



**USAID**  
FROM THE AMERICAN PEOPLE

# MCH PROGRAM DESCRIPTION

## Indonesia



### Overall MCH and health sector situation

With approximately 240 million people, Indonesia is the world's fourth most populous country. Recent economic growth indicators and Indonesia's classification as a middle-income country mask huge disparities in wealth and access to basic human services. While 18 percent of the population lives below the government poverty line, nearly half of all Indonesians live on less than \$2 a day and lack adequate health services, food security, and sanitation.

Less than one third of city dwellers and only 10 percent of rural populations have access to piped water. Indonesians have widely adopted the practice of boiling water, but rising fuel costs and recontamination of treated water disproportionately burden the poor. About 213,000 children under 5 die each year from preventable conditions related to poor delivery and essential newborn care (birth asphyxia, neonatal infection), diarrhea, pneumonia, and measles. Malnutrition is estimated to be an underlying factor in more than half of all child deaths, and rates of malnutrition have been stagnant for several years. For every 100,000 live births, more than 300 women die.

The government of Indonesia significantly under-invests in health with public expenditures at less than 1 percent of GDP. Overall, only around \$30 per capita is spent on health, and nearly half of that is borne out-of-pocket by Indonesians themselves. Six years since decentralization, the responsibility for health, education, and other services is now at the local level. USAID continues to support this transition through targeted technical assistance to central and local governments. During this time, Indonesia has seen some success and some setbacks in their national indicators. For example, 73 percent of mothers who gave birth over the past 5 years were assisted by a skilled health professional, a substantial increase from 66 percent 5 years ago. However, Indonesia continues to have a high MMR despite overall increased access to skilled delivery care.

Recent data suggest that Indonesia's dramatic health gains over the past two decades may be stagnating. Indonesia more than halved child mortality between 1987 and 2002, but saw no further reduction in child mortality between 2002 and 2007. Child mortality reduction appears to be stagnant in all age groups: neonatal, postneonatal, and ages 1 to 4 years. These data suggest poor quality controls on health providers, weak public health systems in general, and little improvement in access to primary care and effective disease control and treatment interventions targeting children. Root causes include wide disparities in access to health care between urban and rural populations, lack of financial access to services among the poor, and weak government oversight of the quality of care in the public and private-sectors. Many of the poor qualify for government-sponsored health insurance, but this benefit does not emphasize preventive and primary care services and does not reimburse private providers.

### MCH interventions at the Mission level

USAID's maternal and child health assistance continues to focus on strengthening advocacy, management capacity, and service delivery. Working with local government agencies, NGOs, and other partners, vulnerable populations – poor women and children – are the principal beneficiaries of USAID's public health program.

The Health Services Program (HSP) is the principal USAID mechanism to provide technical assistance for improved MCH. The main activities aim to promote positive health practices at the community level, improve access to quality health services in both the public and private sectors, improve the capacity of health planning and budgeting, improve advocacy for MCH with civil society partners, and improve the management and integration of health services. The HSP assists District Health Offices to improve the scope and outcomes of an integrated service package with a focus on interventions proven to reduce mortality, focusing on SBAs, birth preparedness, essential newborn care, early and exclusive breastfeeding, prevention of postpartum hemorrhage, management of diarrhea, and hand-washing/hygiene behaviors.

USAID MCH activities helped over 530,000 women safely deliver babies in the presence of SBAs, provided essential care to 337,000 newborns, treated over 1 million cases of child diarrhea, provided 535,000 children under age 5 with nutrition services, and provided POU treatment for 627 million liters of drinking water.

FY08 resources will continue to fund maternal and child health interventions that address postpartum hemorrhage, newborn care, diarrhea management, malaria in pregnancy, handwashing, and breastfeeding. To increase Indonesia's capacity to provide quality health services, the USG will continue to strengthen clinical provider training and supervision, district planning and budgeting, advocacy for MCH services, and drug commodity management. Selected NGO partners in health advocacy and the Indonesian Midwives Association will be key partners in implementing this assistance. As a result of this assistance, it is anticipated that almost 550,000 births will be aided by SBAs. More than 350,000 newborns will receive essential newborn care, and almost 1.8 million cases of child diarrhea will be treated.

Twenty-five public campaigns will be launched to ensure that households adopt adequate health and hygiene practices. The USG will continue its work with commercial entities to produce and market POU water treatment solutions to improve water quality in households. As a result of this, it is expected that almost 600 million liters of drinking water will be disinfected during the year.

### **Delivery approaches and mechanisms supporting expanded coverage/use of interventions**

Public-private partnership is one central approach to USAID's MCH strategy in Indonesia. One example is the Aman Tirta program, which aims to increase access to safe drinking water by introducing a low-cost, easy-to-use, and safe household-level water purification product, Air RahMat. To expand access to this product, Aman Tirta partners a for-profit private manufacturer and distributor with both government and NGOs working in the areas of health and education.

Private midwives are supported through a franchise program that requires midwives to meet and maintain quality standards of care in order to join the franchise called "Bidan Delima." The Indonesian Midwives' Association manages the program with technical assistance from USAID. It has grown to a membership of about 7,000 (10 percent of all midwives) and continues to be in high demand, attracting new members daily.

Another important approach that is consistent with Indonesia's growing democracy and civic engagement on society is the MCH advocacy program. NGOs, community leaders, District Health Department employees, members of health care professional associations, and members of parliament work together to learn advocacy skills and develop a set of advocacy messages and tools. This team approach has resulted in dramatic increases in MCH budgets at the district level and has fortified community interest and engagement in MCH issues. Many districts are now drafting and advocating for local laws and regulations to institutionalize continued commitment to improved MCH services beyond the life of elected officials.

### **Specific actions supported as part of the MCH approach**

A health systems capacity-building approach has been emphasized in all USG-supported work with an eye toward replication and national scale-up. Program activities are closely planned with the government, and sufficient time and energy is allocated to completing the necessary policy and standards work in collaboration with appropriate government partners and stakeholders. This approach results in greater replication of models, toolkits, strategies, and materials by government systems and other donors. Specific areas that are currently being replicated or scaled up nationally include clinical supportive supervision tools, revisions to provider training packages, district planning and budgeting toolkits, community mobilization for MCH issues, behavior change training and start-up materials, and advocacy training.

Midwives, the majority of whom are also working in the private sector, have been the targets of much of the health systems strengthening efforts in MCH. Capacity-building of the Indonesian Midwives' Association has been a key priority of the program.

Community mobilization assistance at the village level has led to extensive replication by non-project communities and a strong interest from the MOH because engaged and organized communities are essential to the success of their 10-point cross-sectoral “village preparedness” program covering health, family welfare, women’s rights, disaster preparedness, and epidemic readiness.

### **The USAID program’s geographic focus**

USAID’s MCH activities are focused in six provinces of Java and Sumatra. These two islands collectively account for three quarters of Indonesia’s population. MCH program activities have already been successfully replicated and scaled up nationally through the government and other donors.

### **The Mission program’s relationship to the country’s health sector and development plans and strategies**

The Government of Indonesia and several major international donors support a common agenda to accelerate improvements in maternal and child health. Health is one of nine priorities in Indonesia’s Medium-Term National Development Plan (2005–2009). The USAID Mission’s MCH programs benefit positively from close collaboration with the Mission’s democracy and governance initiatives.

### **Potential for linking Mission MCH resources with other health sector resources and initiatives**

#### *USG investments (e.g., MCC, PEPFAR, Water for the Poor)*

USAID is the primary USG agency managing health-related assistance to Indonesia. Assistance through the Millennium Challenge Corporation (MCC) will continue to play a significant role in the USAID MCH program through the first half of FY08. As part of a \$55 million MCC threshold program, the USG is managing a \$20 million immunization assistance mechanism. This immunization assistance is helping to improve immunization coverage with the longer-term goal of Indonesia achieving MCC Compact eligibility. PEPFAR-funded assistance focuses largely on risk groups, but HIV/AIDS programs are closely coordinated with MCH programs in PMTCT activities.

#### *Investments and initiatives of other donors and international organizations*

Key donors such as WHO, UNICEF, GTZ, and AusAID channel support to improve a policy framework that expands primary health care services and improved MCH services to the poor. The World Bank and ADB provide loans that reach provinces and districts and include support for planning, infrastructure, and training. USG-supported MCH activities have developed good technical collaboration with WHO and UNICEF, and UNICEF, GTZ, and AusAID programs have replicated USG-supported assistance packages in their program areas, primarily Eastern Indonesia.

### **Planned results for the Mission’s MCH investments over the next 5 years**

The Indonesia Mission is currently undertaking a Mission strategy, and the MCH program is critically reviewing several aspects of the health sector. Major areas of future investment are likely to include:

- Continued support to advocacy and promoting good governance and management of basic human services
- Focused technical assistance on improving key clinical services in the public and private sector – emergency obstetric and neonatal care, increased access to effective management of obstetric complications (PPH and eclampsia) and diarrhea (ORT, zinc, and feeding), and breastfeeding
- New partnership opportunities with the private sector will be explored in food fortification, workplace health promotion, insurance coverage with prevention and MCH benefit packages, private health providers (midwives, nurses, doctors, and specialists), and commercial product manufacturers
- Demand creation for facility-based delivery care and modified approaches to reducing inequity in access to MCH care (insurance schemes, vouchers, etc.)
- Improved service mapping capabilities of the Government of Indonesia (including private providers) and data collection and monitoring systems, including medical audits of perinatal deaths

- Support for effective and appropriate water, sanitation, and hygiene interventions for both urban and rural poor populations. Liaison with USG sources of support to expand water financing solutions to enhance access to water quantity and quality
- Investment in district-district local learning networks and “Internet working” among public health professionals in order to disseminate lessons learned and innovations seen at the district level. Facilitation of local study tours and field-based public health practice training programs

<b>MCH COUNTRY SUMMARY: INDONESIA</b>	<b>VALUE</b>
<b>MCH FY08 BUDGET</b>	12,196,000 USD
<b>Country Impact Measures</b>	
Number of births annually*	4,742,000
Number of under-5 deaths annually	213,000
Neonatal mortality rate (per 1,000 live births)	20
Infant mortality rate (per 1,000 live births)	34
Under-5 mortality rate (per 1,000 live births)	45
Maternal mortality ratio (per 100,000 live births)***	307
Percent of children underweight (moderate/severe)*****	28%
<b>Birth Preparedness and Maternity Services</b>	
Percent of women with at least one antenatal care (ANC) visit	93%
Percent of women with at least four antenatal care (ANC) visits***	81%
Percent of women with a skilled attendant at birth*****	73%
Percent of women receiving postpartum visit within 3 days of birth****	62%
<b>Newborn Care and Treatment</b>	
Percent of newborns whose mothers initiate immediate breastfeeding***	39%
<b>Immunization</b>	
Percent of children fully immunized at 1 year of age	N/A
Percent of DPT3 coverage	58%
Percent of measles coverage	72%
<b>Maternal and Young Child Nutrition, Including Micronutrients</b>	
Percent of mothers receiving iron-folate	77%
Percent of children receiving adequate age-appropriate feeding***	75%
Percent of children under age 5 receiving vitamin A supplement in the past 6 months***	75%
Percent of children under 6 months exclusively breastfed	33%
<b>Treatment of Child Illness</b>	
Percent of children with diarrhea treated with ORT***	58%
Percent of children with diarrhea treated with zinc	N/A
Percent of children with pneumonia taken to appropriate care	77%
<b>Water, Sanitation, and Hygiene</b>	
Percent of population with access to improved water source**	80%
Percent of population with access to improved sanitation**	52%
<p>* Census International Database  ** Joint Monitoring Programme for Water Supply and Sanitation 2008 Report  *** 2002-03 Demographic and Health Survey  **** This number is based only on mothers whose last live birth occurred outside a health facility in the 5 years preceding the survey.  ***** State of the World's Children Report 2008  ***** SBA includes doctor, obgyn, nurse, midwife, or village midwife.  (Unless otherwise noted, the data source is the 2007 Indonesia Preliminary DHS.)</p>	