



*an evidence-based advocacy initiative*

# CASE STUDY

## Indonesian Mayors Invest in Family Planning

January 2014

**M**ayors in five Indonesian districts increased their budgets for family planning substantially, prompted by evidence on the returns for their investment. The budget increases ranged from 20% in Bandung to nearly 80% in Pontianak district from 2010 to 2013. Advocates in Bandung, Bogor, Karanganyar, Karawang, and Pontianak used an approach developed and facilitated by the Advance Family Planning (AFP) initiative to gather and synthesize the evidence for increasing allocations and presented it to the mayors.

Budget allocations for family planning are a critical first step towards increasing access to contraceptives; in the context of decentralized authority, allocations more easily translate into actual disbursements and services. Districts are using the funds to: 1) procure contraceptive stocks of long acting and permanent contraceptive methods (LAPMs), including implants and intrauterine devices (IUDs); 2) support field worker services for community mobilization and

demand creation; and 3) provide equipment for hospitals, clinics, and mobile outreach services. As a result of improved access to and availability of information and services, the five districts are seeing increased use of LAPMs.

### Applying Evidence-based Advocacy in a Decentralized Context

In 2001, Indonesia's administrative and financial powers of government were rapidly devolved to 550 districts, in what is now described as the "Big Bang Decentralization"<sup>1</sup>. This mass decentralization included budgeting for health services and supplies. In the intervening years, district governments have struggled to identify which health issues to prioritize and the level of funds needed to achieve improved health outcomes. In addition, the National Family Planning Board's (BKKBN's) role in championing the value of family planning as a health intervention diminished at the local level. Without adequate

evidence and expertise, commitment and resources to promote and provide access to family planning dwindled.

AFP Indonesia began working in Bandung and Pontianak in 2010 to rekindle local commitment to family planning and reengage champions. Activities expanded to Bogor, Karanganyar and Karawang districts in 2012. AFP Indonesia aims to increase access to quality family planning services among low- and middle-income populations, including marginalized groups and communities living in remote villages.

### Selecting the Right Partners

In each district, AFP established a District Working Group (DWG) comprising local government officials, family planning champions, members of health professional associations, and representatives from clinical, faith-based, and non-governmental organizations. With AFP support, the DWGs developed a focused advocacy strategy to provide practical advice to district planners on which family planning initiatives to prioritize and how much to budget for family planning to be cost-effective.

District Working Group membership was selective and deliberate: the AFP approach involved inviting mayors to participate in selection—creating buy-in and commitment from the district’s top leaders. Usually, the Chief of BKKBN for the district was appointed as

#### TOOLS AND RESOURCES APPLIED

The AFP approach in Indonesia included using:

- **The Reproductive Health Costing Tool** developed by the United Nations Population Fund to estimate costs of delivering services to meet district goals;
- **Netmaps** to map local networks and their level of engagement in family planning priorities; and
- **The AFP SMART** approach, which combine these data to identify near-term objectives for strategic planning.

the implementing leader. Family planning champions already embedded in the decision-making process of local government as well as new supporters from the district health office, department planning office, and village development were engaged to reflect the shift in power from a centralized authority to a decentralized system.

### Using Localized and Targeted Evidence

To provide the DWGs with guidance on the increase in budgets needed to achieve district goals, AFP used local service statistics and information from providers, planners, and informed stakeholders (see “Tools and Resources Applied”). Advocacy activities were primarily conducted through one-

**TABLE 1. DISTRICT BUDGETS FOR FAMILY PLANNING INCREASE IN 5 DISTRICTS, 2010 TO 2013**

District	Family Planning Budget 2010 (Billions Rupiah)	Family Planning Budget 2013 (Billions Rupiah)	Percent Increase (2010-2013)
Bandung	6.47	7.71	19.1
Bogor*	9.08	15.46	70.4
Karanganyar*	1.82	2.86	56.9
Karawang*	12.08	15.56	28.8
Pontianak	2.75	4.91	78.6

SOURCES: BKKBN Bandung District, BKKBN Bogor District, BKKBN Karawang, BKKBN Karanganyar, and BKKBN Pontianak City. \*AFP advocacy activities began in 2012.

*“I will use the increased program budget to activate family planning field activities such as facilitating village team coordination meetings and to provide incentives for volunteer workers in driving forward family planning activities at the grassroots level.”*

—*Slamet Mulyana, District Working Group Secretary, Karawang, Indonesia*

on-one meetings, roundtable discussions, seminars, and workshops with policymakers and stakeholders. District Legislatures and the Mayors were given costed action plans and advice on the effective use of current resources based on local priorities.

As a result of the advocacy activities in the five districts, Pontianak district increased its allocation by 79% from 2010, Bandung by 19%, Karanganyar by 57%, Karawang by 29%, and Bogor by 70%. **Figure 1** below shows the budget increases by district from 2010 to 2013 in Indonesian Rupiah (IDR). Furthermore, in Bandung, all 270 Village Leaders—who determine village budgets and report to the Mayor—also committed to allocating IDR. 2,5 million (equal to USD \$275) per village specifically for community-based family planning activities.

The budget increase has facilitated the continuing increase of LAPM in the five AFP districts. **Figure 1** shows the changes in use by number of new acceptors of LAPMs, which included sterilization, implants, and IUDs. The changes were observed following the increase in budgets for expanding demand and supply

of long-acting and permanent methods. Compared to baseline in 2011, large gains were made in Bandung (16%) and Pontianak (101%) districts, where activities first began and where Mayors personally adopted and promoted LAPMs. AFP activities in Bogor, Karawang, and Karanganyar began in 2012.

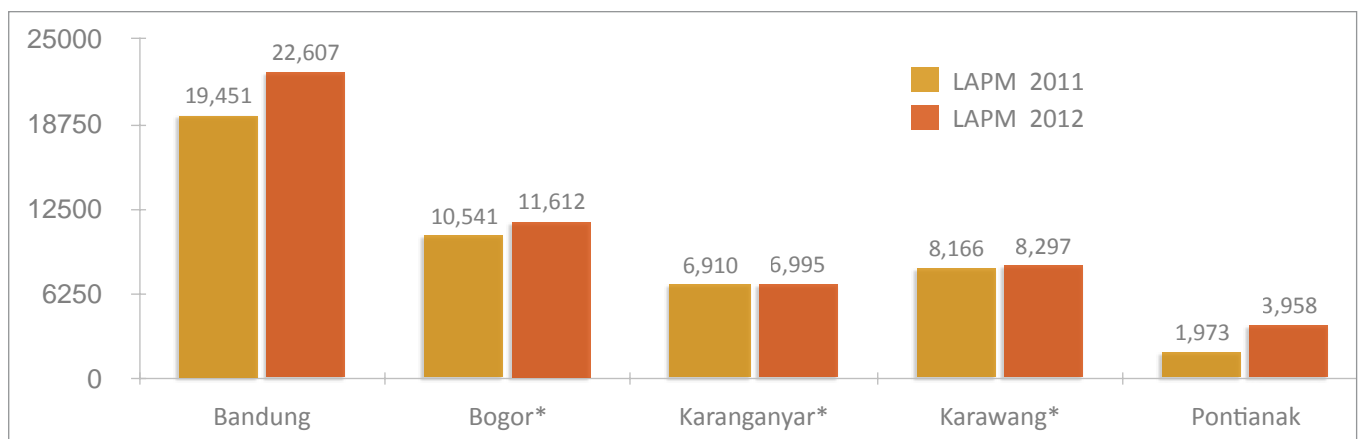
The results suggest that increases in budget expenditures can lead to improved health outcomes when a focused advocacy action plan supported by evidence is implemented. Policymakers have the incentive to act when the case for family planning is made with specificity about the risks and rewards of taking action.

**References**

<sup>1</sup> Hoffman, B and Kaiser, K. The Making of Big Bang and its Aftermath. A Political Economy Perspective, May 2002.

Photos by Michael Thirnbeck, DFAT, and Nils Axel Braathen (cover).

**FIGURE 1. NUMBER OF NEW ACCEPTORS OF LONG-ACTING AND PERMANENT METHODS IN FIVE DISTRICTS, 2011-2012**



SOURCES: BKKBN Bandung District, BKKBN Bogor District, BKKBN Karawang, BKKBN Karanganyar, and BKKBN Pontianak City. \*AFP advocacy activities began in 2012.



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## About Advance Family Planning

Advance Family Planning (AFP) aims to increase the financial investment and political commitment needed to ensure access to quality family planning through evidence-based advocacy. An initiative of the Bill & Melinda Gates Institute for Population and Reproductive Health with the Johns Hopkins Bloomberg School of Public Health, AFP works to achieve the goals of the FP2020 initiative: to enable women and girls in some of the world's poorest countries to use contraceptive information, services and supplies, without coercion or discrimination.

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