



MDG ACCELERATION FRAMEWORK

SAVING THE LIVES OF MOTHERS IN CENTRAL JAVA, INDONESIA

MDG 5



IMPROVE MATERNAL HEALTH



1. CONTEXT

In Indonesia, since the signature of the Millennium Declaration in 2000, the National Government has remained fully committed to the achievement of the Millennium Development Goals (MDGs). **The MDGs are used in formulating policies, strategies, and development programs.** This approach has been outlined in the National Long-Term Development Plan 2005-2025, the National Medium-Term Development Plans, 2005-2009 and 2010-2014, Annual Work Plans and budget documents.

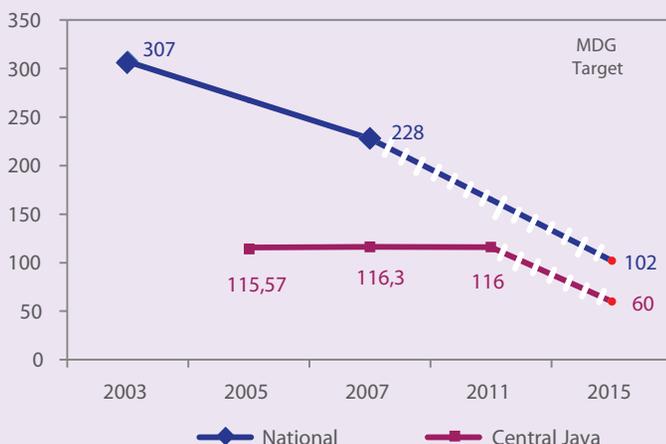
Significant progress has been made towards many of the MDGs, including those on poverty and hunger. The maternal mortality ratio (MMR), too, has gradually been reduced from 390 in 1991 to 228 per 100,000 live births in 2007. However, the Government and its partners recognize that accelerated efforts will be needed to achieve the target of 102 by 2015. **There are also significant disparities across provinces, with the poorest living in small islands or in remote areas.**

2. RATIONALE: WHAT'S THE MAF ABOUT IN INDONESIA?

The MDG Acceleration Framework (MAF) is being applied to accelerate progress towards the MMR target in the province of Central Java. With around 15 percent of the country's total population, the large numbers of maternal deaths in Central Java contribute significantly to the country's high MMR. Although lower than the national average, provincial data shows that MMR in Central Java has stagnated since 2005. At the current rate, the province is likely to miss the MDG target by 2015 if additional efforts are not put in place.

Helping the province to further accelerate the decrease of MMR would have a meaningful impact on efforts at the national level to improve maternal health. At the same time, experience with the MAF in this province could facilitate its use in other provinces as well.

Comparison between Central Java's MMR and the National Figure, and the MDG



Central Java has demonstrated strong commitment towards achieving the MDGs at provincial, district and municipal levels. It is the first province to complete a Provincial MDG Action Plan with clear targets, indicators, timeline and budget requirements as part of the **efforts to implement the national MDG Roadmap to Accelerate the Achievement of the MDGs**, which was launched in 2010. The MAF application capitalizes on this process and leverages the demonstrated political commitment of the leadership.

3. MAF PROCESS

In Central Java, **the MAF process has been led by the provincial planning authority, BAPPEDA, working closely with the national planning agency, BAPPENAS.** It has been supported by international agencies, domestic NGOs, professional associations and academia.

The exercise systematically:

- ✓ Reviewed existing policies and interventions of relevance to maternal health;
- ✓ Identified gaps in existing policies and interventions;
- ✓ Identified and prioritized bottlenecks in policy and planning, budget and financing, service delivery, service utilization, and cross-cutting areas to the successful implementation of key interventions;
- ✓ Identified cost-effective and cross-sectoral solutions that can accelerate progress on maternal health, building on lessons learned locally on what works and what doesn't; and
- ✓ Helped to understand the reasons behind geographical differentials in MMR progress, and thereby address them through tailored efforts.

MAF Analysis

In Indonesia, the current policy encourages that all deliveries should be attended in the facility by a trained health provider. In Central Java, the proportion of delivery in a facility is currently quite high – about 80.4% – with little variation across districts.¹

Based on the analysis, **a fundamental bottleneck relates to the quality of services provided.** Accordingly, the MAF prioritizes four interventions:

- Improve access to quality basic (PONED) and Comprehensive Emergency Obstetric Neonatal Care (PONEK) Services
- Improve access to quality primary health care the at the community level (e.g. Community Village Health Policlinics (PKDs)
- Strengthen a quality referral system; and
- Increase access to quality family planning (FP) and reproductive health services.

1. The data does not differentiate on the type of facility: Primary Health Centre (Puskesmas), Hospital, Clinic, or Community Village Health Post (PKD).

Solutions to improving maternal health will be focused on expanding better quality health care and comprehensive obstetric care, by upgrading the skills of health care providers; removing administrative bottlenecks to allow trained staff to work more effectively; mapping services provided at PONEC (basic EmONC) and POKEK (comprehensive EmONC) levels and proposing a redistribution of facilities as per the needs. Others include: improving family planning services and engaging the community in their use.

The MAF analysis also highlights that there are several problems with measuring MMR and collecting appropriate, policy-relevant data, which need to be tackled: inadequate vital registration systems and hospital records, maternal deaths occurring outside health facilities are not always recorded, and maternal deaths might be misclassified.

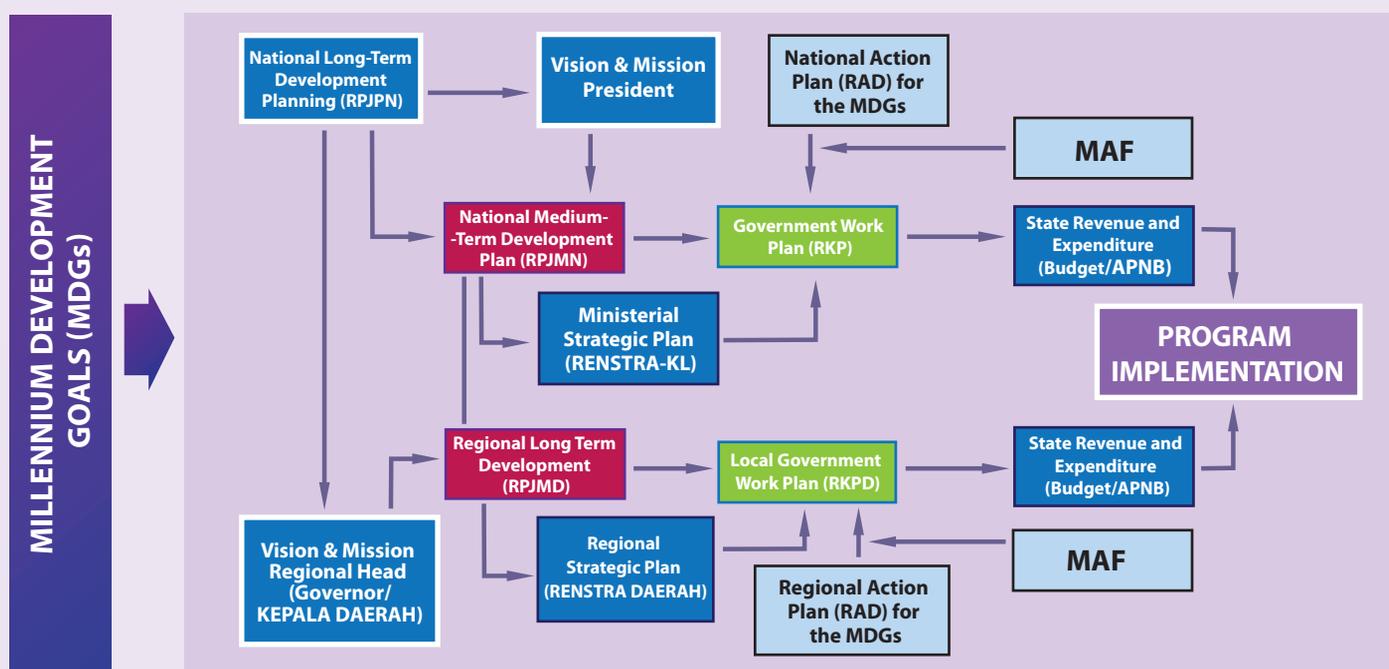
4. VALUE-ADDED FROM THE MAF APPLICATION

Promoting Cross-Sectoral Collaboration

The MAF in Central Java has provided a platform for cross-sectoral collaboration, breaking down the sector silos across national and provincial levels to accelerate the reduction of maternal mortality. Overall the MAF is helping to:

- Overcome fragmented resources from ministries/agencies, development partners and stakeholders;
- Determine priorities in existing planning and strategy based on research results, the latest information on statistical data, evaluation and experience;
- Resolve 'sectoral ego' with a pragmatic way of thinking, across sectors, becoming more results oriented, partnership cooperation and strengthened synergy; and
- Support to target MDG efforts to overcome disparity between population groups and geographically disadvantaged areas.

Integration of the MAF into the Planning Process



Strengthening Partnerships to Accelerate MDG Progress

The MAF has delivered a focused, agreed upon Action Plan to address maternal mortality that rallies the efforts of national and sub-national governments and its partners, including civil society and the private sector, on providing the investments and services needed to advance key policy reforms and overcome identified constraints.

5. MOVING FORWARD: MAF ACTION PLAN IMPLEMENTATION

The Central Java Action Plan helps operationalize the MDG Regional Action Plan/RAD for the province, which was formulated through a collaborative effort between the central government and sub-national authority in Central Java in 2010. Following its validation, the plan is expected to be adopted by the Central Java authorities later this year.

Lessons learned from the MAF application in Central Java, and the implementation of the Action Plan, are expected to inform the roll-out to other provinces and generate traction for the achievement of the targets contained in the 2010 national MDG Roadmap to Accelerate the Achievement of the MDGs.