

Trip objectives:

1. Review progress to date for the Evidence Summit
2. Identify areas of capacity building for AIPI : Review critical inputs to a successful Evidence Summit relating to communication plan, stakeholder engagement, timeline, etc.
3. Develop a draft workplan for MCSP

Summary of findings and next steps:

A team from MCSP traveled to Indonesia for a stocktaking visit to learn about the Evidence Summit planned in Indonesia, meet with various stakeholders involved with the Evidence Summit, and work closely with the Indonesian Academy of Science (AIPI), which is the convening organization for the Evidence Summit.

Review progress to date for the Evidence Summit

- The systematic review of the literature is ongoing with Associate Evidence Reviewers (AERs) providing articles from their reviews to the designated Evidence Review Team (ERT) members who are rating the literature. Several issues came up with regard to the review process:
 - There is variation in the number of articles per reviewer for topics 1, 2, and 3 and hence variability in the time needed for the review.
 - The inclusion of the international literature may be an issue for some as not all AERs can access such.
 - The process of gathering the grey literature for topics 1, 2 and 3 and the information for topics 4, 5 and 6 is not clear. Focus group discussions may be used to gather the information for topics 4, 5, and 6, and to “test” the preliminary recommendations in the East, West and Central Java.
 - Topic 0 (the background) has been drafted and is under review by the CTG and Steering Committee.
- A major challenge is translating the evidence garnered from the systematic reviews into implementable recommendations for policy. It was decided that 2 CTG members (one re methods, the other re content) would join each of the ERT teams now engaged in reviewing the literature, that there would be a writing workshop in mid-February to spur on the write up of the literature (for topics 1, 2 and 3), and that preliminary results and recommendations would be presented at the National Health Convention the first week of March.
- The Evidence Summit (national level) is likely to take place in July and the National Stakeholders meeting in August.
- A final bibliography report would be ready by September.

Next steps:

1. The timeline detailing the responsible parties, TA needed and products is still needed.
2. MCSP will facilitate the gathering of the international literature for the teams. The longer-term solution to address accessing the international literature for AIPI will be further investigated.
3. AIPI will revise the Concept Note in accordance with the changes in methods discussed during the visit (e.g., CTG members joining the ERT teams by topic).
4. The methodology for the field visits to East, West and Central Indonesia to hold FGDs and/or in-depth interviews for topics 3, 4 and 5 and vet the findings and preliminary recommendations for topics 1, 2 and 3 need yet to be developed.
5. There needs to be more clarity on the selection of preliminary recommendations for the National Health Convention in early March that will focus on the role of families in maternal health.

Identify areas of capacity building for AIPI: Review critical inputs to a successful Evidence Summit relating to communication plan, stakeholder engagement, timeline, etc.

- There is agreement from all current partners on need for communications plan leading up to and building upon the Evidence Summit. In our discussions, we observed that there is not yet clarity among many stakeholders regarding the Evidence Summit purpose/objectives, the process of review, and the role of different stakeholder groups or key leaders. Whereas the Steering Committee, Core Technical Group (CTG), and ERTs include representation from groups such as universities, professional societies, and NGOs, it is recognized that the representation from these key stakeholder groups may not be sufficiently formalized or systematized, and may not be sufficiently inclusive. As yet, there is no identification or “mapping” of key stakeholders that need to be informed of and brought into the process. On example is that key stakeholders from universities/academics (who have participated in local MNH research), professional society leaders, and NGOs have not been systematically identified and provided with clear communication, including follow up on calls for evidence. This inevitably limits capture of “gray literature,” evidence, as well as limiting broad stakeholder ownership and buy-in necessary for the Evidence Summit to have substantial impact in changing MNH trajectories in Indonesia.
- Several partners, in addition to USAID, brought up hope/expectation that the Evidence Summit should be the beginning of a longer-term process to build upon the evidence base, fostering a norm shift toward evidence generation, reporting results, sharing lessons learned, and use of evidence routinely in policy decisions and MNH program implementation.
- In discussions with AIPI, several areas were identified where they would benefit from targeted support:
 - Development of a strategic communication strategy for the Evidence Summit. This plan should outline the branding plan, messaging, identify different audiences and a social media outreach plan

- Strategic stakeholder engagement plan. While several stakeholders are currently engaged, there are a few, key groups that still need to be engaged, MCSP will support AIPI to develop a targeted strategy to engage all relevant stakeholders right from the beginning to ensure ownership and buy in for the process and the recommendations
- Knowledge management: provide support to AIPI to obtain access to international library resources, develop a platform for hosting the search function and store resources for the Summit and beyond
- Provide guidance for a writing workshop: Writing effective documents for policy makers and peer-reviewed journals have been identified as a key gap.

Next steps:

1. Develop a specific communication strategy and plan for the MNH Evidence Summit to address the short-term and long-term communication needs. Deliverables should include products such as list of different audiences and specific information needs for each; key stakeholder “mapping” to identify the key actors to participate in/contribute to Evidence Summit; plans for AIPI, MCSP, and SC and CTG roles and responsibilities to engage with key partners and reach target audiences.
2. Develop specific plans for priority stakeholder meetings to inform about Evidence Summit objectives, process, and plans, and to solicit suggestions for stakeholder engagement, inputs, contributions, and future roles.
3. Develop a long-term stakeholder engagement and communications plan(s) extending beyond the Evidence Summit to support (1) normative changes for continued evidence generation and use in policy development, program implementation, and community engagement; and (2) a platform and plan for ongoing evidence update and sharing.
4. AIPI will finalize the detailed workplan for the areas identified above. MCSP will work closely with AIPI to define the inputs to implement a successful workplan and will budget for those capacity building activities.

Develop a draft workplan for MCSP

The MCSP team had discussions in Jakarta and Yogyakarta with multiple stakeholders involved in the Evidence Summit Process. Based on those discussions, the MCSP team has developed a draft workplan. The team will finalize the workplan based on inputs from USAID and AIPI.