



REMARK FROM THE MINISTER OF HEALTH

The targets of the Millennium Development Goals (MDGs) are due to be reached in 2015, just two years after the publication of this book. The Government of Indonesia has dedicated strong attention to reaching these targets. This attention has only been strengthened by an increased allocation of health funds, with about 80% of this increase occurring in the regions. However, several MDG indicators, which are also included in the targets of the National Medium Term Development Plan (RPJMN) for 2010-2014, will be difficult to achieve under the current efforts and strategies. Various projections and estimates have found that the Maternal Mortality Rate (MMR) will not drop fast enough to achieve the target by the deadline in 2015 without a renewed approach.

The results of surveys and research conducted over the past five years have generally shown that under the current approach, the targeted decrease in the MMR will not be achieved by the deadline of the MDGs in 2015. This indicates that a more cost-effective and evidence-based approach is needed. Furthermore, the country's stagnant Total Fertility Rate (TFR) over the past 10 years shows that the Government's Reproductive Health Programme and Family Planning Programme require special attention. In recent years, maternal deaths have mostly occurred among women aged under 20, or over 35, and greater numbers of women have begun to have more than three children, with shorter spacing between births.

Health programme managers at the national, provincial and district levels should be able to identify the existing problems and find solutions, using the interventions that have proven to work successfully with the use of local resources. Optimization and synchronization of activities must be conducted. Every district and city must re-examine whether the action plans developed have addressed the existing problems in their region. The role of provinces should be promoted as an extended arm of the central government to assist the districts and cities in carrying out the development of public health. Strategic steps that need to be carried out to optimize efforts to accelerate the reduction of the MMR are detailed in this book.

I extend my appreciation to all stakeholders who have already, are currently, or are planning to participate in accelerating the reduction of the MMR in this country, and all who have contributed to the publication of this book. It is my hope that this book will be useful as a reference for the acceleration of the reduction of the MMR in Indonesia, and can bring the greatest possible results for the health of its people.

Jakarta, 30 April 2013

A handwritten signature in black ink, appearing to be 'Nafsiah Mboi', written over a circular stamp.

Dr. Nafsiah Mboi, SpA, MPH,
Health Minister of the Republic of Indonesia

FOREWORD DIRECTOR GENERAL OF NUTRITION, MATERNAL AND CHILD HEALTH

Thanks to Almighty God for His blessings and the abundance of His grace, that the National Action Plan for the Acceleration of the Reduction of the Maternal Mortality Rate can finally be published. This book was jointly prepared by all programmes involved in the Ministry of Health, as well as professional organizations and donor agencies involved in maternal health in Indonesia.

The National Development Planning Board (Bappenas) has developed a Regional Action Plan to achieve the Millennium Development Goals, or MDGs. In 2010, this Regional Action Plan should be followed up with concrete actions, particularly because the MDG target on reducing maternal deaths is predicted to be difficult to achieve before the deadline in 2015. It is important for stakeholders to read this book, which details the principles of maternal mortality prevention, strategies and interventions – interventions that have proven to be effective for preventing maternal mortality – and the parameters that must be considered by programme managers.

It is expected that this book can serve as a set of guidelines for all actors involved in maternal health at the national and regional levels in developing the programmes and targets that suit the conditions of each region.

Thanks to all parties that have contributed to the preparation of the National Action Plan for the Acceleration of the Reduction of the Maternal Mortality Rate, and especially to Dr. Endang Achadi, MPH, who helped with the formulation of this National Action Plan.

Jakarta, March 2013

Director-General of Nutrition, Maternal and Child Health

A handwritten signature in blue ink, appearing to read 'Slamet Yuwono', with a stylized flourish at the end.

Dr. Slamet Riyadi Yuwono, DTM&H, MARS

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LIST OF ABBREVIATIONS

ANC	Antenatal Care
APBD	<i>Anggaran Pendapatan dan Belanja Daerah</i> (Regional Budget)
APN	<i>Asuhan Persalinan Normal</i> (Normal Delivery)
Balitbangkes	<i>Badan Penelitian dan Pengembangan Kesehatan</i> (National Institute of Health, Research and Development)
Bappeda	<i>Badan Perencanaan Pembangunan Daerah</i> (Regional Development Planning Board)
Bappenas	<i>Badan Perencanaan Pembangunan Nasional</i> (National Development Planning Board)
BDRS	<i>Bank Darah Rumah Sakit</i> (Hospital Blood Bank)
BKKBN	<i>Badan Kependudukan dan Keluarga Berencana Nasional</i> (the National Population and Family Planning Board)
BPPSDM	<i>Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia</i> (Human Resources Development and Empowerment Board)
BPS	<i>Bidan Praktik Swasta</i> (Private Practice Midwife)
CSR	Corporate Social Responsibility
DPRD	<i>Dewan Perwakilan Rakyat Daerah</i> (Regional Representatives Council)
DTPK	<i>Daerah Tertinggal, Perbatasan dan Kepulauan</i> (Underdeveloped, Border and Island Regions)
GDON	<i>Gawat Darurat Obstetri dan Neonatal</i> (Emergency Obstetrics and Neonatal Care)
GSI	<i>Gerakan Sayang Ibu</i> (Mother-Friendly Movement)
HDK	<i>Hipertensi Dalam Kehamilan</i> (Hypertension in Pregnancy)
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome
HOGSI	<i>Himpunan Obstetri dan Ginekologi Sosial Indonesia</i> (Indonesian Social Gynaecology and Obstetrics Association)
IAKMI	<i>Ikatan Ahli Kesehatan Masyarakat</i> (Indonesian Public Health Association)
IBI	<i>Ikatan Bidan Indonesia</i> (Indonesian Midwives Association)
ICD 10	International Classification of Diseases
IDAI	<i>Ikatan Dokter Anak Indonesia</i> (Indonesian Pediatrics Society)
IDI	<i>Ikatan Dokter Indonesia</i> (Indonesian Medical Association)
IDHS	Indonesia Demographic and Health Survey
IDI	<i>Ikatan Dokter Indonesia</i> (Indonesian Medical Association)

IDSAI	<i>Ikatan Dokter Spesialis Anestesiologi dan Reanimasi Indonesia</i> (Indonesian Society of Anesthesiologists and Reanimators)
K4	Antenatal visits occurring four times (4 kali) throughout pregnancy: once each in the first and second trimesters, and twice in the third trimester.
KARS	<i>Komisi Akreditasi Rumah Sakit</i> (Hospital Accreditation Commission)
KB	<i>Keluarga Berencana</i> , Family Planning
Kemenkes	<i>Kementerian Kesehatan</i> , Health Ministry
KIA	<i>Kesehatan Ibu dan Anak</i> (Maternal and Child Health)
KIE	<i>Komunikasi, Informasi dan Edukasi</i> (Communication, Information and Education)
MMR	Maternal Mortality Rate
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
P4K	<i>Program Perencanaan Persalinan dan Pencegahan Komplikasi</i> (Complication Prevention and Delivery Planning Programme)
Pemda	<i>Pemerintah Daerah</i> (Local Government)
Perda	<i>Peraturan Daerah</i> (Regional Regulation)
PERSI	<i>Perhimpunan Rumah Sakit Seluruh Indonesia</i> (Indonesian Hospital Association)
PKK	<i>Pemberdayaan Kesejahteraan Keluarga</i> (Empowerment of Family Welfare)
PMA	Perinatal Mortality Audit
PMD	<i>Pemberdayaan Masyarakat Desa</i> (Empowerment of Village Community)
PMI	<i>Palang Merah Indonesia</i> (Indonesian Red Cross)
PODES	<i>Potensi Desa</i> (Village Potential Statistics)
POGI	<i>Persatuan Obstetri dan Ginekologi Indonesia</i> (Indonesian Society of Obstetrics and Gynecology)
PONED	<i>Pelayanan Obstetri Neonatal Emergensi Dasar</i> (Basic Emergency Obstetric and Neonatal Care)
PONEK	<i>Pelayanan Obstetri Neonatal Emergensi Komprehensif</i> (Comprehensive Emergency Obstetric and Neonatal Care)
PP AKI	<i>Percepatan Penurunan Angka Kematian Ibu</i> (Acceleration of the Reduction of the Maternal Mortality Rate)
PPDS	<i>Program Pendidikan Dokter Spesialis</i> (Doctorate Program in Medicines)

PPIA	<i>Pencegahan Penularan HIV dari Ibu ke Anak</i> (Prevention of the Transmission of HIV from Mother to Child)
PPNI	<i>Persatuan Perawat Nasional Indonesia</i> (Indonesian National Nurses Association)
Puskesmas	<i>Pusat Kesehatan Masyarakat</i> (Community Health Centre)
Pusrengunakes	<i>Pusat Perencanaan dan Pendayagunaan Tenaga Kesehatan</i> (Center for Health Personnel Planning and Utilization)
Pustanserdik	<i>Pusat Standardisasi, Sertifikasi dan Pendidikan</i> (Center for Standardization, Certification and Education)
RAD	<i>Rencana Aksi Daerah</i> (Regional Action Plan)
RAN	<i>Rencana Aksi Nasional</i> (National Action Plan)
RB	<i>Rumah Bersalin</i> (Birthing House/Maternity Hospital)
Rifaskes	<i>Riset Fasilitas Kesehatan</i> (Health Facility Research)
Riskesdas	<i>Riset Kesehatan Dasar</i> (Basic Health Research)
RPJMD	<i>Rencana Pembangunan Jangka Menengah Daerah</i> (Regional Medium-Term Development Plan)
RPJMN	<i>Rencana Pembangunan Jangka Menengah Nasional</i> (National Medium-Term Development Plan)
RPJPN	<i>Rencana Pembangunan Jangka Panjang Nasional</i> (National Long-Term Development Plan)
RS	<i>Rumah Sakit</i> (Hospital)
SDKI	<i>Survei Demografi dan Kesehatan Indonesia</i> (Indonesian Demographic Health Survey)
SJSN	<i>Sistem Jaminan Sosial Nasional</i> (National Social Security System)
SPOG	<i>Spesialis Obstetri dan Ginekologi</i> (Gynaecology and Obstetrics Specialist)
SUSENAS	<i>Survey Sosial Ekonomi Nasional</i> (National Socioeconomic Survey)
UKS	<i>Usaha Kesehatan Sekolah</i> (School Health Programme)
UTD	<i>Unit Transfusi Darah</i> (Blood Transfusion Unit)
WHO	World Health Organization
WUS	<i>Wanita Usia Subur</i> (Reproductive Age Women)

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