



# ACCESSING SRH/FP SERVICES AS A DEVELOPMENT STRATEGY OF THE LOCAL GOVERNMENT?

**Atashendartini Habsjah, MA**  
Women's Health Foundation  
& CEDAW Working Group Indonesia (CWGI)  
Indonesia

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# INTENTION OF THIS PRESENTATION

- To show that despite the introducing of decentralization in 2004 the local government still not fulfill the high unmet need of contraception and still give no quality assurance in providing IUD, Implant and Tubectomy services. FP mass-campaign still being used (using sweeping method during finding potential FP acceptors) in order to reach the number of women targeted, such as a district which CPR should be 71% but for the last three (3) years the CPR was only 60%



# ICPD-POA ON DECENTRALISATION

- ICPD-POA highlighted the role of Decentralisation, which was seen as a means to enhancing health system responsiveness to **local needs and health system performance**
- Through decentralisation the government should promote community participation and the empowerment of communities in RH services by decentralizing the management of Health Programs
- Decentralisation was expected as a tool for improving access to SRH care and services



# GOOD PRACTICES

- With the enactment of a Law on Decentralisation in year 2001 several Provinces and District Heads introduced regulations on accelerating efforts in reducing the high Maternal Mortality Rate (MMR). By the enactment of a **local government regulation** special budget will be available for the implementation of all activities mentioned in the regulation, policies, strategies and programs
- By having authority due to Decentralisation Regulation a bottom-up mechanism was set up which made possible participation of civil society in the planning process
- If a special budget for RH (MCH and FP) was located by the decision of the local government and local parliament: 1) the needed contraceptions could be bought from the market; 2) more fund is available to increase the total number of midwives and to set up an extensive network of contraceptive outlets at the grass root level
- Private Hospitals and Private industries/factories in the area could be engaged in the implementation of the Five Year Health Development Plan of the Decentralised District: female employee should provided free contraception and RH services from their employer



## POOR PRACTICES: FAMILY PLANNING PROGRAM

- Free of charge IUD, Implants and sterilisation were dispersed only at an ad hoc event (every three months during a FP mass campaign which involved military & police hospitals) where 300 women at once undergone the procedure and ended in several complications. There is no back up service for reparations
- There is no free of charge services for FP failures
- There is a tendency that private midwives promoted only FP injection since they made it as a business
- Free of charge contraception at the Public Health Centre is not accessible for the poor women since the transportation is very high
- Emergency pills (as one methods of modern contraception) which was officially adopted by the government since 2004 were still not promoted by the health providers (public as well private). This is against the right to benefit new technology
- The referral system did not work. Several cases showed that the economy poor woman in labour were rejected being hospitalised in several hospital and died in the taxi or delivered the baby in a public transport
- Gap in monitoring: accountability on the quality of RH/FP were never done
- Maternal Audit on the high maternal death was seldom conducted, consequently no improvements in the health system were seen.



# MEASURES FOR THE FULFILLMENT PROTECTION OF THE RIGHTS OF WOMEN DURING ACCESSING FAMILY PLANNING SERVICES AND PROGRAMS

## ○ **Strategies Objectives:**

The following strategies objectives we identified are:

- 1) To emphasize that Family Planning Program is not about reducing the total number of people in a district or a country
- 2) To eliminate Family Planning Mass-campaign which mobilize women who most needed contraception but could not afford it, in order to get free of charge IUD, implant or tubectomy
- 3) To secure women's life long access to affordable appropriate and quality health care including Family Planning services
- 4) To secure that the procedure of inserting IUD and implant as well as the tubectomy is in accordance with the highest attainable standard of quality in the provision of service
- 5) To conduct capacity building for policymakers, planners, parliamentarians, and other decisionmakers to increase their knowledge of human rights principles and women's health rights which is the State obligation to be fulfill it
- 6) To secure that the development of new regulations, policies and programs using a human-rights approach as well as during the implementation
- 7) To empower women, men and communities for SRHR advocacy


## STRATEGIES ACTIONS AT THE NATIONAL LEVEL: FOR NATIONAL AND LOCAL GOVERNMENT

The following strategies actions are recommended to be taken by the government at the national level:

- They should ensure that regulations, policies, programs and the implementation of SRH (including Family Planning) should be based on human rights principles and women's health rights which all kind SRH services needed should be accessible, affordable and appropriate with high standard quality of services
- They should conduct capacity building workshops for policymakers, planners, parliamentarians, & program managers. They enhance their understanding on the HR principles which should be embrace in every regulation, policy, program and implementation gender perspective in health should also be a component in the training
- They should eliminate all kinds of practices which is abusive, coercive, violence, commercialize during accessing Family Planning services and they should take direct concrete action since it is unacceptable and should be cognize as a crime
- They should ensure that every single women who need contraception for preventing unwanted pregnancy should get it and for the economy poor women it should be free of charge



## CONTINUED...

- They should recognize that unwanted pregnancies contribute in the high Maternal Mortality since many women were forced to undergo unsafe abortion in an illegal situation.
  - They should conduct research to women who still continue to encounter barriers to their right to the enjoyment of the highest attainable standard to find out the barriers and the causes of the high Maternal Mortality and Morbidity in the country in order to take the right actions to address the problems
  - They should give opportunities to women and men in the community to take up actively in implementing SRH programmes in order to be knowledgeable and being skillful in fulfilling their SRH needs
  - They should promote Emergency Pills which is already accepted in year 2004 as one of the modern methods of contraception
  - They should guarantee the mix method in fulfilling the right to choose a FP method
  - They should launch special outreach FP programme, where health providers regularly come to the isolated communities for the provision of medical contraceptions
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# STRATEGIES ACTIONS: NON GOVERNMENTAL ORGANIZATIONS

The following strategic actions are recommended for NGOs:

- To provide critics to government regulation, policies & program which is not holistic and synchronize with each other
- To inform the governmental and other concerned authorities if there are many abuse and coercive FP programs, whether conducted by government authorities or private institutions or community members
- To check whether there are any kind of regulations, policies, programs which cause mistreatment or cause obstacles during accessing contraceptions
- To help the government in increasing the capacity to provide and expand SRH care, including in restructuring the health sector to overcome shortage of human resources
- To launch Media Campaign in order to make awareness of women's health right, HR principles in providing SRH services or about the right to be protected during accessing SRH services
- To conduct critical assessment of the FP program implementation, including the attitude of FP program managers, health providers, community authorities and others which often contributed in the inhuman practices
- To help econ.poor women in accessing free of charge contraception and other SRH services and SRH Peer Education in order to be skilful in making decision regarding their body and health
- To help the government in designing gender sensitive SRHR information materials
- To give warning to those health authorities for their insufficient attention to the role of social and economic determinants of reproductive health, such as poverty where between 30-60 % of the Indonesian Women live in poverty which belong to the most valuable group