

15th
GENERAL MEMBERSHIP MEETING
of the **REPRODUCTIVE HEALTH**
SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

mexico
2004-2014
REPRODUCTIVE HEALTH
SUPPLIES COALITION

THE PRO and CONS of DECENTRALIZATION Availability and Choice of Contraceptives

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AVAILABILITY



CHOICE

THE PRO and CONS OF DECENTRALIZATION

Availability and Choice of Contraceptives.

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1. INTRODUCTION

Decentralization and Its Impact on Family Planning Program.

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1. Introduction

Decentralization and Its Impact on Family Planning Program.

- In 2000 Indonesia undergone a **rapid, massive and drastic** decentralization process, a change from a very strong centralistic government to decentralized local governments (410 Districts and Municipalities) with only one year preparation (***The Big Bang Decentralization***).
- The process includes devolution of authority, formation of local governments and local legislative-executive relationship.
- Significant change of structural arrangement for for “Family Planning Program and Service”

1.1 Key Structural Change

Significant Change of Structural Arrangement FP Program and Services

- National Family Program is a collaborative effort of FP Board (NFPB) and Ministry of Health (MOH). NFPB is responsible for programming (Planning, Implementation and Monitoring including logistics), MOH is responsible for FP services.
- NFPB is partially decentralized, provincial level FPB Office is still part of the Central level NFPB. The FP unit at the district level is part of combined units (Women Empowerment and Child Protection etc) , NOT an special entity directly under the District Head
- At the **Local Government/District level**, FP unit is a small unit, low status and under staff compared to other line ministry offices (MOH)

1.2 FP Program and Services

The Situation of Components of FP Program and Services *)

- **Budgeting and Finance** : No standardized guideline for FP Program operational budget. Budget prepared not based on workplan or needs. Combined FP unit with other units resulted in **small budget allocation**.
- **Technical Capacity** : FP unit is under staff, weak technical and management capacity for FP programming. Limited capacity in basic planning, implementation and monitoring activities.
- **FP Services** : Lost of fieldworkers, deteriorating community mobilization and outreach activities at the field level. Majority of FP services provided by private practice midwives. Poor coordination with public sector health facilities.

*) Lewis, Gary and Febriani, Esty – Situation Analysis December 2012

1.3 THE IMPACT OF DECENTRALIZATION

Trends in TFR , CPR , Unmet Need and MMR (IDHS 2002 – 2012)

10 YEARS AFTER DECENTRALIZATION

Trends in CPR, TFR, Unmet Need and MMR
and MDR Target 2015 *)

MDG Indicator	Trends			MDG Target
	2002	2007	2012	2015
CPR	57%	57%	58%	65%
TFR	2.6	2.6	2.6	2.1
Unmet Need	13.2%	13.1%	11.4%	5%
MMR		228	359	102

*) Indonesian Demographic and Health Survey 2012

2. FP Situation in Decentralization Era

Programmatic Issues and Challenges

2.1 Key Issues (Unmet Need, Contraceptive Use, Program Structure)

2.2 Challenges (Budget/Financing, FP Service and Logistics)

2.1 Key Issues

1. Unmet Need total 11.4%

Unmet Need for Spacing (4.5%)

- At risk of become pregnant, not using contraception. Want more children
- Pregnant with mistimed pregnancy
- Postpartum Amenorrheic 2 years, following mistimed birth

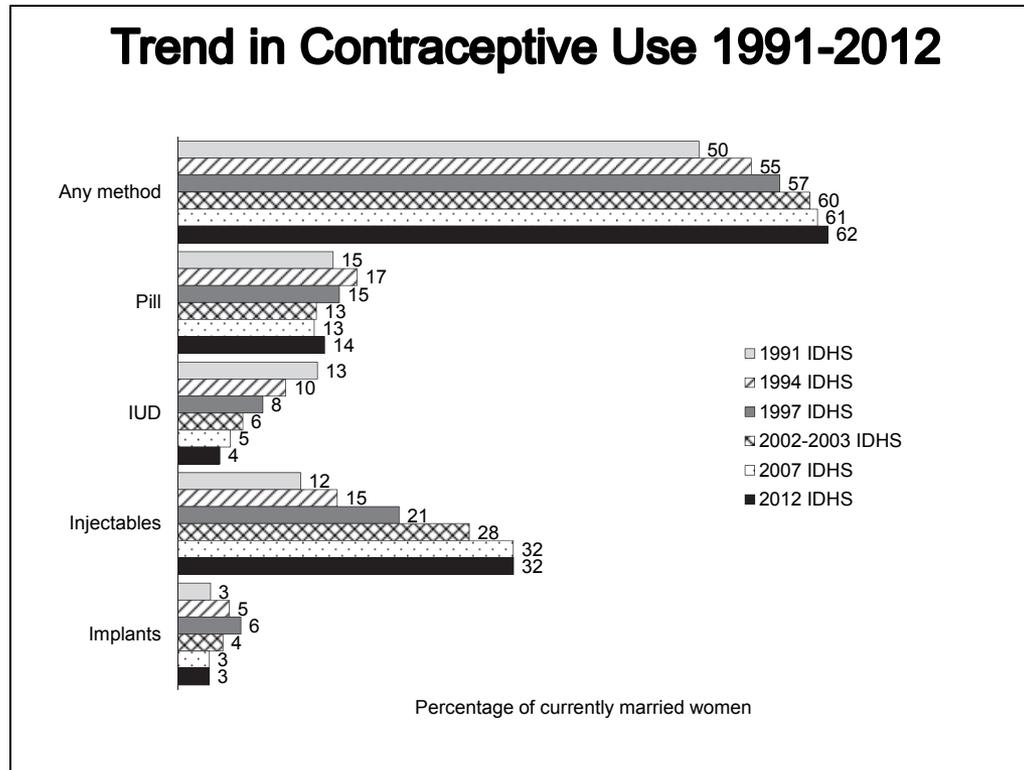
Unmet Need for Limiting (6.9%)

- At risk of become pregnant, not using contraception. Do not want more children
- Pregnant with unwanted pregnancy
- Postpartum Amenorrheic 2 years, following unwanted birth

2.1 Key Issues cont...

2 .Contraceptive Use

Injectable is the most commonly used contraceptive. Use of IUD decreased steadily. CPR for Long Term Methods =10.6%



2.1 Key Issues cont...

3 .Institutional Structure FP Unit

- The authority of FPB (Family Planning Board) ends at provincial level, unclear institutional structure at the District local government. Disconnect between Prov FP Office to FP Unit at District Local Governmet.
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- FP struture is usually combined with Women Empowerment and Child protection resulting in low status of FP Unit and affect the performance of program officers in the districts/ cities
- Central Government passed the Law no. 52 of 2009 that require every District /Municipality to establih a local/district Family Planning Board (only about 10 districts complied with this law.

2.2 Challenges

1. Budget and Financing

Budget Allocation from the Government/District level is very low (0.04-0.2 % of total local Government budget). *)

Budget Allocation	Budget Allocation
Total FP Budget within FP/Women Empowerment/Child Protection Unit	17% - 53%
Total FP Budget in Local Government Budget	0.04% - 0.2%
Total Health Sector Budget in Local Government Budget	6% - 17%

*) Lewis, Gary and Febriani, Esty – Situation Analysis December 2012

2.2 Challenges

2. FP Service Delivery

- 70% of FP current users obtain their method from private sector, mostly from private practice midwife. Provider's bias toward pill and injectable
- Low capacity of PHC clinics to provide IUD and Implant services
- Role of Midwives in new Universal Health Coverage scheme still unclear

2.2 Challenges

3. Contraceptive Logistics

- Human resource and budget inadequacy at the District FP Unit increases the risk of **Stock Out** at Service Delivery Points (SDPs).
- All SCM components need to be improved (revitalized) , especially Distribution from district storage to SDPs

2.2 Challenges

3. Contraceptive Logistics

No	Area	Challenges
1	Distribution	No uniform understanding on Push and Pull strategy, and on Min – Max Stock Level Principle
2	Forecasting	No forecast error measurement, no transparency
3	Organization	Not adequate organization at BkkbN Central and Provinces to handle SCM
4	Procurement	Too long and cumbersome
5	Warehouse Operations	Manual; not sufficient adequate storage space;
6	Information System	Manual Warehouse report from district and provinces; online but not utilized Service Delivery Point stock report

3. Revitalization of Family Planning Program

Central Government Efforts and Local Government Struggles

3.1 Central Government Efforts

3.2 .Local Governmet

3. Revitalization of FP Program

3.1 Central Government Efforts

1. UNFPA

- Technical Assistance in SCM for Contraceptive and distribution system
- Technical Assistance to build District Technical Capacity in FP Program (14 Districts)

2. Advance FP Program (AFP)

AFP is an evidence based advocacy initiative designed to improve access to and use of family planning services, information and supplies by increasing funds, decreasing policy barriers and increasing the importance of family planning among policy makers at global, regional, national and sub-national levels (Started in 2009 – 5 Districts in 3 Provinces)

3. ICMM (Improving Contraceptive Method Mix)

ICMM is a replication of the earlier AFP program but coupled with an operations research component. It is implemented in 6 districts in the provinces of East Java and West Nusa Tenggara

3. Revitalization of FP Program (cont..)

3.1 Central Government Efforts (Cont..)

4 .The London Summit (FP20/20)

- A** To provide free family planning services nationwide through Universal Healthcare Program by 2014
- B** Strengthening public and private clinic services and the provision of preferable long acting methods
- C** Investing in South – South exchange to share experiences and best practices
- D** Maintain investment levels in family planning

3. Revitalization of FP Program (cont..)

3.1 Central Government Efforts (Cont..)

5. KB Kencana

- Training for family planning staff, especially at the district level,
- Improved technical support from the central and provincial offices
- improved management systems for planning, supervision and budgeting
- advocacy to strengthen the supporting environment for family planning as well as to promote more long term and permanent forms of contraception
- improving service quality in part through more complete coverage of program areas by Family Planning Field Workers (PLKB) and building partnerships with local stakeholders among others.

initially in 94 districts in 4 provinces in the first year (2013), and by three years later to have achieved the same goal in 50% of the districts of the country and 100% by the end of 2016.

3. Revitalization of FP Program

3.2 Local Government Struggles

1. Local Budget

Weak political commitment and weak technical capacity in FP programming resulting in very small budget allocation.

- Evidence-based advocacy using “Costed FP Program Planning” improves local government commitment to a increase budget allocation.
- Training to improved local staffs in FP programming
- An independent inter-sectoral support group (District Working Group) is key to Advocacy activities at the District level

3. Revitalization of FP Program (cont..)

3.2 Local Government Struggles

1. Local Budget

Evidence-based advocacy increased budget allocation in 5 districts (AFP Projects).

DISTRICT BUDGETS FOR FAMILY PLANNING INCREASE IN 5 DISTRICTS, 2010 TO 2013

District	Family Planning Budget 2010 (Billions Rupiah)	Family Planning Budget 2013 (Billions Rupiah)	Percent Increase (2010-2013)
Bandung	6.47	7.71	19.1
Bogor*	9.08	15.46	70.4
Karanganyar*	1.82	2.86	56.9
Karawang*	12.08	15.56	28.8
Pontianak	2.75	4.91	78.6

SOURCES: BKKBN Bandung District, BKKBN Bogor District, BKKBN Karawang, BKKBN Karanganyar, and BKKBN Pontianak City. *AFP advocacy activities began in 2012.

3. Revitalization of FP Program

3.2 Local Government Struggles

2. FP Services

Lost of fieldworker for outreach services inadequate Midwives competency affects contraceptive choice for LTM.

- Central Government will recruit 5,000 fieldworker to be deployed at the district level.
- Skills-based training for Midwives is key to providing services at both government and private services.
- Coordination with MOH for

3. Revitalization of FP Program

3.2 Local Government Struggles

3. Logistics (SCM) for Contraceptive

Improved availability of range of contraceptive at the district and SDP level.

- UNFPA in collaboration with other agency will provide technical capacity to SCM for Contraceptives.
- Improves Forecasting and Quantification using consumption, service and contraceptive prevalence data.
- Testing models for District to SDP distribution (improves FP Board capacity, Join effort with MOH and outsourcing)

3. Revitalization of FP Program

3.2 Local Government Struggles

4. FP Board Institutional Structure

The very key issues to improve technical programming capacity at the district level.

- Need intense advocacy and support from central and provincial level FP Board to make local government comply with Law No 52/2009
- Local District level FP Board as a specific entity under the District Head will be critical to improved FP technical and program capacity.

Lesson Learned

Pro and Cons of Decentralization

Lesson Learned #1

The Cons ...

A **a rapid, massive and drastic** decentralization process, from a very strong centralistic government to decentralized local governments (***The Big Bang Decentralization***) with relatively short preparation, disrupts FP planning program and services at the local government level. TFR stagnant at 2.6 % and CPR stagnant at 58%, Unmet need is still relatively high at 11%. between 2002-2012.

The key Issues is the change in institutional structure of FP program resulting in weak technical capacity in basic PF programming, very small budget allocation

Lesson Learned #2

The Pros ...

- Decentralization of authority to the district level enable local government to deal with a specific issues at the local level.
- FP-unit needs a right partner to improve local government commitment to improving FP program achievement through increased budget, improved technical capacity and program capacity of the local staff. District Working Group (DWG) facilitated by AFP project is one of the example of the success story
- Advocacy is critical to increasing political commitment at the local government to achieving FP/Health and Population target. Evidence-based advocacy proof to have a significant impact on local government commitment for FP program.
- To improve FP services, central government and its partner need to do an intense advocacy and support to improve provider (midwives) competency and SCM for contraceptive.

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