Empowerment of Community Institutions in the Indonesian Family Planning Program

Hendar Sutisna Madjan

EMPOWERMENT OF COMMUNITY INSTITUTIONS IN THE INDONESIAN FAMILY PLANNING PROGRAM

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NATIONAL FAMILY PLANNING COORDINATING BOARD

5th POVERTY AND ECONOMIC POLICY (PEP) NETWORK MEETING

ORGANIZED BY
The PEP-CBMS Network Coordinating Team
INTRODUCTION

The success of community development as part of the National Family Planning Program is determined by the concern and participation of the community. In the new era (autonomy era) of the National Family Planning Program, some efforts to strengthen the concern and participation of the community will take a dominant role.

With the presence of the Law No. 10 of 1992, there is a strong legal status to build concern and participation of the community in the development of prosperous families through the National Family Planning Program.

In chapter VII, article 24 of the Law states that:

(1) Every person shall have the right and the greatest opportunity to participate in the efforts for population development and the development of happy and prosperous families.

(2) Participation as intended by section (1) shall be carried out through self supporting organizations and social organizations, private parties, and individuals, voluntarily and independently, in accordance to their respective responsibilities.

Nowadays, political, economic, social, and cultural situations have been facing a new era which is more open and democratic. This new situation demands a change in the implementation of the National Family Planning Program, especially programs related to vision, mission, policy and operational strategy in the management of the National Family Planning Program. In line with change of paradigm, it is important to reposition roles of the family planning field workers from manager to leader in grass root. This means that a field worker as a leader should be able to delegate some of his/her function to rural community institutions so that the participation of rural community institutions will increase in the implementation of the National Family Planning Program.

For that purpose, the efforts to empower community institutions as a place to channel aspiration and participation of the community in the National Family Planning Program are basic and strategic efforts which are important to develop.
DEFINITION AND GLOSSARY

- **Empowerment of community institutions** means efforts to enhance the concern and participation of the community in the family planning program through:
  
  2. Empowerment of Rural Community Institutions.
  3. Improvement of operational capabilities of field workers

- **Rural Community Institution** is a place of management of the National Family Planning Program in village and sub-village level. They are Village Family Planning Management Assistant (PPKBD), sub-village Family Planning Management Assistant (sub-PPKBD) and Family Planning Group.

- **PPKBD**, The chief family planning cadre of a village, in charge of managing other cadres. Formerly this was translated as Village Contraceptive Distribution Center, but the contraceptive distribution responsibility has now been considerably broadened.

- **Sub-PPKBD**, same roles as a PPKBD, but at sub-village level

- **PLKB** - Family Planning Field Worker is the lowest level employee of BKKBN.

- **PKK** - Women’s Family Welfare Movement. A national organization, with branches down to the village level, to promote the role of women in family and community development. PKK plays a major role in the family planning activities, especially at village and sub-village levels.

- **POSYANDU** - Post for Integrated Services (the services being baby-weighing, immunization, family planning, nutrition improvement, and diarrhea control). A monthly community-run event in every sub-village.

- **PUSKESMAS** – Community Health Center, under the Department of Health, situated in every kecamatan.

- **Kecamatan** - Government administrative unit at sub district level.

- **FP** - Family Planning is the effort to increase community awareness and participation in creating ‘small, happy and prosperous families’ through: delaying marriage, regulating birth, enhancing family resilience; and improving family welfare.

- **KS** - Prosperous family is a family built through legitimate marriage, capable of fulfilling its own spiritual and material needs, faithful to One Supreme God,
with harmonious, balanced, and appropriate relationships among its members, among families, and with the society and the environment.

- **Rakor** – Coordination meeting. Meetings held monthly at the village (desa) and kecamatan levels, quarterly at kabupaten and province, involving leaders in the government, community and family planning program’s activities. Each Rakor is chaired by the head of local government, assisted by the BKKBN staff at that level.

- **Vision of the National Family Planning program** is Quality Family by the year of 2015, while the missions of the program are:
  
  - Empowering community to create small and quality families.
  - Building a partnership in improving prosperity, reliance, and family resilience.
  - Improving quality of family planning and reproductive health services.
  - Improving efforts to empower women in order to realize gender equality and fairness through family planning program.
  -Preparing qualified Human Resources beginning from the womb up to eldest age.
OBJECTIVE

Generally, the empowerment of community institution is aimed at enhancing the concern and participation of Self-supporting Institutions and Social Organizations, private parties and Rural Community Institutions in managing the National Family Planning Program.

Specifically, the empowerment of community institutions aimed at enhancing and consolidating community’s concern and participation in:

- Delaying marriage
- Birth control
- Fostering family resilience
- Improving family welfare

TARGET

The target of the efforts to enhance the concern of the society institutions is:

- Self-supporting Institutions and Social Organizations and private parties
- Rural Community Institutions (PPKBD, Sub-PPKBD, and Family Planning Groups)
- Field workers.
ENHANCEMENT OF PARTICIPATION OF SELF-SUPPORTING INSTITUTIONS AND SOCIAL ORGANIZATIONS AND PRIVATE PARTIES

Self-Supporting Institutions and Social Institutions and Private Parties intended here are those active in the field of population development and the development of happy and prosperous family including:

- **Professional Groups**, which on the basis of their profession are called to handle problems of population affairs and family welfare or professional whose works are related to the National Family Planning Program.

- **Interested Group**, which are interested in doing something for population development and the development of happy and prosperous families.

In the empowerment of participation of the self-supporting Institutions and Social Institutions, the priority of the cooperation is conducted with the following institutions:

- Widely influential and have rooted in the community
- Have commitment to support the National Family Planning Program
- Have the same mission and interest in the family planning program
- Have sufficient resources and facilities as program manager
- Develop program cooperation/activities

Based on the matters mentioned above, efforts to enhance the participation of NGOs are carried out through the following activities:

- Identification of self-supporting institutions and social institutions
- Provide training for human resource development
- Provide financial support, personnel and facilities including support from foreign donor agencies

Cooperation with private parties is aimed at a partnership both as a promotion and as direct cooperation in empowering family economy.

The activities to enhance participation of self-supporting institutions and social institutions and private parties are including commitment building and program integrity with related government agencies.

All efforts to enhance participation of self-supporting institutions and social institutions and private parties and program integrity with government agencies in the end they have to be poured in the empowerment of Rural Community Institutions.
EMPOWERMENT OF VILLAGE SOCIAL INSTITUTIONS

The empowerment of Rural Community Institutions is aimed at enhancing the quality and quantity of the institutions with all their elements through establishment, development, and expansion activities.

It is expected that Rural Community Institutions would be able to carry out the following activities:

1. Leadership/management
2. Recording and data collection
3. Advocacy, IEC and referral
4. Services
5. Meetings
6. Self-reliance

Establishment means efforts to improve the existence of Village Social Institutions through cadre recruitment followed by their inauguration as managers of the Village Social Institutions. It is expected that every village and sub-village has Village Family Planning Management Assistance and Sub-village Management Assistance. This recruitment is related to a new cadre or recruitment for replacement in order to keep the persistence of the Village Social Institutions.

Development means efforts to improve the existence of established Village Social Institutions through provision of knowledge and skills to cadres in performing their roles in the National Family Planning Program. The development includes the improvement of knowledge and skills of society in village and sub-village levels in order to support the empowerment of the Village Society Institutions.

Expansion efforts are given to the established Village Society Institutions by increasing substance of activities related to IEC, services and referral in the field of reproductive health/contraceptive such as activities of Development of Families with Children under five (BKB), efforts to increase the income of Prosperous Families (UPPKS), Post for integrated services (POSYANDU).
**THE FIVE PATTERNS OF FAMILY DEVELOPMENT**

<table>
<thead>
<tr>
<th>Pattern 1</th>
<th>Village Family Planning Management Assistance (PPKBD)</th>
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<tbody>
<tr>
<td></td>
<td>• Development from PPKBD to families</td>
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<tr>
<td>Families</td>
<td>• Development from PPKBD to families</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pattern 2</th>
<th>Sub-village family planning Management Assistance (sub-PPKBD)</th>
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<tbody>
<tr>
<td></td>
<td>• Direct development from sub-PPKBD to families</td>
</tr>
<tr>
<td></td>
<td>• Sub-PPKBD is change agent of the PPKBD</td>
</tr>
<tr>
<td>Families</td>
<td>• Direct development from sub-PPKBD to families</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Pattern 3</th>
<th>Family Planning groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Direct development from FP groups to families</td>
</tr>
<tr>
<td></td>
<td>• FP group is change agent of sub-PPKBD</td>
</tr>
<tr>
<td>Families</td>
<td>• Direct development from FP groups to families</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Pattern 4</th>
<th>Ten households group</th>
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<tbody>
<tr>
<td></td>
<td>• Direct development from ten household group to families</td>
</tr>
<tr>
<td></td>
<td>• Ten household group is change agent of FP group</td>
</tr>
<tr>
<td>Families</td>
<td>• Direct development from ten household group to families</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Pattern 5</th>
<th>Families</th>
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<tbody>
<tr>
<td></td>
<td>Development to eligible couple or Family Planning acceptors is carried out through head/member of families</td>
</tr>
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In the efforts to empower the Rural Community Institutions, they were classified as follows:

- Basic Rural Community Institution means an established institution and its activities are limited, such as non-routine meetings, IEC and referral services.
• Developing Rural Community Institutions means a developing institution which has routine meetings and it has varieties such as reproductive health, contraceptive services, development of families and other activities such as of Development of Families with Children under five (BKB), efforts to increase the income of prosperous families (UPPKS), Post for Integrated Activities (.POSYANDU), Development of Families with Adult Children (BKR) and etc.

• Self-reliant Rural Community Institution means an institution that can finance its activities reliantly.

<table>
<thead>
<tr>
<th>No.</th>
<th>INSTITUTIONS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Village Family Planning Assistant (PPKBD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Elementary</td>
<td>7,994</td>
</tr>
<tr>
<td></td>
<td>• Developing</td>
<td>29,700</td>
</tr>
<tr>
<td></td>
<td>• Self-reliant</td>
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<tr>
<td></td>
<td>Sub-total</td>
<td>56,544</td>
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<tr>
<td>2.</td>
<td>Sub-village Family Planning Assistant (Sub-PPKBD)</td>
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<tr>
<td></td>
<td>• Elementary</td>
<td>77,028</td>
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<td></td>
<td>• Developing</td>
<td>150,527</td>
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<tr>
<td></td>
<td>• Self-reliant</td>
<td>72,598</td>
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<td></td>
<td>Sub-total</td>
<td>300,153</td>
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<tr>
<td>3.</td>
<td>Family Planning group</td>
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<tr>
<td></td>
<td>• Elementary</td>
<td>221,985</td>
</tr>
<tr>
<td></td>
<td>• Developing</td>
<td>262,876</td>
</tr>
<tr>
<td></td>
<td>• Self-reliant</td>
<td>115,853</td>
</tr>
<tr>
<td></td>
<td>Sub-total</td>
<td>600,714</td>
</tr>
<tr>
<td>4.</td>
<td>Total number of Institutions</td>
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<tr>
<td></td>
<td>• Elementary</td>
<td>307,007</td>
</tr>
<tr>
<td></td>
<td>• Developing</td>
<td>443,103</td>
</tr>
<tr>
<td></td>
<td>• Self-reliant</td>
<td>207,301</td>
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<tr>
<td></td>
<td>Grand total</td>
<td>957,441</td>
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**IMPROVEMENT OF FIELD WORKERS QUALITY**

The empowerment of field worker quality includes Field Worker Supervisor, Field Worker and Family Planning counselor is aimed at creating professional field workers who have comprehensive knowledge of the National Family Planning Program.

The improvement of knowledge and skills of the field workers is carried out through elementary training, refreshing training, program orientation, technical development, and providing facilities for career advancement and giving reward
to those who show good performance. With all mentioned above, it is expected that the field workers:

1. Have comprehensive knowledge and skills in the National Family Planning Program
2. Have capabilities to utilize the societies potent, both from financial, facilities and institutional point of view
3. Have capabilities to support cooperation with institutions, leaders and other related individuals in the field level
4. Have capabilities to develop Rural Community Institutions and to enhance participation of self-supporting institution and social institutions and private parties
5. Have basic capabilities such as 10 steps of field worker and have capabilities to carry out operational mechanism in the field
6. Have capabilities and skills in counseling, advocacy, and IEC of the National Family Planning Program
7. Have high motivation to perform their duties

DEVELOPMENT OF MANAGEMENT AND OPERATIONAL SUPPORT

The development of management and operational support is aimed to guarantee the smooth running of the improvement of participation and empowerment of the self supporting institutions and social institutions and private parties.

The activities of the management development and operational support including:

1. Management of data and information on URL Community Institutions, self-supporting Institutions, and Social Institutions and private Parties and Field Workers
2. Mechanism development and operational guides
3. Planning development and operational support
4. Improvement of Human Resources Development
5. Monitoring and evaluation of activities

By developing management and operational support, it is expected that the objective of improving participation of Self-supporting Institutions and Social Institution in empowering families through the National Family Planning Program can be achieved successfully.
THE COMMUNITY BASED APPROACH IN INDONESIAN FAMILY PLANNING

The community based approach was developed based on the following basic concepts:

1. To allow for local variation of implementation with the intention of harmonizing the program with the cultural nuances of the area.

2. To move incrementally and focus first on re-supply of contraceptives with an emphasis on making them more accessible for acceptors.

3. To link the village contraceptive re-supply program to a “mother clinic” at sub-district level. Contraceptive re-supplies were delivered to the village by the fieldworkers. This kept the village family planning program within the clinic’s reporting system so that activities could be monitored. It also enabled the clinic to exercise control and supervision over the village family planning program. The clinic also provided information dealing with side effects and maintained supplies of contraceptives.

Based on these concepts, the provinces established contraceptive distribution centers at village level. These centers were perceived as the best method for community-based distribution system. A village’s center was under the supervision of the health clinic in the area and the field worker who is in charge of
that village. The task of these centers was to ensure the availability of contraceptives (pills and condoms) to couples. The person who managed the center was linked to the sub-district health clinic with the assistance of the fieldworker. These centers were then known as the “Village Contraceptive Distribution Centers” (VCDC) or family planning service posts (Post KB).

Despite encouraging local variation, the NFPCB issued guidelines to standardize the center’s structure and functions, and introduced the term “Pembantu Pembina KB Desa” (Village Family Planning Management Assistant) or “PPKBD” as generic name for this center. However, each province can use its own term.

At that time, its function was merely to distribute pills and condoms to rural people. Over time, its function has broadened to become a community organization with a task of implementing the family planning program at village level. Since 2001, as part of the decentralization policy, it has been given a greater role and the responsibility of being ‘manager’ (pengelola) of the family planning program at village level. This organization is expected to be able to “….. serve as channel to accommodate the aspirations of the community and to manage the family planning program in the village” (BKKBN, 2001b,p.12). Hence, the function of this organization has evolved from merely being a contraceptive distributor and an extension of the fieldworkers to becoming the manager of the program at village level.

In order to fulfill its functions, there are six roles that should be performed by a PPKBD which include:

1. Developing a clear organizational structure, preferably a collective one.

2. Holding regular meetings with the other volunteers, family planning fieldworkers, and other related community organizations to discuss and monitor the implementation of the programs.

3. Conducting information, education, and communication activities as well as counseling to improve the knowledge of the villagers on basic family planning concepts, and to motivate them to use family planning methods.

4. Conducting routine recording of the programs implementation and assisting the fieldworker in the annual family enumeration. These data are for the benefit of the local community as well as the higher hierarchical level.

5. Carrying out family planning program and activities.

6. Exploring resources to support their activities and to improve their performances.
The performance of a PPKBD is assessed on the six roles. An annual assessment of the PPKBDs is conducted by the fieldworkers to provide database for supervising and developing these organizations. Those who have carried out all six roles to the fullest degree are classed as 'advanced' (mandiri), while those who perform the roles with a lower degree are classified as 'intermediate' (berkembang) and 'basic' (dasar) for the lowest.

THE FAMILY PLANNING PROGRAM STRUCTURE