Indonesia PY4 Summary & Results

		Geographic Implementation Areas Provinces	Population Country
		 I/34—Banten Province (maternal and newborn mortality study) 	• 251,500,000 MCSP-supported
<i>j</i>		 Districts 3/405—Serang Municipality, Serang District, and Pandeglang District (maternal and newborn mortality study) 	areas • 11,830,000
Technical Areas	ß		
Program Dates		Strategic Objectives	
December 1, 2016–May 31,		Evidence Summit	
2018 (with headquarter		Provide technical and operational assistance to the Indonesian	
activities continued through		Academy of Sciences to ensure the successful completion of the first	
September 30, 2018)		Evidence Summit on Reducing Maternal and Neonatal Mortality in Indonesia.	
Cumulative Spending		 Develop capacity of the Indonesian Academy of Sciences to conduct similar evidence summits in the future. 	
through End of PY4		 Provide technical and operational assistance to the Indonesian 	
		Academy of Sciences to translate evidence generated during the	
		summit into MNH policies at national, provincial, and district levels,	
Demographic and Health		and introduce into global knowledge base.	
Indicators		Through the Evidence Summit process, along with	
Indicator	# or %	Academy of Sciences and USAID, identify areas where further analy of USAID's Expanding Maternal and Newborn Survival program dat can be used to fill gaps or answer additional questions specific to th technical aspects of MNH.	
MMR (per 100,000 live births) ^[1]	359		
IMR (per 1,000 live births) ^[2]	32	 Banten Studies Systematically measure maternal mortality in Bant Maternal Death from Informants/Maternal Death 	
U5MR (per 1,000 live births) ^[2]	40	 Maternal Death from Informants/Maternal Death Follow-On Review methodology. Assess whether maternal mortality has changed since Banten I Study was conducted in Indonesia over 10 years ago. Develop and pilot the Maternal Death from Informants/Maternal Death 	
SBA ^[2]	83.1%		
MMR (per 100,000 live births) ^[1]	359	Follow-On Review methodology to measure new three subdistricts.	
Sources: ^[1] Population Reference			
2014 Population Data Sheet,		Key Accomplishment Highlights	Sciences to
Indonesia Demographic and He Survey, 2012.	ealth	 Worked closely with the Indonesian Academy of successfully convene the first Indonesian Evidence Maternal and Nacrostal Martality. 	
		 Maternal and Neonatal Mortality. With partners, completed analysis and results inte Expanding Maternal and Newborn Survival progra the Indonesia MNH avidence base 	
		 the Indonesia MNH evidence base. Supported the University of Indonesia to successf Banten II and newborn mortality studies. 	ully complete the

Indonesia Evidence Summit and Banten II

Key Accomplishments

In Indonesia, MCSP worked to build the capacity of two national institutions. In PY4, MCSP worked closely with local partner Indonesian Academy of Sciences (*Akademi Ilmu Pengetahuan Indonesia*) to conduct a systematic review and evidence synthesis related to maternal and newborn mortality in Indonesia to make specific recommendations to government stakeholders, with the ultimate goal of translating evidence into policies. Under the Banten II and newborn mortality studies, MCSP continued collaborating with the Universitas Indonesia's Center for Family Welfare to complete data review and analysis. MCSP also conducted further analysis of USAID's Expanding Maternal and Newborn Survival program data.

National MNH Policy Discussion and Recommendations

MCSP supported the Indonesian Academy of Sciences to conduct the first Indonesian Evidence Summit on Reducing Maternal and Neonatal Mortality, entitled Policy Development Dialogue on Reducing Maternal and Neonatal Mortality in Indonesia: Using Evidence and Information with Stakeholder Engagement. The summit was held October 4–5, 2017, at the National Library of Indonesia in Jakarta with over 150 stakeholder participants from the research community, MOH, and development partners to consider available research and evaluation findings on MNH, and identify how the evidence bears on pertinent policy questions. A combined stakeholder dissemination and Evidence Summit report launch meeting was held in March 2018 to share recommendations. The minister of health attended, endorsing the recommendations and providing a platform for their use in future evidence-based policymaking on maternal and newborn mortality.

MCSP anticipates that the Evidence Summit will have even further implications in Indonesia outside of MNH. The Indonesian Academy of Sciences is one of the leading bodies in Indonesia focused on promoting science through policy discussion forums and publications. The academy demonstrated its capacity to take responsibility for coordinating efforts among stakeholders to facilitate and participate in policy dialog and analysis through the Evidence Summit process, which will help progress the Indonesian movement toward documenting, publishing, and effectively using evidence to make informed decisions, whether in MNH or another critical area.

Supplemental MNH Evidence Generation

As part of the Evidence Summit, a team of researchers and statisticians led by Johns Hopkins Bloomberg School of Public Health performed an extensive analysis of data from the Expanding Maternal and Newborn Survival program, examining data from routine monitoring and from an independent study of the program. Based on these analyses, USAID included high-level Expanding Maternal and Newborn Survival program outcomes as accomplishments in contribution to the prevention of child and maternal deaths in the June 2018 Indonesia <u>Acting on the Call</u> country profile report. Given the richness of the data and analysis, a journal supplement with eight manuscripts was submitted and accepted for publication in the <u>International Journal of</u> <u>Gynecology</u> & Obstetrics, the official journal of the International Federation of Gynecology and Obstetrics, with expected publication in early 2019. This publication will contribute valuable evidence, including recommended approaches to improve facility readiness and better manage obstetric complications, to inform future efforts to reduce maternal and newborn mortality.

Maternal and Newborn Mortality Research

During PY4, MCSP supported the Center for Family Welfare to successfully complete the Banten II and newborn mortality studies. Under the Banten II study, the Maternal Death from Informants/Maternal Deaths Follow-On Review team conducted meetings with 737 village heads and 5,654 *Rukun Tetangga* (subvillages/neighborhood groups) heads. They also conducted interviews with 366 families of women who died due to maternal causes and 1,052 interviews with women who gave birth within the past 2 years (out of 1,152 households). Under the newborn mortality study, data collection was completed in three subdistricts (one each, representing an urban, rural, and remote area) and one subdistrict in the three districts/cities, resulting in 40 Neonatal Death Follow-On Review visits.

Addendum: Country Summaries and Results

Through a series of dissemination meetings at the district and provincial levels, study results were shared with representatives from the provincial health office, district health office, and the 13 study hospitals, resulting in recommendations for improving the maternal death reporting system, improving the quality of care through health staff training, better coordination to improve response time to complications, improving antenatal and postnatal care, and partnering with traditional birth attendants to quell common pregnancy and childbirth myths. Drafts of four manuscripts were completed; one is led by MCSP, and the others by Center for Family Welfare. MCSP anticipates it will submit its manuscript, "No One Data Source Captures All: A Nested Case-Control Study of Maternal Death Reporting Coverage from the routine Health Office Reporting System and Characteristics of Missed Maternal Deaths in Banten Province, Indonesia," to peer-reviewed journal *PLOS One* by the end of 2018.

Select study findings include:

- Banten II showed an overall estimated reduction of 29% in MMR in three districts in Banten Province between 2006 and 2017.
- Place of delivery and where deaths occur shifted from home to facility compared to Banten I data.
- The main causes of maternal death were hemorrhage and pregnancy-induced hypertension.
- No significant improvements were seen in maternal death recording/reporting through health center/district health office or the hospital systems since Banten I.
- The newborn mortality pilot study showed that it is feasible to implement the adapted Maternal Death from Informants/Maternal Deaths Follow-On Review method. Implementation on a larger geographic scale is needed for further testing to assess the sensitivity of the method.

Way Forward

MCSP prioritized MOH and key stakeholder involvement throughout its work to ensure buy-in and to prepare stakeholders to apply recommendations to policy decisions. The research findings and publication efforts will expand the body of MNH evidence from Indonesia and build momentum to document, publish, and effectively use evidence to inform health policies, programs, and future research in Indonesia. MCSP will contribute to the MNH evidence base not only in Indonesia but also regionally and globally through the publication of manuscripts from the Evidence Summit, Expanding Maternal and Newborn Survival analysis, and Banten studies in internationally indexed, peer-reviewed journals.

MCSP also anticipates that its work under the Banten II and newborn mortality studies will contribute to improved recording and reporting systems for maternal and newborn deaths. The Banten II methodology, and the newborn mortality adaptation developed under MCSP, can be applied in other countries to determine MMR/NMR and gather more detailed information about maternal and newborn deaths at subnational levels. The methodology is already being replicated in six additional provinces in Indonesia by USAID's current MNH bilateral program, bolstering the evidence for its utility and demonstrating that MCSP's work in Indonesia still advances despite implementation ending this year.

Selected Performance Indicators for PY4			
MCSP Global or Country PMP Indicators	Achievement		
Banten II			
Number of local partners whose capacity MCSP has built	I (target: I, 100% achieved)		
Number of studies completed	2 (target: 2, 100% achieved)		
Number of articles submitted for publication in peer-reviewed journals	0 (target: 3, 0% achieved) ¹		

Selected Performance Indicators for PY4				
MCSP Global or Country PMP Indicators	Achievement			
Evidence Summit				
Number of (national) policies/strategy documents drafted with US Government (MCSP) support	I (target: I, 100% achieved)			
Number of local partners whose capacity MCSP has built	I (target: I, 100% achieved)			
Number of articles submitted for publication in peer-reviewed journals	8 (target: 5, >100% achieved)			

[1] Expected early 2019