



### RESEARCH ARTICLE

#### EVALUATION OF “LORONG KB” (FAMILY PLANNING NEIGHBORHOOD) PROGRAM AMONG FERTILE COUPLES IN MAKASSAR CITY, INDONESIA (CASE STUDY IN THREE LORONG KB AT TALLO SUB-DISTRICT).

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#### Abstract

Makassar government's efforts in population control, family planning, and family development at the level of field lines or neighborhood community is the implementation of lorong KB program which was conducted since 2015. This research aims to evaluate the implementation of lorong KB program by exploring its inputs, activities/processes, outputs, and outcomes. This study was a qualitative research using case study approach and the data were collected by in-depth interview, FGD, observation, and document review from three areas of Lorong KB at Tallo Sub-District. Information were obtained from staffs of related offices, community leaders, cadres, and fertile couples.

The results showed that the input component was not equally optimal on each area because the number of family planning field officers was not yet enough, there was not budget by purposely, and the self-funding of the community only focused on the physical appearance of the Lorong KB area. However, the other operational facilities had been fulfilling through the KB mobile car. Process/activity component showed that *Tribina* group has been formed on each area and only Lorong KB Pannampu has formed the working group. Family planning service indicators have been met through health care providers and KB mobile car. Based on output component, only lorong KB Pannampu has reached three out of four indicators. The outcome component showed that knowledge, attitudes, and participation of fertile couples on the activities of lorong KB are still dominated by WUS/wife groups. The wives knew family planning's concept and methods as well as the side effects of contraception, while the husband group only knew some of it. Family planning participation on the use of contraception was only implemented by the wife. In spite of that, the husband's group continues to provide support and wife's autonomy to choose the method. Most of the acceptor have used the contraception before the lorong KB existed.

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**Introduction:-**

The family planning program in Indonesia has been recognized as one of the most successful programs in the world in terms of national level interventions on reproductive health[1]. This programs brought significant impact on population growth in Indonesia since it had been launched in the New Order era [2]. Based on Indonesia's Central Bureau of Statistics, it is proven by population growth rate declining from 2,31% in 1971-1980 to 1,36% in 2010-2016[3].

Although the population levels declined, it does not mean that "the fresh air" has been felt on population growth in Indonesia. This is caused by the current population decline in Indonesia is not accompanied by a decline in the growth population itself. Indonesia's total population every decade is 146.9 million (1980), 178.6 million (1990), 205.1 million (2000), up to 237.6 million people (2010). The World Bank in 2016 mentioned that the Indonesia's population in 2015 is 257.5 million people. It means there was an increase of more than 20 million people since 2010.

Based on National Family Planning Coordinating Agency's (BKKBN) official website, the current population rate of Indonesia is 1.49%. This figure is still far from the target population rate of Indonesia by BKKBN, which is 1.1%. The highest population growth comes from the densely populated and poor so it tends to produce a low quality of human resources [4], [5]. Therefore, an emphasis on organized family planning services is essential to addressing different and constantly changing individual needs [6]. As an efforts in population control, family planning, and family development at the level of field lines, Makassar city's government since 2015 has started implement the *Lorong KB* Program (Family Planning Neighborhood). Up to now, there are 155 *Lorong KB* that have been spread in fourteen districts in Makassar City.

However, the monitoring and evaluation indicators of this program are only seen based on the quantitative number of contraceptive acceptors. Based on BKKBN Makassar data, the percentage of fertile couples who become active acceptors since the pre-implementation program still fluctuates every year. Other related studies showed that there were still many program implementers did not really understand the concept of this program. Therefore, this study aims to evaluate *Lorong KB* program using a logical model by exploring the components of inputs, activities/processes, and outputs.

**Methods:-**

The study was conducted in three *Lorong KBs* in Tallo Sub-District. Tallo Sub-District is one of the largest number of fertile couples in Makassar, which is 23,052, and the most number of *Lorong KB* (17 *Lorong KBs*). Research conducted in three *Lorong KB* which was conducted since 2015. This research is qualitative with case study approach.

This research was conducted to assess the component of input, activity/process, and output based on the logical model [7]. Indicators of each component were determined based on the performance indicators listed in the guidelines for the *Lorong KB* implementation in Makassar. Input indicators include human resources, budget, and operational facilities. Activity/output indicators include advocacy and IEC activities, family planning services, and periodic group meetings. Output success indicators include the number of contraception acceptors/contraceptive use (CU), long-acting reversible contraceptives use (LARCs), men using contraception, and unmet needs.

The informants who involved in this research were the implementers of the *Lorong KB* program, included the staffs of Makassar's Family Planning Department (2 persons), the head of village/sub-subdistrict (3 persons), the head of neighborhood (5 persons), family planning field officers (3 persons), and family planning cadre (5 persons). Data were collected by in-depth interview, observation, and research documents related to the program. Data were analyzed by content analysis method and were processed by transcribing data, reduction, coding, presenting the data, and making conclusions. Methods and source triangulation were used to maintain data validity.

**Results:-****Input Components:-**

There were many parties who play a role in the *Lorong KB* program in Makassar, included the stakeholders of the community in the area of *Lorong KB* itself. Stakeholders who participated in the program were the Department of Family Planning in Makassar, family planning field officers, the head of village/sub-subdistrict and their wives, as

well as the community leaders. The participation of communities was showed by cadres role as well as other participants in the ongoing activities.

In relation to the number of family planning field officers, the Makassar Department of Family Planning currently determines the ratio based on the number of fertile couples in one village/sub-subdistrict, which is 500 – 2,000 fertile couples for one family planning field officers. From table 1, it can be seen that the ratio of family planning field officers to the number of fertile couple was still not enough due to there were three family planning field officers handled more than 2,000 fertile couples. Therefore, the number of family planning field officers in Tallo was not yet enough based on the standard.

**Tabel 1:-**List of Family Planning Field Officers in Tallo Subdistrict Year 2018

No	Family Planning Officers (Code)	Areas	Number of Fertile Couples
1	A	Pannampu	2.574
2	B	Kalukuang	773
3	C	Kaluku Bodoa	3.815
4	D	Rappojawa	1.077
		Bunga Eja Beru	1.757
5	E	Rappokalling	2.818
6	F	Lakkang	263
		Lembo	1.613
7	G	Tallo	1.515
		La'latang	668
8	H	Wala-Walaya	1.346
		Ujung Pandang Baru	603
9	I	Tammua	1.771
10	J	Buloa	1.456
11	K	Suangga	1.365

Sources : Tallo Subdistict Family Planning Office (2018)

Furthermore, the guidelines for the *Lorong KB* implementation spotted that there must be a working groups in each *Lorong KB* area which are then passed through the mayor's decree to ensure the program sustainability. However only one area did this and legalized the group whose authorization through Decree of Pannampu Village's Head Number 1 / SKP / I / Year 2018 on the Formation of Working Group of Family Planning Village Nusa Indah Capoa RW IV Pannampu Tallo Sub-District Makassar City. The decree contained the names of the working groups and their positions as well as the duties and functions of each section.

Related to budgets, it was known that there were no special funding budget for a *Lorong KB*. Most of the informants stated that there was no special fund they knew and got. Funds were specifically given not in cash yet in goods. Therefore, some activities were ruined by community self-financing or even family planning field officers's. Other operational facilities related to the availability of contraceptives (pill, injections, implants, and IUDs) are always available at community health center. In addition, there was also a mobile family planning car services that provides LARCs use services for free. Based on the observation of the mobile family planning car services, there were various supporting facilities inside, namely the air conditioner, shelf and table storage equipment, patient bed/small operation table, operating lamp, and television to audio. The facility was already good in supporting family planning services. Acceptor could receive IUD and implant installation services in the car comfortably and safely.

**Activities/Process Components:-**

Advocacy activities have been carried out by family planning field officers to local stakeholders and other community leaders. The results of the advocacy were supporting from local stakeholder in the form of facilities assistance and the decree of village's head. Thus, the success of advocacy depends heavily on the skills of the respective family planning health officers. The activity and sustainability was very depend on family planning health officers as revealed by the Head of Tallo Subdistric Family Planning Office.

In relation to information and education activities, it is mentioned that there are *Tribina* groups (group of three family empowerment) in each village/sub-subdistrict. The *Tribina* group consists of *BKB* group (*Bina Keluarga Balita*/empowerment group of family with under-five year children), *BKR* (*Bina Keluarga Remaja*/empowerment group of family with adolescent), and *BKL* (*Bina Keluarga Lansia*/empowerment group of family with elderly). Members in the group are the mothers whose toddlers, adolescent, and elderly as their family members at home. The activities of these groups are integrated with integrated health services activities. However, these activities have not been routine.

Family planning service activities, in this case the installation of contraception, obtained by acceptors through primary health care services or private midwife clinic. Contraception needs in quantity always fulfilled. To ensure this, there is always coordination between the service providers, family planning health officers, and related agencies. In addition, there is also a mobile-based mobile service activity through the mobile family planning car without collecting fees.

Indicators of regular meetings of activity group members in the *Lorong KB* have not been met. Meetings were held occasionally, especially when there will be competitions and visits from outside parties. Any discussion related to family planning activities in the *Lorong KB* area discussed at regular meeting between family planning health officers and family planning cadre at Tallo Subdistrict Family Planning Office and at local stakeholders meeting.

**Output Components:-****Tabel 2:-** List of Family Planning Field Officers in Tall Subdistrict Year 2018

<i>Lorong KB</i> Area	Indicators	Numbers (%)		Output Succes Indicators
		<i>Lorong KB</i>	Average	
Pannampu	CU	59.18%	53.31%	√
	LARCs	6.12%	5.25%	√
	Men with contraceptive	2.04%	0.83%	√
	Unmet Need	24.49%	15.74%	-
Tallo	CU	80.33%	73.35%	√
	LARCs	4.92%	9.74%	-
	Men with contraceptive	1.63%	2.29%	-
	Unmet Need	6.56%	0.52%	-
Kalbod	CU	60.34%	59.79%	√
	LARCs	3.45%	5.50%	-
	Men with contraceptive	1.73%	1.03%	√
	Unmet Need	12.07%	0.93%	-

Source: Tallo Subdistrict Family Planning Office and National Family Planning Coordinating Agency Period June 2017-March 2018

**Table 2:-**shows the achievements of active family planning participants/contraceptive use, LARCs, men with contraceptive, and unmet need in each research areas. Based on the table, it can be seen that there was no *Lorong KB* reached all of the output success indicators as stated in the technical guidelines. From the three locations of the research, it can be seen that the *Lorong KB* of Pannampu Village is the most successful based on output indicator which reached three out of four indicators.

**Discussion:-**

Community participation in *Lorong KB* program is a vital resource. It is based on the primary concepts of *Lorong KB* that focuses on planning, implementing, and assessing outcomes undertaken by and for the community itself.

Given community involvement, program intervention activities will be more relevant and effective because they have considered local needs, knowledge, and priorities [8].

Community involvement in *Lorong KB* Tallo Subdistrict was shown by government role as well as other formal and informal stakeholders, ie head of village, community leaders, and family planning cadres. As set in the guidelines for the implementation of *Lorong KB*, the parties were involved through the formation of the working group. However, only the *Lorong KB* Pannampu who made it. This was because the *Lorong KB* Pannampu was a pilot project area of *Lorong KB* program in Makassar City. The absence of the group caused some related parties and the target group not yet fully understood the concept of the formation of the *Lorong KB* so that some informants only understood the concept of *Lorong KB* as a terms of physical/environmental improvement only. In the research study of family planning evaluation conducted by BKKBN RI, it then caused the activity of family planning village not run and not sustainable [9].

In relation to the success of *Lorong KB* program, the input indicator related to human resources is indicated by the number of family planning field officers. The ideal ratio condition of the number of family planning field officers in accordance with the national indicator year 2015-2019 is 1: 2 by comparing the number of villages. However, it can still consider demographic, territorial, and geographical aspects [10]. From the data obtained, it can be seen that the ratio of family planning field officers to the number of work areas have been proportional. When compared to the number of fertile couples, there were still three family planning field officers who handle the number of fertile couples more than 2,000. One of the family planning field officers that handles the number of fertile couples more than the standard was Kaluku Bodoa with the largest number of fertile couples (3,815). The limited number of family planning field officers can be a factor of weakness in the development of a family village because without the support of family planning field officers, it is impossible to improve the program [11].

In relation to the budget, it is known that there was community self-funding with community leaders and family planning field officers for physical improvement in *Lorong KB*. The existence of a community self-funding (domestic funding) is one factor in the input component that can affect activities from the planning, implementation, to monitoring and evaluation [12]. However, these community self-fundings were only used in the framework of physical improvements and only reinforced by the execution of competitions or visits from outside parties. The absence of funds makes the activities that should be done by the group that has formed is not working properly. In fact, the funding for programs and activities at the village level can be funded through the deliberations of all members of the community and included in the Village Middle Term Planning Framework [13]. It is difficult to be implemented in the *Lorong KB* program in Makassar City because the scope of the *Lorong KB* program does not include all of the village/sub-subdistrict, but only a neighborhood.

The results showed that there were no constraints on the availability of contraceptives for the family of family planning in Tallo village, either alkon pills, injections, implants, or IUDs. In addition to alkon, other operational facilities that become an advantage in improving family planning services in the area of the aisle is the existence of mobile car service with service facilities that are equivalent to services at health centers or clinics. The existence of adequate infrastructure support will greatly assist the smoothness of an activity because one of the main components that constitutes an effective working team is adequate source support, including proper equipment support [14].

The function of process/activity evaluation is to see and discuss the sustainability of activities that have been implemented and related to the previous planning [15]. Advocacy activities in the *Lorong KB* were conducted directly by family planning field officers. This is in accordance with Law BKKBN No. 2 Year 2017 on Competency Standard of Family Planning Field Officers which states that the implementation of advocacy and communication, information and education (IEC) is one of the technical competency standards that must be done by family planning field officers [16]. Through the existence of family planning IEC, the community is expected to make family planning as their pattern of life which means that people know, understand, and realize the importance of family planning so that it is willing to implement it for health and welfare for their family, society and country in general [17].

The advocacy which done by family planning field officers in the effort of making *Lorong KB* has been done quite well. It is shown by the launching of the *Lorong KB* and the formation of *Tribina* groups in each area, while the working group is formed only in the *Lorong KB* Pannampu. Basically, the concept of activities in the *Lorong KB* is managed by and for the community itself [11], [18]. The government only stimulates and mentoring. However, this

has not been realized by the stakeholders, community leaders, or family planning cadres in each area so far the activities in the *Lorong KB* is still done based on the direction family planning field officers and related agencies only.

Family planning service indicators include improving the quality and quantity of services related to contraceptives in fertile couples. *Lorong KB* program attempt to empower and provide convenience to the community to obtain the total service of family planning program as an effort to realize quality prosperous family. The approach of service in the framework of fulfilling the needs of the community is one of the three essences that are listed in the Management Guidelines of Family Planning in Field Line [19].

Research related to family planning services conducted in Africa shows that there were several factors that determine the quality of service and affect customer satisfaction. Quality of service was influenced by client and provider factor itself. One of the related factor was the waiting time of the client/acceptor and the affordability of the family planning service [20]. Related analysis conducted by Family Planning Board of Makassar city indicates that the presence of mobile KB car service in the *Lorong KB* could reduce the cost burden on the community. The cost includes transportation costs to the clinic between Rp 10.000,00-Rp15.000,00 and contraceptive installation cost from Rp150.000,00-Rp300.000,00 [18].

The implementation of coordination meeting of family planning program is one of the indicators in the guidance of program implementation. To support the sustainability of *Lorong KB* program, periodic meeting of working group is also become one of indicator. From the results of interviews and FGD, there was no periodical meetings conducted by each group. Other related meetings were only held in the event of special interest, such as preparation of competitions as well as visits by outside parties. The meeting between members of community groups with local stakeholders was held not only to discuss the program only. In the guidelines, it was mentioned that the meeting discussion materials included 1) evaluation of the last year program implementation; 2) annual program planning proposed by each neighborhood; and 3) discussion of each program section. The results of these meetings can then be brought to the village planning and development big meeting to be included in the Village Planning Framework[11], [21].

In the *Lorong KB* program in Makassar City, the output success indicators are indicated by coverage of active acceptor participants/contraceptive use, LARCs use, and male participants being above average achievement. Then, the unmet need rate in the region is below average performance. The difference in achievement in each area can be caused by various things. One of the things that affects because the *Lorong KB* Pannampu is a location of the pilot project so that it gets full support from the central government, local government, to the local government. Dawam (2016), through his research comparing post-slum family planning activities in pilot areas and control areas, indicates that the commitment and support of local governments in the pilot areas resulted in better performance of the working groups compared to control areas in achieving/upgrading CPR and decreased unmet need.

### Conclusion:-

The input indicators related to human resources shows that the number of family planning field officers was not enough, there was no special budget related to the activities in each *Lorong KB* so that the funding and community self-funding were still focused on the improvement of the physical/environment, other operational facilities have been fulfilled through the existence innovative mobile family planning car service. The process/activity indicators indicate that the *Tribina* group has formed in each location, but the formation of working group was only done in the *Lorong KB* Pannampu. Family planning services have been fulfilled, either through local health care facilities or mobile family planning car services. The output indicators indicate that only the *Lorong KB* Pannampu have reached three out of four indicators of success. The unmet need indicator has not been fulfilled by all the research area. Therefore, it is a need to increase the input components related to human resources, the availability of budget, and a clear understanding of the core concept of *Lorong KB* program to each related party.

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