



**USAID**  
FROM THE AMERICAN PEOPLE



# Quarterly Progress Report No.3

## Quarter Three, FY 2011

### April—June 2011

This report was made possible through support provided by the United States Agency for International Development (USAID) and represents Quarterly Progress Report for the period of April 1, 2011 through June 30, 2011

**MATERNAL AND CHILD HEALTH INTEGRATED PROGRAM**

**Jl. Prapanca Raya No. 15**

**Kebayoran Baru, Jakarta Selatan 12150**

## MCHIP OVERVIEW

### Background

The Maternal and Child Health Integrated Program (MCHIP) in Indonesia is a USAID-funded, three year program that will run from January 2010 to December 2012, with a budget level of USD 9.8 million. This program is being implemented by Jhpiego, in collaboration with Save the Children (SC) and John Snow Inc. (JSI). In support of the MOH Road Map to the 2015 MDGs, MCHIP/Indonesia is being implemented in three districts that are classified as “Health Problem Areas”: Serang District in Banten Province; Kutai Timur District in East Kalimantan Province; and Bireun District in Aceh province. All districts have areas that are considered “remote”. JSI is leading the activities in Serang; Jhpiego in Kutai Timur, and Save the Children in Bireun.

In April 2011, the program workplan was revised to accommodate scaling up of life-saving interventions throughout the three target provinces. This quarterly report reflects the addition of a sub-objective aimed at taking interventions to scale at the provincial level.

The overall objective of the program is to catalyze implementation of existing policies that promote key **evidence based life saving interventions at scale** in remote areas. To achieve the program goals, MCHIP inputs are contributing to four sub-objectives:

1. Effective implementation of MDG Roadmap for scaling up life-saving interventions to achieve MNCH impact at scale within three remote provinces.
2. Improve maternal and newborn care in the community
3. Improve quality of clinical services at all levels of care
4. Improve management of district health system

## QUARTER 3 RESULTS

### Major accomplishments

- Mother’s groups established in 3 target districts, with a total of 513 midwife and kader facilitators trained; 118 mothers groups (with approximately 10 mothers in each group) have been assembled. Mother’s groups scaled up by District Health Offices to additional 3 districts and 14 subdistricts in Aceh and Kalimantan.
- Midwives, TBAs, and DHO sign an MOU in support of the midwife-TBA partnership in Serang District; partnership initiated in Bireun and Kutai Timur districts
- Maternal health and child health departments in MOH agree to single integrated schedule for postnatal visits of mothers and newborns.
- CCM and community KMC introduced to DHO, midwives and community health workers (kaders) in one additional district
- Community health centers in each district reported managed basic obstetric complications instead of referring women to the hospital
- Compliance with performance standards at hospital in Serang increased from an average of 43% at baseline to 81% during the second assessment in June 2011.
- Maternal-perinatal audits initiated in 3 districts

- DTSPS advocacy teams met with local parliament in one district.

## Narrative description

**Sub-objective 1:** Effective implementation of MDG Roadmap for scaling up life-saving interventions to achieve MNCH impact at scale within three remote provinces.

***Facilitating completion of District Action Plans (RAD).*** MCHIP staff in each district met with the Provincial authorities (Bappeda and PHO) and the District authorities (Bappeda and DHO) to determine the current status of the Provincial and District-level RAD. MCHIP will continue to monitor and possibly facilitate completion of the plans, as needed. MCHIP will work with DHO and Bappeda to advocate for inclusion of activities to scale up life-saving interventions.

***Mini-university Preparation.*** MCHIP staff conducted meetings with the PHO and DHO in Bireun and Kutai Timur to discuss plans for Mini-University events. The purpose of the meetings was to gain support from the PHO to not only support the Mini-University activities, but also to advocate for districts to request technical assistance from MCHIP target districts. In Bireun, plans were developed to conduct a RAD/Mini-University “socialization” meeting on July 7<sup>th</sup> that will include representatives from each district in Aceh. Similar meetings are planned for September in Kutai Timur and Serang.

## Sub-objective 2: Improve Maternal and Newborn Care Practices in the Community

***Mother’s classes (Kelas Ibu).*** In order to promote selected key practices at the household level, MCHIP is providing inputs to community health centers (puskesmas) in each subdistrict to initiate or improve Kelas Ibu. Across three districts, facilitator training has been conducted at the district, puskesmas and village level. A total of 13 people at district level and 31 at Puskesmas level were trained to improve Kelas Ibu. At the village level, a total of 533 village midwives and kaders were trained to facilitate the classes, and 118 groups have been assembled. Each group has approximately 10 women who participate. As an MCHIP innovative approach, the classes include both antenatal and postpartum women, with approximately 35% of participants so far who are pregnant and 65% who are postpartum. Topics covered to date include breastfeeding, birth planning, and danger signs.

***Midwife-TBA partnerships.*** In each district, good progress was made in revitalizing or establishing midwife-TBA partnerships. In Serang District, following advocacy and team building activities, an MOU was signed between midwives, TBAs, and DHO that specifically outlines roles, responsibilities, and compensation. DHO is now replicating this model in non-MCHIP subdistricts. In Bireun and Kutai Timur, the MOUs are still in process

***CCM and community KMC.*** In Quarter 3 in Bireun, a competency assessment was conducted for midwives who were trained in CCM and community KMC during Quarter 2. Of 54 midwives who were trained, 35 were competent and 19 require more intensive follow up and supervision. During the month of May, the midwives received additional technical guidance to improve their level of competency. In Kutai Timur, 16 village midwives and 18 SIAGA kaders were trained in CCM and community KMC. A Indonesian PhD student from the University of Technology in Sydney will be evaluating the feasibility of using village midwives and kaders to

identify and treat sick newborns and children. The role of the kader will be to identify sick newborns and children, while the village midwife will provide treatment and determine a need for further referral to the puskesmas or hospital.

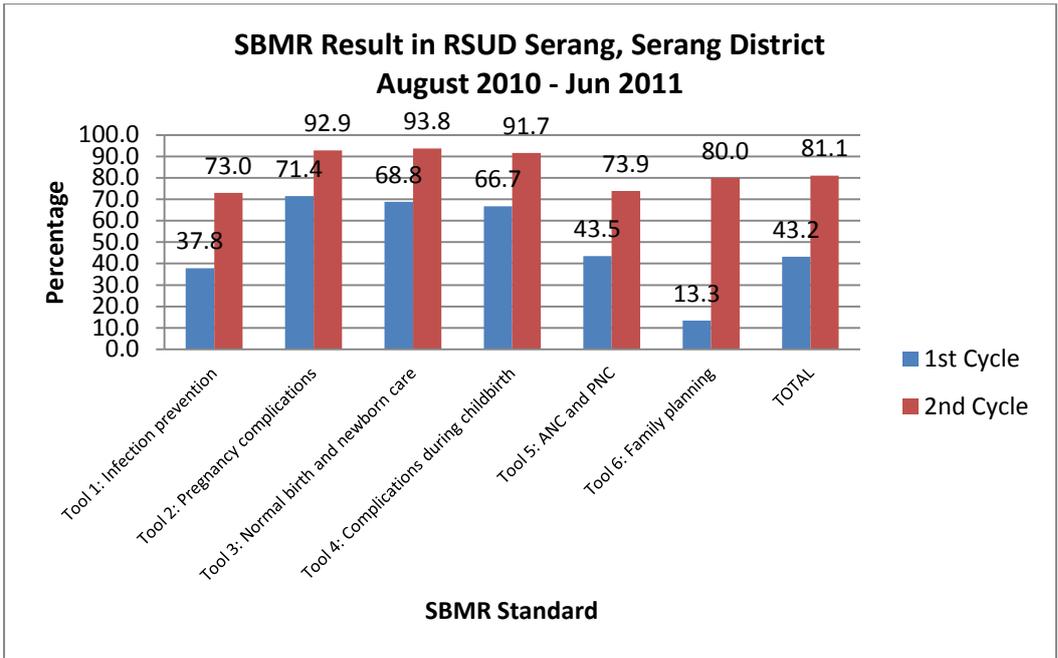
***Handwashing for newborn survival.*** In April, a study was conducted in Serang district in collaboration with the Hygiene Center of the London School of Tropical Medicine (LSHTM). The study aimed to answer questions around the context and practices of handwashing among those who come into contact with newborn. It is found that handwashing with soap (HWWS) was rare before meals and occasional after meals. Water and soap availability was not a barrier to hand-washing. HWWS was more frequent in households in urban areas, and among better educated and more affluent women. Women trust midwives more than traditional birth attendants, although both types of birth attendants have important roles and influence over new mothers. A foundation of practice for HWWS exists in this community, on which a hand-washing promotional campaign can be built. (see Annex.4)

In June, a global meeting between USAID, MCHIP, and Unilever was conducted in Washington DC in June. MCHIP staff from Bangladesh and Indonesia also participated in that meeting. The purpose of the meeting was to review formative research to date and determine joint program implementation for Unilever and MCHIP. Proposals for activities are currently under review by MCHIP headquarters and Unilever.

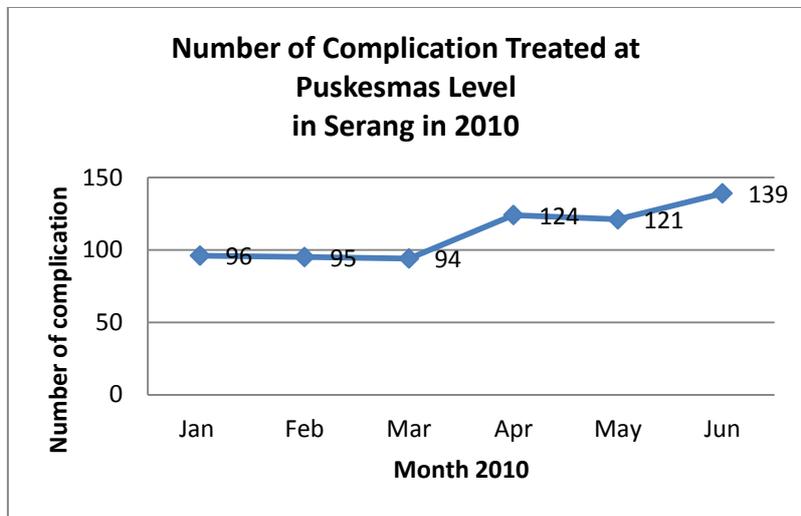
### **Sub-objective 3: Improve quality of clinical services at all levels of care**

***Improved provider competency.*** During this quarter, MCHIP continued providing on-the-job mentoring at all puskesmas and hospitals. A total of 477 midwives received refresher training on partograph use, AMTSL, infection prevention, lactation management and KMC. Basic supplies and equipment were provided for infection prevention, and minor renovations were completed at the puskesmas.

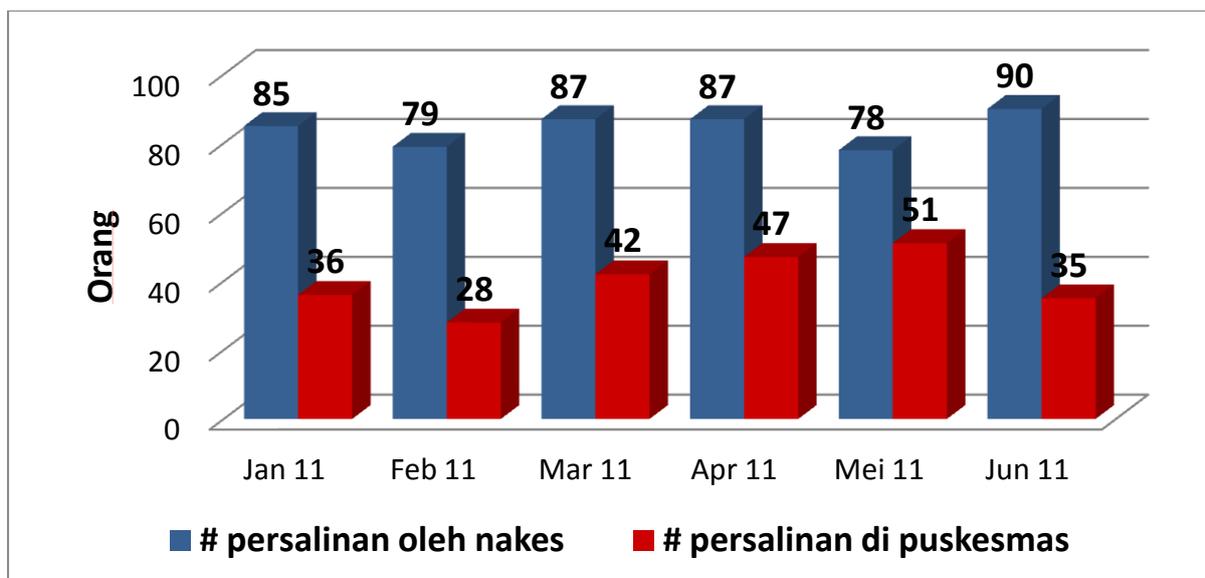
In Serang, staff of RSUD Serang completed training in MNERC for ER staff at the Malang District Hospital. Fourteen doctors/nurses/midwives participated in the training with the topic of initial assessment on emergency case, clinical management of emergencies, ER organization and management, and conducting audits. As a result of MCHIP inputs, RSUD Serang experienced an increase in compliance with the performance standards from an average total of 43% to 81% between Quarters 1 and 3 (see figure below).



As a result of MCHIP inputs on increasing the provider competency, puskesmas in each district reported managing basic obstetric complications instead of referring women to the hospital. The graph below shows the complication treated at puskesmas level in Serang districts in 2011.



The puskesmas in Kutai Timur also noted an increase in the numbers of births occurring at the puskesmas level (see figure below).



**Improved systems for quality assurance.** Facilities and midwives in all three districts continued to monitor and recognize their progress using the SBMR performance standards. Results from the most recent assessments are included in Appendix X.

#### Sub-objective 4: Improve Management of the District Health System

**Advocacy for budget allocations.** Following the DTSPS planning process in each district, MCHIP supported the DTSPS advocacy teams to undertake advocacy activities. The Advocacy Teams include 3-4 members of the DTSPS teams. In Serang, the team met with the local parliament (DPRD) who expressed their support for the annual plan and budget. Also present at the DPRD meeting was the local planning board, legal bureau, Red Cross, family planning division, White Ribbon Alliance, and media. In Kutai Timur, the DTSPS Advocacy Team prepared its materials to present to the DPRD. Also, in order to generate awareness and demand of MNCH services, the Bireun team is conducting regular **Talk Shows** on a local radio station. This quarter, they conducted three radio shows (one show/month) with the Bupati, Head of DHO, DTSPS team members, head of the puskesmas, and head of Bappeda. The radio station estimates that approximately 500 listeners in the Bireun District hear the radio shows, plus additional listeners from neighboring districts.

**Improved process for conducting maternal-perinatal audits.** In this quarter, all districts participated in workshops to improve district processes for conducting maternal-perinatal audits (AMP). Although each district had previously been exposed to the AMP, the audits have been done sporadically, and the results have not been used systematically to address the gaps or problems that may have contributed to the deaths. MCHIP collaborated with Dit Ibu, Dit Anak, and UNICEF to host a workshop to describe the newly-revised MOH AMP process. MCHIP teams in each district, with support from the Jakarta core team, are now following up in each district to ensure that audits are being conducted for each maternal death. Thus far, verbal autopsies have been conducted for a proportion of the deaths, as follows:

Bireun District		Kutai Timur District		Serang District	
<b>83%</b>	12 deaths with 10 autopsy verbal in 3 Puskesmas (Jeumpa, Peudada, Juli, Makmur, Peusangan Selatan)	<b>76%</b>	25 deaths with 19 autopsy verbal in 5 Puskesmas (Bengalon, Teluk Pandan, Sangkulirang, Kaliorang, Kaubun)	<b>32%</b>	47 deaths with 15 autopsy verbal in 5 Puskesmas (Kramat Watu, Padarincang, Pamarayan, Tirtayasa)

**Strengthened data management.** During the DTSPS process, it became clear to all involved that data management is weak in all three districts. Data is often insufficient, incomplete, or irrelevant. In order to strengthen data collection, reporting, and management, MCHIP M&E staff and provincial/district trainers conducted training and follow up in PWS/LAMAT in Kutai Timur (6 puskesmas) and Serang (5 puskesmas). Participants in the training included the head of the puskesmas, midwife coordinator, data operator, MCH manager, village midwives, and DHO representatives.

**Institutionalized commitment for MNCH.** In order for Bireun local government to learn about the KIBBLA Perda process, the Bireun Bupati led a team to visit Pasuruan. This visit was cost-shared by the Bireun government. Participants included the Bupati, Head of MCH at the DHO, planning bureau, legal bureau, 1 member of the DTSPS Advocacy Team, and one member of PKK. The Bireun team learned about MNCH programs and regulations in Pasuruan.

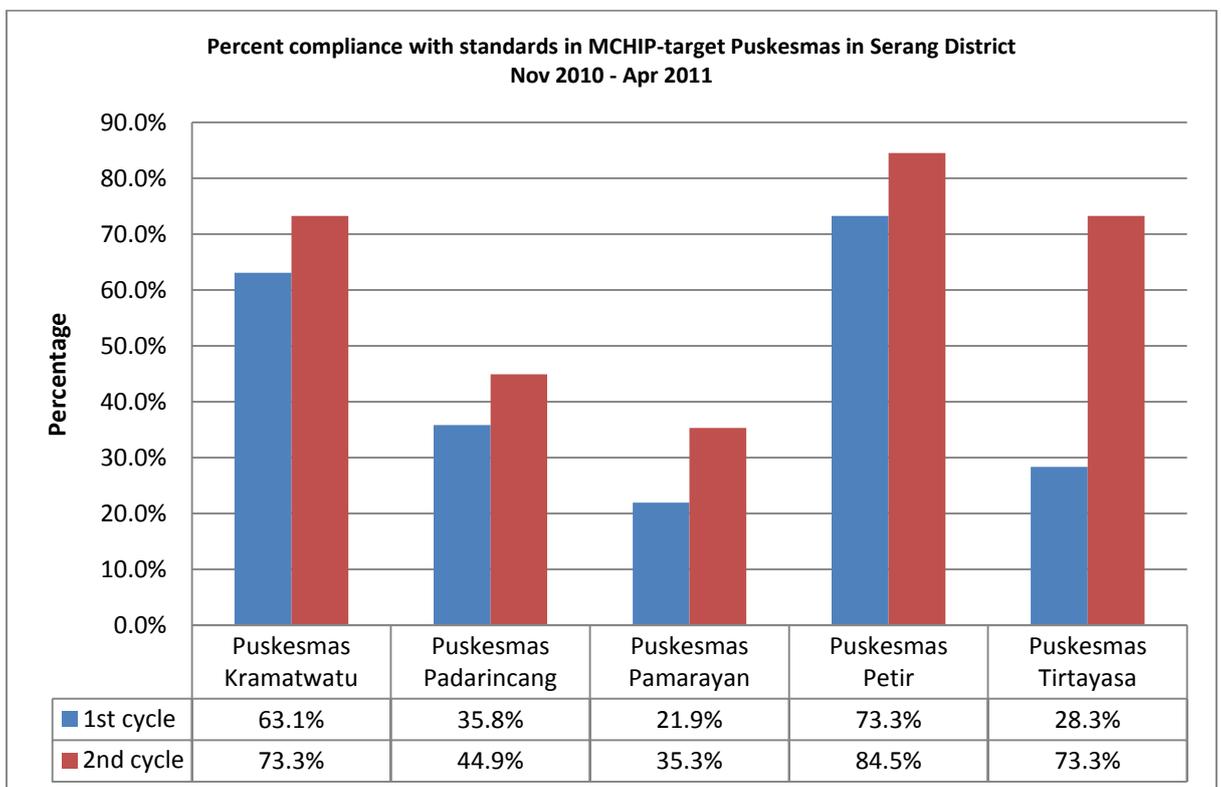
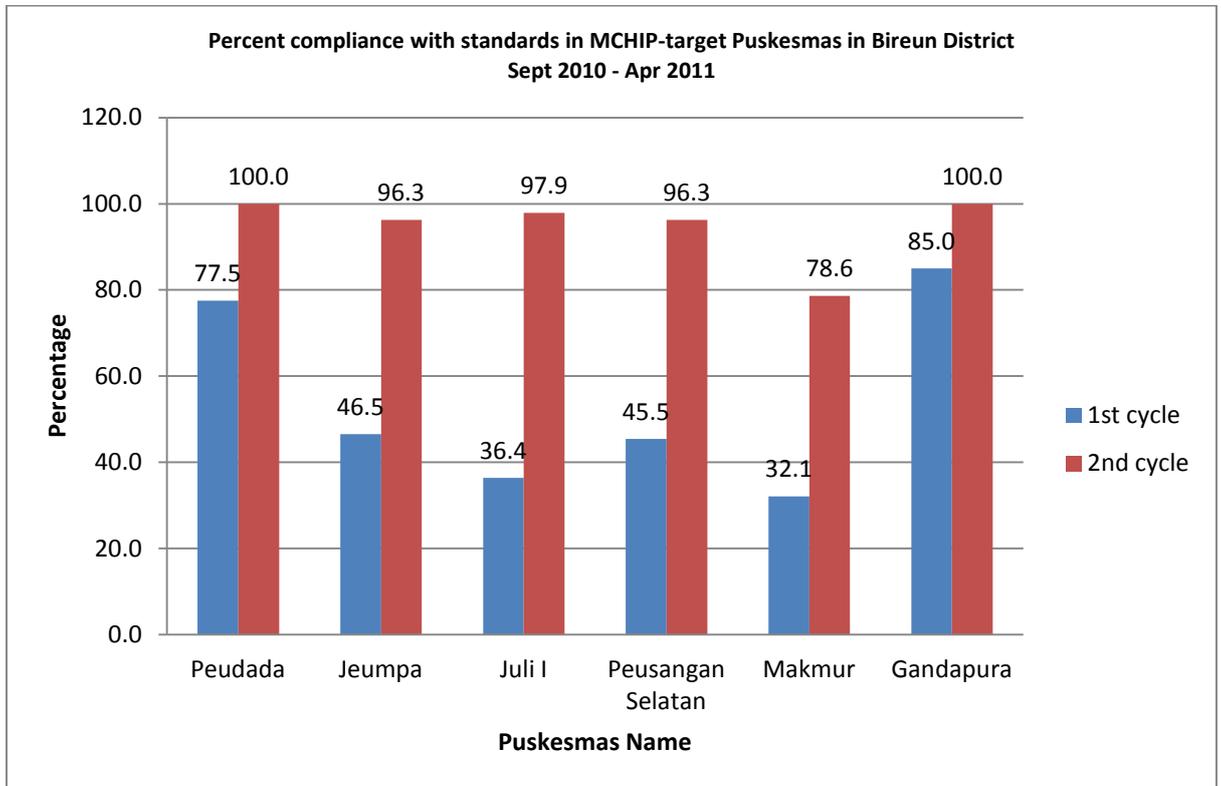
## PLANS FOR NEXT QUARTER (July 1—September 30, 2011)

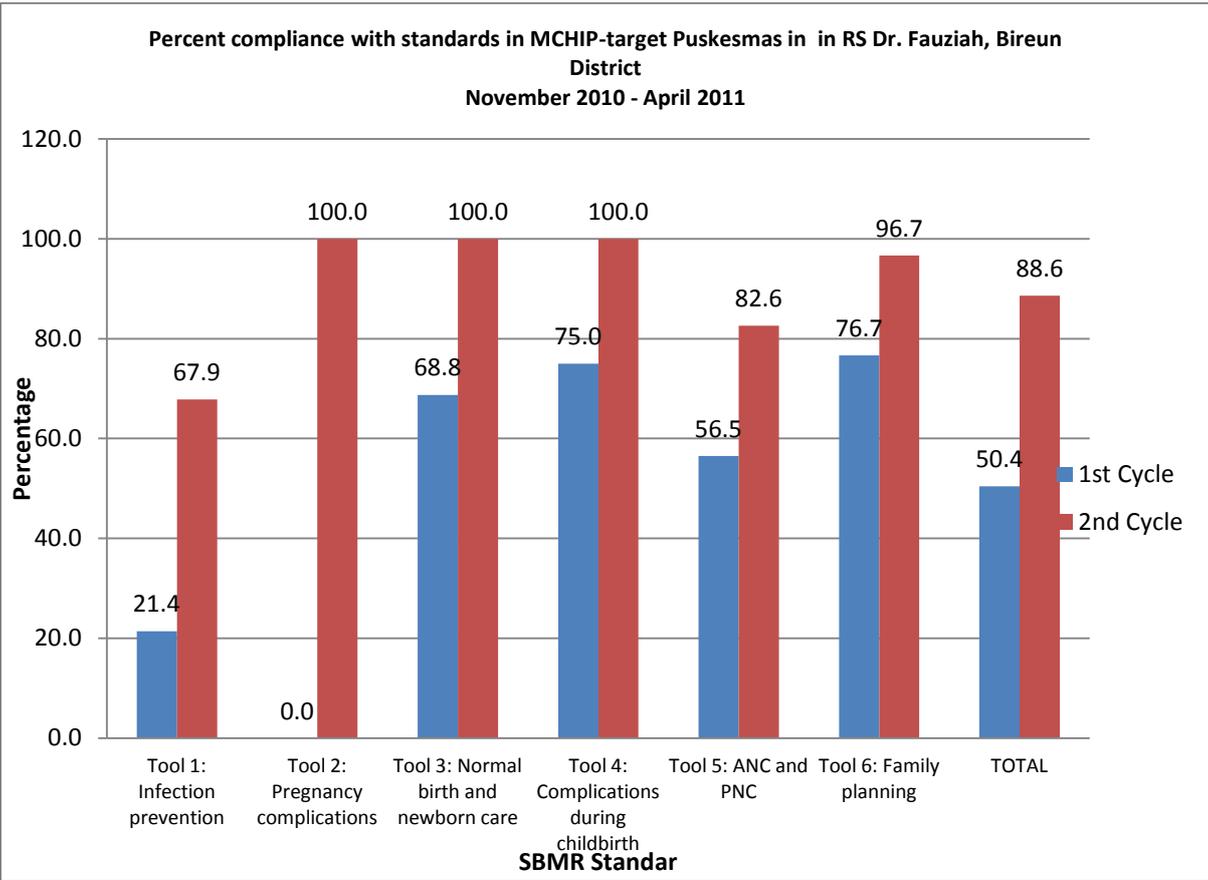
- Conduct ‘Mini University’ socialization activities to advocate for districts to request technical assistance from MCHIP target districts.
- Continue the implementation of Mother’s Classes at village level
- Review CCM/C-KMC Tools at National level and conduct MoH Monitoring visit.
- CCM and C-KMC Technical Assistance visit
- C-KMC Training for all midwives and kader in Bireun and Kutai
- Develop CCM for diarrhea and Pneumonia
- Prepare Midwife-TBA partnership MoU
- Preparation for Global Handwashing Day activities.
- Advocacy to related stakeholders to ensure the proposed budget through DTSPS districts have the budget allocation
- Continue to evaluate the performance standards.
- Data collection and analysis by MPH intern on women’s perceptions of facility birth
- Initiate development of PE/E computerized training tool and job aid
- Follow up on MPA team and audits for maternal and neonatal deaths.
- Strengthen the MCH recording and reporting (LAMAT) to support the local planning in 2012

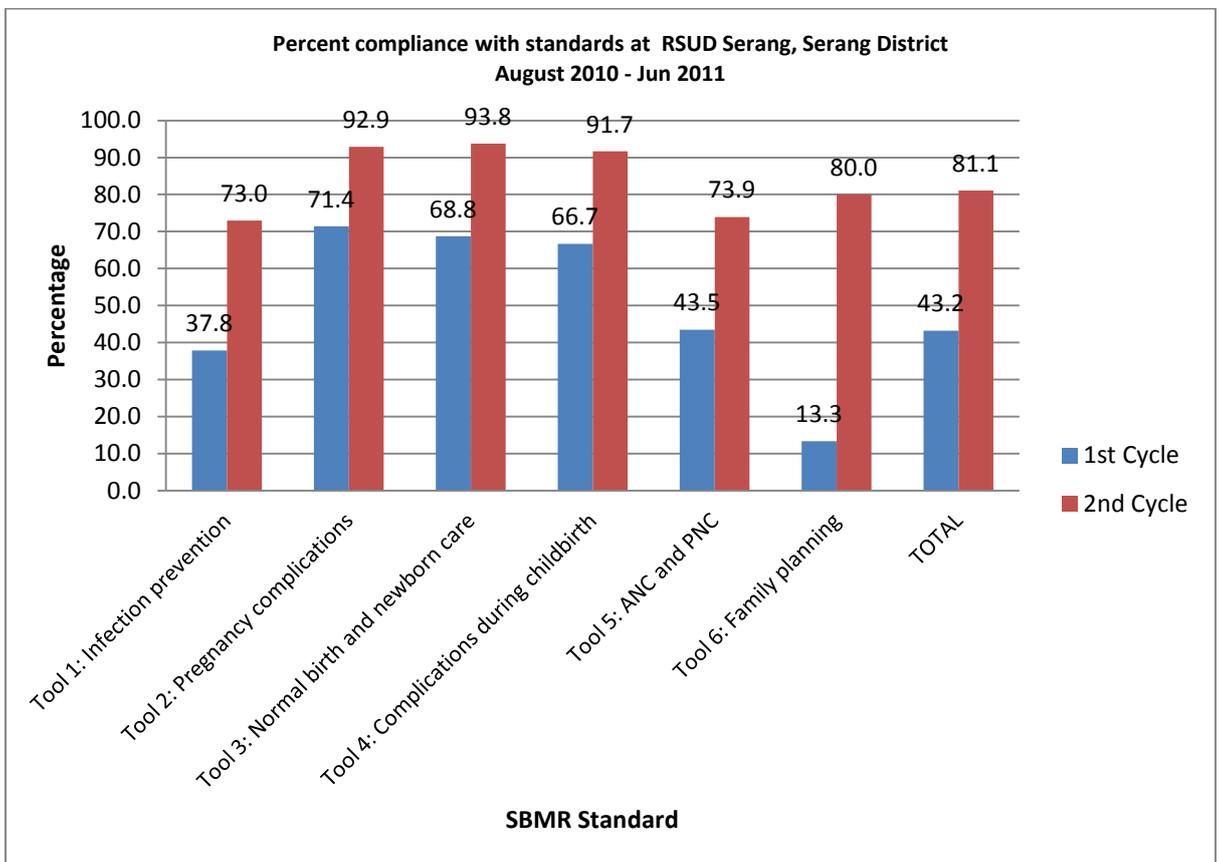
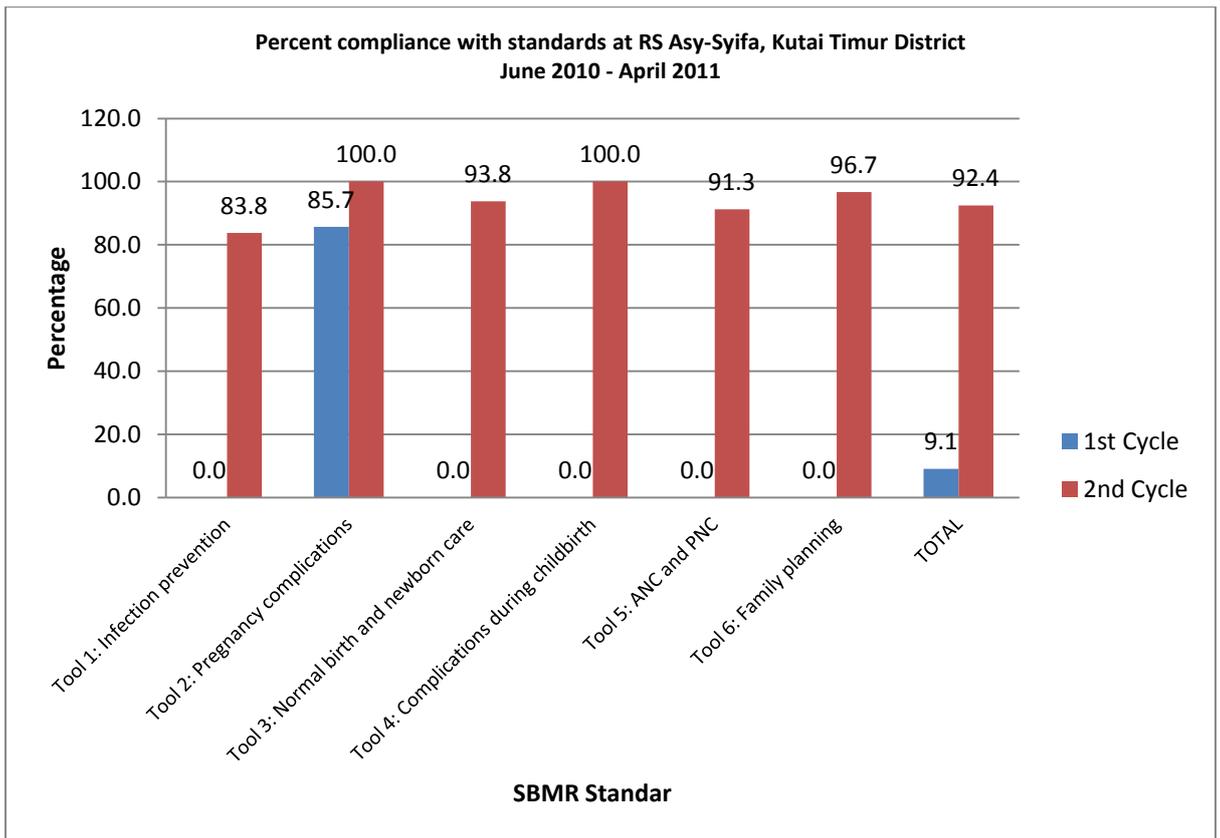
## Appendix 1: Progress toward MCHIP Priority Indicators

Indicator	BIREUN				KUTAI TIMUR				SERANG			
	Jun-Dec 2010		Jan-May 2011		Jun-Dec 2010		Jan-Jun 2011		Jun-Dec 2010		Jan-May 2011	
Number of districts in MCHIP provinces scaling up interventions	0	<i>no achievements</i>	2	<i>no achievements</i>	0	<i>no achievements</i>	1	<i>no achievements</i>	0	<i>no achievements</i>	0	<i>no achievements</i>
Increased number of births occurring at facilities	180	In 6 target Puskesmas	160	In 6 target Puskesmas	272	In 6 target Puskesmas	239	In 6 target Puskesmas	186	In 5 target Puskesmas	189	In 5 target Puskesmas
Percentage of village midwives in MCHIP supported areas are competent in AMTSL	To be measured in August 2011											
Percentage of women with vaginal births who received Active management of the third stage of labor (AMSTL) at USG-supported facilities	Still determining how best to capture this information as PWS-KIA still incomplete											
Percentage of health facility using MgSO <sub>4</sub>	0	<i>no achievements</i>	14%	1 out of 6 target facilities (District Hospital Dr. Fauziah)	0	<i>no achievements</i>	2	-Puskesmas Kaliorang -Puskesmas Rantau Pulung	4	Puskesmas: Kramat Watu, Padarincang, Pamarayan, Tirtayasa	4	Puskesmas: Kramat Watu, Padarincang, Pamarayan, Tirtayasa
Number of puskesmas PONED treating complications	3	Puskesmas: Jeumpa, Gandapura, Peudada	3	Puskesmas: Jeumpa, Gandapura, Peudada	6	Puskesmas: Sangkulirang, Kaubun, Kaliorang, Sepaso, Rantau Pulung, Teluk Pandan	6	Puskesmas: Sangkulirang, Kaubun, Kaliorang, Sepaso, Rantau Pulung, Teluk Pandan	5	Puskesmas: Kramat Watu, Padarincang, Pamarayan, Tirtayasa, Petir	5	Puskesmas: Kramat Watu, Padarincang, Pamarayan, Tirtayasa, Petir
Percentage of maternal or neonatal deaths with autopsy verbal conducted	100%	3 deaths with 3 autopsy verbal in Puskesmas Peudada	83%	12 deaths with 10 autopsy verbal in 3 Puskesmas (Jeumpa, Peudada, Juli, Makmur, Peusangan Selatan)	0%	<i>no achievements</i>	76%	25 deaths with 19 autopsy verbal in 5 Puskesmas (Bengalon, Teluk Pandan, Sangkulirang, Kaliorang, Kaubun)	36%	39 deaths with 14 autopsy verbal in 5 Puskesmas (Kramat Watu, Padarincang, Pamarayan, Tirtayasa)	32%	47 deaths with 15 autopsy verbal in 5 Puskesmas (Kramat Watu, Padarincang, Pamarayan, Tirtayasa)

**Appendix 2:  
SBMR results for Puskesmas and Hospital Level**







## Appendix 3:

### Summary of Neonatal Handwashing Study, Serang, Indonesia Prepared by LSHTM

#### Executive Summary

**Background:** Almost four million newborns die each year in low- and middle-income countries. A third of these deaths are attributed to infection. The USAID-MCHIP and Unilever-Lifebuoy partnership has the common goal of reducing neonatal mortality by increasing the practice of hand-washing with soap (HWWS) among new mothers, health-care workers and caretakers. Indonesia is one of three countries in which an intervention will be piloted before it is rolled out at a large-scale. Conducting formative research in Indonesia informs decision-making for the intervention design.

**Objectives:** This study aimed to answer questions around the context and practices of hand-washing among those who come into contact with newborns in Indonesia, with the objective of learning how to introduce and strengthen the practice of hand-washing among new mothers, caregivers and birth attendants.

**Methods:** Twenty-seven mothers participated in the formative research study, 15 living in urban Serang and 12 from rural areas in Serang District. Qualitative data was collected from participants using three methods: mothers were videoed going about their daily activities, and while demonstrating events that occur inside bathrooms (which can't otherwise be seen); in-depth interviews were conducted which enquired into opinions on birth attendants, knowledge about the risks their newborn faces, hand-washing practices and ways in which their life has changed since giving birth (using a process called 'script elicitation'). In addition, focus group discussions were conducted among midwives and traditional birth attendants. Data analysis involved parsing videos to identify sequences of activities. This information was used to document when hand-washing (with soap) occurred with respect to critical hand-washing occasions (after defecation, before eating and serving food) and to track other occasions on which hand-washing with soap occurred. Thematic analysis of interview transcripts and focus group discussions was also carried out.

**Results:** Women's lives are drastically changed by giving birth: they spend more time at home (often not leaving at all), and often spend long periods alone with their babies, doing child-care instead of household work or jobs outside the home. Their daily activities are therefore considerably different, and less routine, as they must respond to the constantly changing needs of their new charges. Women often change their diet in accordance with a variety of cultural beliefs about protecting their own health and that of their child. Women believe that by solely breastfeeding they can keep their baby healthy. Women do not associate hand-washing with illness. Hand-washing with soap (HWWS) was observed to occur on at least one occasion in half of the households under study, and was seen to occur after sweeping, doing laundry and returning home (in urban areas). HWWS was rare before meals and occasional after meals. HWWS after changing the baby's napkin was observed in some households. Water and soap availability was not a barrier to hand-washing. HWWS was most frequent in households in urban areas, and among better educated and more affluent women.

Women trust midwives more than traditional birth attendants, although both types of birth attendants have important roles and influence over new mothers.

**Conclusions and recommendations:** A foundation of practice for HWWS exists in this community, on which a hand-washing promotional campaign can be built. Women are already experiencing a wide range of changes in their life at this time and would probably accept changes to hand-washing practices too if they can be made to believe it is important.

Many different messages are currently delivered to mothers before and after the birth of their child by those in the health services and by family members. We suggest that messages about hand-washing should be delivered shortly before and after the birth. They should also be targeted at first-time mothers because they are particularly concerned about the welfare of their child and most likely to be receptive to advice. To help mothers develop the habit of hand-washing after the baby defecates, the intervention could combine hand-washing messages with information on how to dispose of/wash napkins after the baby defecates. It is suggested that midwives have the opportunity and skill to take a leading role in delivering the intervention once developed.