

Strides and Hurdles on the Path to Reproductive Health Funding in Indonesia

Leah Hirsch-Cotter

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Philantropia Inc, a consultant company specialized in international fundraising and philanthropy, advises and supports non-profit organizations around the world on how to more effectively raise funds so that they can dedicate more time to pursue their humanitarian mission. To accomplish this we provide strategic advice, organize trainings, improve organizational capacity, and ensure financial support for client programs.

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The events over the past few years in Indonesia, including the economic and political crises have put tremendous strain on the health and welfare of its citizens. The 1997 economic crisis led to severe shortages of resources at government and community levels, which continue to impede the health status of the Indonesian people, particularly that of reproductive health. Sexual and reproductive health are critical to meeting all the Millennium Development Goals (MDG), particularly those of maternal and child health and HIV prevention. The government of Indonesia has made improvements, but health systems remain far from capable of providing the required health services, gaining the attentions of various donors worldwide.¹ Therefore, the evaluation of funding resources for reproductive health in Indonesia stands as the objective of this research project, in hopes to attain a better understanding of the needs required to formulate philanthropic and fundraising solutions.

Therefore, due to the persistent lack of resources at both the national and local levels, foreign aid and grants from international donors are of increasing importance. Overall, official development assistance to Indonesia has increased over the past several decades with minor fluctuations. In 2006, the WHO estimated that about 2.3 percent of the total health expenditure was financed by external sources. Today there is an array of international organizations and nongovernmental organizations (NGOs) working in Indonesia. The principal funders to the region include the United Kingdom's Department of International Development (DFID); the Australian Government; The Global Fund to Fight AIDS, Tuberculosis, and Malaria; the United Nations Population Fund (UNFPA);

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the United States Agency for International Development (USAID); the Canadian International Development Agency (CIDA); the Ford Foundation; and the government of Japan. Many of these international donor agencies allocate funds to multilateral organizations as well as NGOs for effective distribution and delivery.

NGOs first emerged in Indonesia in the early 1920s in the response to the growing aspirations for independence among Indonesians. Several new NGOs sprang up in the late 1960s aiming to bring those out of poverty and to further help national development. The number has only been on the rise, focusing on a range of issues from industrial and technological development to public health. A further proliferation of organizations followed the Asian crisis in 1997, and the recurring natural disasters. Today, according to United Way International, there are an estimated 4,000-6,000 NGOs working in Indonesia. However, due to the lack of resources and skills, many are dependent on single-source donor financing, often from outside the country. Therefore, partnerships in the international community are both common and essential to aid in various causes, such as that of reproductive health.

Fundamentally, reproductive health is vital to both social and economic development throughout the developing world. Three of the MDGs are directly related to it, while the other four retain a close relationship. According to the World Health Organization, reproductive health ultimately implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Therefore, access to safe, effective, and affordable health care services play an imperative role.

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However, such crucial elements are lacking in most of the developing world, particularly in Africa and Asia. Studies suggest that funding for sexual and reproductive health programs has consistently fallen short of financial targets agreed to at the International Conference on Population Development in 1994. Official development assistance for reproductive health, including maternal, newborn, and child health, increased from \$2.1 billion in 2003 to \$3.5 billion in 2006.ⁱⁱ However, it has been stated that this is not enough to meet the MDG targets - experts estimate that between \$5.5 billion and \$6.1 billion in additional funding is required. Therefore, an imbalance remains: a high demand faced with unmet needs for the necessary health services.

Likewise, in Indonesia the full range of reproductive health services is not available to women or men. Despite recent declines in fertility and mortality rates, the maternal mortality ratio is among the highest in the Southeast Asian region. Out of 5 million women in Indonesia who give birth every year, 15,000 die from causes related to pregnancy and childbirth – this is preventable if early recognition and access to skill care is ensured.ⁱⁱⁱ Unfortunately, despite the array of organizations and foundations working in the region, either directly or indirectly, the lack of access to appropriate care and under-funding continue to hamper any significant advancement. NGOs provide a large volume of reproductive health services, thereby increasing both demand for and access to services. However, with the difficult economic conditions worldwide, their ability to provide services has been weakened, and overall official development assistance in Indonesia has been declining the past few years. Hopefully with recovery, the needed funds and assistance will be distributed to help improve the reproductive health of the Indonesian people.

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ⁱ WHO Indonesia. "Reproductive Health." *World Health Organization*. 2009.
<http://www.ino.searo.who.int/EN/Section4/Section17.htm>.

ⁱⁱ "Goal 5: Improve Maternal Health." *United Nations*. UN Department of Public Information. September 25, 2008.
(accessed August 2009).

ⁱⁱⁱ WHO Indonesia. "Reproductive Health." *World Health Organization*. 2009.
<http://www.ino.searo.who.int/EN/Section4/Section17.htm>.