

March 2013

kabar AIPHSS



**A closer look :
Health Systems Strengthening as
a mandate of the Public Services act**

**Framework and work plan of
AIPHSS program**

**Some activities of AIPHSS at national level:
Socialisation of Program Implementation
Manual (PIM-AIPHSS), Workshop on
Capitation for Primary Health Services,
Health Policy Network, and Civil Society
Challenge Fund (CSCF)**



Ministry of Health
Republic of Indonesia



Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS)

Foreword



With reference to the Act Number 14 year 2008 regarding Public Information Transparency, all public agencies are mandated to provide and share public information quickly, punctually, with appropriate media and economical cost. The Ministry of Health (MoH) of the Republic of Indonesia as one of the public agencies has to manage information properly and efficiently.

To implement the mandate of the Law, as the Head of Bureau of Planning and Budgeting, Ministry of Health of the Republic of Indonesia as well as the Authorized Principal Recipient (APR) of the Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS), I welcome the publication of the 'Kabar AIPHSS' bulletin for 2013 March edition.

It is expected that this Bulletin can be issued regularly and continuously to share important information to related parties concerning the Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS) transparently and accurately on up-to-date basis.

I express my gratitude to the Government of Australia (AusAID), the Implementing Service Provider (ISP-Coffey) and the Program Management Unit (PMU) at national and sub national levels for their valuable contributions to the publication of this bulletin.

In conclusion, personally and as part of institution, I support this bulletin in order to continue sharing information on collaborative efforts from various parties to support health systems strengthening in the Republic of Indonesia.

Regards,

drg. Tini Suryanti Suhandi, M. Kes.

Head of Bureau of Planning and Budgeting.

Ministry of Health, Republic of Indonesia

Health Systems Strengthening as a mandate of public services



The legal basis for public services in the health and other sectors in Indonesia is Law Number 25 year 2009 regarding Public Services. The Law aims to improve the quality of public services and ensure that public service provision is in accordance with the general principles of good government and institutions, and to protect all citizens against abuse of power in the implementation of public services. The scope of public services according to the Law covers public goods and services as well as administrative services.

Efforts, such as improvement and strengthening of health care service systems and procedures for bureaucracy reform are required to facilitate better primary health care services for society, and to accelerate the achievement of the Millennium Development Goals (MDGs) and preparation for national health insurance. The Law firmly indicates that the implementing agencies of public services, including Ministry of Health (MoH), provincial and district health offices have to understand and apply the mandate given by the Law in every service provided.

The development of health system in Indonesia commenced before the Law of public services was enacted in 2009. The Ministry of Health developed the National Health System (SKN) document in 1982 which was then revised in 2004. The challenge which is still faced in the SKN is health systems strengthening. One of the programs developed to address the challenge is Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS).

The contribution of the AIPHSS program focuses on health financing and health workforce systems, and improved access to health care services, particularly for poor and near poor people.

The AIPHSS Program was officially launched in October 2012 by the Prime Minister of Australia, Julia Gillard and the Minister of Health of the Republic of Indonesia, dr. Nafsiah Mboi SpA, MPH (#SN)



Performance framework: How is AIPHSS program performance measured?

The performance framework of the AIPHSS program was designed through collaboration between the Ministry of Health (MoH) and AusAID on a partnership basis. Since December 2012, the MoH represented by the Program Management Unit (PMU) with the support of the Implementing Service Provider (ISP-Coffey) has started to develop the program performance framework. The framework serves as one of the criteria to assess project activities and to decide which activities are to be included in the work plan. The framework also provides the basis through which program progress will be monitored. Only activities that contribute to the program outcome can be funded under AIPHSS.

The performance framework contains a series of indicators at both the intermediate outcome and output level. Each component has its own indicators and these relate to the activities funded under that component and the objectives of each component. Not all activities are represented in the performance framework, but the most important ones are.

The process of developing the performance framework has involved a series of consultations with Sub-Recipients (SRs) and Sub-sub Recipients (SRs) and has been undertaken in conjunction with finalising the program work plans. This has enabled the workplan performance framework to be better aligned.

Badan Litbangkes, has been commissioned to establish baseline measures against the indicators and processes for annual data collection and review. To assist with monitoring progress, AusAID and PMU will also establish performance targets for each indicator. These targets will be formulated based on the baseline and the level of achievement the program partners expect can be achieved over the life of AIPHSS. (#SP)



Work Plan of AIPHSS Program



WORKPLAN REVIEW CRITERIA:

- Activities must be proposed by SRs or SSRs
- Activities must contribute to at least one of the intermediate outcomes in the AIPHSS performance
- Activities proposed must not be routine activities.

In 2012, participants from the national and districts/municipalities participated in workshops to develop work plans for the first 18 month period of AIPHSS program. Unfortunately, delays to program implementation meant that these plans needed to be reviewed and the activities needed to be reconfirmed. From the 2012 work plans there were over 400 main activities and many of the activities could be considered as mini projects with lots of important and interrelated sub-activities. It was clear, that there were too many activities to be successfully implemented in an 18 month period but it was not clear how some of the activities would contribute to the health systems strengthening.

The Program Management Unit (PMU) together with the Implementing Service Provider (ISP) conducted a series of consultations with Sub-Recipients (SRs) and Sub-sub Recipients (SSRs) to address the issue. These have included workshops in East Nusa Tenggara (NTT) and East Java (Jatim), meetings with SRs in Jakarta and a number of activities related to the program in Jakarta. In the first consultations, the participants were asked to confirm that they still needed nominated activities. At the same time the participants were given the chance to nominate new activities if these were required. This led to simplification of the work plan. About 100 activities considered irrelevant were dropped from the previous work plan.

Following are the criteria used by the Program Technical Support (PTS) and PMU to review the work plan: 1) Activities must be proposed by SRs or SSRs, 2) Activities must contribute to at least one of the intermediate outcomes in the AIPHSS performance, and 3) Activities proposed must not be routine activities. (#SP)

Socialisation of AIPHSS Program Implementation Manual (PIM)



The Program Implementation Manual (PIM) was designed as a source of information in the management and implementation of AIPHSS program by grant recipients and other parties related to the AIPHSS program, including roles and responsibilities of related parties. The PIM for AIPHSS program is developed by the Central Program Management Unit (CPMU).

In brief, the AIPHSS Program Implementation Plan regulates among others: Program Management, Planning and Budgeting, Financial Management, Procurement of Goods and Services, Monitoring and Evaluation, Human Resources Management, Internal Control and Audit. The scope of the PIM covers all management activities to achieve expected outputs. Routine administration procedures based on government regulations for all activities are not within the scope of the PIM. In addition, the Program Implementation Manual (PIM) intends to complement other related documents, including the regulation of the Government of Indonesia, and other related documents published by or with the approval of the Australian Agency for International Development (AusAID) who administers the AIPHSS program.



AIPHSS Program Implementation Manual (PIM) are the Principal Recipient (PR), Sub Recipients (SRs) and the Implementing Units at provincial and district levels under coordination of the Principal Recipient. Therefore the PIM must be socialised to and understood thoroughly by the users. If the PIM is not socialised and understood within the program implementation period, there will be problems due to different perceptions from related parties in translating prevailing regulations.

The workshop on the socialisation and discussion of AIPHSS Program Implementation Manual took place in Jakarta on 28 January 2013. (#TA)



The users of the



Workshop

on Capitation for Primary Health Services

The Government of Indonesia is committed to providing quality health care services which are reachable and affordable for the society, as a basic principle of health care services. The available National Social Security System (SJSN) brings a new hope to poor and near poor people to receive better health care services. The SJSN is a system run by the Social Security Providers (BPJS) which already received approval from the Government of Indonesia and House of the Representatives to take effect as of January 2014.

To support the preparedness of the National Social Security System (SJSN), the Australia-Indonesia Partnership for Health Systems Strengthening (AIPHSS) provided contributions through funding several activities for the preparation of BPJS. One of the activities was the capitation workshop

namely 'A Primary Health Care Capitation'. The workshop took place in Jakarta, from 28 February to 1 March 2013. In general, the expected objective of this workshop is to reach joint consensus on main challenges, benefits and solutions of the insurance payment system, and further finalisation steps.

In 2014, BPJS expects that 70% of Indonesian people will join in the SJSN program, and for 2017, BPJS sets a target of over 90% of the populations to join in the program. (#AA/SN)



Health Policy Network (HPN)

The Centre for Health Service Management (PMPK) of Medicine School of Gajah Mada University holds a coordination of Health Policy Network (HPN) with 11 universities in Indonesia, among others are: University of Indonesia (UI), University of Gajah Mada (UGM), University of Airlangga, University of Hasanudin, and University of Nusa Cendana (Undana). Some activities of HPN are 'Annual Health Policy Forum', training on health policies and system analysis, and information sharing through website www.kebijakankesehatan.net to publish various journals and policy brief concerning health management.

The Health Policy Network (HPN) aims to assist universities and academia, especially those in provinces and districts in developing a specific health policies centre, system expertise and regional. In addition to providing a joint research, training and discussion forum, the HPN provides technical training for selected institutions. Some of the on-going studies are Health Seeking Behaviour and Health Expenditure Tracking System which involve universities in provinces and districts.

Three major contributions of HPN for the health systems strengthening are;

1. Improving capacity of selected universities to conduct research on health and health care services for poor and near poor people.
2. Providing data for policy making in simple formats and mechanisms.
3. Developing and undertaking training assistances for staff of provincial and district health offices.

In the near future, the Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS) will work together with the Directorate of Health Research and Development (Litbangkes) and technical units of the MoH to conduct assessment which will further study the capacity of HPN in performing research on policies and developing research agenda and analysis. (#IN)

Civil Society Challenge Fund (CSCF)



“In the decentralisation era, the improvement of health systems must be owned and attempted by all people“

Civil Society Challenge Fund (CSCF) is a flexible financing mechanism to provide funding for Civil Society Organisations (CSOs) to advocate for policies, particularly relating to health financing, health workforce system, and improved access to health care services for poor people at provincial and district level.

CSOs in the context of AIPHSS program are NGOs, village society group, humanitarian organisations, cooperatives, religious organisations, and organisation of professions which are considered important to voice the aspirations of society to encourage changes and strengthening of health systems, and able to serve as government partners.

In the decentralisation era, the improvement of health systems must be owned and attempted by all people. The Indonesian people are expecting transparent and accountable government in implementing the bureaucracy reform and human rights. The human rights in health means every citizen has the right to improve productivity and in social economic life.

The AIPHSS program through the Implementing Service Provider (ISP) in the near future will undertake selection process of CSOs in two provinces (NTT & Jatim) and eight districts, then followed by workshops/ training on CSCF. (#IN)



AIPHSS Management Info

Recruitment of AIPHSS Staff

Sixty (60) positions have been announced and opened to public for placements at national level, as well as at AIPHSS selected provinces and districts. The big scale recruitment process is conducted transparently and is expected to complete at the end of March 2013. Thus the selected staff will commence to work effectively on their respective positions in April/May 2013.

(#AA)

Address of AIPHSS-CPMU Office :
Central Program Management Unit (CPMU)
Australia Indonesia Partnership for Health System Strengthening
(AIPHSS)

Kementerian Kesehatan Republik Indonesia
Gedung dr. Adhyatama blok A. Lt. 9
JL H. R Rasuna Said Blok X.5 Kav. 4-9. Jakarta Selatan,
Indonesia. 12950

Announcement of AIPHSS-ISP new office address:

As of 13 March 2013 the AIPHSS-ISP office has moved to:

Gedung Graha Irama 8th Floor Room H.
JI HR Rasuna Said Blok X-I, kav 1-2.
Phone: +62 21 526 1289 (Hunting)

