


Indonesia EOP Summary & Results



Geographic Implementation Areas

National level (Evidence Summit)

Provinces (maternal and newborn mortality study)

- 1/34 (3%)—Banten Province

Districts and Municipalities

- 3/405 (1%)—Serang municipality, Serang District, and Pandeglang District

Population

Country

- 252 million

MCSP-supported areas

- 11.8 million

Technical Areas

Program Dates
December 1, 2016–May 31, 2018

Total Funding through Life of Project
\$2,687,919

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births) ¹	359
NMR (per 1,000 live births) ²	19
IMR (per 1,000 live births) ²	32
U5MR (per 1,000 live births) ²	40
Births with SBA ²	83.1%

Sources: [1] Population Reference Bureau 2014 Population Data Sheet, [2] Indonesia DHS 2012

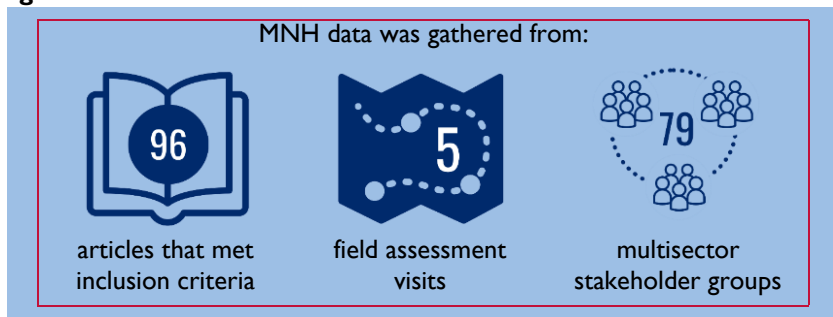
Strategic Objectives through the Life of Project

- Evidence Summit*
- Provide technical and operational assistance to the Indonesian Academy of Sciences to ensure successful completion of the first Evidence Summit on Reducing Maternal and Neonatal Mortality, develop the capacity of the Indonesian Academy of Sciences to conduct Evidence Summits in the future, translate evidence from the summit into policies at all health system levels, and introduce it to the global knowledge base.
 - Identify areas where further analysis of USAID’s Expanding Maternal and Neonatal Survival program data can fill gaps or answer MNH questions.
- Banten Studies*
- Systematically measure maternal mortality in Banten Province using 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.
 - Pilot Maternal Death from Informants/Maternal Death Follow-On Review methodology to measure neonatal mortality in three subdistricts.
 - Contribute important new data to Indonesia’s MNH evidence base.

Highlights through the Life of Project

- Evidence Summit*
- Built capacity of the Indonesian Academy of Sciences to convene the first Indonesian MNH Evidence Summit and similar events in the future.
 - Contributed to the Indonesian MNH evidence base and informed future programming through a supplement published in the *International Journal of Gynecology & Obstetrics*.
- Banten Studies*
- Piloted and validated use of the Maternal Death from Informants/Maternal Death Follow-On Review methodology to measure neonatal mortality.
 - Informed MNH strategies to reduce the MMR by disseminating results and recommendations to major stakeholders through a series of district- and provincial-level meetings.

Figure I. MCSP’s data sources for the Evidence Summit



Indonesia—Evidence Summit and Banten II

Background

MCSP undertook two scopes of work to strengthen the capacity of local institutions and meaningfully contribute to the MNH evidence base in Indonesia. The first scope was to build upon the 2013 USAID-funded report *Reducing Maternal and Neonatal Mortality in Indonesia: Saving Lives, Saving the Future* and apply the global Evidence Summit methodology at an individual country level for the first time through MCSP's support of the Indonesian Academy of Sciences to conduct the first ever Indonesian Evidence Summit. To add to the evidence reviewed through the Evidence Summit process, MCSP assembled a team to analyze data from the USAID-funded Expanding Maternal and Neonatal Survival program, which was implemented in six Indonesian provinces from 2011–2017. The purpose was to document successful approaches to inform future MNH programming. Under its second scope of work, MCSP supported the University of Indonesia Center for Family Welfare to replicate the 2005–2006 Banten I maternal mortality study conducted in Banten Province and to pilot a new methodology for measuring newborn mortality.

Key Accomplishments

Shaped National-Level Strategic Planning

The past two Demographic Health Surveys in Indonesia reflect an increasing MMR, jumping from 228 maternal deaths per 100,000 live births in 2007 to 359 in 2012. While the country's many survey-based MMR estimates have varied widely, Indonesia's MMR has remained one of the highest in Southeast Asia, similar to its newborn mortality ratio. To support efforts to reduce Indonesia's MMR and newborn mortality ratio, MCSP worked closely with the Indonesian Academy of Sciences to conduct the MNH Evidence Summit, titled Policy Development Dialogue on Reducing Maternal and Neonatal Mortality in Indonesia: Using Evidence and Information with Stakeholder Engagement, in October 2017. The Evidence Summit process pulled together existing evidence on maternal and newborn mortality in Indonesia and identified areas where there are research gaps. Reviewing all existing published and nonpublished (gray) evidence related to maternal and newborn mortality in Indonesia was a significant task that amounted to gathering nearly 8,000 examples of literature from scientific journals, nongovernmental program reports, government findings, student theses, qualitative research, etc. MCSP tapped into its networks of global health experts to provide technical assistance to the Indonesian Academy of Sciences in six topic areas²⁹ and in the systematic review process itself.

The Evidence Summit was held October 4–5, 2017, at the National Library in Jakarta with over 150 stakeholder participants. The MOH used the recommendations from the Evidence Summit to inform its own decision-making on how to reduce maternal and newborn mortality and inform MNH policy. Major Evidence Summit recommendations that the MOH has endorsed during its 2019 strategic planning include (but are not limited to) accrediting all health facilities to better assess compliance with maternal and newborn care regulations, and implementing policies that encourage facility-based births.

The Indonesian Academy of Sciences aims to be an independent, scientific body that can advise the government and the people of Indonesia on the development and application of science and technology in society. As such, MCSP played a significant “behind-the-scenes” role to build the capacity of the Indonesian Academy of Sciences to conduct similar summits independently in the future. This involved introducing new concepts, such as stakeholder mapping and targeted communications strategies, and overcoming financial and operational hurdles to function independently and in compliance with donor requirements. MCSP finance, programs, and communications staff worked hand in hand with the academy to strengthen its capacity as an organization so that it can achieve its vision of becoming a leading, respected advisor on scientific topics. MCSP program staff worked with academy counterparts to introduce program management and internal communication tools to streamline processes and solve problems. Applying MCSP's expertise to strengthen the organizational capacity of the Indonesian Academy of Sciences to prepare for the Evidence Summit is an achievement that will have a lasting impact on the future of health and science in Indonesia.

²⁹ Topic areas included: (1) quality of health services, (2) referral systems, (3) implementation of National Health Insurance, (4) contributions of local government, (5) data utilization in decision-making, and (6) women's equality.

Validated Maternal and Newborn Mortality Research Methodologies

Given Indonesia's inconsistent results with measuring its MMR, trends in maternal deaths have been obscured. Under the Banten II study, MCSP validated the use of Maternal Deaths from Informants/Maternal Deaths Follow-On Review as a methodology to systematically measure maternal mortality. In a separate but related newborn mortality study, MCSP supported the research team to pilot the Maternal Deaths from Informants/Maternal Deaths Follow-On Review methodology for newborn mortality, known as the Neonatal Deaths from Informants/Neonatal Deaths Follow-On Review methodology. The methodologies are already being replicated in six additional districts in Indonesia (one district in each of six different provinces) by USAID's follow-on MNH bilateral to the Expanding Maternal and Neonatal Survival program, Jalin, bolstering the evidence for their utility and demonstrating that MCSP's work still advances even after project completion. Select findings from the studies 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 has changed since significantly Banten I, from 32% and 65% of maternal deaths occurring at the health facility and at home, respectively, to 65% and 25%.
- Hemorrhage remained the main cause of maternal death; deaths related to pregnancy-induced hypertension increased sharply, and sepsis-related deaths decreased sharply.
- No significant improvements were seen in maternal death recording/reporting through health centers/district health offices or the hospital systems since Banten I.
- The newborn mortality pilot study showed that it is feasible to implement the adapted Maternal Deaths from Informants/Maternal Deaths Follow-On Review methodology; implementation on a larger geographic scale is needed for further testing to assess the sensitivity of the method.

These findings have encouraged further research about the characteristics of maternal deaths in order to develop more targeted strategies to improve postpartum care and ultimately reduce maternal mortality. Please see next sections on how the findings are also informing Jalin approaches.

Informed MNH Initiatives and Priorities

Following the Evidence Summit, a team of international and Indonesian researchers and statisticians led by the Johns Hopkins Bloomberg School of Public Health performed extensive data analysis (from routine monitoring and an independent study) of the Expanding Maternal and Neonatal Survival program. Researchers found that the program impacted the quality of EmONC, improved the efficiency and effectiveness of referrals, and increased accountability through mentoring. Given the richness of the data and analysis, a journal supplement comprising nine papers (six articles), "[Expanding Maternal and Neonatal Survival Opportunities in Indonesia](#)," was accepted by and published in the *International Journal of Gynecology & Obstetrics*, the official journal of the International Federation of Gynecology and Obstetrics. This publication contributes valuable evidence, including recommended approaches to improve facility readiness and better manage obstetric complications, to inform future efforts to reduce maternal and newborn mortality. Results from this analysis have been referenced by Jalin to identify the most effective approaches to incorporate into its own MNH programming.

MCSP submitted another manuscript, under its Banten II study, titled "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* with publication expected by December 2019. The manuscript concludes that the district health office reporting system needs to be improved to capture and characterize all maternal deaths. Additional recommendations resulting from the Banten II and newborn mortality studies that are being considered by Jalin and by district- and provincial-level health representatives include increasing the quality of care through staff training, emphasizing better coordination to reduce response time to complications, improving ANC and PNC, and partnering with traditional birth attendants to quell common pregnancy and childbirth myths.

Recommendations for the Future

MCSP's work has already had significant implications on future health policy and programming in Indonesia. The Indonesian MOH is taking the lessons learned from the Evidence Summit to inform its strategic efforts to reduce maternal and newborn mortality. Likewise, Jalin is informing its own approaches with MCSP's Expanding Maternal and Neonatal Survival analysis. To ensure these achievements are sustained and replicated, MCSP recommends the following:

- **Prioritize an inclusive approach for future programs and engage local stakeholders throughout to increase acceptance and sustainability of generated policy recommendations.** MCSP prioritized the involvement of the MOH and other essential stakeholders throughout its work. This enabled MCSP to ensure buy-in and to prepare stakeholders to apply recommendations to policy decisions.
- **Use the Banten II methodology and the newborn mortality adaptation developed under MCSP—which are already being applied in additional districts in Indonesia—in additional countries to determine MMR/newborn mortality ratio and gather more detailed information about maternal and newborn deaths at subnational levels.** MCSP 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 in Indonesia and elsewhere.

Selected Performance Indicators	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Banten II	
Number of local partners whose capacity MCSP has built	1 (target: 1; target achieved)
Number of studies completed	2 (target: 2; target achieved)
Number of articles submitted for publication in peer-reviewed journals	1 (target: 4; 25% achieved) ¹
Evidence Summit	
Number of (national) policies/strategy documents drafted with USG (MCSP) support	1 (target: 1; target achieved)
Number of local partners whose capacity MCSP has built	1 (target: 1; target achieved)
Number of articles submitted for publication in peer-reviewed journals	6 (target: 5; target exceeded)

¹ Additional articles are forthcoming

For a list of technical products developed by MCSP related to this country, please click [here](#).