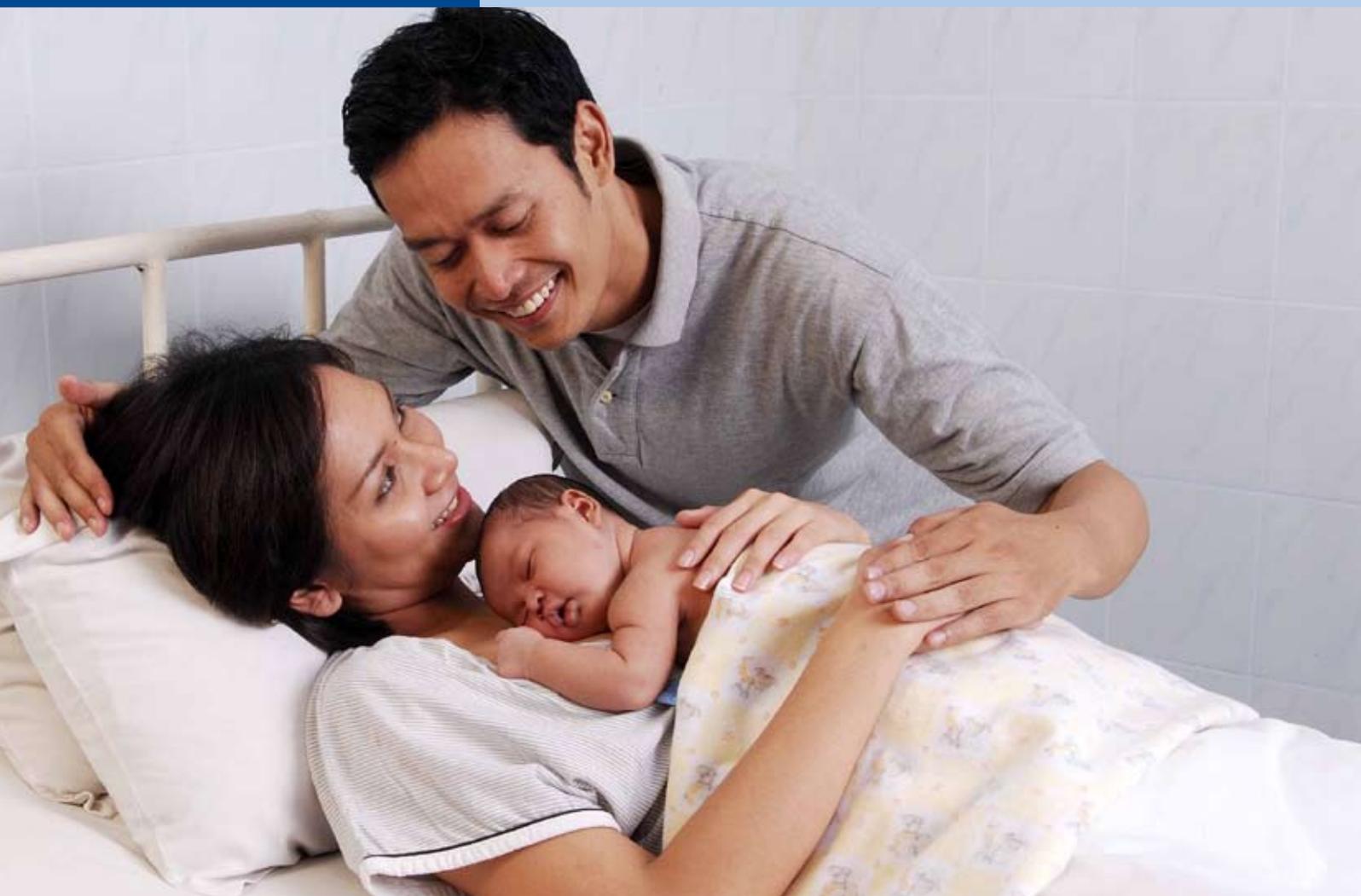


HEALTH
SERVICES
PROGRAM

2009
ANNUAL
REPORT



USAID | **INDONESIA**
FROM THE AMERICAN PEOPLE

HSP
Health Services Program

Message from the Chief of Party	1
HSP's 2009 Achievements	2
MNCH Tools and Regulations: Laying the Foundation for Scale-Up	4
Explaining the Integrated Approach	10
Community Mobilization: New Community Partners	16
A Renewed Focus on Hospitals	20
A Case-Study in Public-Private Partnerships: The Indonesia Midwives Association	24
Looking Forward to 2010	26
Abbreviations and Indonesian Terms	28

MESSAGE FROM THE CHIEF OF PARTY



Ms. Tara O'Day USAID Maternal, Neonatal and Child Health Advisor and Dr. Reginald Gipson, HSP Chief of Party with Family Empowerment Movement Representatives in Malang District.



The sub-district Chief expresses his support for volunteer led health activities in Bangkurung village, Deli Serdang District, North Sumatra.

To our Donor and Colleagues:

Indonesia has made great strides in addressing the health of mothers and children across the country, but will still need to make significant improvements to reach Millennium Development Goals 4 and 5, on maternal and neonatal mortality. The United States Agency for International Development (USAID) Health Services Program (HSP) works with the Ministry of Health and health offices in 31 districts to meet these goals.

Now in its fourth year, the project has completed revising and handing over 17 evidence-based MNCH tools and approaches to the Ministry of Health for scale-up and institutionalization throughout Indonesia's decentralized health system. Along the way, HSP has helped provide clinical training to thousands of physicians, midwives and health providers, supported advocacy coalitions that have helped pass numerous local regulations on maternal and child health, and established sustainable health committees in

hundreds of villages across the country that work on behalf of Indonesia's mothers and children every day. The program is privileged to work with these local health officers, parliamentarians, providers, advocates, NGOs and citizens – all of whom, armed with the ability to assess and identify maternal and child health needs, have also learned to advocate for and mobilize around proven solutions.

It is my pleasure to present HSP's 2009 achievements in Indonesia. The results show that the program is on track to achieve its annual and longer-term objectives.

I would like to thank our many colleagues and partners whose continued assistance is central to the success of the program. I look forward to our partnership in the coming year.

Sincerely,

Dr. Reginald F. Gipson
Chief of Party
Health Services Program

HSP'S 2009 ACHIEVEMENTS



Midwives play an important role in the integrated management of childhood illnesses.

The Health Services Program's fourth year saw the finalization of national tools in the areas of planning and budgeting, clinical training, community mobilization and behavior change communications. In addition, FY 2009 marked the end of the implementation phase for the majority of activities as well as the hand over of all national tools developed during the life of the project to the Indonesian government for a national scale-up of activities. With that completed, the project turned to laying the foundation for the extension of the program in 2010, including a set of documentation and research studies, as well a more focused, integrated pilot project in two districts.

To assist Indonesia's next generation of maternal and child health stewards, HSP supported training this past year for 440 GPs, specialist doctors and midwives on the updated clinical protocols in obstetrics and neonatal care as well as the integrated management of childhood illness (IMCI). Last year also saw continued growth in the number of midwives registered as *Bidan Delima*, from 7,580

to 8,187, an overall increase of 8.3%.

In advocacy, HSP-supported advocacy teams helped pass 10 district MNCH regulations as well as 31 village policies (*perdes*) to improve maternal and child health through the *musrenbang* village planning process. Technical assistance with planning and budgeting helped eight districts across the country increase their share of MNCH funding. Taken together, these achievements help strengthen Indonesia's recently decentralized health system, readying it for more intensified delivery of maternal, neonatal and child health services.

At the community level, the number of villages with health committees trained in birth preparedness and complication readiness rose to 2,042 while an additional 982 people were trained in the promotion of hand washing with soap, immediate breastfeeding and skilled birth attendance. Through daily interaction with ordinary citizens, these sustainable neighborhood institutions help create a culture of caring around pregnancy and childhood well-being, translating change at the micro-level

into macro-level gains for maternal and child health in Indonesia.

As a result of all the hard work in the program's final implementation phase, key household indicators showed marked progress, particularly with respect to community mobilization and behavior change communications. Hand washing with soap nearly doubled since last year, while the early initiation of breastfeeding increased sharply, nearly quadrupling over the life of the project, from 9% to nearly 38%. While the share of children under the age of three with diarrhea increased slightly between 2008 and 2009, it has decreased overall since the project began.

While 2009 saw the close-out of the majority of HSP's activities, it was also an opportunity to build on the foundations the program has set in place to ensure Indonesian ownership and scale-up of the set of MNCH interventions. In what follows, we examine those foundations and their potential value to the health and well-being of Indonesia's mothers and children.

HSP 2009 PROGRAM OUTPUTS

Program Area	Activity	FY09 Targets	FY09 Results
Advocacy & Decentralized Planning	Number of national, provincial or district-led advocacy initiatives in support of basic human services	28	43
	Number of districts reporting an increased share for MNCH services within the total district budget	10	8
	Number of districts with increased financial resources accessed from existing government or other sources to deliver basic human services	10	10
	Number of people trained in advocacy techniques	-	144
	Number of districts with plans and budgets to improve MNCH service delivery	8	4
Provider Training	Number of health personnel receiving clinical training in basic delivery care	-	160
	Number of health personnel trained in basic or comprehensive obstetric and neonatal care (PONED/PONEK)	180	280
	% of trained providers who perform to established standards	95%	99%
	Midwife membership in the <i>Bidan Delima</i> program	8,587	8,187
PPPs	Number of new public-private partnerships established	3	6
Community Mobilization & Behavior Change	Number of <i>perdes</i> on <i>musrenbang</i> developed	-	31
	Number of people trained in community mobilization	475	982
	Number of community health committees operational (to date)	1,456	2,042
	Number of community health committees established through replication by GOI/other donors	182	768

KEY RESULTS OF 2009

Outcome Indicator	Baseline 2006	Achieved 2008	Achieved 2009
% of children less than 36 months of age with diarrhea in last two weeks	28%	21.5%	22.7%
% of births/deliveries attended by skilled health personnel	69.5%	76%	73.2%
Modern contraceptive prevalence rate	75.8%	79.5%	77.3%
% of caretakers washing hands with soap at least 3 of 5 critical times	6.6%	7.4%	14.0%
Early initiation of breastfeeding	9.3%	27.2%	37.7%

At the community level, the number of villages with health committees trained in birth preparedness and complication readiness rose to 2,042 while an additional 982 people were trained in the promotion of hand washing with soap, immediate breastfeeding and skilled birth attendance.



Growth monitoring is conducted monthly by Kader at Posyandu.

MNCH TOOLS AND REGULATIONS: LAYING THE FOUNDATION FOR SCALE-UP



At the MNCH Program Dissemination Meeting in Jakarta, Dr. Budihardja, Director General of Community Health at the Ministry of Health, described the number of modules revised with HSP assistance as 'incredible'....



....before symbolically handing these tools to Dr. Tini Suryanti, representing Provincial Health Offices, watched by USAID Health Director Lisa Baldwin.

ENDORSEMENT OF HSP'S MNCH TOOLS AND PROTOCOLS

This past year saw the culmination of HSP's work on behalf of Indonesia's mothers and children, as the MOH officially endorsed the set of tools the program has created over the course of four years. To ensure these tools were institutionalized, HSP focused in 2009 on gaining Ministry commitment to their full use in a national scale-up of activities. That intention was realized during a series of public ceremonies at which the Ministry declared its plans to integrate all 17 of HSP's maternal and child health modules into its standard protocols. At the first of these ceremonies, held on 2 March 2009 in Jakarta, the Director of Maternal Health Dr. Sri Hermayanti told the audience of 200 they were there to reflect on the proven value of the program's tools, as evidenced by the many accomplishments of the

four-year-long partnership between the MOH and HSP. But, she went on to say, the occasion also marked a watershed event, through which the Government of Indonesia (GOI) accepted responsibility for these interventions and pledged to broaden provincial and district stakeholders' access to their use as part of a more comprehensive approach to combating maternal and child mortality. As such, the ceremony served as an important first step in the continuation of the strategic, evidence-based approaches that HSP has championed.

During the inaugural hand over, Dr. Budihardja, Director General of Community Health for the Ministry, expressed his delight at the accomplishments of the MOH-HSP partnership, describing as "incredible" the number of modules developed or updated and the number of doctors, midwives and health personnel trained on their use – to be exact, some 8,800 health staff trained on delivery, obstetric and neonatal care, another 2,200 trained in community mobilization and 1,400 exposed to advocacy techniques.

These dedicated men and women will serve as the vanguard among Indonesia's stewards of maternal and child health, training future physicians, advocating for more resources and political commitment, and encouraging communities to get involved and take a stand against maternal and child mortality. Knowing this, Budihardja could rest assured that the tools were in good hands, and with that, he officially endorsed the partnership's achievements and publically proclaimed the Ministry of Health's commitment to the continued use of the MNCH tools.

A symbolic gesture of the hand over and endorsement was then in order, as a representative of USAID, Lisa Baldwin, presented Dr. Budihardja with a board containing icons of all 17 MNCH modules on which HSP and the MOH have collaborated. This included a single icon for the 11,000 Basic Delivery Care modules delivered to physicians, one for the 2,000 DTPS guidelines distributed to 31 districts across the country, one for the 2,000 IMCI modules used to train physicians and midwives, another for the 2,000

Indeed, with pledges from DHOs and PHOs, MOH funds already committed to rolling out programs at the national level and modules and tools created with HSP's assistance now part of the Ministry of Health's national program, the maternal, neonatal, and child health program is poised for continued implementation across Indonesia.

Supportive Supervision books installed in puskesmas, the nearly 6,000 PONEK training manuals, the 13,000 clinical training materials on the early initiation of breastfeeding, the BCC guidelines distributed to 450 stakeholders and the *Bidan Delima* guidelines for over 3,000. The tools associated with these programs constitute a common store of knowledge on the most effective evidence-based interventions, forming the basis for Indonesian ownership of the effort to reduce maternal and child mortality. Widening the circle of stewardship in accordance with Indonesia's decentralized health system, Dr. Budihardja, in turn, handed the board over to a representative of the nation's 33 provincial health offices (PHO), Dr. Tini Suryanti, who read out the following proclamation of commitment: "To accelerate the reduction of maternal, neonatal and child mortality...we, the directors of provincial health offices from all over Indonesia, herewith state that we accept and will sustain and scale-up the maternal, neonatal and child health program...in our areas, adapting it to local conditions and in line with local government policy."

The event also showcased HSP's work with local leaders on galvanizing support for maternal and child health on a more decentralized level. Ibu Tatiek Bowo, the wife of Jakarta's Governor Fauzi Bowo, spoke of her involvement with MNCH programs and HSP, as the leader of a breastfeeding campaign across the province of Jakarta in 2008 with noted breastfeeding advocate Dr. Utami. In addition to praising her daughter-in-law – a "superwoman" who exclusively breastfed her three children – Ibu Tatiek Bowo said she was ready to play her part in improving MNCH and promoting breastfeeding, including a refusal to attend a recent seminar on breastmilk substitutes! She was helped in 2009 by over 26,000 participants who attended breastfeeding advocacy seminars across the country.

After that, it was time for the provincial health offices to include their district counterparts. Mirroring the transfer of responsibility from the central to the provincial level, members of Jakarta's five district health offices (DHO) came to the stage and received a memento representing their role as caretakers

of the national maternal and child health program. Later that afternoon, DKI Jakarta became the first of five provinces to conclude their provincial hand-over to the district level.

Similarly, in Banten two days later, delegation to the district level was repeated as the head of the Banten PHO handed over the MNCH tools to his Tangerang district counterpart. Throughout the month of March, symbolic endorsements and hand-overs were then repeated in North Sumatera, East Java and West Java.

On each occasion, USAID representatives spoke about the value and promise of the partnership between HSP and the Ministry of Health, including HSP Chief of Party Reginald Gipson in Medan, USAID Chief of Health & Infectious Diseases Section Charles Oliver in Surabaya and USAID Chief Technical Officer Tara O'Day in Bandung. HSP Regional Office Directors and staff were there to present province-specific program results, while local stakeholders presented testimonials and lessons learned from their area, such as the challenges of passing local MNCH regulations in North Sumatera or working with parliamentarians to increase district budgets for health in West Java.

At all of the hand-over events, afternoon class sessions – or “mini-universities” – were also offered, giving participants a more in-depth understanding of specific topics and tools. In these smaller group settings, health officers from replication districts had the opportunity to ask colleagues familiar with the partnership’s MNCH programs how best to implement them in their own areas. Questions ranged from that of the right timing for conducting supportive supervision skills assessments to the best way of “packaging” MNCH for potential sponsors to determining the proper window in which to initiate immediate breastfeeding. In this way, participants were given the practical know-how, advice and confidence to begin making the MNCH program and tools part of their daily routines.

As a second step toward institutionalization, participants were also asked to jointly review and approve a set of principles and recommendations for use in the national scale-up effort. Containing specific recommendations for each of the program’s practice areas – everything from the Integrated Management of Childhood Illness to advocating for budget increases – proposals were developed as a result of group discussions and executive meetings convened between MOH Directorates and PHO Directors at

each of the events. With approval for the recommendations given, representatives of various PHOs came to the stage and publically signed the document on behalf of their counterparts across the country. With this and each provincial hand over, the circle of responsibility widened a bit further, inviting local health offices to deepen their commitment to Indonesia’s mothers, newborns and children.

As the MOH, provincial and district health offices look ahead to the national scale-up effort, the results are already encouraging, says USAID’s Charles Oliver. While thanking the GOI for its enthusiasm and dedication, Oliver cited strong Indonesian support for replication activities already under way across the country as evidence the program was on the right track towards sustainability. Indeed, with pledges from DHOs and PHOs, MOH funds already committed to rolling out programs at the national level and modules and tools created with HSP’s assistance now part of the Ministry of Health’s national program, the maternal, neonatal, and child health program is poised for continued implementation across Indonesia. In fact, as we are about to see, it’s not only the tools that HSP has created, it’s the hard work of program-supported advocates across the country that has resulted in another important foundation for what lies ahead.

THE SPIRIT OF THE LAW: A NEW RELATIONSHIP WITH THE MAYORS OF MALANG AND PASURUAN

With HSP’s support, 11 local regulations to improve maternal and child health were passed in 2009, bringing the total number of such regulations passed since the program started to 13. Another four are currently in progress and likely to be passed in the next year. Taken together, these laws provide an important foundation and source of legitimacy for future maternal and child health interventions in the country.

In particular, with a legal framework in place, local advocates and district health offices have a shared basis and responsibility from which to intensify efforts to improve maternal, newborn and child health. Building on its work to help these regulations come into existence, HSP focused in 2009 on making sure local health offices and advocates have the tools and expertise necessary to operationalize the laws’ intentions. To that end, HSP advisors hosted a series of meetings in 2009 to help district stakeholders draw up implementation plans for the laws while familiarizing constituents with the purpose and value of local MNCH regulations. In addition, district stakeholder consultations were held, providing health officers and advocates with the opportunity to analyze district health plans and examine how HSP assistance and the newly passed local regulations can help meet those

plans. It all adds up to a new phase of development for maternal and child health in Indonesia, one rooted in a legal framework, better cooperation between district health offices, advocates and mayoralities, and an eye toward a future in which maternal and child health is an institutionalized priority for every district.

Indeed, with these perdas passed, 2009 also saw an important shift in HSP’s strategy toward partnership with the mayors of Malang and Pasuruan districts as the two principal implementation sites for the extension phase of the project. Focus will allow for comprehensive integration and provide modeling for the country’s decentralized health system while building on the program’s past involvement in these areas. To that end, HSP laid the foundation in 2009 for a scale-up of program activities to cover 100% of all puskesmas in both

With HSP support, 11 district regulations to improve MNCH were passed in 2009.



A representative from the Medan Mayor’s office officially opens the hand-over ceremony in North Sumatera.



A representative of East Java’s provincial health offices accepts the board of MNCH icons, symbolizing the inclusion of PHOs in the national scale-up of maternal and child health interventions.



In Bandung, a member of the DHO receives the board, completing the transition from the national to the district level.



Regent Sujud Pribadi signs an official agreement on the action plan between HSP and the Government of Malang to implement the district's regulation on maternal and child health.

AN INAUGURAL VISIT

One of the most important moments in the development of this new relationship took place in May of 2009, when the Coordinating Ministry for People's Welfare (*Menkokesra*) announced its role as the lead GOI partner for the coordination of future MNCH programs between HSP and the Mayors of the two districts. As a cross-cutting ministry responsible for social welfare at the national level, Menkokesra's involvement mirrors USAID's strategy and HSP's efforts to integrate assistance from various stakeholders at the district level, including local parliamentarians, the district health office, hospitals and local chapters of the Family Welfare and Empowerment Movement (PKK), all of whom will bring their significant resources to bear on maternal and child health. To inaugurate this new phase, the Ministry's Deputy for Population, Health and Environmental Coordination, Dr. Emil Agustiono, visited Malang and Pasuruan to see first-hand how HSP has been promoting the health of mothers and children in East Java.

Malang and Pasuruan districts. Along the way, the program has forged a special relationship with the Mayors of both areas to ensure that maternal and child health is made a priority – a relationship that could serve as model for future maternal and child health interventions. At the heart of this new relationship is a commitment to creating a detailed implementation plan for the MNCH laws passed in the two areas, turning the legitimacy afforded by these laws into concrete action.

His tour started off with a bit of a history lesson, as he met with local parliamentarians, officials of the District Health Office and public health center staff in Malang to learn how the district passed its first maternal and child health regulation. In particular, he heard how HSP provided technical assistance to an advocacy team — comprising members of parliament, local NGO activists, and district health officials — to collect data on maternal and child health in the district, pinpoint health needs, hold hearings before local lawmakers and advocate for passage of a law to reduce maternal and infant mortality rates. The team's hard work paid off, the Menkokesra representative found out, as Malang passed a local regulation (*peraturan daerah* or *perda*) on 30 October 2008. Only the second such law in Indonesian history, it obliges provincial and district health offices to devote greater resources to maternal and child health (MNCH). In fact, Malang's high levels of political commitment and proven ability to implement MNCH activities were among the many reasons the site was selected for the extension of HSP activities.

Dr. Agustiono next visited a local hospital and a puskesmas, meeting

with doctors and midwives who were trained on neonatal and obstetric care packages revised with technical assistance from HSP. He also met with midwives from one of the four puskesmas in the district trained under the HSP-assisted supportive supervision program, which utilizes a checklist and routine self-evaluations to spot problem areas and undertake improvements to the quality of care offered at the puskesmas level. *Puskesmas* staff were also happy to announce that supportive supervision had been replicated at all 12 midwife posts (*polindes*) within the puskesmas' catchment area. Finally, in Malang's Tawang Rejeni village, Dr. Agustiono was welcomed by the village leader and given a tour by the village midwife, who showcased community mobilization

efforts through the GOI's Birth Planning and Complication Preparedness program (P4K), which was introduced into the area with HSP assistance. As he did at both the hospital and the puskesmas, the Deputy Coordinator, speaking on behalf of the Coordinating Ministry for People's Welfare, pledged support for HSP's technical assistance to MNCH activities.

Before leaving for the next stop — Pasuruan district — Dr. Agustiono had one last meeting, this time with the Regent of Malang to discuss the extension of HSP's activities in the area. At that meeting, Regent H. Sujud Pribadi officially welcomed HSP's continued assistance with maternal and child health activities in Malang. He also declared Menkokesra's important role in coordinating assistance between the district and HSP, and with that, a historic afternoon for maternal and child health in Malang was concluded. It would be repeated the following day, when the Menkokesra head met with the Deputy Regent of Pasuruan, to discuss that district's own local MNCH regulation — passed on March 31, 2009 — as the basis for future HSP-supported MNCH activities there. As in Malang, local advocates were on hand to discuss the efforts involved

in passing the law, while expressing their gratitude and delight at the extension of HSP assistance. As they explained, HSP's prior involvement had been instrumental in the passage of the *perda*, which has now become the focus of an operational plan for ensuring that maternal and child health are made a priority in Pasuruan, including through public health center involvement in village-level planning, strengthened MNCH hospital training, and the establishment of a district-level Making Pregnancy Safer (MPS) committee to help Indonesia meet its Millennium Development Goals!

All in all, the Deputy Coordinator's visit confirmed the enormous value and potential of HSP's collaboration with health officers, hospitals, midwives, parliamentarians, advocates and community members in Malang and Pasuruan over the last four years. Now armed with support from the Coordinating Ministry of People's Welfare, the commitment of the Regents of Malang and Pasuruan and an implementation plan for local regulations, the extension of HSP's role in East Java promises to yield important results and lessons for improving health services for Indonesia's mothers and children.



Dr. Emil Agustiono meets with the Regent of Malang, H. Sujud Pribadi, and local officials.



Above and right: Dr. Emil Agustiono of the Coordinating Ministry for People's Welfare meets with stakeholders in Malang to discuss the district's maternal and child health needs.



EXPLAINING THE INTEGRATED PACKAGE OF ASSISTANCE



A musrenbang meeting

A NEW ROLE FOR THE DISTRICT HEALTH OFFICE



Ibu Mursida

With local MNCH regulations in place, the District Health Offices in Malang and Pasuruan are committed to reducing maternal and child mortality in their areas.

In fact, for them, passing the perdas was akin to passing a threshold into a new phase of development, one in which greater public awareness of the responsibility to confront maternal and child death has become a rallying cry attracting a set of new and invaluable partners. “Now we share the burden because the *perda* will make others think more about maternal and child health,” acting director of the Malang DHO Ibu Mursida says of the role played by the law. “Everyone is more aware of maternal health needs and realizes it’s not just the health office’s job, but everyone’s job,” she goes on to explain. Her counterpart in Pasuruan, Dr. Eko Nanang Hari, concurs, adding that the very existence of the law sends a clear message to rally public attention. “A *perda* for maternal and child health is an asset for Pasuruan, because it allows us to enforce the changes that need to be made, to take a firm step and begin implementing measures [to reduce maternal and child mortality]. With a *perda* passed, the responsibility is undeniable.” Couple that clarity of mission with HSP’s efforts to better coordinate planning between the district health office, *puskesmas* and villages, add in the volunteer spirit of the hundreds of health committee members who work everyday on behalf of Indonesia’s mothers and children, and you have two districts extremely well-positioned to make a difference when it comes to confronting maternal and child deaths.



Village Kader

UP AND RUNNING: ELEVEN INGREDIENTS FOR AN INTEGRATED PACKAGE OF ASSISTANCE

1. Train CHC members to participate in the pre- and village *musrenbang* process
2. Train *puskesmas* staff to participate in the sub-district and district *musrenbang* process
3. Create *musrenbang* proposal guidelines
4. Ensure CHCs’ and *puskesmas*’ institutionalized participation in the *musrenbang* through a village regulation
5. Train *puskesmas* on a more participatory approach to planning
6. Complete analysis of district budget and proposed plan for greater allocation of funds for MNCH
7. Create a plan of action to operationalize the local MNCH regulation
8. Partner with PKK to scale-up P4K through inclusion in their activities
9. Implement and review IMCI
10. Implement and Review supportive supervision
11. Revise information systems for recording maternal deaths and near misses

In 2009, HSP completed its *musrenbang* guidelines and trained over 100 hundred community health committee members and village midwives in advocacy and analysis for participation in the *musrenbang* process. As a result of this training, CHCs participated in the *musrenbang* more actively, presenting proposals that were more analytical and evidence-based and evincing a deeper understanding of local maternal health needs. A total of 12 *puskesmas* from the two districts were trained in planning, and ten submitted proposals for participation in the subdistrict *musrenbang*, incorporating input from CHCs at the village level. In addition, advocacy and budgeting teams in Malang and Pasuruan completed analyses of their district budgets and drew up detailed plans for revised allocations that devote greater resources to evidence-based maternal and child health interventions. Finally, 23 drafts of village regulations to ensure CHC participation in the *musrenbang* were completed in the two districts.



H.M. Sudjiono, Chief of Wrati Village, Pasuruan District.

MUSRENBANG: BROADENING THE CONVERSATION

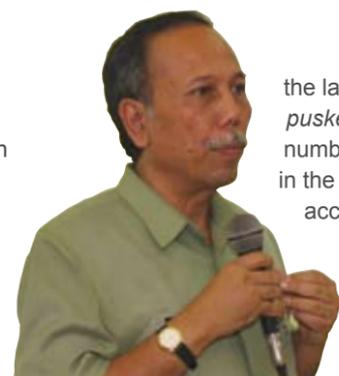
At the village and subdistrict levels, the *musrenbang* (or development planning meeting) works as an open forum to solicit input from citizens on a variety of topics that will eventually make their way into district-level planning processes – serving as one of many threads linking together these three administrative levels. With HSP’s assistance, ordinary village residents, midwives and *puskesmas* heads have begun to broaden the conversation at these consultative meetings to include maternal and child mortality and morbidity, ensuring this worthy cause reaches the highest levels of decision-making. They also come armed with local health data and detailed proposals on how evidence-based interventions and more funding from district budgets can combat maternal and child deaths. Through their dedication – and persuasion – village level *musrenbang* meetings filter proposals up to the sub-district level, and then up to the DHO, lending an on-the-ground perspective that strengthens the health office’s own efforts to advocate for greater district funding for maternal and child health. It all adds up to a coordinated, multi-sector approach to making sure the voices of Indonesia’s mothers and children are heard.

THE NATURE OF INTEGRATION

HSP's integrated program focuses on two axes: more integrated services for a targeted group of villages, which, in turn, requires better coordination and integration between the various levels of intervention responsible for such services. For the former, HSP scaled up the number of *puskesmas* and polindes targeted for supportive supervision. That way, in villages, more pregnant women are targeted for antenatal and birth preparation within their communities while their children receive a higher quality of service and the more comprehensive care provided by IMCI once in the *puskesmas*. Plus, supportive supervision evaluations provide necessary data and feedback on midwife performance. For the second axis, HSP provided technical assistance around better planning between community health committees, the *puskesmas* and the district health office by leveraging the *musrenbang* bottom-up planning process. Doing so encourages

direct action at the local level, mobilizing villages to work more closely with *puskesmas* heads on funding proposals that prioritize MNCH within the district's overall concerns. And it relies on the institutionalized *musrenbang* process to ensure the sustainability of such efforts.

For the *musrenbang*, the idea is to make sure that CHC teams, *puskesmas* and DHOs have a shared vision and common knowledge of the problems facing particular villages, and coordinated plans for addressing those problems. That requires that communities undertake health needs assessments themselves and filter information to higher levels concerning possible health interventions. With better planning, broader knowledge and more confidence, CHC volunteers work more easily with *puskesmas* staff and midwives, referring more women registered under the P4K program to



Dr. Eko Nanang Hari

the latter while keeping the *puskesmas* updated on the number of pregnant women in the area. And with a more accurate understanding of the number of pregnant women, *puskesmas* staff can allocate services more efficiently.

As Pak Eko Nanang Hari, the head of Pasuruan's DHO, sees it the name of the integration game is sustainability. By encouraging the community to take part in the health of its own mothers and children, particularly around preventative maternal care, less dependence on external assistance is required, and communities can learn to do more even when outside assistance and funds aren't available. The alternative is worse, he explains. If the only solutions to maternal health problems come from the DHO, "when we leave, the intervention will stop," he says. In his own role, Eko has seen a dramatic change in village participation in the *musrenbang*, as villages have come to learn the importance of

preventative care and, through the formation of CHCs, have seen with their own eyes the vital role they can play, as volunteers and everyday citizens, in preventing maternal deaths and helping healthy babies come into the world. Their proposals for the *musrenbang* reflect this, the DHO director says. "They are less concerned with infrastructure, and more focused on asking for funds to help them sustain their community led activities."

Dr. Eko Machfur, of the Winongan *puskesmas* in Malang, agrees. As the director of a health center, he too has seen a change in the kind of proposals put forth by the villages in his coverage area. "Getting involved in the *musrenbang* process opens the minds of the community, shows them it's not just about infrastructure, but preventative programs to improve health." It also increases their confidence to take charge. As the intermediary between the community and the DHO, it's been a significant change for him to see ordinary residents taking an interest in maternal health. So too, has it opened his

eyes to the valuable contribution that community members can make to health planning. For the DHO, in turn, the impact of having better proposals from the village-level filter up to the top is significant, says Ibu Salastri, head of health services for the Pasuruan DHO. "The training really opened up communication with the *puskesmas*," she explains. "Now, the *puskesmas* invites the community to discuss the budget. Before, communities didn't necessarily know a lot about their own health needs. Now they think through what problems they have and what they need. With training, they opened up and understand they can propose new things." And to ensure that information and ideas continue to filter up from the village-level, HSP is assisting stakeholders in Malang and Pasuruan with passing village regulations that require CHC involvement in the *musrenbang* process. That, says Ibu Mursida, acting director of the DHO in Malang, will go a long way toward inspiring continued enthusiasm from the bottom up, by "creat[ing] a real sense of belonging for the community, to know they participated in the process

For the *musrenbang*, the idea is to make sure that CHC teams, *puskesmas* and DHOs have a shared vision and common knowledge of the problems facing particular villages, as well as coordinated plans for addressing those problems.



At the village level, husbands and fathers have also recognized the importance of planning for preventative maternal, neo-natal and child health programs.



Musrenbangdes, Curungrejo Village, Malang District.

and got a law passed.” To date, HSP has helped 31 villages draft such regulations.

Dr. Eko’s *puskesmas* is one of 12 facilities that received training in *puskesmas* planning from HSP in 2009, designed to assist staff with coordinating activities with village needs and DHO priorities. “It opened our minds a lot to the possibilities of *puskesmas* management and taught me how to collaborate more effectively with all sectors,” he says of the technical assistance provided. When describing this freer attitude, he cites the way his *puskesmas* conducts its planning, remarking that programs used to stay fairly fixed and were made to fit routine budgets. Now, in meetings held every three months with program managers, the budget is adjusted to planning requirements based on input from managers who, in turn, receive better and more up-to-date information from the field, in part due to CHC volunteers. The result is a more fluid, responsive, and targeted set of activities that deals with real-time problems.

This newfound freedom extends to Dr. Eko’s interaction with sub-district and district personnel as well. “We can be more innovative in our planning and interactions,” he says. “HSP has broken the barriers, created new ideas. When there is a meeting between the CHC and the secretary of the subdistrict, we can speak our minds and there’s a freer exchange of ideas.” And that translates to more confidence in his own dealings with the district-level *musrenbang* process. With training from HSP on how best to argue his cause, including using up-to-date health data and analysis of his villages’ capacity to carry out evidence-based interventions, the *puskesmas* head feels he is a better advocate for maternal and child health. “Now, I know more what to emphasize and how to deliver my presentation in the *musrenbang*,” he explains.

PROFILE OF A PUSKESMAS

The Winongan community health center in Malang district, East Java has taken its rightful place in the lives of its residents. But, as the head of the facility explains, it wasn’t as simple as opening the building’s doors. In fact, Dr. Eko says, the center faced a certain amount of resistance to its attempts at promoting healthy behavior in the community it serves. “People tended to be antipathetic to what the *puskesmas* was trying to do... and stuck to their cultural practices.” In particular, the center’s attempts often came in conflict with years of tradition, particularly around the role of mother-in-laws in the delivery and initial rearing of grandchildren. As an example, he cites the widespread practice in Java of throwing out the colostrum or initial breastmilk and only initiating breastfeeding after a few weeks – a practice often dictated by older generations, based upon their own experience and knowledge of child health.

How did the Winongan health center confront this challenge? Before tackling the issue of behavior

change, you first have to build trust with the community, Eko says. And for that, “it’s not about teaching them, it’s about showing them that they already have what it takes to improve health outcomes.” That starts with making health, and the *puskesmas*, part of everyday life. To do so, Eko set out to offer a variety of activities to entice village members to stop by and spend some time in the facility and get to know its staff. There are karaoke contests, badminton competitions, and World Cup watching parties. Once inside, the idea was to get them to see that “the facility was not something strange, but a place where they could do things together as a community,” and learn about the difference their own behavior could make in the lives of mothers and children. Gradually, as community members came by more often, health education began to take hold in their lives, and the *puskesmas* coverage area started to show results.



Dr. Eko Machfur



Below left, left and above: Winongan Community Health Center.

yours forever.’ To me, it’s about reaching out to the community with what they like.”

With training from HSP on community mobilization and better coordination with community health committee members, the Winongan *puskesmas* has started taking its message of maternal health out into the villages more, learning along the way that informal activities often work better to spur interest. “We used to send a formal letter asking for a certain number of people to gather in a village so we could talk to them. HSP helped us open up the channel of communication.” With better everyday relations, *puskesmas* staff feel free to interact with community members on a more causal basis, dropping by to talk about health and check in on residents, in addition to their schedule of events. “Now, it’s like talking to friends.”

What’s the single most important message he hopes to get across to the people he serves: “We’re not just a government institution. In the end, this is their health facility.”

“We’re not just a government institution. In the end, this is their health facility.”

Since taking over four years ago, Eko has seen skilled birth attendance go up, malnutrition rates go down, and *Desa Siaga* programs up and running in 18 villages, complete with village ambulances and emergency delivery funds. In fact, this year the *puskesmas* is sponsoring a *Desa Siaga* contest for the village that comes up with the most innovative activity to promote maternal health. The center even has its own radio station, where doctors and *puskesmas* personnel are invited to discuss a variety of health issues on a weekly program. While waiting to receive IMCI services, mothers and children play in a playground Eko had installed in the center. When asked what inspired him to try this inclusive approach, the *puskesmas* head laughs and says, “There’s this popular song that goes, ‘Touch her heart and she’s



COMMUNITY MOBILIZATION: NEW COMMUNITY PARTNERS



Mothers line up to weigh their babies at health post or posyandu.

FAMILY WELFARE AND EMPOWERMENT (PKK)

Who, or what, is PKK, exactly? “We are not so much an organization as a movement – for the people, by the people,” Ibu Sujud, the head of Malang’s Family Empowerment and Welfare chapter, says of HSP’s newest partner. With branches in every province, PKK works in villages across the archipelago on everything from education and family planning to environmental safety and sanitation, spreading information through village forums and activities, informal discussions and a continued presence. As the wife of Malang’s mayor, Sujud was automatically assigned her role as head of PKK in Malang, but she isn’t taking her position for granted. Instead, she has taken matters into her own hands and says leading PKK is a life-calling. In her role, she works to make

sure that this social force, comprised primarily of volunteer housewives, creates positive change in the lives of mothers and families in her district.

As part of HSP’s new extension phase, PKK received community mobilization training in 2009 and began folding the MOH’s Birth Preparedness and Complication Readiness (P4K) program into its own community activities, encouraging mothers to seek antenatal care and community members to get involved in women’s pregnancies, by donating blood or signing up as emergency drivers. As Ibu Sujud sees it, the combination of HSP’s technical assistance and PKK’s institutionalized roots and visibility at the village level is proving to be a powerful and effective combination. “Being so close to all those organizations at the lower level, we can disseminate information quickly. The collaboration with HSP is very helpful and the final goal is the same: the well-being of the district.”

Her colleagues agree. As the head of PKK’s task force for health

“But by involving the family and neighbors, that has allowed us to implement P4K,” Sujud explains. “Now, we’re all prepared for deliveries, we know what the complications are and how to give birth safely.”



Ibu Sujud

explains, “PKK members are usually housewives. But HSP has been motivating us and giving us the confidence to better implement our own programs on education with pregnant women.” Why are HSP and PKK particularly well-suited for each other? “We have the same mission,” Sujud says. Indeed, as it has done in the past, HSP’s partnership with the group leverages programs and players that are already institutionalized within the GOI’s priorities, to better ensure sustainability.

One of PKK’s primary responsibilities is the Mother Friendly Movement (MFM), a program focused around healthy deliveries and antenatal care that has been in existence since 1985. In particular, PKK works to make sure that mothers and fathers don’t delay antenatal and obstetric treatment and make informed decisions around their pregnancies – in a context in which tradition often dictates that mothers forego breastfeeding and deliver with unskilled birth attendants.

In fact, HSP is no stranger to MFM: with the program’s help, the Petojo neighborhood in Jakarta won an award for the best Mother Friendly program back in 2007. As the PKK volunteers in Malang readily admit, the Mother Friendly Movement in their district has lagged in recent years, but they credit HSP with helping to revitalize it, by revitalizing their confidence and enthusiasm to go out and help educate mothers and their neighbors, armed with new health promotion techniques, a newly passed regulation on maternal health and a new awareness of how effective communities can be when they take a stand together against maternal mortality. You hear a hint of that confidence when PKK members describe what the partnership with HSP has been able to achieve. “Before, communities didn’t know a lot about maternal health...But by involving the family and neighbors, that has allowed us to implement P4K,” Sujud explains. “Now, we’re all prepared for deliveries, we know what the complications are and how to give birth safely.”

ANATOMY OF A VILLAGE HEALTH POST



Village Health Post, Adirejo Village, Malang District.

The people of Adirejo are quite proud of their brand new village health post. “It was a long and slow process,” explains Ibu Nastiti as she looks around at the newly built facility in this rural part of East Java. As the midwife assigned to the post, Ibu Nastiti was directly involved in HSP’s efforts to ready the village for the Birth Preparedness and Complication Readiness Program, an innovative project to institutionalize community-led antenatal and emergency delivery care as part of the GOI’s own *Desa Siaga* program. By the end of 2009, HSP had trained some 450 health volunteers and staff in P4K and helped establish some 2,000 community health committees. That year also saw a culminating moment for the program, when the Minister of Health officially endorsed the P4K program and launched use of the stickers placed on the outside of pregnant women’s homes. Containing important contact numbers and alerting neighbors to impending due dates, the stickers encourage a culture of caring around pregnancy and can serve as simple, life-saving devices in the event of an emergency. In fact, over a thousand of them were sent out by the Ministry to all 33 provinces in the country, a watershed moment.

Adirejo’s own journey began back in 2007 with a HSP-sponsored community health needs assessment, establishment of a community health committee and village forum as well as mapping of pregnant women.

Reflecting on what it was like when she first started her work in the village, Ibu Nastiti says, “When I first got here, antenatal care was very low. I used to have to go to women’s houses and tell them to come see me.” Now, after receiving health education from community health committee volunteers, women from the surrounding village come to see her and are more proactive about antenatal care, she explains.

As Pak Ukky Basuki chimes in proudly, the village’s *Desa Siaga* program has a budget of around US\$500 dollars a year, which helps the staff undertake health education programs on hygiene, routinely pass out cards on healthy lifestyles and hand washing with soap, and distribute anti-dengue fever tablets, in addition to their work on maternal and child health. And now that the post is up and running, they hope to receive new equipment from the Provincial Health Office.

The story of Ibu Misti illustrates

just how far along they’ve come. Pregnant with her first child, Misti was approached by a CHC member to go to the *posyandu* to register and assess her pregnancy. Once there, she was signed up for the P4K program and a sticker was placed on the outside of her home. Days before delivery, she thought she was going into labor, but nothing happened. After five days, a local midwife suggested Misti go to the hospital just to be sure. Knowing Misti could not afford transportation on her own, the CHC suggested she use the village ambulance made available for just this purpose. A volunteer driver was found and the young mother-to-be was safely taken to the hospital. Once there, with no sign of contractions and no dilation, doctors opted to perform a C-section, and there were no further complications. Her son, Firmansyah, is now a healthy one-year-old.

And who are the volunteers who made this possible? Trained with HSP support in P4K and hand washing with soap, the 58 *kaders* that comprise the CHC work in the village and, through the bi-weekly *posyandu* and informal visits, educate pregnant women in the area about the value of antenatal care, immediate breastfeeding and hygiene. They are women like Ibus Wiwit, Ika, Ani and

Nani, who have been with the health committee since it first formed back in 2007 and who say they are basically there to coach mothers on having healthy babies. Aside from that, they talk to neighbors about family planning, sign up blood volunteers and make the rounds of the village to ask if anyone is sick. “There’s definitely been a change,” Ibu Wiwit says of the community’s attitude toward maternal health since the committee formed. “It’s not just that mothers are breastfeeding more, but that they know to come to the *posyandu*, they know more about having a healthy pregnancy, they know how to talk about these issues now and they feel more in charge of their pregnancies.”

A surveillance team of seven also records the village’s census of pregnant women and passes this information along to Ibu Nastiti, the village midwife, who not only keeps her own records, but coordinates with the CHC to place stickers on the outside of registered pregnant women’s homes. Nastiti, in turn, alerts a village ambulance coordinator with periodic updates on impending due dates. As she explains, she used to have to go looking for transportation volunteers, practically pleading, in this area where ambulances are unheard of. Now she has a roster of 15 drivers, all willing to jump in and help, and a coordinator in charge of assigning them to particular cases.

That would be Pak Sukitno. He routinely makes the rounds of the village, list in hand, checking on pregnant women, noting those that are high-risk (indicated by a red sticker) and working out driver assignments using volunteers based on their proximity to particular women. And, because he wants the community to know the village ambulance is available, should they need it, he regularly makes an announcement at the village forum. “First aid should come immediately,” he says of the importance of his job. “There’s no reason these deaths should occur. We have to provide quick management so that women [who experience complications during delivery] can

By the end of 2009, HSP had trained some 450 health volunteers and staff in P4K and helped establish some 2,000 community health committees.

recover properly.” What you have in Adirejo is a community informed of the value of antenatal care and organized around the task of making sure women delivery health babies.

It’s not just being better organized, it’s also getting community members to see the value of changing their behavior, the CHC volunteers explain. And that sometimes butts up against decades of tradition, traditions surrounding the mother-in-law’s role in making decisions about her daughter-in-law’s pregnancy, traditions surrounding the use of non-skilled birth attendants, and traditions surrounding immediate breastfeeding. With proper education, particularly around the effectiveness of skilled birth attendance and breastfeeding in saving mothers’ and babies’ lives, change can be achieved.

Now that it’s up and running with its health post, Adirejo village even sent a representative to participate in the *musrenbang* planning process. With training from HSP, the head of Adirejo’s *Desa Siaga* program says he became a more effective advocate for maternal health at the subdistrict planning meeting, sharing his village’s experiences with implementing maternal health programs before a gathering of sub-district stakeholders while highlighting the need for local regulations and more targeted

The Faces of Change



Ibu Nastiti, the village midwife



Pak Ukky Basuki, head of Adirejo’s Desa Siaga program



Pak Sunhaji, a volunteer emergency driver



Pak Sukitno, the village ambulance coordinator



Ibu Wiwit, Ika, Ani, and Nani, four of the village’s 58 health volunteers



Ibu Misti and her son Firmansyah, who benefitted from the village’s ambulance services

programs. For him, one word, “*Siap*” or “Ready,” says it all when it comes to effective maternal health services:

- S: *Stiker* (placed on the homes of pregnant women)
 - I: *Iuran* (collection of fees for the village ambulance)
 - A: *Arisan* (rotating credit scheme for delivery funds)
 - P: PMI (Indonesia Red Cross for blood donors)
- Simple enough!

A RENEWED FOCUS ON HOSPITAL CARE



“EVERY MINUTE COUNTS!” IMPROVING THE QUALITY OF MATERNAL AND NEONATAL EMERGENCY ROOM CARE (MNERC)

Studies of perinatal hospital care in Indonesia point to a persistent lack of cooperation between emergency rooms, operating rooms and neonatal and obstetric wards. In particular, women entering ERs with delivery complications are frequently sent straight to obstetric wards with no first-line assignment or emergency care provided in the ER. However, standing orders for emergency care are often lacking and nurses and midwives are not authorized to provide emergency care in the absence of obstetricians. Compounding the problem, obstetricians are not always on duty due to staffing shortages. All of this can add up to long waiting times for women with emergency complications who need vital care.

To address this problem, HSP introduced a new program on Maternal and Neonatal Emergency Room Care (MNERC) with the assistance of the Indonesian Society for Perinatology (Perinasia), who will act as the main implementer on improving training and procedures to assess and stabilize emergency cases. The overall goal of MNERC is to create training and practice standards to improve cooperation between the ER and the obstetric ward so that incoming mothers with emergency cases get the care they need.

2009 was dedicated to carefully laying the foundation for this important addition to HSP's technical assistance package. International consultants from the University of Nebraska's Medical Center visited Indonesia on two separate occasions in the past year, meeting with Perinasia to discuss the importance of improving obstetric care in the emergency room. It was at these meetings that the catchphrase “Every Minute Counts!” was born to capture the significance of a rapid response to obstetric emergencies. A



Photos this spread: A HSP-supported team of experts examine conditions and equipment at Kanjuruhan hospital in Malang.

sober and succinct reminder, and one that Perinasia will use as the official slogan of the training program. A list of priority topics now forms the core of the training package, including hemorrhage (both antepartum and postpartum), shock, sepsis, eclampsia, severe pre-eclampsia and trauma in pregnancy.

Over the course of several days, and at three separate hospitals, (Cipto, Kanjuruhan and Bangil), HSP consultants also carefully documented the obstacles to better emergency obstetric care, assessing equipment and infrastructure, observing problems and patterns with patient flow from the ER to the delivery unit, and analyzing procedures in place for handling obstetric emergencies. They also visited a polindes and puskesmas to learn more about how patients get transferred to the hospital from their communities.

Combating maternal mortality in Indonesia's hospitals comes down to two things: registration and communication. Registration and treatment of acute obstetrical and

neonatal patients in the ER and proper communication between the ER and the Labor and Delivery Unit. Costly upgrades of equipment are not the biggest obstacle to reducing maternal mortality and morbidity in these facilities. Instead, MNERC emphasizes renewed procedures, better communication and upgraded training to provide crisis management, particularly when no obstetrician is available.

Work is already underway. By the close of FY2009, HSP-supported trainers began working with hospital staff in the two district hospitals to facilitate communication between ER and obstetric ward staff and to raise awareness of the need for improved emergency room procedures. In addition, on the job training for ER staff was developed and implemented. Training manuals were finalized and will be rolled out early next year. For the training manual, Perinasia worked with national neonatology consultants on updating the PONEK manuals to include updates adopted from the Egyptian Healthy Mothers Program

and ALSO (Advanced Life Support in Obstetrics), published by the American Academy of Family Physicians. All of which will empower physicians, midwives and nurses in Indonesia's emergency rooms to become a more effective first line of defense when dealing with obstetric emergencies.

2009: AN EMPHASIS ON KANGAROO MOTHER CARE

Low birthweight is a major contributor to neonatal mortality in Indonesia, accounting for 29% of all such deaths.

Underweight and premature infants are especially prone to hypothermia, one of the leading causes of death among neonates. To address the problem of low birthweight, HSP began focusing in 2007 on laying the foundation for the eventual institutionalization and scale-up of the Kangaroo Mother Care system as a standard protocol for teaching hospitals across Indonesia. First employed in Colombia back in 1979, KMC is an effective means of combating these problems for babies under 2,500 grams, particularly in low-resource settings, and involves skin-to-skin contact for the purposes of breastfeeding within the first hour of delivery, with the newborn held against the mother's chest and supported by a sling.

This past year, HSP provided technical assistance with completing standard operating procedures and training materials for KMC, and introduced the methodology to three teaching hospitals, in Jakarta, East Java and South Sulawesi. These materials will form the basis of a scale-up to ten hospitals in FY 2010. In support of such



A mother practices Kangaroo Mother Care with her underweight newborn.

a scale-up, the Indonesia Ministry of Health issued a decree calling for the creation of a National Working Group on KMC, with members to be drawn from within the MOH, as well as related professional organizations, including POGI, IDAI, IBI, and PPNI as well as Perinasia. With HSP assistance, the Ministry also modified the existing guidelines for Mother Baby Friendly Hospitals, integrating early initiation of breastfeeding and KMC into standard protocols. As a follow-up, the MOH also allocated funds to conduct four regional KMC trainings with the purpose of introducing the approach and training materials to other teaching hospitals. Most recently, UNICEF took part in a replication activity to emphasize the use of KMC in Papua and Eastern Indonesia, joining the ever-growing list of organizations dedicated to seeing immediate breastfeeding take hold across the country. All of which makes 2009 a seminal year for the introduction of this effective, life-saving technique.

THE QUALITY & ACCESS TO PERINATAL CARE STUDY (QUAPEC)

In tandem with its focus on emergency room care for pregnant women and newborns, and in line with its efforts this past year to lay the foundation for further improvements to the health system, HSP started preparations for a more comprehensive understanding of the quality of perinatal hospital care in Indonesia. In doing so, the project seeks to answer unexplored questions on the role of hospital care in reducing maternal mortality in Indonesia and more generally, placing itself on the cutting edge of research.

With 237 maternal deaths per 100,000 live births, Indonesia's maternal mortality rate is relatively high, both with respect to other health and development indicators and with respect to its neighbors in South East Asia. Moreover, as Indonesia has implemented the majority of the interventions that constitute the Safe Mothers program (including raising skilled birth attendance, breastfeeding rates and neonatal training care standards) the enigma of maternal deaths compels investigation into previously unstudied contributing factors. While prior studies have focused on the role of pre-natal and post-partum care at the community level, very little in the literature examines perinatal care received in hospitals in Indonesia, particularly an analysis of the care environment in the hospital (including the interaction among various professional disciplines), levels of training and the availability of health professionals. Is access to such care an issue in the relatively high number of deaths and/or, once such care is accessed, is it a matter of the quality of the care received? Answering these and other questions will provide an important missing piece in the overall understanding of maternal mortality in Indonesia, paving the way for effective future interventions.



HSP-supported researchers assess the quality of patient care at the Cipto Mangunkusumo National Hospital, Jakarta.

The QUAPEC study is based in two hospitals: Kanjuruhan Hospital in Malang district and Bangil Hospital in Pasuruan district. In each hospital, data will be collected both from patient records and through interviews, regarding the care received by both mothers and newborns. Data will be collected both retroactively (covering the period six months prior to the start of the study) and proactively (for six months after the start of the study). This is a unique feature of the study and one that promises to provide a more comprehensive understanding of perinatal hospital care and maternal deaths.

Indeed, to complement the limitations of a retroactive study, which relies on quantitative data abstracted from records, the proactive portion will allow investigators to observe how perinatal care is delivered daily, in real time, and to correlate aspects of such care (including quality) with patient characteristics, hospital environmental factors, and any maternal deaths that occur during the actual course of the study. Likewise, by wedding an extensive investigation of past records to such an observational study, the HSP research team will have a richer set of outcomes to work with, including maternal deaths, allowing for a more

robust, quantitative understanding of the relationship between such outcomes and care delivery. While data is often collected retroactively or proactively in hospital perinatal care studies, the power and novelty of this study lies in its capacity to do both.

A total of 1,500 deliveries will be reviewed (750 at each hospital) over the course of six months, with an additional 1,200 cases examined retrospectively through medical record abstraction. Given the limited time period, this quantity of cases, observed in both real-time and through quantitative abstraction, promises to yield new insights into the type of patients that access care at hospitals, the pathways they use to arrive there, the quality of care they receive, and the delivery outcomes associated with such care.

By the close of 2009, HSP completed preparations for the study, including training data collectors, revising collection instruments and training manuals, providing orientations to the staff at both hospitals on the nature of the study and recruiting data entry personnel. Data collection efforts will begin in October 2009, with analysis to follow in the second quarter of the fiscal year.

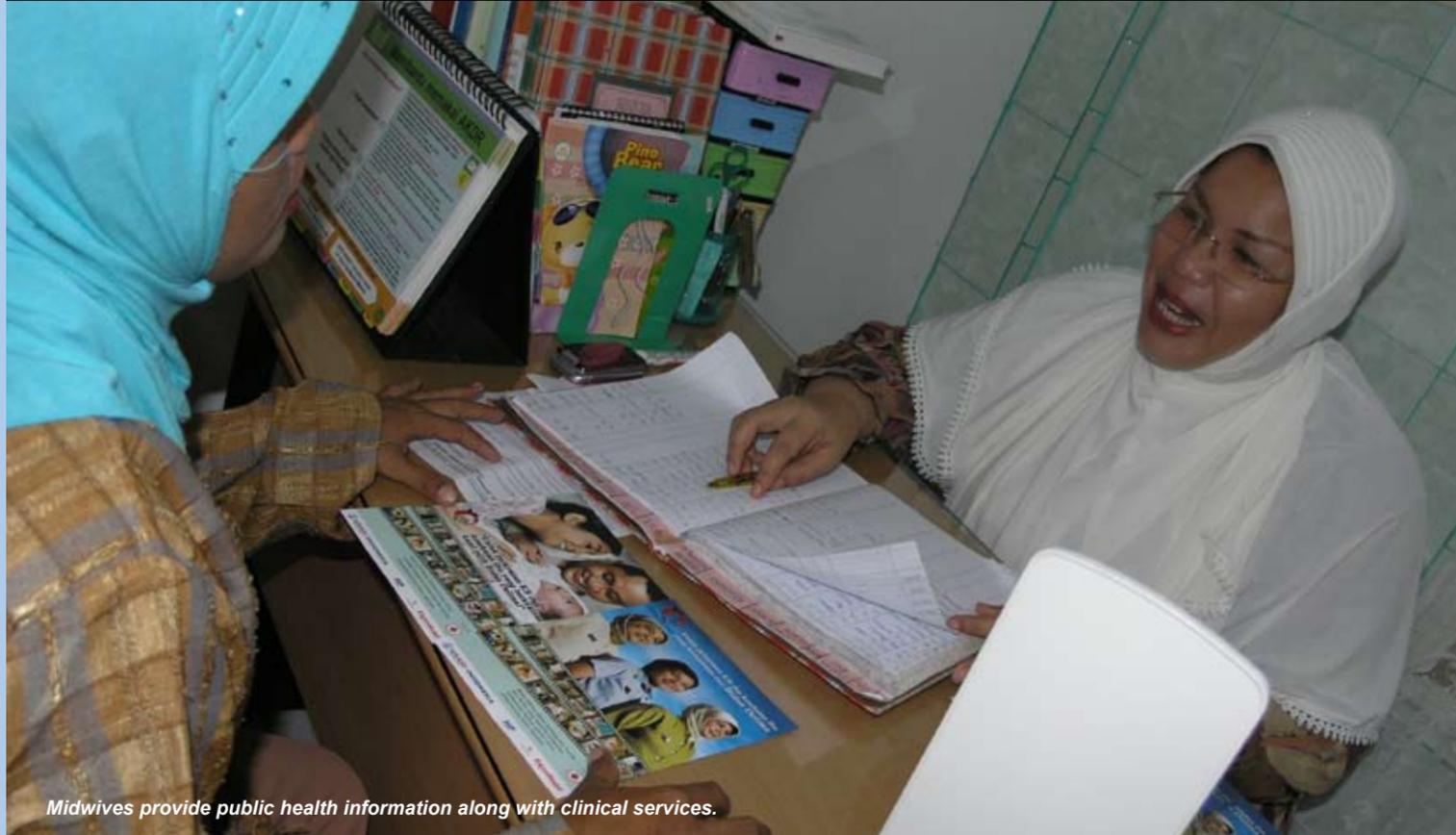
THE INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

Although Indonesia adopted the WHO's Integrated Management of Childhood Illness back in 1997, adoption of the protocols by puskesmas and hospitals in the country has been progressed very slowly. To help correct this, HSP worked together with the MOH and WHO in 2007 to update the IMCI training package to include new procedures on childhood pneumonia, acute and chronic ear infections and diarrhea. In particular, the diarrhea protocols underscore the use of zinc therapy and oral rehydration therapy, the limited use of antibiotics and immediate and exclusive breastfeeding for sick infants under two months of age.

In 2009, to ensure that IMCI becomes widespread outside of HSP areas, the program provided training for 54 trainers from outside HSP intervention areas, from Riau and Sumatra in the west, to Yogyakarta and Kalimantan in central Indonesia to Sulawesi and Maluku in the east. These trainers then went on to train some 650 providers across Indonesia on the updated protocols. In conjunction with WHO, UNICEF and IOM, HSP also participated in a survey of seven districts across the country to determine the frequency and quality of IMCI use at puskesmas. HSP supported data collection in one district, Toba Samosir in Sumatra.



A CASE STUDY IN PUBLIC- PRIVATE PARTNERSHIPS: THE INDONESIA MIDWIVES ASSOCIATION



Midwives provide public health information along with clinical services.

In Indonesia, skilled birth attendance rates and institutional deliveries have been steadily increasing, relying more and more on the services of private midwives. As the role of such private midwives expands, greater engagement with and oversight of private midwifery services will become essential to addressing Indonesia's maternal health needs. The *Bidan Delima* quality assurance program ensures that private midwives receive the training they need to play a vital role in reducing maternal deaths and delivering healthy babies. To register for the program, midwives must complete the Basic Delivery Care training course and adhere to equipment and quality control standards before hanging the trademark logo outside their practice: a bright red pomegranate or "delima". And now that some 8,000 members have been successfully registered, HSP began to focus in 2009 on securing the organizational longevity of this innovative program. Doing so required nothing short of re-structuring the Indonesia Midwives Association (IBI), one of the largest professional associations in the country

and the overseer of *Bidan Delima*. To do that, HSP leveraged its corporate partnerships, most notably with Johnson & Johnson, building a brighter future for IBI and providing a case study in public-private partnerships along the way.

To accomplish this, HSP separately examined IBI's management of the *Bidan Delima* program, as well as on-the-ground midwifery services in Indonesia. The management analysis, conducted by Management Development Education (PPM), a private consulting firm, found that supervision of *Bidan Delima* clinics from a less centralized provincial office would enhance quality assurance. In addition, less reliance for management functions on volunteers who run their own midwifery practices would maximize professional operations. The study of midwifery practices, in turn, contained a promising finding: comparing private *Bidan Delima*, private non-*Bidan Delima* and dual practice midwives, the University of Indonesia's Department of Community Medicine found that *Bidan Delima* report more often, keep better records, and adhere to higher quality and training standards than their non-Delima

counterparts, yet cost about the same. This follows on a study conducted last year that showed that *Bidan Delima* provide a higher quality of service. All of which indicates that investments in program management will make a significant impact on quality of care.

Through a series of workshops held at the end of the fiscal year and supported by HSP, the Indonesia Midwives Association took the results of this analysis and study to heart, issuing a new mission statement and vision for its five-year plan while completing a detailed one-year workplan. According to this new vision, IBI will re-structure its management in two crucial ways. To address the distance between the provincial management level and clinics, a Working Unit will be established in HSP focus districts. HSP will support the trial of this new model, according to which new units will have more autonomy to address quality assurance, staffing and recruitment issues in their particular coverage areas, allowing for a more responsive and decentralized management structure. At the national level, responsibility for

accounting, oversight, evaluation and recruitment will now fall to dedicated, full-time professionals, rather than to Bidans themselves. This is expected to drastically improve IBI's capacity to manage the *Bidan Delima* program and its own internal affairs. Empowered to plan and implement recruitment and evaluation programs in their districts, the working units will be able to respond to problems more quickly and efficiently. Moreover, with this more focused, professional management structure, IBI hopes to expand the *Bidan Delima* program to 26 provinces by 2013.

And just how will this be accomplished? The answer lies in the partnership between HSP and J&J, which goes back to the very inception of the *Bidan Delima* program. Since then, Johnson & Johnson has supported the production of the Maternal and

Neonatal Guidelines for Midwives, helped trained some 1,700 *Bidan Delima* on Basic Delivery Care, created an awards program and scholarship for top members, and funded a series of public service announcements designed to create demand for the higher quality services offered by *Bidan Delima*. This year, they turned their sights to ensuring IBI's longevity as a professional institution. According to the arrangement worked out by the two parties, which was made official at the end of a workshop held in September 2009, HSP will support selected operational costs and program management training. Johnson & Johnson will support clinical training costs. Taken together, this assistance means that the *Bidan Delima* program will continue to be financially viable and will now possess the management capacity to ensure its own longevity.



WHAT IT MEANS TO BE A BIDAN DELIMA

For Ninuk Tiningtyas, being a *Bidan Delima* is all about being recognized for a higher standard of care. The young midwife, who registered with the program in 2005, says it makes her proud that clients refer their friends to her practice. For that, she's grateful to have the *Bidan Delima* logo on the wall. "It's true what they say about quality," she explains. "As a midwife, I just had to graduate from midwifery school, but as a *Bidan Delima* I have to know

Basic Delivery Care. People come here because they know it's better quality." And they're coming more and more, she's happy to report!

Completing three deliveries as part of her *Bidan Delima* training gave her the confidence to start her own practice here in Pasuruan, Ibu Ninuk says. That, coupled with the equipment standards and *bidan* checklist she must adhere to, strengthens her belief in her ability to provide superior services to clients. When asked what continues to inspire her to provide such services, she answers with a smile, "I just find it very fulfilling to meet women in need and figure out how to help them deliver safely." Armed with such dedication and confidence, Ibu Ninuk and thousands of other *Bidan Delima* across Indonesia take a stand against maternal mortality each and every day.

LOOKING FORWARD TO 2010



Mothers and newborns benefit from improved services.



Malang District Officials have demonstrated their commitment to improving maternal, newborn and child health services in cooperation with HSP.



Protecting Indonesia's future.

As we enter the extension phase of the program, HSP will continue to build on its relationships with the Bupatis of Malang and Pasuruan districts, intensifying its integrated services and documenting the effects and lessons of its various evidence-based interventions.

HSP's first strategy will be to continue implementing its Integrated Package of Assistance in Malang and Pasuruan districts, tailoring assistance to the special needs of district characteristics and interests and adding selected portions of approaches developed by other donors. The program will support the two *Bupatis* and their district governments in their implementation of the recently passed *perda*. Targeted inputs, rather than overall technical assistance, are envisaged. Based on consultation with the two districts and on previous program experience, the areas requiring support will include

integrated planning, budgeting and advocacy, including operationalizing the *perda* and other relevant health sector regulations. As part of the commitment to integration, the support will cover both the technical planning stream, which covers puskesmas planning, the MNCH district team problem solving which feeds into the consolidated health Forum SKPD, as well as the generic bottom-up *musrenbang* planning stream through village, sub-district and district levels. Strategies will include improving participation in the forums and encouraging political commitment to MNCH through advocacy.

For its second strategy, HSP will seek to provide better guidance to health decision makers interested in replicating program interventions and choosing activities that respond to local conditions and priorities. To that end, HSP will undertake careful documentation of the integrated

package of assistance being implemented in Malang and Pasuruan in order to better inform partners on the kind of technical assistance required, resources for implementing the package, and outcomes. This overarching document will illustrate the complexity of the integrated approach and how the pieces relate to each other. Separate case studies will be developed on a number of individual program components based on the significance of lessons derived. Work that commenced under the earlier project phase to track the district allocation of funding to MNCH will continue in the two focus districts.

The project extension will also continue its work with the two District hospitals to improve the quality of emergency care for mothers and newborns, including a package of activities for making improvements that will be conducted by the Indonesian Perinatologists' Association (*Perinasia*)

with technical and financial support from HSP. In addition, the QUAPEC study will be completed to understand the characteristics of obstetric and neonatal care users including the referral routes and barriers to care, as well as the quality of care provided to patients once they reach a district level hospital.

Finally, through targeted institutional capacity building activities, HSP will continue strengthening the foundation for possible USAID investments in IBI programs. The focus will be on improved management of the program at the national level. Support will also be provided at the District level to improve quality assurance of the *Bidan Delima* program in carrying out its quality assurance function. Johnson & Johnson remain a key partner for support of *Bidan Delima* and will assist HSP by conducting clinical training for *Bidan Delima* members and potential members.

In FY10, HSP will continue to build its relationships with the Mayors of Malang and Pasuruan, intensifying its integrated services, working with district hospitals to improve the quality of emergency care for mothers and newborns, strengthening the institutional capacity of IBI, and documenting the effects and lessons of its various evidence-based interventions.

ABBREVIATIONS AND INDONESIAN TERMS

AMTSL	: Active Management of the Third Stage of Labor
APBD	: <i>Anggaran Pendapatan Belanja Daerah</i> (Budget from provincial of district funds)
APBN	: <i>Anggaran Pendapatan Belanja Nasional</i> (Budget from national funds)
BCC	: Behavior Change Communications
Bidan	: midwife
Bikor	: <i>Bidan Koordinator</i> (Midwife Supervisor)
Bupati	: Mayor of a district
CHC	: Community Health Committee
Desa Siaga	: <i>Siap Antar Jaga</i> (literally, a village prepared to assist and protect)
DHO	: District Health Office
DPRD	: <i>Dewan Perwakilan Rakyat Daerah</i> (Local House of Representatives)
DTPS	: District Team Problem Solving (WHO-originated budgeting and planning tool)
FY	: Fiscal Year
GOI	: Government of Indonesia
GP	: General Practitioner
HSP	: Health Services Program (USAID program)
HWWS	: Hand Washing with Soap
IBI	: <i>Ikatan Bidan Indonesia</i> (Indonesia Midwives Association)
IDAI	: Indonesian Pediatrics Association
IMCI	: Integrated Management of Childhood Illness
JNPK	: <i>Jaringan Nasional Pelatihan Klinis</i> (National Clinical Training Network)
KIBBLA	: <i>Kesehatan Ibu, Bayi Baru Lahir dan Anak</i> (Maternal, Newborn and Child Health)
KMC	: Kangaroo Mother Care
MCH	: Maternal and Child Health
MDG	: Millenium Development Goal
Menkokesra	: National Coordinating Ministry for People's Welfare
MMR	: Maternal Mortality Rates
MNCH	: Maternal, Neonatal and Child Health
MOH	: Ministry of Health
Musrenbang	: <i>Musyawah Perencanaan Pembangunan</i> (Consultative Forum for Development Planning)
NGO	: Non-Governmental Organization
P4K	: <i>Perencanaan Persalinan dan Pencegahan Komplikasi</i> (Birth Preparedness and Complication Readiness)
Perda	: <i>Peraturan Daerah</i> (District Regulation)
Perdes	: <i>Peraturan Desa</i> (Village Regulation)
PHO	: Provincial Health Office
PKK	: <i>Pemberdayaan dan Kesejahteraan Keluarga</i> (National women's group promoting family welfare and empowerment)
POGI	: <i>Perkumpulan Obstetri dan Ginekolog Indonesia</i> (Indonesian Obstetric Association)
Polindes	: <i>Pos Persalinan Desa</i> (Village Birthing Facility)
PONED	: <i>Pelayanan Obstetri Neonatal Dasar</i> (Basic Emergency Obstetric Neonatal Care)
PONEK	: <i>Pelayanan Obstetri Neonatal Komprehensif</i> (Comprehensive Emergency Obstetric Neonatal Care)
Posyandu	: <i>Pos Pelayanan Terpadu</i> (Village Health Post)
PPNI	: <i>Persatuan Perawat Nasional Indonesia</i> (Indonesian National Nurses Association)
PPP	: Public-Private Partnership
Puskesmas	: <i>Pusat Kesehatan Masyarakat</i> (Subdistrict Health Facility)
UI	: University of Indonesia
UNICEF	: United Nations Children's Fund
US	: United States
USAID	: United States Agency for International Development
USD	: United States Dollar
WHO	: World Health Organization

REFERENCES:

- Chankova, Slavia and A. Arur. 2008. Evaluation of the Bidan Delima Program. Report prepared for the USAID Health Services Program.
- Department of Community Medicine, University of Indonesia. 2009. Study on Service Delivery Requirements among Private Sector Midwives in Pasuruan and Malang Districts, East Java. Draft report submitted to USAID Indonesia.
- World Bank. 2008. Investing in Indonesia's Health. Jakarta: The World Bank.
- Zinner, Ben. 2008. It Takes a Village: A Case Study in Health Planning through the Musrenbang. Report prepared for the USAID Health Services Program.



Tangerang District health officials encourage a new mother to practice exclusive breastfeeding for the first six months of her baby's life.



JSI Research & Training Institute, Inc.

Health Services Program 2009 Annual Report

Text: Gabriel Montero
Layout and design: Yayak M. Saat
Photos by HSP staff & consultants.

This report was developed through the Health Services Program (HSP), funded by the United States Agency for International Development (USAID) and implemented by JSI Research & Training Institute, Inc. in conjunction with Abt Associates, Mercy Corps, Manoff Group, and the Pusat Kesejahteraan Keluarga – Universitas Indonesia (PUSKA-UI)

This report is made possible by the generous support of the American people through USAID. The contents are the responsibility of JSI Research & Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

This document represents the Annual Report for Year Four of the Health Services Program (HSP), for the period of October 2008 – September 2009. This report is submitted by JSI Research and Training Institute, Inc. to the United States Agency for International Development (USAID) in accordance with the terms of Cooperative Agreement No. 497-A-00-05-00031-00. The Health Services Program is a five-and-a-half year program designed and developed by USAID/Indonesia to reduce mortality among mothers, newborns and children, and to improve the health system which delivers basic human services in Indonesia.



JAKARTA OFFICE
Ratu Plaza Building 16th Fl.
Jl. Jenderal Sudirman Kav. 9
Jakarta 10270
Tel: (021) 723 7715
Fax: (021) 727 88924
email : hsp@jsi.or.id

MALANG OFFICE
Jl. Langsep No. 18
Malang 65146, East Java
Tel: (0341) 575 280
Fax: (0341) 575 328

PASURUAN OFFICE
Pondok Sejati Indah IV no. 9
Pasuruan 67115, East Java
Tel: (0343) 412 096
Fax: (0343) 412 098

HEALTH SERVICES PROGRAM

Maternal, Newborn, and Child Health Program
*Program Kesehatan Ibu, Bayi Baru Lahir,
dan Anak*