WORLD HEALTH ORGANIZATION
REGIONAL OFFICE
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TRAINING PROGRAMME FOR SENIOR WHO STAFF ON HEALTH ASPECTS OF FAMILY PLANNING AND POPULATION DYNAMICS

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RESTRICTED

COUNTRY CASE PROPOSAL

FOR "C" *

by

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* The name of the country appearing in this report is only used as an example. It is not meant to be an actual proposal.

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A. BACKGROUND INFORMATION

1. Area

Indonesia is a chain of over 3 000 islands with an area of 1 904 639 square kilometers. It stretches across the equator between Asia and Australia, and separating the Pacific and Indian Oceans. Five large land masses dominate the more than 3 000 islands namely: Sumatra, Java, Kalimantan, Sulawesi and West Irian.

2. Demographic, Social and Economic Aspects

2.1 Size: In 1970, the population was estimated at 121.2 million. Marked regional variations in population density occur where the central islands of Java, Madura and Bali, with less than 7% of the land area, contain two-thirds of the population. Population densities in these three islands approach 590/Km^2 and contrasts with other islands, e.g. West Irian which accounts for almost 25% of the land area but has a density of only 2/Km^2.

2.2 Population Growth: Current rate of natural increase is estimated to be from 2.6 to 2.9 per cent. Of the total population, 42.1% are in the fourteen and under age group and 2.0% in the age group over sixty-five, making the dependency ratio (the number of persons of dependent age per 100 persons of working age) 79. Less than 15% of the population lives in urban areas.

2.3 Ethnic and Religious Composition: The majority of inhabitants belong to the group termed "Malaysian Race" made up of about 25 principal ethnic groups. Breakdown of the population by religion is as follows: Muslim, 90%; Christian, 4%; Hindu, 3% and Buddhist, 3%.

2.4 Women of Reproductive Age: The 1961 Census recorded 23 530 000 women of reproductive age: mean age of marriage was 24.3 years for males and 19.2 years for females. Fertility is high at ages 20-29

with a peak at age 25 - 29 years. It continues to be high at later ages of 30 - 34 years. The average family size is five.

The Civil Code for citizens of European or Chinese descent is based on monogamy, and stipulates that the minimum age of marriage is 18 for men and 15 for women. The majority who profess the Muslim religion, marriage is regulated by custom and Muslim law in which no minimum age of marriage is stipulated. Abortion is illegal and little or no information is available relating to the prevalence of abortion.

2.5 Economic: About 72% of the employed are in agriculture and less than 6% in manufacturing. Trade accounts for less than 7% and services 9.5%. The percentage of all persons employed in all non-agricultural pursuits, exclusive of trade and services, amounts to only 10%.

3. Basic Development Problems

The country faces a number of fundamental problems, namely:

a) large population
b) high unemployment
c) low living standards
d) large external public debt
e) high credit cost

The Government intends to concentrate its development expenditure on sectors for which private capital is not forthcoming. The plan includes agriculture (35%), transportation and communication (22%), industry and mining (12%), electric power (10%), education (9%) and health (4%). Annual budgets in billion rupiahs for:

	Health	Family Planning
1971 - 72	9.9	1.5
1972 - 73	11.7*	2.35

* excluding family planning budget

4. Health Services

4.1 Organization and Administration: The country is divided into 26 provinces and in respect of health services, each province enjoys considerable autonomy. The central health directorates function in a consultative capacity and only supervise directly the institutions in the provinces which are run and maintained by them. The provinces are divided into 265 regencies, each with a population of 400 000. The regencies are further divided into 2 851 districts.

The delivery of all health services is the responsibility of the regency administration, and the regency health office is responsible for the planning, siting, staffing and supervision of health centres, which provide the integrated medical and health service to the village communities. At the regency capitals there are 100-300 beds used as referral centres for health centre patients.

The health centres are at district or sub-district level - which may or may not have emergency and maternity beds and designed to serve 30 000 to 40 000 population. The policy of providing integrated health services at regency level was implemented in 1969 and integrated health centres were formed by the amalgamation of MCH centres and polyclinics into community health clinics. In 1972, the number of integrated centres was 2 020.

4.2 Maternal and Child Health: MCH service is one of the components with a reasonably good organization. There are 6 099 MCH centres scattered throughout the country, although not all of these centres are of the same quality, as has been mentioned in 4.1, integrated centres were formed by amalgamation of MCH and polyclinics. In general, MCH centres in big cities and centres in Java and Bali provide more or less comprehensive services. In the peripheral level, MCH is primarily done by midwives.

No accurate vital statistical data is available, but it seems that maternal and perinatal mortality continues to be high, where co-ordination and co-operation between MCH and polyclinic had been realized, a continuous health care for mothers, infants and young children has been made possible.

4.3 Family Planning Services: In 1967, the President of the Republic of Indonesia, declared, in State Address that family planning is necessary for Indonesia. This was followed by a directive to the State Ministers for Peoples Welfare to organize family planning institution. In October 1968, the National Family Planning Institute was created which was dissolved in January 1970, being superseded by National Family Planning Co-ordination Board (BKKBN). The primary role of the BKKBN is the overall programme co-ordination and planning, development of national family planning policies and co-ordination of national and international inputs in finance, commodity, consultancies and training.

The increasing acceptance of the concept of family planning among social and governmental leaders have occurred in the last three years and a long-range target enunciated was to bring about a reduction of the birth-rate and a consequent lowering of the population growth rate.

B. OBJECTIVES

The reduction of the birth rate and lowering the growth rate from 2.6% to 2% is the purpose of the family planning programme in the country. To this end, four principal objectives are set forth:

1. To improve the health and welfare conditions of mothers, children, the family and the nation.
2. To raise the standard of living by decreasing the birth rate.
3. To develop and/or further improve the competencies of all health personnel for effective participation in family planning work.
4. To develop an infrastructure for expanded population activities within the health services system and to co-ordinate programming, planning and implementation of family planning work.

Specific targets will be the following:

1. establishment of MCH/FP centres
2. establishment of Family Planning Training Centres
3. Strengthening of professional and para-medical education
4. Promotion of mass media for population education programmes.
5. Increase of annual family planning acceptors to:

1972	550 000
1973	1 000 000
1974	1 700 000

C. PLAN OF ACTION

1.1 General Plan: The plan will be over a three-year period, costing $ 24.0 million, will account for substantially all of the national programme's physical expansion in East Java, Bali and Djakarta, and for the major part of programme expansion, in training, motivation and evaluation, throughout the country. WHO, other agencies and the Government will share these costs on a 40 - 40 - 20 basis respectively. These agencies and components are: UNESCO - communications and population education. UNICEF - vehicle procurement. UN Population Division two of the evaluation and research components covering the Population Study Centre, and the Population Council, New York, demonstration field post-partum programme.

The Government's contribution of $ 4.8 million will go entirely to its share of the additional operating costs required by the plan.

1.2 Components: The components of the plan includes assistance for the following which will be phased out in three years:

a) Paramedical Education (US $ 4.51 million)

Constructing ten new schools to graduate 50 nurse-midwives and 490 auxiliary/nurse midwives annually, together with vehicles* and equipment;

b) MCH/FP Centres (US $ 3.77 million)

Rebuilding 277 MCH/FP centres - 226 in East Java, 34 in Bali and 17 in Djakarta.

c) Family Planning Training (US $ 3.07 million)

Constructing six new provincial centres and ten new sub-training centres for the training of medical and non-medical staff of the national family planning programme; together with vehicles, equipment and training fellowships.

d) Evaluation and Research (US $ 5.7 million)

Providing seven foreign advisers for a total of three years, 3 man-months for foreign short-term consultants fellowships totalling three years, salary support for additional staff funds for essential operational research studies and seminars, and the establishment of a field post-partum programme;

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* Where appropriate, provision is made for maintenance and operating costs on a declining basis for the first two years of the plan - 80% in the first year, 50% in the second.

e) Family Planning Administration Centres (US $ 0.89 million)

Providing one centre in Djakarta and six in the Provinces in Surabaya, Semarang, Djogjakarta, Dempasar, and Bandung as well as vehicles and equipment.

f) Other Transport Requirements (US $ 1.24 million)

Providing vehicles for health services staff involved in MCH and family planning activities, two foreign advisers for a total of two years, spares and freight for all project vehicles and support for study of the utilization of health service vehicles.

g) Hospital post-partum programmme (US $ 1.87 million)

Providing one foreign adviser for two years, salary support and equipment.

h) Information and Communcations (US $ 3.05 million)

Providing 115 mobile information units, salary support for 237 additional staff, equipment 3 man-months of short-term foreign consultants fellowships for 1 man-year studies' and seminars. Population education which will consist of seminars, research studies, teaching material and equipment and vehicles.

i) Advisory Team (US $ 0.45 million)

Providing three foreign advisers for two years in management, training, communications in addition to the technical expertise provided in other components, vehicles and office equipment.

j) Project Implementation Unit (US $ 0.54 million)

Providing salary support for additional staff fellowships for two man-years and assistance from a firm of consultants in project management.

1.3 Implementation: The co-ordination of the National Family Planning Programme will be conducted by the National Family Planning Co-ordinating

Board (NFPCB) whereas the organizational structure and working procedures will be arranged according to the presidential decree on population.

In executing its functions the NFPCB will have the task to:

a) provide considerations to the Government concerning problems on the implementation of the National Family Planning Programme.

b) Formulate the National Family Planning Programme with its guidelines for the implementation based on Government policies.

c) Execute the co-ordination and supervision upon the implementation efforts of the National Family Planning Programme conducted by the Implementing Units as intended in article 3 of this decree.

d) Co-ordinate and supervise on any form of family planning aids, domestic as well as foreign, in line with the government policies.

e) Establish co-operation in the field of family planning between Indonesia and foreign countries and international agencies in line with the Indonesian interest and in accordance with the regulations currently in force.

The Ministry of Health will be responsible to the BKKBN for the implementation of the programme in line with the plans agreed upon. The Ministry of Health is solely in charge of most of the components of the programme but shall essentially operate in co-ordination with or through other ministries or agencies for same. Particularly, the Ministry of Education will be the government agency which will take charge of education and training programmes, whereas the programme is selected to public information and mass media would be implemented through the Ministry of Information. The training of paramedical and auxiliary workers and the provision of transport facilities are the components

which would be entrusted to relevant departments and bureaus in the Ministry of Health itself. The MCH Division in the Office of the Directorate General of Medical Care, in collaboration with other directorates such as Directorate of Health Protection and Promotion, will be the national focal point in rendering the family planning services, through its peripheral offices throughout the country.

At the province level the provincial health chief supported by the MCH medical officer will have the overall responsibility for successful implementation of the programme. The hospital post-partum programme will be initiated in 23 major hospitals in 1972, to be extended to other 30 hospitals in 1973 and 1974 respectively. The MCH centres with their family planning clinics will be the centre of the rural programme for rural community approach. The hospital post-partum programme will technically support the MCH programme but the latter will put an emphasis on the utilization of auxiliary health staff under the guidance and supervision of professionals.

D. EVALUATION

Evaluation parameters to be used will be the following:

1. Degree of achievement of the specified targets.
2. Increase in number of acceptors and improvement in the continuation rates of contraceptive users.
3. Number of births that are averted for woman-years of protection.
4. Improved functioning of the established infrastructure.
5. Inclusion of aspects of human reproduction population dynamics in family planning educational programmes.

6. Increase in the number of health personnel trained in family planning work in accordance with planned programme targets.

7. Inclusion of diversified programmes for public education (such as TV, movies, radios, etc.)

NOTE: The above-described programme is an exercise - a major portion of which is hypothetical.