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Indonesia: Utilization of completed operations research studies

Meiwita B. Iskandar
Population Council

Subadra Indrawati

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**INDONESIA:
UTILIZATION OF COMPLETED
OPERATIONS RESEARCH STUDIES**

FINAL REPORT

Meiwita B. Iskandar
Subadra Indrawati

PC in house project #03286

**TRAINING AND DEVELOPMENT CENTER FOR
BIOMEDICAL AND HUMAN REPRODUCTION
NATIONAL FAMILY PLANNING COORDINATING BOARD**

THE POPULATION COUNCIL

**ASIA & NEAR EAST OPERATIONS RESEARCH AND
TECHNICAL ASSISTANCE PROJECT**

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INDONESIA: *Utilization of Completed Operations Research Studies*

1. INTRODUCTION

In the past eight years, many operations research (OR) in family planning programs had been implemented to increase the availability, accessibility, and acceptability of services desired by family planning users. In addition to that, OR has been employed to improve quality and sustainability by studying the performance, efficiency, and effectiveness of services delivered by providers. Nonetheless, relatively little is known about the true effects of OR studies in identifying and solving program problems in order to support the planning and coordinating functions of a particular program.

An indicator of OR effectiveness is the extent of which OR results/recommendations are utilized by managers and policymakers to improve existing delivery activities and plan future ones (Fisher et al, 1991:66). Utilization is closely inspired by information dissemination, and therefore the process of OR is actually incomplete unless sufficient attention is given to information dissemination and utilization (ibid, p.64). On the other hand, it is realized that to measure utilization of the OR results is not simple. Most of the times OR study results were not accepted completely nor implemented immediately to change an entire program. In another case, it might not be the results but the OR process that should be adopted to identify problems and alternative solutions.

In August 1989, USAID signed its last bilateral assistance agreement with the National Family Planning Coordinating Board (NFPCB), known as "BKKBN" (Carpenter-Yaman, 1990:1). The family planning program in Indonesia was considered as "ready to graduate" from AID support, which meant a substantial reduction of AID support to Indonesia was already on its way. Between 1990 and 1995, AID support to OR studies in Indonesia was narrowed formulating plans for the national implementation of a mature family planning program, in contrast to supplying sufficient quantities of contraceptives at the village level services. In this context, the Office of Population and Health has put OR as the heart of the 1989-1994 strategic plan, resulting in the initiation of the Asia Near-East Operations Research and Technical Assistance (ANE OR/TA) in fiscal year 1990, under the global umbrella project "*Strategies for Improving Service Delivery.*" The five-year contract was competitively awarded in July 1990 to the Population Council.¹ Specific project activities consist of: (1)

¹) The Asia OR/TA project will be continued for another five-year period (1995-2000) under a new contract (with or without the same contractor).

development and implementation of OR subprojects to respond to regional and country-specific needs; (2) dissemination of OR methodologies and subproject results in ANE countries; (3) technical assistance to solve delivery problems without formal OR studies; and (4) institutionalization of OR as a problem-solving tool for family planning managers (Trayfors, Schuler and Blomberg, 1994: vii).

The NFPCB or BKKBN officials were actually quite eager to carry research, as reflected in the 1984 set up of three centers: the Center for Biomedical and Human Reproductive Research, the Center for Population and Family Planning, and the Center for Family Welfare (BKKBN & UNFPA, 1991: p.7). Recently, these centers have been reorganized into further development of four centers: Center for Biomedical and Human Reproductive Research (PUBIO), Center for Program Training of Employees and Workers (PULAP), Center for Population and Development (PULDU), and Center for Family Welfare Development (PULIK). These centers have conducted collaborative activities with various universities and NGOs in implementing research including OR studies in the past decade.

The Population Council, in close collaboration with PUBIO, was requested to assess the extent to which the goal of OR - *utilization of operations research results* - is fully realized. As a result, this assessment highlighted 26 OR studies mostly carried out between 1988 and 1995 (see Appendix D). Funding support for this activity is provided by the 1995-1997 extension phase of USAID-supported ANE OR/TA Project for Indonesia.

2. OBJECTIVES

General Objective

Evaluation of the utilization of past OR studies to improve planning, coordinating, training and evaluation functions of program managers in attaining family planning program policy improvement.

Specific Objectives

- (1) Obtaining a description of past and on-going OR studies and document listed follow-up actions recommended by these studies;
- (2) Obtaining information on the utilization of the above OR results/recommendations by policy makers and managers in Indonesia;

- (3) Obtaining information on any follow-up research, formal policy change, piloting of interventions based on previous OR recommendations, and other activities which can be related to prior OR research results;
- (4) Identification of barriers in the optimal use of the OR results and analysis of conditions under which OR results are optimally used;
- (5) Provision of recommendations concerning the design of a follow-on OR project in the region.

3. METHODOLOGY

The study began in April with searching for OR studies conducted under the ANE/OR TA contract 1992-1995. Besides the Population Council's ANE OR/TA project, there are other sources of funds for OR in Indonesia, therefore, additional OR activities funded directly by USAID, the World Bank, Asian Development Bank, and UNFPA in late 1980s and early 1990s were also included. The final list of 26 OR studies, which were screened out of 79 project reports collected, did not cover all OR studies which have been conducted in Indonesia, but has covered a wide range of topics (see attached **Appendix A**). After the collection of OR reports was completed, and a list of summaries was assembled, the semi-structure questionnaire was pretested, and then individual interview was administered between May 23 and July 31, 1996. The list of OR study titles was given to the respondent before the interview to refresh memory about the problem studied. Once the respondent recognized the title, a summary of that particular OR was provided to revive details of that OR process, results and recommendations. During the interview, consent was sought from the respondent to record the interview into a tape-recorder. On average, the length of interview ranged between 35 to 45 minutes for each respondent.

Questions in a semi-structured questionnaire were designed to address the following aspects: dissemination forum (the concerned audience), utilization of OR findings, perceived quality and scientific recognition from the bureaucrats and academic network, perceived advantage of results, what were the particular follow-up activities to specific recommendations that have been taken by any division in BKKBN or MOH, and whether there were other factors in the policy makers world that may affect OR process or results utilization. Another two broader issues on the International OR agenda which were also discussed with respondents were: (1) the policy process, how were policies consensus made across the hierarchical echelons of BKKBN, and (2) gender sensitivity in OR research, and the links to a wider Reproductive Health research. Data analysis began in August, and report writing began in September 1996.

Type of OR Studies. Out of 26 OR studies documented in this study, 10 can be classified under *Exploratory/Diagnostic Studies*; 10 can be classified as *Field Intervention Studies*, and 6 can be classified as *Evaluative Studies*. These OR studies were implemented between 1988 and 1995 (see **Appendix B**).

Type of Respondents. A total of 38 THE NFPCB officials who work in the two headquarter offices of THE NFPCB Halim and THE NFPCB Cawang were interviewed. From the highest (Echelon-1) to middle-manager administrative rank (Echelon-3), the interviews successfully involved 3 respondents from Echelon-1, 14 respondents from Echelon-2, and 21 respondents from Echelon-3. Genderwise, all Echelon-1 respondents are males, only 4 out of the 14 Echelon-2 respondents are females, but 8 out of the 21 Echelon-3 respondents are females (see **Appendix C**). Due to the recent repositioning of BKKBN officials at the headquarter office, and the fact that there is a high mobility between officials' position at central, regional and province levels, the selection of respondents at BKKBN has included officials who expressed their opinion on behalf of their divisions/bureaus (current position), and those who expressed individual opinion only because they are no longer in the positions they had before.

Analysis. The collected 26 OR studies were descriptively examined, compared one to another and classified according to OR types (*Exploratory/Diagnostic Studies*; *Field Intervention Studies*, and *Evaluative Studies*). For each OR study, a 1-2 page summary consisting of title, objectives, methodology, site(s), institutions and donor agency involved, findings and recommendations was composed (see **Appendix D**). Then, a simple content-analysis across all research summaries was conducted using a simple framework described below.

A framework for analyzing OR utilization. Based on available literature on linking health research to policy, this study adopts Fitzroy Henry's framework from Council on Health Research for Development (COHRED) which focuses on three elements of the research/policy link: (A) the research product; (B) the scientific network; and © the researcher/policy-maker relationship (Henry, 1996:1,4).

(A) The Research Product. This includes aspects such as *relevance* of OR to the country specific needs, *quality* of research work, *applicability* of research findings, *simplicity* of research tools, and *cost-effectiveness* of research recommendations.

(B) The Scientific Network. This views whether the OR was perceived as a comprehensive research that can provide answers to the *why* and *how to improve* questions raised by policy-makers, and recognized by other researchers in the scientific network.

(C) The Researcher and Policy-Maker Relationship. This covers interpersonal interaction and communication aspects such as whether the researchers tried to identify the interests of the policy-makers and middle-managers, whether there was a mutual trust between researchers and policy-makers, and whether there was assurance that research findings were disseminated not only in peer-review scientific or local journals but also in other mechanisms that bring research findings closer to policy-makers.

4. BACKGROUND

The problem of dissemination of research findings and underutilization of research recommendations was already mentioned in 1990 by the NFPCB (BKKBN) while preparing the project agreement between the Government of Indonesia and the United Nations Fund for Population Activities (unpublished document of UNFPA's project INS/91/PO3 entitled "Strengthening Family Planning Research for Programme Management at the Provincial Level." This document mentioned that more than 500 research studies in the field of population and family planning have been conducted over the past two decades (NFPCB & UNFPA, 1991:7). Although the results have contributed substantially to the policy formulation and assisted in the successful implementation of the national family planning program, it is realized that in the near future a more systematic and programme oriented OR is needed to accommodate changes due to the rapid growth and level of sophistication of current family planning programs.

Retrospectively, in the 1980's the NFPCB had already commented that whereas some studies generated by research institutions are found to be very useful, many studies produced by these institutions are too theoretical and have little practical or programme value for the NFPCB (NFPCB & UNFPA, 1991: p.7). Therefore, in 1984, under the Deputy for Programme Development, the three research centers (the Center for Biomedical and Human Reproductive Research, the Center for National Family Planning Policy Development, and the Center for National Family Planning Studies) had been given formal responsibility for organizing, conducting and collaborating research and evaluation activities (ibid, pp.7-8). Between 1984/85 and 1988/89 (Repelita IV), the NFPCB research plan included the development of its own capacity to conduct and administer/manage research studies even at the provincial level, while simultaneously continuing to support outside research institutions to conduct collaborative research studies involved in more programme oriented operations research (ibid, p.7).

Evidently a number of OR studies were conducted between 1984/85 and 1988/89. Yet, the number was perceived as far too small for the benefits of the programme implementation at the provincial levels. The GOI and UNFPA project agreement for the period of 1991-1994 incorporated a plan to strengthen the manpower capacity at the provincial level to identify priority issues of local concern for operations research and to bring solutions/remedies. In addition to that, the agreement included supports to conduct secondary data analysis as there are voluminous data sets at the provinces that are not fully utilized for programme operations/management. This UNFPA support for Repelita V documented another important aim, "*to utilize OR findings in formulating program intervention immediately after the OR studies have been completed,*" which reflects the recognition of the goal of OR activity (NFPCB & UNFPA, 1991:8).

It is expected that by the end of the project there would be a sizeable increase in the utilization of OR results by the central and provincial NFPCB, and by the provincial researchers, in support of the family planning delivery services improvement as well as in the formulation of future policies and program strategies development (NFPCB & UNFPA, 1991:9). However, entering the Sixth Five-year Development Plan (REPELITA VI) 1994/95-1998/99, although the overall strategy does not depart much from the previous Repelita V, there were policy changes at the headquarter that place restriction on NFPCB's research centers which will not allow the above centers to conduct *in-house* operations research as well as training and management of research projects anymore. All research work must be contracted out to a third party, to forge a sustainable link with research institutions and non-governmental organizations (NGOs).

5. FINDINGS

The most significant discovery was the fact that none of the 38 respondents could identify specific policy changes resulting directly from the utilization of an OR study, although a few of the respondents felt that the *self-sustained KB Mandiri* and the *Norplant* studies (i.e., the Use-Dynamics Diagnostic and Evaluation Studies, the Situation Analysis of the Service Delivery Points in the NFPCB's Long-term Method Priority, and the most recent *Norplant Removal Assessment Study*) have great practical applicability to their work and the core information derived from these studies have strongly inspired the policy implementation of *KB Mandiri* and *Norplant strategy development*. Nonetheless, when asked further, they revealed that the political agreement seemed to be the sole independent factor that has the final say at the end, while policy changes occur within a small web of interacting forces. Despite how excellent OR recommendations are, the chances for change can only increase when the right

resource person uses this information to advocate for change and bring it to the attention of those who have the power to actually influence policies and their implementation.

Therefore, the emphasis of this report is not in the presentation of the abstracts/summaries of OR studies (see Appendix D), but more on disclosing respondents' feedback about how OR studies were being carried out, whether OR results were incorporated into the planning mechanism, and to what extent OR findings were disseminated within the NFPCB. As such, the findings are presented in accordance to Fitzroy Henry's framework (1996) for analyzing the dynamic linkage between OR utilization and policy demand (as mentioned in Section 3: Methodology), with three main topics of discussion: (5.1) the research product; (5.2) the scientific network; and (5.3) the researcher and policy-maker relationship.

5.1 The Research Product

Relevance - Respondents said that ideally an OR should be a policy relevant study that was implemented based on realities of the policy-makers world, fit into operational program needs, and feasible within the existing policy constraints. Unfortunately, there were still some studies that respondents felt were irrelevant to THE NFPCB's mission. Consequently, respondents found the research activities did not address the major constraints confronted by family planning policy or programs. Typical comments about the underlying cause of inappropriate topic selection were:

"Researchers only know one-eighth of the program, we know 100% of program development. Undoubtedly their recommendations are irrelevant because we have already reached the score of 8 when they barely accomplish a score of 3."

"The university people [researchers] have different perspectives ... They are more oriented toward theory. The result is that what BKKBN programmers believe to be problems are not captured in the research instruments."

"Researchers often are not familiar with our programs. Therefore, the research problems they selected are often irrelevant to us."

"The problems being researched are not appropriate because operational people are not involved in the identification of problems."

"Example of problems being researched are not pertinent - for instance, the research in Central Kalimantan called '*the role of the Family Welfare Movement cadres (PKK) in raising the performance of the family planning movement in isolated areas.*' This is not needed for OR."

"Operations research is not always in harmony with existing programs."

Quality - The questions regarding the *quality of research design, instruments, training, data collection procedures, data analysis, and data presentation* were answered by a few respondents only. It was difficult to assess whether this was due to recall problems or unfamiliarity with research design and methodology. Most of the comments pertained to the quality of research were as follows:

"(1) too many variables were collected and not fully analyzed, resulting in superficial or descriptive analysis, and also indicating that the researchers were not well-prepared; (2) methodology was inappropriate in attaining the study objectives; and (3) training was not directed at the right target groups, i.e., in the *Situation Analysis of Government Run Service Delivery Points for Family Planning in Indonesia*, training on counselling was imparted for doctors and midwives while from NFPCB's mission it would be more appropriate to have family planning cadres receive the training since they are the ones who '*condition*' the socio-cultural environment in the field."

Another notable quality problem according to program managers was arising directly from the **quality of research recommendations** which frequently are vague, obscure or inappropriate:

"The researcher does not know the situation in the field, with the result that the recommendations given are abstract."

"The recommendations offered are not focused."

"After research has been conducted, we still cannot see what must be done. So, research results remain nothing more than research results."

Basically, a common theme was voiced by the NFPCB officials in reference to the utility of most OR recommendations. Often the recommendations were perceived as not being clear and lacked of obvious utility. Specifically mentioned were recommendations that merely were a restatement of the problem. These kinds of recommendations created a feeling of frustration in those who "work in the trenches" and feel that they already possess a keen awareness of what the problems are. ***Those people who cope with real problems on a daily basis expect that researchers should offer a solution and not just a restatement of the problem.*** The utility of an OR recommendation also seemed to be decreased when the recommendations called for additional study in lieu of offering an original plan for problem resolution.

Applicability - The majority of respondents still felt that OR studies are useful in supporting on-going family planning program improvement. The evidence of instant usage of OR findings were not denied by most of the respondents. A number of comments indicated that research

is indeed having some impact on NFPCB programs, but difficult to point out which study titles contributed to program planning and policy changes. In brief, OR findings was said to have affected various IEC and training programs.

One of the studies that was most frequently mentioned was the OR on *self-sufficient family planning* or *the social marketing of the Blue Circle (KB Mandiri)* in Yogya, Bali and North Sulawesi, as expressed below:

"The operations research on *self-sufficient family planning services* with the Blue Circle (LIBI) was very successful. The proof is that beginning with three provinces, the program spread to 13, and the program is now entrenched."

"The operations research on self-sufficient family planning in three provinces (Yogyakarta, Bali and North Sulawesi) was very good and successful."

"Operations research on self-sufficient family planning became a national policy."

Respondents indicated that other studies also have had an impact on programs, including research concerning the role of rural midwives in Lampung, the implant use dynamic study, and the situation analysis of government run service delivery points.

Most respondents mentioned that *timeliness* of presentation of results can also affect the applicability of OR findings. Late presentation of research means that often findings are out-of-date, or reports cannot fit into program planning. There were several comments on the issue of late presentation:

"Problems brought up for research are not necessarily completed within one year. In the meantime, the problems have already changed."

"There is a problem that results are presented too late. For instance, research from 1992 is not presented until 1994."

"The program has already started when the research results appeared, with the result that they are not used."

Many respondents mentioned that ***OR results presented just before the National Planning Meeting (Rakernas) in the month of March***, or during the BKKBN *internal Pre-Program Review and Annual Program Review meeting* to reevaluate research, which is held 6 months before the Rakernas, ***are more likely to have program impact*** than research presented at other times of the year. The NFPCB reviews selected research results in the *Pre-Program Review and Annual Program Review meetings*, in which policy-makers and middle-managers meet and

communicate research findings to provincial representatives. These selected research findings and recommendations are then used as references in the program planning process. If a particular research is presented just before these events, it is more likely to be salient in the minds of relevant officials as they go about planning the following year's programs. If presented at another time of the year, the research may well be buried amidst hundreds of other operational matters.

Simplicity - In general, the simpler the research design and strategy, the greater the chances of the result being readily understood and effectively implemented. While some researchers feel that "high-tech" research, using very complex research tools, would enhance the quality and respectability of the endeavor, the policy makers felt differently and commented as follows:

"Those who carry out the research do not fully understand the situation in the field. "

"The researchers are not sharp in seeing the weaknesses in the field."

"Those who conduct the research do not fully understand how program interventions and activities are carried out."

"...research results are presented in a form that is difficult to understand, because they are presented in academic style."

Cost-effectiveness - The utilization of OR recommendations for new interventions, training and measures must be ideally cost-effective and affordable for provincial health care providers and consumers alike. Most of the respondents seemed to perceive that replication of an OR or scaling-up of OR activities in more provinces are evidence of OR 'high cost-effectiveness' and an indication that the suggested recommendations are well placed to result in changes in policies, programmes or interventions. Training is considered by many as a '*cost-effective*' OR recommendation to be implemented.

A respondent stated that adoption and incorporation of costly OR recommendations which are too theoretically oriented would be just an exercise in futility. The amount of budget allocated for OR always look huge during program planning. Another respondent acknowledged that many of the NFPCB field-staff who are not interested in research activities perceive that research is not a justified investment, only an additional cost and wasted money. A suggestion made by a respondent: "recommendation should be directed toward on-going improvement of existing infra-structure by local provincial officers. Otherwise, most OR

activities will only be supported during the project period. When the project comes to its end, local field staff do not pay attention anymore."

5.2. The Scientific Network

Professional Associations seemed to have a very effective clout with family planning policy makers. In the past decade the NFPCB has built very close relationships with professionals from the Indonesian OB-GYN Association (POGI), the Indonesian Medical Doctor Association (IDI), the Indonesian Midwives Association (IBI), the Indonesian Sociologist Association (ISI) and the Indonesian Pharmacologist Association (ISFI). Some of the OR studies involved members of these professional associations and they also presented the OR findings in national and international conventions and conferences to convince their colleagues of the validity of their research findings and of their usefulness as foundations for policy options.

The NFPCB policy-makers are also well-aware of the importance of the *integrated approach*, because many of the determinants of family planning use are recognized to be outside the medical sphere. Most of the respondents agreed that researchers should be more engaged in multi-disciplinary studies that can provide comprehensive answers to operational questions raised. The new policy that prohibits the conduct of in-house studies is very encouraging toward more objective and multi-discipline OR studies. On the other side, the operational middle-managers also communicated a great demand to learn more about OR methods and use, so that they can better understand the scientific interpretation of OR findings and will be more confident in participating during OR discussion. They preferred the internal research staff from the three research centers within the NFPCB to organize regular refreshing sessions to fulfill these needs.

5.3. The Researcher/Policy-maker Relationship

Partnership - Experience has shown that when policy makers have been involved from the early stages of the research process, and their input has been sought at each progressive stage, the findings have a higher chance of resulting in policy change. In recognition of this issue, the NFPCB has already created a forum of partnership where interpersonal interaction can occur and direct communication is assured. One person commented, for instance:

"The National Planning Meeting (Rakernas) is on the 15th of March. Before that, from the 12th to the 14th, the Deputy for Program Development has a meeting in which all research results are presented by the researchers. We sit together and go over the results of research we think are in accordance with policies. Following that, in the National Planning Meeting, salient research results can become references for the upcoming year's policies."

The middle-managers of operational bureaus such as: Bureaus of Contraception, Community Institution Development, Information and Motivation, Physical Family Welfare Maintenance, Non-physical Family Welfare Maintenance, and Population Development are the ones in charge of implementing field activities. They are actually the *internal clients* of the researchers that should be involved from the early stages of the research process, and their input should be sought at each progressive stage. **Many of these middle-managers communicated that in practice their opinion or inputs rarely sought in the planning stage of most of the OR studies conducted by in-house research centers in the past.** As a result, a program manager stated that "as anticipated, both the proposal and study findings have no relevancy toward program needs." However, the program manager admitted that the operational bureaus are responsible also for this flaw because subsequently they seldom invite the researchers (from internal centers) when they discussed programmatic problems.

Most of the middle-managers of these Bureaus felt that anyone of the three research centers within the NFPCB should organize and be in charge of documenting various OR proposals that have been developed in the past, summarizing the previous OR findings, and listing OR recommendations that can be implemented for different purposes in relation to their daily programmatic problems.

Other ominous situations that contribute to a wider gap between the planner of OR research activities (the Centers or *Pusat-pusat* within the NFPCB) and the operational middle-managers (the Bureaus or *Biro*) are: (1) Bureaus encounter very rapid programmatic changes in accordance to political changes at the top strategic planning level, while OR planning activities are always behind (considered "*too slow*"); and (2) Bureaus feel that selection of research counterparts were poorly done because centers did not prepare a solid qualification criteria nor a list of potential topics. A critic from a program manager as an internal client of the *Pusat-pusat*: "*it seems that most of our research are not designed based on needs assessment but based on the amount of available budget allocated.*"

In regards to outside researchers, middle-managers seemed to underestimate the researchers' capabilities in defining appropriate research problems. Nevertheless, they admitted

that technical assistance is needed for determining proper study design and methodology. Many consider the age of the principal investigator as quite influential. Respondents stated that older researchers often have a fixed opinion and they are more text-book thinking than the younger ones. Consequently, often the NFPCB's officers had difficulties in explaining what they wanted to explore. The study ends up without capturing the dynamic of the problems in the field. In contrast, if the researcher is considered as a 'newcomer,' the respondents also doubted that the resulting OR can provide answers to the *why* and *how to improve* the program.

Many of the agencies involved with research have a central concern with quality of care. This concern propels the selection of topics, such as quality of service delivery, safety issues and Norplant follow-up. The NFPCB policy-makers, on the other hand, may be primarily interested in information useful for increasing or maintaining contraceptive prevalence or, more recently, for fostering the prosperous family (*keluarga sejahtera*) program. It is interesting to note that one area of research where agency and the NFPCB interests coincide - the provision of self-sufficient family planning services - is also the research area most frequently mentioned by BKKBN officials as having had program impact. The point is that in order for operations research to be utilized fully, the basic missions of external research agencies and the NFPCB need to be in sync. The planning of an OR should bring with it a promisory note that quality improvement will be attained yet still maintain current program coverages.

Dissemination - A research findings can be useful only if they are known to people who can use them. Problems with dissemination and presentation format were mentioned as a source of under-utilization. One main piece of evidence that these are problems is the fact that many respondents - research staff from the internal research centers who more than anyone else in the BKKBN should know about the research that has been conducted - **were not familiar** with any of the studies on the list of OR projects presented to them. Direct comments also indicated problems with dissemination:

"When results are presented, those invited are not the users or the appropriate people."

"The dissemination of results is insufficient."

"The distribution of OR results should be more comprehensive; not just to one unit only or only those who want to know."

The dissemination method mostly used was seminar and workshop settings where the findings were officially launched and released for use. Such a seminar was attended by a limited number of officials at the headquarter office, and further limited by the fact that

invitation to attend the seminar or workshop was only circulated to units that are perceived as having "relevant" activities or mandates. It was common that those division/units invited did not have the right staff available to attend the invitation, and therefore the division was represented by a staff member who did not have any interest at all or could not make any decisions or contributions during the seminar/workshop.

At the headquarter, another cause of the unlinked OR study to the programmatic problems is the fact that there is a very high chance that the invited person did not show up during a research proposal seminar or presentation of research findings because they preferred to travel instead. There seemed to be a pattern of a higher level of travel by supervisory personnel. People in these positions were predominantly male and from echelons 1 and 2. One respondent felt that such a trend was genderwise influenced by the socio-economic/cultural values that a male is more often a "breadwinner" of the family ("*pria adalah pelengkap penderitanya dalam keluarga*"), while a female staff has less pressure since her earnings are merely a supplement to her husband's income ("*sedang wanita hanyalah pelengkap penyerta*"). The problem was that often the substitute person who attended an OR study proposal might not have the substantial knowledge of the operational problems. As a consequence, there are missed-opportunities for inserting operational problems during the problem formulation (proposal seminar), and similar risks for applying relevant OR recommendations (during OR results seminar), because the right person did not attend the researcher's presentation.

Presentation format may not only be an issue pertaining to written reports, but also to the way results are introduced in forums conducted after the research has been completed. The use of audio-visuals and simple messages may facilitate the understanding of the research by end-users, and therefore increase the likelihood they will apply research results in their programs. Researchers need to devise other mechanisms apart from journal publications to bring research findings to the attention of policy makers and other health professionals. Research report should be clear and succinct, highlighting their relevance and the applicability of the findings. Summaries of such findings should be written in non-technical jargon as one respondent said:

"We do not read all the results of the research."

"This is in part because in the report there is no executive summary."

The Bureau of Information Networks and Documentation (BIJID) tried to gather research reports from all centers within the BKKBN, but seemed to be frustrated with the results, as reflected in the following:

"We are active in approaching [centers with research reports] in requesting them to place these reports in the box that has been prepared for this purpose, but this mechanism does not work."

Gender Issues. The NFPCB has recently expanded its scope of activities into reproductive health issues (Suyono, September 1996). Based on the reactions to questions of gender issues, it seems that majority of the staff have not come to the mainstream thinking of '*coming to a better understanding of the gender issues will affect family planning, reproductive health and family welfare.*' Many of the respondents admitted that they are not aware of any family planning research that consider gender issues of importance. A respondent commented: "gender issues are only discussed by the 'upper level,' those at the 'bottom' never have those kinds of conversations." Another remark is: "gender issues can only be studied in urban areas, they are irrelevant topics for rural areas." But a few other respondents recalled that they had heard about the "male involvement in family planning" study, but were not able to elaborate further about what were the important gender issues for family planning program attainment.

CONCLUSIONS

Out of 79 project reports collected, 26 OR reports were further scrutinized. Ten of them can be classified under *Exploratory/Diagnostic Studies*; another ten as *Field Intervention Studies*, and six as *Evaluative Studies*. These OR studies were implemented between 1988 and 1995. Details of objectives, methods, findings and recommendations were summarized and displayed to 38 selected respondents within the NFPCB. Interviews were conducted using a semi-structured questionnaire asking about the utilization of OR findings, barriers and recommendations. The results indicate that information on the utilization of the above OR results/recommendation are inseparable between one topic and another, because all of the respondents preferred to foresee the utilization in a global way. Specific information on follow-up, policy change, interventions based on previous OR results are scarce. This is due in part to insufficient attention to document proposals, research reports, and utilization.

Eight **barriers in optimal use** of the OR results are presented: (1) topics are perceived irrelevant; (2) quality of recommendations are vague; (3) research findings are either presented out-of-date, or no longer able to influence programs that are already in the process of being implemented; (4) too complex research tools; (5) perceived not cost-effective; (6) weak researcher/policy-maker relationship; (7) not all research reports are disseminated widely; and (8) reports are not presented in an easily readable format.

There are two stands within **the policy process** in the NFPCB as an organization. **First**, it is common among policy-makers and operational middle-managers to express a skeptical feeling about the ability of research to effectively address the family planning problem. This significantly affects the utilization of OR recommendations into their policy planning process. **Second**, those who play the role of internal research staff put a high premium on research they confidently believe will help solve operational problems. At the same time, the policy makers and middle-managers view the internal research staff as not being very perceptive about field-operational problems. This situation has led to a silent crisis of mutual trust between the middle-managers or policy-makers and the researchers (internal staff within the NFPCB centers or outside researchers).

There are several causes of the above problem. A **direct** cause of this problem may be inadequate coordination and communication between the researchers and the middle-managers or policy makers on research topic selection. A second cause may be inherent within the operational bureaus: middle-managers invited to be involved in research planning may not always be able to articulate the genuine needs from the field. There may also be a third, more fundamental problem that gives rise to this discrepancy, one more difficult to correct. The research goals of the agencies funding the research and the NFPCB middle-managers may be different because the two sides have divergent organizational agendas.

One of the most frequently mentioned barriers is **limited dissemination** of research summaries. This is certainly in contrast to what Fisher et al (1991:66) said, "*the process of operations research is not complete until the results are disseminated fully and every effort has been made to have them used.*" Respondents expressed the belief that previous OR findings and recommendations were mostly communicated within a small circle of staff within the two headquarter offices only. That means the dissemination strategy has not fully considered: (a) different potential users of the findings and recommendations; (b) which findings are of particular interest to a given user group; and (c) a variety of media channels to reach each potential user group. The potential users groups can be categorized into: first, the chief executive officials of the related program at the headquarter (policy makers and mid-level operational managers, which in the NFPCB setting means echelons I, II and III). The second group is the provincial and district chief officials. The third, fourth and fifth groups are academicians, public/community/grassroots leaders, and service deliverers.

A majority of respondents still prioritize OR and believe that, in principle at least, OR is practical and useful to program development, as expressed in the following statements:

"[Operational research] offers immediate input to managers..."

"...the results [of operations research] offer support for program planning."

"[Operations research is useful for] straightening out conditions in the field."

"If data is accurate and informative, an operations research is quite useful for planning, solving problems, suggesting strategies and for other matters."

But, as Porter (1995) also concluded, "*changes in policy and policy implementation rarely result from a linear process of generating research, laying out policy options, choosing between alternatives, and evaluating the implementation of the selected option.* Changes occur when the policy makers/middle-managers present a 'window of opportunity' that can be grasped by the ingenious researchers to propose reform for changes. A dynamic advocacy with those who can actually influence policies plays an important role. Otherwise, if the researchers do not familiarize themselves with the internal environment and interests of the policy makers and program managers, the following apply:

"Indeed they are experts in research. But they do not know the situation within the NFPCB ... our response to their results [ends up being]: Is this all there is? We already knew that."

RECOMMENDATIONS

To improve OR utilization, based on the lessons identified in this study and practical suggestions from the respondents, the planning of OR needs to follow the following guidelines:

1. ***Policy-makers and program managers should be given an opportunity to learn about the benefits of OR on daily program functioning including the methods and 'language' of OR.*** This will promote a better appreciation and provide the skills to actively participate in the formulation of relevant OR problem.
2. ***Investigating researchers must possess a familiarity with the interests of the policy-makers and program managers, and be able to propose advocacy for necessary policy change.*** This will bring together research/analytic work and policy advocacy in a more interactive way.
3. ***Research centers within the NFPCB should be involved in the preliminary and on-going program meetings where policy-makers and program managers discuss their daily operational problems.*** Participation in these meetings will allow them to discover essential OR problems that will be more relevant to program goals.

4. ***The content of OR should strive for simplicity in design to promote greater acceptability and use.*** Academic language should be minimized, in favor of simple, concise discussions. At seminars where results are presented, audio-visual aids should be used to ensure that those in attendance understand clearly the research results and recommendations.
5. ***Recommendations should provide clear and realistic interventions including the achievable measures of change.*** This means even managers in the field should know immediately what action they need to take upon reading reports.
6. ***Research findings and recommendations need to be presented in a timely manner and take advantage of pre-existing key decision-making forums.*** This is to avoid the often recurring situation where results are presented long after the programs they might have influenced have already begun to be implemented. In order to reach the key people, some of the existing forums are:
 - a) The National Planning Meeting in March (*Rakernas*);
 - b) Pre-*Rakernas* meeting (also in March) to review research, chaired by Deputy for Program Development;
 - c) Mid-year research review meeting (October/November), also chaired by Deputy for Program Development;
 - d) Frequent national and or regional meetings, not necessarily concerning research, in which officials from the field gather to discuss program developments and planning.
7. ***Researchers should transform OR findings into ‘user-friendly’ formats or ‘language’.*** Summaries and abstracts attract a greater interest of audience by using figure, graphics rather than discription.
8. ***Presentations should be given to audiences of greater diversity, minimize special interests, and include a broader coalition of participants.***
9. ***OR should make use of existing multimedia that can satellite summaries of OR findings to provincial program managers that cannot attend the centralized urban meetings.*** Bureau of Information Networks and Documentation (BIJID) should be included in the research process as this bureau is responsible for collecting and disseminating information within the NFPCB.
10. Balance program initiatives with clients’ desires by more analyses of the impact of gender on reproductive health and family welfare.

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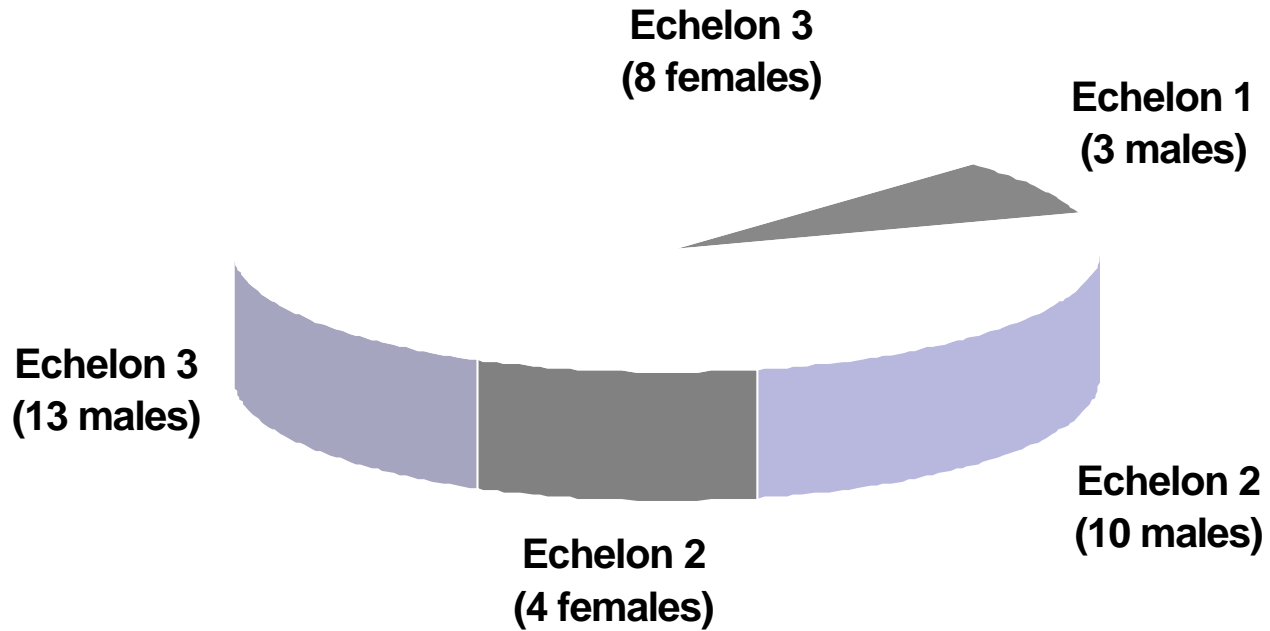
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Type of OR Studies

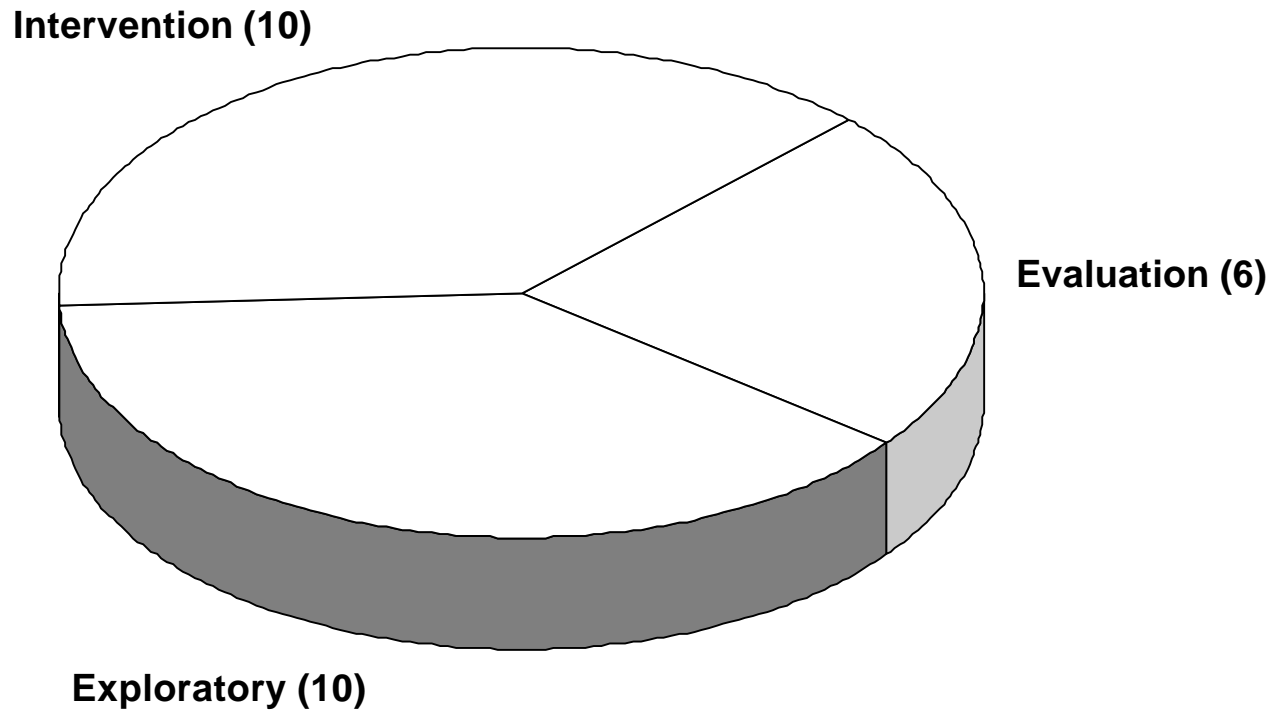
Appendix B

NO	TITLE	AUTHOR	TYPE of OR STUDIES
1	Operations Research Implant in West Java, North Sumatra, West Sumatra, South Sumatra, South Sulawesi, and North Sulawesi	Sri Hartati Pandi, et.al	Exploratory
2	Results of Norplant Management Research (Action Based Norplant Research): 1987-1998	YKB	Exploratory
3	Norplant Removal Study: Factors Associated With Due & Overdue 5 years removal	Joedo Prihartono	Exploratory
4	KB Mandiri in the Rural Areas through Community Financing in Bali	I.A.M Wirati & Made Sutarga	Exploratory
5	Review of Existing Norplant Implant Acceptor Tracking System	Joedo Prihartono	Exploratory
6	A Situation Analysis of the Government Run Service Delivery Points for FP in Indonesia.	Adik Wibowo, et.al	Exploratory
7	Follow-up Study Among IUD Acceptors in Java	Hasan.M.Hoesni, et.al	Exploratory
8	Safety Issues in the Provision of Injectable Contraceptive	Agustin Raintung, et.al	Exploratory
9	Secure Contraception Teams Mobile Services in D.I. Yogyakarta	Azrul Anwar	Exploratory
10	Efforts to Improve the Quality of Long-Term Contraceptive Services in Hospital FP Program in Indonesia.	PKMI	Exploratory
11	Improving the Acceptance and Quality of VS Services through the Screening Referral & Follow-up of Pre and Post-VS Clients	Endang Basuki	Intervention
12	The Effectiveness of the Practical Guidance for FP Workers in the field in Norplant Services in East Java..	Joedo Prihartono	Intervention
13	Peer Review OR Project: the Feasibility of Establishing a Self Sustaining IBI Peer Review Program to Improve Private Sector FP Services in Indonesia	Rosini Karsono, et.al	Intervention
14	Improving Rural KB Mandiri through Improving the Distribution of Contraceptives, Private Sector Midwives and Community Participation in W. Java.	Eko Budiarto	Intervention
15	Improving Rural KB Mandiri through Improving the Role of Private Sector Midwives and Rural Community Institutions in E. Java.	Kesuma Halim	Intervention
16	Improving the Role of the Private Sector Midwives through the Improvement of Rural KB Mandiri in South Sumatra	Yoyok Hendarso	Intervention
17	Improving FP Self-Sufficiency through Strengthening the Role of the Village Midwives and Community Participation in North Sumatra.	Linda T. Maas	Intervention
18	Improvements in Knowledge of Norplant Implant Acceptors: An Intervention Study in W. Sumatra & W. Java	Anthony Tan, et.al	Intervention
19	Improving KB Mandiri through Village Midwives and Community Participation in Central Java	Darmono	Intervention
20	Improving Rural KB Mandiri through Community-Based Distribution in Lampung	IPADI - Lampung	Intervention
21	The 1991 Norplant Implants Use Dynamics Diagnostic Study in Indonesia	Heru Kasidi & P. Miller	Evaluation
22	The 1992 Norplant Use Dynamic Study in Indonesia	Dinan Bratakoesoema	Evaluation
23	Improving the Implementation of PPKBD Tasks in Order to Consolidate the Active FP Users in West Kalimantan	Memet Agustiar	Evaluation
24	Norplant Surveillance System in Five Sumatra Provinces	Joedo Prihartono	Evaluation
25	Operations Research Norplant IEC Situation Analysis in Two Provinces	SURINDO	Evaluation
26	Norplant Implants in Indonesia	Andrew Fisher, et.al	Evaluation

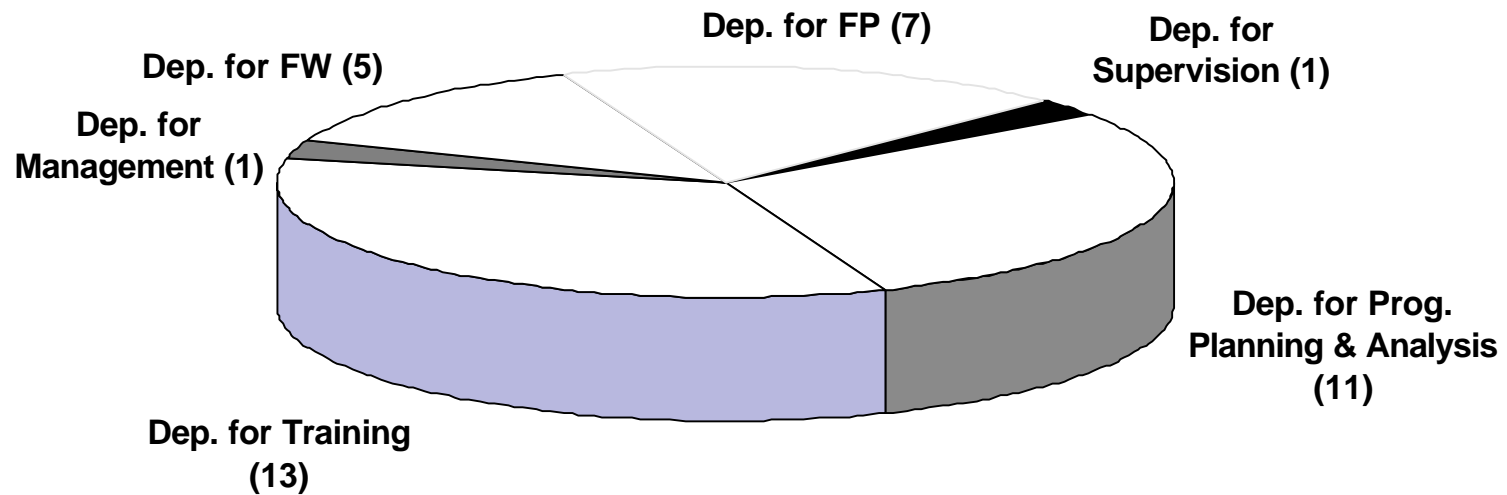
Type of Respondents (by gender)



Type of OR Studies in Indonesia

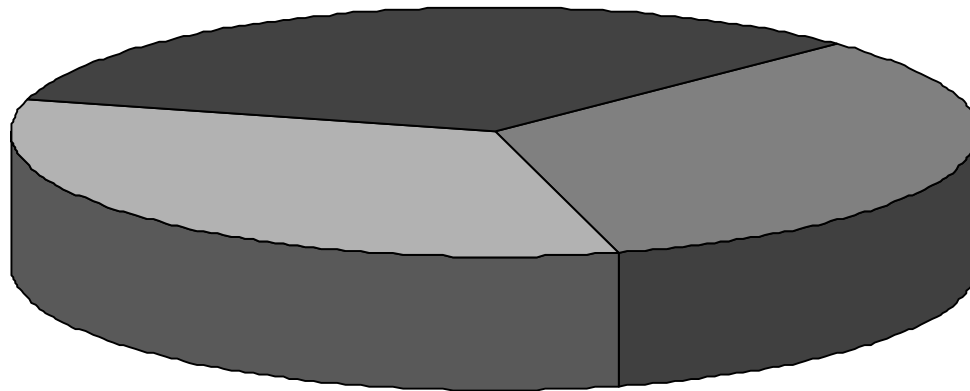


Type of Respondents (by divisions)



STD Diagnostic Methods

History:
- Potential
for exposure
- Symptoms



Exam Signs:

- Vulvo-vaginitis
- Cervicitis
- Genital Ulcers
- Genital warts

Lab. Results:

- Wet mount
- RPR
- GC culture
- Chlamydia

List of Selected OR Studies

No. 1

Title	Improving the Acceptance and Quality of VS Services Through the Screening Referral and Follow-up of Pre- and Post-VS Clients
Author(s)	Endang Basuki et.al
Duration	NA
Date of Report	September 23, 1988
Institution(s) Involved	Perkumpulan Kontrasepsi Mantap Indonesia
Donor Agency	URC & USAID
Site(s)	Jakarta, Medan, Semarang, and Denpasar
Methodology	Three phase operation: (1) Problem analysis and programing of SRF (screening, referral and follow up) strategies, (2) Solution testing, and (3) evaluation
Objectives	<ol style="list-style-type: none"> 1. To examine problems in the present VS SRF system and formulate an operational strategy aimed at addressing these problems. 2. To make the Voluntary Surgical Contraception (VS) service provision program more comprehensive, and to enhance the quality of services. 3. To ensure that medical and non-medical provider quality is maintained and VS service facilities are fully utilized.
Findings	<p>Knowledge and Opinion of VS</p> <ol style="list-style-type: none"> 1. The majority of health personnel agree with VS as a method of contraception because it is effective, practical and has few side-effects. 2. Health personnel knowledge of VS is insufficient for the effective carrying out of the VS program. 3. 92% of private midwives, 60% of physicians, and 61% of non-VS facility heads have never attended a formal course which included instructions on tubectomy or vasectomy. 4. The level of VS knowledge among VS acceptors is seriously inadequate. <p>VS Information Dissemination</p> <ol style="list-style-type: none"> 1. Almost all health personnel have at some time disseminated information on VS, usually through one to one verbal discussions. <p>Screening</p> <ol style="list-style-type: none"> 1. The importance of screening pre-acceptors before referral to a VS service facility is not yet recognized by most health personnel. 2. Medical screening has been carried out at least once by 60% of private physicians, midwives, and non-VS facility leaders. Laboratory tests only in non-VS facilities (Puskesmas and maternity clinics) <p>Referral Information on VS Services</p> <ol style="list-style-type: none"> 1. Referral information on VS services (about some clinic locations, cost of services and days of services) by health personnel is incomplete 2. The number of referrals from health personnel remains very low. 3. Personnel are not sure of the provider to whom referrals should be directed, particularly PFW (PLKB). <p>VS Facility Services</p> <ol style="list-style-type: none"> 1. Only 59% of the VS facility heads have held a serious discussion on VS with the potential acceptor, and almost half do not include the spouse. 2. Individual counselling is not yet properly carried out in all VS facilities. <p>Follow-up</p> <ol style="list-style-type: none"> 1. Follow-up visits are undertaken by almost all VS acceptors. Follow-up for physical complaints is usually done at the same facility where the VS procedure was performed. Follow-up is also carried out by front-line personnel.

Recommendations	<p>Existing Knowledge and Opinions about VS</p> <ol style="list-style-type: none"> 1. The promotion of vasectomy should be intensified particularly in Medan 2. Educational material is needed about sexual ability after the operation to counteract ideas about frigidity. 3. Educational material is needed about procedures of the operation, particularly that is needed about procedures of the operation, particularly that it is simple, quick, requires only a small incision, and is done on an out-patient basis. This information is needed to counteract the fear of the operation. <p>Rumors Circulating about VS</p> <ol style="list-style-type: none"> 1. During VS training of front-line health personnel, the development of methods to overcome rumors about pregnancy failures and failing sexual performance following VS is necessary. Also, IEC material developed for potential clients should include information relating to persistent rumors. <p>Knowledge of VS among Front-line Health Personnel</p> <ol style="list-style-type: none"> 1. The training materials for FPFW and Village Contraceptive Distribution Center (VCDC) should be explained: irreversibility of the medical procedure, the small possibility of becoming pregnant after the operation, tubectomy is a minor medical procedure, proper timing for a tubectomy and for a vasectomy, the medical procedure for vasectomy is simpler than that for tubectomy. <p>Knowledge of VS services among Front-line Health Personnel: Location, Time and Cost</p> <ol style="list-style-type: none"> 1. The dissemination of VS service information for tubectomy and specially for vasectomy should be improved.
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No. 2

Title	Research Operational Implant
Author(s)	Sri Hartati P. Pandi et.al
Duration	June 1988 - June 1989
Date of Report	1989
Institution(s) Involved	BKKBN
Donor Agency	ADB
Site(s)	West Java, North Sumatra, West Sumatra, South Sumatra, South Sulawesi, North Sulawesi
Methodology	Cross-sectional : Qualitative & Quantitative approach
Objectives	<p>General :</p> <ol style="list-style-type: none"> To describe the Norplant service & the acceptance of Norplant in Indonesia, especially in West Java, North, South & West Sumatra, South and North Sulawesi. <p>Specific :</p> <ol style="list-style-type: none"> To describe the means of Norplant services; To describe the process of Norplant services (IEC, selected acceptors in the field, counseling, guidance, insertions/removals, monitoring/follow-up); To describe the acceptance of Norplant (knowledge, experience before & during Norplant use, experience on removals & the fee)
Findings	<ol style="list-style-type: none"> In general the manager (at provincial & district/kodya level, subdistrict & village level) and providers knew about the effectiveness of the method, while 67% - 85% knew how many women were using Norplant; 60% of Norplant acceptors knew how many capsules should be inserted; Only 50% of acceptor received information on contraindications, side-effects, process of Norplant insertions; Most of the managers never had an orientation on Norplant; Only 49.5% of providers had ever done Norplant removals; Norplant insertions were done in Puskesmas & Safari;
Recommendations	<ol style="list-style-type: none"> Information on side-effects, how Norplant works, advantages & disadvantages of Norplant should be told to women completely; Information on contraindications, usefulness of Norplant in regard to birth planning, and number of capsules should be explained to women clearly in the field; IEC materials (posters, flipcharts, guidance books) need to be improved; The logistics in place for Norplant services should be enough for one year; Training for providers should focus more on removals; Norplant should be distributed through private sectors.

No. 3

Title	Norplant Management (Action Based Norplant Research) 1987 - 1988
Author(s)	Adik Wibowo, Joedo Prihartono, Firman Lubis, Sugiri Syarief, Rudi Pekerti, Harun Riyanto
Duration	May 1987 - April 1988
Date of Report	December 1989
Institution(s) Involved	YKB, BKKBN
Donor Agency	USAID
Site(s)	DKI Jakarta, Central Java, East Java and South Kalimantan
Methodology	Qualitative (indepth interview & observation). Sample: the decision makers at Central Level (1), the decision makers at Provincial level (16), the Chief Centre of the Norplant research at provincial level (3), at regency level (6), the norplant executor (53)
Objectives	<ol style="list-style-type: none"> 1. Give inputs that need to be thought in relation with the preparation to introduce implant into the National Family Planning Program. Based on this purpose the research focused on three factors namely: training factor for the service workers; logistic factor related with supply and distribution; IEC material factor for the service workers and the acceptor candidates. 2. Resulted a training module for medical doctor, paramedical (midwife and nurse) and Site(s)ers for the Norplant training. 3. Resulted a prototype of Norplant IEC for the community/the Norplant acceptor candidates for the health workers.

Findings	<ol style="list-style-type: none"> 1. Almost all of the norplant executors (85%) have been trained about Norplant, 13.5% has attended the training for the second or more. According to 75% respondents, 3 times of insertion were enough to have the skill. 100% of the responden who attended the training felt that the objective of the training could be achieved. 25% said that it still need a guidance to inform the new program or to share the experience in overcoming the problems about Norplant insertions and removal. 75% of the responden specially the midwives still need a special and detail course about counseling aspect and the technique to overcome the problems of side effect and complication. 2. 50% of the norplant executors who have not been trained were respondents who worked at the health center and who were not at the position to be trained, especially who lived in Jakarta. During the training activities the experience and skill in Norplant removal were not accepted (57% of the trainees). 2% respondents who had removal experience in the field has been described that sometimes the removal did not as smoothly as what has been explained during the training. Only 44% of the respondents got an opportunity doing removal in the Raden Saleh Clinic. 3. Norplant "demand" in East Java and Central Java was high enough, but in DKI Jakarta according to 76% respondents were relatively small although never lack of supply which was given. 10% of the respondent who work at the health center suggested the supply channel through the centers system could be shorter by gave the supply directly to the health centers. 67% of the respondents who work at the hospital and primary health center said that the monthly supply of 0-10 set Norplant were enough for their office. About the place for the supply of Norplant, 45% of the respondents answered that dispensaries can be used for one of the Norplant channel with the fair price that could be paid by the community. 43% of them hoped that the distribution through BKKBN channel and 12% of them hoped that it could be kept in the private doctor and private midwives too. 4. 61% of the respondents explained that the availability of the IEC equipment were not met the need at their working places, only 6% who have a complete set of the IEC. 60% said that the IEC of Norplant equipment were given after they finished the norplant training at Raden Saleh Clinic. 47% respondents said that information about norplant was given just before insertion, 31% give information at the insertion place, 22% respondents never give any information to the acceptors. All of respondents satisfied enough with the guidance book for workers about Norplant because of good content and easy understand. 54% respondents asked more information and equipment for counseling purposes. The posters about Norplant insertion technique were good and easily understood (31% respondents), but the pictures still difficult for to catch the message
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Recommendations	<p>Training</p> <ol style="list-style-type: none"> 1. The knowledge and skill about Norplant must be given through special training because it related with special aspect of technical skill. The knowledge could be given by using module. 2. It was better if the training were not conducted at the provincial level, but the team from the Center did it together in Regency Hospital, so the training atmosphere could be conducted as close as possible with the real situation. 3. It would be better if the training had been well planned and have enough time to create the cooperation among the FP field workers, midwives and doctors it could be started with recruited the acceptor candidates then the midwives gave the detail information and then the doctors inserted Norplant on the "D day" 4. Recommended to conduct a special training which cover removal skill and discuss about removal with complication cases and etc. When it was not enough acceptors for those purposes, it was recommended to give information through slides and videos. It would be better if the visualization also completed with some examples about the difficult removal cases. 5. For the isolated areas which is lack of doctor, it was recommended to utilize paramedical for Norplant insertion and removal. 6. It was recommended that 3 training modules which developed as the result of the research should be tested in the next Norplant training's. 7. Because the function of physical examination was important (physical abnormality examination of mothers, simple examination of pregnancy) and to prevent the Norplant removal before 5 years of use caused by pregnancy or health problems of from the acceptors, so the researchers suggested that physical examination for each acceptor candidates still needed. <p>Logistic</p> <ol style="list-style-type: none"> 1. It was founded that the center was too busy to give good distribution. It is important to think another alternative, such as through the logistic of contraceptive used by BKKBN (Central Province Regency). 2. Because the price was relatively expensive and so far the government was still fully responsible, so it still need the priority areas for Norplant distribution and not equally for each Province. 3. The researcher suggested to give at least one trocar for each agency which sent the people for training, with the priority for isolated areas and the pilot project Primary Health Center. 4. It was important to inform the community that eventhough the price of norplant is high but it can be used for five years, actually it was still relatively cheap, compare to other contraceptive methods such as the IUD and pill. 5. Some alternatives for the availability of Norplant and can be used for the target expanses: <ol style="list-style-type: none"> a. Government gives full contribution but use a limited target based on a certain criteria. b. Government gives half contribution and the rest of the expanses paid by the community. c. Prepare Norplant in free market such as at the pharmacy. The insertion could be done at the Family Planning clinic freely or at the private clinic as required by candidates. <p>The IEC of Norplant</p> <ol style="list-style-type: none"> 1. The need of information for the post used acceptors close by or after 5 years. 2. The need of posters for Norplant removal supported by examples of difficult cases. If possible it would be better through videos or slides because the removal were relatively rare. 3. If the cases for Norplant removal could not be found and it was the time for Norplant removal training, it was needed to prepare the visual aid such as phantom's sleeve which is similar with the original sleeve of human being. Phantom would be used as a human substitution in the Norplant insertion and removal practices. 4. It was needed to distribute equally and continuously the IEC equipment produced in central office because the region does not have it.
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No. 4

Title	Norplant Removal Study: Factors Associated With Due & Overdue 5 years
Author(s)	Joedo Prihartono
Duration	January - October 1990
Date of Report	December 1990
Institution(s) Involved	Yayasan Kusuma Buana
Donor Agency	the Population Council, USAID
Site(s)	Raden Saleh Clinic, Jakarta & Karyadi Hospital, Semarang
Methodology	1. Retrospective (2,376 records the registers of 1989-1990) 2. Prospective Study (100 visitors & 100 non visitors)
Objectives	1. To evaluate completeness of 5 yrs follow up & removal as well as factors influencing the acceptors return for removal after 5 yrs of use; 2. Whether or not measures are taken by the clinics to contact acceptors who didn't return for removal after 5 yrs; 3. Whether the women had any difficulty in obtaining removal & remembering the due date of removal; 4. Recommend BKKBN steps fo follow up of acceptors not attending after 5 yrs & improvements to clinical services for women attending for removal.
Findings	<p>Retrospective:</p> <ol style="list-style-type: none"> The majority of Norplant users have low formal educational level (80% from elementary scholl or less). The main reason for the women to come for removal is the completion of 5 yr period (85%), only 6% because of bleeding problems & 4% because desire additional babies. Around 57% of removal procedures were done by physicians, followed by trained midwives (30%) & the nurses 12%. Only 2.8% of users complained that all removal procedures were consisted of long time taken to complete the procedure and painful minor operation. The average removal time was 13.9 minutes. Only 8.6% of Norplant users came for removal after being reminded by the clinic (by letter, home visit or phone). Norplant is still populer & trusted by the previous users (34%), followed by injectables (11%), oral pill (7%) etc. <p>Prospective:</p> <ol style="list-style-type: none"> The educational level of non visitor group (98%) & visitor group (78%) were low. Only 4% of users could remember the date by themselves, while most of the others needed some assistance (53% by husbands and friends) Among those who have visited the clinics for removal, 30% of them felt that Norplant was the most suitable method, followed by oral pill (22%), injectibles (10%) & IUD (6%) The reasons for not coming for removal of the non-visitors were no money (37%), afraid (20%), still effective (10), amenorrhea (16%), forget (10%). All women in the non-visitor group had been using the method for more than 5 yr. Around 98% of this group had crossed 6.5 yrs and 2% of this group had been using the method for more than 7.5 yrs. 66 % of users in the non-visitor group preferred to go to the same clinics where they had obtained insertions, the others preferred to go to different facilities, clinics or private practices according to their own convenience. Almost half of the overdue users planned not to use any contraceptive method after the removal, and the others were chosen oral pill (22%), Norplant (22%), injectables (4%) & Sterilization (4%). Suggestions made by the visitors group for Norplant users remainders are: letter (40%), homo visit (34%) & local volunteer (22%). The non-visitors group preffered to rely more on local volunteers (74%) & regular follow-up (12%).
Recommendations	<ol style="list-style-type: none"> More attention should be paid to the older group & who come from low education level; Tracking system that involves the participation of the existing community institution should be done; Husband & the close family members or friends must be involved in the mechanism to remind the users of the date of removal;

	<ol style="list-style-type: none">4. The clinic staff must give much higher attention in counseling clients;5. Clear announcements should be made to the community that the government will provide facilities for removal free or discounted cost.
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No. 5

Title	KB Mandiri in the Rural Areas through Community Financing in Bali
Author(s)	I.A.M. Wirati & Made Sutarga
Duration	February 1990 - December 1990
Date of Report	February 1991
Institution(s) Involved	BKKBN Provincial Office & Yayasan Duta Kencana Denpasar
Donor Agency	USAID
Site(s)	Bali
Methodology	Pilot Project Community Financing
Objectives	<p>General :</p> <ol style="list-style-type: none"> 1. To change community behavior, especially FP acceptors so that they are willing to pay for FP services that they receive. 2. To increase the number of partial KB Mandiri acceptors who receive FP services in Banjar 3. To increase the target of Most Effective Methods (MKET) <p>Specific :</p> <ol style="list-style-type: none"> 1. To increase the percentage of acceptors who receive KB-Mandiri services 2. To increase the percentage of MKET acceptors 3. To increase the percentage of FP acceptors
Findings	<ol style="list-style-type: none"> 1. Not all community members know exactly about community financing. 2. Supplies (injectable, pill and condom) have been used. The number of active acceptors are higher than new acceptors. 3. There are still barriers in collecting donations from the community and its individual members 4. Most of expenditures were used for administrative support. Cases like side effects, referrals to hospitals, donation for tubectomy and vasectomy, etc. do not exist yet. 5. Recording & reporting system is running well. Because of work together with FP field workers.
Recommendations	<ol style="list-style-type: none"> 1. IEC for PLKB, group members, and clients need to be improved so that the idea of community financing is more acceptable in the community. 2. Collaboration with Puskesmas, doctors, and midwives private sector in the study areas needs to be improved. 3. Needs guidance from Local Government & integrated institutions..

No. 6

Title	The 1991 Norplant-Implant Use-Dynamics Diagnostic Study in Indonesia
Author(s)	Heru Kasidi & P.C. Miller
Duration	October - December 1991
Date of Report	May 1992
Institution(s) Involved	The Population Council, Jakarta, BKS-Penfin, Andalas University, PUBIO-BKKBN, & BKKBN Provincial Office
Donor Agency	USAID
Site(s)	West Sumatra, West Java
Methodology	Dynamics Diagnostic Study
Objectives	<ol style="list-style-type: none"> 1. To supplement existing information with field-based observations on the implant program, with particular reference to the issue of mass campaign service delivery; 2. To obtain information to guide development of the larger Use-Dynamics Study, particularly regarding the state of records keeping
Findings	<p>Quality of Services</p> <p>Medical aspects:</p> <ol style="list-style-type: none"> 1. Removals were sometimes difficult due to poor placement at insertion; 2. Since the implant's popularity is it does not involve genital touching, providers were uncertain about the need for a pelvic examination. <p>Information & Counseling:</p> <ol style="list-style-type: none"> 1. Due to lack of materials, inadequate training & lack of time providers are unable to provide adequate information & counseling; 2. It was not clear what priority was given to counseling. <p>Follow-up & Continuity:</p> <ol style="list-style-type: none"> 1. No routine follow-up appointments; 2. Return visits rarely recorded in clinic records therefore how often users returns to clinics are unknown; 3. of the 120 sampled, 17 were lost to follow up: 11 had moved, 3 were not at home & 3 were not known. <p>Record-Keeping</p> <ol style="list-style-type: none"> 1. In W. Sumatra, clients formal names at the registration books different from their informal names which is known to neighbors & Site(s)ers; 2. The K-IV card has acceptance information on the front & space for follow-up & removal information on the back - Some K-IV forms were misfiled, the front & the back were not filed at the same place.
Recommendations	<ol style="list-style-type: none"> 1. Distribute the Norplant acceptor registers to Puskesmas. This should be done retrospectively (to facilitate locating clients for removal) & prospectively (to maintain better contact & follow up); 2. Prohibition on insertions by non physicians & in non clinical settings should be reviewed; 3. Improved training for providers which emphasized on; 1) proper counseling; 2) guidelines for removal & 3) aseptic technique; 4. A set of OR studies to determine an appropriate mix of IEC materials for health centers & communities with cost alternatives. 5. Send implant specialists on a brief visit to each kabupaten by teaching & exhorting the implementation of a few key procedures, as follows: keeping & using a log for norplant acceptors; ensuring availability & appropriate use of IEC materials; clarifying removals policy; clarifying appropriate treatment for prolonged bleeding; & improving training procedures, including proper guidelines for training & how to match supply & demand for insertions & removals. 6. A series of actions should be begun immediately, as follows: 7. Determination of how many of which materials have been printed & sent where. 8. Investigation into development of the material & the nature of testing for target

	<p>population.</p> <p>9. Investigation into availability of funding for substantial printing & distribution of an appropriate set of IEC materials.</p>
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No. 7

Title	The Effectiveness of the Practical Guidance for FP Workers in the Field in Norplant Services in East Java.
Author(s)	Joedo Prihartono, Maria Anggraeni, Hitima Wardhani, Leli Asih
Duration	1992-1993
Date of Report	1993
Institution(s) Involved	PUBIO - BKKBN
Donor Agency	World Bank
Site(s)	East Java (District Probolinggo & District Malang)
Methodology	Quasi experiment. Number of sample: 203 acceptors during pre intervention (103 acceptors in Probolinggo & 100 acceptors in Malang) and 180 acceptors during post intervention (98 acceptors in Probolinggo & 82 acceptors in Malang)
Objectives	<p>General :</p> <ol style="list-style-type: none"> To assist government program in improving quality of Norplant services, especially on counseling. <p>Specific :</p> <ol style="list-style-type: none"> What is the impact of giving special information before insertions on Norplant users' satisfaction compare with counseling; the effectiveness of the practical FP workers' guidance book in giving information, especially before insertions.
Findings	<ol style="list-style-type: none"> Level of knowledge on Norplant significantly increased ($p < 0.05$) in both study sites. Quality of services in clinic in Probolinggo (examinations on weight, varicose veins and breasts) increased, while in Malang is only examination on weight). Impression and satisfaction with services were significantly increased in both study sites. The field guidance is very usefull for FP workers, although it still needs to be revised. The involvement of FP workers in district level is very crucial in accepting Norplant services program in the field. Economic factor in the community still determines accepting Norplant services. Due to self reliance (Kemandirian) program, the target acceptors in Malang decreased.
Recommendations	<ol style="list-style-type: none"> Distribute the manual of Norplant practical guidance for FP field workers. Intensive and guided training for field workers & PPKBD to increase their involvement in the quality of Norplant services. To develop a practical guidance book on other contraceptives to increase the quality of FP program in Indonesia.

No. 8

Title	The 1992 Indonesia Norplant Use-Dynamics Study.
Duration	December 1991 - February 1993
Date of Report	March 1993
Institution(s) Involved	The Population Council, Jakarta, BKS PENFIN, Andalas University, BKKBN Central & Provincial Office
Donor Agency	USAID
Site(s)	West Sumatra, West Java
Methodology	Diagnostic Study
Objectives	<p>Norplant Use-dynamics :</p> <ol style="list-style-type: none"> To obtain reliable estimates of overall continuation, failure & removal rates; To obtain information on frequency & reasons for early removal of Norplant; To obtain information on the use of Norplant beyond the recommended five years & reasons for failing to return for five year removal. <p>Quality of Norplant Service :</p> <ol style="list-style-type: none"> To examine the extent to which Norplant acceptors were informed regarding contraceptive choice; To examine the extent to which norplant acceptors were provided with information concerning possible side effects, treatment, follow-up visits, & were screened for contraindications; To obtain information on the frequency, types, & treatment mechanism of post insertion; To examine knowledge & practice among service providers & field workers regarding screening, counseling , side-effects, pre insertion procedures, insertion & removal procedures inc. aseptic conditions, treatment, & follow-up mechanism; <p>Variation in use-dynamics & Quality of Care :</p> <ol style="list-style-type: none"> To study variations in use-dynamics & qoc according to client characteristics, geographical location, & types & quality of service delivery mechanisms.
Findings	<p>Knowledge on Particular of Norplant Implant (N=3,107)</p> <ol style="list-style-type: none"> 77% acceptors knew that Norplant Implant contained 6 capsules; 91% knew that the method is effective for 5 years; & 94% said that it should be removed at the end of 5 years; Only 46% acceptors knew that Norplant can be removed before 5 years. <p>Lost To Follow-Up</p> <ol style="list-style-type: none"> of the 3,107 sampled, 1,287 were from W. Sumatra, 1,820 were from W. Java. In W. Sumatra there were 66 lost to follow-up cases during the interview period. Of that 66 cases, 28 refused to be interviewed, 20 had moved, 2 were not at home & 16 were due to other reasons. While in W. Java there were 242 due to 162 had moved, 44 were not at home & 37 were address not found. <p>Others :</p> <ol style="list-style-type: none"> the 5 yrs continuation rate was 55% in W. Sumatra & 33% in W. Java; Cumulative continuation rates at 54, 60, 66, 72 months tend to be lower in W. Java; Early removal (<1 yr) is less than 5% in both areas; The proportion of the acceptors who did not show up for the 5 yrs removal is not substantial; The continuation rate are higher among older women, women with 3 or more living children, women whose youngest child was 3 yrs or older at the time of acceptance; The continuation rate at the fifth yrs is low among acceptors who did not use any contraceptive before Norplant; Cumulative continuation rate at 3, 4, 5 yrs are lower among acceptors who wanted more children in the future than who did not want more or not sure; the 5 yrs continuation rate is higher among acceptors who received Norplant during SAFARIs than who did not; the cumulative continuation rates over 4 yrs in W. Java is 26%, in W. Sumatra is 14% greater among acceptorss who didn't know of the possibility of removing Noprlant before 5 yrs than who knew; the 5 yrs continuation rate is higher among acceptors who talked to health workers & had a physical examinations before the insertions compared to acceptors who didn't talk & did not have a physical examinations; Level of knowledge regarding Norplant was low among providers, field workers & volunteers.
Recommendations	<ol style="list-style-type: none"> Provide an IEC materials for providers & field workers. Retraining of trainers. Small scale demonstration study to improve knowledge of providers, field workers, clients, & volunteers. A study to review the tracking system for removal. Institutionalization of the Norplant method into all training programs which has FP component

No. 9

Title	Improving Implementation of PPKBD Tasks in Order to Consolidate Active FP participants in West Kalimantan.
Author(s)	Memet Agustiar
Duration	Augustus 1992 - July 1993
Date of Report	September 1993
Institution(s) Involved	BKKBN Provincial office & Population Study Center & Tanjungpura University
Donor Agency	NA
Site(s)	West Kalimantan (District Sanggau, Sintang and Pontianak)
Methodology	Qualitative
Objectives	<ol style="list-style-type: none"> 1. To observe the development of PPKBDs' tasks & function and to test what factors determined their success; 2. To evaluate the impacts of OR towards the development of active FP participants & PPKBD's status.
Findings	<ol style="list-style-type: none"> 1. 30% of PPKBDs have been working as PPKBD for more than 8 years; 2. 17% of PPKBDs just worked as PPKBD; 3. 93% of PPKBDs had done motivation to ELCOs & 90% to active FP participants; 4. 83% of PPKBDs had distributed oral pills & only 63% distributed condoms; 5. Only 13% of PPKBDs did not made a regular report; 6. 76% of PPKBDs had been involved/actived in Posyandu, while only 34% had been actived in UPPKA; <p>1 19 of 74 PPKBDs were categorized as "very good"; 41 PPKBDs were "quite good", and 14 were "not so good".</p>
Recommendations	<ol style="list-style-type: none"> 1. Training & guidance for PPKBD should focus on the aspects of PPKBD's tasks & function; 2. Training & guidance that could increase basic knowledge on clinical care is a strategic dimension for PPKBDs to implement their duties, especially on functions of self-reliance and service.

No. 10

Title	Review of Existing Norplant Implant Acceptor Tracking System
Duration	September - December 1993
Date of Report	December 1993
Institution(s) Involved	The Population Council, Jakarta, YKB, PUBIO-BKKBN & BKKBN Provincial
Donor Agency	USAID]
Site(s)	W. Sumatra, W. Java, E. Java, NTB
Methodology	Qualitative approach: Indepth Interview
Objectives	<ol style="list-style-type: none"> 1. To assess the readiness of provincial & local authorities for five-year removal of Norplant implants; 2. To list & describe acceptor tracking systems for five-year removal currently in use at provincial & local levels.
Findings	<ol style="list-style-type: none"> 1. The tracking system used in E. Java, W. Java & N. Sumatra was based on a hierrarchical approach; 2. Health center personnel rely on field workers for futher contact with due or overdue clients; 3. the follow-up visits by health center staff tend to be cluster around the first six months of insertion; 4. the Posyandu is the best location to pass on the message about removal time for educated clients, the availability of K-I/KB is very useful; 5. for post-partum clients, the youngest age child is the way to remember time to remove; 6. the system can be worked well if the awareness of need & the sense of belonging among all levels of personnel is strong.
Recommendations	<ol style="list-style-type: none"> 1. Coordination, close supervision, & routine meetings are important requirements for the success of tracking system; 2. To strengthen this system BKKBN still needs to study further its implementation with intensive monitoring & supervision . The surveillance system in five sumatra provinces will be the appropriate OR activity to test this mechanism; 3. This system has helped guarantee the removals in E.Java W. Java, & some districts in West Sumatra. Therefore other provinces should strengthen this mechanism.

No. 11

Title	Final Report of the Peer Review Operations Research Project: The Feasibility of Establishing A Self-Sustaining IBI Peer Review Program to Improve Private Sector Family Planning Services in Indonesia
Author(s)	Rosini Karsono
Duration	April 1992 - September 1993
Date of Report	December 10, 1993
Institution(s) Involved	IBI, American College of Nurse-Midwives (ACNM), University Research Corporation (URC)
Donor Agency	USAID
Site(s)	Central Java
Methodology	Pilot tested
Objectives	1. To develop and test the feasibility of the establishing a self-sustaining peer review program, using peer review (PR) and fundraising (FR) committees functioning within local IBI chapters as a way to improve the quality of family planning (FP) services provided by bidans in private practice in Indonesia.
Findings	<ol style="list-style-type: none"> 1. <i>Peer review is feasible.</i> All activities in the PR model can be carried out by the PR and FR committees. 2. <i>Peer review is beneficial.</i> Peer review is useful as a model of quality assurance, for identifying strengths and weakness in performance and addressing these through individual feedback and continuing education for all midwives. 3. <i>Peer review is probably sustainable if modifications are made in the peer review process.</i> The fundraising activities are able to support all the cost associated with conducting peer review.

Recommendations	<ol style="list-style-type: none"> 1. Local IBI chapters should be given encouragement, appropriate technical support, and explicit responsibility for quality assurance. Quality assurance activities should include midwives and practice sites other than BPS, such as bidan di desa working in the villages, midwives working in the government health centers, and midwives working in birthing centers and hospitals. PR should include the full scope of midwifery care, not just FP. It should also include management issues like recording and equipment maintenance; clinical topics should deal with risk-screening based on types of cases referred as well as care provided by the midwife; 2. A stronger and more complete set of midwifery practice standards/clinical guidelines should be developed before continuing or expanding peer review. These guidelines should be revised as needed in order to be in agreement with international standards. The advice of available experts should be sought as needed for the drafting of any additional SOPs and related checklists. The SOPs should include, or be developed specifically for the management of side-effects and complications; 3. Checklists based on these midwifery SOPs/clinical guidelines used for PR should emphasize the process/performance of procedures for all routine services as well as for the management of side effects and complications. Both approaches should be tested and the results compared; 4. Continuing education should be based on the learning needs of midwives and problems identified in their practices. Continuing education should continue whether or not PR is continued. Sessions should include presentations by IBI members with supplementation by outside experts as needed e.g. midwifery instructors and obstetrician-gynecologists. The expertise of chapter training teams should also be utilized in the preparation and presentation of the sessions. 5. Fundraising committees should be organized and provided with start-up capital to raise money for chapter-level quality assurance and continuing education programs; 6. During any continuation or replication of this project, all committees should include a mixture of both board members and younger midwives. Old members should overlap with and orient new members. The tenure of committee members should be from 1-3 years depending on the local situations; 7. Continued monitoring of this project should be carried out through summer of fall of 1994 in order to determine the long-term sustainability of this model of peer review; 8. Special IBI projects should focus on maternal health as well as family planning; 9. IBI chapters should institutionalize outreach to bidan di desa, the youngest, least well trained, least experienced and most isolated members of their profession; and 10. If peer review is continued, it is recommended that monitoring forms be limited to a single quarterly report form from each PR committee with: a summary of the findings from the site visits, feedback from the midwives reviewed, and feedback from the participants at the continuing education sessions(s) and a single quarterly report from each FR committee with monthly balance sheets. Checklists can be used for peer review and also, if desired, for self assessment by midwives or by midwife "supervisors" for evaluation of their staff.
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No. 12

Title	Norplant Surveillance System in Five Sumatra Provinces.
Author(s)	Joedo Prihartono
Duration	1991 - 1993
Date of Report	1994.
Institution(s) Involved	Yayasan Kusuma Buana, BKKBN
Donor Agency	ADB
Site(s)	1. Aceh : Kodya Banda Aceh 2. Riau : Kodya Pakan Baru & Kodya Batam 3. Jambi : Kodya Jambi 4. Lampung : Kodya Bandar Lampung & Kab. Lampung Tengah. 5. Bengkulu : Kod. Bengkulu
Methodology	Based on its field operational strategy, surveillance program can be divided to : 1) Determine operational problems; 2) Development of Norplant surveillance system; 3) Intervention of Norplant surveillance system; and 4) Dissemination of results
Objectives	General : To improve the quality of Norplant services in five Sumatra provinces. Specific : 1. To detect serious complications & side effects with low incidence rates which could not be detected in previous studies; 2. To monitor medical service quality including insertions, follows-up, and removals; 3. To monitor the quality of counseling activities for the Norplant users; 4. To monitor the impact of training program on insertion & removal; To trace back those acceptors who are reaching 5-year period of use.
Findings	Preparational Phase : 1. Conducted in 5 provinces and ending in November 1993. 2. Basically , supplies of the currently used FP MIS tools such as K-IV, R-I/KB, & R-I/PUS were enough in the five study sites. Implementation Phase : 1. The involvement of clinic staff in Riau in completing the matrix form was poor; 2. Submission of the completed matrix form was actively done in Bengkulu, Pekanbaru, & Jambi (85%), whereas in other areas was still under 50%; 3. In Batam, the retrieval of the completed form from the clinic site is not consistency done, so the information does not provide fair comparison with other areas; 4. Only Lampung, Jambi & Banda Aceh have compiled the Norplant acceptor's register in completion for Kodya level. From that register we found that in Kodya Bengkulu there were 250 Norplant acceptors, 208 Norplant acceptors in Jambi & 185 Norplant acceptors in Lampung who required Norplant removal. Worker involvement 1. Bengkulu as a Kodya with PPKBD involvement was very high, all the PPKBDs have used the ELCO's map as a tool to trace a Norplant acceptor who needs removal. They put the date of removal in that map. Followed by Lampung Tengah (73%) and Aceh (50%). Other areas were passive, especially Batam and Pakan Baru, the PPKBDs just waiting for the acceptors to present themselves. Factors which influenced 1. Because the fee for removal in Bengkulu was expensive, that condition made acceptors always report when their Norplant needed to be removed. If they reported, they just paid 50% of the total removal cost. If they did not report, they didn't get a discount; 2. Because the workers in Jambi were very active in developing this surveillance system, they were able to disseminate the system to other districts. 3. In Batam, a weak tracking system exists because this community has an individualistic rather than interdependent style of community interactions.
Recommendations	1. Refresher training for workers at Kodya/Kabupaten and village level should be done. 2. Funding for management should be allocated directly to Kodya / Kabupaten level. 3. Needs for intensive monitoring, coordination, and regular meetings. 4. Increase the frequency of monitoring and supervision from center. 5. Additional research is needed to focus on the specific factors that promote the smooth function of the Norplant surveillance system.

No. 13

Title	Norplant IEC Situation Analysis in Two Provinces
Author(s)	PT. Surindo Utama
Duration	October 1992 - March 1993
Date of Report	1994
Institution(s) Involved	PT. Surindo Utama
Donor Agency	The Population Council, Jakarta
Site(s)	W. Java & W. Sumatera
Methodology	Qualitative Research (indepth interview, FGD & observation)
Objectives	<p>General : To review the mechanism of preparation distribution and effectiveness of Norplant IEC materials in Indonesia.</p> <p>Specific :</p> <p><i>1. Availability Assessment</i></p> <ol style="list-style-type: none"> 1. Inventory and review all Norplant IEC print and audiovisual materials developed by any related parties; 2. Assess constraint to availability and use of print materials developed by any related parties; 3. Assess the role of audiovisual media in promoting the use and understanding of Norplant; 4. Assess distribution system for Norplant IEC materials at the central, provincial and district levels. <p><i>2. Quality Assessment</i></p> <ol style="list-style-type: none"> 1. Select a minimum of two widely used Norplant IEC print materials and assess the quality of content; 2. Assess content and quality of Norplant information exchange by the providers to acceptors; 3. Describe the method of material development.
Findings	<ol style="list-style-type: none"> 1. The availability of Norplant IEC materials for prospective acceptors. <ol style="list-style-type: none"> 1. For prospective acceptors in W. Sumatra and W. Java, the name Norplant is relatively unknown (in W. Sumatra, some respondents thought that implant, susuk & Norplant were differing contraceptive methods). Information about Norplant is obtained from midwives; Puskesmas workers; friends; the materials (LIBI leaflets, booklets, and posters that contained several other contraceptives); newspaper; & program on TV. The FP workers provided information verbally, without explanatory devices & Norplant samples. 2. In W. Sumatera, respondents who heard of Norplant from health or sexology columns in the local newspapers. In W. Java, some respondents learned about it from health programs on TV. 3. Information about Norplant among respondents were still not enough. There were respondents in W. Sumatra who believed that Norplant was contraceptive for males. Rumors about Norplant among acceptors still bothered and were made an issue, like Norplant could find its way to the liver, heart and eardrums. Health workers' attitudes were not also enthusiastic about recommending Norplant to the public. 2. The availability of Norplant IEC materials among service and field workers. <ol style="list-style-type: none"> 1. The Norplant IEC materials were only available at pharmacies, doctors/midwives and public health center. Information about Norplant was given by midwives or doctors to the public or other field workers during training sessions, usually verbally. According to Midwives and doctors, the materials had not been sufficiently distributed and developed, and usually combined with other IEC materials of effective and selective methods. Besides a lack or variety in available materials, number were also quite limited. Oftentimes when they needed, materials was not available because it borrowed by Site(s)ers during giving information. 3. Obstacles and Problems encountered regarding the availability of Norplant IEC materials. <ol style="list-style-type: none"> 1. Problems stemming from audience attitudes: minimal readership habits, excessive humility of PPKBD cadres, midwives' attitudes of de-emphasizing Norplant, doctors' attitudes of neglecting to provide information and attitudes of the Site(s)ers regarding contraception usage targets in their respective areas. 2. Problems encountered due to the limited amounts of material 3. Problems of development procedures: limits time frame, lack of any research, limited creative skills, increases in development costs 4. Uncontrolled obstacles to distribution 4. IEC materials through audiovisual media <ol style="list-style-type: none"> 1. Promoting the Norplant IEC materials through audiovisual media developed previously was found ineffective for wide public use, because it contained instructions on Norplant insertion.
Recommendations	(No recommendation)

No. 14

Title	A Situation Analysis of The Government Run Service Delivery Points for FP in Indonesia
Duration	September 1993 - August 1994
Date of Report	August 1994
Institution(s) Involved	The Population Council, Jakarta, PUBIO - BKKBN
Donor Agency	AVSC
Site(s)	W. Java, C. Java, E. Java, S. Sulawesi, Lampung, N. Sumatra, S. Sumatra, W. Sumatra, NTB
Methodology	Situation Analysis Study
Objectives	1. To describe the functioning, availability, & quality of FP service delivery at the public run SDPs.
Findings	<p>SDP Caseload</p> <ol style="list-style-type: none"> Up to 5.8 FP clients visited the SDP during the two-day visit; Between 29 and 119 new FP clients a month came to a SDP for FP information & services; As many as 1,222 visits were made to a SDP in month by FP users. <p>Client Distribution</p> <ol style="list-style-type: none"> As many as 60% of the FP new clients were served by 25% of SDPs. <p>Client Visit</p> <ol style="list-style-type: none"> 62% of those who visited the SDPs were FP users in for a regular follow-up, a follow-up with problems, changing or discontinuing their method; 63% of the clients chose a long-term method. <p>Accessibility</p> <ol style="list-style-type: none"> Some SDPs were open at 7 AM & almost all SDPs were open at 8:30 AM. The SDPs were open for four to five hours a day for FP. Some SDPs were open for FP services everyday & some provided a few days in a week. <p>Proximity</p> <ol style="list-style-type: none"> Between 76% & 93% of the FP clients reside close to SDPs. It required 27 minutes for the clients to reach the SDPs. 57% of the FP clients knew only the SDP which she was visiting <p>Costs</p> <ol style="list-style-type: none"> 85% of the FP clients paid for registration, contraceptive, medicine, transportation, and/or other services on the day of their visit. On an average it cost Rp 4,221 for one person. <p>Facilities</p> <ol style="list-style-type: none"> Between 37% & 89% of the SDPs had piped running water; Nearly all had a waiting room/place & examination room for FP clients; A counseling room was available at between 39% & 97% of the SDPs. Between 54% and 98% had visual privacy in examination rooms/areas. <p>Equipment</p> <ol style="list-style-type: none"> Nearly all SDPs had specula, uterine sounds, an examination table, a stethoscope, blood pressure equipment, and scissors; Only between 23% and 74% of the SDPs had a sterilizer; 63% of the SDPs had sterilized gloves; Between 64% and 95% had needles & syringes

Staffing

1. Midwives were on duty at most of the SDPs (at least one between 80% and 100% of the SDPs) while doctors and nurses were scarce ;
2. Between 32% and 92% had at least one doctor while between 22% and 71% had nurses;
3. Midwives had been working in FP as long as 13 yrs, doctors had 6 yrs, and nurses 10 yrs.

Training

1. More than half of the providers had their theoretical or practical training more than four years previously in all sampled provinces with exception to NTB;
2. Between 16% and 47% of the service providers felt that the training was adequate

IEC

1. Between 29% and 73% had visible FP sign announcing the availability of FP services;
2. Posters were seen on walls at between 40% and 81% of the SDPs;
3. Less than half of SDPs had flipcharts & anatomical models;
4. FP brochures & information sheets were available in approximately one-third of the SDPs;
5. The use of these IEC materials during counseling & consultation was rare;
6. Most of IEC activities are supposed to take place at the community level.

FP commodities

1. Differences between methods provided & methods available were found to be at least available with regards to combined oral pills;
2. A few SDPs did have supplies (Copper T 380A, Copper T220, Noristerate, & Implants).

Logistic System

1. 90% or higher of the SDPs had a system to record FP commodities received & dispersed;
2. Between 14% and 81% stored commodities according to their date of expiration;
3. Between 58% and 88% had storage facilities protected from rain/sun & insects with steel or wooden cabinets.

Interaction

1. Midwives were the most prominent providers who provided information, counseling & services. They spent between 11 minutes and 52 minutes with the clients.

Counseling

1. The most frequently mentioned methods were oral pills, injectables, IUDs, & Implants;
2. Very small proportions of the clients were told of condoms, or female & male sterilization;
3. Small proportions of the clients were told how the method works, possible side-effects, and how to deal with side-effects;
4. Client's reproductive goals were discussed in 43% of the interactions at the most;
5. Possibility of switching a method was mentioned in a maximum of 43% of the interactions.

Provider's preference

1. For delaying the first birth, providers recommended pills and condoms;
2. For spacing births they recommended pills, injectables, and Implants;
3. For limiting births most of them recommended tubectomy and vasectomy.

Medical examination

1. Up to half of the clients were asked about their history of vaginal bleeding, 40% about vaginal discharge, and 27% about pelvic pain.

Aseptic technique

1. Between 44% and 94% of the clients had a pelvic examination using a sterile speculum;
2. 54% of the providers washed their hands before examining clients;
3. Sterilized gloves were used in 37% to 97% of the cases.

	<p>Provider's knowledge</p> <ol style="list-style-type: none"> 1. Three-fourth of the providers knew that IUDs might cause heavy bleeding and spotting; 2. One-third or less of them knew that clients might experience changes in menstrual patterns due to Implants; 3. One-third of them knew that CT 380A was effective for 8 years. <p>Constellation of services</p> <ol style="list-style-type: none"> 1. A very small proportion of either the clients or the providers discussed other health issues during the provider-client interactions; 2. Between 8% and 36% of the clients who heard of AIDS expressed their willingness to discuss it with providers. <p>Client satisfaction</p> <ol style="list-style-type: none"> 1. Between 29% and 69% of the FP clients who had consultation & treatment for side-effects felt that the assistance was satisfactory; 2. 28% felt that the waiting time was very long or long. <p>Potential LTM clients</p> <ol style="list-style-type: none"> 1. Small proportion of the non FP clients (potential LTM clients) knew of permanent methods (a maximum of 44% for female sterilization); 2. The percentage of those who ever used LTM (implant & IUD) was very low (a maximum of 22% for IUD) compared to oral pills or injectables.
Recommendations	<p>A. Training</p> <ol style="list-style-type: none"> 1. Skill training for doctors, midwives, paramedics on LTM. 2. Training to improve knowledge on LTM for FPFWs, health cadres, community, & religious leaders. 3. Refreshing training focusing on discussion and find solution on problems during service delivery. 4. Training counseling to improve provider - client interactions & information giving activities on LTM. <p>B.Provision of equipment & facilities.</p> <p>C. IEC</p> <ol style="list-style-type: none"> 1. Provide IEC materials 2. Use Mass Media - Social Marketing approach for sterilization may be considered.

No. 15

Title	Improving Rural KB Mandiri through Improving the Distribution of Contraceptives, Private Sector Midwives and Community Participation in West Java.
Author(s)	Eko Budiarto
Duration	April 1993 - November 1994
Date of Report	1994
Institution(s) Involved	BKKBN Provincial Office West Java
Donor Agency	USAID
Site(s)	West Java
Methodology	Qualitative : Structured interviewed
Objectives	<p>General :</p> <ol style="list-style-type: none"> To find a way to encourage village midwives (<i>bidan di desa</i>) to stay at their assigned work sites and also to open private practices. <p>Specific :</p> <ol style="list-style-type: none"> To optimize the functions of the village in KB Mandiri service in rural areas. To know the community participation in KB Mandiri To know the ease of distribution and keterjangkauan of Blue Circle Gold Circle contraceptives to the villages. To optimize the PPKBD/Sub PPKBD in referral KB Mandiri acceptors to village midwives' private practice
Findings	<ol style="list-style-type: none"> Midwives that stayed at their places of service have reached 74%, from only 24% previously. FP participants reached 84%, the highest FP service provided by the midwives that is used by the public is the injectable method at 48% (previously injectable acceptor service was 37%). For KB Mandiri service, 77.4% of the public paid (which previously was 73.7%). The largest payments made by community members to the midwives for services (the highest is Rp 3000-4000) reached 28.3%, previously it was 17.8%). The greatest area of cooperation between midwife and PPKBD or SubPPKBD is motivating ELCO (77%). The midwives source of contraceptives from pharmacies increased 10% point (before it was 30%, after the evaluation it became 40%).
Recommendations	<ol style="list-style-type: none"> The model intervention that was is developed for this OR study be continued and developed in other regencies in West Java. Rearrangements should be made in midwife placement is carried out so that they stay in their assigned sites through cooperation between BKKBN and the local health department as well as the local government. PPKBD/SubPPKBD should equipped with KB Mandiri IEC material media so that they can intensify their activities. In developing their liaison worker to become a Village FP Contraceptive Post working on distribution activities between the Referral Pharmacy & the village midwives, it is best to develop cooperation between ISFI (the Indonesian Pharmacists Association) and BKKBN, as well as the local health departmennt.

No. 16

Title	Improving Rural KB Mandiri through Improving the Role of Private Sector Midwives and Rural Community Institutions in East Java
Author(s)	Kesuma Halim et al
Duration	April 1993 - November 1994
Date of Report	December 1994
Institution(s) Involved	BKKBN Provincial Office East Java
Donor Agency	USAID
Site(s)	East Java
Methodology	Intervention
Objectives	<ol style="list-style-type: none"> 1. To increase the number of KB Mandiri participants who take advantage of the services of private practice midwives (BPS) 2. To secure a private sector contraceptive distribution channel to the BPS and to develop a mechanism to encourage community support for KB Mandiri services from the BPS.
Findings	<ol style="list-style-type: none"> 1. The number of new acceptors served by BPS after training has increased, the highest percentage is 30.4%. 2. The most popular contraceptive used by FP participants is the injectable. 3. Coordination with community institutions which support midwife services is mainly in the field looking for new acceptors. 4. Acceptors receiving FP from midwives reached 74.5%, due to increases in individual awareness. 5. Almost all midwives (87%) in the intervention sites received guidance & training from the BKKBN / health team.
Recommendations	<ol style="list-style-type: none"> 1. Midwives who are to be placed in rural areas need to be equipped with sufficient knowledge and skills and need to be supported with a facility and equipment to enable them to develop their services. 2. All midwives need to undertake their own promotion for their KB Mandiri services, in addition to securing coordination with community institutions. 3. Support & supervisions

No. 17

Title	Improving the Role of the Private Sector Midwife through the Improvement of Rural KB Mandiri in South Sumatra.
Author(s)	Yoyok Hendarso
Duration	April 1994 - September 1995
Date of Report	November 1995
Institution(s) Involved	the Socio-Cultural Research Center, Sriwijaya University, & BKKBN Provincial Office
Donor Agency	USAID
Site(s)	South Sumatra (District Lahat & District Mura)
Methodology	Pre- & Post Interventioin. Sample design : 20 midwives, 200 ELCOs, 40 community institutions
Objectives	<ol style="list-style-type: none"> 1. To increase the number of KB Mandiri participants who use Private Practice Midwives (BPS) or village midwives; 2. To create a contraceptive distribution channel to the BPS or village midwife; 3. To improve the role of community institutions in promoting BPS/village midwife services.
Findings	<ol style="list-style-type: none"> 1. 84% of ELCOs agreed with the KB Mandiri program; 2. The injectable was the method most preferred by ELCOs (30.5%); 3. 86% of ELCOs were quite satisfied with midwife services; 4. Fully 66.5% of those who received FP services paid for them in full; 5. The major contraceptive source for the midwife was IBI & pharmacies; 6. The contraceptive distribution in the pharmacy is not running smoothly & also the price is to still be expensive; 7. The counseling service provided by the community institutions is still weak.
Recommendations	<ol style="list-style-type: none"> 1. To increase KB Mandiri, it is best to consider how to produce a large amount of manuals for distribution to other regencies in South Sumatra; 2. The PPLKB & PLKB need to provide guidance to the PPKBD and SubPPKBD regarding management of community institutions; 3. For new village midwives, it would be desirable to begin thinking of their tasks & roles in providing KB Mandiri services as well as getting them motivated to look for new acceptors

No. 18

Title	Improving Family Planning Self-sufficiency through Strengthening the Role of the Village Midwives and Community Participation in North Sumatra.
Author(s)	Linda T. Maas
Duration	March 1994 - February 1995
Date of Report	March 1995
Institution(s) Involved	BKKBN Provincial Office North Sumatra
Donor Agency	USAID
Site(s)	North Sumatra
Methodology	Qualitative & Quantitative
Objectives	1. To find a way to get the community to want to utilize the services of the village midwife in order to increase the number of KB Mandiri acceptors by creating a contraceptive distribution channel through the village midwife and by increasing the community's role in managing the community fund.
Findings	<ol style="list-style-type: none"> 1. The potential for the the community adopting KB Mandiri is actually quite large (50% are category Family Welfare II / KS II). 2. Midwives who provide FP services is also high (73.6%), which is compatible with the proportion of the community that believes it is the best for FP services to be provided by midwives (80.8%). 3. The proportion of the community willing to pay between Rp 3,000 - 5,000 for service costs is 46.4%. 4. The availability of Blue Circle & Gold Circle contraceptive is 96.3%. 5. The information on KB Mandiri provided by community institutions is 94.8%, and those who receive the information (ELCO community) is 95.5%. 6. The majority of the community agreed with the community funding system (51.1%) and according to them, funds collected should be utilized for assisting the KB Mandiri (69.2%)
Recommendations	<ol style="list-style-type: none"> 1. Continual supervision & monitoring is needed from BKKBN toward KB Mandiri management and from PPLKBs toward community institutions. 2. Village midwives should be encouraged to give priority to selling Blue Circle/Gold Circle contraceptives to families in the FW II, FW III, and FW III+ categories, so that the provision of free contraceptives will gradually be reduced. 3. Special guidance is needed from local IBI chapters toward the village midwives with respect to service quality. 4. The existing distribution channel should be maintained, only the optimization of its execution needs to be improved.

No. 19

Title	Follow - Up Study Among IUD Acceptors of Java
Duration	June - April 1995
Date of Report	April, 1995
Institution(s) Involved	The Population Council, Jakarta, Diponegoro University, Airlangga University, BKS PENFIN, PUBIO-BKKBN
Donor Agency	World Bank
Site(s)	Central Java, East Java, & West Java
Methodology	Diagnostic Study
Objectives	<p>Estimate the percentage of IUD acceptors</p> <ol style="list-style-type: none"> 1. Who received follow-up care (at home or at a clinic); 2. Who experienced side-effects & type of side-effects; 3. Who retained the IUD by month following acceptance & failure rates; 4. Who discontinued use & switched methods (incl. reinsertion at a previous clinic or a different clinic); 5. Determine how reported side effects & complications were managed; 6. Whether reported side effects & discontinuation rates differ according to various socio-demographic characteristics of acceptors, service type (govern. vs private) & type of IUD
Findings	<ol style="list-style-type: none"> 1. 60% of IUD acceptors were using the LL & had inserted at government SDPs (91%); 2. 69% knew what type of IUD they were using & first follo-up visit should occur after one week (72%); 3. Knowledge of side-effects & how to handle were low. For those who knew about possible side-effects & what actions should be taken were higher among those women who used private sources as compared to public sources; 4. Almost all the acceptors were not visited by a health worker after inserted. More than four-fifths of the acceptors went to see their health worker at least once after insertion, while one-fifth never visited the health worker; 5. 86% of acceptors had their IUD inserted free of charge, 73% had IUD removed free of charge, while only 47% received counseling for side-effects free of charge; 6. 85% continued to use the IUD through the first year, 77% through the second year, 66% through the thord year, 61% through the fourth year & 54% through the fifth year; 7. Termination rates due to side-effects, IUD expulsion, and accidental pregnancy were found to increase over the years.
Recommendations	<ol style="list-style-type: none"> 1. Copper T 380A should be given as an alternative . This IUD would result less burden on the providers, managers, & clients. 2. Providers should be trained in all different type of IUD. 3. FP clinics should have adequate stock of all type of IUD to give choice to potential clients. 4. Contact between health workers/volunteers & clients should be improved to ensure clients' good health after the insertion. 5. The advantages & disadvantages of all available IUDs and an option to switching method should be informed to clients.

No. 20

Title	Report On Norplant Implants In Indonesia
Duration	March 1995 - April 1995
Date of Report	May 1995
Institution(s) Involved	The Pop. Council, NY & Jakarta; YKB; Institute of Reproductive Medicine, Santiago, Chile; School of Economics, Univ. of the Philippines.
Donor Agency	USAID
Site(s)	Bandung & Yogyakarta
Methodology	Reviewed existing research & program statistics & interviewed key sources
Objectives	<ol style="list-style-type: none"> 1. Review past studies relating to Norplant Implant in Indonesia; 2. Review various issues pertaining to Norp.Impl., inc. QOC & services, institutional capacity (public & private sectors) to carry out insertions, removals & Q. training; 3. Develop a research proposal recommending specific areas for improvement, new initiatives & further research which will be submitted by BKKBN to the World Bank for funding; 4. Outline the TA requirements necessary to complete the proposed study
Findings	<p>Statistical Overview</p> <ol style="list-style-type: none"> 1. 1.8 million women currently using the method - representing 8-9 % of current FP users or 5 % of currently married women; 2. cumulatively, insertions of norplant have exceeded 2.6 m; 3. <u>Removals - estimated needs:</u> implant removals was not reported in national service statistics until the last financial year 1994/1995: <u>BKKBN estimation:</u> 1) removals required in 94/95 ranges from 45 - 202 % of insertions in 89/90; 2) 166,338 or 47 % of estimated removals in 94/95 were achieved; 3) about 60,000 users for overdue removals (not provided removal services in 94/95) needed removals in 95/96. <u>Consultant Team Estimation:</u> 1) around 370,000 to 385,000 needed removals in 1995/1996. <p>Others</p> <ol style="list-style-type: none"> 1. Future demand for norplant is difficult to estimate; 2. Norplant services on private sector are small - the statistical information may be unreliable; 3. the findings & recommendations from the past studies are pointing to the need for quality improvement & removal problem; 4. An Implant Program Strategy 1991-1994 has not been uniformly implemented , monitored, evaluated, or updated; 5. Some provincial BKKBN staff discouraged early removal because of the high cost of norplant services. Also because clients had been told that the method is a 5 yrs method, they should not request removal before 5 years.
Recommendations	<p>I. Link & Match System & Mobilizing Resources For Norplant Implant Removal Management Level</p> <ol style="list-style-type: none"> 1. Identify a coordinating unit/team within the BKKBN that will be responsible for the Norplant removal strategy. 2. Increase awareness of the magnitude of the problem & of the activities required. 3. Intensified provincial level coordination organizational meetings. 4. Intensified district & sub-district level organizational meetings. 5. Special removal campaigns

	<p><i>Provider Level</i></p> <ol style="list-style-type: none"> 1. Identify Resources 2. Link trained providers with equipment, supplies, facility 3. Increase the # of providers at all related level available for removals 4. Provide appropriate & qualified training to midwives 5. Awareness training 6. Monitor & evaluate <p><i>Client Level</i></p> <ol style="list-style-type: none"> 1. Client identification 2. Match the clients in need of removal with the available trained providers 3. Back up contraception 4. Counseling 5. Information & Education 6. Institute routine monitoring <p>II. Monitoring & Evaluation Norplant Removal Program</p> <ol style="list-style-type: none"> 1. Equipment & supplies 2. Sentinel Surveillance System <p>III. Administrative, Cost, & Private Sector Issues</p> <ol style="list-style-type: none"> 1. Increase access to removals 2. Budget allocation 3. Coordination 4. Insertion & removal demand projections 5. Reporting 6. Norplant implants program strategy <p>IV. Biomedical Issues</p> <ol style="list-style-type: none"> 1. Risk factors 2. Additional contraceptive protection 3. Contraceptive management after removal 4. Incomplete removals training <p>V. Potential Research Topics</p> <ol style="list-style-type: none"> 1. A national Norplant Implants Assessment study . 2. Pilot intervention study in public & private sector to explore the possibility of an initial insertion charge which includes removal services, particularly on improvement of managers, providers, clients' knowledge through IEC 3. Examine public & private insurance & other schemes as a means of paying for insertion & removal costs 4. A Norplant Implants demand projection study (focuses on the role of public & private in demand fulfillment. Could involve secondary data analysis & marketing studies 5. Examine the effect of the heavy concentration of Norplant implants insertion during some months on the quality of services received by the clients 6. Study to assess the risk of pregnancy in the 6th & subsequent years of Norplant implants use
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No. 21

Title	Improvements in Knowledge of Norplant Implants Acceptors: An Intervention Study in West Sumatra and West Java
Author(s)	Anthony Tan, Eman Mahdar, Faisal R. Djamal, Hafni Bachtiar, Jayanti Tuladhar, R. Hasan M. Hoesni
Duration	November 1993 - June 1995
Date of Report	June 1995
Institution(s) Involved	The Population Council, Jakarta, PUBIO-BKKBN, Andalas University, Pajajaran University
Donor Agency	USAID
Site(s)	West Sumatra & West Java
Methodology	Quasi-experimental post-test-only Control Group Design. Sample size: 1. W. Sumatera: 262 & 364 women in the experimental (P. Pariaman) & in the control areas (P. Selatan); 2. W. Java: 541 & 409 women in the experimental (Majalengka) & in the control areas (Cianjur)
Objectives	1. To provide accurate information on Norplants implants to women before they accept the implants. 2. To assess the effectiveness of a system of approaches to providing information in order to increase acceptor's knowledge of the implants
Findings	1. In W. Java, 25% women in experimental areas & 50% in control areas who received implants were provided information on implant by midwives. About 70% women in experimental areas & 70% women in control areas were provided information by PLKBs. 2. In W. Sumatra, many more women in experimental areas (65%) & control areas (46%) were provided information on implant by midwives. Only 40% in experimental areas & 29.5% in control areas were provided information by PLKBs. 3. During the first week of Implants use, proportions of women with knowledge in experimental areas of W. Sumatra are higher (32%), while in W. Java are lower (16%). 4. During third month of Implants use, proportions of women in experimental areas of W. Sumatra with knowledge of implant characteristics increase (42%), while in control areas in W. Java are still higher (19%) than in experimental areas. 5. At the third month of the implant use, the proportion of women who reported experiencing problems after the use of implants in experimental were 37% lower than in control areas of W. Sumatra increase. 6. Java findings are problematic, the proportion of women in experimental areas who reported experiencing problems after the use of implants were 75% higher than in control areas. 7. The proportion of women who were satisfied with the information provided to them increased from 33% among women with low knowledge to 90% among women with medium knowledge and 95% among women with high knowledge in control areas in W. Java. 8. The satisfied women also increased from 34% among women with low knowledge to 77% among women with medium knowledge in experimental areas.
Recommendations	1. Midwives should be encouraged to take responsibility to do counseling, educate clients, and listen to their questions. 2. A cost benefit study should be conducted to assess the effect of counseling on delivery of the implant services. 3. Worker densities, motivation of staff, supervision, technical competence, and supplies have known as barriers in the way of services. Therefore they should be looked into at different institutional level to deliver user oriented health & FP services by maintaining adequate & appropriate standards of care.

No. 22

Title	Safety Issues in The Provision of Injectable Contraceptives
Duration	February - June 1995
Date of Report	July 1995
Institution(s) Involved	The Population Council, Jakarta, Indonesian Epidemiology Networks, Center for Health Research, Indonesian University & Diponegoro University.
Donor Agency	USAID
Site(s)	West Java, Central Java
Methodology	Qualitative Approach
Objectives	<ol style="list-style-type: none"> 1. To conduct a review of current state of knowledge regarding provision of injection services in Indonesia with relevance to the use of injectable contraceptives; 2. To investigate & describe the actual practice of providing injectable contraceptives, in public & private practice in W & C. Java; 3. To explore underlying reasons for any lack of optimal procedures in the provision of injectable contraceptive services; 4. To identify the impact of poor practice based on the providers & clients experience; 5. To identify client's knowledge & perceptions toward the health risk to themselves due to improper procedures; 6. To recommend interventions & other follow-up actions to the decision makers.
Findings	<p>Standard Procedure for Injectable Contraceptive Administration, Infection Control, and Waste Management</p> <ol style="list-style-type: none"> 1. The manuals & guidelines produced by the BKKBN, DOH, PKMI & PB-IDI are not available to the majority of service providers; 2. A poster which clearly describes the steps in the provision of injectable contraceptives produced by BKKBN was not found in any service points in the research area. <p>Providers Knowledge, Attitude & Behavior</p> <ol style="list-style-type: none"> 1. Procedures for the provision of contraceptive injections are known by all providers, who have learned this through their education in nursing/midwifery school of faculty of medicine. Some have obtained additional training on contraceptive services, including injectable contraceptives, through courses conducted by BKKBN; 2. The standard procedure on the provision of contraceptive injection was not applied by most of the providers although their knowledge about that were adequate; 3. The practice of using one needle for one client (though re-using the syringe); of re-use of disposable syringes; of the re-use of injecting equipment without sterilization; & neglecting other infection control procedures such as decontamination & hand washing -- are all considered all right by most providers; 4. Logistics, medicine & equipment supplies from BKKBN are not in accord with real need (estimated at 50-70% of needed); 5. Supervision & technical guidance was not done regularly by the managers in either government & private sectors; 6. There is a feeling of 'regret' & reluctance to throw away a disposable syringe & needle; 7. IEC material such as posters, guidebooks, checklists, etc did not exist in the service places.

	<p>Knowledge, Attitude and Behavior of Clients</p> <ol style="list-style-type: none"> 1. The client obtains information about contraceptive injections from other acceptors; 2. Knowledge of side-effects is obtained from their experience or their friends' experience; 3. Most of them did not know the standard procedure on the provision of contraceptive injectables. Their experience with abscess (very rare) was considered as an accident & did not result in discontinuing use of injectable contraceptives; 4. The risk of HIV infection through injections was only known by several respondents in Kabupaten Pemalang. Knowledge concerning transmission of diseases through needles among respondents in Kabupaten Bogor was better than Pemalang. None of the respondents knew that hepatitis B could also be transmitted through unsterilized needles. <p>Logistic system</p> <ol style="list-style-type: none"> 1. The currently supplied syringe is not adequate for the administering of depoprovera (3cc); 2. The leakage which occurs through sales of BKKBN medicines (with BKKBN labels, & supposedly free) & which may be one cause of the shortage of supply to SDPs. <p>Service facilities</p> <ol style="list-style-type: none"> 1. Tables, chairs, beds, storage cupboards, hand washing container, waste containers, sterilization equipment & decontamination supplies were not always available in most service places in the government sector & small private clinics. <p>Clinical waste management</p> <ol style="list-style-type: none"> 1. Almost all the observed service provider sold the empty vials of medicine and in some places, syringes were also sold without decontamination; 2. In some places syringes & needles were buried or burnt; several providers still separated syringes from needles before disposal. In several places, used syringes & needles were thrown into general garbage containers/areas without burying & burning.
Recommendations	<p>BKKBN</p> <ol style="list-style-type: none"> 1. Dropping of medicine vials, syringes & needles should be balanced at 1:1:1; 2. The size of syringe must match with the dosage of the injectable contraceptives being provided; 3. The policy of dropping “free medicine” needs investigation; 4. Policy & action should be sensitive to identifying areas which require free supplies, & have clear criteria to define who needs full, partial, or no subdization; 5. The price for a pre-packaged syringe needle kit would be cheaper; 6. The use of the uninject syringe which can only be used one time, should be considered; 7. Guidance on contraceptive service procedures needs to be distributed to providers at all levels of service places; 8. The reporting & recording system should be improved. It's necessary to separate ‘complications’ category from ‘side effects’. 9. The division of responsibilities between the technical responsibilities at the Puskesmas & program responsibilities at the BKKBN field level should be reconsidered & clarified; 10. Minimum standards to define FP QOC should be developed; 11. Guidance on a sterilization process for disposable syringe should be considered; 12. IEC methods & materials; 13. The care of side-effects & complications related to contraceptive use should be free of charge. <p>MOH</p> <ol style="list-style-type: none"> 1. Dissemination of IEC to providers in all service levels regarding safety in injections procedures for providers & clients; 2. Supervision guidance should be developed for managers in public & private sector; 3. MOH should always remind & support professional organizations (PPNI, IBI, IDI) to supervise & give professional guidance to its members.

No. 23

Title	Secure Contraception Teams Mobile Services in Daerah Istimewa Yogyakarta
Author(s)	Azrul Azwar
Duration	April 1, 1994 - April 1, 1995
Date of Report	October 1995
Institution(s) Involved	Perkumpulan Kontrasepsi Mantap Indonesia
Donor Agency	USAID
Site(s)	Yogyakarta
Methodology	1) Problem Analysis; 2) Problem Solutions; and 3) Program Validation
Objectives	<p>General :</p> <ol style="list-style-type: none"> To increase the number of secure contraception participants & the quality of secure contraception services through team mobile secure contraception services in Indonesia. <p>Specific :</p> <ol style="list-style-type: none"> To obtain the community needs assessment of secure contraceptions team mobile service & their comment on DOH's letter # 185/MenKes/E/III/91, March 23, 1991; To develop and implement a model of secure contraception mobile teams services; To evaluate the impact of those services.
Findings	<ol style="list-style-type: none"> 86.1% of secure contraceptions acceptors heard about the team mobile services from PLKB; 98.7% of acceptors said that the place of services was easy to reach & 71.9% said that te service was cheap; 90% of acceptors felt satisfied with the service.
Recommendations	<ol style="list-style-type: none"> The secure contraception team mobile services should be done routinely & scheduled; The DOH's letter need to be reviewed.

Title	Improving KB Mandiri through Village Midwives and Community Participation in Central Java
Author(s)	Darmono
Duraion	May 1993 - October 1995
Date of Report	December 1995
Institution(s) Involved	BKKBN Provincial Office Central Java
Donor Agency	USAID
Site(s)	Central Java
Methodology	Survey
Objectives	<ol style="list-style-type: none"> 1. To optimize the functions of the village midwives in conformity with their assigned FP tasks. 2. To increase the referral to village midwives for KB Mandiri services. 3. To increase the ease of distribution of Blue Circle & Gold Circle contraceptives to the villages.
Findings	<ol style="list-style-type: none"> 1. KB Mandiri information source from midwives in the village risen by 4.6% (previously 3.8% after intervention became 8.4%). 2. FP workers as a source of KB Mandiri information declined 9.4% points (from 47.5% before the intervention to 38.1% after). Those who received information through TV increased 2.8%. 3. The number of active acceptors did not change, but there was an increase in FP method use. Pills, injectables and IUDs, according to the ELCOs, are best obtained from the village midwife. 4. For the majority of ELCOs, their perception of the tasks of the village midwives as a provider of health services for mothers and children, and also as a place for referrals, consultation, and FP service center, increased. 5. The source of contraceptive supplies for village midwives was largely from the pharmacy. The total ELCOs who paid increased from 83.1% to 98.9%. 6. Start up capital for the PPKBD was collected from the community self-help funding activities, averaging between Rp 25,000 to Rp 970,000. After the community was mobilized to contribute, there was an increase, averaging Rp 80,000 to Rp 3 million. This money was not used exclusively for FP activities, but also for the members' welfare.
Recommendations	<ol style="list-style-type: none"> 1. Village midwives need to be given the competence and means to provide advice and contraceptive services to the community, including IUD and referrals. 2. Self-supporting Community-based institutions in the village need to become involved in the Blue Circle - Gold Circle contraceptive supply network so that it will become easier for the community to obtain these contraceptives. 3. The development of financing institutions with the community needs support with various efforts, including the provision of incentives and working capital so that a self-help funding system can be developed.

Title	Efforts to Improve the Quality of Long-Term Contraceptive Services in Hospital FP Program in Indonesia.
Author(s)	Perkumpulan Kontrasepsi Mantap Indonesia (PKMI)
Duration	Januari 1993 - 1995
Date of Report	1995
Institution(s) Involved	PKMI
Donor Agency	USAID
Site(s)	Jakarta
Methodology	1) Problem Analysis; 2) solution development; and 3) solution validation
Objectives	<p>General :</p> <ol style="list-style-type: none"> To increase the quality of long term contraceptive services in hospital FP program in Indonesia. <p>Specific :</p> <ol style="list-style-type: none"> To learn about the basic principles of a quality assurance program that has already been implemented for long term hospital contraceptive services in; To determine the efforts that are necessary in order to be able to implement a hospital quality assurance program; To identify the factors that must be considered in the implementation of quality assurance programs; To document the impact of a quality assurance program on the quality of long term hospital contraceptive services.
Findings	<ol style="list-style-type: none"> The implementation of the basic principle of quality assurance, particularly on long term method services was still rare in the study hospitals; The knowledge and the practice of the service providers toward the basic concept and activities of a quality program were still poor; The attitude of the service providers toward the basic concept & activities of the quality assurance program in general was positive, except toward the concept of an incentive and/or disincentive system for the quality of services.
Recommendations	<p>I. Theoretical Implications</p> <ol style="list-style-type: none"> For hospitals who have difficulty in implementing the PPM it recommended to use an integration of 3 concepts of management (team approach/team work; group decision making; and problem solving cycle); To implement the intervention program into a three package training program - 1) a Quality Assurance Orientation for managers; 2) a Quality Assurance Training and 3) a one-day seminar for those who were not involved in a quality assurance team but did conduct the long term method services. To use an external facilitator that can be substituted with an internal facilitator as long as the internal facilitator can work together, has adequate knowledge and skills of concepts, PPM activities and technical procedures. Lessons on basic survey, simple statistics, concept of causality, criteria for select problem priority & problem causes, and simple planning basics need to considered when training a quality assurance team. <p>II. To Improve the Quality of Hospital FP Programs</p> <ol style="list-style-type: none"> BKKBN has to take an initiative so a quality assurance can be done in every hospital who does the long term method services. BKKBN should develop training for a quality assurance for the hospital manager who is responsible in long term method services.

No. 26

Title	Improving Rural KB Mandiri through the CBD Program of Lampung.
Author(s)	IPADI, Lampung
Duration	April 1994 - October 1995
Date of Report	December 1995
Institution(s) Involved	IPADI, Lampung, and BKKBN Provincial Office Lampung
Donor Agency	USAID
Site(s)	Lampung
Methodology	Evaluation
Objectives	1. To develop a KB Mandiri contraceptive distribution system (Blue Circle, Gold Circle, other non-program contraceptives) so that these contraceptives can be distributed smoothly to the villages that have a high potential to become Mandiri so the contraceptive distribution model can be created for Lampung province.
Findings	<ol style="list-style-type: none"> 1. Type of contraceptives used in the survey area are injectables (30.6%), pills (29.5%), IUDs (20.4%) and Implants (17.3%). 2. The sources of service source first visits are: private service (38.7% - which is mostly midwife service at 33.6%), and government service (53.1%, mostly Health Centers). But the source is different for revisits: private is 42.5% & government is 42.6%. 3. 26.3% of ELCOs believe that range of contraceptives available from the village midwife is quite adequate. But 55.3% suggest that it would be best if contraceptives were available at the nearest place. 13.2% said that overall the supply of contraceptives in the villages are sufficient. 4. The source of supply for the midwives are drug stores (47.1%) & distributor (17.7%).
Recommendations	(No Recommendation)