

Continuum of care for pregnant women in Indonesia

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Safe pregnancy in remote communities

Every three minutes, somewhere in Indonesia, a child under the age of five dies. Moreover, every hour, a woman dies from giving birth or of causes related to pregnancy¹. In this archipelago of 17,000 islands, the disparity of quality health service provision for women of reproductive age and children is significant.

Papua province, with its difficult highland terrain and differing quality of healthcare services, has a maternal mortality rate of 362 per 100,000² live births compared to a national average of 220 per 100,000 live births. Additionally, Papua province of Indonesia also has a generalised HIV epidemic (HIV prevalence rate of 2.4 percent amongst 15-49 year olds³) triggered mainly by unsafe sexual behaviour.

In 2012, the Indonesia Planned Parenthood Association (IPPA) launched a project to improve sexual and reproductive health (SRH) of mothers and babies in Jayapura district of Papua region, targeting remote villages through the IPPF Japan Trust Fund (JTF) for HIV and Reproductive Health. The project followed the 'EMBRACE' model⁴ promoted by the Japan Global Health policy which aims to strengthen community-based preventive and clinical interventions to provide antenatal and postnatal continuum of care.



Enabling communities to access MCH services

Following a health facility mapping exercise to identify gaps of maternal and child health services (MCH), IPPA decided to focus the JTF project in Sentani District and East Sentani District in Papua. The project is implemented in close collaboration with local health authorities. IPPA's twenty trained community carter based in the villages actively mobilise communities to raise awareness on family planning (FP), reproductive health (RH), maternal and child health (MCH) and sexually transmitted infections (STI) – including preventing mother to child transmission of HIV among women of reproductive age, mothers and their families. These community carter include traditional birth attendants, mothers and young girls who have been trained and supported by IPPA field workers. In addition to community carter, the project also employs counsellors based in the local integrated health posts known as Posyandu.

Women in the targeted areas, receive information about safe pregnancy, FP and nutrition from the community carter through one to one sessions or couple counselling. Community carter also advise pregnant women to access the Posyandu for antenatal care (ANC) services and, if necessary, offer to accompany the client to the clinic. Monthly information-sharing meetings for all pregnant women, new mothers and babies are conducted by IPPA mobile health teams at community health centres (i.e Puskemas) where they also distribute vitamin

continued overleaf

Indonesia

Population: 237.64 million (2010) BPS

Life expectancy at birth m/f (years): 68/71 (2009) WHO

Total fertility rate: 2.4 (2012) WB

Maternal mortality ratio (per 100,000 live births): 220 (2012) WB

Under 5 mortality rate (per 1000 live births): 31 (2009) WHO

Project Facts

Organisation: Indonesia Planned Parenthood Federation (IPPA)

Donor: IPPF Japan Trust Fund for HIV and Reproductive Health

Location: Jayapura district, Special Region of Papua, Indonesia

Objective: To improve access to sexual and reproductive health and information for mothers and their babies living in the district of Jayapura in Papua through strengthening networks between communities and healthcare facilities.

Period: 2012-2014

“When I am greeted by the beautiful smiles of the healthy five month Rahel, I feel very happy of the support I have provided to the women in this village.”

Mama Mega, one of the community carter of the JTF project in Hobong Village (see overleaf)

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Photos

1. Community carter engaged in mapping exercise
2. Mobile clinics distributing medicines for children and pregnant women in remote areas

Photos: IPPA/Eduardus Silburn/
Papua/2013

supplements and bed nets, immunise infants and provide other primary healthcare services. One of the main achievements of the project has been the reduced number of home-based deliveries in the targeted villages as women are encouraged to admit

themselves to maternal clinics to have access to emergency obstetric care if necessary. The project also ensures that women living with HIV receive counselling to prevent mother to child transmission (PMTCT) as well as the necessary treatment to remain healthy.

Mama Mega: the beacon of light for Hobong mothers

'Mama Mega' is one of the skilled traditional birth attendants (TBA) working as a community carter for JTF project in Hobong village, in West Papua. Hobong is a village connected to the Papua mainland through a 20 minute boat ride and people living in the island access health services through Sentani Puskesmas, an integrated health care centre.

'Most of the villagers still use indigenous medicine and traditional family planning methods and don't have sufficient information on reproductive health. So we provide door to door outreach services to the women and their families in the village' says Mama Mega. 'We want to make sure that all the women in the village have access to antenatal care services (ANC) including counselling and testing for HIV. It's important

that couples are aware of HIV and know how to reduce the risk of transmission from mother to child'. One of the women Mama Mega has supported during the pregnancy is Olibah. Through the outreach services, Mama Mega advised Olibah to access ANC at the Sentani Puskesmas and attend the regular monthly community mobilisation meetings for pregnant women and new mothers at the Hobong Posyandu (community health post). Olibah lost her first baby when he was 10 months old due to malaria. The Puskesmas ensured that Olibah delivered her next child at their facility, received advice on breast feeding and immunization for the baby. Olibah also didn't forget to take the bed net provided by the Puskesmas for her newborn baby.

A few challenges on the way...

The beneficiaries of JTF project have been empowered to make choices about the health of mothers and babies through increased knowledge and support. However, there are still a number of challenges related to the social, cultural and economic fabric of Papua society. One of the main issues the project encountered is stigma and discrimination towards people living with HIV that prevents people from accessing voluntary counselling and testing (VCT). The fear of being disowned by their partners and families, prevents many pregnant women from accessing HIV tests during ANC services. The project has developed close links with people living with HIV networks based in Papua to ensure that women living

with HIV are properly supported, have the right information and are aware of sexual reproductive health and rights including PMTCT.

Lack of male involvement on FP and SRH (including maternal and child health) is also a major challenge identified by the IPPA team under the JTF project. IPPA has designed advocacy messages which specifically targets men and has been working closely with religious leaders, community leaders and politicians to have them on board. Addressing these important challenges will ensure women can experience a safer pregnancy and babies remain healthy with support from their families and partners.

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2. WFP, Papua profile, 2013
3. IBBS 2007
4. Japan Global Health Policy 2011-2015



From
the People of Japan

The IPPF Japan Trust Fund for HIV and Reproductive Health was set up by the Government of Japan in 2000, to increase access to HIV and sexual and reproductive health services for women, young people and key populations in developing countries. Since its establishment, it has supported more than 121 projects in 49 countries.