Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in Indonesia. Yet much of this loss and suffering is preventable. The most effective interventions are attendance at delivery by providers trained in midwifery skills and prompt diagnosis and treatment of complications. Investment in pregnancy and safe delivery programs can reduce maternal death and disability, contribute to the well-being of families and the community, and ultimately improve human capital development and opportunities for economic growth.

This Watching Brief summarizes key government initiatives to strengthen safe motherhood in Indonesia, and the World Bank’s support for these activities.

Why such a high level of maternal deaths?

Indonesia has made impressive gains in community health and nutrition during the past 25 years. Health and family planning programs have substantially reduced infant mortality from 145 per 1,000 live births in 1967 to 46 per 1,000 live births in 1997. The family planning program contributed to a dramatic reduction of the fertility rate from 5.7 in the late 1960s to 2.8 in 1997; by 1997, according to the 1997 Demographic and Health Survey (DHS), more than 57 percent of married women used contraception. Although almost 90 percent of women receive some care during pregnancy and delivery, 77 percent still deliver at home and only...
about 40 percent are attended by a trained provider (figure 1). Maternal mortality remains unacceptably high at 390 per 100,000 live births (Indonesia Central Bureau of Statistics 1994).

Within Indonesia regional variations in maternal death and disability range from 150 per 100,000 live births in Yogyakarta to more than 1,000 in parts of Eastern Indonesia. Although the medical causes of death are hemorrhage, infection, and hypertensive diseases of pregnancy, many Indonesian women die because they, their families, and those attending their deliveries fail to recognize or act promptly and appropriately when faced with complications.

There are many reasons why Indonesia’s health care system has not responded adequately to women’s maternal and reproductive health problems generally, and to the high level of maternal mortality specifically. Both the supply of maternal health care and the demand for such services need to be improved simultaneously to have lasting impact, and quality must be enhanced as well (Behrman and Knowles 1998). The Ministry of Health has improved the supply of modern health care providers. Quality and utilization are up as well, but quality is often inadequate at both the community and referral levels. A key reason for underutilization of maternal health services is the lack of information at the individual, family, and community levels. This is due to a complex set of issues related to cultural norms, perceptions about the health sector, and price constraints.

A study in West Java indicates that facilities lacked blood supplies and essential drugs and that staff were unmotivated to provide quality care. The study concludes that most deaths resulted from medical mismanagement of cases after hospitalization.

The experience of the MotherCare Project in South Kalimantan shows that utilization can be improved through a community-oriented information, education, and communication strategy that complements improvements in the quality of care. Efforts to address demand-side factors, particularly at the family and community levels, where decisions about health care behavior are made, can influence the willingness to seek care when complications arise (MotherCare/Indonesia 1997).

**What the Safe Motherhood Program has achieved**

Indonesia’s National Family Planning Program, established in the early 1970s, has contributed to improving the health status of women. A renewed political commitment to reduce the burden of disability and death related to pregnancy and childbirth has been visible in Indonesia in recent years. In June 1988 the president announced the Safe Motherhood Initiative, and in 1991 the Ministry of Health established a national strategy to accelerate the reduction in maternal mortality. In 1994 the Indonesian delegation returned from the International Conference on Population and Development in Cairo and launched a new series of initiatives and commitments for comprehensive efforts to improve maternal health.

Early government initiatives to reduce maternal mortality included strengthening the partnership between traditional birth attendants and village midwives and establishing maternity huts. When neither of these actions achieved the desired results, the government initiated an accelerated midwife training program in 1993 to place more than 54,000
village midwives (bidan di desa) in almost every vil-

lage in the country. The village midwives are hired

on three-year renewable contracts to work in vil-

lages throughout Indonesia. They are often the pri-

mary source of basic health care and maternal and

child health care in the village.

Although access to maternal care has improved,

several challenges to the program’s success remain.

First, the quality of training was compromised as a

result of the emphasis on quantity and the push to

get trained midwives into the villages. Second, there

is real concern about the commitment of many of

the young village midwives, who are reluctant to

stay in remote areas. Third, there is still uncertainty

about the long-term viability of the program, which

depends on the villages to sustain the services of the

midwife. Field studies in Nusa Tenggara Timor,

Maluku, South Kalimantan, Irian Jaya, and West

Java have indicated the extent of this problem.

How the World Bank has

supported safe motherhood

World Bank lending has been a major source of

external financing to Indonesia in the health, popu-

lation, and nutrition sector. The early focus of the

World Bank’s support was on family planning, basic

health care, and nutrition services. More recently, the

Bank has supported maternal health programs. The

most recent Country Assessment Strategy for

Indonesia includes maternal mortality as one of the

human development indicators for assessing im-

provements in inequality and poverty reduction.

Three projects to improve maternal health

Three World Bank-financed projects in particular aim

to improve maternal health as part of a strategy of

poverty alleviation and economic growth. The Fifth

Population Project, completed in 1997, focused on

improving the quality of family planning services. It

was the first Bank-financed population project to go

beyond fertility reduction and address broader repro-

ductive health interventions, including support for

the training and deployment of 16,000 village mid-

wives in 13 of Indonesia’s 27 provinces.

The Third Community Health and Nutrition

Project supports the decentralization of health care

services and the development of provincial pro-

grams in safe motherhood, infant and child health,

and nutrition. The project assists provincial and dis-

trict efforts to strengthen community maternal

health services by training village midwives,

strengthening district referral systems for maternity

care, and establishing transportation and commu-

nication systems to provide village midwives in

remote areas with direct radio contact to health cen-

ters and district hospitals. In addition, the project

introduced maternal and perinatal audits to evalu-

ate maternity care and investigate maternal deaths.

The third project is the Safe Motherhood Project,

which takes a partnership and family approach to

improve maternal health.

The Safe Motherhood Project: a

partnership and family approach

In 1997 the National Family Planning Coordinating

Board (BKKBN) and the Ministry of Health launched

the World Bank-financed Safe Motherhood Project.

The project builds on other Bank-financed projects

in health and population to meet the basic health

needs of the poor and underserved groups, espe-

cially women. The Safe Motherhood Project offers

Indonesia the opportunity to:

• Address critical issues related to the supply of

  and demand for family planning and maternal

  health care services.

• Strengthen the partnership between the BKKBN

  and the Ministry of Health and between the

  public and private sectors to better meet the

  reproductive health care needs of women.

• Test innovative activities to develop more effec-

  tive and sustainable safe motherhood programs.

• Address diversity in local needs and conditions

  by adopting district and province-specific

  interventions.

To increase the demand for services, the project

takes into account the social, cultural, and economic

determinants of safe motherhood and develops a

client orientation to improve services. Supply-side

interventions include increasing district capacity to
provide maternal health services—from the home to
the district hospital—by improving the clinical and
counseling skills of health providers and strengthen-
ing the referral system.

The project continues the Bank’s support for fam-
ily planning but uses a more client-centered
approach. This component of the project aims to
increase the range of information available to clients
about contraceptives and increase access to a full
range of high-quality contraceptive services, includ-
ing counseling and management of side effects.

Key features of the project are the sustainability of
the village midwife and a focus on demand-driven
safe motherhood activities and the quality of services.

**Village midwife sustainability.** The government’s
decision to place village midwives in underserved
villages is a key element in the battle to reduce
maternal mortality. However, while progress has
been good, supply- and demand-related obsta-
cles—ranging from low retention rates for midwives
to weak demand for midwife services—keep the
program from becoming self-sustaining. The obstet-
ric skills of village midwives are being improved
through competency-based training to ensure that
normal deliveries are safe and complications are
appropriately managed. Pilot interventions include
targeted performance-based contracts to compen-
sate midwives for providing a clearly defined pack-
age of services to the poor as well as a more limited
set of public health services to the entire village.
Other schemes include the establishment of group
practice models and franchised clinics. In some
areas the role of the village midwife may need to be
redefined to include a wider range of health, nutri-
tion, and family planning services. More financially
viable approaches may need to be provided to retain
the village midwife in some communities. The pro-
ject design also includes support for emergency
obstetric care to poor women (figure 2).

**Demand for maternal health care services.** Maternal
and reproductive health care services will be under-
utilized unless there is strong demand for services.
Through the project Indonesia’s successful informa-
tion, education, and communication program for
family planning is being expanded to encompass a
broader-based reproductive health care focus. The
project will provide the consumer with information
to make the right choices and provide health
providers with the right incentives to provide qual-
ity services. Well-informed consumers can take more
responsibility for their own health by seeking care
during pregnancy and delivery, continuing contra-
ceptive use, or seeking counseling for adolescents.
Communication campaigns range from disseminat-
ing information to families and communities about
danger signs in pregnancies to mobilizing the com-

munity to support maternity health care, including

providing transportation for emergency referrals and
marketing the services of the village midwife.

**Quality of family planning and maternal health care
services.** Although Indonesia has achieved substan-
tial gains in increasing contraceptive prevalence
and reducing fertility, several challenges remain,
such as increasing the quality of family planning
and maternal health services. Enhancing technical
skills through competency-based training for mid-
wives, improving the counseling and interpersonal
skills of service providers, and increasing client
choice of methods and awareness about side effects
are especially important.
Lessons to guide future activities

The Government of Indonesia and the World Bank have learned much about what is needed to develop a more effective and sustainable safe motherhood program, based on experiences with family planning and maternal health care activities over the past decade. Several key lessons emerge from this recent experience in safe motherhood:

• **High-level government commitment is important to program success.** A high level of political commitment was one of the main factors behind the success of Indonesia’s family planning program, and a similar commitment to safe motherhood is essential to achieve substantial and sustained reductions in maternal mortality.

• **Programs must address both supply and demand factors.** Research and experience in Indonesia have indicated the need for simultaneously improving both supply and demand factors in health care services. The village midwife program has shown that increasing the number of village midwives will not have the desired impact if women are not motivated to use their services.

• **Delivery of safe motherhood services requires access to quality maternity care from the community to the referral level.** The effectiveness of safe motherhood services depends on the organizational and institutional capacity of the district health care system, including a community-based family planning and maternal health care system and referral system linked to a health facility that is capable of providing emergency obstetric care.

Measuring progress in safe motherhood

Experience has shown that few performance indicators are effective for assessing progress on safe motherhood initiatives. Some, such as the ratio of midwives to population, are too general and provide little useful information. Others are more precise, such as the maternal mortality ratio, but the necessary data are difficult and expensive to collect. The Safe Motherhood Project employs three key indicators to measure performance in maternity care:

- The percentage increase in deliveries assisted by village midwives or other trained providers.
- The percentage of complicated births attended by a village midwife or by other trained providers at the health center or district hospital compared with the expected number of complications.
- The percentage increase in knowledge about danger signs and other maternal health conditions.

Maternal and perinatal “audits” are used as a kind of verbal autopsy to determine the causes of death—both medical and non-medical. These reviews trace events from the health facility back to the community in an effort to uncover the medical, institutional, and sociocultural factors that led to the mother’s death. A good maternal and perinatal audit involves health providers and members of the community and seeks to identify avoidable factors and to educate health providers and the community about these factors.

Baseline surveys were designed to gather information on maternal health and family planning on the utilization and the quality of family planning and motherhood services and on adolescent reproductive health to assess knowledge, attitude, and practices of adolescents and their families. A midterm review and several special evaluation surveys will be used by the government and the Bank to monitor and evaluate project activities.
• Understanding the labor market structure as well as the motivations and incentives of health care workers is critical. The Indonesian program is piloting a number of activities aimed at improving the sustainability of village midwives and creating incentives for them to provide services to the poor.

• Partnership and collaboration between the public and private sector should be promoted. An effective reproductive program requires institutional linkages between family planning and health ministries, in coordination with ministries responsible for women’s affairs, religion, and education. In addition, the private sector plays an important role and should be taken into account in the design of the program.

As Indonesia moves into the next century, there will be increasing demands to improve the overall performance of the health care system through health sector reform and the decentralization of health care services. The challenge for Indonesian policymakers and health care providers will be to ensure that the reproductive health needs of a diverse population are adequately addressed in a decentralized health care system.

References


