Community Empowerment in Eastern Indonesia: how “Alert Villages” contribute to prevent maternal and neonatal death

2011 International conference on Family Planning

Dakar, 2/12/2011

Dr. Goeman Lieve
Indonesia: The context

West Nusa Tenggara

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National</th>
<th>NTB</th>
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</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>68.1</td>
<td>60.5</td>
</tr>
<tr>
<td>Literacy Rate</td>
<td>90.9</td>
<td>78.8</td>
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<tr>
<td>Human Development Index</td>
<td>69.6</td>
<td>62.4</td>
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</table>
Maternal and Neonatal Health:

Highest MMR & IMR in the region
“Three delays”
“Four too’s”
Deliveries by TBA and at home
Limited access to FP methods

GIZ SISKES Project to Strengthen province & district Health Systems with focus on MNCH and demand side
2006-2009 (9.6 M €, BMZ and DfID)
Alert Village: the concept

Community members taking up their own responsibility
to prevent and overcome
health problems, emergencies and disasters
based on mutual support and in spirit of togetherness
Alert Village

- Establishment of 5 networks:
  - Notification system
  - Blood donation
  - Transportation/communication
  - Community Fund
  - Family Planning Information Post
An intense process with 6 steps and many stakeholders
How did we measure and show impact?

- Routine Health Data
- Household survey (2007)
- Monthly Reports of Villages/Health Facilities
- Specific Alert Village evaluation (2009) by local university with PHO
- Monthly M&E visits from District & Province
- Cost Analysis
- Case Studies, Sustainability survey in 2010/11
- GHPC review
- Film making, IEC materials, Posters, Conference participation
Results on Output level

- In the period 2006-2009: 90 villages became Alert Villages = 450,000 people (10%)
- Knowledge and understanding of the Alert Village concept is good (83%).
Results on Use of Output

- 80% of the women perceived the networks as (very) useful
- Most used: Notification system, Community Fund & FP post
Positive Behavior Change (Use of Output)

- Increased awareness and recognition of pregnancy related risks
- Pregnancy more than a woman’s affair only
- New approach to solve problems in the village
Positive Behavior Change

- More men accompany their wife for delivery (Increase of 18%)
Results on Outcome level: Improvement RH indicators

- Group of women that know \( \geq 4/5 \) methods has increased
- Increase of First and Third trimester Antenatal care (ANC) visit
- Increase in deliveries by Skilled Birth Attendants (SBA) with 13%

- Increase of deliveries in health facilities with 16%

- Decrease of MMR and IMR
Sustainability

Positive:
- Focus on process
- Cost info and sources of funding
- Integration into overall strategies, planning & budget documents
- Flexible adaptation
- Perceived benefit, quicker access to health care

Negative:
- Urbanization, Gov pro poor interventions
- Limited funding, M&E and supervision from central MoH
- Commitment and importance of leaders and facilitators
Lessons Learnt

- Application in a flexible and responsive way -- No top-down implementation
- Involvement of community needed for sustainability
- Commitment of leaders
- Strong stakeholder coordination required
- The supply side has to be ready too!
- It is sustainable over time but this is challenging!
Conclusion

Alert villages improve the health of mothers and newborns and contribute to reduce their mortality by bringing them closer to the care they need!
For more detailed information:

- Please visit our website “The Indonesian Health Platform” and the “PAF Facebook” page:

  www.ighealth.org
www.ighealth.org:

- Alert Village toolkit
- Training manuals
- Cost Analysis
- Posters
- Case studies
- Evaluations
- Programme information
Thank you!

Questions?
Methodology for evaluation

- 70 randomly selected supported villages in NTB
- Desk study of routine data, reports
- FGD and in depth interviews with 9 groups of stakeholders (n=538p, 280 mothers)
- Before: household survey, routine health data
- Confirmation by routine health data
Figure 3. Impact chain process of community empowerment to develop DSAJ

**Impact chain of community empowerment**

- **Highly aggregated impacts**
  - Reduction in Maternal mortality and morbidity, Reduction of poverty

- **Impacts**
  - The population of NTB & NIT use quality health services

**Outputs:**
- Community empowerment (using Desa Siaga - Alert Village concept strengthened)

**Attribution Gap**
- **Intermediates Outcome**
  - Communities establish and maintain a supportive environment that enables their members to access appropriate RH services

**Outcomes / objectives**
- Use of outputs

**Outputs**
- Review concept, focus group discussions, village facilitator training, village mapping, notification system for pregnant women, identification of transport possibilities, partnership midwife & tba, etc

**Advisors, funds, communication & transport, national policies and guidelines**
## Assessment DAC criteria

Overall score = 2 = “good” and “fully in line with expectations, no significant defect”

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Mother</th>
<th>Village Facilitator</th>
<th>Village Head</th>
<th>Village Midwives</th>
<th>Health Centre Facilitator</th>
<th>District Facilitator</th>
<th>Family Planning Institution</th>
<th>District Health Office</th>
<th>Provincial Health Office</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1. Relevance</td>
<td>2.7</td>
<td>1.5</td>
<td>1.7</td>
<td>1.6</td>
<td>1.8</td>
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<td>1.4</td>
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<tr>
<td>2. Effectiveness</td>
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<td>1.5</td>
<td>2.3</td>
<td>2.2</td>
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<td>3. Impact</td>
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<td>5. Sustainability</td>
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<td>1.7</td>
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Alert Village Stakeholders

Ministry of Health
Desa Slaga Policy and framework

External Development Partner
Financial & Technical assistance

Provincial Health Office
Supervision, technical oversight, M&E, training

District Health Facilities
Red Cross
Family Planning Organization
Resource Organisations

District Health Office
Implementation of the Desa Slaga Program

5 System Coordinators
Oversee individual Desa Slaga systems

Village Midwife
Antenatal & postnatal care, delivery assistance

Village Facilitator
Guides establishment of Desa Slaga systems

Alert Village

Village Leadership
Support introduction of Alert Village into the community

Community Members
Volunteers in Alert Systems

Health Centre Staff
Support Village Facilitators, blood testing, provide health services

NGO
Training and facilitation resource
Cost Information

Total unit cost for one village in NTB for 1 year is 4,109 €

80% for establishment of the Alert Village (step 5)
20% for operational ongoing activities

<table>
<thead>
<tr>
<th>Steps</th>
<th>Cost (IDR-Euro)</th>
<th>%</th>
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<tbody>
<tr>
<td>Establishing costs</td>
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<tr>
<td>Step 1: Orientation meeting at P, D and village level</td>
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<td>Step 2: Training I</td>
<td>7,843,600</td>
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<td>Step 3: Conduct self assessment survey</td>
<td>3,300,000</td>
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<td>Step 4: Training II</td>
<td>5,422,800</td>
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<td>Step 5: Establishment of DS system</td>
<td>22,572,000</td>
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<tr>
<td>Operational costs</td>
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<td></td>
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<tr>
<td>Step 6: M&amp;E at village/D level</td>
<td>10,230,000</td>
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<tr>
<td>Total unit Cost</td>
<td>53,414,400 (4,109 €)</td>
<td>100</td>
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Objective of the Cost Analysis

- **To analyze** the inputs and expenditures of establishing Alert Villages
- To enable informed decision making by the local government and policy makers for appropriate budget allocation for implementation of Alert Villages
- To support the community in planning and decision making
- To inform all stakeholders on the availability of existing sources of funding for Alert Village activities
- To inform external agencies, NGOs for roll out and support of the Alert Villages
- To complete the toolkit