

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Women in Union and All Women, Age 15-49) Indonesia DHS PMA2015/ PMA2016/ (IDHS) 2012 Indonesia-R1 Indonesia-R2 Women Contraceptive Prevalence Rate (CPR) All Methods CPR 45.7 61.9 47.1 61.1 46.5 60.9 42.7 57.9 45.8 59.5 44.8 58.7 Modern Method CPR Long Acting/Permanent 7.9 10.6 10.3 13.2 10.3 13.5 11.2 14.4 8.4 11.4 11.1 14.5 Total Unmet Need* 5.1 6.9 6.1 7.9 8.4 6.4 For Limiting 3.3 4.5 5.1 6.5 4.6 6.1 For Spacing **Total Demand** 54.1 73.2 58.2 75.5 57.5 75.4 Demand Satisfied by 79.0 79.0 78.7 78.8 77.9 77.9 Modern Method (%)

Fertility Indicators (All Women)				
	IDHS 2012	PMA2015/ID-R1	PMA2016/ID-R2	
Recent Births Unintended* (%)	13.6	16.0	15.8	
Wanted Later	6.5	12.1	11.7	
Wanted No More	7.1	3.9	4.1	

^{*} 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





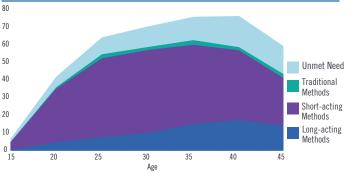


PMA2016/INDONESIA-R2 PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 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 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Indonesia was 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). Round 2 was led by UGM. 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.

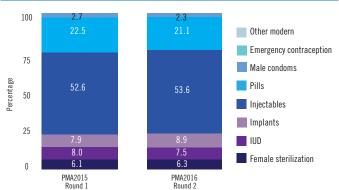
For more information on PMA2020 please visit http://www.pma2020.org

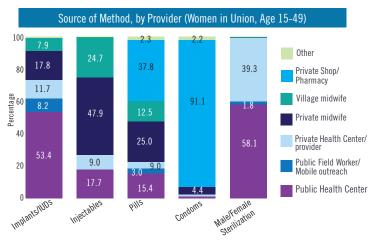
Unmet Need and Contraceptive Use, by Age (All Women)





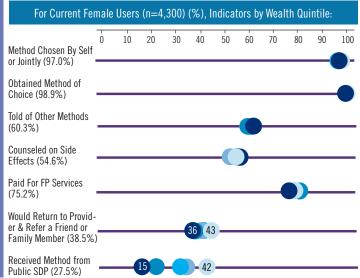
Current Modern Method Mix Among Contraceptive Users in Union

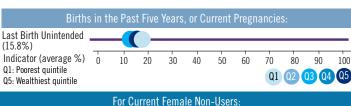




PMA2016/INDONESIA-ROUND 2

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

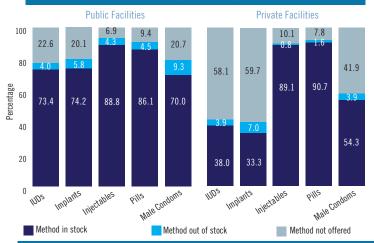




Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)		
Not Married	45.3	
Perceived Not-At-Risk/Lack of Need	23.8	
Method or Health-related Concerns	23.3	
Opposition to Use	6.5	
Lack of Access/Knowledge	1.0	
Other	11.0	

Reproductive Health and Contraceptive Indicators			
	Total	Rural	Urban
Median Age at First Marriage (Age 25-49)	21.2	20.2	22.4
Median Age at First Sex (Age 15-49)	20.3	19.4	21.2
Median Age at First Contraceptive Use (Age 15-49)	22.2	21.3	23.2
Median Age at First Birth (Age 25-49)	22.2	21.4	22.9
Mean No. of Living Children at First Contraceptive Use (Age 15-49)	1.2	1.2	1.2
Women Having First Birth by Age 18 (Age 18-24, %)	2.0	2.7	1.4
Received FP Info from Provider in Last 12 Mths (Age 15-49, %)	24.4	26.1	22.8
Exposed to FP Media in Last Few Months (age 15-49, %)	66.2	62.6	69.5

Percent of Facilities Offering & Currently In/Out of Stock, by Method (n=926, 797 public, 129 private)



Percent of Public Facilities Offering At Least 3 or At Least 5 Modern Co	ontraceptive
Methods, by Facility Type (n=806)	

Facility Type	3 or more methods	5 or more methods
Hospital	91.3	79.6
Health Center	97.0	73.9
Sub-health Center	60.4	20.8
Village Health Post	69.6	22.8
Delivery Post	73.7	31.6
Total	87.2	62.4

Service Delivery Points (n=945; 806 public, 139 private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning (%)	98.9	92.8	98.0
With Mobile Teams Visiting Facility In Last 12 Months (%)	46.9	11.5	41.7
Supporting CHWs From This Service Delivery Point (%)	43.1	18.7	39.5
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	5.7	6.6	5.8
Offering Female Sterilization (%)	27.9	1.6	24.2
Offering Family Planning Counseling/Services To Adolescents (%)	22.3	24.8	22.7
Charging Fees For Family Planning Services* (%)	37.1	20.2	34.8
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	99.9	100.0	99.9
HIV Services (among all offering HIV services)	91.3	42.9	90.5
Post-Abortion Services (among all offering post-abortion services)	100.0	100.0	100.0

*Question wording was changed from Round 1 to specify routine user fees only

The second 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 372 EAs. The Indonesian Central Bureau of Statistics (BPS) drew a sample of 372 EAs from its master sampling frame (in round 1) 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 12,107 households, 10,565 females and 945 health facilities (95.1%, 94.5% and 95.3% response rates, respectively). Data collection was conducted between October 2016 and January 2017.



SAMPLE DESIGN







