



**A Right-based Strategy for Accelerating
Access to integrated Family Planning
and Reproductive Health Service to Achieve
Indonesia's Development Goals**

**COSTED IMPLEMENTATION PLAN
(2017-2019)**

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I. Executive Summary

Indonesia's Rights-based National Family Planning Strategy (2017-2019) integrates and builds on existing government plans with the objective of accelerating the achievement of national development goals including Indonesia's FP2020 target. In order to implement this strategy, a road map was developed that outlines effective, efficient and actionable interventions/activities to be implemented over the course of the next three years (2017-2019). This report presents the results of a costing exercise done in early 2017 to estimate resource requirements for that road map.

Resources included in this study fall into two main categories – contraceptive commodities and supplies needed to reach a contraceptive prevalence rate of 66% by 2019 as well as resources required to implement the specific interventions and activities as outlined in the road map (meetings, training workshops, IEC/BCC, monitoring and supervisory activities). Cost data were collected in the spring of 2016 through interviews and discussions with the Indonesia Country Committee as well as relevant experts at the BKKBN and Ministry of Health, UNFPA and USAID in Jakarta.

Contraceptive commodity needs were projected starting in 2017 through the year 2019 using the FP2020 projection model, modified to reflect circumstances specific to Indonesia. The specific interventions and activities contained in the implementation road map were costed using an activity-based, bottom-up costing methodology.

Total costs for the plan over the three-year period were estimated to be just under 12 Trillion Indonesian Rupiahs (IDR) or \$910 Million US\$ at an exchange rate of IDR 13,500/US\$. Two-thirds of those costs were projected to be incurred for improved service delivery, about 13% for demand creation, 10% for enhanced governance and about 1% for knowledge sharing. The following graphs and tables show the data in some more detail.

Figure 1. Total Cost by Strategic Outcome

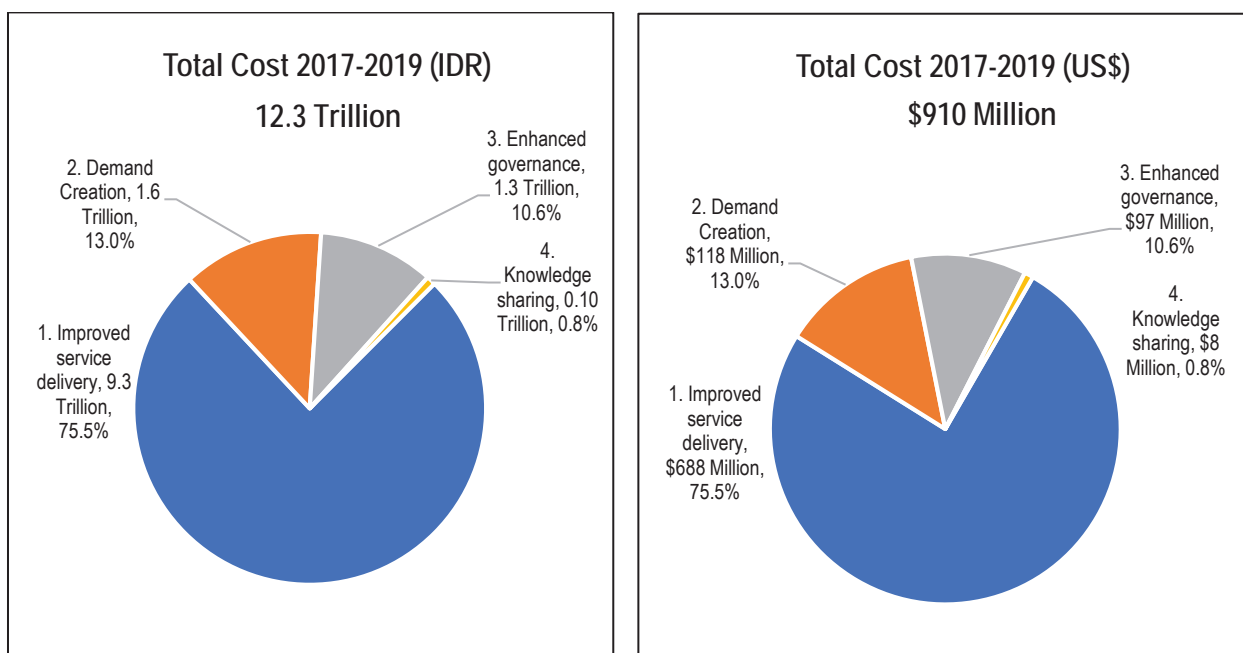
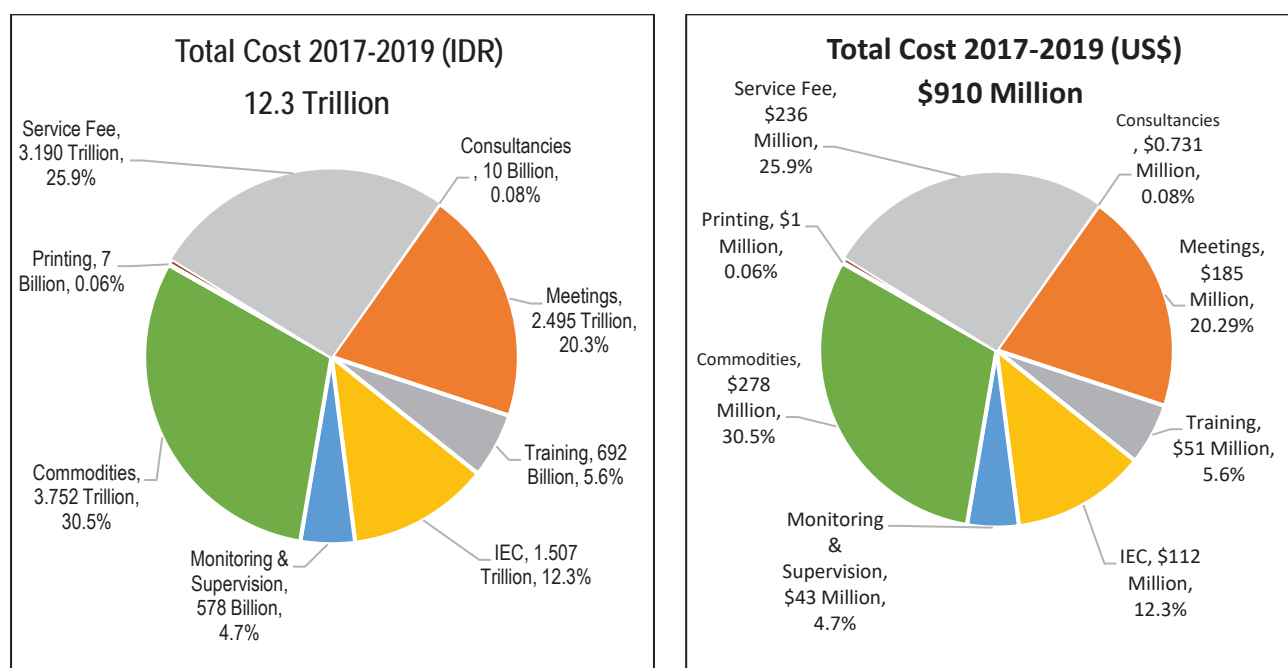


Table 1. Total Cost by Strategic Outcome

Strategic Outcome	Cost (IDR)	Cost US\$	%
Strategic Outcome 1: Equitable and quality family planning service delivery system sustained in public and private sectors to enable all to meet their reproductive goals.	9.3 Trillion	688 Million	75.5%
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use.	1.6 Trillion	118 Million	13%
Strategic Outcome 3: Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sector to enable all to meet their reproductive goal	1.3 Trillion	97 Million	10.8%
Strategic Outcome 4: Fostered and applied innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through South-South Cooperation	102 Billion	8 Million	0.8%
Total	12.3 Trillion	910 Million	100%

About 25.9% of total projected expenditures were for cost services, 30.5% for commodities, 20.3% for meetings and workshops, 12.3% for IEC/BCC activities, 5.6% for training, and 4.7% for supervision.

Figure 2. Total Cost by Activity



The costs of the plan are comparable to other countries' costed FP2020 implementation plans. The average annual cost per woman of reproductive age is \$2.75, in line with the \$2 to \$5 costs estimated for other countries. Unlike some of the other plans, the Indonesian estimate does not include health staff salaries.

The following table shows total resource requirements by outcome and output.

Table 2. Indonesia Costed Implementation Plan 2017-2019 - Summary by Output

	Output	Cost (IDR)	(Cost (US\$))	% of Total
Strategic Outcome 1: Equitable and quality family planning service delivery system sustained in public and private sectors to enable all to meet their reproductive goals.				
Output 1.1	Increased availability of family planning services, with improved and equitable access in the public sector, to enable all to meet their reproductive goals.	3.815 Trillion	\$283 Million	31.0%
Output 1.2	Private sector resources harnessed for equitable access to quality family planning services with attention to client rights.	123 Billion	\$9 Million	1.0%
Output 1.3	Improved contraceptive commodity security system	4.152 Trillion	\$308 Million	33.8%
Output 1.4	Improved capacity of human resources to deliver quality family planning services	718 Billion	\$53 Million	5.8%
Output 1.5	Strengthened management information system for ensuring quality, completeness and alignment integration with the health system.	308 Billion	\$23 Million	2.5%
Output 1.6	Improved quality of family planning services with attention to client rights and integration of services across the continuum of reproductive cycle.	1.67 Billion	\$12 Million	1.4%
TOTAL Outcome 1:		9.3 Trillion	\$688 Million	75.5%
Strategic Outcome 2: Increased demand for modern methods of contraception met with sustained use.				
Output 2.1	Availability of a BCC strategy	914 Billion	\$68 Million	7.4%
Output 2.2	Increased involvement of health workers (including FP field workers), women's groups and religious leaders in mobilizing support for family planning and addressing barriers to family planning as well as equity issue.	504 Billion	\$37 Million	4.1%
Output 2.3	Increased community's knowledge and understanding about family planning program	177 Million	\$13 Million	1.4%
TOTAL Outcome 2:		1.5 Trillion	\$118 Juta	13.0%
Strategic Outcome 3: Enhanced stewardship/governance at all levels and strengthened enabling environment for effective, equitable and sustainable family planning programming in public and private sector to enable all to meet their reproductive goals				
Output 3.1	Enhanced capacity for stewardship/governance within and between sectors at BKKBN at the central and provincial levels for efficient and sustainable programming	493 Billion	\$37 Million	4.0%
Output 3.2	Strengthened coordination between with MoH at central, provincial and district levels for strengthening the health system's contribution to family planning at appropriate points in the reproductive cycle.	341 Billion	\$25 Million	2.8%
Output 3.3	Enhanced leadership and capacity of the Directors of SKPD-KB and District Health Offices to effectively manage the family planning programme.	236 Billion	\$17 Million	1.9%
Output 3.4	Enhanced capacity for evidence-based advocacy at all levels of Government and community focusing on the centrality of family planning in achieving development goals, for increased visibility of family planning programmes and leveraging resources.	112 Billion	\$8 Million	0.9%
Output 3.5	Strengthened capacity for evidence-based policies that can improve the	86 Billion	\$6 Million	0.7%

Output	Cost (IDR)	(Cost (US\$))	% of Total
Family planning programme while ensuring equity and			
Family systems in place that involve civil society	31 Billion	\$3 Million	0.3%
	1.3 Trillion	\$97 Million	10.6%
Innovations and evidence for improving efficiency and effectiveness of programmes and for sharing through			
Tools available for promoting South-South Cooperation	70 Billion	\$5.2 Million	0.6%
Improving efficiency and effectiveness of family planning	31 Billion	\$2.3 Million	0.3%
Tools, evaluated and scaled up as indicated.	101.8 Billion	\$7.5 Million	0.8%
	12.3 Trillion	\$910 Million	100.0%

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