# Quarterly Report for Expanding Maternal and Neonatal Survival

## Year 3, Quarter 2: Jan – Mar 2014

**Submitted 30 April 2014**

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# I. OVERVIEW

The USAID/Indonesia Expanding Maternal and Neonatal Survival (EMAS) Project is a five year program to support the Government of Indonesia to reduce maternal and newborn mortality. EMAS works with Indonesian government agencies (national, provincial and local), Civil Society Organizations, public and private health facilities, hospital associations, professional organizations, and the private sector. The project is expected to contribute to an overall 25% decline in national maternal and newborn mortality, and it is focusing on two major objectives:

1. Improving the quality of emergency obstetric and neonatal care services in hospitals and community health centers; and
2. Increasing the efficiency and effectiveness of referral systems between community health centers and hospitals.

Over the course of five years, EMAS will work with at least 150 hospitals (both public and private) and 300 community health centers across 30 districts and cities in six provinces—North Sumatra, Banten, West Java, Central Java, East Java, and South Sulawesi. EMAS will also emphasize scale up and sustainability in order to impact districts and provinces outside of the EMAS target districts.

This report describes progress made towards EMAS objectives during Year 3, Quarter 2. This quarter EMAS has continued the mentoring process across Phase 2 districts and facilities. Mentoring led by Phase 1 hospitals, puskesmas, and district health office staff has continued to progress this quarter, with a total of six hospital teams conducting mentoring activities this quarter in addition to mentoring conducted by teams comprised of staff from multiple facilities. This quarter, Pokjas and Civic Forums from Phase 1 districts have assisted Phase 2 districts to establish Pokjas and Civic Forums in the majority of EMAS districts and most Phase 2 districts have begun assessing performance using referral system performance standards. Lastly, this quarter, service statistic data is now available for Phase 2 facilities. A detailed summary of progress is provided in subsequent sections.

# II. PROGRAM ACTIVITIES AND RESULTS

## SUMMARY

This quarter, there were 10,141 live births in the 23 EMAS Phase 1 facilities, 35 maternal deaths, and 328 newborn deaths (Table 1).

Table 1: EMAS **Phase 1** Facility and Mortality Data, Year Two and Year Three, Q2 (N=23 Hospitals, 93 Puskesmas)

| EMAS Phase 1 Facilities | YR2 Q1 | YR2 Q2 | YR2 Q3 | YR2 Q4 | YR3 Q1 | YR3 Q2 |
|---|---|---|---|---|---|---|
| Number of women **delivering** | 11,053 | 12,496 | 14,071 | 13,449 | 12,599 | 10,244 |
| Number of **live births** | | | | | | 10,141 |
| Number of live births ≥ 2000 grams | 10,555 | 11,513 | 12,990 | 12,603 | 12,002 | 9,515 |
| Number of **fresh still births*** | | | | | | 19 |
| Number of fresh still births ≥ 2000 grams* | 186 | 212 | 160 | 20 | 32 | 14 |
| Number of **newborn deaths** | | | | | | 328 |
| Newborn deaths ≥ 2000 grams | 141 | 138 | 198 | 163 | 158 | 128 |
| Newborn deaths < 24 hours and ≥ 2000 grams | | | | | | 34 |
| 0-7 days (%) | | | | | | 247 (75%) |
| 8-28 days (%) | | | | | | 81 (25%) |
| Total number of **maternal deaths** | 37 | 40 | 45 | 41 | 48 | 35 |

*The validity of this reported number is in question given its low value

This quarter, EMAS also began collecting data for Phase 2 facilities (Table 2), which shows a total of 18,763 live births, 60 maternal deaths and 654 newborn deaths across 54 hospitals and 108 puskesmas.

Table 2: EMAS **Phase 2** Facility and Mortality Data, Year Three, Q2 (N=54 Hospitals, 108 Puskesmas)

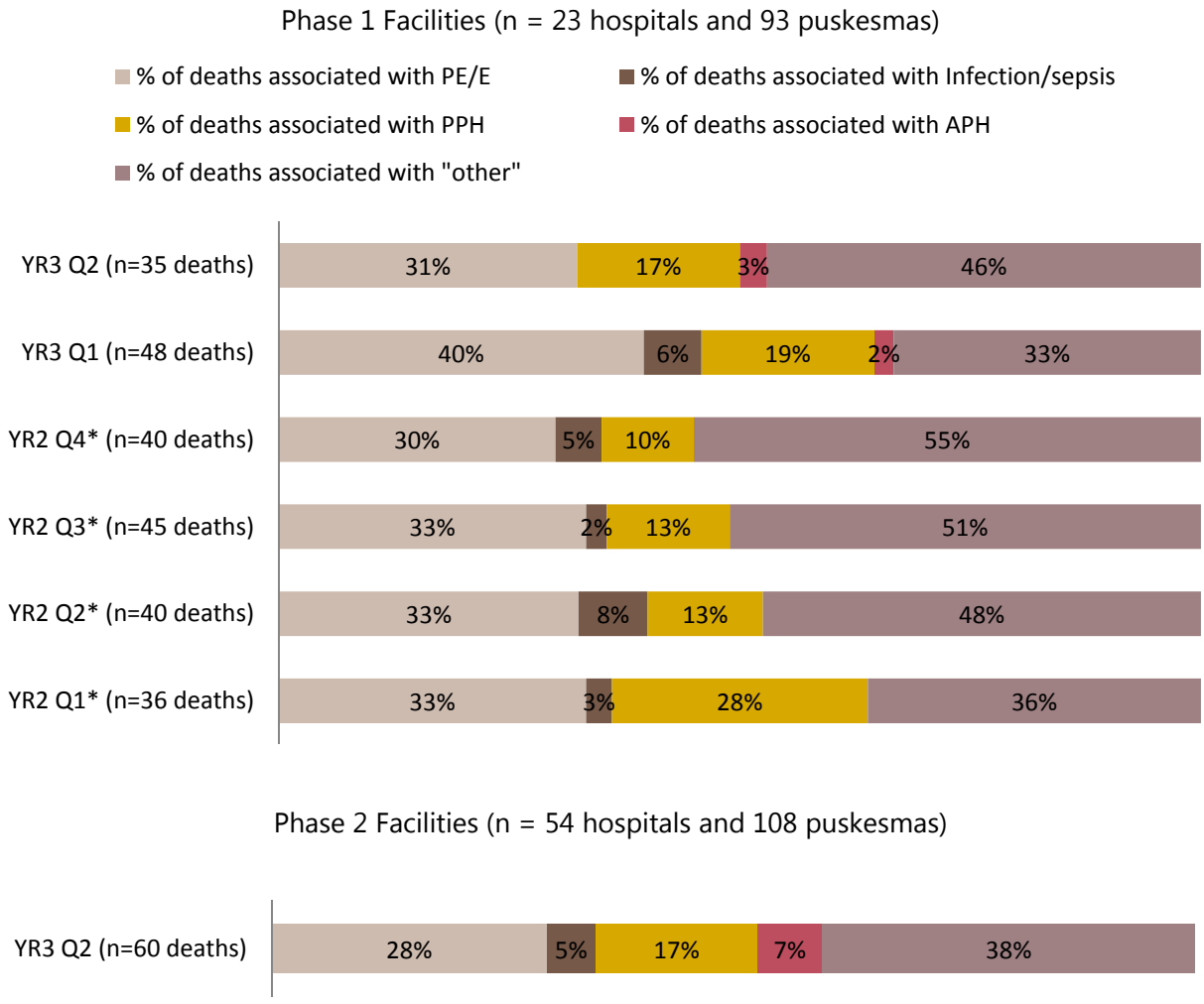
| EMAS Phase 2 Facilities | YR3 Q2 |
|---|---|
| Number of women **delivering** | 19,051 |
| Number of **live births** | 18,763 |
| Number of live births ≥ 2000 grams | 17,826 |
| Number of **fresh still births*** | **49** |
| Number of fresh still births ≥ 2000 grams* | 23 |
| Number of **newborn deaths** | **654** |
| Newborn deaths ≥ 2000 grams | 243 |
| Newborn deaths < 24 hours and ≥ 2000 grams | 72 |
| 0-7 days (%) | 549 (84%) |
| 8-28 days (%) | 105 (16%) |
| Total number of **maternal deaths** | 60 |

*The validity of this reported number is in question given its low value

Figure 1 shows that the proportion of deaths associated with PE/E and PPH was similar across both Phase 1 and 2 (one third and 17 percent respectively.) While Phase 2 deaths had a greater proportion of deaths associated with sepsis and APH.

The proportion of deaths associated with "other" complications remains significant and actually increased to 46 percent among Phase 1 deaths compared to 33 percent during the last quarter. Upon closer review of the 18 deaths classified within the category of "other" for Phase 1, it was determined that two deaths were due to pulmonary edema and were subsequently reclassified as PE/E. Placenta previa, hepatitis, and jaundice were listed among the other complications. No additional information was available on the remaining seven cases. Next quarter EMAS will attempt to collect additional information on deaths with "other" listed during monthly data collection.

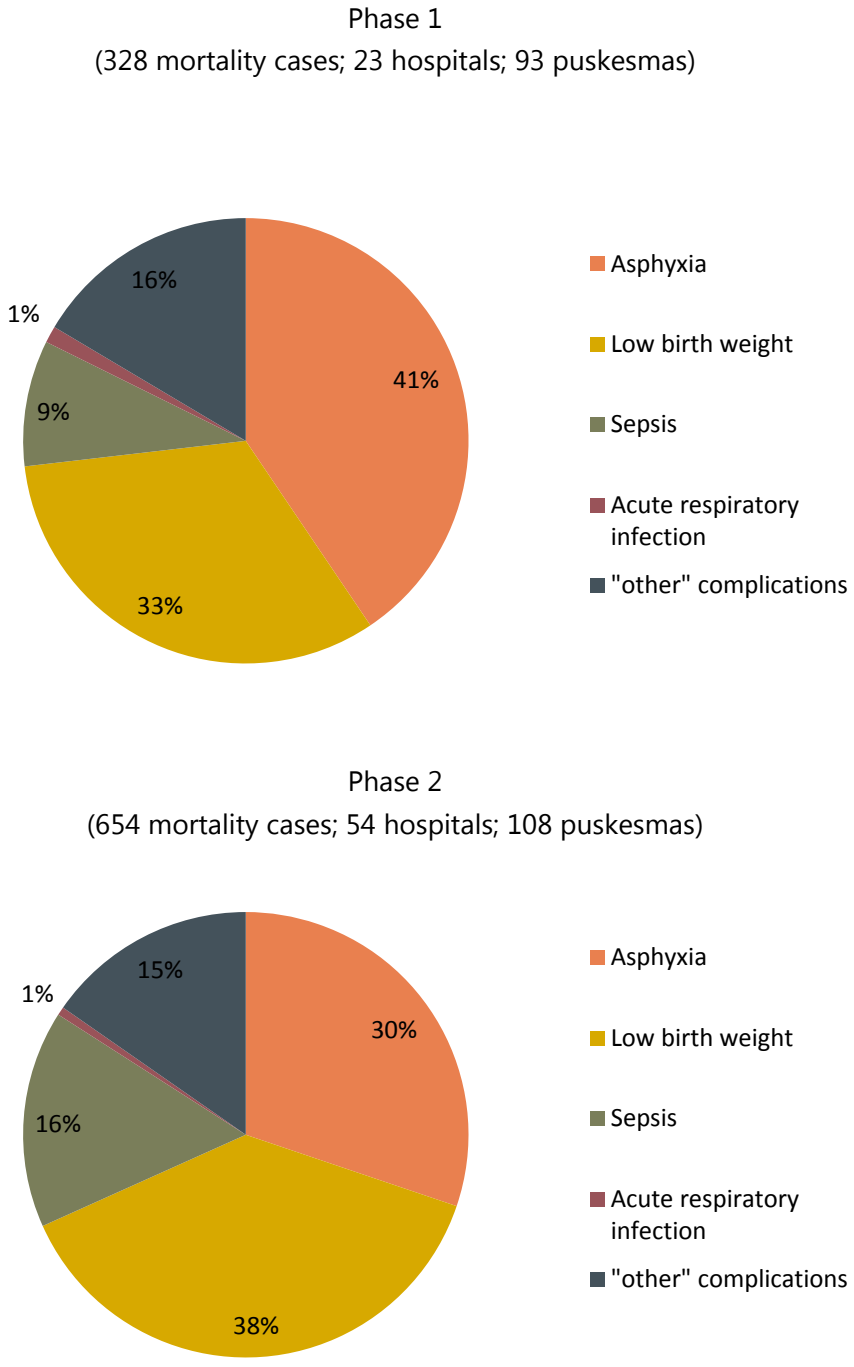
Figure 1: Maternal mortality: comparison by quarter of complications associated with mortality cases in EMAS-supported facilities




This quarter 328 newborn deaths occurred in Phase 1 facilities and 659 deaths occurred in Phase 2 facilities. The complication associated with the majority of deaths in Phase 1 sites was asphyxia, with 41 percent of deaths (n=133) associated with this complication, following by 33 percent of deaths

associated with low birth weight (Figure 2). Among newborn deaths in Phase 2 facilities, more deaths were associated with low birth weight (38 percent, n= 251) as opposed to those associated with birth asphyxia (30 percent).

Figure 2: Newborn mortality: comparison of complications associated with mortality cases in EMAS-supported facilities



Figures 2, 3 and 4 below highlight coverage of evidence based practices by quarter for Phase 1 and 2 facilities. In regard to coverage of maternal interventions, EMAS has continued to see high rates (95 percent) of the provision of uterotonic during the 3rd stage of labor, which has hovered in the 90th percentile since the beginning of Year Two. After several quarters of uneven or declining percentages of severe PE/E cases that received MgSO4, coverage has increased to 90 percent, up from 79 percent in Quarter 1. Amongst hospitals with the largest volume of severe PE/E cases, inconsistent recording of whether MgSO4 was provided was identified as a contributing factor to the decline in coverage in prior quarters. In addition, two of the hospitals contributing the largest proportion of severe PE/E cases showed significant improvement in recording the provision of MgSO4 between last quarter and the current quarter. RSUD Serang had a 21 percent increase in reported MgSO4 coverage and RSUD Waled had a 61 percent increase between YR3Q1 and YR3Q2.

In regard to coverage of newborn intervention, EMAS has continued to see strong progress in administration of antenatal corticosteroids (ACS) among preterm deliveries, with rates increasing from 60 to 70 percent from Quarter 1 to Quarter 2. While the percentage of newborns breastfed within one hour of birth has been relatively flat over the last three quarters, with a percentage point decrease from 60 to 59 percent from Quarter 1 to Quarter 2.

Coverage indicators related to appropriate treatment of clients prior to referral to hospital showed no improvement this quarter. Amongst referred newborns with suspected severe infection, only nine percent were given antibiotic prior to arriving at a hospital, while 27 percent of women referred with severe PE/E were provided MgSO4. In contrast, amongst the 186 severe PE/E cases reported from the 93 Phase 1 puskesmas, 93 percent were treated with MgSO4. In Year Three, Quarter 3, the M&E team will examine the extent to which poor referral documentation is contributing to the low performance among these indicators. Additionally, EMAS will determine what proportion of referral cases originate from puskesmas vs. other sources, such as a private midwife.

Figure 2. EMAS Phase 1 facilities: coverage of **maternal interventions** by quarter (n= 23 hospitals and 93 puskesmas)

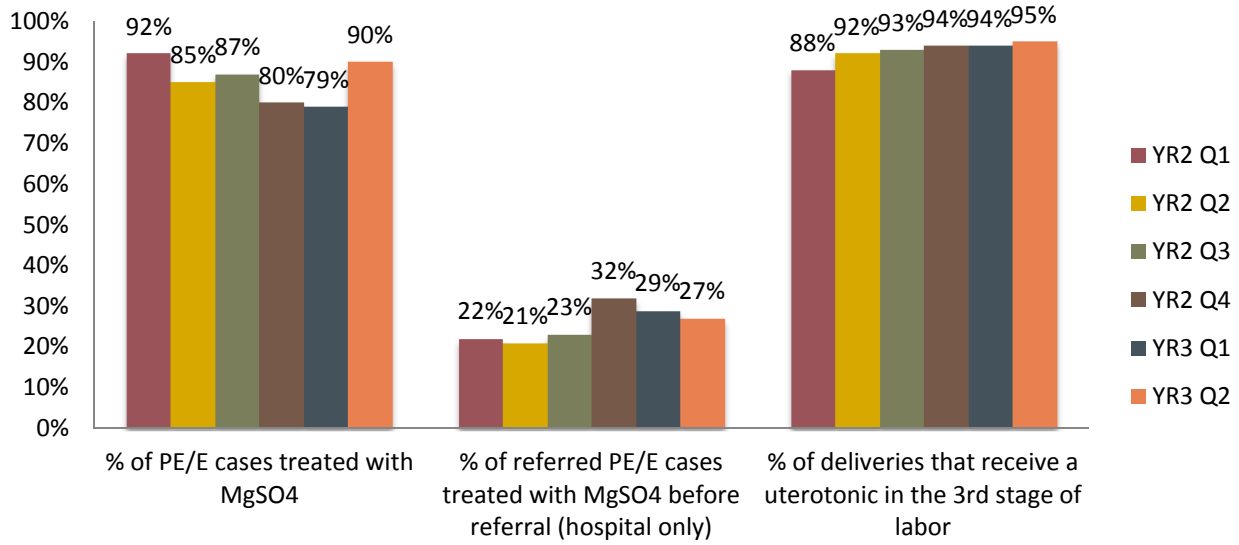
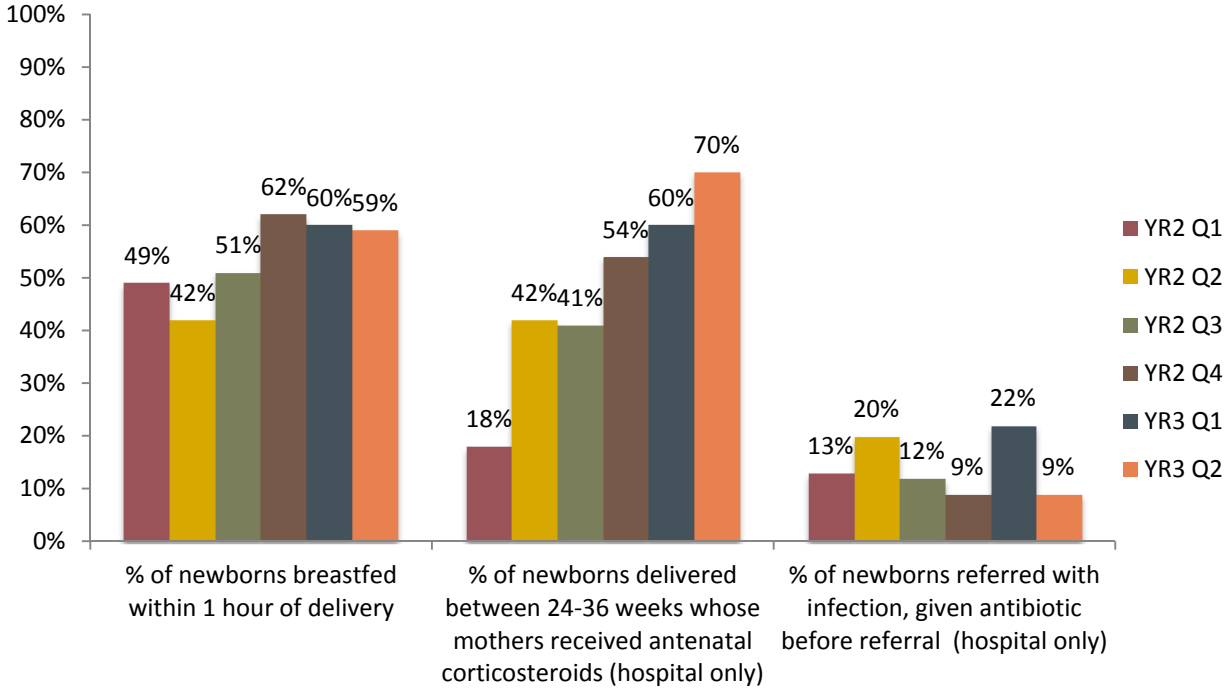
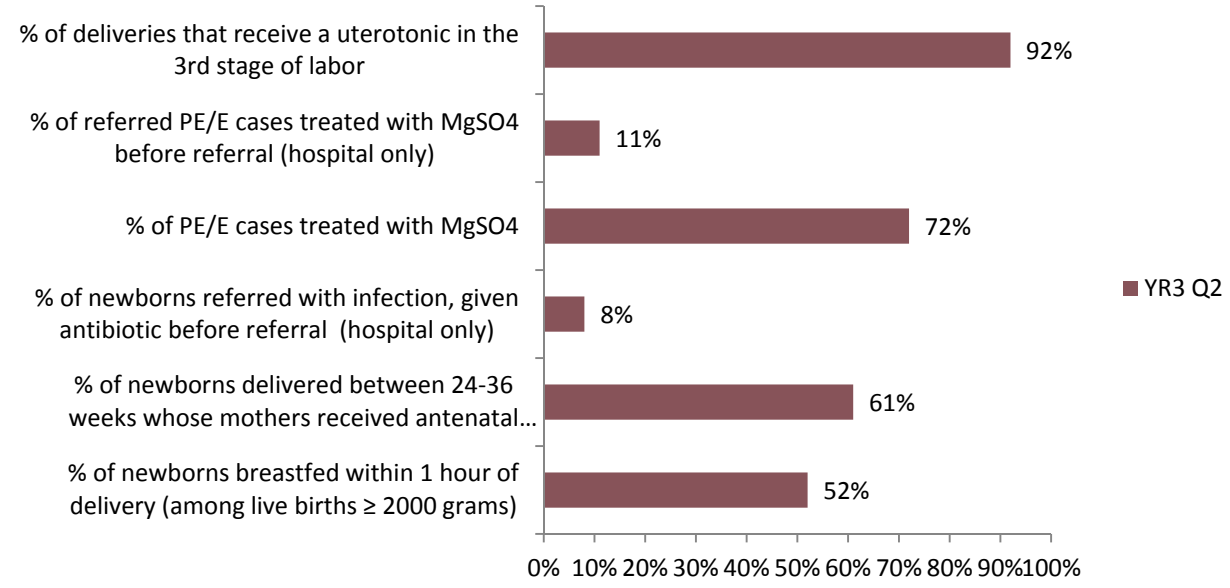


Figure 3. EMAS Phase 1 facilities: coverage of **newborn interventions** by quarter (n= 23 hospitals and 93 puskesmas)




Data from Phase 2 facilities show similar patterns of coverage across both maternal and newborn interventions when compared to Phase 1 facilities. For example, deliveries that receive a uterotonic in the 3rd stage of labor is quite high and the percentage of newborns with infection given antibiotics before referral is low. As expected, however, coverage rates across all interventions is lower amongst Phase 2 facilities than those in Phase 1.

Figure 4. EMAS Phase 2 facilities: coverage of **maternal and newborn interventions** by for Year 3, Quarter 2 (n= 54 hospitals and 108 puskesmas)



# OBJECTIVE 1: IMPROVED QUALITY OF EMERGENCY OBSTETRIC AND NEONATAL CARE (EMONC) SERVICES IN HOSPITALS AND PUSKESMAS

## A. PROGRESS TOWARD YEAR 3 PERFORMANCE MEASURES

Table 3: Objective 1 Year 3 Performance Measures: Progress towards Year-end Targets

| Performance Measure | End of Year 3 Target | Progress Summary | |
|---|---|---|---|
| | | Phase 1 | Phase 2 |
| Year 3 Outcomes (EMAS PMP Indicators) | | | |
| % of EMAS facilities that achieve at least 80% of EmONC standards achieved | 40% - Phase 1<br>20% Phase 2 | ACHIEVED<br>54 % | 12% |
| % of deliveries that receive at least one dose of uterotonic postpartum during 3rd stage of labor at EMAS facilities | 90% | ACHIEVED<br>95% | ACHIEVED<br>92% |
| % of live births who are breastfed within 1 hr of birth at EMAS facilities | 50% | ACHIEVED<br>59% | ACHIEVED<br>52% |
| % of newborns delivered in EMAS hospitals between 24 and 34 weeks gestation whose mothers received one or more doses of antenatal steroids | 50% | ACHIEVED<br>70% | ACHIEVED<br>62% |
| % of EMAS facilities that conduct regularly scheduled death reviews on neonatal stillbirths (IPUD) > 2000 grams | 15% | ACHIEVED<br>50% | 13% |
| % of EMAS facilities that conduct regularly scheduled death reviews on neonatal deaths > 2000 grams | 15% | ACHIEVED<br>46% | 25% |
| % of EMAS facilities that conduct deaths reviews on all maternal deaths within 24 hours of occurrence | 25% | ACHIEVED<br>37% | 29% |
| % of EMAS hospitals that conduct regularly scheduled near miss reviews | 15% | ACHIEVED<br>48% | 26% |
| Direct obstetric case fatality rate (hospital) | 1.2% | Reported annually | |
| Fresh stillbirth and very early neonatal death rate | N/A | Reported annually | |
| Year 3 Program Implementation Indicators (EMAS Input, Process and Output Indicators) | | | |
| # of facilities (RSUD) using decision-support tools | 100%<br>(11 RSUD) | 82% | N/A |
| % of hospitals using dashboards w/minimum set of indicators | 40%<br>(23 Phase 1;<br>61 Phase 2) | 9% | 8% |
| # of Phase 1 hospitals serving as mentors for Phase 2 hospitals | 15 hospitals | 6 | N/A |
| # of facilities with signed service charters in place | 100% | ACHIEVED<br>100% | 0% |
| # of hospitals with citizen feedback mechanism in place | 100% | ACHIEVED<br>100% | 15% |

## B. NARRATIVE DESCRIPTION

### 1.1 Conduct Mentoring Cycle for Phase 2 Sites

To facilitate the adoption of prioritized clinical interventions and clinical governance approaches in health facilities, EMAS and Phase 1 mentoring facilities conduct an intensive and systematic mentoring cycle that includes a combination of site visits to mentoring facilities and on-the-job mentoring. This quarter, mentoring of Phase 2 sites continued to progress, conducted by lead mentoring teams from LKBK as well as Phase 1 mentoring hospitals and puskesmas. In total, six Phase 1 hospitals (RSUD Kanjuruhan Malang, RSUD Sidoarjo, RSUD Majalaya, RSUD Margono, RSUD Soesilo Tegal and RSUD Abdul Manan Asahan) dedicated full teams of mentors to carry out mentoring activities within Phase 2 facilities this quarter. In cases where a full mentoring team was unavailable, EMAS has paired individual mentors from multiple Phase 1 hospitals to conduct mentoring in Phase 2 facilities. In addition to EMAS Phase 1 mentors, three vertical hospitals also participated in mentoring activities this quarter: RS Adam Malik, RS Pringadi Medan and RS Wahidin. In addition, Muhammadiyah hospitals Cempaka Putih and Pondok Kopi also continued to mentor ten Phase 2 Muhammadiyah and interfaith hospitals. While EMAS has developed a set of mentoring guidelines to help guide the process of mentoring in Phase 2 facilities, LKBK still supervises initial mentoring activities of Phase 1 facilities (K1, P1 and K2) to ensure a successful and smooth transition to being a mentor.

Phase 1 puskesmas have also contributed to mentoring in Phase 2 sites, with 20 puskesmas across four provinces conducting mentoring this quarter. Puskesmas have not yet begun mentoring in South Sulawesi and Banten, pending support from LKBK to standardize mentoring approaches.

**EARLY SUCCESSES FOR PHASE 1 MENTOR**

This year Margono hospital took on a mentoring role for Phase 2 facilities. Although being a mentor for other hospitals often requires a demanding schedule, no doctors on the Margono mentoring team ever questioned what they could get in return. The team at Margono is motivated "from their heart", Dr Hendro (pictured) explained.

And this motivation is both apparent and inspiring to those the Phase 2 facilities they are mentoring. Young doctors especially have been moved by the dedication of the senior physicians at Margono Hospital. "If even the senior specialists do this, why wouldn't I", commented one young ob-gyn from RSUD Cilacap that Margono is currently mentoring.

Table 4: Status of Mentoring Cycle, by Hospital, Phase 2, Year 3, Quarter 2

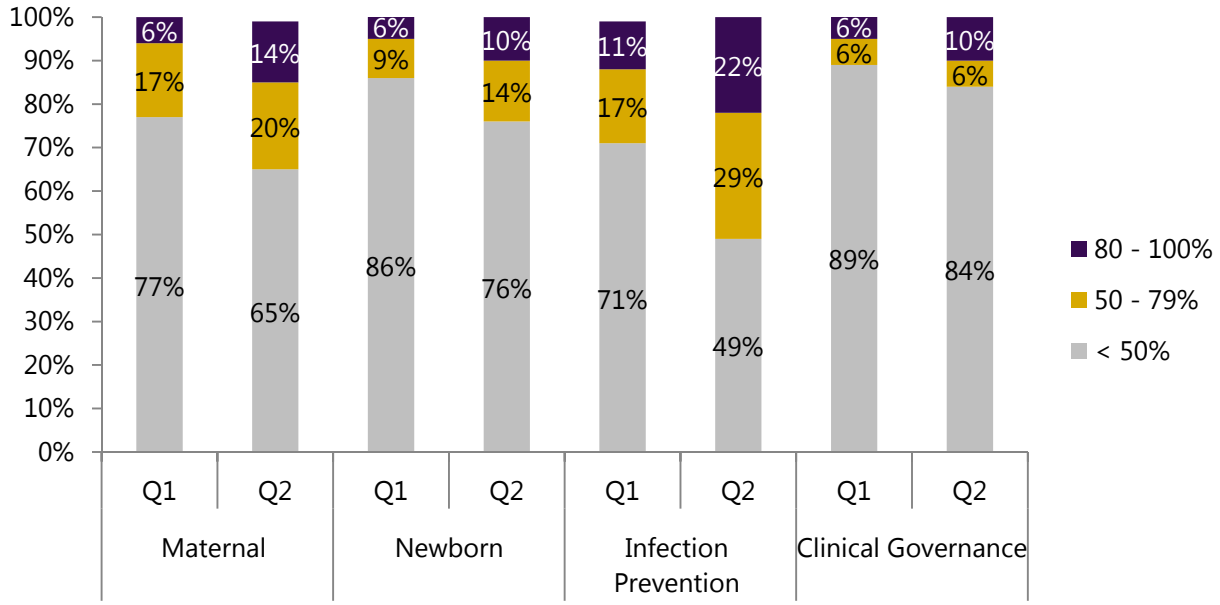
| No | Hospital | K1 | P1 | K2 | P2 |
|---|---|---|---|---|---|
| 1 | RSUD Cibinong | ✓ | ✓ | ✓ | ✓ |
| 2 | RSUD Ciawi | ✓ | ✓ | ✓ | ✓ |
| 3 | RSUD Karawang | ✓ | ✓ | ✓ | ✓ |
| 4 | RSUD Arjawinangun | ✓ | ✓ | | |
| 5 | RSUD Cicalengka | ✓ | ✓ | | |
| 6 | RSUD Soreang | ✓ | ✓ | | |
| 7 | RSUP Kariadi | ✓ | ✓ | ✓ | |
| 8 | RSUD Kota Semarang | ✓ | ✓ | | |
| 9 | RSUD Adhyatma | ✓ | ✓ | | |
| 10 | RSUD Kardinah | ✓ | ✓ | ✓ | |
| 11 | RSUP Cilacap | ✓ | ✓ | ✓ | |
| 12 | RSUD Majenang | ✓ | ✓ | ✓ | |
| 13 | RSUD Brebes | ✓ | ✓ | | |
| 14 | RSUP Adam Malik | ✓ | ✓ | ✓ | |
| 15 | RSUP Pirngadi | ✓ | ✓ | ✓ | |
| 16 | RSUD Kota Sibolga | ✓ | ✓ | | |
| 17 | RSUP Wahidin | ✓ | ✓ | ✓ | ✓ |
| 18 | RSUD Pare-pare | ✓ | ✓ | ✓ | |
| 19 | RSUD Bulukumba | ✓ | | | |
| 20 | RSUD Gowa | ✓ | | | |
| 21 | RSUP Syaiful Anwar | ✓ | ✓ | | |
| 22 | RSUD Bangil Pasuruan | ✓ | ✓ | | |
| 23 | RSUD Sudarsono, Kota Pasuruan | ✓ | ✓ | | |
| 24 | RSUD Jombang | ✓ | ✓ | | |
| 25 | RSUD Ngudi Waluyo, Kab. Blitar | ✓ | ✓ | | |
| 26 | RSIA Muslimat | ✓ | ✓ | | |
| 27 | RSU Muhammadyah | ✓ | ✓ | | |
| 28 | RSU Mojowarno | ✓ | ✓ | | |
| 29 | RSU Aulia | ✓ | ✓ | | |
| 30 | RSU Siti Aminah | ✓ | ✓ | | |
| 31 | RSU Anisa | ✓ | ✓ | | |
| 32 | RSM Lamongan | ✓ | ✓ | ✓ | |
| 33 | RSM Ponogoro | ✓ | ✓ | ✓ | |
| 34 | RSM Gombong | ✓ | ✓ | ✓ | |
| 35 | RSIA Siti Khadijah 1 Makassar | ✓ | ✓ | | |
| 37 | RSIA Siti Khadijah 3 Makassar | ✓ | ✓ | | |
| 38 | RSIA PKU Muhammadiyah Yogyakarta | ✓ | ✓ | | |
| 39 | RS Bethesda | ✓ | ✓ | | |
| 40 | RS Panti Rapih | ✓ | ✓ | | |
| 41 | RS Bethesda Lempuyang Wangi | ✓ | ✓ | | |
| 42 | RSUD Labuan Batu | ✓ | ✓ | | |

·✓ Completed Years 1 and 2 ·✓ Completed Year 3, Q1 ✓Completed Year 3, Q2

This quarter, mentoring visits centered on the K1 and P1 visits across 42 hospitals, with some hospitals progressing through K2 and P2 visits (Table 4). To quantitatively assess strengths and areas for improvement, EMAS uses clinical performance standard tools to assess facilities in four key areas: maternal, newborn, infection prevention and clinical governance. Last quarter, baseline assessments were conducted by the majority of Phase 2 hospitals. Improvements have been made across all standards compared to last quarter (Figure 4 below). Achievement of infection prevention standards is

the highest across the four areas, with 22 percent of facilities achieving 80 percent or more of standards this quarter, up from 11 percent last quarter. Improvements have been seen in the achievement of maternal and newborn standards this quarter, with 14 percent of facilities achieving at least 80 percent of maternal standards and ten percent achieving at least 80 percent of newborn standards. Consistent with EMAS's experience in working on Phase 1 facilities, progress in achievement of clinical governance standards is slower to take effect than other areas, as achievement of those standards requires establishing new systems that are very unfamiliar to most facilities.

Figure 4: Phase 2 hospitals achievement of EmONC Performance Standards, Year 3, Quarter 1 and Quarter 2 (N=49)




## 1.2 Improve Clinical Performance in Hospitals

As part of the mentoring cycle, EMAS provides support to help establish high-impact clinical interventions. To further boost the quality of care in priority intervention areas, EMAS has rolled out decision support tools (DST) – a set of tools to improve adherence to evidence-based protocols – for major complications contributing to maternal and neonatal mortality. Last quarter, the tools were introduced at LKBK and Muhammadiyah as well as in several Phase 1 facilities. EMAS provincial Clinical Mentors, Jakarta staff and a team of US-based pediatricians and neonatologists have provided onsite mentoring to RSUD Pinrang, RSUD Majalaya, RSUD Tegal, RSUD Banyumas, RSUD Margono, RSUD Kanjuruhan Malang and RSUD Sidoarjo. Strong commitment to using DST has been seen in East Java, while some other facilities have shown mixed levels of commitment. As with most interventions, strong support from head pediatricians or neonatologists increases the acceptability and impact of the tool. EMAS is working with IDAI to bolster more widespread acceptance of DST.

In addition to DST, as part of the strategy to work in both full-support (Type A) and limited-support (Type B) puskesmas across a whole district, EMAS has compiled job aids for use in limited-support puskesmas. Next quarter, EMAS will orient heads of puskesmas to these materials and fully disseminate them.

### 1.3 Continue to Strengthen Performance in Phase 1 Facilities

Despite significant improvements in the performance of Phase 1 facilities over the course of Year Two, continued support is required to maintain progress and achieve further improvements. EMAS clinical staff regularly visits Phase 1 facilities and help facilitate meetings with DHOs and Pokjas as needed. Support to Phase 1 facilities this quarter centered on completing the transition to being mentors for Phase 2 facilities. P4/K1 visits were conducted in five facilities this quarter (Table 5). In addition, where clinical performance standard scores have showed declines in certain Phase 1 facilities, EMAS has conducted additional mentoring to strengthen performance.

Table 5: Mentoring Cycle, Phase 1 Facilities, Year 3, Quarter 2

| No | Hospital | P3 | P4/K1 |
|---|---|---|---|
| 1 | RSUD Majalaya | ✓ | ✓ |
| 2 | RSUD Waled | ✓ | |
| 3 | RSUD Banyumas | ✓ | ✓ |
| 4 | RSUD Margono Banyumas | ✓ | ✓ |
| 5 | RSUD Pinrang | ✓ | |
| 6 | RSUD Abdul Manan Asahan | ✓ | ✓ |
| 7 | RS Sembiring Medan | | |
| 8 | RS Haji | | |
| 9 | RS Ibu Kartini | ✓ | |
| 10 | RSUD Deli Serdang | ✓ | |
| 11 | RS PKU Muhammadiyah Medan | ✓ | |
| 12 | RSUD Serang | ✓ | |
| 13 | RSUD Soesilo Slawi | ✓ | ✓ |
| 14 | RS Adela Tegal | | |
| 15 | RS Muhammadiyah Tegal | | ✓ |
| 16 | RS PKU Muhammadiyah | | |
| 17 | RSUD Kanjuruhan Malang | ✓ | ✓ |
| 18 | RS Balkes Bokor Malang | ✓ | ✓ |
| 19 | RS Gondang Legi Malang | ✓ | ✓ |
| 20 | RS Mitra Delima Malang | ✓ | ✓ |
| 21 | RSUD Sidoarjo | ✓ | ✓ |
| 22 | RS St Khodijah Sidoarjo | | ✓ |
| 23 | RS Anwar Medika Sidoarjo | ✓ | ✓ |

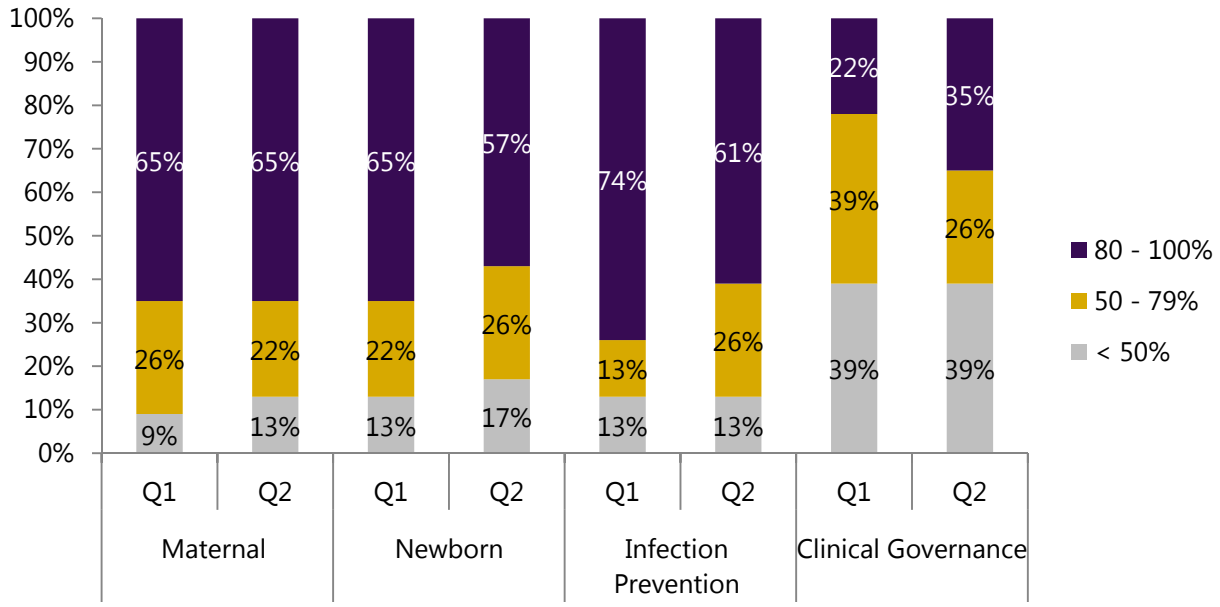
· ✓ Completed Years 1 and 2 · ✓ Completed Year 3, Q1 · ✓ Completed Year 3, Q2

Phase 1 facilities conduct their own clinical performance assessments on a regular basis, generally each quarter. DHO staff are encouraged to externally validate self-assessments. Banten and North Sumatra have proven to be especially good to engaging DHO staff in validating assessments. Regardless of who validates self-assessments, findings are regularly discussed in Pokja meetings. For example, in Asahan, DHO and facility staff meet together to review findings, map challenges and define specific follow up actions. It is no surprise that Pokjas with very high-level and influential

members, such as in Pinrang where the Pokja is headed by the Bupati or in Cirebon where the group is led by Sekda, are able to more quickly address challenges identified through use of performance standards..

Regular internal assessments were conducted by several Phase 1 facilities this quarter, followed by periodic external validation of assessments by EMAS mentoring teams. Figure 5 below shows achievement of performance standards across Phase 1 hospitals. Overall, achievement of maternal performance standards has remained relatively stable over the past quarter, while performance across newborn and infection prevention standards showed slight decreases. Modest declines in achievement of performance standards are not completely unexpected, as facilities will sometimes have a lapse in focused attention or motivation to maintain their progress. However, EMAS is actively monitoring performance and is providing additional mentoring in relevant areas to support performance improvement. For example, in order to accelerate progress in achievement of clinical governance standards, last quarter EMAS focused its support to Phase 1 facilities on strengthening the use of dashboards and audits. As a result, the percentage of hospitals that have achieved at least 80 percent of clinical governance standards has increased over last quarter.

Figure 5: Percentage of Standards Achieved by EMAS Phase 1 Hospitals, by quarter (Year 3, Q1 and Q2)




For EMAS, the task of regularly monitoring and responding to real-time performance across a program of this size presents many challenges. To improve the ability to more quickly and effectively assess and troubleshoot areas where facilities require additional support, EMAS has focused on developing additional program management tools enabling EMAS staff to quickly monitor and review facility performance. With these new tools in place, EMAS clinical staff are able to identify areas for improvements more quickly and initiate appropriate responses to boost performance.

Finally, in order to accelerate progress in improving the quality newborn care in particular, EMAS provided targeted mentoring support to RSUD Sidoarjo, RSUD Jombang, RSM Cempaka Putih and RSM Pondok Kopi, which was conducted by five US-based physician volunteers as part of EMAS's agreement

with UMass Memorial Hospital and Boston Children's Hospital. The volunteers provided mentoring around decision support tools, performance standards, and job aids to demonstrate high quality care and high impact clinical interventions.

### 1.4 Improve Use of Facility Data

In Years One and Two, EMAS focused on putting in place systems, such as dashboards and standardized registers, to monitor key clinical practices, adverse events and operational factors that impact the quality of care in Phase 1 facilities. Ultimately, these tools enable facilities to use data to make decisions and drive facility improvements. In Quarter 1, EMAS began the process of implementing dashboards in Phase 2 facilities and socializing standardized registers. Dashboards are introduced and put in place during K2, P1 and P2 mentoring cycle visits. In total, seven Phase 2 facilities have dashboards in place, which are being used to various degrees.

In places where dashboards are fully operational and in use, EMAS has seen good progress. Management teams have used the dashboards as a decision-making tool and have overall been responsive to recommendations, such as to fulfill requests for equipment and staff. EMAS is beginning to see more and more evidence that dashboards are being used as a management tool for both hospital leadership as well as clinicians. For example, in RSUD Serang, management has been made aware that the hospital has key staffing gaps. In addition, Ob/Gyns at the hospital have begun exploring factors contributing to high caesarian section rates as a result of the dashboards. At RS Cibinong, hospital management added additional working hours for staff in the emergency room after the dashboard highlighted staffing shortages. Despite visible progress in many facilities, others have yet to fully embrace the principles of using data for decision-making. This is particularly true at puskesmas, which frequently lack strong leadership.

To encourage the routine analysis and use of facility service statistics, data for decision-making workshops (D4D) were held this quarter. Workshops were funded using carry-over MCHIP funds and were designed to target hospitals in all Phase one and two districts. The first day of the two-day workshop was dedicated to discussing the concept of using data and provided an opportunity for facilities to analyze their own data. During the second day, hospital administration and district health office staff were invited to participate in discussions about the interpretation of the analysis and to discuss ideas to address identified gaps. It is expected that the D4D workshops should strengthen facility data quality, since increased scrutiny and use of facility data should result in better recording practices.

Two workshops were conducted in West Java and one was conducted in South Sulawesi. The remaining districts will all be completed in April 2014. Following the West Java and South Sulawesi workshops, the DHO offices approached EMAS about repeating the workshop for full support puskesmas. During next quarter, the workshop materials will be tailored for puskesmas participants and plans for conducting the workshops in selected districts will be made.

### 1.5 Implement Maternal and Neonatal Death and Near-Miss Reviews in Health Facilities

In Year Two, EMAS focused on mentoring Phase 1 facilities in how to conduct audits and to increase the frequency of audits. Overall, progress in conducting death audits in Phase 1 facilities has been slow. Although regular audits are occurring in Phase 1 facilities, the quality of the audit process remains

unsatisfactory. Long-term support is required to increase the quality of audits and EMAS continues to mentor and model quality audit processes and practices. When possible, LKBK seeks to participate in the audit process and has participated in audits in RS Adam Malik, RS Pirngadi, RS Sibolga and RS Labuan Batu this quarter during mentoring visits.

Commitment from and time constraints on behalf of both Ob/Gyns and pediatricians continue to impede substantial progress in routine practice of near miss and death audits. Despite this, progress is being observed in some facilities. RSUD Serang continues to conduct quality and meaningful audits, with findings and recommendations being routinely shared with hospital management as well as the DHO.

Overall, 46 percent of Phase 1 and 25 percent of Phase 2 facilities are conducting regularly scheduled reviews (at least one per month) on newborn deaths over 2000 grams (Table 6). Disaggregation by facility type (see PMP) is consistent with data from last quarter; Phase 1 public hospitals continue to conduct regularly scheduled audits on newborn deaths at a higher rate than private hospitals (55 percent for public hospitals vs. 19 percent among private). However, the difference among private and public hospitals for this indicator is negligible, with private hospitals showing slightly higher rates (28 percent) compared to public hospitals (24 percent). The percentage of Phase 1 hospitals conducting death reviews on all maternal deaths within 24 hours is 37 percent this quarter, down slightly from 45 percent in Quarter 1. While in Phase 2 hospitals, a larger percentage of private hospitals (43 percent) are conducting death reviews on all maternal deaths within 24 hours, compared to only 24 percent for public hospitals. Regularly scheduled near-miss audits were conducted in 48 percent of Phase 1 and 26 percent of Phase 2 hospitals. Performance in this area shows a wide variation among public and private hospitals in Phase 1 (25 percent for public hospitals and 73 percent for private hospitals), yet similar performance among public and private hospitals in Phase 2 (27 and 24 percent respectively).

Table 6: Overall Percent of Neonatal and Maternal Deaths Audited in EMAS Facilities, Year 3, Quarter 2

| Indicator | Phase 1 | Phase 2 |
|---|---|---|
| % of facilities conduct regularly scheduled death reviews on neonatal deaths > 2000 grams | 46% | 25% |
| % of facilities that conduct death reviews on all maternal deaths within 24 hours of occurrence | 37% | 29% |
| % of facilities that conduct regularly scheduled near miss reviews | 48% | 26% |

### 1.6 Implement Service Charters in Health Facilities

As part of the overall effort of improving the quality of emergency services and accountability for providing high-quality care, EMAS puts in place service charters – a publically posted set of norms and expectations relevant to emergency maternal and newborn care. The process of developing the Service Charter takes place after the Pokja, Civic Forum and *Perjanjian Kerjasama* (MOUs) are in place. The initial process of preparing for implementing service charters is currently underway in Phase 2 facilities, with the majority of Phase 2 facilities expected to have signed service charters in place in Quarters 3 and 4.

### 1.7 Implement Facility-based Feedback Mechanisms in Phase 2 Facilities

In order to improve accountability mechanisms, EMAS introduced or strengthened various citizen feedback mechanisms in Phase 1 facilities. Based on this experience, EMAS is using a combination of approaches in Phase 2 facilities, including surveys, community score cards, and collaborative monitoring, as well as the SMS-based Citizen Gateway, SIGAPKU (see Objective 3 for more detail). All Phase 1 facilities and nine Phase 2 hospitals have some mechanism for collecting citizen feedback. In the majority of Phase 2 facilities, the focus on improving or fully implementing feedback mechanisms occurs after service charters are in place.

In addition to supporting improved feedback mechanisms in Phase 2 facilities, EMAS is also continuing to help support meaningful feedback processes in Phase 1 sites. The most challenging aspect of the feedback process is ensuring appropriate response and follow-up action. To address this, EMAS has strengthened linkages between feedback mechanisms and community-based groups, such as the civic forum who can follow up on relevant issues.

### 1.8 Advocate for Puskesmas Staff to do Clinical Rotations at Hospitals

Continuing upon efforts in Year Two, EMAS is working with DHOs to advocate for puskesmas staff to participate in clinical rotations at hospitals to enhance and maintain clinical skills for managing emergencies. EMAS encourages districts to use existing training funds to support these rotations and is also helping to ensure the process and experience is a beneficial as possible for both hospitals and puskesmas.

This quarter, three hospitals in Banten and Central Java hosted clinical rotations for more than 40 midwives. Rotations were supposed to begin in East Java and South Sulawesi this quarter, but have not yet begun due to challenges in ensuring adequate budget allocations to support rotations. While most DHOs are supportive of clinical rotations, the majority of existing training funds are allocated to PONED/APN training activities, so re-allocation of those funds may require either more time or waiting until the next fiscal year.

### 1.9 Implement Learning and Performance Reinforcement Mechanism (SIPPP) (ON HOLD)

At the beginning of Year Three, funds and staff time for SIPPP was reallocated to enable EMAS to focus on higher priority initiatives. No activities under this activity have been implemented this reporting period.

# OBJECTIVE 2: INCREASED EFFICIENCY AND EFFECTIVENESS OF REFERRAL SYSTEMS BETWEEN COMMUNITY HEALTH CENTERS AND HOSPITALS

## A. PROGRESS TOWARDS YEAR 3 PERFORMANCE MEASURES

Table 7: Objective 2 Year 3 Performance Measures: Progress towards Year-end Targets

| Performance Measure | End of Year 3 Target | Progress Summary | |
|---|---|---|---|
| | | Phase 1 | Phase 2 |
| Year 3 Outcomes (EMAS PMP Indicators) | | | |
| % of EMAS referral networks that achieve 80% of standards contained in the referral performance monitoring tools | 40% Phase 1<br>20% Phase 2 | ACHIEVED<br>50% | 0% |
| % of EMAS-supported hospital referral cases managed using SijariEMAS | N/A | 21% | 24% |
| % of referral cases with hospital response occurring within 10 minutes upon receipt of SijariEMAS notification | 60% Phase 1<br>50% Phase 2 | ACHIEVED<br>72% | ACHIEVED<br>69% |
| % of reported maternal and perinatal deaths audited using the Maternal Perinatal Audit (MPA) process in EMAS districts | 50% maternal;<br>15% neonatal | ACHIEVED<br>55% maternal;<br>40% neonatal | 42% maternal;<br>25% neonatal |
| Year 3 Program Implementation Indicators (EMAS Input, Process and Output Indicators) | | | |
| Referral performance monitoring tools developed with EMAS assistance, are adopted by MOH | N/A | In progress | |
| # of districts/cities where referral system standards are introduced (Phase 1 and 2) | 10<br>Phase 1<br>13<br>Phase 2 | ACHIEVED<br>10 | 12 |
| # of signed comprehensive PKs in Phase 2 districts | 13 | N/A | 0 |
| # of districts using SijariEMAS to facilitate referrals (Phase 1 and 2) | 10<br>Phase 1<br>13<br>Phase 2 | ACHIEVED<br>10 | 3 |

## B. NARRATIVE DESCRIPTION

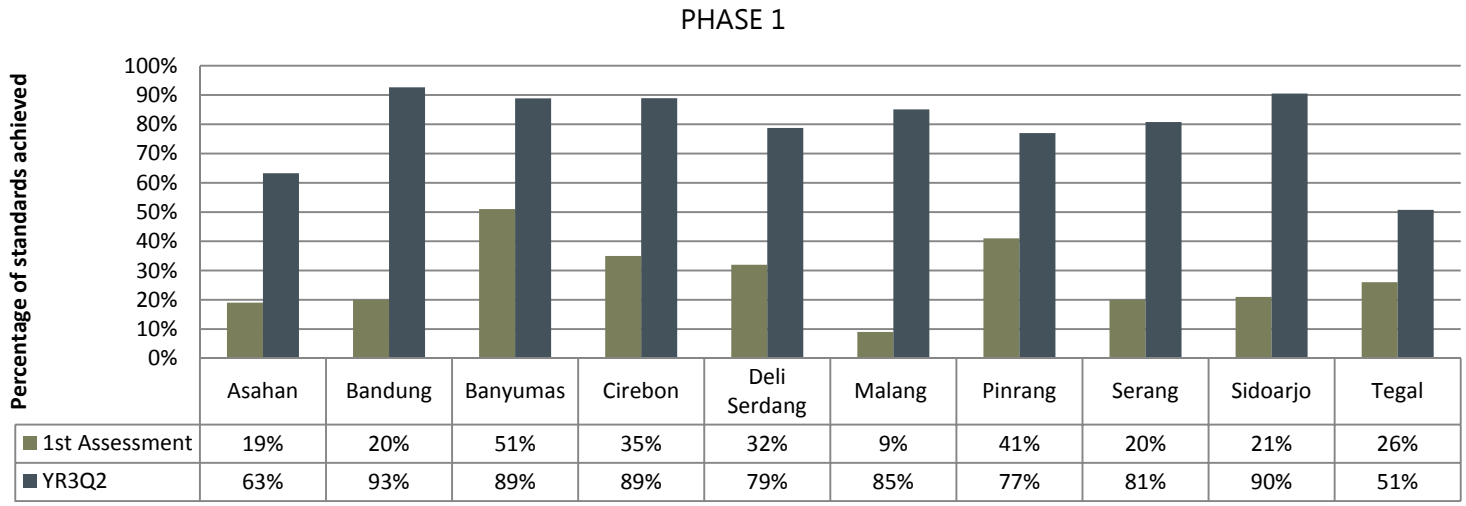
### 2.1 Implement Referral Performance Monitoring Tools

To improve the quality of referral and address the lack of national referral standards and guidelines, EMAS helped put in place guidelines and performance monitoring tools that enable districts to

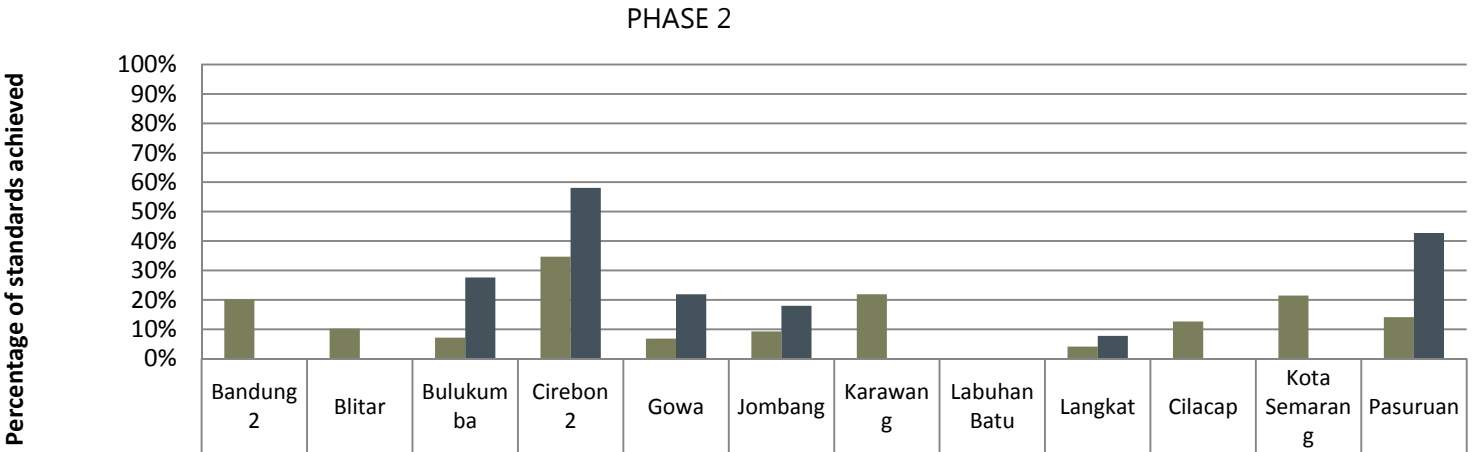
quantitatively measure the effectiveness of their referral systems. The tools (*alat pantau kinerja)* and operational guidelines outline and assess procedures for incoming referral notification, the availability of health providers 24/7, and treatment protocols for referral. In Year Two, EMAS rolled out and helped DHOs implement the monitoring tools in the 10 Phase 1 districts. Assessments are routinely carried out in Phase 1 districts to monitor progress. Assessments were carried out across all Phase 1 districts this quarter. Significant improvements were seen in all districts (Figure 6), with seven of the ten districts scoring over 80 percent.

Findings from the assessments have been shared with the Pokja. For example, in Cirebon and Karawang, after a discussion of the assessments, the Pokja was able to allocate additional funding in the 2014 budget for Penyelaian Fasilitatif teams to conduct assessments as well as for specialists to conduct mentoring activities within 10 puskesmas.

Figure 6: Percentage of referral standards achieved by Phase 1 and Phase 2 district, Year 2, Q2




| | Asahan | Bandung | Banyumas | Cirebon | Deli Serdang | Malang | Pinrang | Serang | Sidoarjo | Tegal |
|---|---|---|---|---|---|---|---|---|---|---|
| 1st Assessment | 19% | 20% | 51% | 35% | 32% | 9% | 41% | 20% | 21% | 26% |
| YR3Q2 | 63% | 93% | 89% | 89% | 79% | 85% | 77% | 81% | 90% | 51% |




| | Bandung 2 | Blitar | Bulukumba | Cirebon 2 | Gowa | Jombang | Karawang | Labuhan Batu | Langkat | Cilacap | Kota Semarang | Pasuruan |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1st Assessment | 20% | 10% | 7% | 35% | 7% | 9% | 22% | 0% | 4% | 13% | 21% | 14% |
| 2nd Assessment | | | 28% | 58% | 22% | 18% | | | 8% | | | 43% |

Last quarter, EMAS introduced referral performance monitoring tools to Phase 2 districts. All Phase 2 districts have been fully oriented to the referral performance standards and have initiated assessments, except for in Labuhan Batu in North Sumatra. Scores remain quite low in Phase 2 districts, largely because PKs have not yet been finalized, communication remains poor, and feedback mechanisms are weak (Figure 6). It should be noted that as part of EMAS's strategy of working across all puskesmas within a given district referral assessment scores from Phase 2 include those from full-support (Puskesmas Type A) as well as scores from some limited-support (Puskesmas Type B) puskesmas.

### 2.2 Facilitate Agreements Among Facilities (PKs) in Phase 2 Districts

To govern the referral network and improve collaboration and coordination among facilities as well as to integrate private facilities into the referral system, EMAS supports the process of drafting *Perjanjian Kerjasama* (PKs) to define the roles, responsibilities and expectations of both private and public hospitals and health centers, the local government and the civil society forum. All Phase 1 facilities signed on to a PK by the end of Year Two. The process of developing PKs is underway in Phase 2 sites. Last quarter, one PK was signed in Karawang. PKs in other locations are still in various stages of being prepared and signed.

### 2.3 Implement and Manage the "Referral Exchange" - SijariEMAS

The referral exchange mechanism (SijariEMAS) improves the efficiency of referrals by improving communication between puskesmas and the referral hospital, while at the same time ensuring hospitals can anticipate incoming referrals. Midwives send messages to the system and the message is subsequently routed to the hospital. In Year Two, all Phase 1 districts began using SijariEMAS to facilitate referrals. EMAS continued with implementing and operationalizing SijariEMAS in Phase 2 districts and cities this quarter. In total, seven Phase 2 districts were oriented to SijariEMAS and staff in 210 facilities were trained to use the system this quarter. Where possible, Phase 1 districts have led orientations for Phase 2 sites. In Cilacap for example, a district-level orientation workshop was conducted by three mentors from Banyumas, with over 150 people in attendance from nine hospitals, 38 puskesmas and the DHO.

Overall, 30 percent of referral cases (2830 cases) in Phase 1 and Phase 2 EMAS-supported hospitals were facilitated using SijariEMAS this quarter. Table 8 below shows variation in the number of cases being referred across district using SijariEMAS, with Cirebon having a large impact on the overall score due to a large number and percent of cases referred through the system. The percent of cases managed using SijariEMAS across other districts is lower, with districts showing data percentages in the high teens and mid-twenties. It should be noted that this data reflect the total percentage of cases managed with SijariEMAS across the entire catchment area, whether or not the referral case originated from an EMAS-supported puskesmas using SijariEMAS. When looking at the percentage of referral cases managed with SijariEMAS in EMAS-supported facilities only, the percent of cases managed by the system increases substantially.

Table 8: # and % of Cases Managed Using SijariEMAS in Phase 1 and 2 Hospitals, Year 3, Quarter 2

| District | # of cases referred using SijariEMAS | Total # of referral cases | % of cases facilitated with SijariEMAS |
|---|---|---|---|
| | Phase 1 | | |
| Asahan | 30 | 180 | 17% |
| Bandung | 146 | 977 | 15% |
| Banyumas | 104 | 1130 | 9% |
| Cirebon | 1009 | 1248 | 81% |
| Deli Serdang | 22 | 514 | 4% |
| Malang | 9 | 482 | 2% |
| Pinrang | 82 | 305 | 27% |
| Sidoarjo | 63 | 426 | 15% |
| Tegal | 99 | 890 | 11% |
| Serang | 136 | 543 | 25% |
| | Phase 2 | | |
| Bogor | 355 | 1502 | 24% |
| Karawang | 775 | 1161 | 24% |
| TOTAL | 2830 | 9358 | 30% |

SijariEMAS is intended to improve efficiency within the referral process. EMAS routinely collects data regarding how quickly referral cases are responded to by a hospital once a referral is initiated. This quarter, hospitals responded to incoming notifications within 10 minutes of receipt for 72% of cases in Phase 1 districts (n=10) and 81 % of cases in Phase 2 districts (n=2). In Phase 1 districts, the percent of cases which were responded to within 10 minutes of initiating a referral was lowest in Malang (44 percent were responded to within 10 minutes) and highest in Pinrang (94 percent were responded to within 10 minutes). Both Phase 2 districts, Bogor and Karawang, showed high percentages of cases being responded to within 10 minutes of being initiated, at 72 percent and 90 percent respectively.

The use of SijariEMAS in some districts was influenced by a number of factors. For example, both Deli Serdang and Asahan Districts have experienced electricity cut offs for 3-4 hours at a time several times a day. While both Malang and Pinrang districts experienced network and internet connectivity problems earlier in the quarter.

SijariEMAS continues to be well-received, with several districts demonstrating interest in expanding use of the system and funding relevant equipment. In Serang, for example, the DHO is funding coverage of the system for an additional 21 puskesmas. In Karawang, the DHO also moved to expand use of SijariEMAS and integrated it with the Karawang Jamkesda system. In North Sumatra, at the provincial level, EMAS successfully convinced Diskominfo to provide funding for a server, data center room, and internet and to fund implementation of SijariEMAS next year in Musrembang. In addition, the DHO in Malang has already moved forward with mandating use of SijariEMAS across all puskesmas and private midwives in the district were oriented to SijariEMAS, since many referral cases originate with private practices. Finally, success with uptake of SijariEMAS has also been seen in South Sulawesi. The districts of Bulukumba and Gowa have self-financed computers and internet connections and the city of

Makassar has already allocated funds and resources to support the system, integrating it with the existing SISFOMAS (HMIS) in the city.

### 2.4 Strengthen Existing Emergency Call Centers

In order to further improve communication between midwives and the hospital during the referral process and complement the SijariEMAS system, EMAS is strengthening existing emergency call centers. The upgraded call centers will fill key gaps in communication such as enabling voice communication, enhanced tracking, and improved monitoring. Call centers have been upgraded in nearly 20 Phase 1 and 21 Phase 2 facilities.

Upgraded call centers, coupled with SijariEMAS, continue to be widely accepted and attractive for districts. DHOs in Bogor and Karawang have hired dedicated call center operators to oversee referrals in these districts. Operators are able to monitor hospital response time, contact hospitals when delays occur and re-write SMS formatting when needed to ensure efficiency. In addition, in Karawang, the DHO expanded coverage of the call center to include general emergency cases in addition to those related to maternal and newborn emergencies. Despite these early successes, EMAS still continues to address challenges related to ensuring a dedicated person is always available. EMAS staff is continuing to work with Pokjas and DHOs to help address this issue.

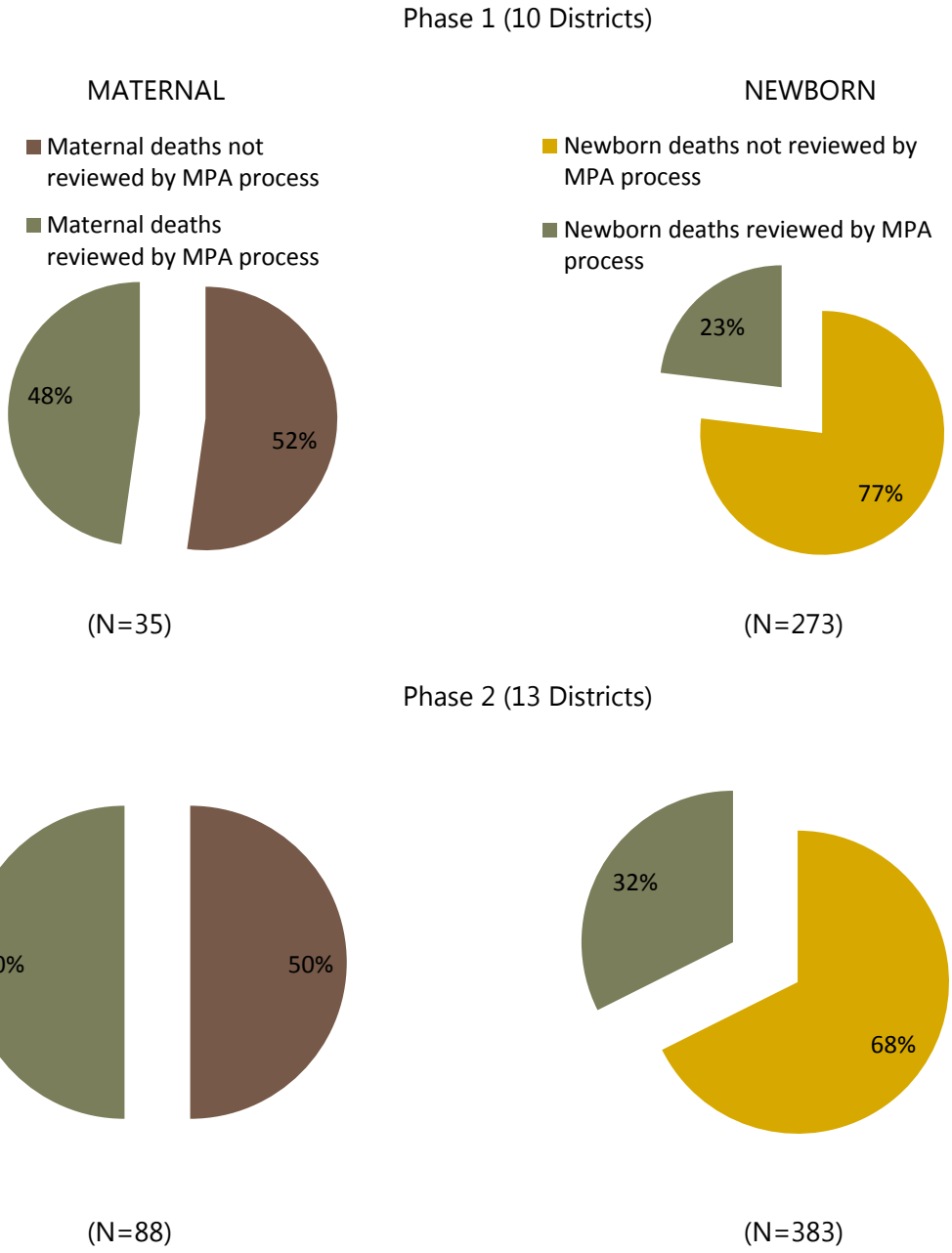
### 2.5 Improve Maternal and Perinatal Audit (MPA) processes

To help districts better understand the underlying causes of maternal and newborn deaths, EMAS has supported the implementation of systematic maternal and perinatal death audits. In Year Two, EMAS focused on helping districts overcome barriers to conducting audits (using the 2010 MOH Guidelines) on a regular basis. Overall, progress in this area was slower than hoped in Year Two. Near the end of Year Two, EMAS worked with Phase 1 districts to put in place clear action plans for implementing MPAs, but follow up by districts has been irregular. To be fully in line with the 2010 Guidelines, districts must have a decree (SK MPA) structured as required in the guidelines, and carry out the MPA process as defined including ensuring existence of functional Assessment teams, regular assessments and confidential filing of reports in the DHO. All Phase 1 districts have participated in MPA refresher workshops and all Phase 1 districts have the required SK MPA in place. However, only Malang and Asahan are fully following all 2010 guidelines. Often districts only budget for MPAs to be conducted two to four times each year, which is impeding progress in this area.

In Phase 2 districts, MPA refreshers workshops have not yet been conducted, however Bogor, Semarang, Brebes, Cilacap and Langkat have all taken steps to improve their MPA processes as a result of learning from EMAS Phase 1 districts. In Quarter 3, the MOH will be conducting an MPA workshop which is expected to boost progress in implementing the 2010 guidelines.

This quarter, the percentage of maternal and newborn deaths audited was actually higher in Phase 2 districts than in Phase 1 districts. Phase 2 districts audited 50 percent of the 88 maternal deaths, compared to 48 percent of the 35 maternal deaths audited in Phase 1 districts. Similarly, newborn deaths were also audited at higher rates in Phase 2 districts (32 percent) compared to Phase 1 districts (23 percent). However, overall percentages mask wide variation in district-by-district progress, with many Phase 2 district auditing no deaths and other auditing 100 percent of deaths.

Figure 6: Percentage of All Maternal and Newborn Deaths Reported and Reviewed by MPA Process




## 2.6 Advocate and Promote Use of Social Insurance and Universal Coverage (JKN)

This quarter coincided with the much-anticipated launch of national health insurance (JKN). As of January 1, Jampersal is no longer in effect, as JKN is now up and running. Over the coming months, EMAS anticipates some increased barriers for women accessing facility-based care for normal births and emergencies. Whereas Jampersal provided coverage for all births (regardless of socioeconomic status), JKN is currently only available to the poorest segment of the population. JKN is also mandating referral patterns that could delay a pregnant women or sick newborn from reaching emergency care. EMAS is

working closely with the PHO in each province to determine the most strategic approaches to ensure that access is not impeded by JKN.

This quarter MKIAs in Phase 1 districts continued to work directly with pregnant women to help them understand danger signs, how to use social insurance and to encourage facility delivery. Orientation for MKIAs began in North Sumatra this quarter for Phase 2 districts. Civic forums in other provinces are still in the process of identifying MKIAs.

# OBJECTIVE 3: STRENGTHENED ACCOUNTABILITY AMONGST GOVERNMENT, THE COMMUNITY AND HEALTH SYSTEM

## A. PROGRESS TOWARDS YEAR 3 PERFORMANCE MEASURES

Table 7: Objective 3 Year 3 Performance Measures: Progress towards Year-end Targets

| Performance Measure | End of Year 3 Target | Progress Summary | |
|---|---|---|---|
| | | Phase 1 | Phase 2 |
| Year 3 Outcomes (EMAS PMP Indicators) | | | |
| % of EMAS districts implementing feedback mechanisms for MCH services | 50% | Reported annually | |
| % of EMAS Phase 1 districts with Vanguard Pokjas | 40% | Reported semi-annually | |
| % of EMAS Phase 1 districts with Vanguard civic forums | 40% | Reported semi-annually | |
| Year 3 Program Implementation Indicators (EMAS Input, Process and Output Indicators) | | | |
| # of functioning pokjas, by district | 10 Phase 1<br>13 Phase 2 | ACHIEVED<br>10 | 12 |
| # of MKIAs trained in maternal and newborn health issues with EMAS support, by quarter | N/A | 0 | 33 |
| # of civic forums established, by district per quarter | 10 Phase 1<br>13 Phase 2 | ACHIEVED<br>10 | 13 |

## B. NARRATIVE DESCRIPTION

### 3.1 Strengthen Phase 1 Pokjas

EMAS identifies and strengthens working groups, called Pokjas, to help resolve issues and barriers identified by health facilities and others that impact maternal and newborn survival. Pokjas are generally comprised of a set of diverse and key influential individuals (eg. head of DHO, district heads, members from professional organizations, etc) which enables them to address issues outside of the direct control of health facilities or district health offices, such as budget allocations. EMAS has continued to provide support to the ten Phase 1 Pokjas to optimize their effectiveness and improve their capacity to serve as effective mechanisms for affecting MNH issues.

Phase 1 Pokjas have continued to evolve this quarter: all have action plans and are regularly assessing and seeking to improve their capacity. Pokjas in Banyumas and Pinrang have successfully supported the drafting of Bupati decrees supporting MMR and NMR reductions. EMAS has seen progress this quarter across all Pokjas in several areas. For example, in Serang, the Pokja has been successful in convincing the DHO to expand the use of some clinical governance interventions and SijariEMAS, as well as working directly with hospitals to improve feedback mechanisms. In Malang, the Pokja has successfully advocated for budget allocations in 2014 to support the MPA process as well as to provide ambulances for eight puskesmas. Finally, in Cirebon, the Pokja has collaborated with local TV networks to launch a campaign relevant to MNH issues.

### 3.2 Establish Pokjas in Phase 2 Districts

With the benefit of learning from the experience of working with Pokjas in Phase 1, EMAS is establishing Pokjas in Phase 2 districts and cities in a more strategic manner, such as by ensuring the Pokja is comprised of the most strategic membership and is established early on.

Pokjas are in place in all Phase 2 districts, except Banten. In the case of Banten, the Pokja is functioning, but as of this report official documentation establishing the Pokja was still awaiting finalization. All Pokjas have a workplan and have been regularly meeting to evaluate referral standard assessments, facility action plans, and MOUs. Phase 2 Pokjas are still the early stages of development, but have benefited from the learning and experiences of Phase 1 Pokjas which has accelerated progress. For example, Pokjas in Gowa, Bulukumba, Cilacap, Jombang, Pasuruan and Labuhan Batu have already helped draft MOUs to strengthen the referral network.

### 3.3 Strengthen Phase 1 Civic Forums

Civic Forums, also called *Forum Masyarakat Madani* (FMM), help link with civic society, expand public participation and serve as a monitoring body for the quality of services. In this role, Civic Forums seek input from the community, such as for the development of service charters, help facilitate citizen engagement, such as promoting feedback mechanisms, and play an overall role in mobilizing citizens and advocating for maternal and newborn health issues. In Years One and Two, EMAS helped establish civic forums in all Phase 1 districts, but provided minimal support for building their capacity, a key focus of Year Three activities.

All Phase 1 civic forums, with the exception of Sidoarjo have annual action plans and all are regularly assessing their own progress to identify areas where their capacity should be improved. Pokjas in Serang, Bandung, Cirebon, Asahan and Pinrang are all showing strong development and progress. While civic forums in Tegal, Sidoarjo and Malang all require additional support from EMAS to improve their capacity. EMAS is continuing to work directly with these civic forums to strengthen performance.

### 3.4 Establish Civic Forums in Phase 2 Districts and Cities

EMAS is establishing Civic Forums in Phase 2 districts and cities. The process of establishing a Civic Forum involves several steps, beginning with a Civicus Index Assessment to determine civic society capacities and interests in districts and cities. After the assessment is complete, EMAS then selects an appropriate existing mechanism to function as the Civic Forum - or when appropriate – forms a new Civic Forum.

By the end of this quarter, Civic Forums were established in all Phase 2 districts. All Civic Forums are assessing their progress and identifying areas for improvement by using a standardized assessment tool. Results from the tool show that all Phase 2 Civic Forums are still very early in their development. Despite a need for further development, Phase 2 Civic Forums are still making progress. For example, in Bulukumba, the Civic Forum launched a media effort regarding maternal deaths, and arranged meetings with the Head of the DHO and hospital leadership to discuss the issue. As a result, the DHO moved forward with MPAs for three maternal deaths. In addition, in Cilacap, the Civic Forum worked with local government in two sub-districts to devise mechanisms to encourage facility delivery.

There have been some challenges this quarter faced in established Civic Forums. In some areas, such as Tangerang, existing civil society action is weak and not well organized, leaving little upon which to build a strong foundation. While in Karawang, there are many civil society organizations who demonstrated a strong interest in maternal and newborn survival issues, but are currently poorly coordinated. As part of the overall activities to improve the capacity and functioning of Civic Forums in EMAS districts, each Civic Forum will develop an annual workplan, conduct routine meetings to strengthen coordination among various civic society groups and ensure adequate Civic Forum representation at the sub-district level.

Next quarter, EMAS will hold a national Civic Forum workshop to help share lessons and highlight successful strategies that can be adopted across districts.

### 3.5 Establish Citizen Feedback Mechanisms in Phase 2 Districts and Cities (SIGAPKU)

EMAS employs several mechanisms, based on the particular needs and conditions within districts and facilities, to collect feedback regarding the availability and quality of maternal and newborn health services. Mechanisms may include citizen report cards, exit interviews, focus groups, community score cards or other tools (as discussed under Objective 1). In addition, in Years One and Two EMAS developed and rolled out SIGAPKU, an electronic citizen feedback mechanism.

Citizen feedback mechanisms in Phase 2 districts will be strengthened or developed as service charters are put in place over the next two quarters. As indicated in prior reports, EMAS is currently examining to what extent SIGAPKU is an effective method of gathering citizen feedback, given the heavy reliance on local government to respond to the feedback.

### 3.6 Increase National Ownership

EMAS is committed to working closely with the national MOH and other relevant groups and institutions to ensure ownership and sustainability of approaches. Preparations in advance of a series of provincial-level dissemination and technical update events for the Indonesia Newborn Action Plan moved forward this quarter. EMAS coordinated closely with the national and provincial-level MOH as well as IDAI and POGI to plan these activities (see activity 3.7 for more details). Events will commence early in Quarter 3.

EMAS is also helping facilitate a study of antenatal corticosteroid (ACS) use in facilities. Six hospitals in West and Central Java were selected to participate in the MCHIP-funded ACS study. To date, baseline data for the six phase two facilities was collected. Following receipt of IRB approval, key informant

interviews were conducted in March 2014, however these data are still pending analysis. Preliminary analysis of data collected during chart reviews from the six facilities show ACS coverage at 45% in October 2013 among 132 eligible cases. There is a significant amount of variation in this value however. Analysis of additional tools by the MCHIP team should provide more informative results. Additional tools used include health provider knowledge and confidence assessment and a facility audit of staffing equipment and drugs.

### 3.7 Coordinate Closely with Professional Organizations to Ensure Ownership and Promote Scale Up

EMAS works closely with relevant professional organizations including IDAI, POGI and IBI. EMAS has worked in close collaboration with IDAI and POGI this quarter to plan the dissemination of INAP. In preparation for the dissemination of INAP and the corresponding technical updates, EMAS has been coordinating with POGI to design sessions and updates related to improving maternal and intra-partum care to reduce adverse newborn outcomes. There has been substantial sub-national coordination with POGI and IDAI in preparation for the roll out of and associated technical updates for INAP.

In addition to preparing for INAP, this quarter EMAS also attended the POGI Congress in North Sumatra, the HOGSI Congress in South Sulawesi and met with JNPK to improve coordination of and involvement in relevant EMAS clinical mentoring activities. For example, in West Java, POGI has agreed to assist and support Ob/Gyns at the district hospital to improve performance. In South Sulawesi, Central Java, North Sumatra and Banten, neonatologists appointed by UKK Perina IDAI to coordinate and provide support to EMAS were regularly consulted this quarter and have actively provided support to EMAS activities as well as activities coordinated by the Provincial Health Office.

Finally, this quarter UKK Perina IDAI also provided assistance for using EMAS tools for newborns in Papua and has supported the pilot testing of DST in selected areas by providing technical assistance in implementing the tools.

### 3.8 Scale up Plan Developed

EMAS seeks to ensure that its approaches and interventions are scaled up as widely as possible. While expansion beyond EMAS target districts and cities is already occurring, EMAS plans to develop a comprehensive plan to maximize key moments and opportunities for scale. In Year Two, the Director of the Maternal Health Directorate requested that all discussions regarding scale be placed on hold until experience and evidence regarding the effectiveness and scalability of EMAS approaches was sufficiently demonstrated. Last quarter, EMAS reignited informal discussions with the MOH to move forward with scale up planning. This quarter, EMAS has created a new role within the program, Sr Scale up Advisor, to be a liaison on scale up planning with the MOH. EMAS has also identified external STTA to facilitate scale up discussions with stakeholders and to draft a scale up strategy. The first set of stakeholder discussions are scheduled to take place in late June 2014.

EMAS has also been working on causal pathways to help inform what interventions and approaches should be scaled up. This quarter, an overall process diagram was drafted for EMAS along with causal pathways for the major EMAS interventions. The pathways help explain how the different interventions support various aspects of the health system and/or the community. Each causal pathway was prepared with inputs from the relevant EMAS technical advisor and reflects the theory of change by which EMAS interventions operate. By articulating the expected order of outputs and outcomes, the program is

better suited to understand where evidence gaps may exist in our process documentation. The causal pathways will also serve as helpful tools during planned discussions with stakeholders, including individuals at the central ministry.

### 3.9 Convene National EMAS Working Group

The SK for new members of the EMAS National Working group was signed on January 24th. A Pokja meeting was held on February 4th with DirGen GIKIA and DirGen BUK to discuss how the new Dirgen GIKIA could most strategically support EMAS goals in the six target provinces. Based on that meeting, the DirGen has expressed strong interest in visiting each of the EMAS provinces. The first visit to North Sumatra was conducted this quarter, and additional visits will likely occur during Quarter 3.

# VI. PROGRAM MANAGEMENT

This quarter EMAS focused on finalizing staffing in Phase 2 sites and continuing to orient new staff to their roles. As highlighted in prior reports, this has continued to require significant effort on behalf of both provincial and Jakarta-based staff. As of the writing of this report, recruitment for several district-level positions is ongoing, including Quality Improvement Coordinators in Deli Serdang, Asahan, Karawang, Cilacap and Tegal, and District Team Leaders in Bogor, Gowa , Bulukumba, and Jombang. In addition, Central Java has a vacancy for a Provincial Program Manager. EMAS staff in Jakarta and in district and provincial offices continue to fulfill the key functions of these positions while recruitment is underway.

In addition to this, EMAS underwent an external management review this quarter. As a result of management changes EMAS had initiated prior to the review, in addition to recommendation of the management review, EMAS is in the process of revising the structure of the Jakarta office and is recruiting for a new role, Deputy Chief of Party. EMAS also identified additional HQ support for knowledge management and component 1 management for the month of April. EMAS is continuing to follow up on other recommendations from the review in discussions with USAID.

EMAS also spent significant time preparing for the external Mid-term Evaluation this quarter, which is expected to begin early in Quarter 3.

# VII. M&E

This quarter M&E activities focused on finalizing the monitoring system and tools, orientating phase two districts and staff to reporting procedures and tools, developing content and planning for data for decision-making workshops (see activity 1.4), and preparing materials for program learning discussions.

### Monitoring system and tools

Between Year Two, Quarter 2 and Year Three, Quarter 1 (January 2013 – December 2013), substantive time and effort was focused on establishing and strengthening systems for PMP data collection, management, and analysis. This quarter, several of these activities were finalized.

The EMAS Online Monitoring System was used for the first time for prospective data entry and data management. Facility service statistics for 206 puskesmas and 84 hospitals were entered directly into the system. A two-level review process has resulted in improved data quality for submitted facility service statistics. PMP reporting was strengthened by the use of the online system as data were organized in a format that facilitated analysis. Between April and June 2014 the reporting feature of the system will be strengthened so that routine analyses are automated.

### Indicator Reference Sheets

The PMP Indicator Reference Sheets were finalized this quarter.

### Standard Register Socialization Workshops

Between January and mid-February 2014, district-level standard register sensitization and orientation workshops were conducted for Phase 2 districts. Facilities typically began to use the standard register in either January or February 2014. In addition to the district-level workshops, the nine stand-alone Muhammadiyah facilities were also oriented to the standard registers in mid-January.

# VIII. IMPLEMENTATION CHALLENGES/ISSUES

As mentioned in prior reports, to make progress in the areas that EMAS seeks to change, EMAS must have broad coverage across the health system in a given district, placing significant demands on EMAS's management, staffing and technical resources. In addition, the initial roll out of a new set of mentors is a time and resource intensive process, requiring support from lead EMAS mentors as well as EMAS's district and provincial staff. This continues to stretch EMAS mentoring resources. In addition, EMAS is still recruiting for several staff, as discussed in the program management section above, which has put a strain on others who are temporarily backfilling open positions.

Finally, while data collection efforts were standardized in Phase 1 districts, the addition of 13 new Phase 2 districts has challenged data collection efforts. Sixty-one new hospitals and over 100 puskesmas required orientation and introduction to standard registers. Additionally, new EMAS staff required orientation to data collection tools and procedures.

# IX. COST SHARE

EMAS has been successful in making progress towards its overall cost share requirement of an estimated $9,707,500 over the life of the project. In total, an additional $356,981 in cost share has been documented and reported through required financial systems this quarter, bringing the total cost share reported to USAID up to $1,106,851. An additional $1,225,431 of actual cost share activities are still being processed and will appear in subsequent USAID financial reports.

In sum, EMAS has obtained **$ 2,362,382 in actual** cost share and has obtained an additional **$4,300,356 in committed** cost share funds which will gradually convert to actual cost share as it is spent over the life of the grant. Using these estimates, EMAS will need to identify approximately $2.3 million in additional cost share contributions to meet cost share requirements. Efforts to identify additional sources of cost share are actively taking place.

EMAS has faced challenges in attempting to document cost share contributed by government sources. EMAS is in the process of clarifying documentation requirements regarding this issue.

Updates on key cost share activities for this quarter are as follows:

- SMSbunda: During this quarter, the message content and system were finalized for the GE-funded SMSBunda service. This SMS service will send messages directly to pregnant and postpartum women regarding pregnancy, childbirth, and postpartum care. Women will receive messages about danger signs and be advised to immediately seek the help of a midwife or doctor in case of any danger signs. SMSBunda will initially be promoted in two EMAS districts (Karawang and Cirebon) in Quarter 3, and then promoted in all EMAS Phase 1 districts near the end of Quarter 4..
- Postpartum Family Planning: Jhpiego is currently in final negotiations with the Bill and Melinda Gates Foundation for support to integrate postpartum family planning services into EMAS target facilities in 8 districts. The grant is expected to be awarded in Quarter 3.
- Pfizer Global Health Fellows: During this quarter, RTI has provided two Pfizer Global Health Fellows to support EMAS for four months. One fellow is assisting the Component 1 team to develop strategies for promoting higher performing EMAS target facilities, and the second fellow is assisting the Component 2 team to document key characteristics and best practices of EMAS's more successful Civic Forums.

An updated cost share status report is included in Annex 4.

# LIST OF ANNEXES

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **1. Percentage of EMAS-supported health facilities that are functioning as Vanguards** | 40% of phase 1 facilities are functioning as Vanguard facilities<br><br>20% of phase 2 facilities are functioning as Vanguard facilities | 0 | 0% | 0 | 0% |
| *Hospital public* | | | | | |
| *Hospital private* | | | | | |
| *Puskesmas* | | | | | |
| **2. Percentage of EmONC standards achieved by EMAS-supported facilities** | | | | | |
| *(1) hospitals achieving 80% of maternal standards* | 40% of phase 1 facilities achieve 80% of EmONC standards achieved<br><br>20% of phase 2 facilities achieve 80% of standards<br><br>Phase 1: ~9H and 37P<br>Phase 2: ~ 12H and 21P | 65% | achieved target | 14% | 70% |
| *(2) hospitals achieving 80% of newborn standards* | | 57% | achieved target | 10% | 50% |
| *(3) hospitals achieving 80% of IP standards* | | 61% | achieved target | 22% | achieved target |
| *(4) hospitals achieving 80% of clinical governance standards* | | 35% | 88% | 10% | 50% |
| *(1) puskesmas achieving 80% of MNH standards* | | | | | |
| *(2) puskesmas achieving 80% of IP standards* | | 49% | achieved target | 4% | 20% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **3. Percentage of severe pre-eclampsia/eclampsia cases managed with magnesium sulfate (MgSO4) at EMAS-supported facilities** | 90% of severe PE/E cases are managed with MgS04 | 90% | achieved target | 66% | 73% |
| *Hospital Private* | | 86% | 96% | 71% | 79% |
| *Hospital Public* | | 89% | 99% | 72% | 80% |
| *Puskesmas* | | 93% | achieved target | 34% | 38% |
| **4. Percentage of deliveries that receive at least one dose of uterotonic postpartum during the third stage of labor at EMAS-supported facilities** | 90% of deliveries receive at least one dose of uterotonic postpartum | **95%** | achieved target | 92% | achieved target |
| *Hospital Private* | | 94% | achieved target | 85% | 94% |
| *Hospital Public* | | 93% | achieved target | 95% | achieved target |
| *Puskesmas* | | 99% | achieved target | 99% | achieved target |
| **5. Percentage of live births who are breastfed within 1 hour of birth at EMAS-supported facilities** | 50% of live births are breastfed within 1 hour of birth | **59%** | achieved target | 52% | achieved target |
| *Hospital Private* | | 50% | achieved target | 45% | 90% |
| *Hospital Public* | | 46% | 92% | 40% | 80% |
| *Puskesmas* | | 94% | achieved target | 94% | achieved target |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **6. Percentage of women delivering in EMAS-supported hospitals between 24 to 36 weeks gestation who receive one or more doses of antenatal steroids** | 50% of women delivering between 24-36 weeks receive one more doses of ACS | **70%** | achieved target | 62% | achieved target |
| *Hospital Private* | | 65% | achieved target | 53% | achieved target |
| *Hospital Public* | | 72% | achieved target | 65% | achieved target |
| **7. Percentage of EMAS-supported facilities that conduct regularly scheduled death reviews of fresh stillbirths (intrapartum deaths) > 2000 grams** | 15% of facilities regularly conduct deaths reviews on stillbirths > 2000 grams | **50%** | achieved target | 13% | 87% |
| *Hospital Private* | | **50%** | achieved target | 25% | achieved target |
| *Hospital Public* | | **43%** | achieved target | 9% | 60% |
| *Puskesmas* | | **100%** | achieved target | 0% | 0% |
| **There were 9 facilities without any reported fresh stillbirths > 2000 g* | | | | | |
| **8. Percentage of EMAS-supported facilities that conduct regularly scheduled death reviews on neonatal deaths > 2000 grams** | 15% of facilities regularly conduct deaths reviews on neonatal deaths > 2000 grams | **46%** | achieved target | 25% | achieved target |
| *Hospital Private* | | 19% | achieved target | 28% | achieved target |
| *Hospital Public* | | 55% | achieved target | 24% | achieved target |
| *Puskesmas* | | **100%** | achieved target | 0% | 0% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **There were 8 facilities without any reported neonatal deaths > 2000 g* | | | | | |
| **9. Percentage of EMAS-supported facilities that conduct death reviews on all maternal deaths within 24 hours of occurrence** | 25% of facilities conduct death reviews on **all** maternal deaths within 24 hours of occurrence | **37%** | achieved target | 29% | achieved target |
| *Hospital Private* | | 33% | achieved target | 43% | achieved target |
| *Hospital Public* | | 38% | achieved target | 24% | 96% |
| *Puskesmas* | | N/A | N/A | 100% | achieved target |
| **There were 11 facilities without any reported maternal deaths* | | | | | |
| **10. Percentage of EMAS-supported hospitals that conduct regularly scheduled near miss reviews** | 15% of hospitals regularly conduct near miss reviews | **48%** | achieved target | 26% | achieved target |
| *Hospital Private* | | 25% | achieved target | 27% | achieved target |
| *Hospital Public* | | **73%** | achieved target | 24% | achieved target |
| **11. Obstetric case fatality rate (hospital)** | indicator reported annually | | | NA | NA |
| *Private hospital, referred* | | | | | |
| *Private hospital, not referred* | | | | | |
| *Public hospital, referred* | | | | | |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **12. Newborn mortality rate (facility)** | indicator reported annually | | | NA | NA |
| *Hospital Private* | | | | | |
| *Hospital Public* | | | | | |
| *Puskesmas* | | | | | |
| **13. Fresh stillbirth and very early neonatal death rate (hospital)** | indicator reported annually | | | NA | NA |
| **14. Percentage of referral standards achieved by EMAS-supported referral networks** | 40% of phase 1 referral networks achieve 80% of EmONC standards achieved<br><br>20% of phase 2 referral networks achieve 80% of standards | | | | |
| | | Asahan: 63% | achieved target | Bandung Phase 2: 20% | achieved target |
| | | Bandung: 93% | achieved target | Blitar: 10% | 50% |
| | | Banyumas: 89% | achieved target | Bogor: no score | 0% |
| | | Cirebon: 89% | achieved target | Brebes: no score | 0% |
| | | Deli Serdang: 79% | achieved target | Bulukumba: 28% | achieved target |
| | | Malang: 85% | achieved target | Cilacap: 13% | 65% |
| | | Pinrang: 77% | achieved target | Cirebon Phase 2: 58% | achieved target |
| | | Serang: 81% | achieved target | Gowa: 22% | achieved target |
| | | Sidoarjo: 71% | achieved target | Jombang: 18% | 90% |
| | | Tegal: 51% | achieved target | Karawang: 22% | achieved target |
| | | | | Kota Semarang: 21% | achieved target |
| | | | | Labuhan Batu: 0% | 0% |
| | | | | Langkat: 8% | 40% |
| | | | | Pasuruan: 43% | achieved target |
| | | | | Tangerang: no score | 0% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **15. Percentage of EMAS-supported hospital referral cases managed using SijariEMAS** | No target | | | | |
| **16. Percentage of referral cases with a hospital response occurring within 10 minutes upon receipt of SijariEMAS notification** | 60% of phase 1 SijariEMAS referral cases have a response time of < 10 min<br><br>50% of phase 2 SijariEMAS referral cases have a response time of < 10 min | | | | |
| | | Asahan: 87% | achieved target | Bogor: 70% | achieved target |
| | | Bandung: 65% | achieved target | Karawang: 90% | achieved target |
| | | Banyumas: 65% | achieved target | | |
| | | Cirebon: 80% | achieved target | | |
| | | Deli Serdang: 77% | achieved target | | |
| | | Malang: 44% | 73% | | |
| | | Pinrang: 94% | achieved target | | |
| | | Serang: 67% | achieved target | | |
| | | Sidoarjo: 81% | achieved target | | |
| | | Tegal: 60% | achieved target | | |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| **17. Percentage of women with severe pre-eclampsia/eclampsia (PE/E) who are referred to EMAS-supported hospitals and who receive at least one dose of magnesium sulfate (MgSO4) before referral** | 40% of women with severe PE/E are given MgS04 before referral to an EMAS-supported hospital | **27%** | **68%** | 11% | 28% |
| *Hospital Private* | | 24% | 60% | 6% | 15% |
| *Hospital Public* | | 27% | 68% | 13% | 33% |
| **18. Percentage of newborns with suspected severe infection who are referred to EMAS-supported hospitals and who receive at least one dose of antibiotic before referral** | 30% of newborns with suspected severe infection are given antibiotic before referral to an EMAS-supported hospital | **9%** | **30%** | 8% | 27% |
| *Hospital Private* | | 3% | 10% | 18% | 60% |
| *Hospital Public* | | 11% | 37% | 4% | 13% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|---|
| **19. Percentage of reported maternal and perinatal deaths audited using the Maternal Perinatal Audit (MPA) process in EMAS-supported districts** | 50% of maternal deaths and 15% of neonatal deaths are audited | | | | | |
| | **District** | **YR3Q2 Value** | **% of target achieved** | **District** | **YR3Q2 Value** | **% of target achieved** |
| | **Asahan** | | | **Blitar** | | |
| | *maternal* | 33% | 66% | *maternal* | 0% | 0% |
| | *neonatal* | 29% | achieved target | *neonatal* | 0% | 0% |
| | **Bandung** | | | **Bogor** | | |
| | *maternal* | 100% | achieved target | *maternal* | 77% | achieved target |
| | *neonatal* | 100% | achieved target | *neonatal* | 0% | 0% |
| | **Banyumas** | | | **Brebes** | | |
| | *maternal* | 64% | achieved target | *maternal* | 0% | 0% |
| | *neonatal* | 23% | achieved target | *neonatal* | 0% | 0% |
| | **Cirebon** | | | **Bulukumba** | | |
| | *maternal* | 100% | achieved target | *maternal* | 0% | 0% |
| | *neonatal* | 0% | 0 | *neonatal* | 0% | 0% |
| | **Deli Serdang** | | | **Cilacap** | | |
| | *maternal* | N/A | | *maternal* | 0% | 0% |
| | *neonatal* | 100% | achieved target | *neonatal* | 12% | 80% |
| | **Malang** | | | **Gowa** | | |
| | *maternal* | 0% | 0% | *maternal* | 0% | 0% |
| | *neonatal* | 0% | 0% | *neonatal* | 0% | 0% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|---|
| | **Pinrang** | | | **Jombang** | | |
| | *maternal* | 100% | achieved target | *maternal* | 0% | 0% |
| | *neonatal* | 100% | achieved target | *neonatal* | 0% | 0% |
| | **Serang** | | | **Karawang** | | |
| | *maternal* | 0% | 0% | *maternal* | 100% | achieved target |
| | *neonatal* | 0% | 0% | *neonatal* | 100% | |
| | **Sidoarjo** | | | **Kota Semarang** | | |
| | *maternal* | 100% | achieved target | *maternal* | 86% | achieved target |
| | *neonatal* | 42% | achieved target | *neonatal* | 20% | achieved target |
| | **Tegal** | | | **Labuhan Batu** | | |
| | *maternal* | 0% | 0% | *maternal* | 100% | achieved target |
| | *neonatal* | 2% | 13% | *neonatal* | 46% | achieved target |
| | | | | **Langkat** | | |
| | | | | | Not reported | 0% |
| | | | | **Pasuruan** | | |
| | | | | *maternal* | 100% | achieved target |
| | | | | *neonatal* | 100% | achieved target |
| | | | | **Tangerang** | | |
| | | | | | Not reported | 0% |

# ANNEX 1: PMP, Year Three, Quarter 1

| Performance Indicator | End of Year 3 Targets for Phase 1 and for Phase 2 | Phase 1 YR3Q2 PMP Value | Phase 1 % of Year 3 Target Completed | Phase 2 YR3Q2 PMP Value | Phase 2 % of Year 3 Target Completed |
|---|---|---|---|---|---|
| 20. Percentage of EMAS-supported districts implementing citizen feedback mechanisms for MNH services | 50% of districts are implementing a citizen feedback mechanism | indicator reported annually | | indicator reported annually | |
| 21. Percentage of EMAS-supported districts with Vanguard pokjas | 40% of Phase 1 pokjas are functioning as Vanguards | 100% | achieved target | no target for phase 2 during year 3 | |
| 22. Percentage of EMAS-supported districts with Vanguard civic forums | 40% of Phase 1 civic forums are functioning as Vanguards | 90% | achieved target | no target for phase 2 during year 3 | |

*PMP table for Year 3, Quarter 2 includes data from the following:
Phase One: Facility service statistics and clinical standards assessments include data from 23 hospitals and 93 puskesmas;
Phase Two: Facility service statistics were collected from 54 hospitals and 108 puskesmas. Clinical standards assessments were conducted for 49 hospitals and 113 puskesmas.

# ANNEX 2: Phase 1 Clinical Assessment & Referral Standard Results, By Facility

| District/Facility | Performance Standards | | | | Referral Standards |
|---|---|---|---|---|---|
| | Maternal | Newborn | Infection Prevention | Governance | |
| **ASAHAN** | | | | | 63% |
| RSUD Abdul Manan Simatupang | 65% | 64% | 75% | 67% | 50% |
| RS Ibu Kartini | 65% | 53% | 47% | 0% | not assessed |
| PKM Tinggi Raja | 53% | | 50% | | 31% |
| PKM Rawang Pasar IV | 56% | | 53% | | 29% |
| PKM Aek Songsongan | 45% | | 31% | | 65% |
| PKM Binjai Serbangan | 22% | | 13% | | 76% |
| PKM Simpang Empat | 22% | | 44% | | 76% |
| PKM Pulau Rakyat | 40% | | 42% | | 82% |
| PKM Bandar Pasir Mandoge | 28% | | 31% | | 82% |
| PKM Meranti | 67% | | 63% | | 76% |
| **DELISERDANG** | | | | | 79% |
| RSUD Deli Serdang | 72% | 69% | 75% | 0% | 72% |
| RS Muhammadiyah Medan | 34% | 31% | 53% | 0% | 69% |
| RS Sembiring | 30% | 32% | 44% | 0% | 75% |
| RS Haji | 34% | 26% | 55% | 0% | 67% |
| PKM Bangun Purba | 79% | | 50% | | 82% |
| PKM Tiga Juhar | 16% | | 19% | | 76% |
| PKM Sibiru-Biru | 32% | | 44% | | 82% |
| PKM Namorambe | 16% | | 19% | | not assessed |
| PKM Pantai Labu | 53% | | 81% | | 76% |
| PKM Talun Kenas | 84% | | 88% | | 94% |
| PKM Tanjung Morawa | 13% | | 13% | | 76% |
| PKM Batang Kuis | 50% | | 75% | | 71% |

# ANNEX 2: Phase 1 Clinical Assessment & Referral Standard Results, By Facility

| | | | | | |
|---|---|---|---|---|---|
| PKM Aras Kabu | 88% | | 88% | | 94% |
| PKM Bandar Khalifah | 39% | | 81% | | 88% |
| SERANG | | | | | 81% |
| RSUD SERANG | 92% | 59% | 85% | 67% | 94% |
| PKM Kramatwatu | 100% | | 100% | | 82% |
| PKM PAMARAYAN | 84% | | 94% | | 94% |
| PKM Petir | 84% | | 81% | | 76% |
| PKM Cikande | 84% | | 63% | | 71% |
| PKM Anyer | 79% | | 71% | | 76% |
| PKM Cikeusal | 95% | | 69% | | 76% |
| PKM Kraglian | 89% | | 88% | | 59% |
| PKM Ciomas | 95% | | 94% | | 71% |
| PKM Pontang | 79% | | 88% | | 94% |
| PKM Bojonegara | 79% | | 75% | | 94% |
| BANDUNG | | | | | 93% |
| RSUD Majalaya | 90% | 89% | 80% | 33% | 78% |
| PKM Ciparay | 100% | | 67% | | 100% |
| PKM Rancaekek | 95% | | 73% | | 100% |
| PKM Ibun | 89% | | 71% | | 100% |
| PKM Kertasari | 79% | | 67% | | 94% |
| PKM Majalaya | 39% | | 53% | | not assessed |
| PKM Pacet | 63% | | 73% | | 100% |
| PKM Paseh | 44% | | 29% | | 75% |
| PKM Solokan Jeruk | 95% | | 79% | | 94% |
| CIREBON | | | | | 89% |
| RSUD WALED | 57% | 43% | 80% | 33% | 72% |
| PKM Sindang Laut | 21% | | 53% | | 88% |
| PKM Tersana | 16% | | 53% | | 88% |
| PKM Sedong | 21% | | 53% | | 82% |

# ANNEX 2: Phase 1 Clinical Assessment & Referral Standard Results, By Facility

| | | | | | |
|---|---|---|---|---|---|
| PKM Losari | 58% | | 60% | | 94% |
| PKM Babakan | 5% | | 27% | | 94% |
| PKM Gebang | 53% | | 67% | | 100% |
| PKM Pangenan | 37% | | 60% | | 76% |
| PKM Karang Sembung | 68% | | 73% | | 100% |
| PKM Kamarang | 37% | | 60% | | 94% |
| RB DIANA | 28% | | 67% | | 88% |
| BANYUMAS | | | | | 89% |
| RSUD Margono | 100% | 100% | 100% | 100% | 100% |
| RSUD Banyumas | 92% | 97% | 60% | 100% | 67% |
| PKM Sumpiuh I | 89% | | 88% | | 94% |
| PKM Sumpiuh II | 89% | | 94% | | 88% |
| PKM Kemarajen II | 95% | | 94% | | 76% |
| PKM Sukaraja I | 95% | | 94% | | 82% |
| PKM Sumbang II | 89% | | 94% | | 76% |
| PKM Batu Raden I | 95% | | 94% | | 94% |
| PKM Kebasen | 84% | | 81% | | 94% |
| PKM Rawalo | 89% | | 93% | | 88% |
| PKM Jatilawang | 95% | | 94% | | 100% |
| PKM Cilongok I | 95% | | 94% | | 100% |
| BKIA KARTINI | 95% | | 87% | | 94% |
| TEGAL | | | | | 51% |
| RSI PKU Muhammadiyah | 92% | 85% | 85% | 33% | 44% |
| RS Adella | 84% | 91% | 95% | 17% | 44% |
| RSUD Soeselo Slawi | 91% | 63% | 95% | 50% | 56% |
| PKM Margasari | 50% | | not conducted | | not assessed |
| PKM Pagiyanten | 89% | | 75% | | 65% |
| PKM Jatinegara | 94% | | 80% | | 44% |
| PKM Bumijowo | 89% | | 93% | | 47% |

# ANNEX 2: Phase 1 Clinical Assessment & Referral Standard Results, By Facility

| | | | | | |
|---|---|---|---|---|---|
| PKM Surodadi | 33% | | not conducted | | 65% |
| PKM Pagerbarang | 56% | | not conducted | | not assessed |
| PKM Balapulang | 100% | | 94% | | 41% |
| PKM Dukuh Waru | 6% | | not conducted | | not assessed |
| PKM Tarub | 33% | | not conducted | | not assessed |
| RB Mafroh Dukuh Turi | 6% | | not conducted | | not assessed |
| MALANG | | | | | 85% |
| RSUD Kanjuruhan Malang | 100% | 89% | 95% | 100% | 83% |
| RS Bala Keselamatan Bokor | 85% | 85% | 90% | 100% | 81% |
| RSI Gondanglegi (NU) | 78% | 68% | 67% | 50% | 83% |
| RS Mitra Delima Bululawang | 94% | 94% | 100% | 100% | 61% |
| PKM Turen | 95% | | 88% | | 94% |
| PKM Ampel Gading | 89% | | 94% | | 94% |
| PKM Dampit | 100% | | 85% | | 94% |
| PKM Danomulyo | 95% | | 94% | | 94% |
| PKM Sumber Pucung | 100% | | 87% | | 82% |
| PKM Gondang Legi | 95% | | 94% | | 88% |
| PKM Pakisaji | 95% | | 93% | | 94% |
| PKM Pagak | 89% | | 88% | | 71% |
| SIDOARJO | | | | | 90% |
| RSUD Sidoarjo | 89% | 96% | 35% | 67% | 83% |
| RS Anwar Medika | 83% | 98% | 90% | 100% | 89% |
| RS Siti Khodijah | 97% | 82% | 100% | 67% | 89% |
| PKM Taman | 84% | | 75% | | 94% |
| PKM Waru | 42% | | 81% | | 94% |
| PKM Krian | 84% | | 94% | | 82% |
| PKM Tarik | 47% | | 69% | | 88% |
| PKM Sedati | 89% | | 100% | | 94% |
| PKM Sukodono | 79% | | 81% | | 94% |
| PKM Wonoayu | 74% | | 88% | | 100% |

# ANNEX 2: Phase 1 Clinical Assessment & Referral Standard Results, By Facility

| | | | | | |
|---|---|---|---|---|---|
| PKM Balongbendo | 94% | | 71% | | 88% |
| PINRANG | | | | | 77% |
| RSUD Lasinrang | 94% | 98% | 95% | 100% | 72% |
| RS Aisyiyah St Khadijah | 89% | 80% | 90% | 100% | 75% |
| PKM Tuppu | 89% | | 100% | | 71% |
| PKM Bungin | 84% | | 81% | | 59% |
| PKM Lampa | 100% | | 100% | | 94% |
| PKM Tadang Palie | 84% | | 63% | | 65% |
| PKM Suppa | 95% | | 93% | | 94% |
| PKM Mattirobulu | 95% | | 88% | | 76% |
| PKM Batulappa | 84% | | 81% | | 53% |
| PKM Matambong | 89% | | 85% | | 94% |
| PKM Larinsang | 95% | | 100% | | 88% |
| PKM Ujung Lero | 89% | | 94% | | 82% |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| District/Cities/Facilities | Performance Standards | | | |
|---|---|---|---|---|
| | Maternal | Newborn | Infection Prevention | Governance |
| **BANDUNG PHASE 2** | | | | |
| RS Al Ihsan | ** | ** | ** | ** |
| RSUD Cicalengka | 18% | 43% | 10% | 0% |
| RSUD Soreang | 21% | 30% | 0% | 0% |
| PKM Cikancung | 11% | | 40% | |
| PKM Marga Asih | 0% | | 21% | |
| PKM Nagrak | 5% | | 13% | |
| PKM Pengalengan DTP | 5% | | 33% | |
| PKM Pasir Jambu | 16% | | 21% | |
| PKM Rancabali | 16% | | 33% | |
| PKM Banjaran Nambo | 0% | | 40% | |
| **CIREBON PHASE 2** | | | | |
| RS Mitra Plumbon | ** | ** | ** | ** |
| RS Sumber waras | ** | ** | ** | ** |
| RSUD Arjawinangun | 41% | 13% | 25% | 0% |
| PKM Gegesik | 11% | | 27% | |
| PKM Kaliwedi | 5% | | 20% | |
| PKM Klangenan | 0% | | 20% | |
| PKM Palimanan | 16% | | 20% | |
| PKM Plered | 32% | | 50% | |
| PKM Plumbon | 37% | | 60% | |
| PKM Suranenggala | 11% | | 60% | |
| BOGOR | | | | |
| RS Thamrin | ** | ** | ** | ** |
| RS Trimitra | ** | ** | ** | ** |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| | | | | |
|---|---|---|---|---|
| RSUD Ciawi | 72% | 57% | 80% | 17% |
| RSUD Cibinong | 33% | 57% | 65% | 17% |
| RS Sentosa | ** | ** | ** | ** |
| PKM Cibungbulang | 53% | | 25% | |
| PKM Cigombong | 63% | | 33% | |
| PKM Cieulengsi | 47% | | 40% | |
| PKM Ciomas | 37% | | 63% | |
| PKM Cieuterep | 21% | | 27% | |
| PKM Jasinga | 16% | | 27% | |
| PKM Nanggug | 32% | | 38% | |
| PKM Parung | 21% | | 47% | |
| PKM Rumpin | 11% | | 31% | |
| PKM Tanjung Sari | 21% | | 60% | |
| KARAWANG | | | | |
| RSUD Karawang | 41% | 42% | 35% | 17% |
| RSU Citra Sari Husada | ** | ** | ** | ** |
| RSIA Djoko Pramono | ** | ** | ** | ** |
| PKM Cikampek | 47% | | 63% | |
| PKM Cilamaya | 5% | | 33% | |
| PKM Jatisari | 26% | | 57% | |
| PKM Klari | 74% | | 38% | |
| PKM Kutawaluya | 26% | | 63% | |
| PKM Loji | 21% | | 47% | |
| PKM Pedes | 42% | | 33% | |
| PKM Rengasdengklok | 32% | | 19% | |
| PKM Tempuran | 32% | | 36% | |
| PKM Tirtajaya | 11% | | 0% | |
| BREBES | | | | |
| RSI Siti Aisyah | ** | ** | ** | ** |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| | | | | |
|---|---|---|---|---|
| RSUD Brebes | 26% | 22% | 50% | 33% |
| PKM Bojong Sari | ** | ** | ** | |
| PKM Banjarharjo | 13% | | 13% | |
| PKM Jatibarang | 11% | | 25% | |
| PKM Kecipir | ** | ** | ** | |
| PKM Ketanggungan | 11% | | 19% | |
| PKM Kluwut | ** | ** | ** | |
| PKM Losari | 11% | | 13% | |
| PKM Salem | ** | ** | ** | |
| PKM Sirampong | ** | ** | ** | |
| PKM Tonjong | ** | ** | ** | |
| CILACAP | | | | |
| RSUD Majenang | 15% | 15% | 20% | 0% |
| RSI Fatima | 38% | 44% | 50% | 0% |
| RSUD Cilacap | 31% | 24% | 20% | 0% |
| PKM Adipala | 16% | | 19% | |
| PKM Binangun | 17% | | 40% | |
| PKM Cimanggu | 11% | | 38% | |
| PKM Cipari | 21% | | 38% | |
| PKM Gandrungmangu | 32% | | 38% | |
| PKM Karang Pucung | 11% | | 38% | |
| PKM Kawunganten | 26% | | 27% | |
| PKM Kroya | 16% | | 67% | |
| PKM Sampang | 16% | | 38% | |
| PKM Sidareja | 42% | | 75% | |
| KOTA SEMARANG | | | | |
| RS Elisabeth | 100% | 98% | 100% | 100% |
| RS Telogorejo | 92% | 78% | 90% | 67% |
| RSI Roemani Muhammadiyah | na | na | na | na |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| | | | | |
|---|---|---|---|---|
| RSI Sultan Agung | 86% | 85% | 100% | 67% |
| RSUD Kota Semarang | 41% | 43% | 45% | 0% |
| RS Panti Wilasa Citarum | 69% | 83% | 100% | 83% |
| RSUD Tugurejo | 46% | 30% | 50% | 33% |
| PKM Gunungpati | 68% | | 60% | |
| PKM Banget Ayu | 5% | | 50% | |
| PKM Halmahera | 11% | | 38% | |
| PKM Mangkang | 26% | | 56% | |
| PKM Mijen | 47% | | 73% | |
| PKM Ngesrep | 5% | | 31% | |
| BLITAR | | | | |
| RS Annisa | 27% | 29% | 55% | 0% |
| RS Aulia | 49% | 37% | 40% | 0% |
| RSU Aminah | 36% | 36% | 50% | 17% |
| RSUD Ngudi Waluyo | 51% | 41% | 45% | 33% |
| RSUD Mardi Waluyo Kota Blitar | 39% | 44% | 45% | 33% |
| Klinik Aminah | na | | na | |
| PKM Doko | 63% | | 75% | |
| PKM Gandusari | 37% | | 50% | |
| PKM Kepanjen Kidul | 16% | | 73% | |
| PKM Ponggok | 16% | | 38% | |
| PKM Sanan Wetan | 16% | | 80% | |
| PKM Wonotirto | 21% | | 50% | |
| JOMBANG | | | | |
| RS Muhammadiyah Jombang | 30% | 23% | 64% | 0% |
| RSIA Muslimat NU | 69% | 70% | 90% | 17% |
| RSK Mojowarno | 77% | 28% | 75% | 0% |
| RSUD Jombang | 29% | 44% | 40% | 33% |
| RSUD Ploso | 44% | 36% | 45% | 0% |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| | | | | |
|---|---|---|---|---|
| PKM Bandar Kedungmulyo | 11% | | 63% | |
| PKM Bareng | 26% | | 40% | |
| PKM Cukir | 11% | | 27% | |
| PKM Tapen | 32% | | 67% | |
| PKM Tembelang | 5% | | 47% | |
| PASURUAN | | | | |
| RS Mitra Sehat Medika Pandaan | 30% | 32% | 45% | 0% |
| RSUD Bangil | 36% | 33% | 25% | 0% |
| PKM Gempol | 26% | | 50% | |
| PKM Gondang Wetan | 37% | | 25% | |
| PKM Grati | 26% | | 50% | |
| PKM Ngempit | 42% | | 94% | |
| PKM Purwodadi | 84% | | 81% | |
| BULUKUMBA | | | | |
| RSUD Andi Sulthan Daeng Raja | 19% | 23% | 15% | 33% |
| Klinik Bersalin Daffiku | 33% | | 21% | |
| PKM Balibo | 8% | | 6% | |
| PKM Batang | 0% | | 29% | |
| PKM Bontobahari | na | | na | |
| PKM Bontobangun | 0% | | 7% | |
| PKM Caile | 0% | | 13% | |
| PKM Gatareng | na | | na | |
| PKM Herlang | 8% | | 7% | |
| PKM Kajang | 8% | | 27% | |
| PKM Lembanna | 8% | | 20% | |
| PKM Ponre | na | | na | |
| PKM Tanah Toa | 9% | | 7% | |
| PKM Tanete | 0% | | 13% | |
| PKM Ujungloe | 8% | | 27% | |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| GOWA | | | | |
|---|---|---|---|---|
| RSU Thalia Irham | 19% | 23% | 60% | 0% |
| RSUD Syekh Yusuf | 32% | 14% | 17% | 0% |
| PKM Bajeng | 0% | | 13% | |
| PKM Bontonompo | 0% | | 13% | |
| PKM Kampili | 0% | | 20% | |
| PKM Moncobalang | 0% | | 25% | |
| PKM Parangloe | 9% | | 18% | |
| PKM Patalassang | 8% | | 14% | |
| PKM Tamaona | 8% | | 13% | |
| PKM Tinggi Moncong | 0% | | 13% | |
| PKM Tompobulu | 0% | | 8% | |
| PKM RB Mattirobaji | 0% | | 46% | |
| LABUHAN BATU | | | | |
| RSUD Rantau Prapat | 26% | 9% | 5% | 0% |
| Klinik Bersalin Hj. Nany | na | | na | |
| PKM Labuan Bilik | 0% | | 19% | |
| PKM Negeri Lama | 0% | | 6% | |
| PKM Sei Berombang | 11% | | 13% | |
| PKM Teluk Sentosa | 0% | | 25% | |
| LANGKAT | | | | |
| RS Bidadari | 8% | 8% | 18% | 0% |
| RSU Insani Stabat | 36% | 27% | 25% | 0% |
| RSU Latersia | 5% | 26% | 40% | 0% |
| RSUD Tanjung Pura | 18% | 19% | 50% | 0% |
| PKM Besitang | 0% | | 13% | |
| PKM Desa Teluk | 0% | | 0% | |
| PKM Namo Ukur | 5% | | 25% | |
| PKM Pangkalan Brandan | 5% | | 19% | |

# ANNEX 3: Phase 2 Clinical Assessment Results, By Facility

| | | | | |
|---|---|---|---|---|
| PKM Stabat | 0% | | 6% | |
| PKM Tanjung Beringin | 0% | | 14% | |
| PKM Tanjung Langkat | 0% | | 20% | |
| TANGERANG | | | | |
| RSUD Banten | ** | ** | ** | ** |
| RSUD Tangerang | 89% | 91% | 90% | 83% |

**Assessment not conducted this quarter

# ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| EMAS Cost Share Report | | | | | | |
|---|---|---|---|---|---|---|
| | Activity/Project | Description | Status | | | |
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| **Support to EMAS Workplan Activities** | | | | | | |
| 1 | Jhpiego - Direct Salary Support | Salary support for Jhpiego staff employed by EMAS | $ 9,009 | | $ 65,000 | |
| 2 | Pfizer Fellowship Program - Communications, Governance & Financial Support - continue | Three Pfizer fellow provide support as follows: 1) development of a communications strategy aimed at motivating EMAS facilities to increase performance, 2) refinement of EMAS governance approaches, 3) assistance to improve LKBK financial reporting systems | | | $ 360,000 | |
| 3 | Boston Children's/U Mass - Mentoring Support Volunteers | A group of US-based physicians providing targeted mentoring in newborn care to EMAS facilities | | $182,644 | $ 817,356 | |
| 4 | 3iE - Sijari EMAS evaluation | Conduct an impact evaluation of SijariEMAS | | | | $ 250,000 |

## ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| | Activity/Project | Description | Status | | | |
|---|---|---|---|---|---|---|
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| 7 | PT. Laica Indonesia | 1 digital baby scale | | | $421 | |
| 8 | Government - EMAS Launch and Socialization Activities | Support to launch EMAS and socialize the program among stakeholders | | $509 | $11,380 | |
| 9 | Government - Office Space & meeting room | Provision EMAS Office space, rooms and utilities | | $ 210,132 | | $ 4,681 |
| 10 | Government - Equipment & Vehicle | Provision of equipment, ambulance, ICT hardware & software for EMAS program | $ 40,003 | $ 299,710 | $ 118,128 | $1,211 |
| 11 | Government - Facility renovation | Funds matching for renovation of NICU, puskesmas, meeting rooms, etc | | $ 97,572 | $518,743 | |
| 12 | Government - Publication & Media | Support for printing publications and media exposure funded by DHO or other partners | | $ 4,097 | $ 10,200 | |
| 13 | Government - Supervision, Mentoring, Assessment | Supervision activities are done by DHO staff where their contribute for transportation, mentoring and training by local budget | | $ 17,960 | $ 11,870 | $ 151 |

# ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| | Activity/Project | Description | Status | | | |
|---|---|---|---|---|---|---|
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| 14 | Government - Monitoring | Activities that relate with monitoring the EMAS program by local government | | $ 4,091 | $ 3,436 | |
| 15 | Government - Activities support, study visit, event & Training | Government support and contribute to the success of activities that related with EMAS program implementation on the field | | $ 60,623 | | $ 2,573 |
| 16 | LKBK - Training | Conduct Sijari EMAS training for Midwives | $ 1,462 | | | |
| 17 | LKBK - Equipment | Support Equipment in Sijari EMAS activity | $ 4,008 | | | |
| 18 | LKBK - attending International workshop | Support additional staff attending Women Deliver workshop in Kuala Lumpur | $ 3,314 | | | |
| 19 | RSIJ Cempaka Putih - conference room | Support conference room for EMAS activity | $ 2,484 | | | |
| 20 | RSIJ Cempaka Putih - Facility renovation | Funds matching for renovation of NICU, puskesmas, meeting rooms, etc | $ 160,106 | | | |
| 21 | RSIJ - Pondok Kopi | Renovation for NICU | | $88,700 | | |

# ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| | Activity/Project | Description | Status | | | |
|---|---|---|---|---|---|---|
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| 22 | World Vision Indonesia | Support Muhammadiyah in conducting EMAS activities | | | $6,681 | |
| 23 | Muhammadiyah | Socialization EMAS Program in PCM Labuhan Batu | | | $ 1,270 | |
| 24 | RSUD - meeting room | provide meeting room for EMAS activity | | | | $ 648 |
| 25 | PT. Tempo Scan Pacific | Print 400 pcs Register Partus and Perinatology Book | | | $ 1,561 | |
| | Sub Total | | $ 220,387 | $970,293 | $1,926,046 | $259,263 |
| | **Support to EMAS Program Objectives** | | | | | |
| 26 | Government - Replication & Adoption EMAS Model - continue | Scale up of EMAS activities outside of target areas | | $ 7,221 | $ 313,003 | $ 54,905 |
| 27 | GE Foundation - SMS Bunda | SMS service targeting pregnant women in the ANC and PNC period to expand reach of EMAS to reach mothers in communities directly | $ 19,627 | | $ 1,932,050 | |
| 28 | Rickitt Benckiser - Newborn Survival Project | Health hygiene and hand washing for Newborn Survival program in Bandung | | $ 230,000 | | |

# ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| | Activity/Project | Description | Status | | | |
|---|---|---|---|---|---|---|
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| 29 | BMGF - Family Planning Services | Improving or initiating postpartum family planning services in hospitals and puskesmas in MOH priority provinces | | | | $ 1,982,462 |
| 30 | International Midwives Day | Public awareness campaign related to reducing maternal and newborn death in Indonesia through quality improvement on scale birth attendance as well as on health facilities by involving 3,000 midwives in Jakarta by taking a momentum on the International Midwives Day | | $16,269 | | |
| 31 | LKBK - Replication & adaption EMAS objectives | Conduct CEONC and BEONC training for midwives | $116,967 | $ 31,648 | | |
| 32 | P2KP-KR Brebes District | Midwives workshop for referral system and SIJARI EMAS | | | $ 6,883 | |
| 33 | Save the Children | Workshop for Indonesian Newborn Action Plan (INAP) in Central Java and East Java Province | | | $ 100,000 | |

# ANNEX 4: EMAS Cost Share Status, Year Three, Quarter 2

| | Activity/Project | Description | Status | | | |
|---|---|---|---|---|---|---|
| | | | Actual | | Committed | Potential |
| | Name of EMAS activity supported by non-USG funds OR Name of project/program that contributes to EMAS goals funding with non-USG funding | Description of the activity/project | Reported and Recorded as cost share to USAID | Documentation Being Finalized | Funds committed, but not yet spent or recorded | Likely cost share, but not yet been committed |
| 34 | Muhammadiyah Hospital | Minor renovation for maternal room | | | $ 4,435 | |
| 35 | RSIJ Cempaka Putih | Conduct CTS for clinical team in RSIJ Cempaka Putih | | | | $ 1,774 |
| 36 | MPKU | Workshop of standardization clinical mentor for Muhammadiyah Hospitals | | | $ 3,938 | |
| 37 | 8 villages | Delivering Mhealth services to midwifes by establishing a two way engagement platform enabling sending SMS for learning performance reinforcement to midwives | | | $ 14,000 | |
| 38 | CSO Central Java | Socialization EMAS Program in 35 district (outside EMAS target) | | | | $ 2,661 |
| | Sub Total | | $ 136,594 | $ 285,138 | $ 2,374,310 | $ 2,041,802 |
| | Grand Total Year 3, Quarter 2 | | $ 356,981 | $1,255,431 | $4,300,356 | $ 2,301,065 |
| | Grand Total Reported Previously | | $749,870 | | | |
| | **Total Accumulative to date** | | **$1,106,851** | **$1,255,431** | **$4,300,356** | **$2,301,065** |