

**STUDY REPORT
ON
THE FAMILY PLANNING PROGRAM

THE REPUBLIC OF INDONESIA**

AUGUST 2000

JAPAN INTERNATIONAL COOPERATION AGENCY

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PREFACE

In response to a request from the Government of the Republic of Indonesia, the Government of Japan decided to conduct a study on Family Planning Program in Indonesia, and entrusted the study to the Japan International Cooperation Agency (JICA).

JICA sent to Indonesia a study from May 14 to June 1, 2000.

The team held discussions with officials concerned of the Government of Indonesia, and conducted a field study at the study area. After the team returned to Japan, further studies were made, and as this result, the present report was finalized.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of the Republic of Indonesia for their close cooperation extended to the teams.

August 2000



Kimio Fujita

President

Japan International Cooperation Agency

Location Map

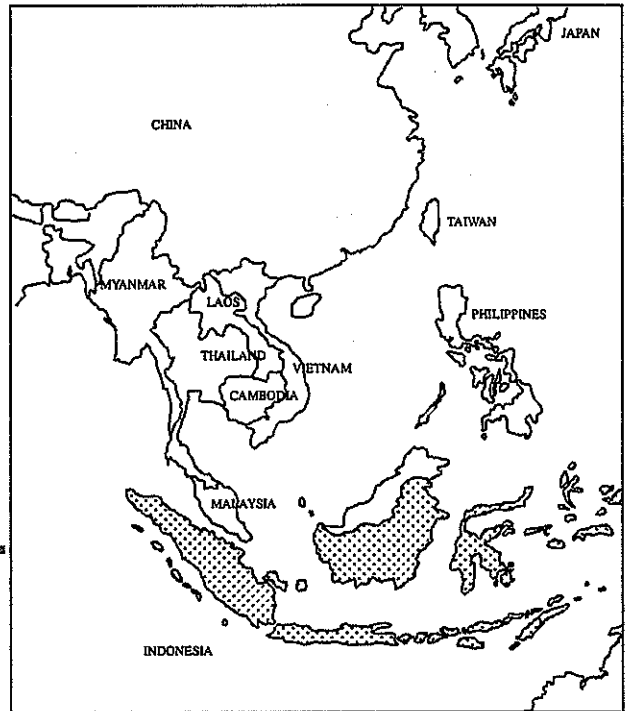


Fig.1. Southeast Asia

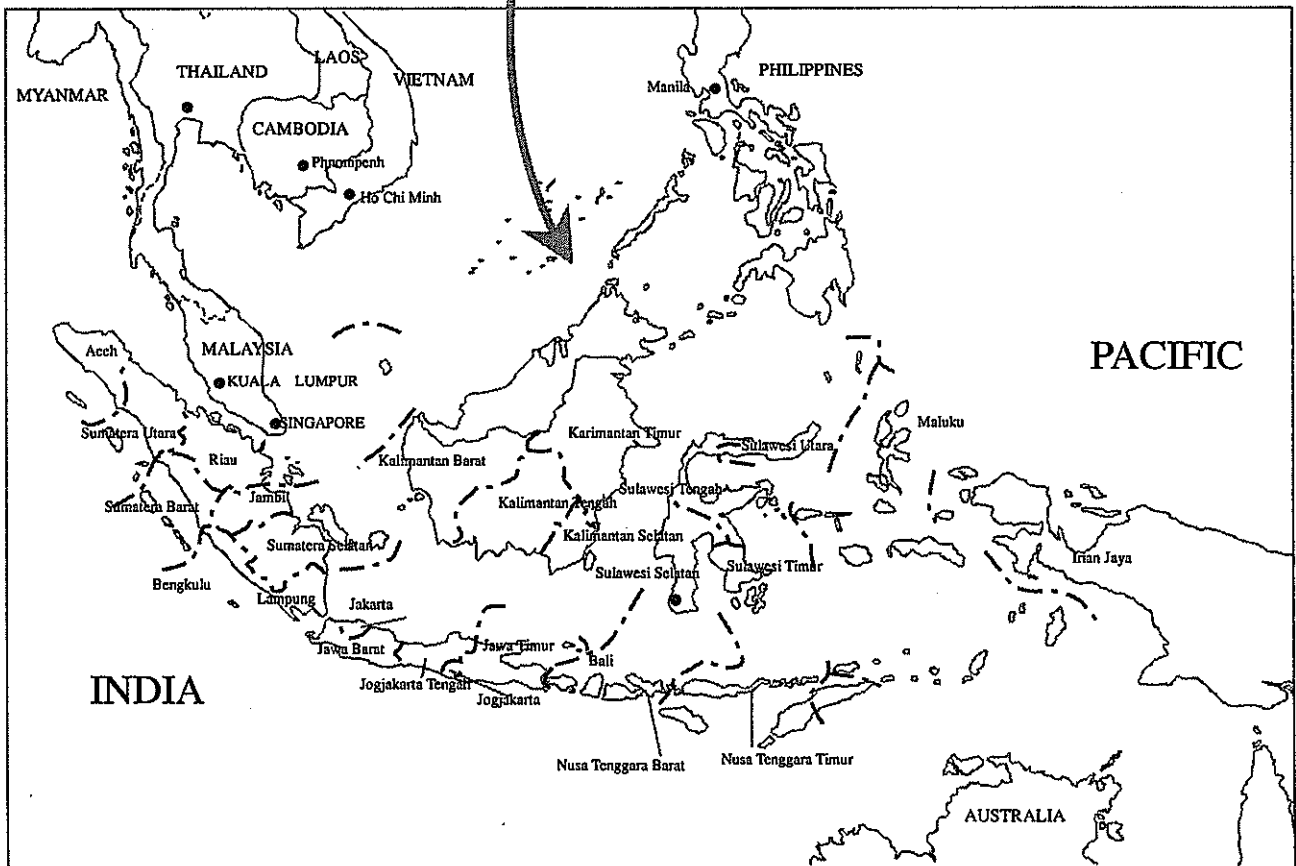


Fig.2 the Republic of Indonesia



Utara Health Center in Sumedang, West Java under the Ministry of Health Contraceptives are available. Primary medical care are also provided.



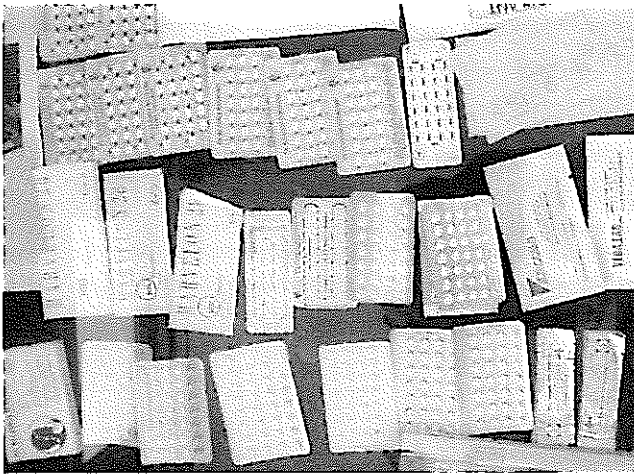
Polindes in Mangajaya Village in Sumedang, West Java



The certificate required to receive contraceptives in free of charge, issued by BKKBN.



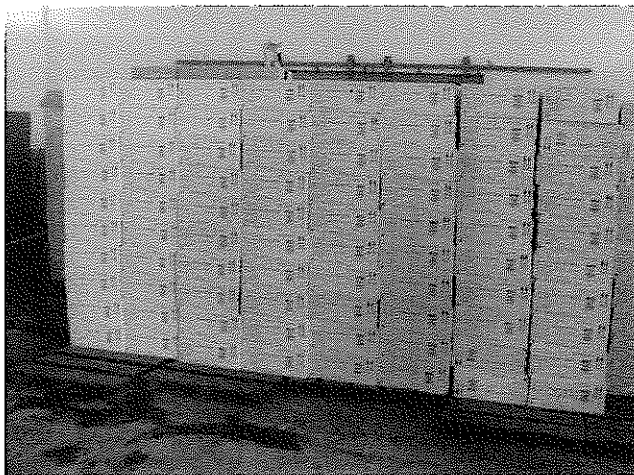
Mangajaya Villave in Sumedang, West Java 24 villagers joined to the meeting for Family Planning Program, Experiences are shared actively.



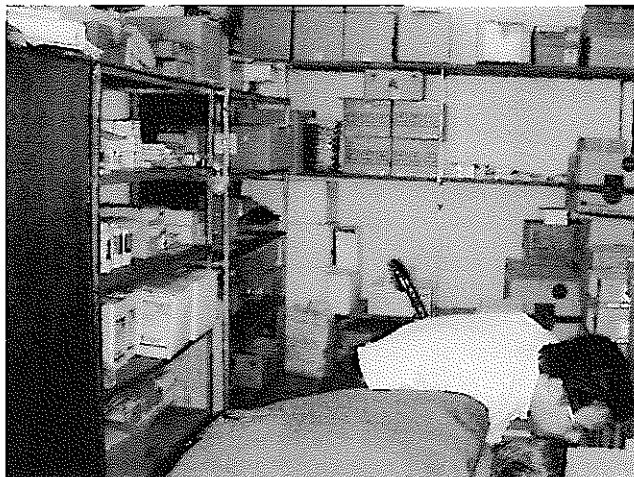
BKKBN Central Warehouse. Various kinds of oral contraceptives used for Family Planning Program in Indonesia



BKKBN Central Warehouse Preparing for delivery of oral contraceptives to the Provincial Warehouses.



Provincial Warehouse in West Java Contraceptives including oral pills are managed adequately.



BKKBN District Warehouse in Sumedang, West Java. Medical supplies for sterilization are also stored with oral contraceptives in this warehouse.

Abbreviations

ADB	Asia Development Bank
AUSAID	Australian Agency for International Development
BKKBN	Badan Koordinasi Keluarga Berencana Nasional, (National Family Planning Coordinating Board)
CIDA	Canadian International Development Aid
CPR	Contraceptive Prevalence Rate
EU	European Union
GMP	Good Manufacturing Practice
UNFPA	United Nation for Population Fund
UNICEF	United Nation Children's Fund
USAID	United State Agency for International Development
WHO	World Health Organization

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Location Map

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Chapter 1 Background of the Project

The total population of the Republic of Indonesia has grown dramatically over the past 30 years. Whereas in 1971 it stood at around 120 million, in 1997 it exceeded 200 million, and by 2000 it was estimated to have reached 280 million, making Indonesia the fourth most populous country in the world after China, India and the U.S.

After former Indonesian president Suharto came to power in 1967, regulation of population growth for the sake of economic development and measures aimed at small, happy families were proposed. In response, the National Family Planning Institute was established in 1968, and was reorganized as the National Family Planning Coordinating Board (Badan Koordinasi Keluarga Berencana Nasional: BKKBN) under the direct control of the president in 1970. In accordance with the national 5-year development plans between 1969 and 1998 (Repelita I-VI), and with the cooperation of local governments and religious leaders throughout the country, BKKBN achieved marked results with its population growth measures. In 1971 the crude birth rate (CBR) ^{Note1} stood at 40.6, the total fertility rate (TFR) ^{Note2} at 5.6 and the population growth rate at 2.10%, but by 1997 these rates had fallen to 22.7, 2.6 and 1.67% respectively (see Table 1 Dynamics of population), making Indonesia one of the few developing countries where population growth measures had succeeded.

Table 1 Dynamics of population

Index	1971	1980	1990	1997
Population (per million)	119.2	147.5	179.4	201.4
Crude birth rate(per 1000)	40.6	35.5	27.9	22.7
Total Fertility rate	5.6	4.7	3.3	2.6
Population growth rate (%)	2.10	2.32	1.98	1.67

Demographic and Health Survey 1997, Indonesia.

The goal of the BKKBN Family Planning Program is to stabilize the population of Indonesia by the 2050s. To achieve this goal, the net reproductive rate (NRR) ^{Notes3} must be brought down to 1 between 2010 and 2015. To do this, BKKBN estimates that the use of contraceptives must be promoted to raise the contraceptive prevalence rate (CPR) ^{Note4} from its 1997 level of 54.7% to 62.7% by 2005.

However, since the economic crisis in 1997, it has been difficult to implement the program due to

Note1 Crude birth rate: Shows the number of births in one year as a ratio of 1000 of the population.

Note2 Total fertility rate: Total of crude birth rates by age of women between the ages of 15 and 49.

Notes3 Net reproductive rate : Gross reproductive rate from viewpoint of total fertility rate of girls only, allowing for deaths until the girls pass childbearing age

Note4 Contraceptive prevalence rate : Percentage of married women aged between 15 and 49 who use some form of contraceptive.

curtailment of the budget for purchasing contraceptives. As can be seen in Table 2, in the wake of the economic crisis, the contraceptive prevalence rate tended to remain more or less the same in 1998 and 1999. In contrast, the use of oral contraceptive pill (hereafter called the pill) among married women of childbearing age between 19 and 49 increased slightly in 1998 and 1999. This is presumed to be because after the economic crisis, the proportion of people individually purchasing the pill without support from BKKBN increased.

Table 2 Contraceptive Prevalence Rate and Use of Oral Contraceptive pill, and Future Outlook

years	Contraceptive Prevalence Rate(%)	Rate of Oral contraceptive pill users (%)
1991	47.10	14.80
1994	52.10	17.10
1997	54.70	15.40
1998*	54.67	15.56
1999*	54.42	16.99
2000**	59.16	15.27
2001**	60.14	15.55
2002**	60.59	15.69
2003**	61.04	15.96
2004**	61.45	15.94

* National Social and Economics Survey (SUSENAS) data

** BKKBN forecasts after 2000

BKKBN supplies the pill free of charge. Of approximately 28 million couples (married couples of childbearing age) targeted by BKKBN in 1999, 27.88% are reported to use the pill. Other percentages are 33.89% for injections, 20.76% for IUD, 10.55% for implants, 1.23% for condoms and 5.69% for sterilization surgery, making the pill the most commonly used method following dx injections. However, BKKBN was only able to purchase 6.25% of the necessary pills and 20% of injections with its budget from the government, and the shortfall was covered by aid from foreign donors.

Table 3 shows the estimated use of each form of contraception in each province in 2000. The percentage of pill and injection users remains as high as ever, and there is a high possibility of supplies being disrupted.

Table 3 Estimated use of contraceptives in 2000 (%)

No.	Province	The number of the women of child-bearing age	CPR	IUD	Surgery	Implant	Injections	Pills	Condom
1	DKI Jakarta	1,638,000	55.51	25.10	5.64	3.31	37.13	25.51	3.31
2	West Java	8,273,800	63.99	26.77	7.26	11.33	32.02	21.86	0.76
3	Central Java	6,005,600	63.04	16.74	8.10	14.23	40.67	18.82	1.45
4	DI Yogyakarta	491,000	68.55	37.73	6.80	5.17	28.37	14.77	7.16
5	East Java	7,386,000	62.23	27.44	7.21	11.42	31.55	21.19	1.19
6	Bali	590,800	73.87	62.58	6.71	0.64	21.81	6.90	1.35
7	DI Aceh	677,300	34.22	3.32	1.12	2.59	40.90	48.75	3.32
8	North Sumatra	1,982,000	44.16	18.42	11.28	9.56	27.19	29.69	3.86
9	West Sumatra	767,700	47.36	21.34	3.03	12.43	41.67	20.52	1.21
10	South Sumatra	1,535,300	60.08	6.62	5.15	25.88	32.65	28.61	1.08
11	Lampung	1,380,900	67.92	18.67	2.88	15.63	28.63	33.81	0.38
12	West Nusa Tenggara	744,000	58.02	20.41	2.22	24.81	26.38	26.08	0.09
13	West Kalimantan	798,200	63.48	11.48	2.27	5.45	33.14	47.09	0.58
14	South Kalimantan	592,400	42.81	5.05	2.21	9.35	20.78	62.03	0.59
15	North Sulawesi	560,200	69.94	22.72	2.88	16.44	27.18	30.58	0.20
16	South Sulawesi	1,344,500	40.80	13.48	2.50	12.14	26.81	44.68	0.39
17	Riau	813,000	48.83	7.26	2.17	7.48	34.84	45.67	2.57
18	Jambi	520,000	64.27	10.02	1.47	11.73	32.56	43.63	0.60
19	Bengkulu	299,800	68.18	14.04	2.98	15.02	33.07	34.00	0.88
20	East Nusa Tenggara	628,100	53.46	25.01	5.96	6.34	38.59	23.38	0.71
21	Central Kalimantan	348,400	50.09	6.13	2.23	11.52	36.56	43.21	0.34
22	East Kalimantan	498,500	58.60	13.28	3.66	4.48	29.65	46.80	2.12
23	Central Sulawesi	396,800	5.15	9.67	2.73	10.91	31.53	44.99	0.17
24	Southeast Sulawesi	318,200	57.39	5.64	1.75	19.33	36.97	36.09	0.22
25	Maluku	386,600	40.12	9.99	3.68	9.09	39.20	37.46	0.58
26	Irian Jaya	450,000	43.38	8.20	6.05	6.10	48.10	29.87	1.69
Percentage (%)		100	59.16	21.60	6.21	11.87	33.20	25.81	1.31
The total number		39,327,100		5,026,800	1,444,100	2,761,000	7,725,700	6,004,200	305,100

In order to implement and promote the Family Planning Program in such circumstances, the Indonesian government has requested aid from donor countries and agencies including the United Nations Population Fund (UNFPA), and has requested loans from the Asia Development Bank (ADB) and World Bank, and grant aid by Japan also has been requested for the implementation of this program.

Chapter 2 Contents of the Project

2-1 Objectives of the Project

The goal of the Family Planning Program is to stabilize the population by the 2050s, and to do this, BKKBN aims to achieve a contraceptive prevalence rate of 62.7% by 2005.

In this project, BKKBN, which has a 30-year record of activities in this field, will procure, with grant aid, some of the contraceptives which have become difficult to procure with the government budget since the economic crisis of 1997, and will support the smooth implementation and achievement of the goals of the Family Planning Program.

2-2 Basic Concept of the Project

(1) Requested Items

The initial items requested by Indonesia included the pill (low dose monophasic pill ^{Note5} and mini pill ^{Note6}) and video projectors for teaching about the Family Planning Program. As the mini pill is not approved in Japan, it is not included in the project, and only the low dose monophasic pill is included.

Replacements for the broken video projectors among those presently mounted on the PR vehicles were requested, but as they only have a slight connection with relieving the shortage of contraceptives, which is the goal of the grant aid cooperation, they are not included in the project.

(2) Beneficiaries

The beneficiaries of the project are the persons targeted by the Family Planning Program which covers the whole of Indonesia. Taking into account income, standard of living, education level, contribution to society, etc., prosperity has been classified into 5 levels. (See Table 4)

^{Note5} Low dose monophasic pill: Refers to pill containing estrogen and progesterone in fixed quantities. Pills where the balance of hormones is changed in 2 stages are called biphasic, and in 3 stages are called triphasic.

^{Note6} Mini pill : Contains a small quantity of progesterone and is suitable for nursing mothers and women over 40.

Table 4 Prosperity Criteria of Indonesians

PROSPEROUS FAMILY STAGE	
1. Pre-Prosperous Family	Minimum basic needs not yet achieved (Religion, Food, Shirt, House, Health)
2. Prosperous Family Stage I	Minimum basic needs achieved
3. Prosperous Family Stage II	Minimum basic needs and Socio-psychological needs achieved (Education, FPM Internal Interaction, External interaction, Transportation)
4. Prosperous Family Stage III	Minimum basic needs and Socio-psychological needs achieved Development needs
5. Prosperous Family Stage III Plus	Minimum basic needs and Socio-psychological needs achieved Development needs and Continued contribution to society

Persons in categories 1 and 2 are targeted for free distribution of contraceptives by BKKBN. The number of such persons is 24,001,990, and it is estimated they will account for about 60% of the 39,911,300 women of childbearing age in 2001. It is estimated that about 5,165,139 of these women use the pill, and they will be the beneficiaries of the project.

(3) Period of Cooperation

The Family Planning Program promoted in Indonesia aims to achieve its target by 2050, and free distribution of contraceptives is planned in 2001. It has already been ascertained that the supplies required in 2000 can be obtained with the government purchasing budget and the cooperation of the World Bank, EU, ADB and other foreign donors. However, with regard to the supplies for 2001, (excluding the government purchasing budget and aid from the Netherlands, which have decided a definite aid by this work), no foreign donor countries have been decided its support. Therefore the support in 2001 is adequate.

BKKBN is currently negotiating aid from the EU, USAID, Netherlands, etc. for the years after 2002.

From the above consideration, the basic concept of the project is to procure, with grant aid, some of the low dose monophasic pills needed to supplement the shortage of the pill to be distributed in 2001 to women of child-bearing age certified as requiring free distribution of the pill based on the prosperity criteria, and to support the smooth implementation and achievement of the goals of the Family Planning Program.

2-3 Basic Design

2-3-1 Design Concept

When deciding the items, specifications and quantities for the project, consideration was given to BKKBN's policies and past record of achievement in use of the pill, as shown below.

(1) Procurement Items

The mixed estrogen and progesterone low dose monophasic pill is the same as that used by BKKBN in the past. Table 8 shows the list of pills approved and registered by the Indonesian Ministry of Health, and of these, 6 products made by 5 companies indicated by a circle meet the above conditions.

Table 5 Oral Contraceptives Available in Indonesia (approved by the Ministry of Health)

Brand name	Ingredients	Manufacture	Provided by BKKBN
Endometril Tablet	Linestrenol 5mg	Organon	
Exluton Tablet	Linestrenol 0.5mg	Organon	
Gynera Tablet	Gestoden 0.75mg Ethinylestradiol 0.03mg	Schering	
Lyndiol Tablet	Linestrenol 2.5mg Ethinylestradiol 0.5mg	Organon	
Marvelon-28 Tablet	21tab: Desogestrel 0.15mg Ethinylestradiol 0.03mg 7tab: Placebo ^{Note7}	Organon	
Brand name	Ingredients	Manufacture	Provided by BKKBN
Microdiol Tablet SS KF Schering	21tab: Levonogestrel 0.15mg Ethinylestradiol 0.03mg 7tab: Placebo Ferro Fumarat 75mg	Kimia Farma	
Microgynon Tablet SS	21tab: Norgestrel 0.15mg Ethinylestradiol 0.03mg 7tab: Placebo	Schering	
Nordette-28 Tablet	21tab: Levonorgestrel 0.15mg Ethinylestradiol 0.03mg 7tab: Placebo	Sunti Sepuri Wyeth-Ayerst	
Nordioli Tablet	Levonorgestrel 0.25mg Ethinylestradiol 0.05mg	Sunti Sepuri Wyeth-Ayerst	
Ovostat-28 Tablet	22tab: Linestrenol 1mg Ethinylestradiol 0.05mg 6tab: Placebo	Organon	
Brand name	Ingredients	Manufacture	Provided by BKKBN

^{Note7} Placebo : Normally has no medicinal effect, but takes the form of a drug given for reminder effect. In the case of the pill, it contains no hormones, the chief component, and is taken during the rest period to ensure that there is no mistake when restarting after the 7-day rest period.

Planotabo Tablet	Levonorgestrel 0.15mg Ethinylestradiol 0.03mg	Triyasa Nagamas Farma
Trinordiol-21 Tablet Trinordiol-28 Tablet	6tab: Levonorgestrel 0.05mg Ethinylestradiol 0.03mg 5tab: Levonorgestrel 0.75mg Ethinylestradiol 0.03mg 10tab: Levonorgestrel 0.125mg Ethinylestradiol 0.03mg 7tab(Trionordiol 28tab) Placebo	Sunti Sepuri Wyeth-Ayerst
Triquilar ED	6tab: Levonorgestrel 0.05mg Ethinylestradiol 0.03mg 5tab: Levonorgestrel 0.75mg Ethinylestradiol 0.03mg 10tab: Levonorgestrel 0.125mg Ethinylestradiol 0.03mg 7tab: Placebo	Schering

Two types of progesterone are used, levonorgestrel and desogestrel, but as there is judged to be no difference between them in clinical effect or safety, either is acceptable. There is no difference in effectiveness between the two.

However, to avoid confusion, when procuring the pill, one company's products shall be procured in bulk. (Table 6)

Table 6 Requested Materials and Specifications

Material	Ingredients
Low Dose monophasic oral contraceptive pill	Ethinylestradiol 0.03mg + Levonegestrel 0.150mg tablet Or Ethinylestradiol 0.03mg + Desogestrel 0.150mg tablet 1 cycle consists of 21 tablets including active ingredients and 7 tablets of placebo

The pill shall have been approved and registered by the Indonesian Ministry of Health.

(2) Procurement Quantity

The quantity of pills required for 2001 has been calculated as follows.

As there are 5,165,139 women who require government support to obtain the pill (targeted by the Family Planning Program) and each woman requires 16 cycles^{Note8}, the total quantity is 5,165,139 x 16 = 82,642,224 cycles. The figure of 16 cycles is reached as follows: 1 cycle involves a 28-day supply for each woman. A minimum of 13 cycles (365 days ÷ 28 days) is needed for one year, and 3 additional cycles are added on to allow for loss by the person or loss in transport, giving a total of 16 cycles.

^{Note8} Cycle : Sheet containing 28 pills, 21 containing hormones and 7 placebos (containing no hormones) for the rest period. 28-day supply for one woman.

However, there will be an estimated stock of 8,723,827 cycles at the end of 2000, and this has been deducted to give a total required quantity of 73,918,397 cycles. Of this, 6,700,000 cycles will be procured from the Indonesian government budget, and the supply of about 10,000,000 cycles has already been decided by the Netherlands. Of the remaining 57,218,397 cycles, 16,164,200 have been requested from Japan.

Furthermore, a buffer stock ^{Note9} of 5,165,139 cycles is needed to ensure 1 cycle for each woman requiring contraceptives. Excluding the estimated stock in the central warehouse at the end of 2000, 4,666,500 cycles have been requested. Added to this the 16,164,200 cycles mentioned above, a total of 20,832,000 cycles shall be supplied.

The remaining 41,000,000 cycles required are currently under discussion with other donor countries.

(3) Suppliers

In the project, supplies shall be obtained locally, for the following reasons.

The main raw materials are imported from Europe, but the products are all produced in Indonesian pharmaceutical plants, and quality control, etc. is carried out in accordance with GMP.

At the present time, pharmaceutical companies in Indonesia are capable of meeting the required quantities both in productivity and quality.

All products supplied by other donors in the past were made in Indonesia and no foreign products were introduced.

If foreign products are used, an application for registration has to be made to the Ministry of Health after at least 6 months of clinical trials, and approval has to be obtained, and it is by no means certain that approval will be granted.

Consequently, procurement from third countries is risky.

There is one product made in Japan with the equivalent constituents, but the retail cost for 1 cycle ranges from ¥1,310 to ¥1,420, and the retail cost of Indonesian products is in the range of ¥16 or ¥17. The difference in cost between the two is 80 times.

(4) Policies Relating to Transportation

16,164,200 cycles of the low dose monophasic pill required for approximately 5,160,000 women targeted in 2001 will be transported to warehouses in all 26 provinces (see Table 7), and 4,666,500 cycles will be transported to BKKBN's central warehouse on the outskirts of Jakarta as the reserve supply for 2002.

Transportation costs from each provincial warehouse controlled by BKKBN to each

^{Note9} Buffer stock : A stock in each province, replenished from the central warehouse, whose purpose is to meet an extreme drop in the level of regional stocks, or a certain degree of error in estimating quantities in the first year of decentralization in Indonesia

district warehouse, distribution costs from each district to the distribution points (health centers, hospitals, clinics, etc.), and the cost of distributing the 2002 buffer stock in the event of emergency shall be borne by the Indonesian government.

Table 7 Number of Women to be Supplied with the Pill in 2001 and Requested Quantity of the Pill

No.	Province	The number of Women supplied pills by BKKBN	The number of pills which BKKBN will need in 2001	The number of pills requested to Japan by BKKBN
1	DKI Jakarta	196,019	3,128,126	679,500
2	West Java	1,021,114	16,154,746	3,508,900
3	Central Java	577,574	8,821,845	1,917,200
4	DI Yogyakarta	41,184	540,310	117,300
5	East Java	815,277	13,024,423	2,829,000
6	Bali	25,875	19,997	4,400
7	DI Ache	100,755	1,021,391	221,800
8	North Sumatra	224,224	2,715,676	589,800
9	West Sumatra	63,066	515,935	112,000
10	South Sumatra	239,366	3,695,723	802,700
11	Lampung	266,573	3,397,376	737,900
12	West Nusa Tenggara	100,339	1,174,681	255,100
13	West Kalimantan	180,294	2,383,941	517,800
14	South Kalimantan	129,542	1,132,889	246,100
15	North Surawesi	99,923	1,464,709	318,100
16	South Surawesi	206,003	3,079,720	668,900
17	Riau	169,062	2,644,705	574,300
18	Jambi	126,547	1,520,229	330,200
19	Bengkulu	61,235	521,134	113,200
20	East Nusa Tenggara	69,722	1,030,675	223,900
21	Central Kalimantan	72,301	686,478	149,100
22	East Kalimantan	119,392	1,875,628	407,400
23	Central Sulawesi	95,680	1,403,589	304,800
24	Southeast Sulawesi	58,157	865,219	187,800
25	Maluku	53,664	830,711	180,400
26	Irian Jaya	52,250	767,223	166,600
Buffer stock		---	4,666,459	4,666,500
Total number		5,165,139	73,918,400	20,832,000

2-3-2 Basic Design

Table 8 Contents and Scale of Cooperation

Material	Specification	The number of pills		Purpose
		For Delivery	For Buffer stock	
Monophasic low dose oral contraceptive pills	Ethinylestradiol 0.03mg + Levonogestrel 0.150mg Or Ethinylestradiol 0.03mg + Desogestrel 0.150mg	16,164,200 cycles	4,666,500 cycle	In 2001, BKKBN will need 82,642,224 cycles of pills but BKKBN suspects the difficulties to procure 57,218,397 cycles of pills because of the lack of budget. So Japan will supply them partially.
	1 cycle consists of 21 tablets including active ingredients and 7 tablets of Placebo The products should be approved by the Ministry of Health in Indonesia.	The total number is 20,832,000 cycles*		

*As the minimum packing unit is 2,000 cycles, the total is greater than the sum of the cycles for 2001 and 2002.

Table 8 gives a summary of the specifications, purpose and quantity of materials to be procured under the project.

Chapter 3 Implementation Plan

3-1 Implementation Concept

3-1-1 Implementation Conditions

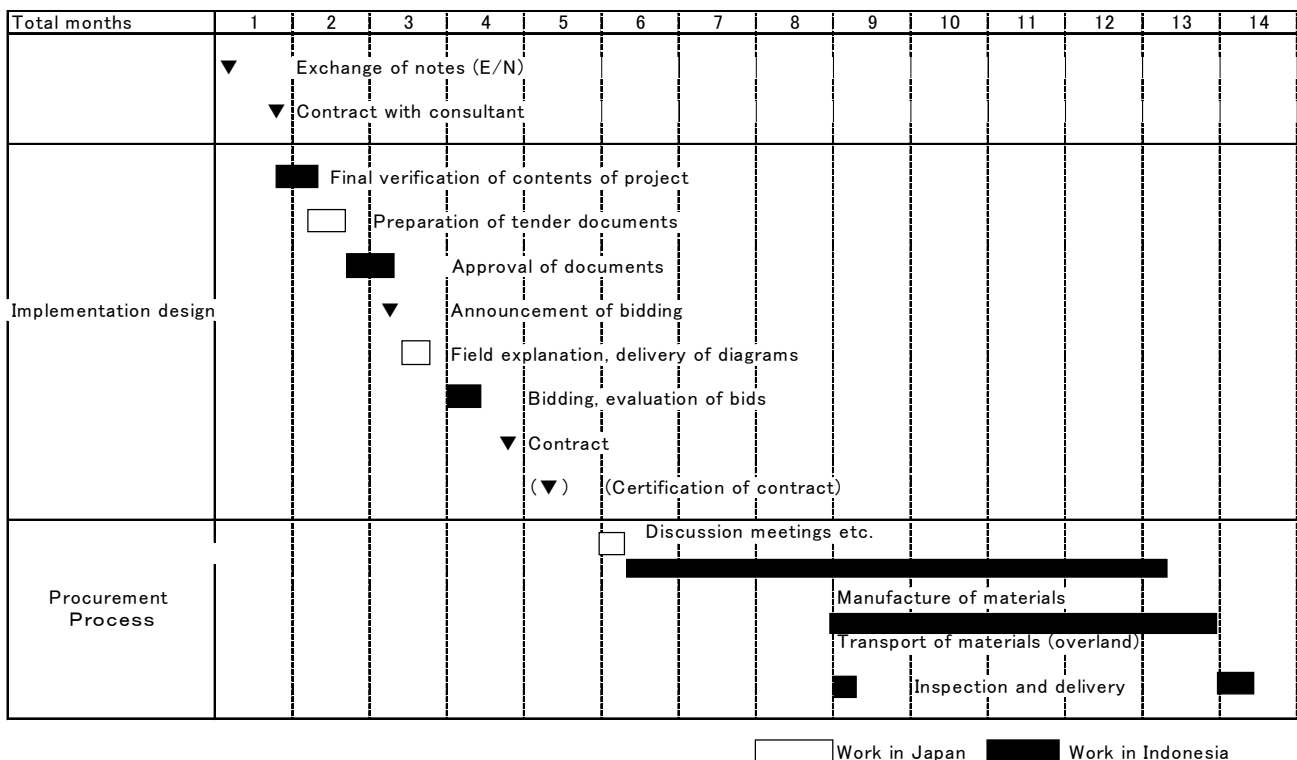
(1) Budget Year : One fiscal year (fiscal 2000)

(2) Schedule

Entire works (from E/N to delivery) : 13.5 months

From E/N to contract : 4.5 months

Delivery (from contract to delivery) : 9.0 months



3-1-2 Obligation of Recipient Country

The following items shall be borne by Indonesia.

- (1) Provision of data and materials required for implementation of project
- (2) Payment of banking arrangement charges
- (3) Exemption of internal duty on procured materials, and other financial surcharges
- (4) Appropriate distribution of materials from each province to each district and onward in 2001, based on distribution plan, and expenses incurred thereby

- (5) Domestic cost of transporting materials stored in BKKBN central warehouse from central warehouse in 2002**
- (6) Storage and distribution of procured materials in appropriate condition**
- (7) Report to Government of Japan every 3 months on state of distribution to each district**

3-2 Operation and Maintenance Plan

The low dose pill to be procured in the project does not require storage in a cold place (under 15°C) and the quality can be maintained at room temperature (1-30°C). The central warehouse and provincial warehouses meet these conditions, and consideration has also been given to prevention of theft, etc., so there are thought to be no problems regarding storage. In addition, with regard to the quality tests carried out by the pharmaceutical companies, the quality is guaranteed for 5 years at 40°C, and there are no problems regarding the timing of transportation either.

Furthermore, the facilities at the health centers and other distribution points are locked and are carefully administered to prevent theft.

Although computers are used to manage the stocks in terms of transportation and maintenance, as there is no distribution control network system, the reports from the districts and health centers etc. are handwritten on cards or copies of the ledgers are submitted. Nonetheless, thanks to 30 years' experience, there are no problems regarding receipt, storage or distribution of medical supplies at the central and provincial warehouses, and even at district level and distribution point level, strict quantity checks are enforced when transporting or checking stocks, in units of 1 pill, and a system of careful and appropriate reporting and administration has been established.

BKKBN will present a report to the Government of Japan every 3 months regarding monitoring and evaluation after implementation of the project, but as BKKBN staff are already involved in similar monitoring at the request of other donor countries, no problems are foreseen. As a means of checking that the pills supplied are distributed to the distribution points, the ODA symbol sign will be printed or affixed to each cycle (each sheet).

Chapter 4 Project Evaluation and Recommendations

4-1 Project Effect

The following inspection was carried out to check the appropriateness of the project.

Item

- (1) Conformity with upper development plan**
- (2) Inspection of maintenance and control system**
- (3) Appropriateness of requested materials**
- (4) Verification relating to beneficiaries**

Inspection results

The Family Planning Program in Indonesia was implemented until 1999 (Repelita VI) based on 5-year development plans (Repelita) since 1969, and it achieved excellent results in regulating population growth. A 5-year social and economic development plan (Propenas) will be implemented from 2001. The upper development plan is based on national policy guidelines. The first point is “systemization of small, happy families as the standard”, and for this, the Family Planning Program will be continued and developed. The project involves procurement of the pill which is essential to regulating population growth in the Family Planning Program, and the project will conform to the upper development plan.

The National Family Planning Coordinating Board (BKKBN) has implemented the program since 1970, and has achieved excellent results in suppressing population growth to produce a visible drop in the crude birth rate, total fertility rate and population growth rate. A BKKBN agency is located in the provinces and districts all over the country, and a cooperation system has been established with the Ministry of Health and local communities. The project is implemented using existing systems and there are no problems regarding organization or personnel.

The requested materials are also approved in Japan, and the low dose monophasic pill has a long record of use in the Family Planning Program in Indonesia. Its safety has been verified through clinical trials and it has no adverse effect on the environment. It is therefore an appropriate material to request.

[Direct effects]

The project is targeted at the economically disadvantaged, including the poor, and the number of pill users in 2001 is estimated to be around 5,160,000. The materials provided cover

part of the quantity required, and can prevent about 1,600,000 married women in the poverty group from becoming pregnant.

BKKBN estimates the contraceptive prevalence rate (CPR) in 2001 at 60.14%, but 39,911,300 women are targeted and the project will contribute to raising the CPR 4.0%.

[Indirect effects]

By supporting the continuation of the Family Planning Program, the CPR can be maintained or raised, and the project will help reduce abortions due to unwanted pregnancies, as well as the mortality rate among pregnant women. It is also expected to affect stabilization of the population in the 2050s and the realization of “small, happy families with 2 children”.

4-2 Recommendations

As mentioned earlier, family planning began with the first 5-year development plan (Repelita I) in 1969 and was implemented for 30 years until 1999 (Repelita VI). As a result, the total fertility rate was halved and a major contribution was made to family welfare.

The project will provide, through grant aid cooperation, some of the pills which cannot be procured by the government budget alone owing to the serious effects of the economic crisis, and it will support the continuity of the Family Planning Program. Implementation of the project is expected to have a major effect, and there are no problems in its implementation.

However, if the following points were improved, the project could be implemented more smoothly and effectively.

(1) Monitoring

It is thought that appropriate distribution to each district can be verified through the reports from BKKBN every 3 months, but there are no plans at present for studying distribution from the districts to the actual distribution points, or for evaluation after implementation of the program.

An appropriate method needs to be considered based on analysis conducted by BKKBN, and on survey results such as those of UNFPA, which has already started monitoring and evaluating by request to the University of Indonesia.

To verify reliable distribution and the effects of the supplied materials, technical cooperation through grassroots aid and the dispatch of experts, and a system of cooperation with other donors such as UNFPA are desirable.

(2) Improvement of the Administration System

As described earlier, the contraceptives are appropriately administered and distributed, but most of the work is done manually and the reports concerning the quantities requested by the distribution points and the remaining stocks sent to BKKBN headquarters are often 1 or 2 months late. Installation of a speedy and effective computer network is therefore desirable.

(3) Future of Operating Agency

Family planning was to be merged with reproductive health policy in 2000 and a new family welfare and community activation program implemented, but it is not clear what the position of BKKBN will be when the cabinet is reorganized following the national council meeting in August 2000 and decentralization policies are implemented in 2001. BKKBN hopes to continue as an independent agency, as in the areas of diplomacy and religion, but it may be absorbed into another ministry or become an agency at district level, or the structure of BKKBN itself may be changed.

Even if BKKBN survives, after decentralization, each province will draft its own contraceptive distribution plan, and BKKBN headquarters will draw up the yearly procurement plan, including requests to other donors. 2001 is the transition period, and BKKBN intends to draw up and implement both a distribution plan and a procurement plan. There is not considered to be any problem in their implementation, but it would be preferable to have an implementation system with a view to the future of the operating agency.