



KEY FAMILY PLANNING INDICATORS

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

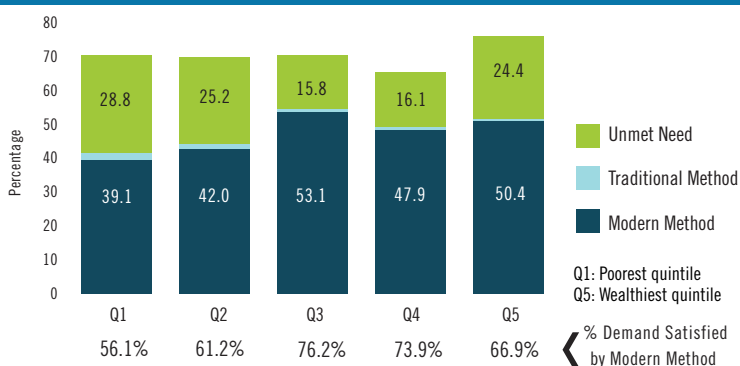
	Indonesia DHS (IDHS) 2012		PMA2015/ South Sulawesi-R1		PMA2016/ South Sulawesi-R2	
	All Women	Women in Union	All Women	Women in Union	All Women	Women in Union
Contraceptive Prevalence Rate (CPR)						
All Methods CPR	36.7	55.8	33.5	49.4	32.4	47.6
Modern Method CPR	31.2	47.5	30.8	45.4	31.6	46.4
Long Acting/Permanent CPR	3.4	5.0	4.7	6.8	6.6	9.3
Total Unmet Need*	9.8	14.3	12.5	18.4	14.7	21.8
For Limiting	4.8	7.3	6.4	9.0	6.2	9.2
For Spacing	4.6	7.0	6.1	9.4	8.5	12.6
Total Demand	46.1	70.1	46.0	67.8	47.1	69.4
Demand Satisfied by Modern Method (%)	67.7	67.8	67.0	67.0	67.2	66.9

Fertility Indicators (All Women)

	IDHS 2012	PMA2015/South Sulawesi-R1	PMA2016/South Sulawesi-R2
Recent Births Unintended* (%)	15.6	17.0	10.3
Wanted Later	6.5	15.1	7.2
Wanted No More	9.1	1.9	3.1

* 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

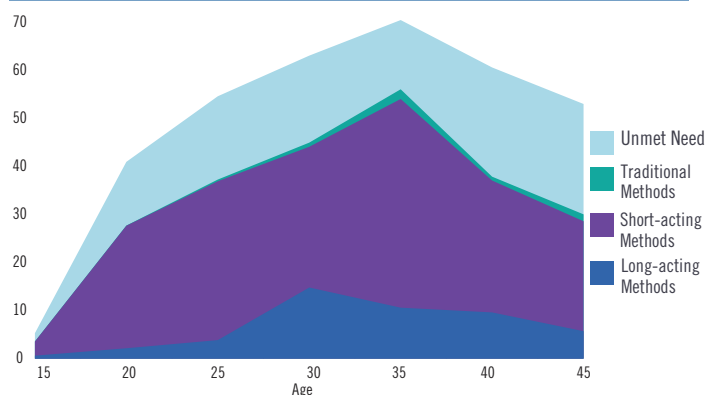


PMA2016/SOUTH SULAWESI-R2 PERFORMANCE MONITORING & ACCOUNTABILITY 2020

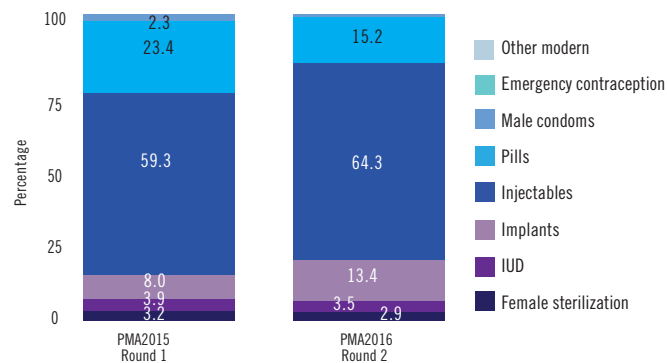
PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in eleven countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Indonesia Round 1 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 through a grant from the Bill & Melinda Gates Foundation.

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

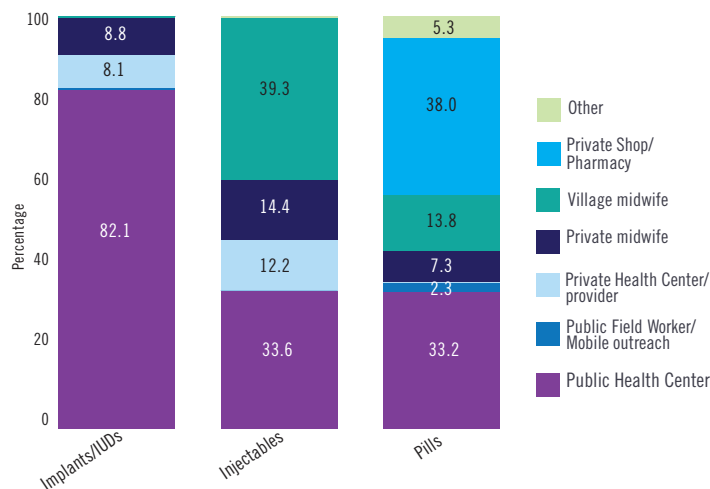
Unmet Need and Contraceptive Use, by Age (All Women)



Current Modern Method Mix Among Contraceptive Users in Union



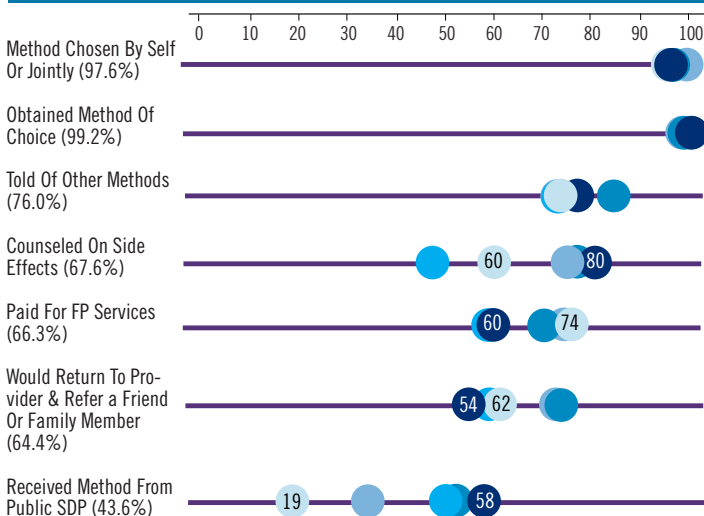
Source of Method, by Provider (Women in Union, Age 15-49)



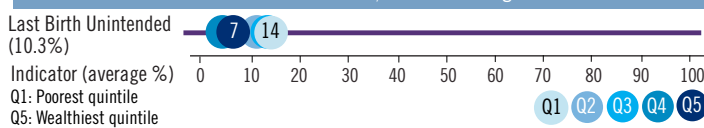
PMA2016/SOUTH SULAWESI/INDONESIA-R2

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (n=535) (%), Indicators by Wealth Quintile:



Births in the Past Five Years, or Current Pregnancies:



For Current Female Non-Users:

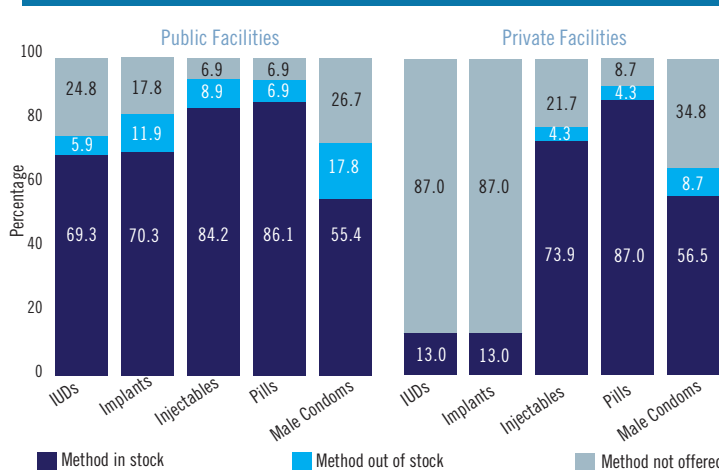
Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)

Not Married	47.5
Perceived Not-At-Risk/Lack of Need	16.7
Method or Health-related Concerns	21.0
Opposition to Use	11.8
Lack of Access/Knowledge	1.5
Other	11.3

Reproductive Health and Contraceptive Indicators

	Total	Rural	Urban
Median Age at First Marriage (Age 25-49)	21.5	20.8	22.6
Median Age at First Sex (Age 15-49)	20.5	20.2	21.4
Median Age at First Contraceptive Use (Age 15-49)	23.8	23.6	24.4
Median Age at First Birth (Age 25-49)	22.1	21.5	22.7
Mean No. of Living Children at First Contraceptive Use (Age 15-49)	1.6	1.6	1.5
Women Having First Birth by Age 18 (Age 18-24, %)	3.4	4.9	1.4
Received FP Info from Provider in Last 12 Mths (Age 15-49, %)	24.5	27.8	18.5
Exposed to FP Media in Last Few Months (age 15-49, %)	74.2	73.5	75.4

Percent of Facilities Offering & Currently In/Out of Stock, by Method (n=124, 101 public, 23 private)



Percent of Public Facilities Offering At Least 3 or At Least 5 Modern Contraceptive Methods, by Facility Type (n=101)

Facility Type	3 or more methods	5 or more methods
Hospital	91.7	83.3
Health Center	96.3	57.4
Sub-health Center	41.2	11.8
Village Health Post	50.0	16.7
Total	83.2	53.5

Service Delivery Points (n=126; 101 public, 25 private)

	Public (%)	Private (%)	Total (%)
Among All Service Delivery Points:			
Offering Family Planning (%)	100.0	92.0	98.4
With Mobile Teams Visiting Facility In Last 12 Months (%)	64.4	8.0	53.2
Supporting CHWs From This Service Delivery Point (%)	36.6	0.0	29.4
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	6.0	6.6	6.1
Offering Female Sterilization (%)	22.8	4.3	19.4
Offering Family Planning Counseling/Services To Adolescents (%)	17.8	17.4	17.7
Charging Fees For Family Planning Services* (%)	6.9	39.1	12.9
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	100.0	100.0	100.0
HIV Services (among all offering HIV services)	83.1	0.0	83.1
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

SAMPLE DESIGN

The first round of data collection for PMA2020 in Indonesia used a multi-stage cluster design with province at the first and census blocks at the second stage. The number of enumeration areas (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 census blocks. 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 provincial sample for South Sulawesi included 1,960 households, 1,885 females and 126 health facilities (91.7%, 90.8% and 98.4% response rates, respectively). Data collection was conducted between October

