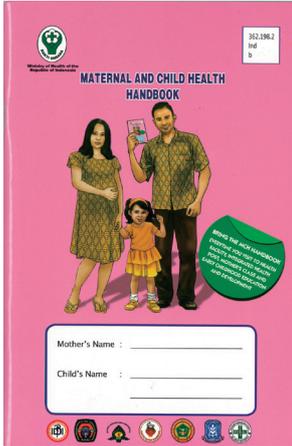




## INDONESIA: Stakeholders' roles and responsibilities in nationwide MCH Handbook operation for continuum of care



Maternal and Child Health Handbook, Indonesia, 2016

### Background

Indonesia's 2015-2019 mid-term development plan has incorporated a strategic plan for the improvement of people's access to quality health care at all stages of their lives, to achieve the Sustainable Development Goals (SDGs). Such a life course approach can be strengthened by using an integrated monitoring tool particularly of continuum of maternal, newborn and child care (MNCH). Refocusing on a continuum of care in the context of SDGs has led the global health community to consider the strategic use of Maternal and Child Health (MCH) Handbooks more seriously than ever. This issue of Technical Brief reports how Indonesia addresses the challenges in making the MCH Handbook as the MNCH home-based record in the worlds' fourth most populous country with 237.6 million people living in over 17 thousand islands decentrally governed with three layers of authorities; 34 provinces, 514 districts/municipalities and 6,944 sub-districts.

### Stepwise scaling-up process in diverse geographical areas

Having aimed at nationwide scaling-up of the MCH Handbook, the Indonesian Ministry of Health (MOH) piloted the first version of the MCH Handbook in a municipality with 150 thousand people in Central Java Province in 1994. Since 1996, the MCH Handbook had been further verified in several districts of different provinces (i.e. West Sumatra, Bengkulu, South Sulawesi, North Sulawesi, and East Java provinces) to examine its feasibility in

different settings. To adjust the MCH Handbook to the local contexts, provincial/district governments were authorized to customize the MCH Handbook, e.g. by applying local-specific contents and cover pages (Photo in backside). Local scaling-up of the MCH Handbook took considerable time, e.g. almost 10 years in Central Java province, composed of 35 districts with 21 million people). This time-consuming but careful local scaling-up process enabled the contents and design of the MCH Handbook to be more acceptable among local populations and harmonized in local health systems, respectively.

### Nationwide scaling-up of the MCH Handbook

While careful and gradual scaling-up process ensured the acceptability of the MCH Handbook by local communities and health workers, a ministerial decree was key to having all provinces/districts start implementing the MCH Handbook, in close collaboration with multiple partners, including UN agencies. In 2004, the Ministerial Decree No. 284 was launched: 'The MCH Handbook is the only recording tool for MCH services that belongs to a pregnant woman and would apply until her child becomes five years of age.' The Decree further specifies the roles and responsibilities of each stakeholder: (i) health workers record data in the MCH Handbook during health service provision, (ii) both central and local governments produce and distribute the MCH Handbook in collaboration with development partners and NGOs; and (iii) mothers and other caregivers take care of MCH Handbooks. Technical guidelines, orientation and monitoring instructions were developed in line with the Ministerial Decree. The further Ministerial Decree No. 828 issued in 2008 clearly requires district health administrations to operate the MCH Handbook as an essential component of a minimum package of health services, in view of decentralization of health service delivery.

### Approaches to private sectors

Indonesian Demographic Health Survey (IDHS) 2012 reported that 46 % of deliveries took place at private health facilities. Thus, private practitioners play an

Logo	Professional organization
	IDI : The Indonesian Medical Association
	POGI : Indonesian Society of Obstetrics and Gynecology
	IDAI : Indonesia Pediatrician Association
	IBI : The Indonesian Midwives Association
	PPNI : Indonesian National Nurse Association
	PERSAGI : The Indonesian Nutritionists Association
	PERSI : Indonesian Hospital Association

▲ Figure 1. Health professional organizations participating in MCH Handbook operation



Various covering pages of the MCH Handbooks locally designed by provinces and districts

important role in MNCH service provision. To get private practitioners more involved and participating, the MOH issued the Ministerial Decree No. 666 in 2007 on the operation of the MCH Handbook at basic medical facilities and further the Ministerial Decree No. 938 in 2007 on the use of the MCH Handbook in basic midwifery services. Moreover, the MOH approached to health professional associations (i.e. obstetrician and gynecologist, pediatrician, midwife, nurse and nutritionist associations) and hospital associations for their actions (e.g. circulars) to facilitate their members serving in public and private sectors to use the MCH Handbook during their clinical practices. Moreover, Indonesian Midwifery Association included the use of the MCH Handbook as a part of standard clinical care procedure for its members working in both public and private sectors. Professional organizations present their commitment to the MCH Handbook operation by showing their logos on the cover page of the MCH Handbook (Figure 1). Figure 2 presents the extent to which private sector abides by the series of the Ministerial Decrees, in terms of distribution of the MCH Handbook to antenatal care (ANC) service users. Both in rural and urban areas, pregnant women receive the MCH Handbook upon their ANC visits to governmental health facilities. Furthermore, those without access to governmental

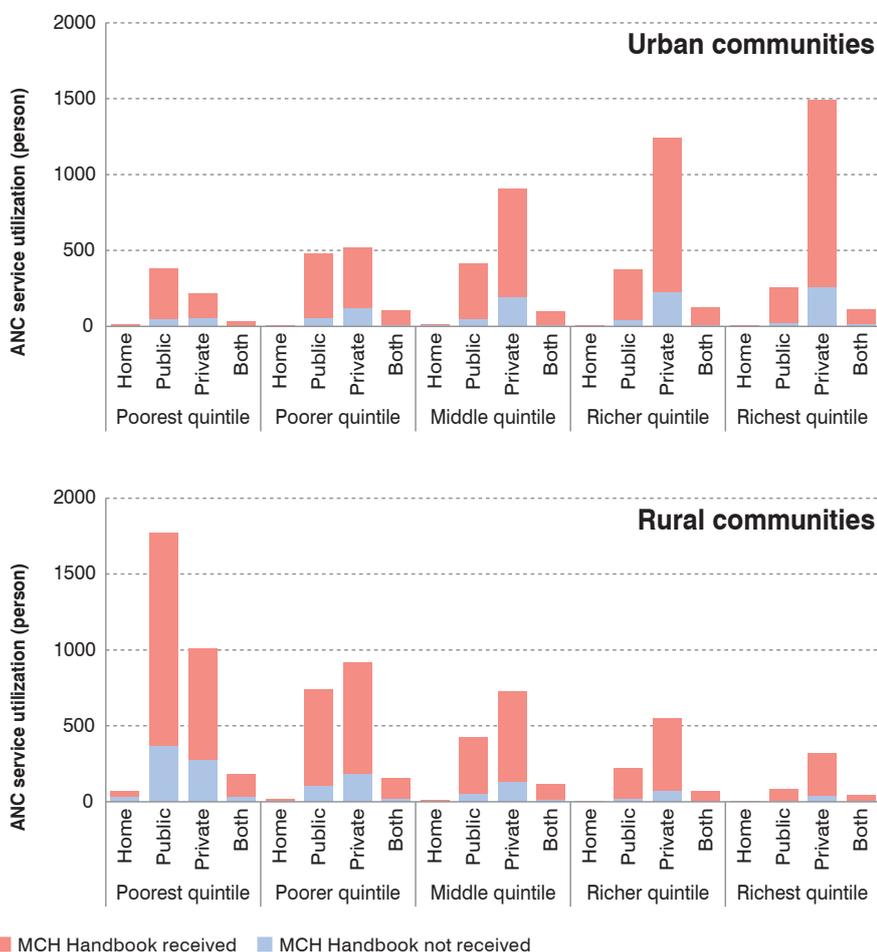
health facilities receive the MCH Handbook during their ANC visits to private clinics, although there remain some non-receivers. This implies that private sector's commitment makes it possible for the MCH Handbook to be used at both public and private health facilities.

## Conclusion

The end-users of the MCH handbook tend to strategically choose health facilities and often could be mobile during MNCH period for the socio-economic reason (e.g. ANC at nearby workplaces in urban areas; and home-town delivery in rural areas). Therefore, the MCH Handbook helps ensure a continuum of care regardless of where they are, by keeping data related to maternal and child health updated and available. Moreover, as essential MNCH services are provided both in public and private sectors in Indonesia, operation of the MCH Handbook across public and private sectors helps those using health services of both sectors seamlessly update those essential health-related data. To implement the MCH Handbook as a tool for a continuum of care for MNCH, several approaches could be taken. Collaboration not only with development partners (e.g. UN and bilateral agencies) but also with domestic partners (e.g. health professional associations) is key to enabling the MCH Handbook to be used in both public and private sectors. Issuing of policy documents such as ministerial decrees followed by technical guidelines will effectively facilitate and encourage multi-sectoral collaboration for greater coverage of the MCH Handbook.

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Legend: MCH Handbook received (red), MCH Handbook not received (blue)

Sourc : Indonesian Demographic Health Survey 2012

Home : antenatal care (ANC) received at home; Public: ANC received only at public health facilities; Private: ANC received only at private health facilities; Both: ANC received both at public and private health facilities

▲ Figure 2. MCH Handbook receiving points by economic quintiles

### Further readings

1. Statistics Indonesia (BPS), et al. *Indonesia Demographic and Health Survey 2012*. Jakarta: BPS, BKKBN, MOH, and ICF International, 2013.
2. Schröders J, et al. Millennium Development Goal Four and Child Health Inequities in Indonesia: A Systematic Review of the Literature. *Plos One* 2015; **10**(5): e0123629.
3. Detrick Z, et al. Measuring Quality of Maternal and Newborn Care in Developing Countries Using Demographic and Health Surveys. *Plos One* 2016; **11**(6): e0157110.