

country profiles



Since 1991, reducing maternal mortality has been a priority for Indonesia's Ministry of Health (MOH). Between 4.5 and 5 million women give birth in Indonesia each year. Approximately 18,000 of them die as a result of pregnancy and childbirth. Most of these deaths—up to 46%—are due to postpartum hemorrhage, which can lead to death within two hours if it is not managed immediately. Another 10% of deaths are due to complications of abortion.

Total Population

201.4 million

Maternal Mortality Ratio

390/100,000 live births

Neonatal Mortality Rate

25.0 per 1000

Infant Mortality Rate

52.2 per 1000

Total Fertility Rate

2.8 children per woman

Duration of Exclusive Breastfeeding

11.8 months

Mission and Objectives

The goal of the Maternal and Neonatal Health Program (MNH) in Indonesia is to contribute to maternal and neonatal survival by:

- expanding interventions to prevent and manage complications of bleeding in pregnancy and childbirth and complications of newborn asphyxia and hypothermia;
- encouraging all pregnant women and their families and communities to be prepared for the birth and possible complications; and
- ensuring that the mother and baby receive care from a skilled provider during pregnancy, childbirth and the postpartum period.

Background

The Safe Motherhood Program began in 1991 and concentrated on educating some 54,000 community-based midwives. The focus shifted in 1995 to improving the performance of these midwives (called *bidan di desa* or

BDDs), strengthening quality of care and increasing both maternal and neonatal health services throughout the country. Since 1997 the MOH has emphasized an integrated reproductive health framework of services, which includes safe motherhood.

The MNH/Indonesia Program began in 1998. It is being implemented primarily in West Java, with a population of 42 million and 8,000 BDDs. A smaller component is in the newly created province of Banten (pop. 6 M). Program efforts continue to emphasize working with midwives.

Country Strategy

The MNH/Indonesia Program strategy comprises a package of targeted interventions that can be scaled up and sustained. The interventions are organized within four principal components: performance and quality improvement; behavior change interventions; monitoring, evaluation and operations research; and advocacy and policy.

The MNH/Indonesia Program strategy focuses on a comprehensive set of services in West Java that encompass the community, community-based providers, healthcare facilities, nongovernmental organizations and institutional and government policy-makers. In addition, the program carries out several activities at the national level that help to strengthen maternal and newborn care throughout several provinces and the country, including preservice midwifery education, postabortion care as part of a package of emergency obstetric care, coalition building of Pita Putih—the Indonesian affiliate of the global White Ribbon Alliance—behavior change communications for the SIAGA campaign to promote birth preparedness/ complication readiness, and updating the national policy for Making Pregnancy Safer in collaboration with WHO.

Performance and quality improvement (PQI) of services

The cornerstone of the PQI strategy is development of comprehensive maternal health service centers as referral and training centers, as well as expanding basic delivery care through both inservice training and preservice education. Clinical knowledge and skills of midwifery staff, obstetrics residents and specialists are being upgraded and standardized at hospitals and clinics used for inservice training and precepting students. To decrease the need for eventual retraining of graduates, the program is upgrading the curriculum in four areas of competency: normal antenatal, intrapartum, postpartum and newborn care.

Behavior change interventions (BCI) for birth preparedness and complication readiness

Community involvement is the cornerstone of the behavior change interventions (BCI) component, and has been a cornerstone of MOH programs for the past 32 years. A participatory, bottom-up approach is under way, building on the emerging civil society and nongovernmental organizations (NGOs). Birth preparedness is also a familiar concept to Indonesians, and it is embedded in the concept of *siaga*, meaning "alert" or "ready."

Advocacy and policy

Advocacy and policy components include strategy, such as development of new initiatives; dissemination, through conferences,

special events, research and evidence; advocacy, such as raising awareness of issues, promoting service quality and adequate funding; and policy initiatives, such as the establishment of technical working groups.

Monitoring, evaluation and operations research (MEOR)

Finding out what changes are occurring as a result of the many project initiatives is the key function of the MEOR component. Measuring the sustainability of the BDD program is a primary goal, especially given the early history of BDD training, which left many BDDs isolated in villages with poor access to ongoing professional support, too few skills in handling normal births and common complications and a sense of discouragement that often led to their leaving their assigned village.

Measurements will include a study of the BDDs' role, the retention and application of basic delivery skills after their preservice midwifery training and community perceptions of their role. An economic study will include a look at the use of funds and their impact on BDD sustainability. Pre-intervention data gathering includes formative research and community surveys; a midwife survey of knowledge, practices and sustainability; and site assessments of MNH standards, practices and equipment.

Collaboration

MNH/Indonesia Program activities are primarily implemented by the MOH (Depkes), Ministry for Women's Empowerment (Meneg-PP), the National Family Planning Coordinating Board (BKKBN), The Indonesian Society of Ob/Gyns (POGI), the Indonesian Midwifery Association (IBI), the National Clinical Training Network (NCTN) and local NGOs such as those in the Pita Putih NGO coalition (Indonesia White Ribbon Alliance). The MNH/Indonesia Program will continue to include the partnership of JHPIEGO, Johns Hopkins University Center for Communication Programs, the Program for Applied Technology in Health and the Centre for Development and Population Activities. Other collaborative efforts include the Mother Friendly Movement and the World Health Organization's Making Pregnancy Safer campaign.

The goal of the MNH Program is to contribute to maternal and neonatal survival.

For more information about the MNH Program visit our website:
www.mnh.jhpiego.org

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