While Indonesia was once hailed as a Family Planning success story, progress has stalled over the past decade. IDHS 2012 showed the Modern Contraceptive Prevalence Rate is stable at 58%, the method mix is highly skewed towards short-acting contraceptive methods, despite their higher rates of discontinuation and the desire for longer-acting methods to limit births. Unmet need persists at 11.4%. One explanation for this halted progress is decentralization, which began in Indonesia in the early 2000s. In general, decentralization has caused a decrease in institutional support for FP programs at the district and village levels. The number of FP field officers has also decreased significantly. However, in 2012, the Indonesian House of Representatives passed the “Village Law No. 6/2014” to ensure that the central government transfers development funds directly to villages in order to fulfill basic needs. In light of this law, it is important to conduct advocacy at the village level to ensure that some of these village funds are used for reinvigorating FP programs.

In January 2015, Yayasan Cipta Cara Padu (YCCP) collaborated with 7 Districts Working Groups (Karanganyar, Lumajang, Tuban, Kediri, East Lombok, West Lombok and Sumbawa) began conducting advocacy among village policymakers with the goal of allocating village funds to support FP and revitalizing “FP village team”. This activity was conducted as part of Advance Family Planning (AFP) and Improving Contraceptive Method Mix Project (ICMM).

This program shows that, in the era of decentralization, advocacy among village-level policymakers allocate village budget for community mobilization on FP, increase availability and quality of FP services. It also shows that, regulations and dedicated funding to local working groups such as these can improve local buy-in and sustainability.

Keywords: Advocacy, Revitalization, Family Planning, Decentralization, Village

1. INTRODUCTION

At one time, Indonesia was praised for Family Planning (FP) success, but progress has stalled over the past decade. Although the modern contraceptive prevalence rate is still high at 58%, the method mix is highly skewed towards Short-Acting Contraceptive Methods, despite their higher rates of discontinuation and the desire for Longer-Acting methods to limit births (Indonesia Statistic Center Board et.al 2012). Therefore, it is important to ensure the availability of Long-Acting and Permanent Methods (LAPMs) (Indonesia Ministry of Health 2013).

While it is difficult to advocate for family planning commitment at the community level in the era of decentralization (Budisuari & Rachmawati 2011), a recent law has brought hope: In January 2014, Indonesia’s former president signed the Village Law No. 6/2014, the first law
specifically regulating funding to villages. This law was intended to help communities assume greater responsibility and control over village affairs and be able to meet more of their development needs, including funding for FP programs. In response to this law, Yayasan Cipta Cara Padu (YCCP) - a local non-profit advocacy and health communication organization in Indonesia-initiated village-level advocacy activities beginning in February 2014 with the goal of improving village-level allocation for FP programs, particularly LAPMs (Sukamdi 2012).

2. PROGRAM INTERVENTION

In November 2014, using several of Advance Family Planning advocacy tools such as AFP SMART, Net-Map and Result Cascade (Sukamdi 2012), the District Working Groups (DWGs) developed annual advocacy work plans for 2014 – 2015. DWG consists of multi stakeholders in district level included (District Health Offices, District FP Office, District Community Empowerment and Village Government Office (BPMPD) and other government agencies, Midwives Association, Faith Based Organizations, Local NGO, etc.). The DWGs’ advocacy strategies aim to create an enabling environment for FP, particularly LAPMs, by encouraging policymakers to create favorable policies and regulations.

![Figure 1. Three As Model: Family Planning Village Advocacy](Developed by YCCP 2015)

Advocacy strategies were developed to address the need for LAPMs and the specific challenges in providing FP, particularly LAPMs. There was an opportunity to advocate village budget allocation to support FP program in village level. The advocacy efforts were led by DWGs and implemented in Central Java Province (Karanganyar), East Java Province (Kediri, Lumajang, Tuban) and Nusa Tenggara Barat Province (West Lombok, East Lombok, and Sumbawa). This advocacy activity was conducted as part of the Advance Family Planning (AFP) initiative (funded by the Bill & Melinda Gates Foundation) (JHUCCP and BMGF 2012) and the Improving Contraceptive Method Mix (ICMM) Project (funded by USAID and Australia’s Department of Foreign Affairs and Trade (DFAT)) (JHUCCP 2012).

In January 2015, Yayasan Cipta Cara Padu (YCCP) began conducting advocacy among village policymakers using “Three As Model: FP Village Advocacy”, with the goal of revitalizing and building FP network between agents of change for FP “FP Village Team”, village funding allocation for FP and improving the role of midwives to support FP service particularly LAPMs. Seven DWGs prioritized their advocacy strategies to determine ways that village stakeholders could be revitalized as a team to support FP activities included community mobilization in the village, allocate village funding for FP particularly LAPMs and encourage the role of midwives to support
FP service included LAPMs. FP village teams will use village funding to support FP activities in village level.

The District Community Empowerment and Village Government Office (BPMPD) were specifically targeted for this advocacy activity, since they have close ties at the village level. Advocacy activities for utilization of village funds for FP programs were conducted at the district, sub-district and village levels. Regular monitoring of advocacy activities was conducted by YCCP in collaboration with the DWGs.

Each DWG choose 4 villages as pilot villages to implement “Three As Model: FP Village Advocacy”. Advocacy activities included:

2.1. Agents of change of FP: Revitalize and build FP network at the village level

1. Advocate village heads and stakeholders in village level to revitalize and build FP network at the village level
2. Revitalize FP village team and formalize by village head’s decree letter. FP Village teams are village-level working groups that coordinate community FP activities and allocate village funding for FP, particularly LAPMs. FP village team consists of village head, village office staff, health cadres, community and religious leaders, midwife and youth.
3. FP village team’s capacity building and FP annual work plan development facilitated by DWG members. FP activities funded by village fund.
4. FP village team’s activities implementation in each village includes community counseling integrate with community or religious events, FP acceptor referral, FP service particularly LAPMs by midwife.
5. Routine recording and reporting
6. Monitoring & Evaluation by DWG and YCCP

2.2. Allocate village fund for FP program in village level

1. Advocate district head’s regulation or endorsement letter on village fund management including village fund allocation to support FP program in village level.
2. Advocate village head on Village Mid-Term Development Plan (RPJMDes), Village Annual Work Plan (RKPDes) and Village Development Budget (APBDes) including village fund allocation to support FP program in village level.

2.3. Access to qualified FP services

1. DWG advocate the improvement and certification of midwife’s skill on FP service particularly LAPMs.
2. Advocate midwife placement to all villages and provision of FP service facilities.
3. RESULTS AND DISCUSSION

Between January and December 2015, a total of 363 FP village teams were formally revitalize via official decrees and/or regulations from village heads. There is no village budget allocation to support FP program in 2014.

Table 2: FP Village Team and Village Funding Allocation to Support FP Program in Village Level (2015)

<table>
<thead>
<tr>
<th>District</th>
<th>FP Village Team</th>
<th>Village Funding Allocation (USD $1 = 11,000 Indonesian rupiah)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karanganyar</td>
<td>162</td>
<td>$49,937 (Total all villages/year)</td>
</tr>
<tr>
<td>Kediri</td>
<td>4</td>
<td>$181 – 910 (each village/year)</td>
</tr>
<tr>
<td>Tuban</td>
<td>4</td>
<td>$273 – 910 (each village/year)</td>
</tr>
<tr>
<td>Lumajang</td>
<td>185</td>
<td>$27,000 (Total all villages/year)</td>
</tr>
<tr>
<td>Lombok Barat</td>
<td>4</td>
<td>$136 - 591 (each village/year)</td>
</tr>
<tr>
<td>Lombok Timur</td>
<td>4</td>
<td>$500 - 550 (each village/year)</td>
</tr>
</tbody>
</table>

Source: YCCP, 2016

Village heads in Lumajang continue replicate, starting from 4 villages and growing to 185 villages. The activities of the FP village teams are funded through the village budget. Some activities, such as FP community counseling, were conducted in collaboration with other community activities. In general, village teams consist of: a team supervisor, a team leader, a secretary, a treasurer, and three divisions (data recording and reporting, community mobilization, and FP services). Most FP village teams supervised by a village head or the chief of the village development board (BPD) and they are lead by a village board representative.

YCCP and the DWGs worked with the FP village teams to determine roles and responsibilities in each village. The representation within each FP village team depends on the specific needs of the village; some stakeholders include religious leaders, community leaders, public health centers (Puskesmas), health cadres, midwife, and youth organizations. YCCP and the DWGs provided assistance to FP village teams in the development of annual work plans for 2015, to accelerate FP program achievements and LAPM users. Work plans generally include: coordination meetings, data recording, mobilization of new LAPM acceptors, LAPM counseling and services, counseling on delayed marriage age, and monitoring and evaluation. However, each work plan depends on the needs of the individual village. For example, in Sumbawa, two villages allocated funding for improving midwives skill on LAPMs services including Contraceptive Technology Update (CTU) training, as this was determined to be a priority among the FP village team. Activities also depend somewhat on the amount of FP budget in each village, decided by the village head. After the work plan development, FP villages continue to conduct the activities.

By comparing the FP data in village level before and after intervention, most of pilot villages have achieved an increase in new and active LAPMs users. As an example, village
achievement for Yosowilangun Kidul Village, Lumajang, East Java presented in the following figure. FP village team advocacy activities conducted in January – March 2015 resulted in improving FP activities in village level and increases in LAPM active acceptors seen here.

4. CONCLUSIONS

Although these FP village teams were only recently revitalized, they have already begun implementing annual work plans, and they continue to grow stronger with the technical assistance of YCCP and the DWGs. DWGs continue to collaborate with teams at the district and village level, to ensure the availability and affordability of FP services in these villages. Early results of funding allocations already suggest positive results; however, monitoring and evaluation will be conducted at regular intervals, to further analyze program achievements, particularly related to LAPMs and village budget utilization.

Figure 2. Number of new mix contraceptive users in 2014 (before intervention) and 2015 (after intervention) in Yosowilangun Kidul village, Lumajang, East Java

Source: FP Office of Lumajang, 2016

This program shows that, in the era of decentralization, advocacy among village-level policymakers is crucial to increase community mobilization, availability and quality of FP services. It also shows that official decrees and regulations and dedicated funding to local working groups such as these can improve local buy-in and sustainability. In the FP village team model each stakeholder has a role and works together for FP achievements. This pilot project demonstrates the importance of local level commitments in order to address the challenges of implementing FP programs within decentralized settings. These results can be the foundation and provide a model for others to replicate as other stakeholders work together to improve the availability and quality of FP services at the village level in Indonesia.

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