

TECHNICAL GUIDELINE ON CONTRACEPTIVE SERVICES IN HEALTH CRISIS AFTER DISASTER





**TECHNICAL GUIDELINE ON
CONTRACEPTIVE SERVICES IN HEALTH
CRISIS AFTER DISASTER**

**DIREKTORAT BINA KESERTAAN KELUARGA BERENCANA JALUR WILAYAH DAN SASARAN KHUSUS
BADAN KEPENDUDUKAN DAN KELUARGA BERENCANA NASIONAL
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FOREWORD

In normal situations, contraceptive services in health facilities are very easy to access while in emergency conditions such as during disasters, the availability and accessibility of contraceptive services is often overlooked. In a disaster emergency situation, the need for contraceptives becomes very important and there is the possibility of dropping out as a family planning user to occur.

As an effort to fulfill the need of contraceptive services in the health crisis after disaster, decision making and immediate policy actions are needed because of the urgent needs of contraceptive and to ensure better programme implementation on Population, Family Planning and Family Development (BANGGA KENCANA) in the future.

I welcome the publication of the "Technical Guideline on Contraceptive Services in Health Crisis after Disaster" which can be used as a reference in ensuring contraceptive availability and services in disaster affected areas. With this guideline development, all related organizations, institutions and partners can take more effective, integrative and comprehensive coordination steps.

My high appreciation goes to the United Nations Population Fund (UNFPA), the FP2020 Secretariat and all those who have contributed to the development of this guideline. Hopefully we can maintain and improve the fulfillment of contraceptive services, especially for eligible couples (PUS) in the affected areas during the health crisis.

Jakarta, July 2020

Deputy of Family Planning and Reproductive Health



Dr. Ir. Dwi Listyawardani, M.Sc., Dip.Com.



PREFACE

Praise and gratitude to God Almighty because with His blessings and mercy, the development of “Guidelines for Contraceptive Services in Health Crisis after Disaster” including during COVID19 pandemic situations can be completed. The guidelines have been developed based on humanitarian response experiences in two (2) disaster-affected provinces, namely West Nusa Tenggara (NTB) and Central Sulawesi in 2018. The objectives of this Guideline is to ensure the provision of related needs on reproductive health in emergency situation and to reduce the drop-out rate for contraceptive use in disasters areas.

This technical guideline is expected to serve as references for steps that must be taken for contraceptive provision in health crisis situations that have been neglected so far because of disasters and areas that are affected by the disease outbreaks. In addition, this Technical Guideline explains the roles of Family Planning Field Workers (PKB and PLKB) in providing the contraceptive services, Information Education and Counselling, Monitoring and Evaluation, Recording and Reporting that is required when a health crisis occurs due to disasters and outbreaks

My great appreciation to the United Nations Population Fund (UNFPA), the FP2020 secretariat and all those who have contributed to this guideline. We still continue receiving for any inputs to enrich this first guideline, and this guideline can be useful to improve contraceptive services in health crisis in the area of disasters and disease outbreaks.

Jakarta, July 2020

Director of Family Planning Participation for the Unreached Groups



Dra. Evi Ratnawati



PREFACE

Millions of women and girls are displaced by natural disaster each year in Indonesia. With more than 9,300 disasters in 2019 alone, 5.3 million women and girls were affected and displaced, in other words, they are a uniquely vulnerable population. The rates of unintended pregnancies and maternal death, which are already high during the normal situation, magnifies during times of crises and in fragile contexts.

Women do not stop becoming pregnant or giving birth, therefore, their access to skilled birth attendants for safe delivery needs to be ensured. Their uninterrupted access to family planning during an emergency is also critical, to meet the dire needs of women and girls. It saves women's lives, improves their health, and strengthens the resilience of populations affected by crises. Family planning saves lives, and this is one of the main objectives of the updated Minimum Initial Service Package (MISP) for Reproductive Health, to ensure the availability of contraceptive services for prevention of unintended pregnancies in crisis situations.

Together with the Family Planning 2020 (FP2020) global partnership, UNFPA has been continuously working with the Government of Indonesia, including with the National Population and Family Planning Board (BKKBN), to reach population including marginalized, remote and displaced population with family planning services to achieve the Sustainable Development Goals (SDGs).

Under the leadership of the BKKBN, UNFPA has previously supported the development of a key document, the General Guideline on Contraceptive Services in Health Crisis after Disaster. In order to have handy and practical guidance, we are delighted to take part in the development of another key document, the Technical Guideline on Contraceptive Services in Health Crisis after Disaster. Under the coordination of BKKBN, this guideline was developed in close consultation with related stakeholders to meet the national and sub-nationals needs. This Technical Guideline covers practical steps for the stakeholders to take to ensure the availability of contraceptive services during the disaster preparedness phase, crisis response phase, as well as coordinated transition back to routine services to minimize the disruption in family planning services.

We would like to extend our deepest gratitude to BKKBN for the leadership and initiative in the development of this Guideline. Especially to Dr. Ir. Dwi Listyawardani, M.Sc.,Dip.Com, Deputy of Family Planning and Reproductive Health and Dra. Evi Ratnawati, Director of Family Planning Participation for the Unreached Groups for their invaluable contributions in the whole processes of the guideline development. Lastly, to the UNFPA Consultant Dr. Rosilawati Anggraini who contributed tirelessly in the development of this Technical Guideline.

We hope that this Technical Guideline on Contraceptive Services in Health Crisis after Disaster will be a valuable reference for the officers who are administering the critical family planning services at Central, Provincial, and Municipal/District levels as well as for the members of Reproductive Health sub-cluster and contribute to the wellbeing of women and girls in the country. We believe that rights-based family planning should be made available across all stages of humanitarian response, including in emergency preparedness, acute response, and recovery.

Jakarta, July 2020



Anjali Sen

Representative
UNFPA Indonesia



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CHAPTER I INTRODUCTION



CHAPTER I

INTRODUCTION

A. Background

1. Indonesia is one of the most disaster-prone countries in the world. This is due to the geographical location at the Pacific Ring of Fire, the climatic conditions, and an archipelago that is prone to various types of natural disasters such as earthquakes, tsunamis, Merapi volcanic eruptions, hydrological disasters and so on. Indonesia has a large population with diverse ethnic, cultural, religious, and political backgrounds and makes Indonesia vulnerable to non-natural disasters such as social conflict.
2. Infectious disease outbreaks are also one type of non-natural disaster that occurred in Indonesia, such as outbreaks of bird flu and swine flu in 2009-2010 and followed by the COVID-19 pandemic starting at the end of 2019 and is now spread across various continents in the world including Indonesia.
3. Considering the condition of Indonesia which is very disaster-prone and based on experience from earthquake disasters Central Sulawesi province (Palu) and West Nusa Tenggara (NTB) in 2018, the BKKBN has compiled a general guideline on "Contraceptive Services in Health Crisis after Disasters." This guideline contains detailed information about the basic concepts of disaster and health crisis, contraceptive services as part of the Minimum Initial Service Package (MISP) for reproductive health, activities at each phase of the health crisis including during pandemic, logistics that must be prepared, Information, Education and Communications (IEC) and community mobilization, recording and reporting as well as monitoring and evaluation activities
4. For the implementation of contraceptive services in health crisis at disaster-affected areas, technical guidelines need to be prepared as a companion document for general guidelines which is more concise, applicable, containing practical steps in the field. This technical guide is also supplemented with a cheat sheet that contains of summary of important information that can be used as a reference for implementation in the field immediately after a health crisis.
5. With the availability of general guidelines with theoretical content, accompanied with with practical and applicable technical guidelines accompanied by a cheat sheet at the emergency response phase, it is expected can help BKKBN for timely, comprehensive and quality disaster response through the provision of contraceptive services for population affected by the health crisis caused by the disaster

B. Objectives

- **General objective**

Improve access to contraceptive services as an effort to prevent unintended pregnancy

- **Specific objective**

1. Provide a companion guideline for general guideline and to facilitate implementation in the field from the pre-crisis, emergency response and post health crisis phase
2. Provide technical guidance that is practical, applicative and contains steps at each phase of the crisis including providing a flipchart (cheat sheet) containing summary of important information to be applied at the emergency response phase
3. Increase the capacity and active role of the BKKBN in responding to health crises due to natural and non-natural disasters (including pandemic) through provision of timely, comprehensive, and quality contraceptive services.

C. Target

Target audience for the technical guideline on Contraceptive Services in Health Crisis After Disaster are:

1. FP programme officers at Central, Province and Municipality/District levels
2. Ministries/institutions and relevant partners at central, province and municipality/district levels

CHAPTER II

CONTRACEPTIVE SERVICES DURING HEALTH CRISIS



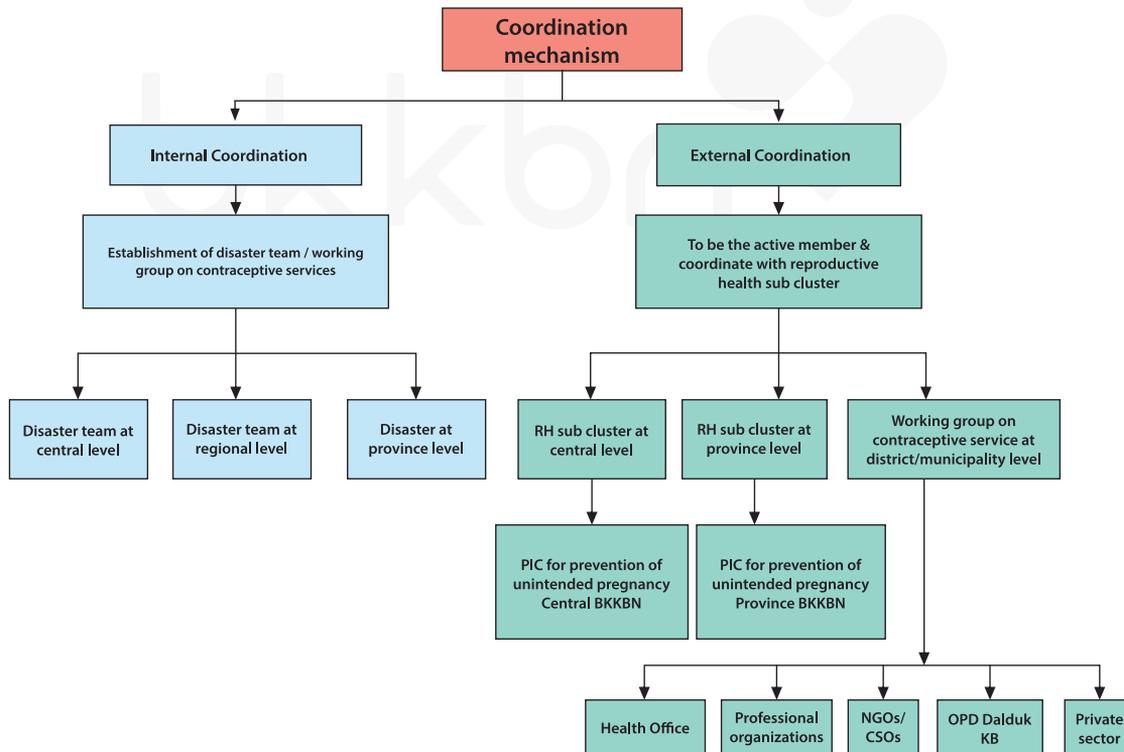
CHAPTER II

CONTRACEPTIVE SERVICES DURING HEALTH CRISIS

A. Coordination mechanism

Provision of contraceptive services in the health crisis is part of the implementation of Minimum Initial Service Package (MISP) for reproductive health. Contraceptive services aim to prevent unintended pregnancy which is one component of MISP and cannot be separated from other components which are also important namely the coordination mechanism under the auspices of the reproductive health sub-cluster. Therefore, for provision of contraceptive services, a general coordination mechanism is needed with BNPB/ BPBD, internal coordination of BKKBN and externally with related institutions/sectors.

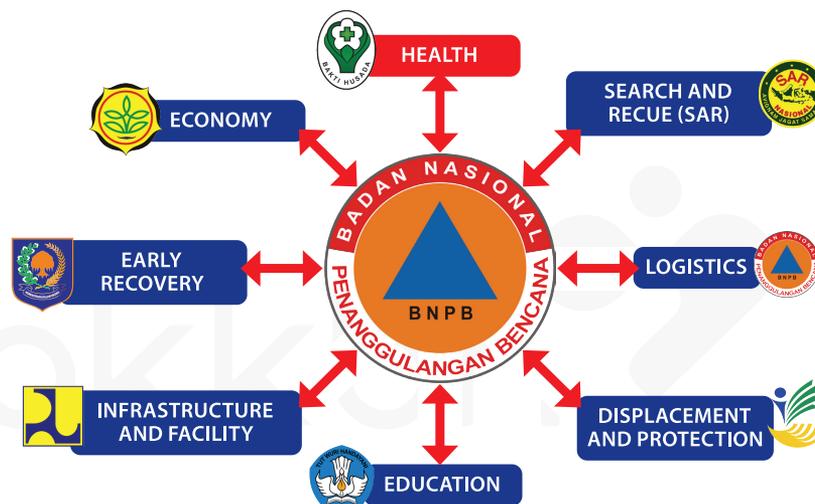
Flowchart 1: Coordination mechanism for contraceptive services in health crisis



Coordination mechanism for prevention of unintended pregnancy component:

1. General coordination

In general, disaster management in Indonesia is under the coordination of the National Disaster Management Agency (BNPB) at the central level and through the provincial and district/municipality Regional Disaster Management Agencies (BPBD) is using a national cluster system consisting of 8 clusters namely health, search and rescue, logistics, displacement and protection, education, facilities and infrastructure, economy and early recovery.



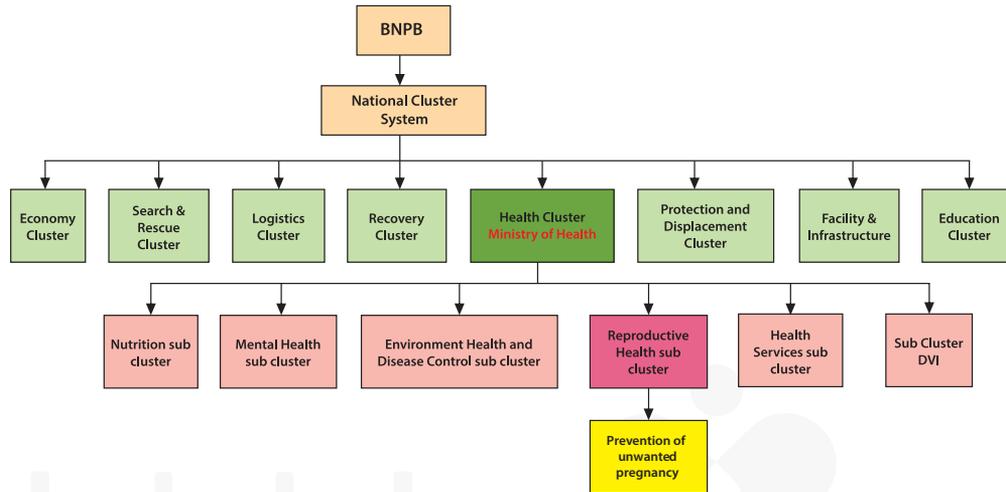
Picture 1: National disaster cluster system

Contraceptive services are implemented under the coordination of reproductive health sub-cluster which is part of the health cluster. The health cluster consists of 6 sub-clusters:

1. Nutrition sub cluster
2. Mental health sub cluster
3. Reproductive health sub cluster
4. Environmental health and disease control sub cluster
5. Disaster Victim Identification (DVI) sub cluster
6. Health services sub cluster

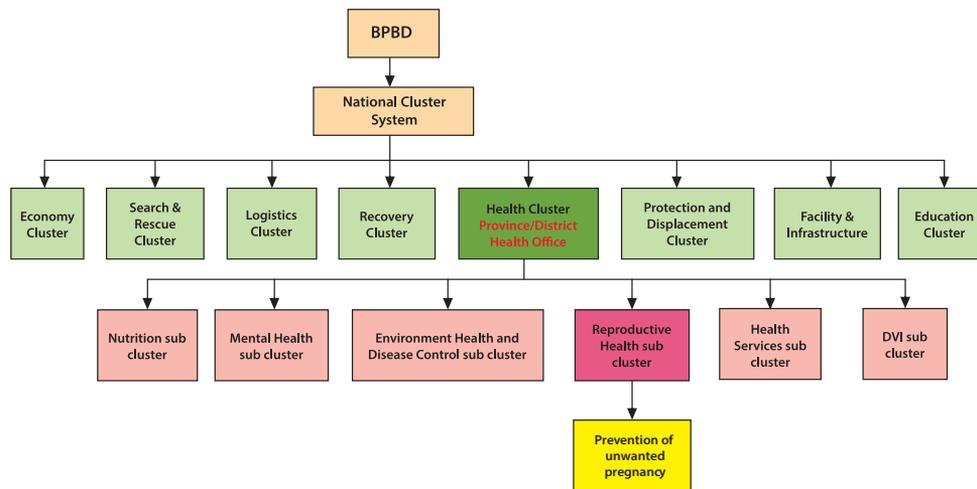
a. Coordination with BNPB at central level

Flowchart 2: Coordination mechanism with BNPB at central level



b. Coordination with BPBD at regional level

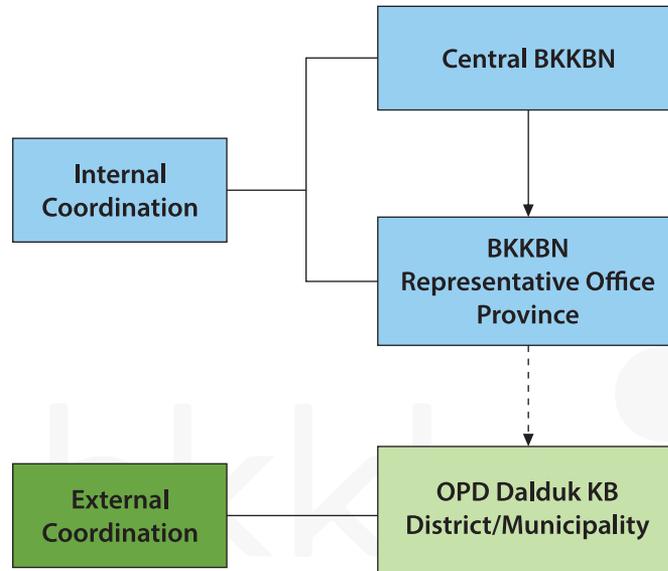
Flowchart 3: Coordination mechanism with BPBD at regional level



2. BKKBN's coordination mechanism

a. BKKBN's coordination line

Flowchart 4: BKKBN coordination line from central to province and to district/

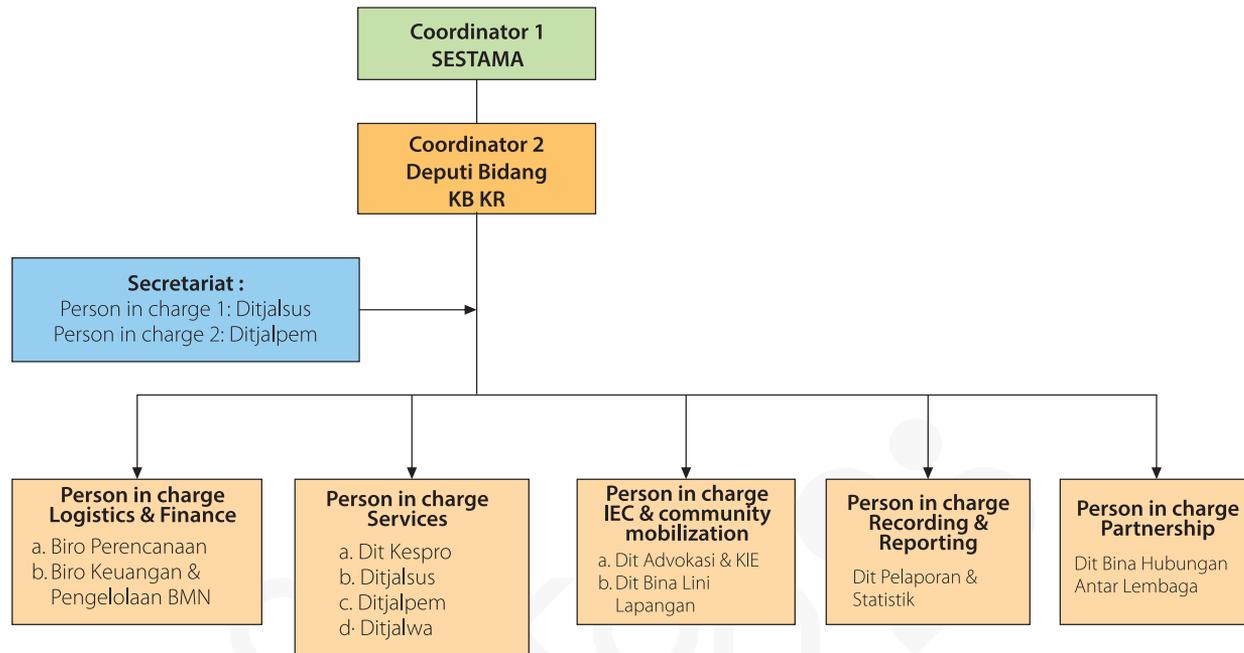


b. BKKBN internal coordination mechanism

▪ Disaster team at central level

Establishment of a BKKBN disaster team at the central level that is equipped with clear and detailed terms of reference and supported with budget allocations to support activities related to disaster preparedness and response. This standby team involved the relevant directorates within the central BKKBN office.

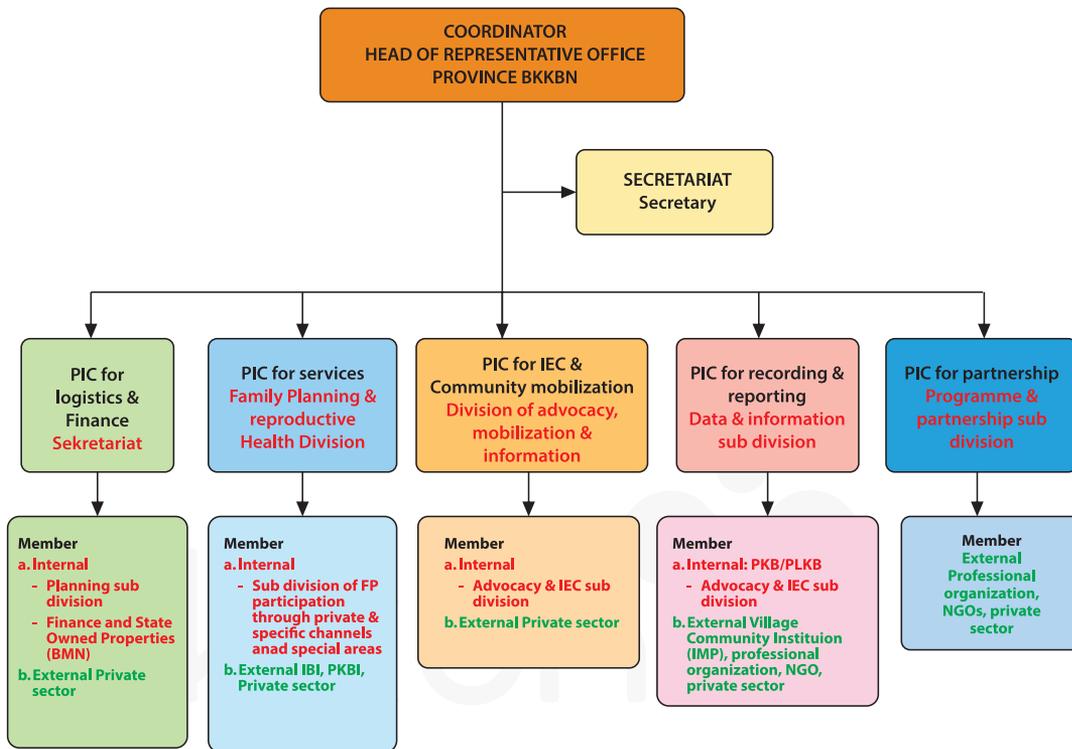
Flowchart 5: Organization structure of disaster team at central level



▪ **Disaster team at province level**

The provincial disaster team has an organizational structure that is almost the same as the disaster team at central level and consists of related divisions and subdivisions at the BKKBN representative office at the provincial level.

Flowchart 6: Organization structure of BKKBN disaster team at province level



Note:

The members from external BKKBN will actively participate during coordination mechanisms and will be involved during preparedness activities and emergency response.

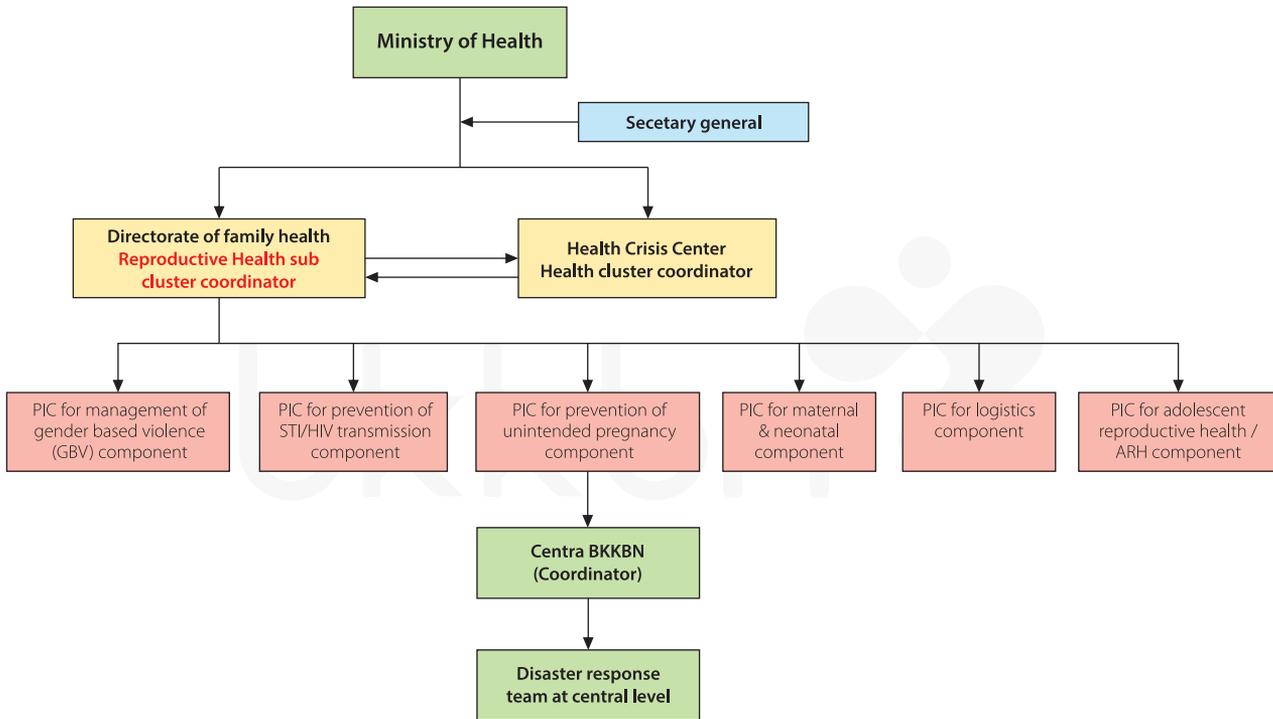
3. External coordination through reproductive health sub cluster

a. Coordination at central level

Contraceptive service is part of the MISP that is implemented under the coordination of the Reproductive Health (RH) sub cluster. RRH sub cluster is part of a health cluster that is responsible for availability and implementation of reproductive health during health crisis to prevent morbidity and mortality risk among the vulnerable groups.

BKKBN at central level must be an active member of the reproductive health sub-cluster and be responsible for the prevention of unintended pregnancies and coordinate with other members of the reproductive health sub-cluster.

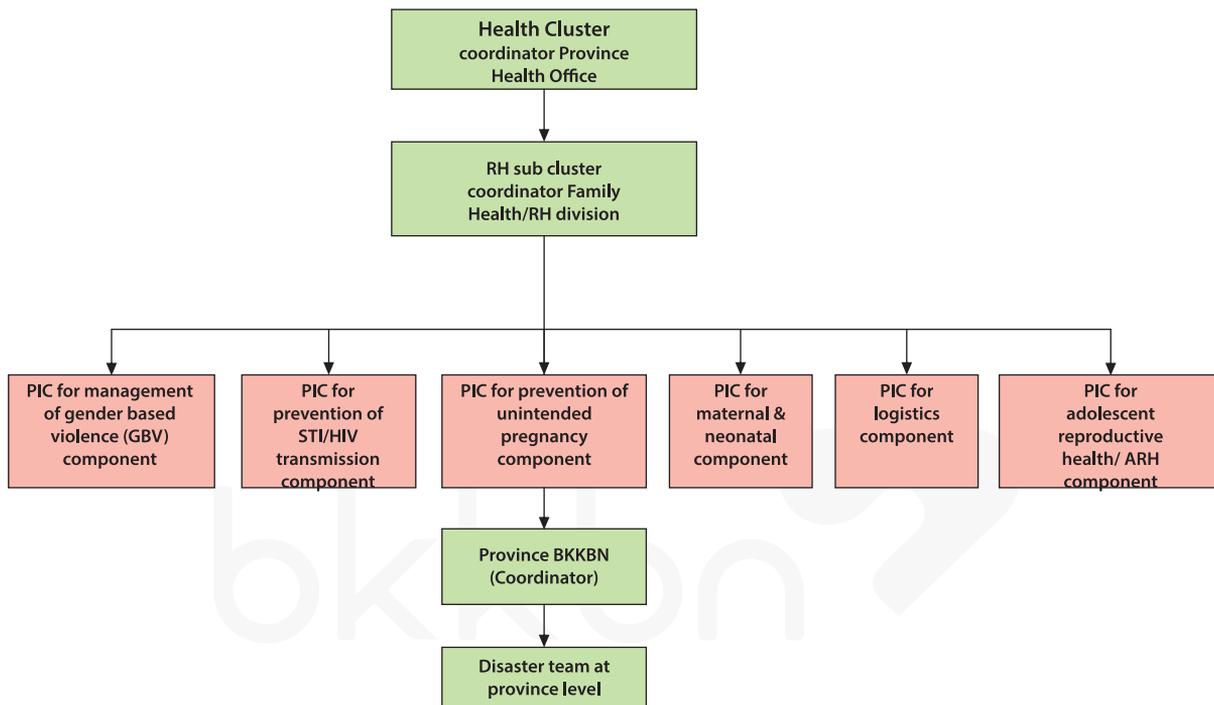
Flowchart 7: Coordination mechanism through reproductive health sub cluster



b. Coordination at province level

At the provincial level, coordination is carried out through the health cluster and reproductive health sub-cluster. The provincial BKKBN Representative Office must also become a member and participate actively in the reproductive health sub-cluster when formed.

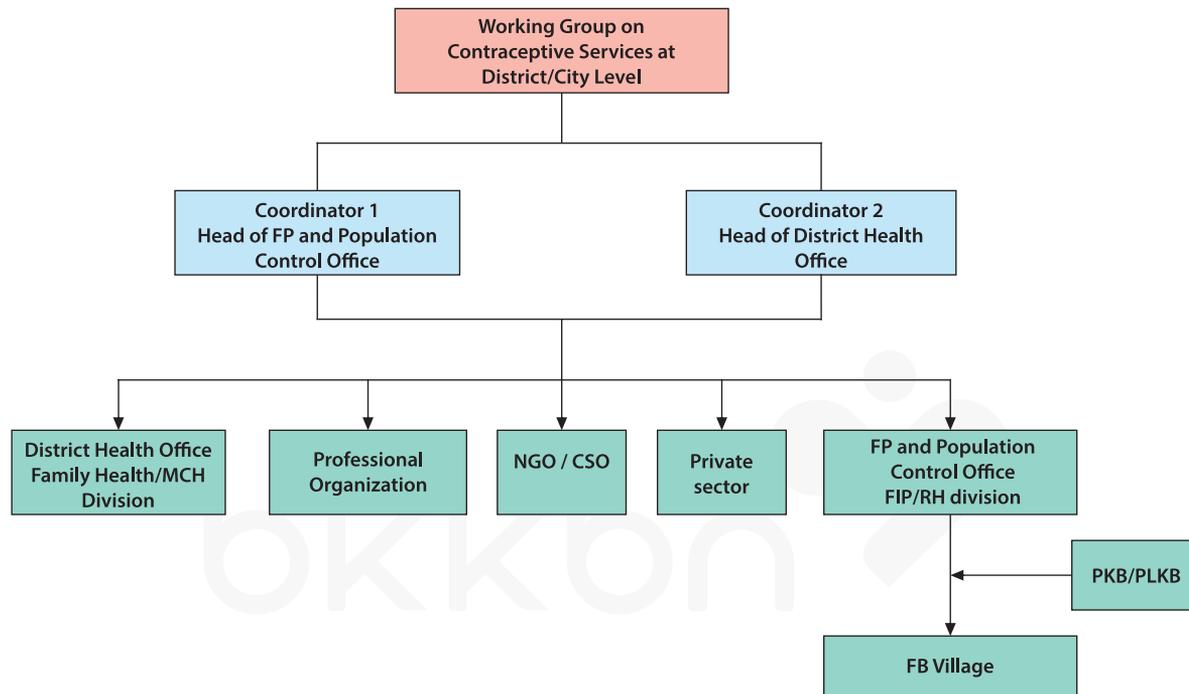
Flowchart 8: Coordination mechanism through reproductive health sub cluster at province level



c. Coordination mechanism at district/municipality level

At the district / municipality level with a high risk of disaster, it is recommended to form a contraceptive service working group (Pokja) under the coordination of the OPD Dalduk KB and related sectors as the members.

Flowchart 9: Coordination mechanism through working group on contraceptive service at district/ municipality level

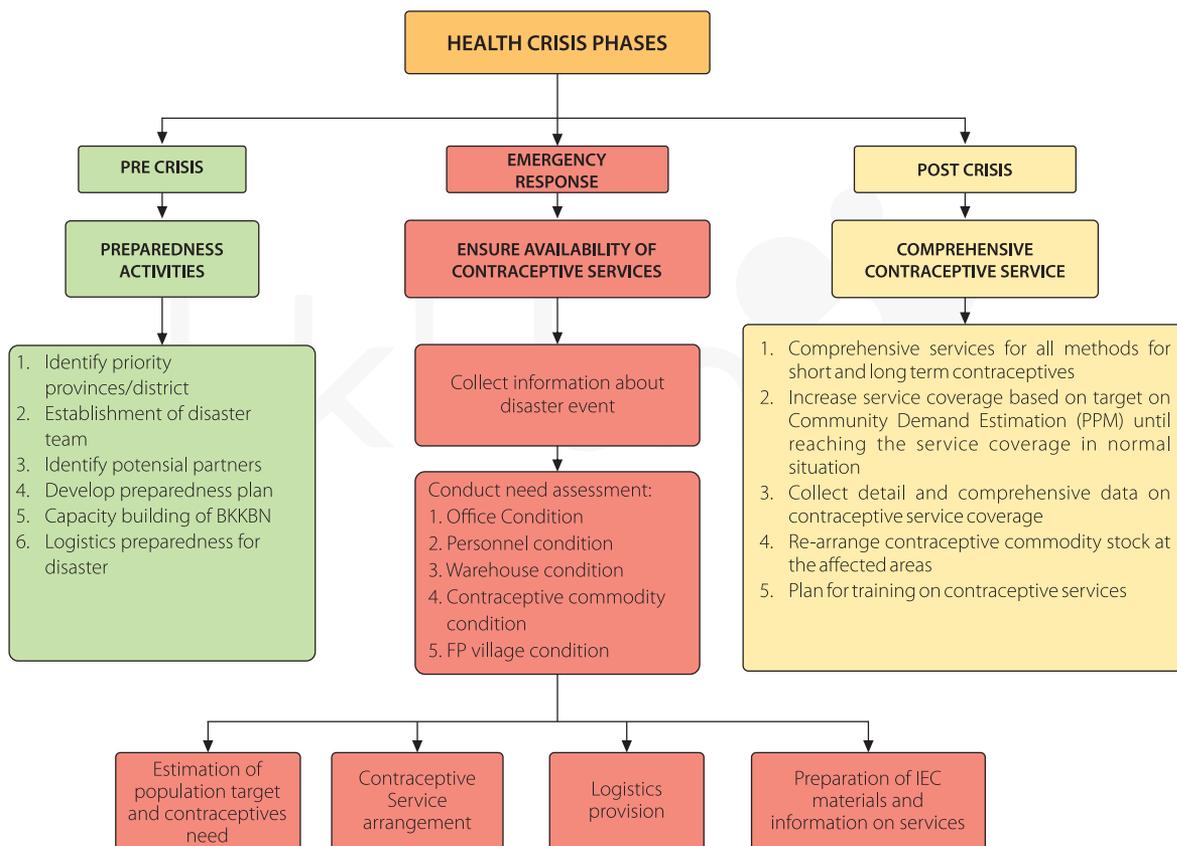


- Health office at district/municipalities level
- Professional organizations: such as Indonesian Midwives Association (IBI), POGI etc.
- Non-Government Organization (NGOs) working on reproductive health and family planning such as Indonesian Planned Parenthood Association (PKBI), Community Social Organization (CSO): Family Welfare Movement (PKK), community leader, religious leader, ethnic group leader etc
- Family planning village (Kampung KB): Family planning village (Kampung KB) FP village as a forum for community empowerment is a programme of BKKBN to improve the quality of life of people at the village level or the equivalent through BANGGA KENCANA programme and other related sector development in order to realize a small-quality family

B. Steps to be taken in each phase of health crisis

To be able to provide quality contraceptive services in a health crisis, a series of activities must be implemented on an ongoing basis; starting from preparedness activities at the pre-crisis phase, providing contraceptive services at the emergency response phase and providing comprehensive contraceptive services at the post-crisis phase where the situation has begun to stabilize (return to normal services as in the situation before the disaster).

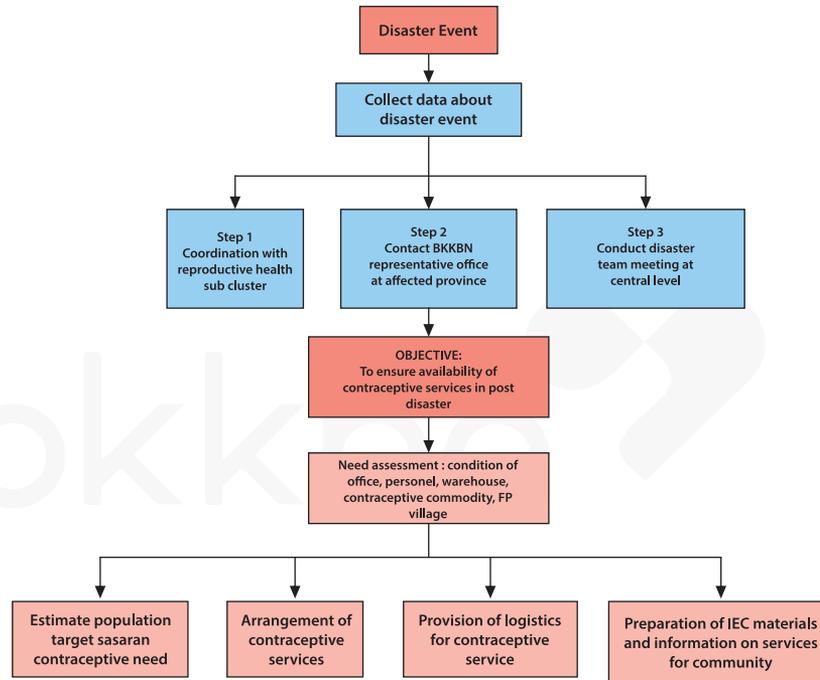
Flowchart 10: Steps to be taken at each phase of health crisis



C. Steps to be taken during emergency response to health crisis after natural disaster and pandemic:

a. Emergency response to health crisis after natural disaster

Flowchart 11: Steps to be taken during emergency response to health crisis after natural disaster



b. Emergency response to pandemic

Contraceptive services in pandemic are provided based on zoning of the affected area, whether the area is in a green, yellow, orange, or red zone related to the risk of increasing cases. The determination of zoning is carried out by the COVID-19 Response Acceleration Task Force (*"Gugus Tugas Percepatan Penanggulangan COVID-19"*) by using several indicators, namely:

1. Epidemiological indicators
2. Public health surveillance indicators
3. Community health service indicators

The indicators are collected on a regular basis and analyzed by the Task Force with scoring and weighing to determine the risk and area zones.

Red zone	High risk zone
Orange zone	Moderate risk zone
Yellow zone	Low risk zone
Green zone	Zone with no case or there were positive COVID-19 cases, but no new cases added in 4 last week and 100% cure rate

Flowchart 12: Steps to be done during the emergency response phase in response to the pandemic

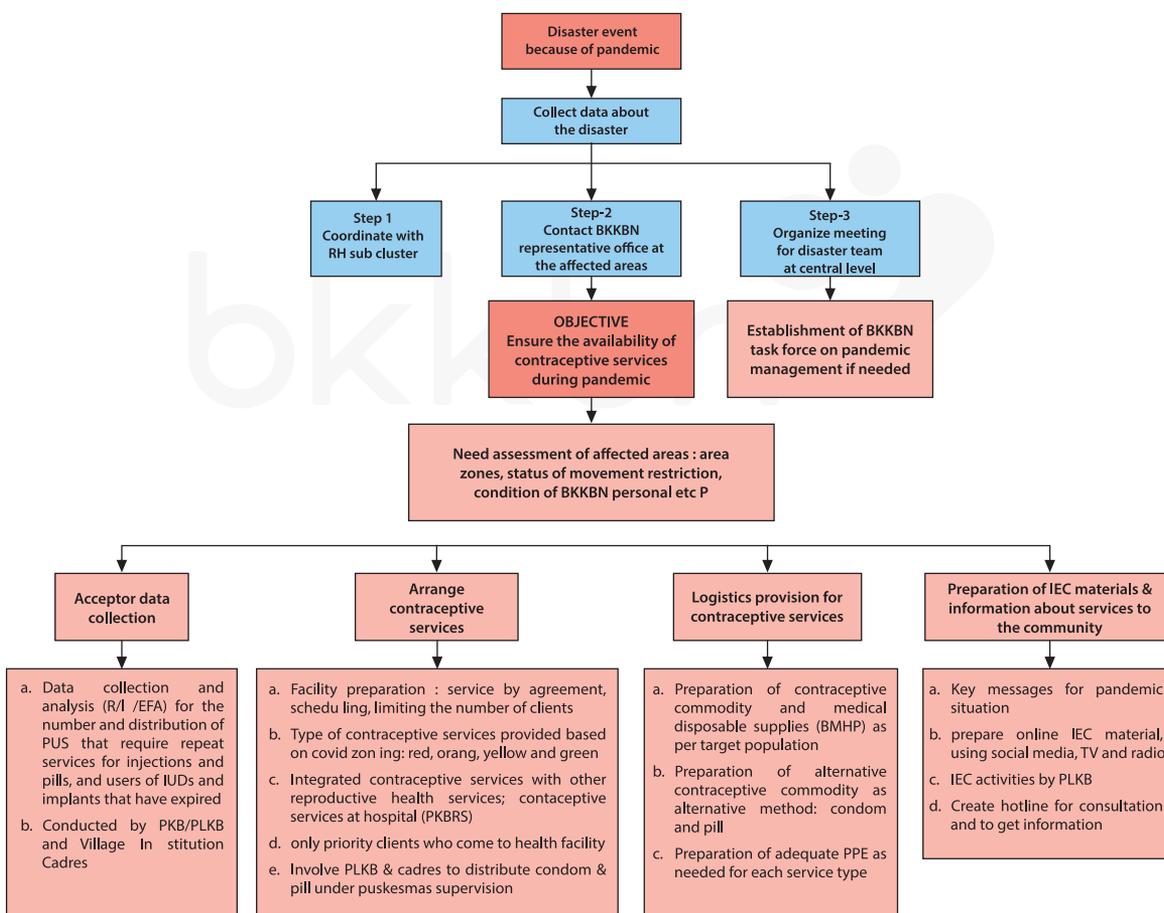


Table 1: Contraceptive services during pandemic

No	Criteria	Green zone & Yellow zone	Orange Zone and Red Zone
1	General mechanism for contraceptive services	Family planning services can be implemented but organized by setting the number of patients and the time of service that was done by tele registration	Family planning services can be implemented but organized by setting the number of patients and the time of service that was done by tele registration Family planning acceptors should not come to health workers, except those who have complaints, but should make prior appointment with health provider
		<ul style="list-style-type: none"> ▪ Conduct anamnesa using tele-registration: symptoms and risk of contracting COVID-19 (by searching history contact), consultation on FP use can be done face to face while still observing health protocols ▪ Validate anamnesa results using tele-registration through conducting triage to the client coming to the health facility 	<p>Conduct anamnesa using tele-registration:</p> <ul style="list-style-type: none"> ▪ symptoms and risk of contracting COVID-19 (If further information is still needed, can do face to face anamnesa with a limited time). ▪ Validate anamnesa results using tele-registration through conducting triage to the clients coming to the health facility
2	Medical and contraceptive services	Contraceptive services are provided with condition to that health providers use the complete PPE according to the standard and have obtained prior agreement: <ul style="list-style-type: none"> ▪ Acceptors/users with complaints such as as disturbing abdominal pain, vaginal discharge, and fever for IUD users and prolonged and heavier bleeding than usual menstruation for other family planning users 	Contraceptive services are provided with condition to that health providers use the complete PPE according to the standard and have obtained prior agreement: <ul style="list-style-type: none"> ▪ Acceptors/users with complaints such as as disturbing abdominal pain, vaginal discharge, and fever for IUD users and prolonged and heavier bleeding than usual menstruation for other family planning users

No	Criteria	Green zone & Yellow zone	Orange Zone and Red Zone
		<ul style="list-style-type: none"> ▪ Implant acceptors & IUD which has expired ▪ Injectable users with upcoming schedule 	<ul style="list-style-type: none"> ▪ Implant acceptors & IUD which has expired ▪ Injectable users with upcoming schedule ▪ New acceptors who will use IUD, implant, injectable and pill will be screened with using Roda Klop
		<p>Pills can be given by PLKB and cadres under the coordination and supervision of health workers for the recurrent pill acceptors on schedule</p>	<ul style="list-style-type: none"> ▪ Existing users as schedule to get recurrent pill ▪ New pill users that already completed consultation with health provider
		<p>Health workers continue to provide postpartum family planning (KBPP) services according to the programme by prioritizing the long-term contraceptive method/ MKJP method (IUD Post-Placenta IUD or MOW as indicated)</p>	
		<p>Provision of condoms can be given by PLKB and cadres under the coordination and supervision of health workers for acceptors who cannot come to the health care provider.</p>	<p>Provision of condoms can be given by PLKB and cadres under the coordination and supervision of health workers for IUD or Implant acceptors or injections that have expired but users cannot visit health facilities physically. IUD and implants that have expired do not have a hazard effect for the body if left stored in the body.</p>
		<p>Health worker can provide tubectomy interval and vasectomy services in the first level health facility (FKTP) and referral health facility (FKTRL) by using PPE according to standards and paying attention to COVID-19 prevention protocol</p>	<p>Postpone the tubectomy interval and vasectomy services, until the area is determined to be a green zone or a yellow zone (Acceptors can be recommended using other FP methods)</p>

No	Criteria	Green zone & Yellow zone	Orange Zone and Red Zone
3	Counselling	Family planning counseling can be conducted directly using PPE and adhering to the COVID-19 transmission prevention protocol, but as much as possible optimizing the use of online media	Family planning counseling is not conducted in person or face-to-face, can be transferred through online media (WA, SMS, cellphone, application, etc.)
4	Submission of complaints and further information	Health workers provide consultation to clients using wa / telephone or receive clients directly using PPE and pay attention to the COVID-19 prevention protocol	Health workers provide consultation to clients using WhatsApp/telephone.
5	Community mobilization	Field officers are allowed to provide IEC and counseling directly but in limited number of participants and pay attention to the COVID-19 prevention protocol	Field workers (PLKB) are not permitted to provide IEC and counseling both personally and directly to the community
		Providing IEC can be combined with the use of online media (WA, telephones, smart phone applications, etc.)	The provision of IEC can be given by optimizing the use of online media (WA, telephone, smart phone applications, etc.)
		Optimize the recording and monitoring of acceptors and coordinate with local midwives to ensure that there are no dropouts for acceptors during the COVID-19 pandemic	

Table 2: Types of contraceptive services along with the types of PPE used at each facility

Service type	Procedure/technique	PPE used by health provider
Counselling	Face to face with a minimum distance of 2 meters	<ul style="list-style-type: none"> ▪ Surgical mask ▪ Faceshield ▪ Head cover
Delivery of pill and condom	Birth control pills or condoms are delivered with medicine trays / trays	<ul style="list-style-type: none"> ▪ Surgical mask ▪ Gloves ▪ Face shield ▪ Head cover
Injectable service	The acceptor prepares the position of the buttocks ready for injection by sleeping on her stomach with his face facing in the opposite direction of the health worker position	<ul style="list-style-type: none"> ▪ Surgical mask ▪ Gloves ▪ Face shield ▪ Head cover
Implant insertion	The acceptor prepares the position of the buttocks ready for injection by sleeping on his stomach with his face facing in the opposite direction of the health worker position	<ul style="list-style-type: none"> ▪ Surgical mask ▪ Gloves ▪ Face shield ▪ Head cover
IUD insertion	The acceptor prepares a position ready for IUD insertion	<ul style="list-style-type: none"> ▪ Minimum surgical mask ▪ Long gloves ▪ Face shield ▪ Gown ▪ Head cover
Tubectomy service	According to procedure	<ul style="list-style-type: none"> ▪ N95 mask ▪ Gloves ▪ Face shield ▪ Gown ▪ Head cover

Service type	Procedure/technique	PPE used by health provider
Vasectomy service	According to procedure	<ul style="list-style-type: none"> ▪ N95 mask ▪ Gloves ▪ Face shield ▪ Gown ▪ Head cover
Post Partum Family Planning (KBPP)	Follow the Standard Operating Procedures (SOPs) used in childbirth assistance and types of contraceptive services.	<ul style="list-style-type: none"> ▪ PPE used in childbirth assistance and types of contraceptive services



Table 3: Type of PPE for contraceptive services by PLKB/cadre

Service type	Procedure/Technique	PPE for the health providers
Provision of IEC	The provision of IEC must be carried out while still complying with the standard protocols for preventing COVID-19 transmission, with a minimum distance of 2 meters.	<ul style="list-style-type: none"> ▪ Cloth mask (3-ply) ▪ Face shield
Delivery of birth control pills and condoms	The provision of IEC must be carried out while still complying with the standard protocols for preventing COVID-19 transmission, with a minimum distance of 2 meters.	<ul style="list-style-type: none"> ▪ Cloth mask (3-ply) ▪ Face shield

D. Differences of contractive services health crisis after natural disaster and non-natural disasters due to out break pandemic situation

Table 4: Differences of contraceptive services in health crises caused by natural and non-natural disasters due to pandemic

Component	Natural disaster	Pandemic situation
Population target	All existing users to avoid dropouts in contraceptive use	Priority contraceptive services given to: <ul style="list-style-type: none"> ▪ Acceptors/users with complaints such as disturbing abdominal pain, vaginal discharge, and fever for IUD users and prolonged and heavier bleeding than usual menstruation for other family planning users ▪ Implant acceptors & IUD which has expired ▪ Injectable users with upcoming schedule ▪ New acceptors who will use IUD, implant, injectable and pill will be screened with using Roda Klop ▪ Other clients can visit health facility with following COVID-19 protocols, make prior agreement to get specific schedule and use tele registration
Contraceptive method	<ul style="list-style-type: none"> ▪ Short- and long-term modern contraceptive ▪ Vasectomy provided using mobile service (muyan) if situation is stabilized 	<ul style="list-style-type: none"> ▪ Reversible long term modern contraceptive method ▪ Alternative method if ideal method is not available
Service mechanism	<ul style="list-style-type: none"> ▪ Services at static health facilities or temporary health facilities (reproductive health tent) 	<ul style="list-style-type: none"> ▪ Limited services given to the priority target population

Component	Natural disaster	Pandemic situation
	<ul style="list-style-type: none"> ▪ Mobile services to reach IDPs 	<ul style="list-style-type: none"> ▪ Type of services given based on area zones whether red, orange, yellow or green ▪ Give contraceptive service when PPE is available for each type of contraceptive services ▪ Limit the contact with client: online services, with prior agreement, specific service schedule and limiting the number of clients
IEC and community mobilization		
IEC materials	Prepare IEC messages printed on useful materials for IDPs such as plastic fans, folded jerrican, hygiene kit bags etc.	IEC materials are prepared electronically in the form of pictures, sound recordings, video recordings including in the form of public service information (PSA)
IEC method	IEC activities and information session actively conducted through: <ul style="list-style-type: none"> ▪ Mobile service at IDPs camps using information car (mupen) ▪ Media talk show on radio, dll 	<ul style="list-style-type: none"> ▪ IEC activities and counseling are conducted with contact restrictions: ▪ Use online methods & use social media, internet, electronic media (TV / Radio) ▪ IEC activities, counseling through telephone (hotline number)
Key messages	1. During emergency response: <ul style="list-style-type: none"> - the importance to continue using contraceptive and prevent dropouts to avoid unintended pregnancy - how to get contraceptive services including the information on service locations 	1. For eligible couples (PUS) who postpones pregnancy or does not want to get pregnant again must use contraceptive commodities 2. To get contraceptive services, the acceptors to make an agreement or tele registration before coming to a health facility to get a specific schedule of service.

Component	Natural disaster	Pandemic situation
	<p>2. During post crisis when situation is stabilized: motivate eligible couples in community to use more advance contraceptive including permanent method</p>	<p>3. For IUD/Implant/injectable acceptors that have expired or for new acceptors if it is not possible to come to a health worker:</p> <ul style="list-style-type: none"> ▪ can use condoms ▪ if it is not available, can use traditional methods (periodic abstinence or interrupted sexual intercourse). <p>4. For existing pill acceptors, can contact PLKB or cadres or health workers via telephone to get the pills</p> <p>5. For mothers who will give birth, immediately plan for the use of postpartum family planning, especially using a post-placenta IUD or tubectomy as indicated.</p> <p>6. Consult health workers for any complaint by telephone or come to the health provider with an agreement to get further advice</p> <p>7. Get information about FP online, through the official BKKBN website or direct consultation with health workers via telephone</p> <p>8. Apply the COVID-19 protocol when visit health facility: using a mask, washing hands with soap, and running water or hand sanitizer, and maintaining a minimum distance of 1.5-meters from other visitors</p>

Component	Natural disaster	Pandemic situation
		9. For acceptors with positive COVID-19 other COVID-19 status, consult health conditions and & not encouraged to have sex during this period so that the use of contraceptives can be postponed. Immediately get the service after recovery or completion of the observation period
Logistics needs	Contraceptive commodity, medical disposable supplies (BMHP), supporting facilities, IEC materials	<ul style="list-style-type: none"> ▪ To add quantity of contraceptive stock particularly for pill and condom as an alternative/temporary methods during pandemic ▪ Same with logistics needs for natural disaster with addition PPE based on provided services

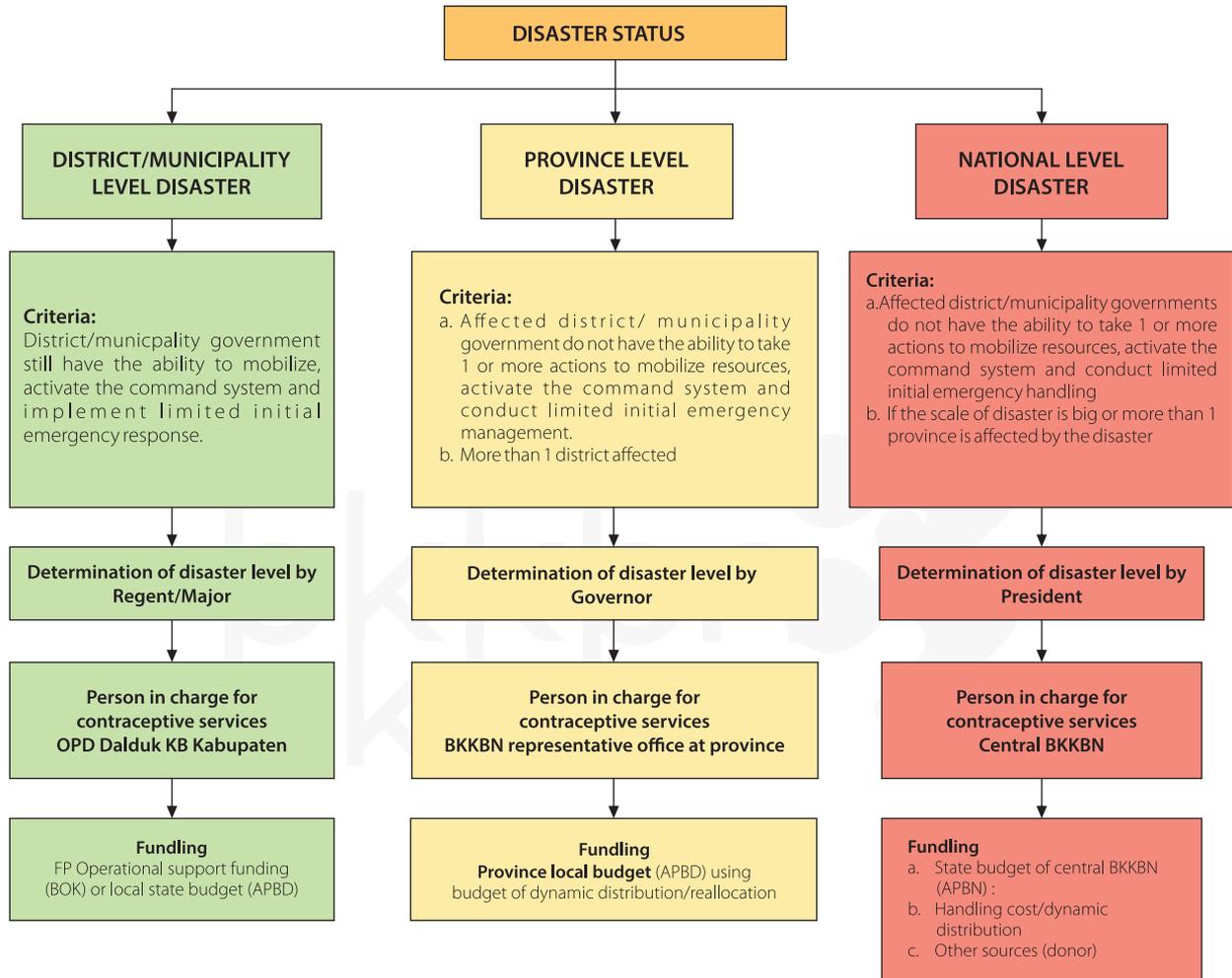
E. Determination of disaster status

Disaster response in Indonesia is based on status or level of disaster. In accordance with article 23 of Government Regulation No. 21 of 2008, it states that a state of disaster is implemented by the government or regional government in accordance with their level. Disaster emergencies can be divided into 3 levels, namely: district / municipalities level of disaster, provincial level of disaster and national level of disaster.

Disaster emergency status is determined based on:

- a. The availability of resources that can be mobilized for disaster emergency management consisting of officers / personnel, logistics and equipment as well as financing
- b. The ability of local governments to activate the command system: disaster emergency command posts and emergency management field post
- c. The ability to implement initial disaster emergency response of disaster emergencies consisting of rescue and evacuation of threatened victims / population, fulfillment of basic needs, protection of vulnerable groups and restoration of vital facilities and infrastructure functions

Flowchart 13: Determination of disaster status



The authority and responsibility for the provision of contraceptive services by the BKKBN will follow the determination of the status of a disaster emergency, whether it is the responsibility of the OPD Dalduk KB at district/municipality, the provincial BKKBN or the central BKKBN. The provision of contraceptive services will be implemented in coordination with related sectors under the reproductive health sub-cluster. However, technical guidance and support can always be provided by the provincial and central BKKBN as needed, regardless of the status of the disaster emergency

F. Contraceptive services during specific conditions

In addition to contraceptive services in health crisis situations due to natural and non-natural disasters because of pandemic as described above, there are contraceptive services that must be provided in specific situations and conditions that occurred in Indonesia such as situation of increasing number of contraceptive service targets from outside of service area due repatriation of large numbers of Indonesian migrant workers from abroad (cases of the repatriation of around 4,000 Indonesian migrant workers from abroad due to the COVID-19 pandemic situation in NTB province in 2020) and hundreds of refugees from Rohingya who were stranded in Aceh province in 2015 and 2020.

Service component	Repatriation of migrant workers from abroad (TKI/TKW)	Illegal/irregular migrants stranded in Indonesia
1. Target population	Eligible couples who need contraceptive service	Eligible couples who need contraceptive service
2. Source of contraceptive commodities	<ul style="list-style-type: none"> ▪ During temporary displacement: using maximal stock of province BKKBN ▪ After returning to the area of origin: contraceptive commodities form maximum stock at district as area of origin 	<ul style="list-style-type: none"> ▪ During temporary displacement: using maximal stock of province BKKBN
3. Person in charge for services	<ul style="list-style-type: none"> ▪ BKKBN representative office at temporary displacement location ▪ OPD Dalduk KB after returning to area of origin 	BBKBN representative office at temporary displacement location
4. Service mechanism	<ul style="list-style-type: none"> ▪ Visit to health facility ▪ Mobile services 	Mobile service to displacement location for migrant

Service component	Repatriation of migrant workers from abroad (TKI/TKW)	Illegal/irregular migrants stranded in Indonesia
5. Recording and reporting mechanism	Non routine data – extraordinary data – disaster data, see recording and reporting mechanism at chapter VI	Non routine data – extraordinary data – disaster data, see recording and reporting mechanism at chapter VI
6. Funding for service and operational cost	<ul style="list-style-type: none"> ▪ Budget for mobile services ▪ Budget for social service activity/ momentum 	<ul style="list-style-type: none"> ▪ Budget for mobile services ▪ Budget for social service activity/momentum ▪ Funding from private sectors

Experience from DKI Jakarta province in providing contraceptive services for local migrant workers during COVID-19 pandemic

During the COVID-19 pandemic, there was a decrease in the coverage of contraceptive services in the territory of Indonesia, especially in areas affected by COVID-19, including the DKI province for the period March - June 2020. economy of the plague. Many migrant workers lose their jobs and income, so there are financial constraints to get construction services. In addition, most of the informal workers do not have a Jakarta identity card so they do not have access to a health card, which is a health service card for people who can not afford and do not have a BPJS health insurance card that can be used in DKI Jakarta. To be able to serve this group, the DKI Jakarta Provincial Health Service provides services by requiring acceptors who come to pay retribution fees at health facilities and services to be provided using mobile service funds and social service funds or momentum activity funds such as during National Family Day commemoration. On the commemoration of Harganas, contraceptive services are provided free of charge without service fees in collaboration with the Health Office with the Indonesian Midwives Association (IBI)

G. Provision of facility to fulfill Sexual and Reproductive Health and Rights (SRHR)

The continuation of a healthy sexual life is one of the basic needs of IDPs and is part of the sexual and reproductive health rights, especially for a long period of time of displacement. The Sexual and Reproductive Health and Rights (SRHR) ensuring each individual to be able to make decisions regarding their sexual and reproductive activities without discrimination, coercion, and violence. SRHR ensures an individual can choose whether he/she will engage in sexual activity or not, when he will do the activity, and with whom he/she does the activity. Provision of facilities for the fulfillment of the need to have a healthy sexual life is carried out as an effort to fulfill sexual and reproductive health rights and to prevent sexual violence/rape in IDPs camps.

Principles in providing facilities:

1. Involve IDPs (men and women) in designing and planning these facilities to get input according to their preference including the form of facilities, naming, and usage arrangements
2. Provision of facilities must be in accordance with local cultural norms and pay attention to local wisdom. There are no standards or guidelines on how to provide this facility because it depends very much on the situation and local culture.
3. Provision of this facility must be done in coordination with the reproductive health sub-cluster and the protection and displacement sub-cluster
4. Conduct monitoring and evaluation to monitor utilization and make improvements when needed



Picture 2: pictures of facility for healthy sexual and reproductive health life during displacement



CHAPTER III

LOGISTICS FOR CONTRACEPTIVE SERVICES



CHAPTER III

LOGISTICS FOR CONTRACEPTIVE SERVICES

A. Logistics needed for contraceptive services

To be able to provide contraceptive services in a health crisis, logistical support is needed in the form of emergency office facilities (if office buildings are severely damaged / destroyed and cannot be used), equipment for temporary contraceptive services including service tents, contraceptive commodities, Medical Consumable Materials (BMHP), IEC materials with Decision Making Tools (ABPK), Institutional identity (visibility items) and supporting facilities such as service car (Muyan) and information car (Mupen)

Below is the list of logistics needs for contraceptive services

Table 5: List of logistics needs for contraceptive services

LOGISTICS NEED	ITEM	REMARK
1. Emergency office		
If office buildings are damaged/ affected after disaster	Tent with folded tables and chairs, stationaries, other items for emergency office	<ul style="list-style-type: none"> ▪ Prepared during pre crisis phase as part of preparedness activities ▪ Stored/stockpiled at central BKKBN
2. Contraceptive services		
Temporary service tent	Can be part of RH tent services	<ul style="list-style-type: none"> ▪ Procured by BKKBN ▪ Coordination with RH sub cluster (integrated services at RH tent)
Contraceptive commodities (alokon)	Reversible short- and long-term contraceptive methods	<ul style="list-style-type: none"> ▪ According to the target population figure: number of eligible couples or according to estimated population target based on number of IDPs
Medical equipment and consumables (BMHP)	According to estimated contraceptive commodities (alokon) needs	

LOGISTICS NEED	ITEM	REMARK
Hygiene Kit	Estimated target of women of reproductive age = 25% of refugees	<ul style="list-style-type: none"> Procured by BKKBN Coordination with RH sub cluster (integrated services at RH tent)
3. Supporting facility		
a. Service car (Muyan) b. Information car (Mupen)	Human resources, fuel, operational costs	Budget allocation for operational cost and for mobile services
4. IEC material		
a. education materials at health facility and IDPs tents b. Decision Making Tools (DMT)	Printed at useful materials such as plastic fan, folded jerrican, hygiene kit bags etc.	Prepared and procured during pre crisis as part of preparedness activities
5. Visibility items		
Items to show institution identity	Vest, T-shirt, Hat, Sticker banner	Prepared and procured during pre crisis as part of preparedness activities

For non-natural disaster situations due to pandemic, the following logistics needs to be added:

<p>Outbreak Pandemic situation</p> <ul style="list-style-type: none"> The amount of contraceptive commodity added to the stock for an alternative method as a temporary call method in the form of pills and condoms Need for Personal Protection Equipment (PPE) according to the type of contraceptive services provided and who provides service Number of contraceptive and stock for temporary alternative methodes i.e:Pill & Condom
--

Type of PPE that are needed for contraceptive services in contractions:

PPE for health provider	PPE for FP field worker (PLKB) and cadre
<ul style="list-style-type: none"> ▪ Surgical mask ▪ N95 mask ▪ Face shield ▪ Head cover ▪ Gown ▪ Gloves 	<ul style="list-style-type: none"> ▪ Cloth mask 3-ply ▪ Face Shield

Note:

PPE can be obtained from various sources and in coordination with the reproductive health and health clusters sub-cluster:

- PPE procured by the National Disaster Management Agency (BNPB)
- Ministry of Health
- BKKBN (PPE as part of medical disposable items/BMHP)
- NGO, Donor
- Private sector
- Donations from community
- Other sources

B. How to calculate estimated target population and contraceptive commodity needs

In normal situations, BKKBN calculates the allocation of routine supplies by calculating the target number, namely the number of eligible couples (PUS). In the early stages of a health crisis emergency response, usually it is very difficult to get complete data on affected populations, including PUS data. Therefore, the calculation of estimated targets and allocation needs by using statistical estimates based on available data on the number of IDPs.

The target estimate is recalculated because after the disaster there will be a change in population due to the death, missing persons, IDPs coming from other areas. Based on the need assessment result and number of IDPS, the estimated target for each contraceptive method and the contraceptive needs will be calculated.

Calculation of estimated target population and estimated contraceptive commodities needs based on data on the number of IDPs and data on modern contraceptive use based on the results of the 2017 Indonesian Demographic Health Survey (IDHS):

Table 6: Calculation of estimated population target and contraceptive commodity needs

METHOD	IDHS 2017 DATA	FORMULA
Condom	2.5 %	<ul style="list-style-type: none"> ▪ Calculation of condom need for 3 months is based on estimation that sexually active men is 20% of IDPs and have sexual intercourse in average 3x a week ▪ Sexually active male = 20% x no of IDPs = a ▪ Using condom: 2.5% x a = b ▪ Quantity of condom: in average sexual intercourse 3x/week, and 4 weeks/month ▪ Condom need per month 3 x 4 =12 pcs/month ▪ Condom need for 3 months = b x 12 pcs x 3 months = c ▪ Extra (buffer) : 20% of c = d ▪ Total condom need= c + d
Pill	13.1%	<ul style="list-style-type: none"> ▪ Calculation of pill need for 3 month is from calculation of no of women of reproductive age (WRA) and 13.1% of WRA are using pill ▪ No of WRA is 25% x no of IDPs = a ▪ Using pill: 13.1% x a = b ▪ No of pill needed 3 month = b x 3 months = c ▪ Extra/buffer: 10% x c = d ▪ Total pill need = c + d
Injectable	29%	<ul style="list-style-type: none"> ▪ Calculation of injectable need for 3 month is from calculation of no of women of reproductive age (WRA) and 29% of WRA are using injectable ▪ No of WRA: 25% x no of IDPs = a ▪ Using injectable: 29% x a = b ▪ No of injectable needed for 3 months = b (injectable provided by BKKBN is for period of 3 months)

METHOD	IDHS 2017 DATA	FORMULA
IUD	4.7%	<ul style="list-style-type: none"> ▪ Calculation of IUD need for 3 month is from calculation of no of women of reproductive age (WRA) and 4.7% of WRA are using IUD ▪ No of WRA: $25\% \times \text{no of IDPs} = a$ ▪ Using IUD: $4.7\% \times a = b$ ▪ No of IUD needed = b
Implant	4.7%	<ul style="list-style-type: none"> ▪ Calculation of implant need for 3 month is from calculation of no of women of reproductive age (WRA) and 4.7% of WRA are using implant ▪ No of WRA: $25\% \times \text{no of IDPs} = a$ ▪ Using IUD: $4.7\% \times a = b$ ▪ No of IUD needed = b
Emergency contraceptive pill	2%	<ul style="list-style-type: none"> ▪ Calculation of emergency contraceptive pill need is from the estimation that 2% of WRA will experience rape/sexual violence ▪ No of WRA: $25\% \times \text{no of IDPs} = a$ ▪ No of WRA who will experience risk of rape/sexual violence: $2\% \times a = b$ ▪ No of emergency contraceptive pill needed: b ▪ Can use combined pill (30 microgram Ethinil Estradiol with 0.15 mg Levonorgestrel 4 tablet, to take as soon as possible, followed with the same dose 12 hours later) = $b \times 8 \text{ tablet}$

C. Contraceptive commodities preparation and distribution during health crisis

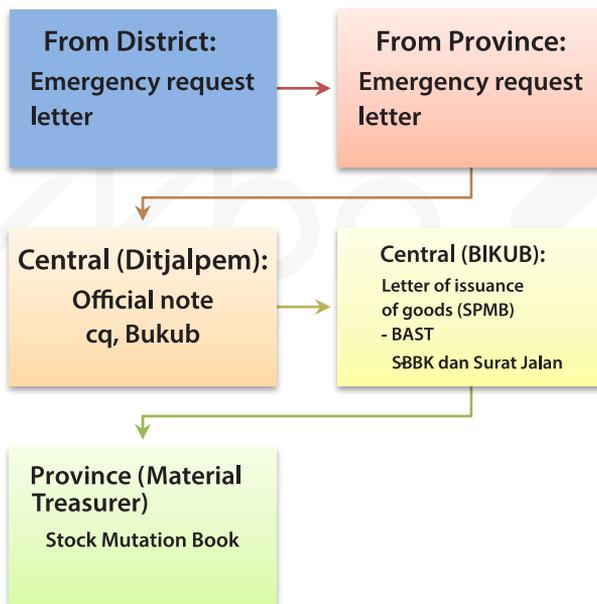
Mechanism for request, distribution, and supply chain of contraceptive commodities in health crisis

- a. Mechanism for provision and request of contraceptive commodities during emergency response to health crisis
- b. The needs of contraceptive commodities in a health crisis will be provided through the following mechanisms:
 - Use the maximum stock available at the district level. If the stock is still sufficient, reallocation can be made between health facilities in the district

- Use the maximum stock available at the provincial level. If the stock at the province level is inadequate, reallocation can be made between provinces
 - Use a buffer stock at the central level as a last alternative if needed
- c. Request for contraceptive commodity will be made officially through emergency requests using the district/municipality request for contraceptive commodity form. In the early days of a disaster, emergency requests can be made via telephone communication and an official emergency request letter will be submitted as soon as the situation allows

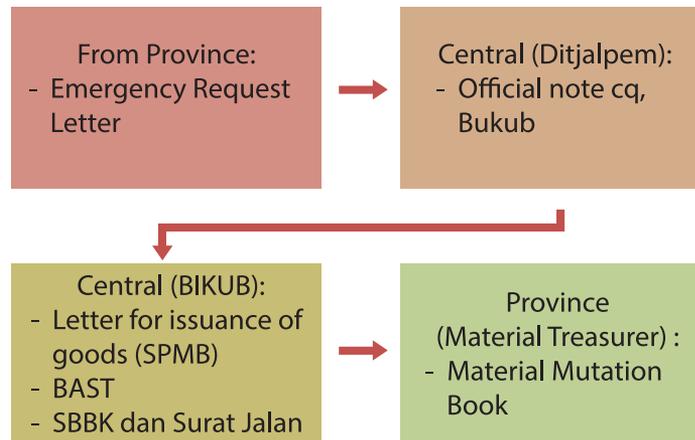
Administrative flow for emergency request:

- a. Emergency request flow from district



Source: Regulation of Head of BKKBN no 9 - year 2019

b. Emergency request flow from province



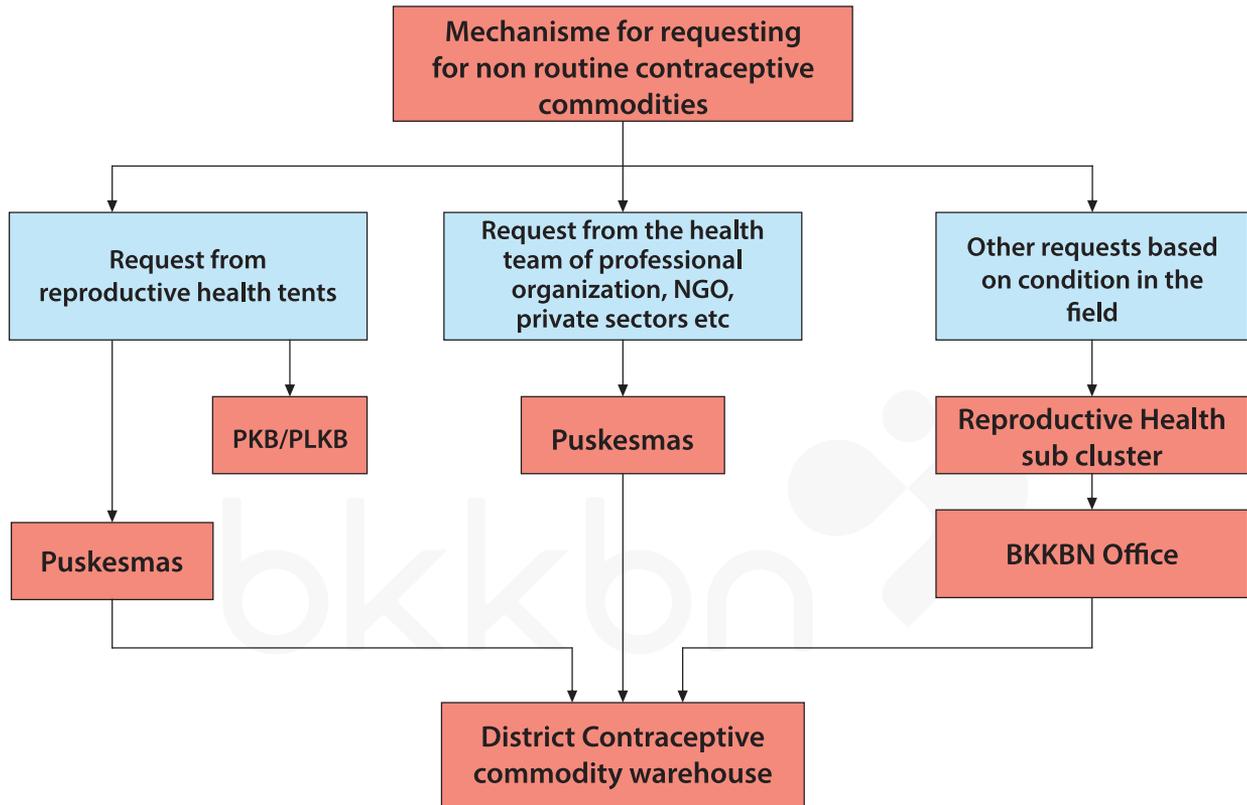
Source: Regulation of Head of BKKBN no 9 - year 2019

In the early days of the disaster, emergency requests can be made via telephone/radio communication and the official emergency request letter will be submitted as soon as the situation permits.

Mechanisms of contraceptive commodity requests outside of the BKKBN routine distribution mechanism

In addition to the routine supply and distribution mechanism, in health crisis conditions, a mechanism outside the routine mechanism is needed according to the situation and conditions in the field. A contraceptive request will be submitted for temporary contraceptive services outside health facilities and for contraceptive services which are part of mobile health services carried out by various institutions such as professional organizations, national and international NGOs, health teams from private sectors etc.

Flowchart 14: Mechanism of contraceptive commodity requests outside of the routine distribution mechanism



CHAPTER IV

INFORMATION, EDUCATION & COMMUNICATION (IEC) ON FAMILY PLANNING AND REPRODUCTIVE HEALTH & COMMUNITY ENGAGEMENT



CHAPTER IV

INFORMATION, EDUCATION & COMMUNICATION (IEC) ON FAMILY PLANNING AND REPRODUCTIVE HEALTH & COMMUNITY ENGAGEMENT

A. Key messages related with contraceptive continuity during health crisis after natural disaster and non-natural disaster because of outbreak pandemic

Information and Education Communication (IEC) activities are important component of contraceptive services both in health crisis situations due to natural disasters and non-natural disasters due to disease outbreaks. The following components must be prepared for IEC activities in situations of natural disasters and epidemics:

Table 7: The difference of IEC and community mobilization during health crisis after natural disaster with pandemic

	Natural Disaster	Outbreak/Pandemic
Information Education and Communication		
IEC materials	Prepare IEC messages printed at useful materials for IDPs such as plastic fan, folded jerrican, hygiene kit bags etc.	IEC materials are prepared electronically in the form of pictures, sound recordings, video recordings including in the form of public service information (PSA)
IEC method	IEC activities and information sessions actively conducted through: <ul style="list-style-type: none"> ▪ Mobile services at IDPs camps using information car (mupen) ▪ Media talkshow at radio etc 	IEC activities and information sessions conducted with contact restriction: <ul style="list-style-type: none"> ▪ Use online method and social media, internet, electronic media (TV/Radio) ▪ IEC activities and information session via telephone (hotline telephone number)
Key messages	<ol style="list-style-type: none"> 1. During emergency response -the - importance to continue using contraceptive and prevent dropouts to avoid unintended pregnancy - how to get contraceptive services including the information on service locations 	<ol style="list-style-type: none"> 1. For eligible couples (PUS) who postpones pregnancy or does not want to get pregnant again must use contraceptive commodities 2. To get contraceptive services, the acceptors to make an agreement or tele registration before coming to a health facility to get a specific schedule of service.

	Natural Disaster	Outbreak/Pandemic
	<p>2. During post crisis when situation is stabilized: - motivate eligible couples in community to use more advance contraceptive including permanent method</p>	<p>3. For IUD/Implant/injectable acceptors that have expired or for new acceptors if it is not possible to come to a health worker:</p> <ul style="list-style-type: none"> ▪ can use condoms ▪ if it is not available, can use traditional methods (periodic abstinence or interrupted sexual intercourse). <p>4. For existing pill acceptors, can contact PLKB or cadres or health workers via telephone to get the pills</p> <p>5. For mothers who will give birth, immediately plan for the use of postpartum family planning, especially using a post-placenta IUD or tubectomy as indicated.</p> <p>6. Consult health workers for any complaint by telephone or come to the health provider with an agreement to get further advice</p> <p>7. Get information about FP online, through the official BKKBN website or direct consultation with health workers via telephone</p> <p>8. Apply the COVID-19 protocol when visit health facility: using a mask, washing hands with soap and running water or hand sanitizer, and maintaining a minimum distance of 1.5-meters from other visitors</p> <p>9. For acceptors with positive COVID-19 other COVID-19 status, consult health conditions and & not encouraged to have sex during this period so that the use of contraceptives can be postponed. Immediately get the service after recovery or completion of the observation period</p>

B. Community Engagement

Communities affected by the health crisis must be involved in planning and implementing contraceptive services, including involving vulnerable groups that are difficult to reach such as youth groups, people with disabilities, commercial sex workers, and focused on access to contraceptive services.

Below are the important components of community mobilization:

1. Male involvement
2. Involvement of persons with disability
3. Roles of FP educator (PKB) and FP field officer (PLKB)

Flowchart 15: Information Education and Communication (IEC) activities and community mobilization

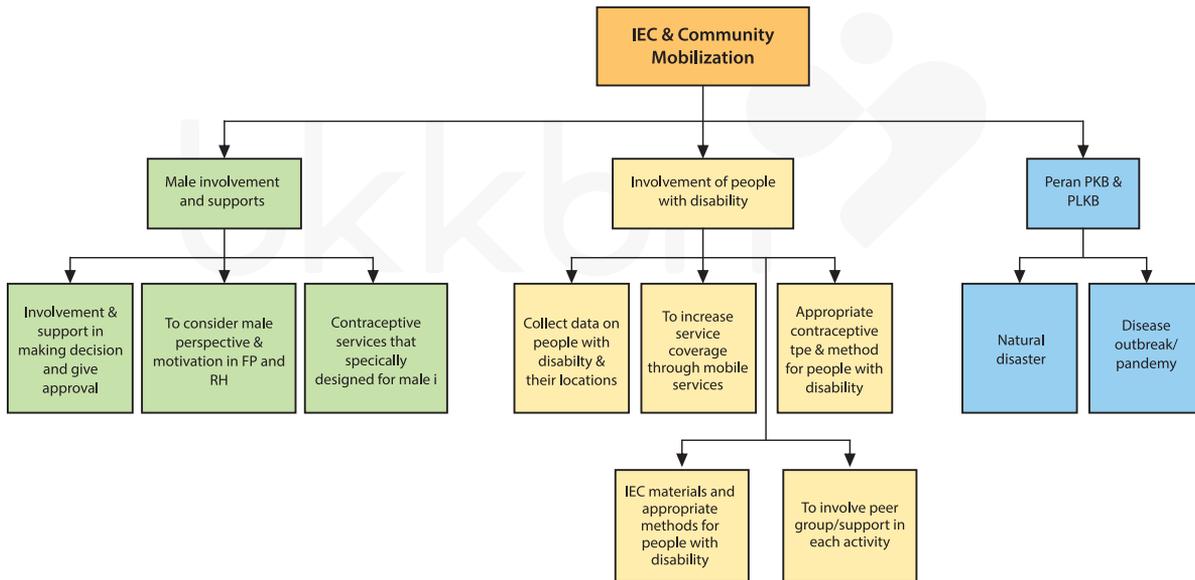


Table 8: Different roles of PKB and PLKB for IEC activities and community mobilization during natural disaster and pandemic situation

ROLES OF PKB AND PLKB RELATED WITH IEC AND COMMUNITY MOBILIZATION	
Natural Disaster	Outbreak/Pandemic
<ol style="list-style-type: none"> 1. Collect data and monitor the eligible couples at displacement camp locations 2. Motivate eligible couples (PUS) to continue using family planning and provide information about the service locations 3. Monitor availability of contraceptive commodities at each health facility (Static, temporary and mobile) 4. Mobilize family planning cadres at IDP camp locations 5. Empower male and female IDPs to be a family planning cadre 6. Prepare and develop IEC materials at IDPs camps 7. Prepare for contraceptive services Conduct counselling for acceptors Conduct advocacy of partners and stakeholders in the field Kegiatan monitoring & evaluation 	<ol style="list-style-type: none"> 1. PKB / PLKB in collaboration with Rural Community Institution (Intitusi Masyarakat Pedesaan/IMP) cadres to conduct an analysis of R / 1 / PUS form to find out the number and distribution of eligible couples (PUS) that require injection services, birth control pills both for continued use and for changing the method from injection, IUD and implants to other methods and number of condom acceptors/users during emergency 2. PKB/PLKB can distribute pill (recurrent use) and condom under supervision of local Puskesmas/doctor/midwives 3. PKB/PLKB coordinate with related health facilities and private practice midwife for the preparation and implementation of contraceptive services including conducting IEC and family planning counseling online, using social media or direct visits with ensuring the ideal distance according to procedures

CHAPTER V

RECORDING AND REPORTING SYSTEM

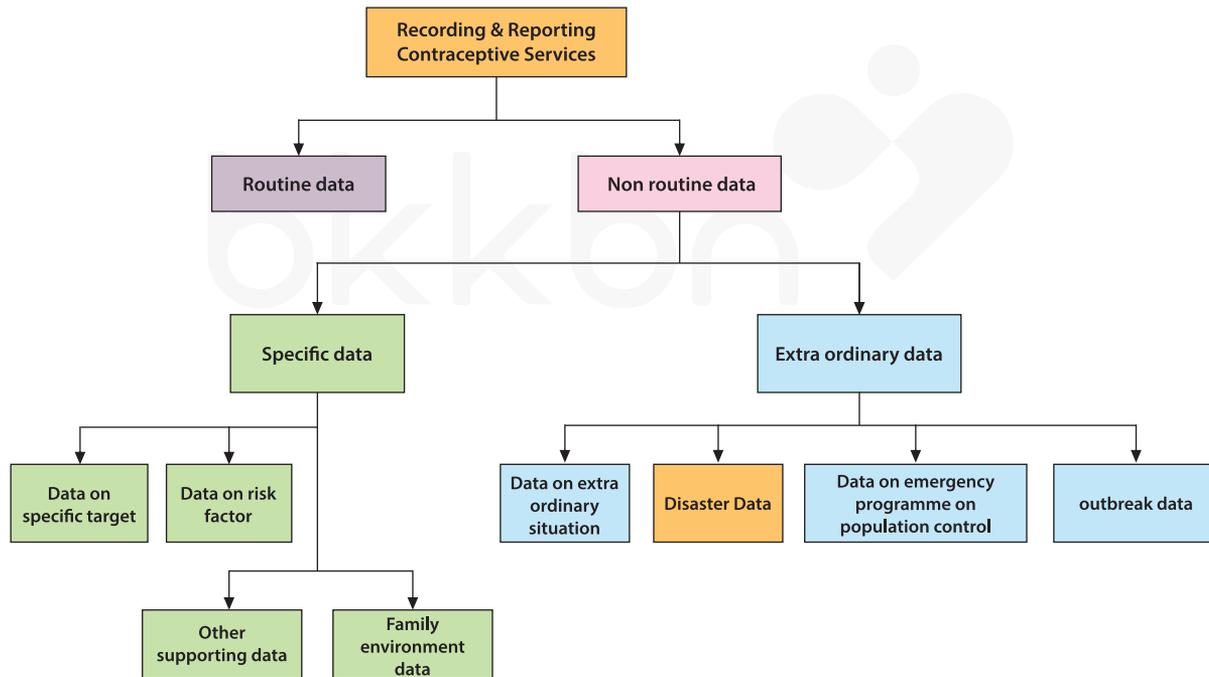


CHAPTER V RECORDING AND REPORTING SYSTEM

A. Recording and reporting mechanism

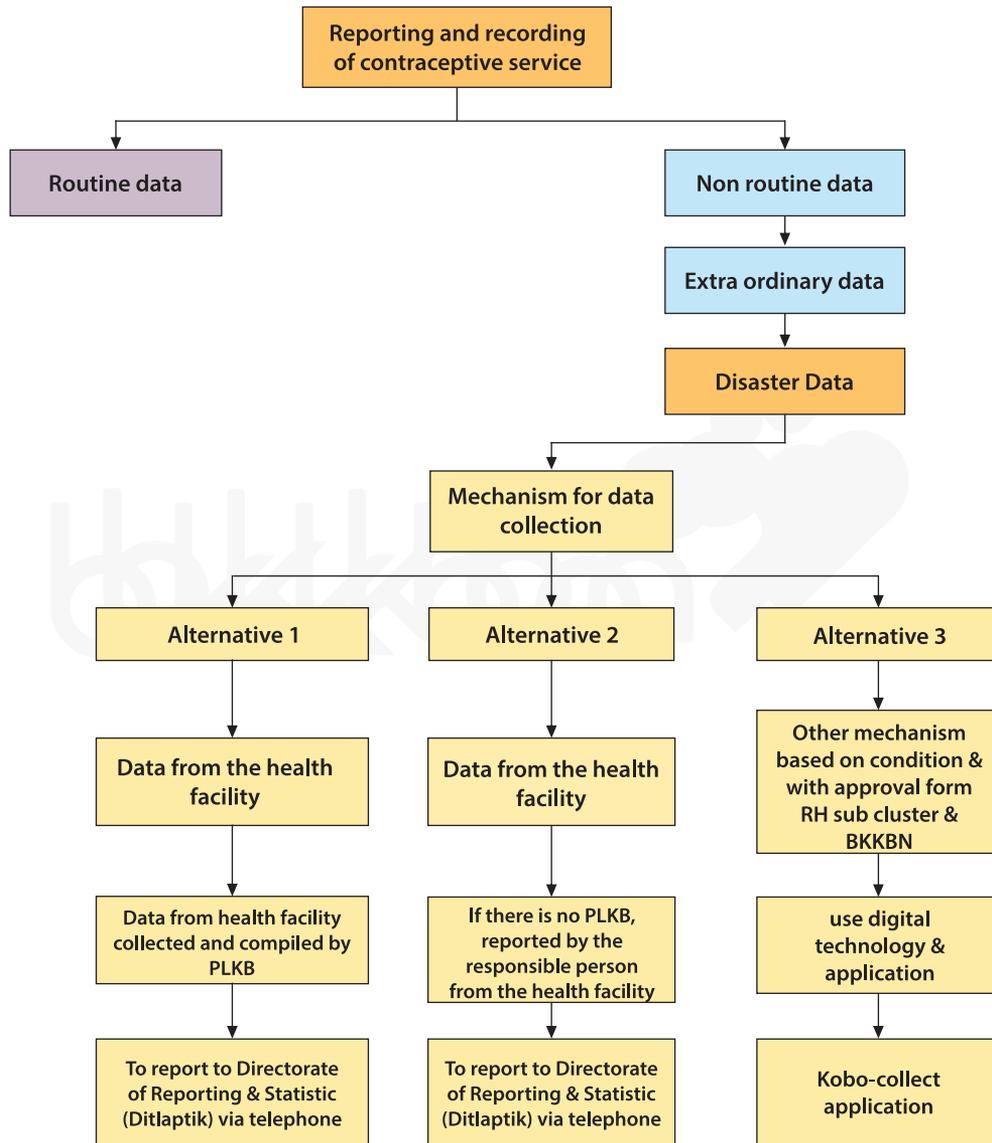
In accordance with Regulation of the Head of BKKBN (PERKA) No. 8 of 2018, recording and reporting of contraceptive services in health crises is to use non-routine data. Non-routine data is data collected at any time according to the needs and priorities of family development set by the government. Included in non-routine data are specific data and extraordinary data:

Flowchart 16: Recording and reporting for contraceptive services



Currently the recording and reporting mechanism contraceptive services in the health crisis through disaster data (non-routine data) is still under development and involving relevant directorates within the BKKBN and support from the Directorate for Reporting and Statistics (*Ditlaptik*) and currently use 3 alternatives as follow:

Flowchart 17: Data collection mechanism for contraceptive services



B. Data on contraceptive services

Contraceptive data collected are differentiated based on the phases of health crisis:

Emergency response phase of health crisis

1. No of eligible couples (PUS)
2. No of new and existing users for each method:
 - Condom
 - Pill
 - Injectable
 - IUD
 - Implant
3. Contraceptive services integrated with MISP
 - Number of FP users who received information sessions on STI/HIV, sexual violence
 - Postpartum contraceptive service.
 - Post abortion contraceptive service
 - No of sexual violence survivors
4. Contraceptive commodities stock at health facility for each method:
 - No of stock in
 - No of stock out
 - Stock balance

Post health crisis phase

1. No of eligible couples (PUS)
2. No of new and existing users for each method:
 - Condom
 - Pill
 - Injectable
 - IUD

- Implant
 - Tubectomy
 - Vasectomy
3. No of FP users who experienced side effects for each method
 4. No of FP users referred
 5. No of FP users experience failure

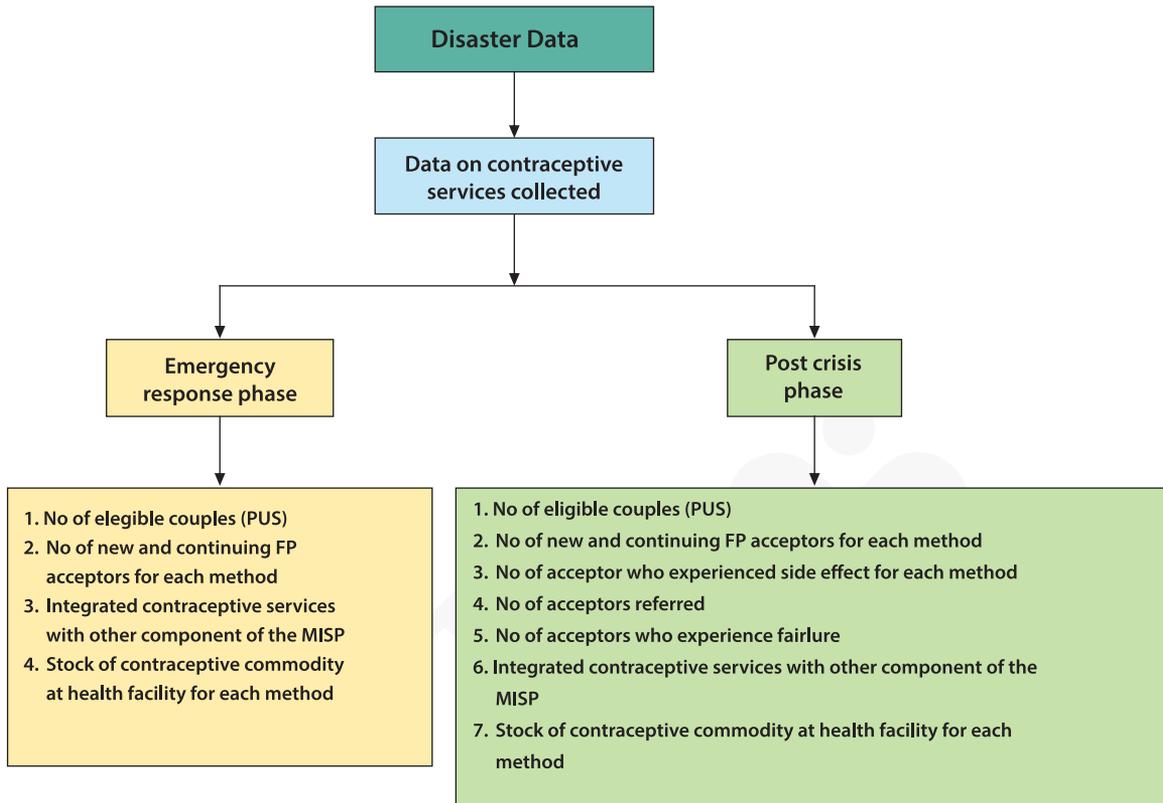
1. Contraceptive services integrated with MISIP

- Number of FP users who received information sessions on STI/HIV, sexual violence
- Postpartum contraceptive service.
- Post abortion contraceptive service
- No of sexual violence survivors

2. Contraceptive commodities stock at health facility for each method:

- No of stock in
- No of stock out
- Balance stock

Flowchart 18: Data on contraceptive services collected during emergency response and post health crisis





CHAPTER VI MONITORING AND EVALUATION



CHAPTER VI MONITORING AND EVALUATION

Monitoring and evaluation of contraceptive services is conducted at each phase of the health crisis. For the implementation of contraceptive services, monitoring and evaluation are used as a basis for monitoring the following aspects:

- a. Ensure the success or failure of contraceptive services (whether the objective to prevent unintended pregnancy can be achieved or not and identify problems and obstacles during implementation)
- b. Provide accountability and transparency for BKKBN and its network and for reproductive health sub cluster
- c. Ensure availability and use of contraceptive commodities during acute emergency response and post crisis
- d. ensure readiness for provision of comprehensive contraceptive services when situation is more stable during post crisis

Flowchart 19: Monitoring and evaluation activity

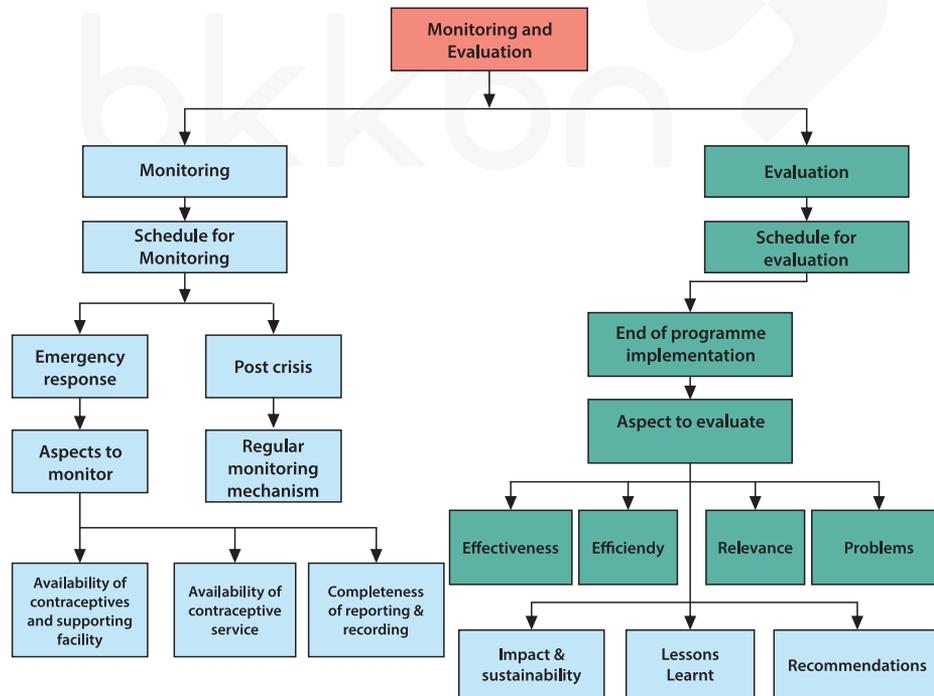


Table 9: Implementation of monitoring and evaluation

Activity	Time	Aspects to assess
Monitoring	Emergency response phase	<ol style="list-style-type: none"> 1. Availability of contraceptive commodities (device and medicines) and supporting facility at static health facility, temporary health facility, or mobile services. 2. Availability of contraceptive services at each displacement (IDPs camps) location by local health workers or volunteers from outside and to identify problems in providing service 3. Service quality: includes client satisfaction, access to service (whether it is voluntary, non discrimination and all covered) and whether services are affordable in terms of cost and distance to facility. This information can be gathered through conducting exit interview (brief interview with client prior leaving the facility) 4. Completeness of data recording and reporting and to monitor whether recording and reporting works have been done regularly as per agreed schedule.
	Post crisis crisis	Conducted as regular monitoring
Evaluation	At the end of programme implementation	<p>Programme effectiveness: Did the programme achieve its specific objectives</p> <hr/> <p>Programme efficiency: Have the available resources been used efficiently including human resources, facility and infrastructure, equipment and use of funds etc?</p> <hr/> <p>Programme Relevance: Is the programme implemented in accordance with the needs of the affected community?</p> <hr/> <p>Impact and programme sustainability: Do the programme have a good impact on the community and can it be continued after the disaster has ended?</p> <hr/> <p>Problems: Were there any problems implementers face during programme implementation and how did they solve these problems?</p> <hr/> <p>Learning process: what important lessons implementers learned during the programme implementation for future improvement?</p> <hr/> <p>Recommendation: what recommendations should be submitted to improve service quality?</p>

CHAPTER VII CLOSURE



CHAPTER VII

CLOSURE

With development of the Technical Guidelines for Contraceptive Services in the Health Crisis, it is expected to provide practical guidance and steps to be applied in the field when a health crisis occurs due to natural or non-natural disasters such as pandemic. The use of this technical guide together with a more complete and comprehensive general guideline and using a flipchart during emergency response phase to the health crisis, will help BKKBN at the national and provincial levels and the OPD Dalduk KB at the district / city level to prevent unintended pregnancies through providing timely, comprehensive and quality contraceptive services for populations affected by natural and non-natural disasters because of pandemic. A summary of important information and steps to be taken at each phase of a health crisis in both natural and non-natural disaster situations because of pandemic, can be seen in Annex 2.

Periodically, the contents of the technical guideline will be reviewed, especially after a large-scale disaster and the contents of the technical guidelines will be improved based on good practices and lessons learned from the health crisis management that has been implemented.



ANNEX



ANNEX 1

TERMS OF REFERENCE

BKKBN DISASTER TEAM AT CENTRAL LEVEL

I. Background

In 2018, the concept and objectives of the Minimum Initial Service Package (MISP) in a health crisis situation has been revised internationally. Contraceptive services that were previously only an additional priority to ensure the continued use of contraceptive devices and drugs for existing users prior disasters, now become an important component and objective of MISP which is focused on preventing unintended pregnancies. With this change, contraceptive services must be available in the initial phase of the health crisis emergency response together with other MISP components.

The unavailability of national guidelines relating to contraceptive services during the health crisis resulted in a lack of maximum contraceptive services in several disasters in Indonesia. For example, in the earthquake disaster in West Nusa Tenggara (NTB) province and earthquake, tsunami and liquefaction in Central Sulawesi province in 2018, caused delays in response during the emergency response phase by BKKBN at central, province and district levels.

Based on this experience, strengthening the capacity of BKKBN institutions at the central level is a priority activity and a BKKBN disaster team needs to be formed at the central level that will be responsible for preparing and implementing medium and large-scale disaster responses. This team will be ready to be assigned to the affected area to provide support and technical guidance for the BKKBN office affected both at province and district levels. With the formation of this standby team, it is hoped that BKKBN will respond to disasters in a timely, comprehensive, quality and integrated manner with reproductive health services in the health crisis.

II. Objective

a. General Objective:

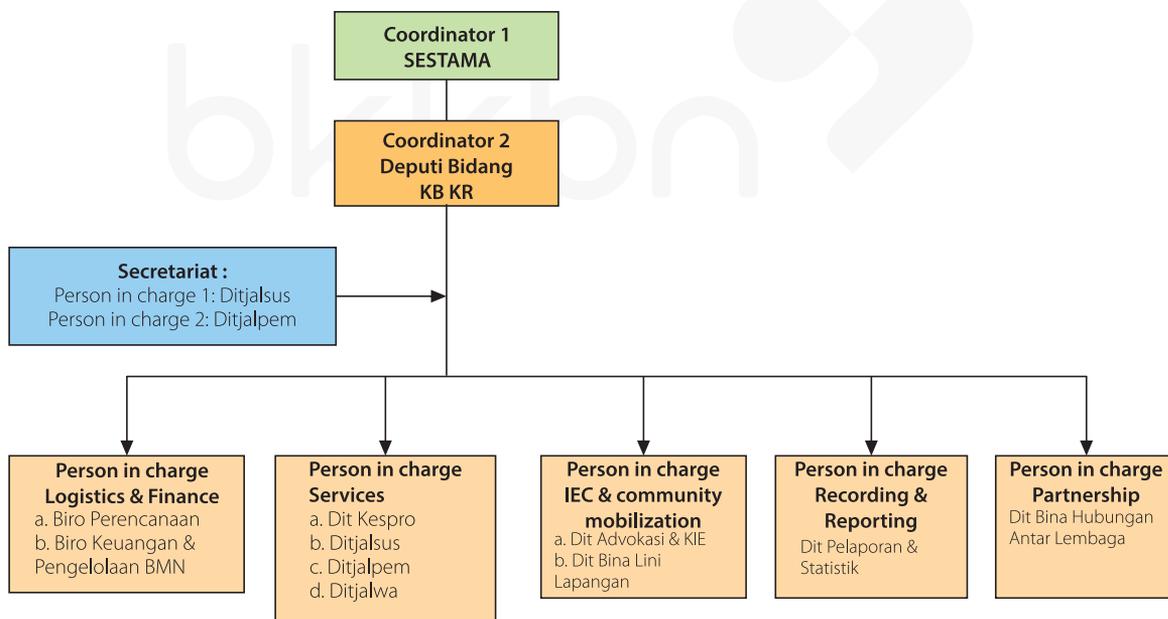
1. Ensure involvement and active role of BKKBN at central level in disaster response activities in general and specifically related to reproductive health and contraceptive services
2. To make the preparedness activities and disaster response become a priority and become part of BKKBN routine and continuous programme

3. Build and strengthen BKKBN institutional capacity in providing continuous contraceptive services in every situation including during health crisis situation

b. Specific objective

1. BKKBN’s disaster response plan on contraceptive services that is timely, comprehensive, quality and integrated into reproductive health services in health crisis
2. Strengthening coordination between the Directorate and related units in BKKBN for a more effective, efficient and timely response
3. Formation of the BKKBN disaster team that is always on standby and can be deployed immediately to provide support to the affected provinces/districts, whether in the form of technical support, logistics or mentoring in the field

III. Organization structure



Each directorate/unit/bureau that is a member of the disaster team at the central level, is requested to identify 2-3 staff members who are nominated to become BKKBN rapid response team members who will be assigned to the disaster area. The nominated staff will be equipped with knowledge of the things that must be done through training/ orientation conducted by the disaster team and will be ready to be assigned within 3 x 24 Hours as needed. The assignment time will follow the disaster status and needs in the field and through the reproductive health sub-cluster mechanism.

Every staff to be assigned will be provided with documents and preferably with recommended standard equipment.

List of documents and equipment for the response team members to be assigned in the disaster area:

1. ID card officer/staff of BKKBN
2. Assignment letter from BKKBN with brief ToR describing the tasks and responsibilities
3. Visibility items as identity of RH sub cluster and/or BKKBN
4. RH sub-cluster vest (provided by *Kemendes/UNFPA* as RH sub-cluster coordinator)
5. T-shirt with BKKBN's logo
6. Hat with BKKBN's logo
7. Individual Emergency Kit (suggested, refer to emergency kit of one RH sub cluster member -used during emergency response after disaster in Central Sulawesi 2018) *
 - a. Individual tent
 - b. Sleeping bag
 - c. First Aid kit
 - d. Body protective items: sunblock, mosquito repellent
 - e. Cutlery: plate, spoon, fork, stainless steel knife, bottle opener
 - f. Napkin
 - g. Simple water filter kit
 - h. Water bottle and water bladder
 - i. Flashlight
 - j. Emergency/camping lamp

- k. Rechargeable battery
- l. Solar power pad, small and portable
- m. Backpack, big size to store all equipment and supplies

Assignment of the team will be based on disaster status, need in the field and will be done in coordination with Reproductive Health (RH) sub cluster.

IV. Roles and responsibilities

ROLE	TASK AND RESPONSIBILITY
<ul style="list-style-type: none"> ▪ Coordinator 1 ▪ Coordinator 2 	<ol style="list-style-type: none"> 1. Conduct advocacy activities in the BKKBN's internal and external field regarding the importance of contraceptive services in the health crisis 2. Attending meeting at the ministerial/institutional level related to health crisis problems after disasters and disaster management in general both at the preparedness and response phase 3. Setting up policies and make decisions in the BKKBN institution to support and guarantee the availability of contraceptive services in health crisis situations 4. Lead a routine disaster team meeting every quarter and lead an emergency meeting if there is a medium or large-scale disaster 5. Provide direction and guidance to person in charge for each component of disaster team related to preparedness activities or when deployed to the disaster area to support the affected provinces and districts.
<p>Secretariat:</p> <ul style="list-style-type: none"> ▪ Person in charge 1 ▪ Person in charge 2 	<ol style="list-style-type: none"> 1. Functioning as secretariat that manages administrative and finance works of disaster team, including travel arrangement for the team members that will be deployed to disaster affected areas 2. Coordinate technical issues with relevant unit and directorate within BKKBN 3. Represent BKKBN at health cluster coordination meeting and RH sub cluster or other related meetings

ROLE	TASK AND RESPONSIBILITY
<p>Person in charge Logistics & finance</p>	<p>1. Ensuring budget availability through the state budget (APBN) and other sources for preparedness activities at the central and provincial levels (routine coordination meetings, logistics preparation, ready to use fund for travel costs during a health crisis, etc.)</p>
	<p>2. Ensure availability of contraceptive commodities for stockpiling at central level with increasing allocation of buffer stock at central level</p> <p>3. During the emergency response, provide support and technical guidance for logistics arrangement and emergency distribution mechanisms in the provinces / districts affected by the health crisis</p>
<p>Person in charge Contraceptive services</p>	<p>1. During pre-health crisis phase, coordinate orientation activities and training related to contraceptive services for priority provinces and districts</p> <p>2. During the emergency response, together with the provincial BKKBN team and the OPD Dalduk KB in the district, conduct a need assessment for contraceptive services in the early days of emergency response to health crisis</p> <p>3. During the emergency response, assist the provincial BKKBN and OPD Dalduk KB in preparing contraceptive service plans and coordinating with the sub-health cluster coordinator to:</p> <ul style="list-style-type: none"> ▪ Determine the locations of contraceptive services in static health facilities, temporarily or through mobile services ▪ Preparation of RH service providers in static and mobile facilities ▪ Develop a monitoring plan to ensure sustainable contraceptive services in the health crisis
<p>Person in charge IEC and community mobilization</p>	<p>1. Develop material and messages related to the continued use and contraceptive services in the health crisis</p> <p>2. Producing IEC material specifically for health crisis situation after disaster with specific material that is useful for IDPs</p> <p>3. Provide guidance and technical assistance for community mobilization through the FP Village and the participation of PKB / PLKB in the health crisis</p>

ROLE	TASK AND RESPONSIBILITY
<p>Person in charge Recording and reporting</p>	<ol style="list-style-type: none"> 1. Develop mechanisms and technical guidelines for recording and reporting on contraceptive services in the health crisis through non-routine and routine data reporting mechanisms 2. Provide technical guidance to provinces and districts affected by the health crisis to ensure the availability of data during emergency response 3. Compile and analyze data on contraceptive service coverage in the health crisis to be reported internally within the BKKBN and externally to the reproductive health sub-cluster and other institutions
<p>Person in charge Partnership</p>	<ol style="list-style-type: none"> 1. Data collection and re-mapping of BKKBN existing partners in the implementation of RH/FP activities both at the central or regional levels 2. Identifying potential partners to be involved in providing contraceptive services in the health crisis 3. Expand the scope of partner work by adding partnerships during health crisis to existing cooperation documents or new cooperation documents 4. Involving potential partners who have been identified in the coordination mechanism for contraceptive services in the health crisis

V. Scope of activities at each phase of health crisis

Health crisis phase	Activity
<p>Pre health crisis</p>	<p>Implement preparedness activities</p> <ol style="list-style-type: none"> 1. Conduct regular meeting of disaster team at central level every trimester 2. Participate at regular meeting organized by RH sub cluster at national level 3. Development of preparedness activities to be inserted to BKKBN annual workplan using APBN or other funding <ul style="list-style-type: none"> ▪ Identify priority provinces and districts based on Indonesia Disaster Risk Index developed by BNPB ▪ Strengthen internal and external coordination within BKKBN. Including mapping of partners who can help provide contraceptive services in the health crisis

Health crisis phase	Activity
	<ul style="list-style-type: none"> ▪ Training and orientation on contraceptive services during health crisis for BKKBN staff at central and priority provinces ▪ Prepare logistics (contraceptives) through increasing contraceptive allocation for buffer stock at central level and preparing supporting supplies including IEC materials for disasters. ▪ Prepare budget for deployment of disaster team to health crisis affected areas (budget allocation for travel cost)
Emergency response	<p>Supports for province /district affected by the health crisis:</p> <ol style="list-style-type: none"> 1. Contact provinces/districts affected by health crisis and collect the needed information related with contraceptive services 2. Organize disaster team meeting (emergency meeting in addition to regular meeting) to discuss the situation and condition and develop support plan from central BKKBN: <ul style="list-style-type: none"> ▪ Whether it is necessary to deploy the team from central to provide guidance and technical assistance in the field ▪ Preparing BKKBN logistics support if needed: contraceptive commodities, IEC materials and budget etc. 3. Activities to do by central disaster team during the field deployment: <ul style="list-style-type: none"> ▪ Support local BKKBN in conducting rapid assessment after disaster: to assess condition of BKKBN office, contraceptive warehouse and BKKBN staff, health facility and providers condition that can provide contraceptive services ▪ Support local BKKBN in doing target estimate and contraceptive needs ▪ Provide technical assistance for provision of supplies and agree on distribution mechanisms through static service facilities and mobile services

Health crisis phase	Activity
<p>Post health crisis</p>	<ol style="list-style-type: none"> 1. Provide support and technical guidance for comprehensive contraceptive services during normal situation 2. Conduct review and evaluation on provision of contraceptive services and prepare documentation on good practices and lessons learnt for improvement in the future 3. Identify the needs for training/capacity building for contraceptive service providers

VI. Funding

Funding for the BKKBN disaster team activities:

- Regular state budget of Directorate of Family Planning Participation for the Unreached Groups (Ditjalsus)
- Other funding sources such as through annual workplan (AWP) for humanitarian component – UNFPA country programme
- Other sources

ANNEX 2

TERMS OF REFERENCE

BKKBN DISASTER TEAM AT PROVINCE LEVEL

I. Background

In 2018, the concept and objectives of the Minimum Initial Service Package (MISP) in a health crisis has been revised internationally. Contraceptive services that were previously only an additional priority to ensure the continued use of contraceptive commodities for existing users prior disasters, now become an important component and objective of MISP which is focused on preventing unintended pregnancies. With this change, contraceptive services must be available in the initial phase of the health crisis emergency response together with other MISP components.

Because previously there were no national guidelines related to contraceptive services in the health crisis, during the earthquake disaster in the province of West Nusa Tenggara (NTB) and the earthquake, tsunami and liquefaction disaster in Central Sulawesi province in 2018, there was confusion at BKKBN central level and affected provinces and districts/municipalities about what intervention steps should be taken. Therefore, there was a delay in responding during the emergency response phase. Based on this experience, strengthening the capacity of BKKBN institutions at the central and provincial levels is a priority activity and it is necessary to establish a BKKBN disaster team at the provincial level that will be responsible for preparing and responding to medium and large-scale disasters. This team will be ready to be assigned to the affected districts/municipalities to provide support and technical guidance for the OPD Dalduk KB. With the formation of this disaster team, it is expected that disaster response by BKKBN can be implemented in a timely, comprehensive, quality and integrated with reproductive health services in the health crisis.

II. Objective

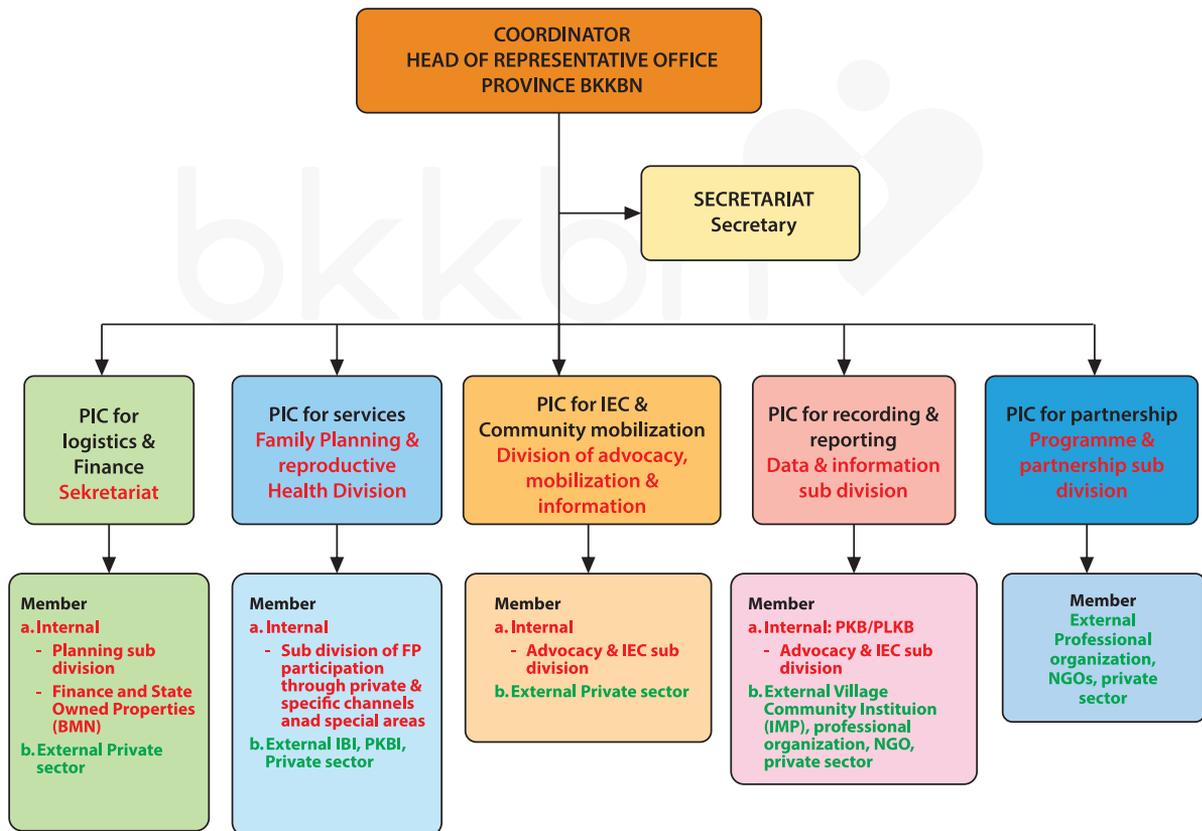
a. General objective:

1. Ensure involvement and active role of BKKBN at province level in disaster response activities in general and specifically related to reproductive health and contraceptive services especially at disaster prone province
2. To make the preparedness activities and disaster response become a priority and become part of routine and continuous programme of BKKBN at province level
3. Build and strengthen BKKBN institutional capacity in providing continuous contraceptive services in every situation including during health crisis

d. Specific objective

1. BKKBN’s disaster response plan on contraceptive services that is timely, comprehensive, quality and integrated into reproductive health services in health crisis
2. Strengthening coordination between the relevant divisions, sub divisions and units in province BKKBN for a more timely, efficient and effective response.
3. Formation of the BKKBN disaster team at province level that is always on standby and can be deployed immediately to provide support to the affected districts/municipalities, whether in the form of technical support, logistics or mentoring in the field

III. Organization structure



Note:

The members from external BKKBN will actively participate during coordination mechanism and will be involved during preparedness activities and emergency response.

IV. Roles and responsibilities

Role	Task and Responsibility
<ul style="list-style-type: none"> ▪ Coordinator 	<ol style="list-style-type: none"> 1. Conduct advocacy activities in the BKKBN’s internal and external at province level regarding the importance of contraceptive services in the health crisis 2. Attending meeting at regional institutions (SKPD) level related to health crisis problems after disaster and disaster management in general both at the preparedness and response phase 3. Lead a routine disaster team meeting every quarter and lead an emergency meeting if there is a medium or large-scale disaster 4. Provide direction and guidance to person in charge for each component of disaster team related to preparedness activities or when deployed to the disaster area to support the affected districts/municipalities
<p>Secretariat</p> <ul style="list-style-type: none"> ▪ Secretary of BKKBN 	<ol style="list-style-type: none"> 1. Functioning as secretariat that manages administrative and finance works of disaster team, including travel arrangement for the team members that will be deployed to disaster affected areas 2. Coordinate technical issues with relevant divisions and sub division within BKKBN at province level
<p>Person in charge for logistics and finance</p>	<ol style="list-style-type: none"> 1. Ensuring budget availability through the state regional budget (APBD) and other sources for preparedness activities at the provincial level (routine coordination meetings, logistics preparation, ready to use fund for travel costs during a health crisis, etc.) 2. Ensure availability of contraceptive commodities for stockpiling at province level (stockpiling) 3. During the emergency response, provide support and technical guidance for logistics arrangement and emergency distribution mechanisms in the districts/municipalities affected by the health crisis
<p>Person in charge for contraceptive service</p>	<ol style="list-style-type: none"> 1. During pre-health crisis, coordinate orientation activities and training related to contraceptive services for priority districts/municipalities

Role	Task and Responsibility
	<ol style="list-style-type: none"> 2. During the emergency response, together with OPD Dalduk KB in the district/ municipalities, conduct a need assessment for contraceptive service in the early days of emergency response to health crisis 3. During the emergency response, assist the OPD Dalduk KB in preparing contraceptive service plans and coordinating with the sub-health cluster coordinator to: <ul style="list-style-type: none"> ▪ Determine the locations of contraceptive services in static health facilities, temporarily or through mobile services ▪ Preparation of RH service providers in static and mobile facilities ▪ Develop a monitoring plan to ensure sustainable contraceptive services in the health crisis
Person in charge for IEC and community mobilization	<ol style="list-style-type: none"> 1. Develop material and messages related to the continued use and contraceptive services in the health crisis 2. Producing IEC material specifically for health crisis after disaster with using specific material that is useful for IDPs 3. Provide guidance and technical assistance for community mobilization through the FP Village and the participation of PKB / PLKB in the health crisis
Person in charge for recording and reporting	<ol style="list-style-type: none"> 1. Develop mechanisms and technical guidelines for recording and reporting on contraceptive services in the health crisis through non-routine and routine data reporting mechanisms 2. Provide technical guidance to districts/municipalities affected by the health crisis to ensure the availability of data during emergency response 3. Compile and analyze data on contraceptive service coverage in the health crisis to be reported internally within the BKKBN and externally to the reproductive health sub-cluster and other institutions.
Person in charge for partnership	<ol style="list-style-type: none"> 1. Collecting data and re-mapping of BKKBN partners at the provincial level who have cooperated in the implementation of FP-RH activities 2. Identify potential partners to be involved in providing contraceptive services in the health crisis 3. Expand the scope of work by adding partnership in health crisis to existing cooperation documents or new cooperation documents 4. Involve potential partners who have been identified in the coordination mechanism for contraceptive services in the health crisis

V. Scope of activities at each phase of health crisis

Health Crisis Phase	Disaster team activities
Pre-Health Crisis	<p>Conduct preparedness activities:</p> <ol style="list-style-type: none"> 1. Conduct regular meeting of disaster team at province level every trimester 2. Participate at regular meeting organized by RH sub cluster at province level if already formed or other mechanism related with reproductive health 3. Development of preparedness activities to be inserted to BKKBN annual workplan with using APBD or other funding sources <ol style="list-style-type: none"> a. Identify priority district/municipalities based on Indonesia Disaster Risk Index (IRBI) BNPB b. Strengthen internal and external coordination within BKKBN. Including mapping of partners who can help provide contraceptive services in the health crisis c. Training and orientation on contraceptive services during health crisis for BKKBN staff at province level and OPD Dalduk KB staff at district/municipalities d. Prepare logistics (contraceptive commodities) at province and preparing supporting supplies including IEC materials for disaster e. Prepare budget for deployment of disaster team to health crisis affected areas (budget allocation for travel cost)
Emergency response to health crisis	<p>Supports for districts affected by the health crisis:</p> <ol style="list-style-type: none"> 1. Contact health crisis affected districts/municipalities and collect information related with contraceptive 2. Organize disaster team meeting (emergency meeting in addition to regular meeting) to discuss the situation and condition and develop support plan from province BKKBN <ol style="list-style-type: none"> a. Identify whether there is a need to get support from central BKKBN or nearby BKKBN representative offices

Health Crisis Phase	Disaster team activities
	<ul style="list-style-type: none"> b. Deploy team from province to provide guidance and technical assistance in the field c. Prepare BKKBN's logistics support if needed: contraceptive commodities, IEC materials, funding etc. <p>3. Actions to conducted by province disaster team deployed in the field:</p> <ul style="list-style-type: none"> a. Assist OPD Dalduk KB in conducting rapid need assessment after health crisis: office, warehouse, and personnel of OPD Dalduk KB, health facility condition and health workers who can provide contraceptive services b. Assist local OPD Dalduk KB in estimating target population and contraceptive commodities need c. Provide technical assistance for the provision of contraceptive commodities (alokon) and agree on distribution mechanisms through static, temporary, and mobile service facilities
Post Health Crisis	<ul style="list-style-type: none"> 1. Provide support and technical guidance for comprehensive contraceptive services during normal situation 2. Conduct review and evaluation on provision of contraceptive services and prepare documentation on good practices and lessons learnt for improvement in the future 3. Identify the needs for training/capacity building for contraceptive service providers

VI. Activity budget

Funding for the activities of province BKKBN disaster team are from:

- Routine budget: APBD
- Other funding sources

ANNEX 3

TERMS OF REFERENCE

WORKING GROUP ON CONTRACEPTIVE SERVICES

IN HEALTH CRISIS AT DISTRICT/MUNICIPALITY LEVEL

I. Background

In 2018, the concept and objectives of the Minimum Initial Service Package (MISP) in a health crisis has been revised internationally. Contraceptive services that were previously only an additional priority to ensure the continued use of contraceptive commodities for existing users prior disasters, now become an important component and objective of MISP which is focused on preventing unintended pregnancies. With this change, contraceptive services must be available in the initial phase of the health crisis emergency response together with other MISP components.

Based on disaster risk mapping conducted by the National Disaster Management Agency (*BNPB*) using the Indonesian Disaster Risk Index (IRBI) in 2015–2018, there are 258 districts in Indonesia with high risk and 240 districts with moderate risk index. From the mapping there are 498 districts/municipalities (97%) of the total 514 districts/cities in Indonesia having medium and high-level disaster risk index. Given the importance of contraceptive services as part of MISP and with the large number of districts/municipalities that have high and moderate risks, preparedness activities are needed to deal with natural and non-natural disasters. One component of preparedness is to establish a mechanism for coordination and partnerships between institutions to ensure the fulfillment of the basic needs of the population affected by the disaster including the need for reproductive health services and contraceptive services.

For districts/municipalities with high risk of disaster, it is recommended to form a working group on contraceptive services to achieve one of the objectives of MISP to prevent unintended pregnancies. This working group involves the local family planning office and related sectors at the district/municipalities level to conduct preparedness and response activities in the event of a health crisis after disasters.

II. Objective

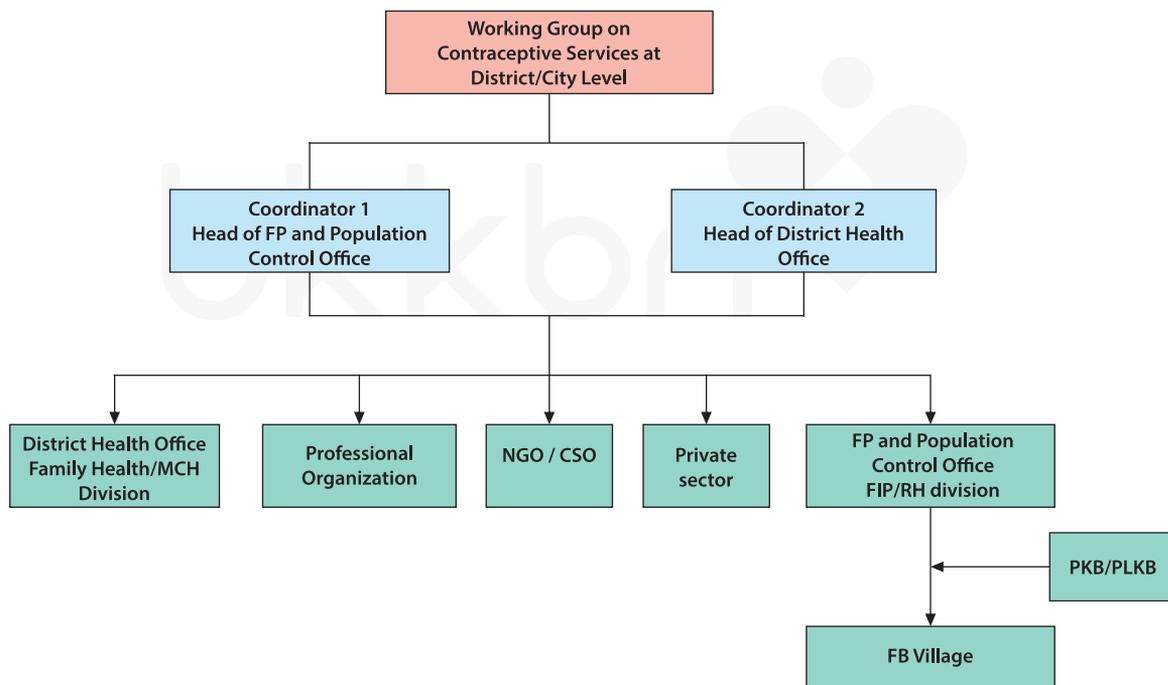
a. General objective:

Build and strengthen institutional capacity of OPD Dalduk KB and relevant sectors to be able to provide continuous contraceptive services in every situation including during health crisis

b. Specific objective

1. Strengthen coordination and cooperation in the field of contraceptive services with related sectors at district/municipalities level for a more effective and efficient response
2. Conduct advocacy to include contraceptive services as part of general health services and be part of reproductive health services in response to health crises
3. Develop and implement preparedness activities to be able to provide timely comprehensive and quality contraceptive services and integrated into reproductive health services in health crisis affected districts / municipalities

III. Organization structure



- Health office at district/municipalities level
- Professional organizations: such as Indonesian Midwives Association (IBI), POGI etc.

- Non-Government Organization (NGOs) working on reproductive health and family planning such as Indonesian Planned Parenthood Association (PKBI), Civil Society Organization (CSO): Family Welfare Movement (PKK), community leader, religious leader, ethnic group leader etc.
- Family planning village (Kampung KB) FP village as a forum for community empowerment is a programme of BKKBN to improve the quality of life of people at the village level or the equivalent through BANGGA KENCANA programme and other related sector development in order to realize a small-quality family

IV. Scope of activities at each phase of health crisis

Health Crisis Phase	Activity
<p>Pre-health crisis</p>	<p>Implement preparedness activities</p> <ol style="list-style-type: none"> 1. Conduct routine meeting of working group on contraceptive services, every quarter 2. Attend regular meeting organized by reproductive health sub cluster at district level if already formed or other coordination mechanism related with reproductive health 3. Develop preparedness activities to be inserted to annual workplan with using APBD or other funding <ol style="list-style-type: none"> a. Training and orientation on contraceptive services for the members of working group and health workers as service providers b. Logistics preparation (contraceptive commodities) at district level and preparation of supporting equipment including IEC materials c. Identify potential partners to work together on contraceptive services d. Prepare budget that can be used if there is health crisis because of disasters
<p>Emergency response to health crisis</p>	<ol style="list-style-type: none"> 1. Together with the members of working group to conduct need assessment and collect information needed related with contraceptive services at affected areas: <ol style="list-style-type: none"> a. Collect data on IDPs including number of eligible couples (if data is available) and estimate population target based on the no of IDPs b. Collect data on displacement locations c. Conduct assessment on the health facility condition, health providers, availability of contraceptive commodity and other supporting facilities

Health Crisis Phase	Activity
	<ol style="list-style-type: none"> 2. Organize meeting of the working group on contraceptive services (emergency meeting in addition to regular meeting) to discuss the situation and condition and develop activity plan: <ol style="list-style-type: none"> a. To identify whether there is a need to request support from BKKBN representative office at province b. Based on need assessment results, plan for contraceptive services at affected areas including provision of contraceptive commodities and other logistics need c. Develop recording and reporting mechanism during emergency response phase to health crisis d. Develop monitoring plan for contraceptive services during emergency response phase to health crisis
Post-Health Crisis phase	<ol style="list-style-type: none"> 1. Plan for comprehensive contraceptive services and contraceptive services during normal condition 2. Conduct review and evaluation on contraceptive services provided and document good practices and lessons learned for future improvement 3. Identify training/capacity building needs for contraceptive service providers

V. Roles and Responsibilities

Role	Task and Responsibility
<ol style="list-style-type: none"> 1. OPD Dalduk KB (Coordinator 1) 	<ul style="list-style-type: none"> ▪ Ensure availability of contraceptive commodities (alokon), medical disposable item (BMHP) as well as supporting equipment for contraceptive services in health crisis after natural disaster and pandemic ▪ Arrange distribution of contraceptive commodities distribution for static and temporary health facilities as well as for mobile services ▪ Together with Health Office and IBI plan and conduct mobile services to reach eligible couples who live at IDPs camps with using service car (Muyan) ▪ Working together with Health Office and IBI to identify training needs related with contraceptive services for health providers

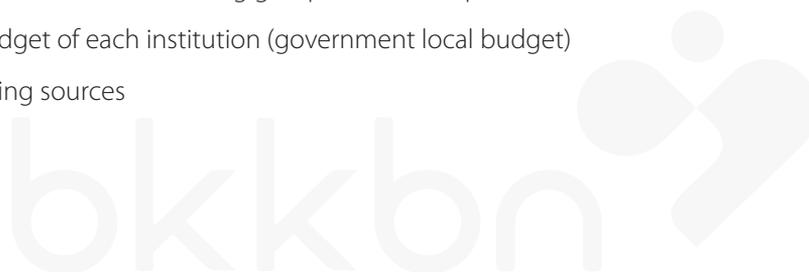
Role	Task and Responsibility
	<ul style="list-style-type: none"> ▪ Together with the Health Office to agree on non-routine recording and reporting mechanism in health crisis
<p>2. Health Office (Coordinator 2)</p>	<ul style="list-style-type: none"> ▪ Prepare static and temporary health facilities as well as mobile services to provide contraceptive services ▪ Prepare human resources to provide contraceptive services at temporary health facility (reproductive health tent) and mobile services ▪ Collect data on contraceptive services and report the result/coverage following the agreed recording and reporting mechanism ▪ Conducting monitoring and evaluation on contraceptive services ▪ Together with OPD Dalduk KB and IBI identify training needs related with contraceptive services for health providers
<p>3. Indonesian Midwives Association (IBI)</p>	<ul style="list-style-type: none"> ▪ Organize midwives to provide contraceptive services in health crisis at static health facilities, temporary as well as mobile services together with Health Office and OPD Dalduk KB ▪ Together with Health Office and OPD Dalduk KB to identify training needs related with contraceptive services for health providers
<p>4. Non-Government Organization (NGO) and Civil Society Organization (CSOs)</p>	<ul style="list-style-type: none"> ▪ Assist provision of contraceptive services integrated into mobile clinic/services ▪ To reach vulnerable groups including people with disability ▪ Conduct IEC activities and community mobilization including reaching the youth group through adolescent reproductive health programme ▪ Assist self-provision of contraceptive commodities and other supporting equipment
<p>5. Private sector</p>	<ul style="list-style-type: none"> ▪ Assist availability of contraceptive commodities (non-government) and supporting facility for contraceptive services in health crisis ▪ Provide contraceptive services at private health facilities and mobile services (private medical team) who provides services at IDPs camps ▪ Provide other supports needed based on the situation and condition in the field including logistics and transportation support

Role	Task and Responsibility
<p>6. FP Village</p>	<ul style="list-style-type: none"> ▪ Assist for community mobilization activities including male involvement and involvement of people with disability during emergency response ▪ Assist PLKB to prepare and organize IEC activities in the IDPs camps ▪ Assist on data collection of eligible couples (PUS) at the village including the eligible couple from IDPs ▪ Assist for FP monitoring activities especially at the remote areas or areas with difficult access due to geographic condition

VI. Activity Budget

Funding for the activities of working group on contraceptive services are from:

- Routine budget of each institution (government local budget)
- Other funding sources



Annex 4

Rapid need assessment form

Assessment team:

Name	Position	Phone no	Remark

1. General data

- a. Province
- b. District
- c. Disaster type
- d. Time of disaster: date..... month..... year.....:
- e. Description of disaster

.....

- f. Disaster scale

2. No of victims

Data	Male	Female	Remark
No of casualties			
No of injured persons			
No of IDPs			

3. Data of BKKBN office

- a. Office type (province representative office/OPD Dalduk KB)
- b. Building condition

Condition	Yes	No
Mild damage		
Moderate damage		
Severe damage		
Functioning		
Items needed for emergency office (tent)		

c. Vehicle's condition

Vehicle type	Quantity	No of functioning vehicles	Remark
Operational vehicle			
Service car (Muyan)			
Information car (Mupen)			

Note:

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d. Staff condition

Data	Quantity	Remark
No of office staff		
No of staff affected by disaster a. Dead b. Displaced c. Still working		
No of PKB at the area		
No of PKB affected by disaster a. Dead b. Displaced c. Still working		
No of PLKB at affected area		
No of PLKB affected by disaster a. Dead b. Displaced c. Still working		

Note:

There is need or no need for staff support from the nearby province Type and number of staff needed:

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e. Contraceptive warehouse condition

Building damage

Warehouse condition	Yes	No	Remark
Mild damage			
Moderate damage			

Warehouse condition	Yes	No	Remark
Severely damage (collapsed/destroyed)			
Access to <ul style="list-style-type: none"> ▪ Warehouse key ▪ Condition of warehouse officer 			

Note:

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f. Contraceptive commodity (alokon) condition:

Assessment of contraceptive stock condition will only be done if it is safe and not dangerous.

Contraceptive commodity type	Stock quantity	Quantity (in good condition)	Quantity (Damage)	Balance	Remark
Condom					
Pill					
Injectable					
IUD					
Implant					
Medical disposable items (BMHP)					
Other items <ul style="list-style-type: none"> a. b. c. 					

Note:

- After conducting warehouse assessment, follow with preparing Disaster Indicent Report
- Identify emergency contraceptive needs and mechanism for fulfillment

g. Health facility contion

Type of health facility	Quantity	No of functioning facility	Keterangan
First Level Health Facility (FKTP) <ul style="list-style-type: none"> ▪ Puskesmas ▪ Individual general practtionnaire /BPJS ▪ Klinik pratama (1st level clinic) ▪ 1st Level hospital 			Facility name Location Health provider condition
Referral Level Health Facility (FKTRL) <ul style="list-style-type: none"> ▪ General Hospital (RSU) ▪ Main Clinic (Klinik Utama) ▪ Specific Hospital 			

Note:

h. Family Planning Village condition

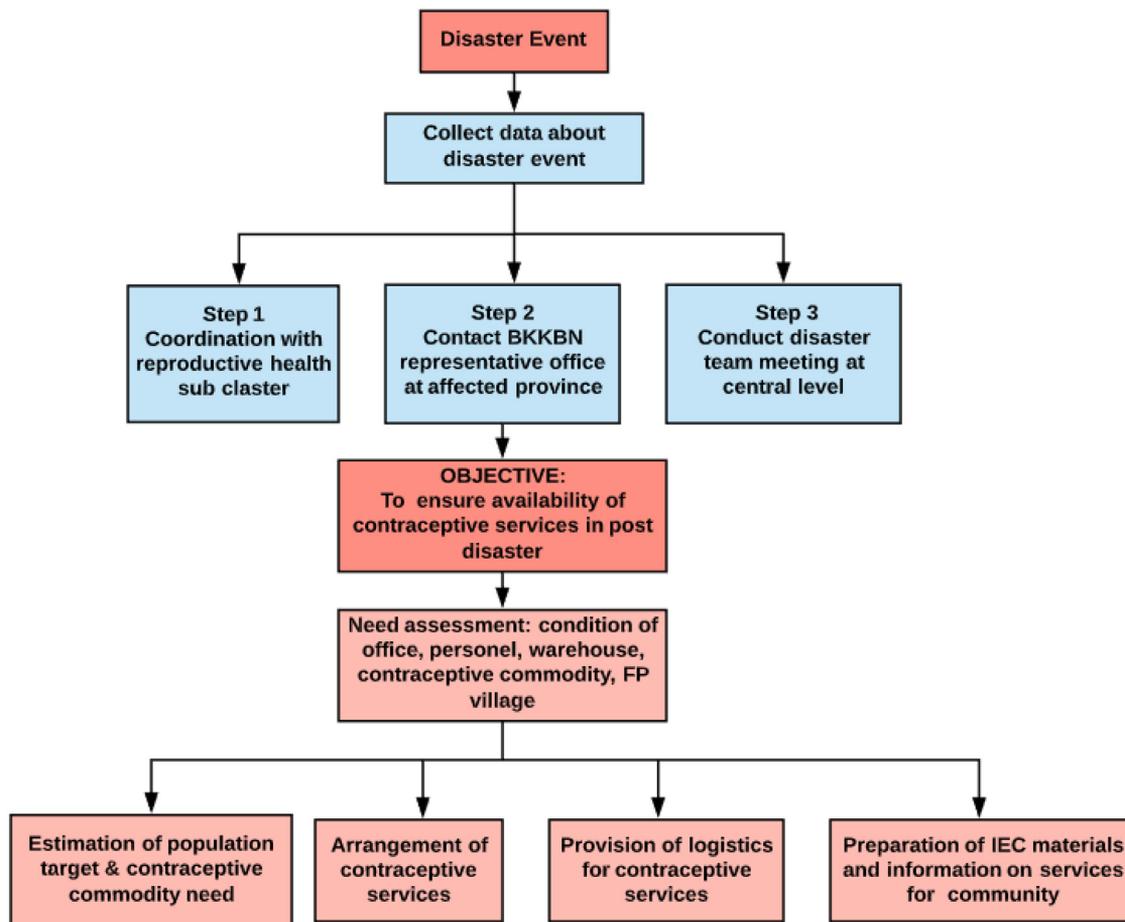
FP villange as a forum for community empowerment is a programme of BKKBN to improve the quality of life of people at the village level or the equivalent through KKBPK programme and other related sector development in order to realize a small-quality family

Data	Quantity	Remark
FP village		
FP village affected by disaster		Location:
Condition of implementing partners of FP village		

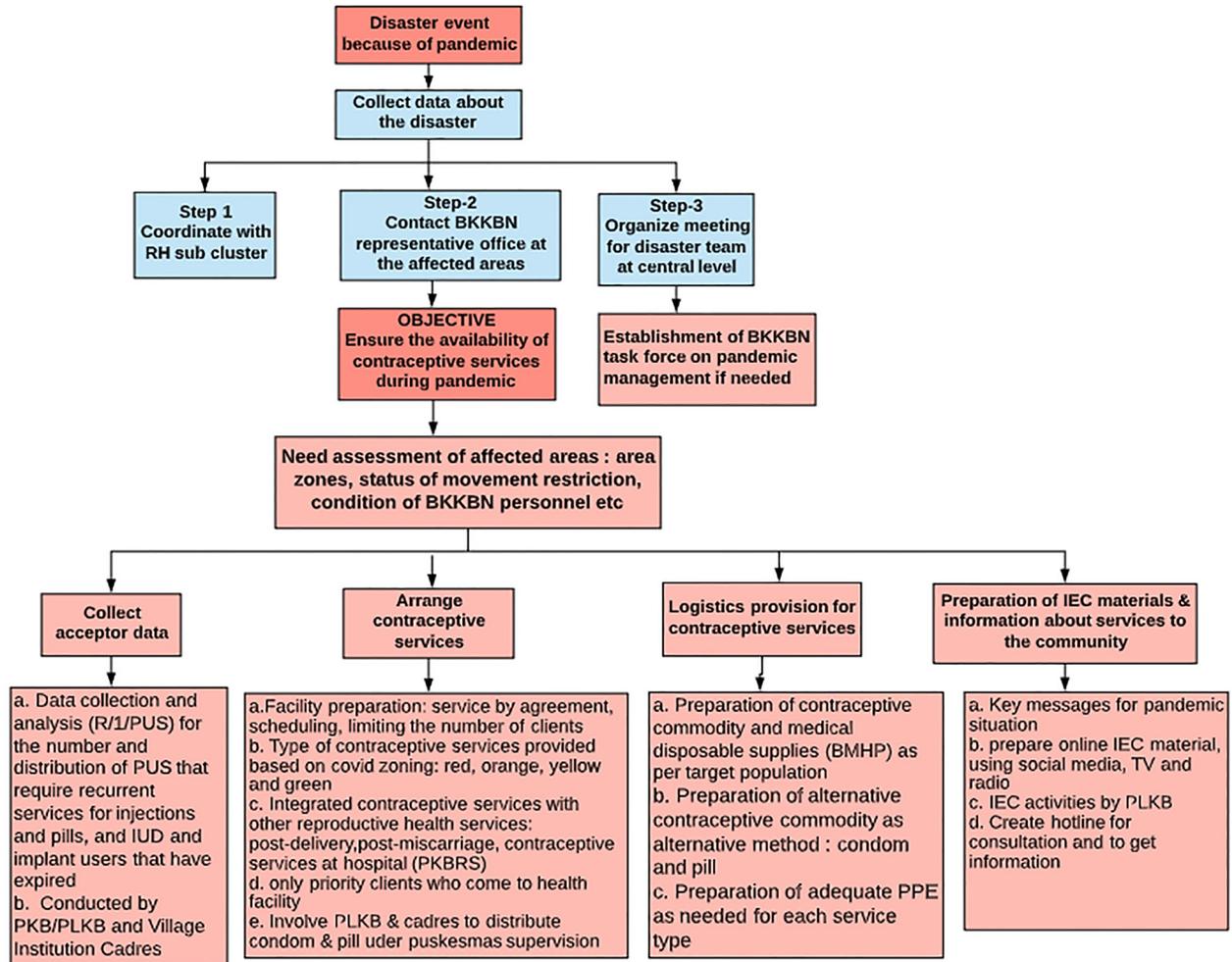
Note:

CHEAT SHEET

STEPS TO BE TAKEN DURING HEALTH CRISIS DUE TO NATURAL DISASTER



STEPS TO BE TAKEN DURING HEALTH CRISIS DUE TO PANDEMIC





LIST OF LOGISTICS NEEDS FOR CONTRACEPTIVE SERVICES

LOGISTICS NEED	ITEM	REMARK
1. Emergency office		
If office buildings are damaged/ affected after disaster	Tent with folded tables and chairs, stationaries, other items for emergency office	<ul style="list-style-type: none"> Prepared during pre-crisis phase as part of preparedness activities Stored/stockpiled at central BKKBN
2. Contraceptive services		
Temporary service tent	Can be part of RH tent services	<ul style="list-style-type: none"> Procured by BKKBN Coordination with RH sub cluster (integrated services at RH tent)
Contraceptive commodities (alokon)	Reversible short- and long-term contraceptive methods	<ul style="list-style-type: none"> According to the target population figure: number of eligible couples or according to estimated population target based on number of IDPs
Medical equipment and consumables (BMHP)	According to estimated contraceptive commodities (alokon) needs	
Hygiene Kit	Estimated no Women of Reproductive Age (WRA) = 25% IDPs	<ul style="list-style-type: none"> Procured by BKKBN Coordination with RH sub cluster (integrated services at RH tent)
3. Supporting facility		
a. Service car (Muyan)	Human resources, fuel, operational costs	Budget allocation for operational cost and for mobile services
b. Information car (Mupen)		

4. IEC material		
a. education materials at health facilities and IDPs tents	Printed at useful materials such as plastic fans, folded jerrican, hygiene kit bags etc.	Prepared and procured during pre-crisis as part of preparedness activities
b. Decision Making Tools (DMT)		
5. Visibility items		
Items to show institution identity	Vest, T-shirt, Hat, Sticker banner	Prepared and procured during pre-crisis as part of preparedness activities

Calculation of estimated population target and estimated contraceptive commodity needs based on IDPs data and modern contraceptive use based on IDHS 2017

METHOD	IDHS 2017 DATA	FORMULA
Condom	2.5 %	<ul style="list-style-type: none"> ▪ Calculation of condom need for 3 months is based on estimation that sexually active men is 20% of IDPs and have sexual intercourse in average 3x a week ▪ Sexually active male = 20% x no of IDPs = a ▪ Using condom: 2.5% x a = b ▪ Quantity of condom: in average sexual intercourse 3x/week, and 4 weeks/month ▪ Condom need per month 3 x 4 =12 pcs/month ▪ Condom need for 3 months = b x 12 pcs x 3 months = c ▪ Extra (buffer) : 20% of c = d ▪ Total condom need= c + d
Pill	13.1%	<ul style="list-style-type: none"> ▪ Calculation of pill need for 3 month is from calculation of no of women of reproductive age (WRA) and 13,1% of WRA are using pill ▪ No of WRA is 25% x no of IDPs = a ▪ Using pill: 13.1% x a = b

METHOD	IDHS 2017 DATA	FORMULA
		<ul style="list-style-type: none"> No of pill needed 3 month = $b \times 3 \text{ months} = c$ Extra/buffer: $10\% \times c = d$ Total pill need = $c + d$
Injectable	29%	<ul style="list-style-type: none"> Calculation of injectable need for 3 month is from calculation of no of women of reproductive age (WRA) and 29% of WRA are using injectable No of WRA: $25\% \times \text{no of IDPs} = a$ Using injectable: $29\% \times a = b$ No of injectable needed for 3 months = b (injectable provided by BKKBN is for period of 3 months)
IUD	4.7%	<ul style="list-style-type: none"> Calculation of IUD need for 3 month is from calculation of no of women of reproductive age (WRA) and 4.7% of WRA are using IUD No of WRA: $25\% \times \text{no of IDPs} = a$ Using IUD: $4.7\% \times a = b$ No of IUD needed = b
Implant	4.7%	<ul style="list-style-type: none"> Calculation of implant need for 3 month is from calculation of no of women of reproductive age (WRA) and 4.7% of WRA are using implant No of WRA: $25\% \times \text{no of IDPs} = a$ Using IUD: $4.7\% \times a = b$ No of IUD needed = b
Emergency contraceptive pill	2%	<ul style="list-style-type: none"> Calculation of emergency contraceptive pill need is from the estimation that 2% of WRA will experience rape/sexual violence No of WRA: $25\% \times \text{no of IDPs} = a$ No of WRA who will experience risk of rape/sexual violence: $2\% \times a = b$ No of emergency contraceptive pill needed: b Can use combined pill (30 mikrogram Etilinil Estradiol with 0.15 mg Levonorgestrel 4 tablet, to take as soon as possible, followed with the same dose 12 hours later) = $b \times 8 \text{ tablet}$

Differences of contraceptive services in health crises caused by natural and non-natural disasters due to pandemic

Component	Natural disaster	Pandemic situation
Population target	All existing users to avoid dropouts in contraceptive use	Priority contraceptive services given to: <ul style="list-style-type: none"> ▪ Acceptors/users with complaints such as disturbing abdominal pain, vaginal discharge, and fever for IUD users and prolonged and heavier bleeding than usual menstruation for other family planning users ▪ Implant acceptors & IUD which has expired ▪ Injectable users with upcoming schedule ▪ New acceptors who will use IUD, implant, injectable and pill will be screened with using Roda Klop ▪ Other clients can visit health facility with following COVID-19 protocols, make prior agreement to get specific schedule and use tele registration
Contraceptive method	<ul style="list-style-type: none"> ▪ Short- and long-term modern contraceptive ▪ Vasectomy provided using mobile service (muyan) if situation is stabilized 	<ul style="list-style-type: none"> ▪ Reversible long term modern contraceptive method ▪ Alternative method if ideal method is not available
Service mechanism	<ul style="list-style-type: none"> ▪ Services at static health facilities or temporary health facilities (reproductive health tent) ▪ Mobile services to reach IDPs 	<ul style="list-style-type: none"> ▪ Limited services given to the priority target population ▪ Type of services given based on area zones whether red, orange, yellow or green ▪ Give contraceptive service when PPE is available for each type of contraceptive services ▪ Limit the contact with client: online services, with prior agreement, specific service schedule and limiting the number of client

Component	Natural disaster	Pandemic situation
IEC and community mobilization		
IEC materials	Prepare IEC messages printed at useful materials for IDPs such as plastic fan, folded jerrican, hygiene kit bags etc.	IEC materials are prepared electronically in the form of pictures, sound recordings, video recordings including in the form of public service information (PSA)
IEC method	IEC activities and information session actively conducted through: <ul style="list-style-type: none"> ▪ Mobile service at IDPs camps using information car (Mupen) ▪ Media talk show at radio, etc. 	<ul style="list-style-type: none"> ▪ IEC activities and counseling are conducted with contact restrictions: ▪ Use online methods & use social media, internet, electronic media (TV / Radio) ▪ IEC activities, counseling through telephone (hotline number)
Key messages	<ol style="list-style-type: none"> 1. During emergency response: <ul style="list-style-type: none"> - the importance to continue using contraceptive and prevent dropouts to avoid unintended pregnancy - how to get contraceptive services including the information on service locations 2. During post crisis when situation is stabilized: <ul style="list-style-type: none"> - motivate eligible couples in community to use more advance contraceptive including permanent method 	<ol style="list-style-type: none"> 1. For eligible couples (PUS) who postpones pregnancy or does not want to get pregnant again must use contraceptive commodities 2. To get contraceptive services, the acceptors to make an agreement or tele registration before coming to a health facility to get specific schedule of service. 3. For IUD/Implant/injectable acceptors that have expired or for new acceptors if it is not possible to come to a health worker: <ul style="list-style-type: none"> ▪ can use condoms ▪ if it is not available, can use traditional methods (periodic abstinence or interrupted sexual intercourse). 4. For existing pill acceptors, can contact PLKB or cadres or health workers via telephone to get the pills

Component	Natural disaster	Pandemic situation
		<p>5. For mothers who will give birth, immediately plan for the use of postpartum family planning, especially using a post-placenta IUD or tubectomy as indicated.</p>
		<p>6. Consult health workers for any complaint by telephone or come to the health provider with an agreement to get further advice</p> <p>7. Get information about FP online, through the official BKKBN website or direct consultation with health workers via telephone</p> <p>8. Apply the COVID-19 protocol when visit health facility: using a mask, washing hands with soap, and running water or hand sanitizer, and maintaining a minimum distance of 1.5-meters from other visitors</p> <p>9. For acceptors with positive COVID-19 other COVID-19 status, consult health conditions and & not encouraged to have sex during this period so that the use of contraceptive can be postponed. Immediately get the service after recovery or completion of the observation period</p>
Logistics needs	Contraceptive commodity, medical disposable supplies (BMHP), supporting facilities, IEC materials	<ul style="list-style-type: none"> ▪ To add quantity of contraceptive stock particularly for pill and condom as an alternative/temporary methods during pandemic ▪ The same with logistics needs for natural disaster with addition PPE based on service provided





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The United Nations Population Fund, is an International Development Agency with a Mission to
“Deliver a world where every pregnancy is wanted, every birth is safe and every young person’s potential is fulfilled”