AREA OF INTERVENTION

EMAS works in 6 provinces

To have the largest impact, we have chosen to work in the six provinces in Indonesia with the highest rates of maternal and newborn deaths: North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi.

Almost 70 percent of all maternal deaths and 75 percent of newborn deaths occur in Java and Sumatra alone, mostly from preventable causes.

EMAS PROGRAM SNAPSHOT

Purpose: Contributes to a 25 percent reduction in maternal and newborn mortality.
Coverage: 30 districts; 150 hospitals; 300 health centers (puskesmas).
Implementing Partners: Jhpiego, Budi Kemuliaan, Muhammadiyah, RTI, Save the Children.

Consortium of EMAS

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Implementing Partners:
Jhpiego, Budi Kemuliaan, Muhammadiyah, RTI, Save the Children.
THE FACTS

10,000 women die each year from maternal-related causes.¹

Women in Indonesia are dying in childbirth at high rates. Rates so high, in fact, that Indonesia’s maternal mortality rate (228/100,000) is one of the highest in South East Asia. It is higher than the Philippines (94), Malaysia (48), Thailand (40), and Sri Lanka (32).²

80,000 newborns that die each year.³ Too many babies in Indonesia are dying during their first month of life, the newborn period. In fact, nearly 50% of all children who die before they are 5 years old die within their first month of life.

A majority of births (73%) are assisted by a skilled provider, yet a large percentage of maternal deaths occur in hospitals. Women and newborns are often met with sub-standard maternal and newborn emergency care, even in hospitals.

Indonesia is an emerging leader in SE Asia, yet millions of Indonesians still live in poverty. Health indicators throughout the country remain poor and national level data masks the severity of sub-national inequity in health indicators.

THE CHALLENGE

A supportive government, with a strong will to improve health outcomes for mothers and babies, coupled with good policies and programs has helped Indonesia achieve significant improvements for maternal and newborn survival in a short period of time.

Yet, accessing quality care in an emergency continues to impede further progress. Widespread improvements can only be achieved through:

- A system that provides quality care and holds providers, health centers and hospitals accountable.
- Better coordination between private and public providers as well as community and hospital services, especially during emergencies.
- Reduced financial barriers to accessing care.

WHAT WE DO

Fortunately, none of these challenges are insurmountable. The Expanding Maternal and Neonatal Survival (EMAS) program, a United States Agency for International Development (USAID) project in Indonesia, was launched in 2011 in collaboration with the Government of Indonesia reduce maternal and newborn deaths by one-quarter. We work in 30 districts, including 150 hospitals and 300 health centers (Puskesmas) to help improve health outcomes for mothers and babies.

EMAS focuses on two priorities:

1. Working to make sure hospitals and health centers are able to and are held accountable for provide high quality care for obstetric and newborn-related emergencies, and

2. Helping to ensure that in emergency situations, pregnant women and babies are sent to the right health facility in a timely manner and are given life-saving treatment while en route to the hospital.

OUR APPROACH

1. Improve Quality of Clinical Care and Clinical Governance
2. Improve referral system to ensure timely and appropriate care is provided in emergencies
3. Use innovative mobile technologies to maximize impact
4. Build a supportive environment for providing quality maternal and newborn care


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