

Indonesia - Family Planning

**UNITED NATIONS
DEVELOPMENT PROGRAMME**

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FUND FOR POPULATION ACTIVITIES



**PROGRAMME DES NATIONS UNIES
POUR LE DEVELOPPEMENT**

FONDS DES NATIONS UNIES
POUR LES ACTIVITES EN MATIERE DE POPULATION

UNITED NATIONS
NEW YORK

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5 January 1972

cc: Mr. Jones
1/7

Dear K. K.,

We would like to record our comments on the joint IBRD-UNFPA Population Project on Indonesia. A number of these comments have already been discussed by Dr. Nafis Sadik with Mr. Hugh Jones, but we have added some additional comments.

For successful implementation, the project as designed is dependent on several inputs and activities from other donors and agencies. It is also assumed that certain actions and programmes are either already in operation or will be instituted before or during the course of implementation of this project. Therefore, it would be useful and pertinent to present reference to all of them in enough detail to provide a clearer view and understanding of the over-all setting and background of the joint project.

A large part of the finances (33%) are allocated for building purposes. While this item has been examined carefully and is no doubt an essential expenditure, it must be insured that the buildings are utilized effeciently and effectively and that all the institutions are adequately manned by trained personnel. From all the information that we have been able to gather, one of the main problems in the Indonesia Health Service is the low and unsatisfactory utilization of MCH services and facilities. Various reasons have been suggested (some of them are mentioned in Annex 29.C). The research proposals listed include low utilization of services in the MCH field. We would suggest that such studied should be instituted most definitely and as soon as possible.

We would also like to suggest that enough flexibility be put into the project to enable us to perhaps reconsider, if necessary, the building component and allow inclusion of activities and measures that will increase utilization at least of family planning services. Domiciliary services may have to be considered in more depth and may have to be spelt out and supported to a much larger degree.

There is no mention of supplied in the project and as already discussed, it was assumed that all the necessary contraceptives would be forthcoming from other sources, namely, Population Council for IUD's, Sweden and Japan for condoms and USAID for contraceptive pills. However, it appears now that there are problems with the Population Council and they, therefore, will not be able to supply IUD's in any large quantity

cc: Mrs. S. Tolbert
B. Alisbah
V. Riley 1/7/72

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during the next year. Funds should be provided through the joint project for setting up local manufacturing facilities of IUD's. It is our understanding also, that SIDA has discontinued condom supplies to Indonesia. If Japan can take upon itself to supply all the programme requirements of condom, then there is no problem otherwise, the project should consider the feasibility of providing support for the establishment of local condom manufacturing facilities. Indonesia with its rubber production would have no problem with raw materials, and the cost of machinery for a condom factory is very small. USAID has apparently agreed to supply 6 million cycles of pills during 1972. We must ensure that they will continue making pills available in the necessary quantities at least until the end of the project. In any case, we must assure ourselves that the various donors will supply contraceptives for the five-year period, failing which the project must explore other sources of supplies. The lack of a supply system serves also to be a problem, and our information seems to suggest that many institutions are unable to provide services because of lack of supplies, particularly contraceptives.

Training is another area where we feel there are some gaps and unanswered questions. We understand that the staffing position of most training institutions is unsatisfactory, some having as few as 40% of the staff required. Trainers are usually physicians or nurses who are engaged in private practice and who do not devote the necessary time for teaching, with the result that for a considerable proportion of time, students in the training centres are left unattended. The fact that in the next five years it is expected to recruit and train approximately ten thousand new personnel at various levels, raises the pertinent question as to whether the training institutions, even with financial support from the project, will be equal to the task. Certainly some measures need to be taken to ensure employment of fulltime adequate numbers of trainers, and again to ensure that the trainees receive the training that is expected of them. There is also the question of the immediate training of a number of trainers as well as the long-term development of personnel. Although one of the senior advisors to be provided will be on training, we feel that there should be included in the project a brief sketch of a training training scheme for training both in-country and abroad. While we realize that a national training board is to be instituted which will spell out a detailed training programme, we feel that the project must make some mention of this and make provisions to support this very important activity.

The field workers' programme does not seem to be located in any particular department or organizations as yet. The field workers are the only fulltime personnel employed in family planning, and some administrative control and organizational guidance must be instituted to ensure that this programme gets the desired and necessary support from the health institutions through which these workers will be presumably gaining access to potential clients. We would also like to suggest that some kind of relationship be established with the local village organization (LST) which is promoted by the social welfare department and has strong linkages with community

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development and community organization. This may indeed be the ideal setting through which the field worker could work most gainfully. It is not clearly indicated where the field workers will be trained. We assume that the Provincial Training Centres will organize this activity which, of course, raises the question of who will give the training. The assistant supervisor who is responsible for 40% to 60 field workers provides some in-service guidance but surely, by herself, will not be capable of giving the initial training.

Some doubts have been raised, particularly by some of our donors, as to the feasibility of the Indonesian Government being able to support and finance the activities that are envisaged for it under the joint project and after the assistance is discontinued. Doubts have been raised by some knowledgeable people as to whether the Indonesian budget will indeed be able to pay for the recurring cost of running and manning the institutions and the programme. We notice that most of the expenditure is to be incurred in the first three years of the project, and even over 32% of the expenditure will take place during the second year. We also notice from Annex 9 that some advisors will be required to be in position by April 1972, which is the expected time for commencement of the project. We feel that the phasing may not be entirely realistic and, therefore, scope should be left for some rephasing. Adequate safeguards must be made to ensure that the phasing of the project is realistic and that the activities being promoted will not collapse at the end of the five years agreement.

Evaluation is another area which deserves more consideration by the project. Service statistics and reporting system have been left out from the project, presumably on the understanding that USAID was supporting this activity and that it would grow and could be utilized to provide reports also for this project. In discussions with USAID, it appears that this reporting system has been in use in Djakarta since 1968 and has been expanded to parts of East Java since January of this year. Reports are available on contraceptive acceptors with some information from adhoc surveys on profile of acceptors and continuation rates of pills and IUD's. There is no doubt, the reporting system can be expanded to include all those MCH centres and service points that will be opened up through this joint project, and that while USAID may be willing to support and pay for the additional cost involved, some discussion will have to be held and some coordination must be established with them in order to ensure that these services become available as and when necessary. Programme evaluation in terms of services and efficiency determination and programme achievement in terms of births prevented, effect on fertility rates, etc., have not been included in the project, nor are there any institutions at present engaged in these activities. While Annex 29 mentions implication of family planning research and evaluation, it does not really spell out any programme for this purpose. We feel that evaluation should be stressed much more and that evaluation should be an activity which should have solid support from this joint project.

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There are several ongoing projects and activities being supported by various aid-giving agencies and institutions, many of which have advisors as part of the assistance. Some kind of a coordinating mechanism must be established to ensure that these advisors do not give conflicting advice. This can only be done if open discussions are held with all concerned, perhaps through the setting up of an aid coordinating committee under the chairmanship of the BKKBN. The members should be representatives from all major donor agencies—multilateral, bilateral and private, involved in population activities in Indonesia. Funding possibilities or control of funds may not carry as much leverage in Indonesia as they do in other countries and situations. The project in the course of negotiations must attempt to negotiate safeguards that will ensure that activities will be implemented as planned. This would seem particularly important in view of the existing relationship between the Ministry of Health (through whom 80% of the services are to be delivered) and the BKKBN.

We notice that on Page 22 of the Appraisal Report, the Population Council is the suggested organization for implementing the population education component of the project. It is our understanding that UNESCO will be selected to implement this component.

Dr. SurwardDjono expressed his concern to me in Geneva last month that he had not received any information on the recruitment of the other Regional Advisors for the BKKBN. These advisors were expected to be in position by August 1971. Incidentally, we understand that the head of the communications section of the BKKBN is a media expert who has had extensive training and experience in cinematography and production of communication material. The need in communication may be for a programme planner and not a production type which is Mr. Von Schulz's background.

A number of details of fact may also be corrected. For example, Section 2 of the Project seems slightly inconsistent as regards the demographic data. The growth rate of total population in Indonesia is stated to be between the Census of 1930 and 1960, but the rate of growth is estimated between 1931 and 1961, although the latter is estimated as the inter-censal rate of growth. The official estimated rate of growth in the 1950's was 1.9 as compared with the estimated rate of 2.9 in 1970. In a later paragraph, the rate of population growth in 1960 is estimated at 2.8 in 1969, although I am quite sure that this is a statistical basis for different estimates for the two adjoining years 1969-1970. The statement in the same section on the relationship between population growth and unemployment and under-employment could be improved upon. We are very pleased that the joint programme is moving ahead in spite of all the difficulties, and look forward to collaborating with you in its implementation.

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Finally, it seems to us that it will be necessary to give more visibility and recognition of the contribution and participation of the UNFPA in the joint programme. In a number of places, which you probably have noticed yourself already in re-drafting the document, mention is made of the credit component provided by IDA, but not of the plan made by UNFPA (see for example Pars. 3.07, 5.09 and 5.11). On the other hand, while it should be made clear that the UNFPA has been involved in the development of the programme, this point should not be overdone as is the case, for example, in Para 1.04, where it is implied that a joint appraisal mission visited Indonesia (in fact, you know it was a Bank). The Project is widely known as the Bank Project and the BKKBN as well as several implementing agencies have expressed to us their concern about the dominating appearance of the Bank in this project. We think, therefore, that the report might best be entitled "The Appraisal Report of a Joint IDA/UNFPA Population Project".

Yours sincerely,


Halvor Gille

Associate Director and
Chief Programme and Policy Staff

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