Nurturing the Mother-Child Dyad in Indonesia

PROJECT DATES
October 2010 – September 2014

PROJECT BUDGET
USAID contribution: $1,432,098
Mercy Corps contribution: $491,947

LOCATION
West Jakarta, Indonesia

CONTEXT
Key maternal and child health indicators are poor in Indonesia. When *Hati Kami* began, the maternal mortality ratio was 228 per 100,000 live births and more than 40 percent of deaths in children under 5 occurred during the neonatal period. Nutrition indicators are especially poor in West Jakarta. Stunting and wasting are higher than the provincial average, and more than 15 percent of women suffer from chronic energy deficiency, placing Jakarta among the 6 provinces (of 34) with the poorest maternal nutrition status. *Hati Kami* worked to address these challenges in urban slums, where poverty puts higher-quality care out of reach for most residents. (Data sources: UNICEF; Indonesia Demographic and Health Survey 2007)

West Jakarta by Rochelimit (cropped; via Wikimedia Commons)

BENEFICIARY POPULATION
Total population in the project area: 737,407
221,221 women of reproductive age (15–49)
65,845 children under 5 (0–59 months)

PROJECT AT A GLANCE

	Maternal	Newborn	Child
Household	✓	✓	✓
Community	✓	✓	✓
Facility	✓	✓	✓
District	✓	✓	✓
National			

Project Approach

To support Indonesian Ministry of Health strategies for reducing maternal and under-5 mortality and increase demand for high-quality maternal and child health (MCH) services, the *Hati Kami* ("Our Hearts") project worked to strengthen MCH knowledge and social support structures for mothers and newborns among the urban poor in West Jakarta.

Hati Kami's cornerstone strategy was the Mothers Support Group approach, adapted from a previous MCH project in Jakarta, to reach women with vital information on maternal and newborn health. Each group included 8 to 10 pregnant women or new mothers and a "Motivator" — a peer trained and supported by mentors. The mentors were volunteers from health centers, the Indonesian Midwives Association, and the Family Welfare Empowerment Organization (PKK), an established civil society organization. *Hati Kami* also worked with community leaders and providers to enhance the enabling environment for high-quality care of mothers, newborns, and children. To support the Ministry of Health in improving tracking and monitoring of MCH data, the project tested a mobile-phone platform for data collection.

DESIRED OUTCOME	MAIN ACTIVITIES AND SELECTED OUTPUTS
Improve maternal and child care and nutrition practices at household level	✓ 132 mentors and 512 Motivators trained, and 97 Mothers Support Groups established ✓ 63 private midwives trained as breastfeeding counselors ✓ 1,998 people trained in household financial literacy, including the economic advantages of breastfeeding ✓ Information and educational materials on MCH created for religious leaders to use during gatherings with their communities
Improve quality of maternal, newborn, and child health services	✓ Standards-Based Management and Recognition tool adapted and 62 private midwives trained in newborn care best practices ✓ 670 community leaders trained on MCH planning and advocacy ✓ Mobile technology investigated to improve the Ministry of Health's MCH monitoring and tracking system

Partnerships

Through the Mothers Support Groups, *Hati Kami* enhanced social support structures and linked community members with public and private sector health providers. The project engaged men by working with religious leaders to develop MCH-focused materials to share during religious gatherings and by training community leaders on MCH budgeting and advocacy. Community volunteers and private midwives were engaged to collect monitoring data using mobile phones. To establish the Mothers Support Groups, train providers, and deliver behavior change communication, Mercy Corps worked with and through the municipal health office, PKK, and local branches of the Indonesian Midwives Association and the Indonesian Muslim Leaders Assembly.

NURTURING THE MOTHER-CHILD DYAD IN INDONESIA

An Effective Support Group Model

Mothers Support Groups were effective in providing social support and information to mothers, and built connection between providers and the community. Expanding the reach of the groups could extend successes: only 15 percent of eligible women participated.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with mothers of children under 2 years at baseline (2011; n=300) and endline (2014; n=330); maternal nutrition surveys carried out with pregnant women at baseline (2012; n=780) and endline (2014 n=575); as well as focus group discussions, stakeholder interviews, observation, and reviews of project documents and survey results.

- **Breastfeeding.** Integrating breastfeeding counseling into routine contacts for MCH care appears to have increased coverage: mothers reporting that they had received counseling on breastfeeding rose from 40 percent to 80 percent. Although fewer pregnant women reported receiving counseling at endline, the rate of exclusive breastfeeding increased significantly by 20 percentage points (Figure 1).
- **Maternal Nutrition.** Women increasingly reported that they had increased staple food portions and use of iron and folic acid supplementation tablets during pregnancy (Figure 2). Motivators consistently cited nutrition during pregnancy as one of their topics of focus with Mothers Support Groups.
- **Technology and Infrastructure.** Using mobile phones to support MCH monitoring was affordable and convenient, but data-quality issues persisted. The government expressed interest in continuing to use and finance the technology, but was concerned about the need for ongoing technical support and training.
- **Advocacy.** Training community leaders in advocacy and planning resulted in increased local funding for MCH activities, securing more than $100,000 in all project sub-districts through the local process that allows community members to propose budget items.

Lessons Learned

- **Confidence and Connection.** Providers reported that training had improved their skills, confidence, and community connections. As one private midwife said, "Before *Hati Kami* I had the correct knowledge … but I didn't know how to persuade people [or] answer their questions. Now I do — and I know how to make the learning environment fun!"
- **Community Leadership.** Engaging community leaders to disseminate information and training them on advocacy helped enhance the MCH environment, especially in the local budgeting process.
- **Men's Engagement.** *Hati Kami* made a special effort to reach men through its community engagement work, but missed early opportunities to include husbands and fathers in behavior change communication. Proactive strategic planning and follow-up is an area for continued strengthening.

Contact for More Information

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Figure 1. Child Health and Nutrition

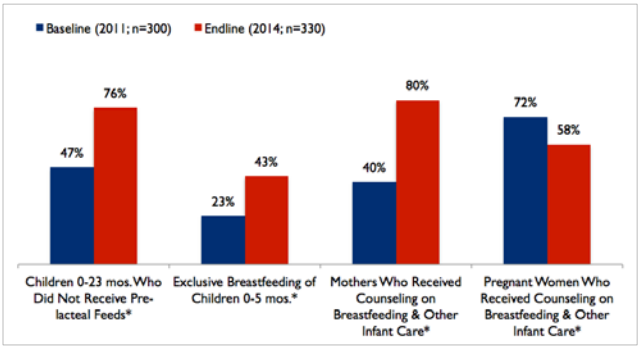
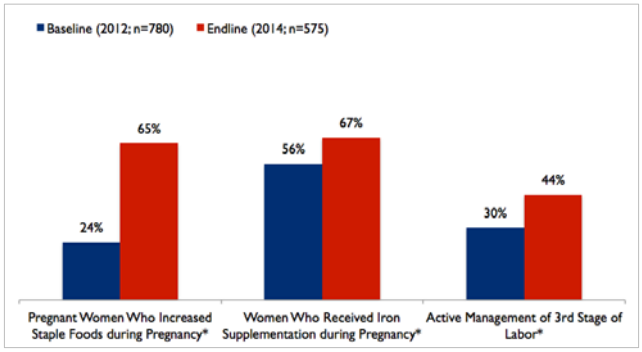


Figure 2. Maternal Health and Nutrition



** indicates statistical significance at p<0.05*

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