PMA2015/INDONESIA-R1
PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 is a project that uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in eleven countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Indonesia is led by the National Population and Family Planning Board of Indonesia (BKKBN) in collaboration with field implementation teams at three top Indonesian Universities - Universitas Gadjah Mada (UGM), Universitas Hasanuddin (UNHAS) and Universitas Sumatera Utara (USU). Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health though a grant from the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit http://www.pma2020.org

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys
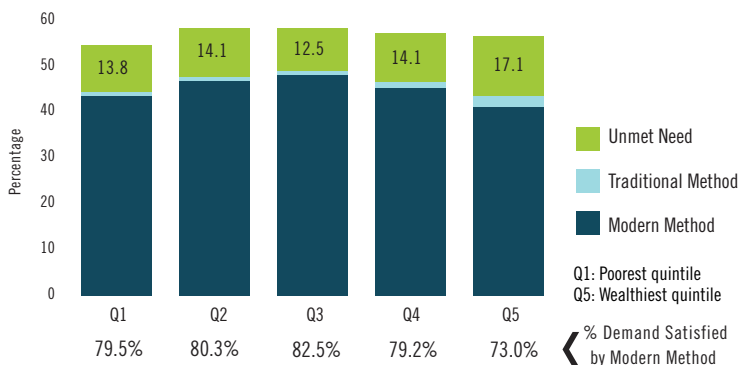(Women in Union and All Women, Ages 15-49)

	Indonesia DHS (IDHS) 2012		PMA2015/ Indonesia-R1	
	All Women	Women in Union	All Women	Women in Union
Contraceptive Prevalence Rate (CPR)				
All Methods CPR	45.7	61.9	47.1	61.1
Modern Method Use mCPR	42.7	57.9	45.8	59.5
Long Acting CPR	7.9	10.6	10.3	13.2
Total Unmet Need*	8.4	11.4	11.2	14.4
For Limiting	5.1	6.9	6.1	7.9
For Spacing	3.3	4.5	5.1	6.5
Total Demand	54.1	73.2	58.2	75.5
Demand Satisfied by Modern Method (%)	79.0	79.0	78.7	78.8

Fertility Indicators (All Women)

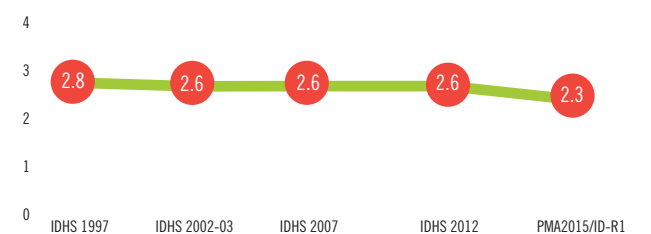|	IDHS 2012	PMA2015/ID-R1
Total Fertility Rate	2.6	2.3
Adolescent Birth Rate (per 1000, age 15-19)	48.0	48.4
Recent Births Unintended* (%)	13.6	16.0
Wanted Later	6.5	12.1
Wanted No More	7.1	3.9

* Indicator measurement based on different questions posed in the DHS and PMA2020

Current Use and Unmet Need Among Women in Union of Reproductive Age, by Wealth Quintile
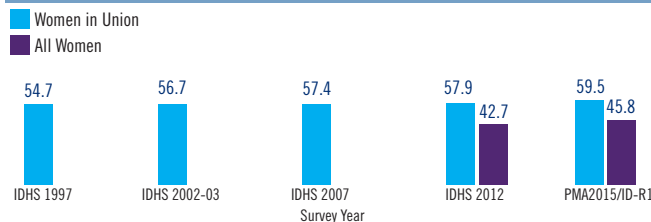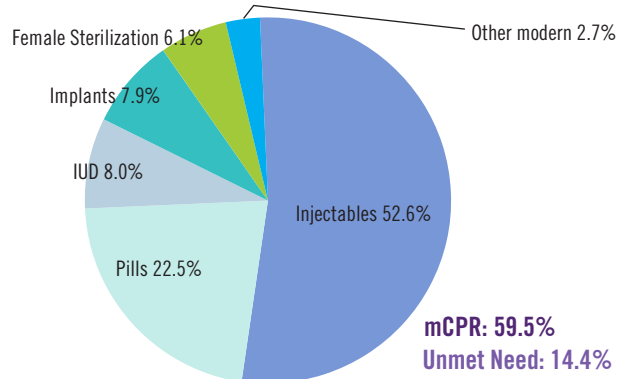

Q1: Poorest quintile
Q5: Wealthiest quintile

< % Demand Satisfied by Modern Method

Q1	Q2	Q3	Q4	Q5
79.5%	80.3%	82.5%	79.2%	73.0%

Trends in TFR and mCPR, 1997-2015
Total Fertility Rate (TFR) - Number Of Births Per Woman

IDHS 1997	IDHS 2002-03	IDHS 2007	IDHS 2012	PMA2015/ID-R1
2.8	2.6	2.6	2.6	2.3

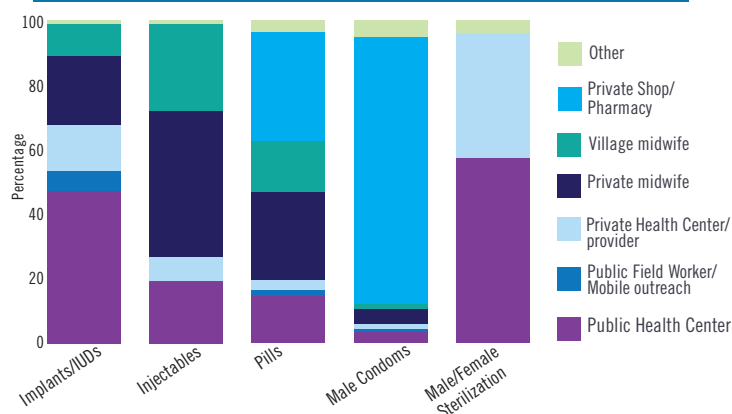#### Modern Contraceptive Prevalence Rate (Women, ages 15-49)

Current Modern Method Mix Among Contraceptive Users in Union

Female Sterilization 6.1%
Other modern 2.7%
Implants 7.9%
IUD 8.0%
Injectables 52.6%
Pills 22.5%

mCPR: 59.5%
Unmet Need: 14.4%

Source of Method, by Provider (Married Women, ages 15-49)

Legend:
- Other
- Private Shop/ Pharmacy
- Village midwife
- Private midwife
- Private Health Center/ provider
- Public Field Worker/ Mobile outreach
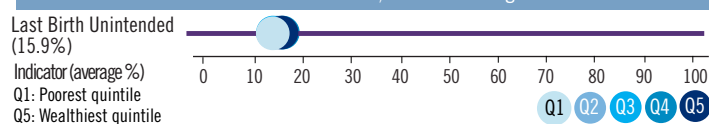- Public Health Center

PMA2015/INDONESIA-R1
INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users(%), Indicators by Wealth Quintile:

Method Chosen By Self Or Jointly (93.4%)

Obtained Method Of Choice (97.5%)

Told Of Other Methods (56.8%)

Counseled On Side Effects (49.4%)   49 53

Paid For FP Services (74.5%)

Would Return To Provider & Refer a Friend Or Family Member (35.9%)

Received Method From Public SDP (25.9%)   16   37
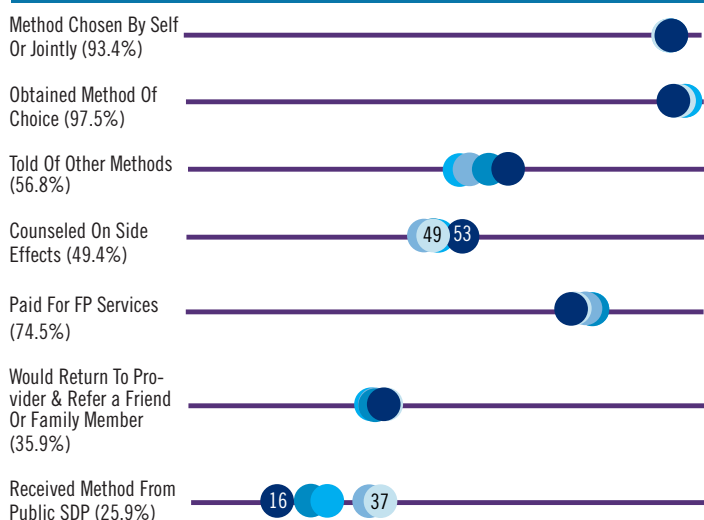
Births in the Past Five Years, or Current Pregnancies:

Last Birth Unintended (15.9%)

Indicator (average %)
Q1: Poorest quintile
Q5: Wealthiest quintile

0 10 20 30 40 50 60 70 80 90 100

Q1 Q2 Q3 Q4 Q5

For Current Female Non-Users:

Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)

Not Married	42.6
Perceived Not-At-Risk/Lack of Need	25.8
Method or Health-related Concerns	22.0
Opposition to Use	5.2
Lack of Access/Knowledge	1.8
Other	14.5

For All Women of Reproductive Age, 15-49:

	Total	Rural	Urban
Median Age at First Marriage (25 to 49 years)	21.3	20.3	22.1
Median Age at First Sex (25 to 49 years)	20.2	19.4	21.0
Median Age at First Contraceptive Use	22.2	21.4	23.0
Median Age at First Birth (25 to 49 years)	22.1	21.4	22.8
Mean No. Of Living Children At First Contraceptive Use	1.2	1.2	1.2
Women Having First Birth by Age 18 (ages 18-24, %)	2.2	2.7	1.8
Received FP Info. From Provider In Last 12 Months (%)	18.2	20.0	16.6
Exposed to FP Media in Last Few Months (%)	57.7	54.3	60.7

Percent of Facilities Offering & Currently In/Out of Stock, by Method

Public Facilities / Private Facilities

Percentage of Service Delivery Points

■ Method in stock ■ Method out of stock ■ Method not offered
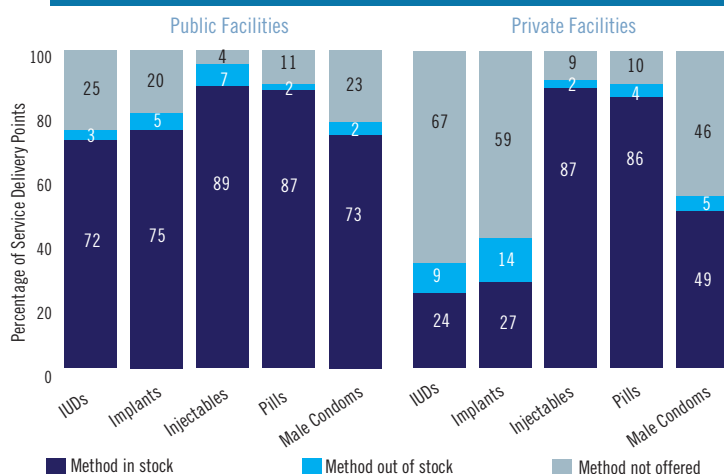
Percent of Public Facilities Offering at Least 3 or 5 Modern Contraceptive Methods, by Facility Type

Facility Type	3 or more methods (n=635)	5 or more methods (n=428)
Hospital	94.5	81.8
Health Center	98.1	72.8
Sub-health Center	75.7	28.8
Village Health Post	73.0	20.3
Delivery Post	81.8	18.2
Total	90.3	60.9

Service Delivery Points (n= 936; 738 public, 198 private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning (%)	98.6	97.2	98.3
With Mobile Teams Visiting Facility In Last 12 Months (%)	55.8	12.8	47.1
Supporting CHWs From This Service Delivery Point (%)	47.8	19.0	42.0
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	5.7	6.7	5.9
Offering Female Sterilization (%)	27.0	2.3	22.0
Offering Family Planning Counseling/Services To Adolescents (%)	24.7	14.4	22.6
Charging Fees For Family Planning Services (%)	57.9	90.8	64.5
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	98.8	100.0	99.0
HIV Services (among all offering HIV services)	88.1	75.0	80.9
Post-Abortion Services (among all offering post-abortion services)	98.9	99.0	100.0

SAMPLE DESIGN

The first round of data collection for PMA2020 in Indonesia used a multi-stage cluster design with province at the first and enumeration areas (EAs) at the second stage. The number of EAs determined to provide a national estimate of modern contraceptive prevalence with 1.5% margin of error and 2.0% for urban-rural strata, was 312 EAs. The Indonesian Central Bureau of Statistics (BPS) drew a sample of 372 EAs from its master sampling frame to accommodate an oversample for one province (South Sulawesi with 60 EAs) and one district (Makassar, with 37 EAs). In each EA, the survey team listed and mapped households and public and private health facilities and randomly selected 35 households and up to 3 private service delivery points. Each Resident Enumerator contacted 35 households for interview, enumerated all household occupants, and interviewed all eligible females age 15 to 49 in each household. Field Supervisors interviewed three levels of public health facilities assigned to provide services to residents of each of the selected EAs residents. The final national sample included 11,663 households, 10,301 females and 936 health facilities. Data collection was conducted between June and August 2015.