Promoting Women Development by Improving Health Service Delivery: The Indonesian Experiences

Presented by Chairperson of BKKBN, DR. Dr. Sugiri Syarief, MD, MPA
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- Mr. Chairman,
- Distinguished Participants,
- Ladies and Gentlemen,

Good Afternoon,

First, I would like to convey my sincere thanks and appreciation to the National Population and Family Planning Commission (NPFPC), the People's Republic of China for kindly inviting me to participate in this prestigious and important meeting.

Participants, Ladies and Gentlemen,

Promoting women development by improving health delivery is a global concern particularly in developing countries since it related to human rights, equity issues and plays a critical role in breaking down the cycle of poverty. Ensuring that mothers survive pregnancy and childbirth is fundamentally about women's rights and about creating a justice and equitable society, it is therefore reduction of maternal mortality has been endorsed as a key development goal by countries and countries agreed to increase efforts to improve maternal health.

However, data indicated that around five hundred thousand women die every year globally due to pregnancy and delivery issues and 99 percent among them occurred in developing countries. Women need not die in childbirth. The vast majority of maternal deaths could be prevented if women had access to - and used - skilled care during pregnancy, childbirth and the first month after delivery, or to quality family planning services, post-abortion care services and where not against the laws, safe abortion services.

There is a possibility also that a number of countries will not be able to reach the MDGs 5 Goal or maternal health target. Of 68 countries which encompass 97 percent of all maternal and child deaths worldwide, less than one quarter are on track towards reaching the millennium development goals on maternal and child mortality.

Ladies and Gentlemen

It appears that Indonesia will reach the MDGs 5's target of 102 per 100 thousand births in 2025 even though efforts have been made in the recent years to accelerate the achievement of the target. The current figure of the maternal mortality ratio in Indonesia is around 228 per one hundred thousand live births. As currently the total birth stand around 4.2 million per year, there are some nine thousand and eight hundred women who die each year due to pregnancy and delivery issues. This is a big challenge for Indonesia.

Accordingly, government of Indonesia strives to improve healthcare services in order to accelerate the reducing of maternal mortality. These efforts is binding within four policies that consistently with the Healthy Indonesia Plan 2010, the Grand Strategy of reducing the levels of mortality and and improve the quality of life amongst the Indonesian population as well as a Continuum Health of Care Framework. These policies consists of:

First, improve the access and the scope of cost-effective quality maternal and newborn baby health care, based on evidences and data. Improving access for maternal health is conducted by (a) increasing the number and distribution of mid wives in villages, doctors and specialists, with particular emphasis in rural isolated areas; (b) Improving the role of Community Health Center (PUSKESMAS); (c) Guaranteeing health-care for poor and rural communities in far proximity of

health facilities; (d) Partnership with traditional birth attendant (locally called dukun) and mid-wives; (e) Minimizing negative factors that undermine national health effort.

Second, building effective partnerships through cross program and cross sector cooperation, and other partnerships to conduct advocacy that maximize the allocated resources, and to improve the Making Pregnancy Safer planning and activity coordination through (a) Enhancing the role of communities; (b) Engaging corporate social responsibility and the social role of NGOs; (c) Improving and enhancing the role of public and private partnerships.

Third, encourage women, family and community empowerment through improving the knowledge for their improvements in assuring healthy life and by using maternal and newborn baby healthcare. Strategies to attain these targets have been conducted through (a) Continue the education for women and families; (b) Greater participation and awareness for husbands and male authorities as well as community participation through “Friendly Mother Movement”; (c) Greater access for women to health.

Fourth, enhance program management through surveillance, monitoring, evaluation and financing system through (a) Strengthen local capacity, particularly at the rural level; (b) Sharing roles and responsibility; (c) Continue to strengthen monitoring mechanisms health targets; (d) Continue to improve human resources of health workers.

The above policies then implemented currently through the Presidential Instruction Number-33 on April 21, 2010. It’s basically addressed to all prime stakeholders and decision makers to take necessary steps and actions to accelerate development programs including MDGs.

With regards to achieving MDGs 5, the President points a specific actions plan that comprise of: (1) improving health services for mothers; (2) allocating strategic health personnel to health facilities particularly at health centers and districts and municipalities hospitals; (3) emphasizes the provision of strategic health personnel to health facilities in remote and border areas, islands as well as areas suffering from severe health problems; (4) improving access and quality of Family Planning services particularly to reduce unmet need and unwanted pregnancy as well as to narrow disparities of achievement among areas.

Special attention will be given to those who live in poor isolated and remote areas. In addition, the Government promotes the use of long term contraceptives such as IUD and male or female sterilization, pays more attention to low parity couples and integrates promotion of family planning with other development programs including income-generating activities.

The latest initiative launched by government was to provide free of charges for all deliveries at community health center with inpatient as well as lowest-graded class of public hospital. This initiative is part of the efforts to achieve universal access to reproductive health services.

Participants, Ladies and Gentlemen

The family planning program in Indonesia has faced many challenges since 1997 when Indonesia was affected by the Asian Economy crisis followed by the change of government system from centralized into decentralized system. The increasing of contraceptive prevalence rate (CPR) tended to be stagnant. The un-meet need is slightly increased. A consequence, the decreasing of total fertility rate (TFR) was also stagnant.

Accordingly, government has responded that challenges by revitalizing its program since 2006. The focus of revitalization consists of:

First, to encourage and empower the whole community in the family planning Program, in which every village should have religious/community leader who will advocate and communicate education information on family planning, every village should have Village family planning Cultivator Assistant (Pembantu Pembina KB Desa /PPKBD) who will actively take part as the village family planning facilitator, all of the villages, especially in underdeveloped, isolated and border areas should acquire quality family planning services, every sub-district should have an active running Adolescence Reproductive Health Information & Counseling Centre, and all of the family planning service points give reproductive health promotion and counseling.

Second, to rearrange the family planning program management in which all of the working units implement integrated family planning program management with clear outcome, the National Family Planning Coordinating Board implements an updated information system, the office of

National Family Planning Coordinating Board in every province achieves family planning program target, family planning program management at provincial level obtain the facilities, advocacy and supervision from the office of National Family Planning Coordinating Board, every level of region should have an active network with partners, every district/municipal should have a family planning institution settled by the local government decree.

Third, to improve the family planning program human resources in which every village are served by skilled family planning field workers, every sub-district should have family planning field workers, and all of the family planning field workers meet the standard of competence with the adequate number.

Fourth, to improve the family resilience and prosperity through family planning services in which every family with children under the age of five (balita) becomes active member the Balita Family Empowerment (Bina Keluarga Balita/BKB), every pre-prosperous and prosperous-I family who is an Family Income Generating Group (UPPKS) member should have a productive economic activity, every sub-district should have an Adolescence Family Empowerment (Bina Keluarga Remaja /BKR) model group, every district/municipal should have a Family Environment Empowerment model group.

Fifth, to improve family planning financing system in which the family planning program should have priority to get budget from the central and regional government, developing the insurance system of the family planning program especially for poor people, private contraceptive methods should be available at every sub-district with reasonable price.

Ladies and Gentlemen

Before I conclude my speech, I would like to share the role of Civil Society Organization in reproductive health program in Indonesia including family planning and maternal health.

Without a doubt the implementation of reproductive health program including family planning or maternal health had always adhered to the culture-based of the Indonesian society, i.e. Gotong Royong which stands for “the sharing of all of the community's responsibilities”. Applying this concept to the organizational and institutional development spheres, the manifestation is in the

strong partnership and consistent partnering with all implementers, and all concerned with family planning. The successes in family planning program are accruable to all the implementers and all concerned.

In this regards also government institutions such the national family planning coordinating board (BKKBN) links itself closely with many stakeholders including Civil Society Organization such as women organization, religious institutions of all denominations, youth groups and special interest groups in youth and adolescents, professional associations including the medical associations, the midwife associations, the pharmacist associations, the economist associations, the sociological society, and to associations which take care of the elders. In essence, BKKBN made the program as the responsibility of all, and instituted the shared vision of all.

As a social movement obsessed with change, local communities were also motivated to be part of the national movement in maternal health and family planning. Specific programs, such as the "Mother Friendly Movement" (*Gerakan Sayang Ibu*) or the "Husbands Preparedness" (*Suami Siaga*), were initiated to enhance the role of husbands, family, neighborhood, community, in maternal health, and in the overall framework maternal and infant mortality reduction.

Culture was also embraced in enhancing and empowering women in the society. In fact, gender main-streaming and gender equality programs were the backbone of the Indonesian maternal health and family planning program. Women organize themselves in a group called Women Movement Organization (PKK), to implement many development activities among others are in maternal and child health program through health post (Posyandu) activities.

The program sustains and will continue consistently to link with, not only religious leaders of all denominations, but also with the religious communities throughout the nation. It is important to mention that these links were not, and never will be, placed as the peripheral element of program development, rather it is part of the core of the program. To date, the program enjoys the close commitment of religious factions such as the Muslim communities, the Christian and Catholic communities, the Hindu and Buddhist communities including the group of women that are in the those communities.

I thank you.