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Revitalizing Village-level Family Planning in Indonesia

CASE STUDY

A recent change in Indonesia's laws enables leaders in the smallest government unit—villages—to assume greater responsibility and control over local affairs. In January 2014, the Indonesian government issued a new law stating that village leaders have the authority to manage their own village budget, usually about US \$28,000 per village per year. Family planning advocates in Indonesia are using this change as an opportunity to finance new activities to improve access to family planning information, services, and supplies.

In 2015, the first year the funds were available, more than 1,000 villages in seven districts allocated funds for family planning. Although village contributions often seem small, ranging from \$75 to \$500 per village, it is usually the first time village leaders are investing in family planning using their own funds. With the support of local stakeholders, village leaders are using the funds to revive community-based family planning programs that had all but phased out in recent years.



A family arrives at the family planning clinic in Tasikmadu, Karanganyar.

Dealing with Devolution

At its peak in the 1980s and 90s, Indonesia's family planning program, one of the best in the world, embraced a strong, community-based approach. With high-level support and robust funding, the 55,000-person strong National Family Planning Board (BKKBN) and Ministry of Health provided family planning information, services, and supplies in tens of thousands of cities and villages across the country.

In 2001 however, governance laws changed—with unintended consequences for family planning. Decisionmaking devolved to hundreds of district-level leaders who did not always see the importance of investing in family planning. Funding for family planning dropped significantly. Village-level field workers on the frontlines of family planning promotion and counseling were no longer supported. Alongside these changes, family planning service provision, with many other health services, migrated to the private sector.

As a result, contraceptive use among Indonesians stagnated for more than a decade. The range of contraceptive methods available to women reduced. A generation of women who wanted to limit childbearing found it more difficult to access long-acting and permanent contraceptive methods (LAPM) such as IUDs and implants. As another, larger generation of women were poised to enter their childbearing years, the Indonesian government took action: it committed to revitalize its family planning program at the 2012 London Summit on Family Planning, joining the Family Planning 2020 partnership.

Implementing this commitment within the reality of devolution in more than 500 districts and municipalities is no simple matter however. With partners Yayasan Cipta Cara Padu Foundation (YCCP) and the Johns Hopkins Center for Communication Programs (CCP-Indonesia), Advance Family Planning (AFP) is pioneering a locally-driven advocacy approach to support small working groups of stakeholders at the district level to be able to assess,

budget, advocate for, and evaluate their local family planning program. Since 2010, AFP's approach has reached more than 50 districts, with active district working groups in 20.

Building on Bandung's Experience

YCCP and CCP-Indonesia first used village-level budget advocacy successfully in Bandung in 2012, before the village budget law was passed. Advocacy efforts led the Association of Indonesian Village Governments (Asosiasi Pemerintahan Desa Seluruh Indonesia, or APDESI) to mandate that village leaders in Bandung's 270 villages allocate funds for family planning from their villages' equity funds. Village equity budgets were provided by the district. In 2012, each village allocated Indonesian Rupiah (IDR) 2.5 million (approx. US \$200) for family planning. That number increased in subsequent years. In 2014, the 270 village leaders allocated between 5 million to 15 million IDR (approx. US \$410 to \$1200) per village.

In 2014, when the village budget law passed, it opened up even more funds, this time provided in the national budget. AFP's partners moved quickly to leverage these new funds for family planning and replicate Bandung's success in other districts.

Replicating Bandung's Success in Other Districts

Beginning in late 2014, AFP Indonesia applied the village-level advocacy approach in two of its districts—Karanganyar and Karawang—as well as six districts that are part of the Improving Contraceptive Method Mix (ICMM) project: East Lombok, Kediri, Lumajang, Sumbawa, Tuban, and West Lombok. The ICMM project is an operations research project funded by the U.S. Agency for International Development and the Australian Department of Foreign Affairs and Trade. It is also applying AFP's advocacy approach.

Applying the AFP SMART advocacy approach and a network mapping tool, the district working groups identified the Community Empowerment and Village Development Office (BPMPD) as the strongest



A staff member in a *puskesmas* (health clinic) in Tasikmadu, Karanganyar prepares for patients.

advocacy “messenger” to advocate for village heads to take action. However, rather than advocating to each village leader individually—a substantial advocacy effort—the BPPD officers leveraged the influence of district heads.

With the new law, village leaders now have more autonomy to make budgeting decisions, but the funds do not come without some guidance from above. For instance, national guidelines on the village budget state that no more than 30% of village funds can go toward village operations or salary for village government staff. The other 70% must be spent on village development projects and community coaching and empowerment activities. Local district leaders can also develop guidelines recommending how the money should be apportioned.

With AFP support, district working groups advocated that the district head issue letters guiding village leaders to dedicate some funds for family planning. For example, Karanganyar’s District Head issued an endorsement letter instructing all 162 village heads to

allocate funds for family planning. As of September 2015, 156 out of 162 villages released funds ranging from one to 5.5 million Rupiah per village (in total US \$32,345) in 2015.

However, the letter was a one-time guidance. To ensure a more sustainable approach was taken in future budget cycles, Karanganyar’s district working group advocated with the district head to issue a more powerful regulation. In June 2015, the district head released a *Technical Guidance on Village Budget Utilization*, which stipulated that, among other activities, every village must allocate a portion of their village budget for village-level LAMP promotion activities, prompting the creation of village-level family planning teams.

By mid-2015, seven district leaders had issued such regulations. In December 2014, East Lombok’s district head signed a regulation for the *Village Financial Management Guideline*, which included support for family planning among its 254 villages. In February 2015, Lumajang District’s secretary signed

an endorsement letter instructing village heads to allocate 1.5 million IDR per year (US \$150) to family planning—a total of 303 million IDR (US \$30,300) for the 202 villages involved. By March, West Lombok revised its *Technical Guidelines for Village Budget Allocation* to also include family planning.

Reviving Village-level Family Planning Teams

As villages began to set aside funds, it became clear they needed assistance to revive or create new family planning village teams. The local district working groups acted as a technical advisor and support network for villages. “There is a mutual relationship, where the family planning village team is an extension of the district team...the DWG’s role is helping to provide guidance and assistance to the village team,” said Ahmad Herry Pranoto, Head of Karanganyar’s district working group.

Since it was difficult to oversee every village team, many districts started small, with just four pilot villages. First, a district working group member, usually local BPMPD officers, met with the village head and sub-village head to explain about the importance of the family planning program and ask about revitalizing the local family planning village team. Next, after the district head issued the regulations, the district working group assisted the pilot villages with developing a village team work plan and budget and supporting implementation of activities.

Work plan activities vary by village, but typically include funds to promote and assist potential family planning users to travel to nearby health facilities and hospitals to receive LAPM services. A small portion of funds are usually set aside to help coordinate village team operations, such as review and coaching meetings.

TABLE 1: DISTRICT WORKING GROUPS’ APPROACH TO VILLAGE-LEVEL ADVOCACY IN 2015

Districts	Village Approach
Karanganyar	District Head Regulation
	Total US \$32,345 from 156 villages; 156 villages form family planning teams
Lumajang	District Secretary Endorsement Letter
	Total US \$27,000 from all 198 villages; 4 villages form family planning teams as a pilot
Tuban	District Head Regulation
	Applied in 4 pilot villages
Kediri	District Head Regulation
	Applied in 4 pilot villages
West Lombok	District Head Regulation
	Applied in 4 pilot villages
East Lombok	District Head Regulation
	Applied in 4 pilot villages
Sumbawa	District Head Regulation
	Total US \$86,818 from all 158 villages; 4 villages form family planning teams as a pilot

Source: Advance Family Planning Indonesia

“We need to collaborate and coordinate among cadres—village midwives and community members—in order to mobilize the community. Before the team was established, it was difficult to do demand generation activities, because it was not planned. [Now], after the village team was established, the family planning program is more synergized,” said N. Ida, a family planning village team member from Buran, a pilot village in Karanganyar.

“The family planning village team becomes a source of information and advocacy,” said Ahmad Herry Pranoto. “They provide information, education, and communication services and coordination at the village level.”

Now, as village team activities are underway, it is expected that team members will provide a support network linking potential family planning users to district-level information, services and supplies. Village-level activities complement other family planning priorities supported by their district and province. For example, provincial-level funds already set aside for improving midwives’ training will prioritize participants from pilot villages. District working groups are monitoring pilot villages’ progress as a part of their usual operations.

One unexpected advocacy outcome from Karanganyar was that it influenced other villages to adopt and scale up its village team approach. As of September 2015, 124 out of 162 villages have formed family planning village teams.

By 2016, as more villages adopt the budgeting guidelines, it is expected that more villages will learn from and replicate the pilot villages’ approach.

Lessons Learned

- **Seize the right moment:** When the national village budget law was enacted, AFP Indonesia was ready to act. They were able to share Bandung’s village-

level advocacy approach and lessons learned at an annual knowledge sharing meeting among the then-11 AFP Indonesia districts. All relevant districts were able to enact this advocacy objective in their subsequent work plans.

- **Pay attention to budget cycle schedules:** One of the challenges in village budget advocacy is to coordinate efforts in tandem with the Village Development Planning Meeting (*Musrembangdes*) for developing villages’ annual work plans and budgets. In one district, the district head’s endorsement letter was issued after the meeting was held, leading some villages to rush to make sure a budget line for family planning was included.
- **Official decrees and regulations improve local buy-in:** Revitalizing village-level teams involved consulting local village heads; getting district mayors to endorse regulations helped to garner support from village leaders, who in turn oversee the village teams. Thus, getting local support proved integral to commitment by village-level policymakers and providers.

Next Steps

As activities progress, the pilot village teams will submit monthly reports to the BKKBN office. By the end of 2015, the district working group will review the budget used and improvements in LAPM access in making plans for 2016. Given positive progress, this will likely include advocacy with the district head to replicate this approach in other villages.

AFP Indonesia will also share results at central BKKBN and stakeholders in other provinces so that the approach can be replicated both within and beyond current AFP focus districts.

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A young woman receives family planning services in Karanganyar, Central Java.

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