

Data Sheet

USAID Mission:	Indonesia
Program Title:	Health, Population and Nutrition
Pillar:	Global Health
Strategic Objective:	497-008
Proposed FY 2004 Obligation:	\$25,450,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$28,300,000 CSH
Year of Initial Obligation:	FY 1999
Year of Final Obligation:	FY 2005

Summary: As part of USAID's basic human services delivery program, health activities focus on maternal and neonatal care. Using evidence-based approaches that target pregnant women, newborns and children under two years of age, the health program accelerates reductions in maternal and infant mortality. It also provides assistance on strengthening public sector commitment to maternal and child health, infectious disease control and empowering women, families and communities to take responsibility for improving health. Assistance improves access, quality and sustainability of basic health services which provide for a healthy environment, such as sanitation.

Inputs, Outputs, Activities:

FY 2004 Program:

Family planning (\$6,000,000 CSH). USAID will begin to gradually phase-out its long-standing assistance in family planning as a result of the enormous success realized in Indonesia. In this initial phase, targeted technical assistance at the district and local levels will increase and sustain the demand for quality family planning services. The program will enable local networks to advocate for family planning as an essential service. Technical assistance and advocacy initiatives will increase government commitment to providing an essential health services package that includes family planning. Assistance will begin developing local and national coalitions, including existing NGOs, associations and universities and the media to advocate for family planning. By the end of 2006, it is expected that 70% of districts in Indonesia will have committed to supporting family planning as part of the basic package of services. Principal partners include Helen Keller International, JHPIEGO Corporation, Johns Hopkins University, Save the Children, and Program for Appropriate Technology in Health; Indonesian Midwives Association and the Society of Obstetricians and Gynecologists.

All family planning agreements will incorporate clauses that implement the President's directive reinstating the Mexico City Policy.

Child survival and maternal health (\$7,250,000 CSH). Working closely with local governments and service providers, USAID will enhance the capacity of local communities to protect against possible increases in the already high maternal, child, and infant mortality resulting from malnutrition, poor sanitation and risky neonatal practices. To strengthen local community health services, training will be provided to support health cadres and staff in nutrition hygiene, basic maternal and child health and the integrated management of childhood illness. USAID will build upon its successes in training village midwives to improve neonatal health practices. Through assistance that targets a combination of behavior change, community mobilization and strengthening of provider skills, USAID will begin increasing the proportion of infants exclusively breastfed while improving infant feeding practices. Technical assistance and training will promote hygiene practices by advocating a cluster of behaviors that are known to reduce diarrheal diseases, including handwashing with soap, safe storage and treatment of drinking water, and improved sanitation. Principal partners include Johns Hopkins University, Helen Keller International, Management Sciences for Health, and Macro International Inc.

HIV/AIDS and other infectious diseases (\$12,200,000 CSH). USAID will continue the expansion of HIV/AIDS prevention, tuberculosis and malaria vector control activities. HIV/AIDS activities will increase attention to prevention activities and harm reduction strategies for the mounting number of injecting drug users. USAID will expand HIV/AIDS diagnosis and treatment capacity, develop voluntary counseling and testing sites, and begin strengthening surveillance systems. USAID's HIV/AIDS efforts will begin prevention and surveillance interventions for core-transmitter and bridge populations in 10 priority geographic sites. USAID will continue to strengthen the implementation of the Directly Observed Treatment Short-Course strategy for tuberculosis in two priority provinces representing more than 70 million people, complementing the Global Fund to Fight AIDS, TB and Malaria and similar investments in other districts by other donors. Principal partners include the U.S. Naval Medical Research Unit, the Royal Netherlands Tuberculosis Association, Family Health International, and local NGOs.

As part of USAID's participation in the global effort to eradicate polio, focused assistance to the polio eradication program in Indonesia will continue. In addition, as part of the intersection between child health and HIV/AIDS, and under the auspices of the Displaced Children and Orphans Fund, a program providing support to street children, one of the most vulnerable populations of children and youth, will continue. The principal contractor is Save the Children.

FY 2005 Program:

Family planning (\$7,700,000 CSH). Efforts towards the family planning phase-out strategy will continue with an emphasis on technical assistance and advocacy initiatives that can increase government commitment to providing an essential health services package.

Child survival and maternal health (\$8,300,000 CSH). USAID may expand elements of the program that target behavior change, community mobilization and strengthening of provider skills. Increased emphasis may also be placed on technical assistance and training that promote hygiene practices that reduce diarrheal diseases.

HIV/AIDS and other infectious diseases (\$12,300,000 CSH). USAID will continue the expansion of HIV/AIDS prevention, tuberculosis and malaria control activities.

Performance and Results: From 1997 to 2003, Indonesia's total fertility rate declined from 2.78 to 2.6. In the same time period, the contraceptive prevalence rate increased from 54.7% to 56.7%. These are clear signs that Indonesian families remain committed to using modern family planning methods, even while financial hardships impact household spending. The national Vitamin A supplementation coverage exceeded expected results, achieving a rate of 82% for children aged 6-59 months. The data also demonstrates a tremendous increase in the number of births attended by health professionals. From 1997 to 2003 the national rate of attendance by health professional increased from 43.2% to 66.3%.

It is clear that the commitment of USAID, its development partners and the Indonesian government contributed to the tremendous increase in births attended by health professionals. For example, in four target districts, with a population of 7 million, USAID assistance provided training for village midwives to improve neonatal health practices. From 1997 to 2003, birth attendance in West Java increased from 30.5% to 48.6%.

In addition, a target district in West Java with a population of almost 2 million, re-allocated funds in June 2003 to improve health delivery services and pneumonia management. Concurrently, USAID activities along with Ministry of Health efforts established new drug procurement and distribution systems for national communicable disease programs. Particular emphasis was placed on the national TB Control Program. As a result, TB drug combination packs and new fixed dose combination drugs are now available in the target province.

US Financing in Thousands of Dollars

Indonesia

497-008 Health, Population and Nutrition	CSH	DA	ESF
Through September 30, 2002			
Obligations	99,612	30,719	1,000
Expenditures	54,591	24,949	0
Unliquidated	45,021	5,770	1,000
Fiscal Year 2003			
Obligations	31,955	0	0
Expenditures	44,051	5,154	0
Through September 30, 2003			
Obligations	131,567	30,719	1,000
Expenditures	98,642	30,103	0
Unliquidated	32,925	616	1,000
Prior Year Unobligated Funds			
Obligations	0	0	0
Planned Fiscal Year 2004 NOA			
Obligations	25,450	0	0
Total Planned Fiscal Year 2004			
Obligations	25,450	0	0
Proposed Fiscal Year 2005 NOA			
Obligations	28,300	0	0
Future Obligations	0	0	0
Est. Total Cost	185,317	30,719	1,000