QIQ Results Dissemination	P	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
P-Process Training of District Teams	--	XX	XX	XX	XX	XX	XX	XX	XX	XX	--	XX	XX
Advocacy Capacity Building for District Teams	--	P	P	P	P	P	P	P	P	P	P	P	P
Formation of Regional Parliamentary Forums ³						P						P	
Clinical Training Center Capacity Building	--	IP	IP	IP	IP	??	IP	IP	IP	IP	IP	??	IP
Training of IP Teams	--	XX	XX	XX	XX	XX	P	P	XX	XX	XX	XX	XX
Training of District Coaching Teams (CDQI)	--	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 the reporting period: April – September 2002</i>													
<i>XX = Completed during the reporting period: October 2002 – March 2003 IP = In Progress</i>													
<i>P = Planned for the next reporting period April – September 2003</i>													

² 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.

³ This activity will be conducted on a provincial basis.

Cumulative Achievements of the STARH Program by Location

The table on the following pages summarizes STARH’s achievements to date by geographic location. The table provides the reader with an understanding of the scope of STARH’s activities and impact. In most 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 achievements are **process** oriented (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 other cases **impact** is noted (policies modified, caseloads increased).

Cumulative Achievements of the STARH Program by Location – As of March 31, 2003

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 • Updated FP guidelines drafted. • FP draft guidelines reviewed by broad range of stakeholders and comments incorporated into final draft. 	Province level providers participate in review of draft guidelines.	District level providers participate in review of draft guidelines	
Clinical Training Systems & Capacity (including Infection Prevention)	<ul style="list-style-type: none"> • NCTN strategic planning completed • NCTN central level OD work underway • Lessons learned from past IP efforts identified by national level group of experts (to guide STARH's facility level IP strategy) 	<ul style="list-style-type: none"> • Clinical training system assessed in 8 provinces • Lessons learned from successful clinical training system in E. Java analyzed for replication potential 	<ul style="list-style-type: none"> • Clinical training system assessed in 12 districts • Gaps assessed and action plans prepared • Infection Prevention mentors identified, trained and followed up in 10 districts. 	<ul style="list-style-type: none"> • IP Improvements underway in facilities designated as district training

Impact	Central	Provincial	District	Facility
Quality Recognition and CDQI (public sector quality improvement without “recognition”)	<ul style="list-style-type: none"> • BKKBN, Depkes and STARH working group formed to study lessons from other countries • Recognition concept designed; concept paper circulated • Determination made to apply recognition concept in private sector (see private sector below) and apply a modified concept, without recognition, in the public sector • Training curriculum for CDQI designed, with significant input from Depkes, including development of facility-based and community assessment tools 	<ul style="list-style-type: none"> • 8 Province teams introduced to recognition concept 	<ul style="list-style-type: none"> • 12 District teams introduced to recognition concept • Input into district application of recognition concept provided by 3 STARH districts • STARH districts introduced to CDQI concept • STARH districts selected a subset of facilities to introduce CDQI 	Self-assessment tool field-tested in 5 facilities
Interpersonal Communication and Counseling	<ul style="list-style-type: none"> • WHO flipchart adapted, translated and field tested • Results in process of being analyzed • Determination made to promote flipchart and standards and guidelines together • Client empowerment materials designed and tested. 		<ul style="list-style-type: none"> • Flip chart field tested with 10 providers in two STARH districts 	

Contraceptive Security

Impact	Central	Provincial	District	Facility
Private Sector	<ul style="list-style-type: none"> • Options paper developed • Supervision of IBI clinics strengthened through performance and quality improvement pilot project with 5 IBI clinics • Feasibility of working with Muhamadiyah and Muslamat assessed • IBI introduced to concept of private sector quality recognition program on large scale • Commercial sector initiative to increase penetration in low-end markets outlined. 	<ul style="list-style-type: none"> • Supervision of IBI clinics strengthened in 5 provinces • IBI introduced to concept of private sector quality recognition program on large scale 		PQI pilot in 5 IBI clinics shows increased caseloads after PQI efforts

Impact	Central	Provincial	District	Facility
Contraceptive Supply Chain Management	<ul style="list-style-type: none"> • Feasibility of “Pull System” studied • Working group of national stakeholders formed and trained in supply chain management • Training module designed for improving inventory control at the service delivery point • High level seminars conducted for BKKBN staff on contraceptive security • Plan outlined for providing TA to districts (through BKKBN) for ensuring contraceptive security • Existing data sources analyzed to determine scope and nature of contraceptive security gaps. 	<ul style="list-style-type: none"> • Key stakeholders trained in supply chain management 	<ul style="list-style-type: none"> • Baseline assessment conducted in 6 districts 	
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 • Draft national VSC policy finalized 	<ul style="list-style-type: none"> • Assessment in W. Java conducted to test assessment tools and process • High caseload sites selected for assessment in E. and C. Java 		8 hospitals in W. Java 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				

Impact	Central	Provincial	District	Facility
Empowered Clients and Communities				
SAHABAT	<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 SAHABAT messages designed and broadcast • Follow up survey conducted to determine understanding of SAHABAT message • Design of follow up SAHABAT campaign underway 	National TV and radio SAHABAT messages broadcast with an awareness level of 45% after 3 months airing	<ul style="list-style-type: none"> • National TV and radio messages broadcast • SAHABAT campaigns developed and launched in all 12 STARH districts • P-Process training provided to 11 STARH teams • Proposal prepared by district teams for apply P-Process training through design of local campaigns 	National TV and radio messages broadcast
Strengthening RH/FP Service Delivery NGO/Civil Society Organizations	<ul style="list-style-type: none"> • YKB supported to scale up its RH/FP service delivery approaches in Java and Sumatra 			<ul style="list-style-type: none"> • 5 RH service delivery NGOs in Java assessed for capacity and trained in management skills for sustainability • Interventions underway to expand and improve their services • Selection process to add 5 additional NGOs from Sumatra started
Special Groups (including Men/Couples and Adolescents)	<ul style="list-style-type: none"> • STARH ARH strategy developed • Male participation strategy developed • National Steering Committee for Youth formed 	<ul style="list-style-type: none"> • BKKBN staff in 32 Provinces trained in P-Process • 11 Provinces received grants and undertaking communications activities related to ARH 	Capacity assessment of district BKKBN ARH staff conducted in 3 provinces to help central level determine how to strengthen district ARH capacity	

Impact	Central	Provincial	District	Facility
	<ul style="list-style-type: none"> Materials development with BKKBN in progress to support and strengthen the coordination role of the district based Kasie Remaja (follow up to capacity assessment of ARH staff – see district) 			
Advocacy to Support RH/FP Policy Change				
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 continues National level journalist forum to ensure ongoing coverage of key RH issues created and functioning Plan for district based advocacy training finalized with NGO INSIST. Plan for district based training of journalists finalized with NGO LP3Y 	Input sought on plans for advocacy training and development of local Parliamentary Forum	Input sought on plans for advocacy training and development of local Parliamentary Forum	
Community Participation to Support Service Quality Improvement				
Community Survey	Qualitative and quantities community survey designed		Qualitative community survey conducted in 12 STARH districts.	
IMPACT AREA 3: ENVIRONMENT FOR SUSTAINING QUALITY AND CHOICE STRENGTHENED				
National and Regional Policy Support				

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Impact	Central	Provincial	District	Facility
National Policies Strengthened	<ul style="list-style-type: none"> • Input provided into BKKBN’s decentralization efforts focusing on ensuring a full range of essential public health services, continued emphasis on clients rights and access by the poor • Work begun on amending the National Reproductive Health Law • ARH policy papers developed • ARH policy discussions held • Ongoing policy discussions with BKKBN and private sector on contraceptive security • Commitment gained on need to ensure contraceptive security from high level BKKBN stakeholders, as decentralization progresses • Study of existing data sources conducted to determine opportunities for addressing gaps in contraceptive security • VSC policy modifications enacted to ensure client safety • Input provided for revised informed consent procedures • Ongoing policy discussions on “rational drug use” 			
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 • Data collection underway • Youth survey questionnaire finalized • Youth data collection underway 			

Fifth Semi Annual Report

Impact	Central	Provincial	District	Facility
QIQ	<ul style="list-style-type: none"> • QIQ monitoring tools adapted • QIQ assessment team formed and trained • QIQ results analyzed and shared with central level stakeholders; key quality improvement priorities identified 	<ul style="list-style-type: none"> • QIQ results disseminated to province level teams 	<ul style="list-style-type: none"> • QIQ results disseminated to district level teams 	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			
INTEGRATED DISTRICT STRATEGY				
Interdisciplinary Management Teams	Systems in place to ensure cross-fertilization of lessons learned between district and province teams.	8 Interdisciplinary QI Teams operating, workplans designed and being implemented	12 Interdisciplinary QI Teams formed, workplans designed and being implemented	12 districts selected a total of 123 facilities to be the focus of QI efforts



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If you need more information on the reports/information, please contact to the address below:

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SAHABAT Launch Activities between August 2002 and March 2003

Province/District	Activity
Banten	<ul style="list-style-type: none"> • Event was held at the town square and attended by approx. 1,500 people. • Solo organ performance • Traditional performance (Rampak Bedug) • Interactive dialog at radio • Banners, T-shirt (locally designed) • Print Ad on newspaper • Posters, flyers and stickers (STARH)
Lebak	<ul style="list-style-type: none"> • Event was held at the town square and attended by approx. 1,000 people. • Banners (locally designed) • Health Bazaar • Radio campaign • Music Performance • Hot-air balloons • Posters, flyers and stickers (STARH)
Jawa Barat	<ul style="list-style-type: none"> • Event was held in the form of one-day seminar, attended by 100 people. • Banners, T-Shirt (locally designed) • Posters, flyers and stickers (STARH)
Sukabumi	<ul style="list-style-type: none"> • Event was held at 10 selected Puskesmas, attended by approx. 1,000 people/each Puskesmas. • Traditional cultural performance at 10 sub-districts • Banner (locally designed) • Posters, flyers and stickers (STARH)
Cianjur	<ul style="list-style-type: none"> • Event was held at one of the Puskesmas, attended by 1.000 people. • Banners (locally designed) • Radio Program • Talk Show SAHABAT in radio • Traditional Play • SAHABAT T-Shirt, Umbrella and wall clock (locally designed) • Posters, flyers and stickers (STARH)
Jawa Tengah	<ul style="list-style-type: none"> • Event was held in the form of local-radio/TV program (interactive dialog)
Boyolali	<ul style="list-style-type: none"> • Event was held in the town square, attended by approx. 2,500 people. • Healthy Walk • Talk show and radio program production • Banners (locally designed) • SAHABAT T-Shirt (locally designed) • Posters, flyers and stickers (STARH)
Purbalingga	<ul style="list-style-type: none"> • Event was held in the town square, attended by approx. 6,000 people. • Banners (locally designed) • Traditional cultural show • Group physical fitness • SAHABAT T-Shirts (locally designed) • Posters, flyers and stickers (STARH)
Jawa Timur	<ul style="list-style-type: none"> • Event was held in the form of one-day seminar, attended by 100

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	<p>people.</p> <ul style="list-style-type: none"> • Banners (locally designed)
Kediri	<ul style="list-style-type: none"> • Event was held in the District Square, attended by approx. 3,000 people. • Traditional play & comedy show • SAHABAT radio spot production • Banners, SAHABAT T-shirt, umbrella (locally designed) • Posters, flyers and stickers (STARH)
Malang	<ul style="list-style-type: none"> • Event was held in the District Square, attended by approx. 4,000 people. • SAHABAT radio spot production • Traditional play • Bazaar • Becak/dokar parade • Banners (locally designed) • Posters, flyers and stickers (STARH)
Sumatra Utara	<ul style="list-style-type: none"> • Event was held on Mar 25, 2003 in Gajah Mada Square, attended by approx. 800 people • Becak Parade (both motor and manual) • Wheel cover • Bazaar • Free FP service • Radio program • Posters, flyers, and stickers (STARH)
Deli-Serdang	<ul style="list-style-type: none"> • Event was held in Bupati's Office, attended by approx 1,600 people. • Banners • Becak and jamu vendor parade • Hot-air balloons • Bands • Posters, flyers and stickers (STARH)
Pematang Siantar	<ul style="list-style-type: none"> • Event was held on Oct 8, 2002 in Hj. Adam Malik Square, attended by approx 1,600 people. • Poco-poco dance contest • Banners, SAHABAT T-Shirts • Posters, flyers and stickers (STARH)
Sumatra Selatan	<ul style="list-style-type: none"> • Event was held on Oct 3, 2002 in sub-district office in Sako, attended by approx 400 people. • Becak parade • Hot air balloons • Becak parade (100 decorated becak, link to becak driver in SAHABAT TV PSAs). • Rebana music • Banners (locally designed) • Posters, flyers and stickers (STARH)
Ogan Komering Ilir	<ul style="list-style-type: none"> • Event was held on Oct 19, 2002 in Puskesmas Kota Raya Kayu Agung, attended by 350 people • Rebana music • Film showing in 2 sub-districts • Banners, SAHABAT T-shirts and caps. • Posters, flyers and stickers (STARH)
Bangka-Belitung	<ul style="list-style-type: none"> • Event was held on Oct 25, 2002 in Panti Wingka Building attended by approx 300 people. • Radio spot

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	<ul style="list-style-type: none"> • Barongsai show • Solo organ performance • Hot air balloons • Banners • Posters, flyers and stickers (STARH)
Bangka	<ul style="list-style-type: none"> • Event was held in Sepintu Segudang Building on Oct 26, attended by approx. 600 people. • Drama (fragment) • Hot air balloon with prize • Free newspaper of Bangka Pos with Sahabat Ad for all attendants. • Radio campaign in Bangkanese for 1 month at RRI • Print Ad in Bangka Pos for 5 days • Briefing in 8 selected facilities by mupen • Posters, flyers and stickers (STARH)
Lampung	<ul style="list-style-type: none"> • Event was held on Nov 4 in Sukarame Square, attended by approx 250 people. • Solo Organ Performance • Bazaar • Banners, SAHABAT T-shirts and caps. • Film showing • Free counseling and FP service • Hot-air balloons • SAHABAT jingle contest • Posters, flyers and stickers (STARH)
Tulang Bawang	<ul style="list-style-type: none"> • Event was held on Oct 31 in Paranagan Jaya soccer field, attended by approx 300 people. • Radio spot • Film showing in 5 sub-districts • Hot air balloon • Bazaar • Posters, flyers and stickers (STARH)

Note: Small STARH budgets for districts events were usually subsidized by the district or provincial government. Many of the T-Shirts were produced with commercial sponsors.