

# AIPHSS ACHIEVEMENTS



## LEADERSHIP AND GOVERNANCE

**Health Sector Review:** AIPHSS with the Government of Indonesia through the Ministry of National Development Planning (Bappenas) has commissioned a review of the health sector to support the preparation of the 2015-2019 Medium Term Development Plan (RPJMN). This includes a situational analysis covering lessons learnt from and achievements of, the previous RPJMN and recommendations with regard to future policy options. Number of policy and technical briefs produced along with a Health Sector Review consolidated report.



AIPHSS through Asosiasi Dinas Kesehatan (ADINKES) undertook the re-drafting of fundamental health legislation and regulations under decentralisation (Law No.32 Year 2004 becomes Law No. 23 Year 2014) which have created bottlenecks in the provision of primary health care. The specific areas include (1) standardising competencies for heads of district health offices; (2) changing the legal status of health centres to report directly to district health offices (DHOs); (3) changing legislation that allows health centres to retain revenue; (4) changing the legal status of primary health care centres to become semi-autonomous units (5) review and revision of minimum service standards.



## HEALTH FINANCING

**Universal Health Coverage (JKN):** The Government of Indonesia on January 1st 2014 set an ambitious target of providing Universal Health Coverage (UHC) for its population by 2019. AIPHSS supported a long term health financing technical expert to the BPJS Secretariat which resulted in the production of 22 Policy Notes in support for the implementation of the National Health Insurance Scheme (JKN).



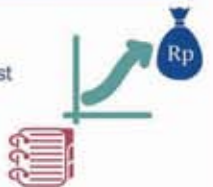
**Hospital Provider Payment System (Capitation):** An independent mid-term review of the development of INA CBGs was conducted which detailed existing gaps and identified the next steps for further development. 1,609 staff from 336 public hospitals were trained on the application of INA CBG software as a provider payment system in readiness for JKN in 2014. Recent progress on capitation payment calculations has been presented to key national and provincial level stakeholder institutions. Number of districts produced their local regulation on the use of capitation fund.



**National Health Account (NHA):** A high level workshop explored options for the informal sector under the national health insurance scheme. In addition, training programs on the Systems of Health Account (SHA) methodology for NHA and training in the use of software for NHA data were completed. The NHA has been used by the MOH in the development of national strategies for effective health financing and in raising additional funds for health.



**District Health Account (DHA):** Technical assistance is provided by the Program Technical Specialist (PTS) to establish DHAs as a tool for evidence based planning in four districts in East Java. Multi sectoral stakeholder workshops have resulted in the formation of local DHA teams. The district teams have been trained to conduct analyses of the DHAs. DHA data has been used by local governments, particularly in East Nusa Tenggara (NTT) to advocate for an increase in the health budget. DHA data also provided for the government evidence on the need for additional funds at community level which led to the introduction of Bantuan Operasional Kesehatan (BOK), a new block grant used to fund operational costs at primary health centres (Puskesmas) and which aims to improve the quality of care. Total of eight districts produced and shared their analysis of DHA results.



## HUMAN RESOURCES FOR HEALTH

**Human Resource Development (PPSDM).** The requirements for harmonised health workforce planning legislation across Ministries were identified. AIPHSS supported the revision of the national health workforce planning guidelines. These guidelines are enforced under regulations that require agreement across three different ministries. They inform hospitals and health centres nationally on how to calculate human resource needs. In addition, the identification of a consistent human resource coding system commenced. This will inform changes to the Human Resource for Health (HRMIS) database and when complete will allow for a more detailed analysis of the human resource requirements within the health sector.



**Long Distance Education (PJJ):** 456 distance learning modules have been developed with associated guidelines for instructional material and 120 tutors and 30 administrators have been trained to implement and monitor the education package. This initiative is the first distance education program offered by the Ministry of Health to improve the competency and skills of midwives and nurses. The course targets health workers from rural and isolated communities who would find access to more formal methods of training difficult. This will address the inequities currently experienced by the rural poor in their access to primary health care services by improving the skills of the health workforce committed to their care.



## HEALTH SERVICE DELIVERY

**Minimum Service Standards (MSS):** The revision of the MSS is one of the activities being undertaken by ADINKES. The complex reform process required inter-ministerial coordination between the MOH and the Ministry of Home Affairs (MOHA). The latter is responsible for the development of the MSS under decentralization. The revised standards will broaden existing standards which are perceived as having a substantial maternal and child health focus. The development of the Minimum Service Standards will allow for more effective monitoring of the quality and delivery of health services in the districts. AIPHSS provided support for four workshops to finalize a draft of the Minimum Service Standards which is now ready for expert review.



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