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#1 Best Practice Brief

Improving emergency obstetric care helped reduce maternal deaths by nearly 60 percent in 18 months at Indonesia's Tangerang Hospital.

Creating a Model for Emergency Obstetric and Newborn Care

Scaling-Up Best Practices in Indonesia

This paper shows how Indonesia's Tangerang Hospital became a model for improved emergency care for pregnant mothers and newborns with limited resources from the government, and the Extending Service Delivery (ESD) Project—an international leader in scaling-up best practices in reproductive health and family planning. Because of the success at Tangerang Hospital and surrounding public health facilities, the Indonesian government supports continued scale-up of the intervention throughout the country's public hospitals and health facilities.

PROBLEM ADDRESSED

With a maternal mortality rate of 228 deaths per 100,000 live births, more Indonesian women die in childbirth than in most countries in Southeast Asia. Despite the fact that 79 percent of births are attended by a health care provider, newborn mortality is also high—19 deaths per 1,000 babies born. [1]

The poor quality of care at public hospitals and clinics is the main cause of these high mortality rates, which plague Indonesia's low-income communities. Tertiary facilities suffer from a significant lack of skill among clinicians. On average, only about 20 to 30 percent of Indonesia's estimated 3,000 obstetricians receive any comprehensive training in management of neonatal complications,[2] and only 32 percent of hospital-based health providers practice active management of third stage of labor. [3] There is clearly a desperate need to refine the skills of public health providers to better serve the country's mothers and newborns.

BEST PRACTICES TO IMPROVE CARE

To meet this need for life-saving services, ESD provided technical assistance and small grants to Indonesia's National Clinical Training Network of Reproductive Health, or Jaringan Nasional Pelatihan Klinis (JNPK), which worked with the Ministry of Health to create an effective model for improved emergency neonatal and obstetric care at Tangerang Hospital and the surrounding district. The model centered on applying PONEK—the revised national curriculum for emergency obstetric and neonatal care, through the following best practices:

1. Establishing a system of monthly on-the-job training, supportive supervision and competency-based testing (based on a standardized checklist and monitored by hospital staff and JNPK).

2. Certification of all the gynecology/obstetric practitioners and neonatologists in the hospital based on their competency in provision of care, according to PONEK's on-the-job training protocol.

3. Physical changes to improve privacy and infection control, such as deep basins and partitions between beds.

4. Training primary health care providers on the national basic emergency obstetric care protocol that focuses on timely referral and stabilization.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

[1] Indonesia, *Demographic Health Survey* (DHS), 2007
[2] HSP staff assessment by Dr. George Adriaanz, JNPK's director
[3] USAID/Prevention of Postpartum Hemorrhage Initiative (POPPHI), *AMTSL Draft Report*, Aug. - Sept. 2006, page 7

The midwives at Tangerang Hospital handle an average of 10 to 15 emergency deliveries each day. The hospital serves more than 2 million poor families from South Jakarta.

Although the Ministry of Health selected Tangerang Hospital to be one of the first 90 hospitals to apply the updated PONEK curriculum, it was not possible to implement all of the revised standards without assistance from JNPK and ESD.

With support from the partnership, it took less than a year and a half for Tangerang Hospital staff to fully implement the package of best practices and to prove to other hospital administrators and district and Ministry of Health officials that the package helped to save lives. After the first 18 months, the intervention cut neonatal deaths by more than half and maternal deaths by more than two-thirds.

Health professionals and government officials now look to Tangerang Hospital for lessons learned about how to save mothers in childbirth and their newborns. As the demonstration site, the successes achieved at Tangerang Hospital proved to the government that by modifying guidelines to include more resources for on-the-job training and supportive supervision, fewer neonates and mothers would die as a result. The Ministry of Health plans to train staff in 250 hospitals—60 percent of nationwide facilities—on the updated emergency care curriculum and to provide medical equipment to the hospitals to further improve maternal and neonatal health care management.

STARTING THE SCALE-UP

To explore different ways of scaling-up, ESD organized a USAID-supported technical meeting in Bangkok, Thailand, in 2007. Thirty-six Indonesians, including JNPK staff and Ministry of Health and district level officials, attended the meeting. The Indonesian team consulted with public health professionals from across Asia and the Middle East, and learned through presentations and skills building labs how high-impact best practices in family planning and maternal, neonatal and child health could potentially improve care nationwide. ESD awarded JNPK a small grant of $50,000 to begin the intervention at Tangerang Hospital.

FROM ACTION TO ACCELERATION

JNPK returned home from Bangkok and began training 20 health care providers and master trainers at Tangerang Hospital, and then held monthly on-the-job training sessions from November 2008 to September 2009. The on-the-job trainings began with a simulated training to test and validate the new curriculum, and then staff were trained in four separate sessions. The first two sessions were announced in advance, while the third and fourth were conducted randomly, which guaranteed that staff would not plan their performance around the training. As the training continued, JNPK was responsible for submitting reports every six months throughout the grant period to ESD. The reporting schedule helped the hospital to mark progress, and identify changes that needed to be made prior to moving forward.

Taking Communities to Scale

More than 100 pediatric health providers received "master trainer" competency-based training, on-the-job training and supportive supervision. These providers then trained and supervised clinicians at the primary health care and community levels. By passing on skills to other public health care providers and institutions and collaborating with the District Health Office, a strong health delivery network of public health professionals flourished within and beyond the boundary of local administrative area.

Tangerang Hospital assumed the lead in service delivery improvement within the community, and arranged a coordination meeting with Tangerang District health officers on the early identification of high-risk pregnancies, timely and optimum referral of patients and stabilization of life-threatening situations at the sub-district or primary health care level. Hospital staff also enabled direct communication with front line health providers

and tertiary health facilities through a mobile phone network.

Creating an Improvement Collaborative

To ensure the efficient spread of these practices across the health care continuum, ESD conducted an Improvement Collaborative training with providers from Tangerang Hospital, as well as those serving three more public hospitals and their catchment areas: Fatmawati, Cilegon and Serang. The Ministry of Health chose these three hospitals as optimal sites for scaling-up the care package because of their need for improved services and their readiness for trainings and testing.

The Improvement Collaborative trainings allowed teams from each hospital and its surrounding community to work toward one goal, and to share the same approach for data collection. The training also helped the teams to create quality improvement teams who could analyze the process in their facility and improve it.

OUTCOMES AND RESULTS

TANGERANG HOSPITAL: MATERNAL DEATHS = -58%

30/3,000 LIVE BIRTHS = BASELINE

12/3,500 LIVE BIRTHS = SECOND SIX MONTHS OF INTERVENTION

29/6,895 LIVE BIRTHS = THIRD SIX MONTHS OF INTERVENTION

TANGERANG HOSPITAL: NEWBORN DEATHS= -50%

527 DEATHS **/7,123** BIRTHS = 2008

144 DEATHS **/4,655** BIRTHS = 2009

Although the number of women delivering at Tangerang Hospital grew substantially during the time of the intervention due to a government program that began offering free obstetric services at public hospitals, the staff maintained a high quality of care, leading to a drastic decline in maternal and newborn deaths .The ability to offer quality care was showcased by their test scores: pre- and post-tests of emergency obstetric and neonatal care knowledge given during the on-the-job training simulation show that the obstetric department improved its average score by 10 percent—from 77 to 87 percent, while the neonatology department improved its average score by 18 percent—from 57 to 75 percent.

In March 2010, an Indonesian country team returned to Bangkok for a follow-up technical meeting organized by ESD and again committed itself to further nationwide scale-up of the emergency care package.

JNPK has since begun training providers at Fatmawati, Cilegon and Serang Hospitals through monthly on-the-job trainings. As compared to annual mortality rates in 2009, maternal and newborn deaths, now measured each month, are declining as a result.

CHALLENGES

Organizational Challenge: As JNPK helps other hospitals to scale-up the components of the PONEK curriculum, it will be limited by its small staff and budgetary constraints. While it continues to monitor care at Tangerang Hospital by conducing monthly, randomized competency-based testing, it will be challenged to maintain this level of efficiency and detail as the demand for its services grows throughout other hospitals.

JNPK is working to rectify this by building the self-assessment capacity of each hospital using a standardized monitoring checklist.

National Challenge: Although the Ministry of Health is interested in scaling-up the new approach for emergency obstetric and neonatal care, budget limitations inhibit the spread from happening quickly. JNPK continues to document success, and to use this evidence to lobby for additional resources.

Although family planning was not a component of the grant, JNPK staff encouraged immediate postpartum intrauterine device insertion and counseling for family planning after delivery, but could not commit themselves to measure this intervention. JNPK had little support to expend energy on family planning, since decentralization within the Indonesian government led to diminished attention to family planning programs at the district level.

Fatmawati Hospital is an exception, and will serve as a model for the other hospitals as they scale-up postpartum intrauterine device insertion and family planning counseling. By demonstrating its success, Fatmawati will inevitably convince other hospitals to replicate the intervention.

LESSONS LEARNED

Since JNPK, a reputable local NGO, was already contracted by the Indonesian government to conduct on-the-job training for service providers, providing a grant to improve training guidelines in one demonstration site led to quick success. JNPK learned that a best practice could start in one pilot site, but had to spread to health care providers from all levels of the continuum.

This intervention was well-suited for applying the Improvement Collaborative model to accelerate the scale-up. Since PONEK had already been tested and had improved the best practices in Tangerang Hospital, the Improvement Collaborative approach was used to train quality improvement teams in one hospital and three primary health centers during the first phase. Two years later, the approach trained the staff at three more hospitals interested in adopting the improved care package about how to collect data to measure improvement, how to work on process changes and, most importantly, how to share their successes and barriers to learn from each other and accelerate the spread of best practices.

Although high-level support from Indonesia's Ministry of Health indicates a potential for scaling-up, spreading best practices across the health care continuum also depends on support at the district level. District-level advocacy was integral in Tangerang, and will be throughout Indonesia. Creating the model in Tangerang District at a time when the Indonesian government had already committed itself to maternal and newborn health was crucial to obtaining district resources. JNPK should share the results of the intervention at Tangerang Hospital during a national meeting to advocate for more government resources. It is only with government support that this new approach can be institutionalized.

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