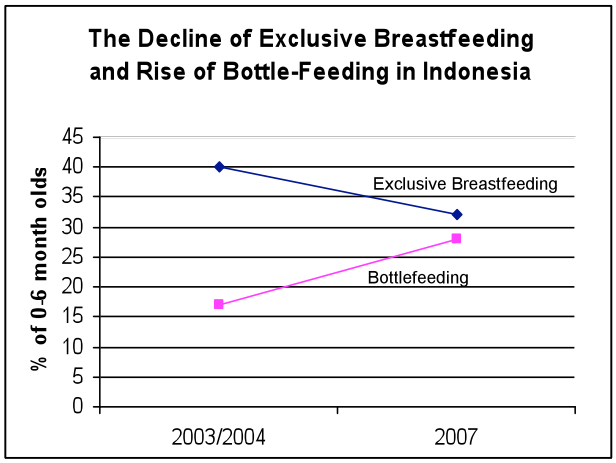
Mercy Corps Indonesia Breastfeeding and Maternal-Child Health Programs
Overview

Breastfeeding Saves Lives

Every second, one child died in Indonesia before her 5th birthday[1]. Million others are at high risk of growth and development retardation which resulted from acute or chronic malnutrition. One significant contributing factor is the decreasing rate of early initiation and exclusive breastfeeding. Despite government's publicly-known recommendation for mothers to give only breastmilk to infants in the first 6 months of life, the exclusive breastfeeding practice remains low and tends to decline as revealed in most recent demographic and health survey (see graphic below).

Graphic-1: Trends of Infant Feeding Practices in Indonesia



Source: Statistics Indonesia. Indonesia Demographic and Health Survey 2007

During the first two months of life, infants who are not breastfed are nearly 6 times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months, non-breastfed infants are 4 times more likely to die compared to breastfed[2]. Recent studies that involved 34,000 newborns indicated that one-fifth of deaths among newborn babies could be avoided if breastfeeding were initiated within the first hour of life for all newborns.[3,4] Estimated 100,000 children in Indonesia under the age of 5 years could be saved if all babies were exclusively breastfeed in the first 6 months of life and continued breastfeeding until the age of 2 years or beyond.[5]

The benefits of breastfeeding are not limited to the health and survival of children. Global studies have shown that breastfeeding also promotes mothers' health and well-being. Initiation of breastfeeding immediately after the baby has been born helps to prevent excessive post-labour bleeding which is the greatest cause of women's deaths during labour. In Indonesia, the rate of deaths among women associated with pregnancy and labour is as high as 228 per 100,000 live-births, which is among the highest in Asia region. Prevention of

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[1] Calculated from 2010 projected U5 mortality rate. World Bank World Development Indicators. http://data.worldbank.org/indonesian?cid=GPDid_WDI

[2] **WHO Collaborative Study Team.** The role of breastfeeding on the prevention of child mortality due to infectious diseases in developing countries: a pooled analysis. Lancet. 355: 451-455 (2000).

[3] **Edmond, K.M. et al.** Delayed breastfeeding initiation increases risk of neonatal mortality. Pediatrics. 117: 380-386 (2006).

[4] **Mullany, L.C. et al.** Breast-feeding patterns, time to initiation, and mortality risk among newborns in Southern Nepal. J Nutr. 138: 599-603 (2008)

[5] Calculated based on estimated percent of averted deaths as presented in **Jones, G. et al.** How many child deaths can we prevent this year? Lancet. 362: 65-71 (2003)

bleeding during labour could substantially contribute to the reduction of maternal deaths in Indonesia. Women could benefit from breastfeeding even beyond the birthing period. Babies suckle on the breast induces mothers' brain to release specific hormones that helps mothers to cope with stress and symptoms of post-birth blues/depression. Studied have also indicated that breastfeeding lowers the risk of breast cancer in women.

It takes beyond mothers' knowledge to breastfeed

A mother would have to overcome many challenges to be able to practice exclusive breastfeeding. Most of challenges come from misconceptions about infants' behaviours and needs, and capability of a mother to breastfeed that have been deeply rooted in the community.[6] A baby would be given sugary liquid or mashed food as early as the first days after birth because breast-milk is usually low in volume during these days and it's feared to be not enough for the baby. When a baby cries a lot, people will commonly associates it with lack of mother's milk production, thus raises a false need for supplement milk.

Lack of knowledge on breastfeeding among health providers exacerbates the breastfeeding problems in Indonesia. In fact, the most recent national demographic and health survey shows that children of mothers who were assisted by a health professional during delivery and born in a health facility are more likely to receive food/liquid other than breast-milk in the first days of life[7]. In many cases, health providers also receive substantial educational and financial benefits from endorsing infants' milk or food products.

As more and more young women in Indonesia engaged in full time works outside the homes, the lack of knowledge and skills to maintain breastfeeding during work has further challenged mothers and babies right in breastfeeding. In addition, although the Indonesian Labour Law has obliged employers to provide sufficient time and decent place for working-mothers to breastfeed or express and store breast-milk in the work-place, lack of monitoring and sanctions have limited the benefits of the law.

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Acknowledge the central value of breastfeeding in the health and overall development, Mercy Corps works with communities, government and health providers to build supportive environments for mothers and babies to practice early and exclusive breastfeeding. In Jakarta, Mercy Corps has been involved in breastfeeding promotion since the year 2007 through two consecutive child-survival programs.

The recently concluded program – Healthy Start – has developed successful model of breastfeeding promotion i.e. combination of fostering adoption of international standards in maternal-child health care protocols in health facilities, fostering community-led mothers' support group (MSG) activities in the community, and advocacy-focused communication campaign. From October 2010 – September 2014, Mercy Corps will be implementing *Hati Kami* program that aims to promote, support, and protect the mother-child dyad for a healthy start among Jakarta's poor residents. The program will facilitate replication of proven-to-be-effective breastfeeding promotion models within the overall framework to strengthen the maternal-child health service system.

Hati Kami program is implemented in 8 sub-districts in 2 districts in West Municipality of Jakarta. This area has mixed demographics, a few very wealthy areas alongside some of Jakarta's poorest slums. Unemployment is very high with annual per capita incomes of less

[6] Qualitative assessments conducted by Mercy Corps in program's intervention areas.
[7] **Statistics Indonesia**. Indonesia Demographic and Health Survey. 2007

than $396.[8] Often drawn from rural areas in search of economic opportunities, these poor residents are concentrated in informal settlements with substandard housing, infrastructure, health services and environmental services until they can find employment and relocate elsewhere in the city. The *Hati Kami* program will serve a total project population of 402,240 with a particular focus on 7,723 infants and their mothers during pregnancy and the first six months of the baby's life.

A central strategy in *Hati Kami* program is replication and advancement of community-led Mothers Support group (MSG) model that Mercy Corps has developed in the preceding child-survival program. MSG model is originally developed as a means to deliver information, emotional and practical supports for mothers in order to succeed exclusive breastfeeding their babies. MSG activities include bi-weekly or monthly group meeting and home-visits for members with special needs (e.g. mothers who just gave birth, or whose babies are ill, etc.). A group of MSG usually consists of 10-12 women and guided/mentored by 2-3 Motivators. Motivators are young mothers from the community who voluntarily signed-up to be Motivators and have completed a standardized basic training. They are trained by midwives from local Public Health Centre (PHC) who also have completed a standardized basic training. Beyond the training, midwives provide continuous mentoring to the Motivators and Motivators consult to the midwives for technical problems that cannot be solved by the group members. From end of 2008 to date, Mercy Corps in partnership with local governments has trained approximately 1,500 MSG Motivators in 9 districts and 6 cities in 7 provinces in Indonesia. *Hati Kami* program will incorporate newborn care, maternal nutrition and health care topics into MSG to strengthen the continuum of care from pregnancy to infancy period.

At the health facility level, *Hati Kami* aims to improve the skills and compliance of health providers in best-practices regarding maternal and newborn care, which include counselling, active management during labour, essential newborn care package and implementation of WHO/UNICEF baby friendly protocols. Mercy Corps will work with the government health authorities and medical associations to provide on-the-job training and regular mentoring for health providers, and to establish and foster implementation of standardized health service quality monitoring system.

In line with the efforts to improve the quality of maternal-child health services, Mercy Corps is piloting and testing the use of mobile technology to strengthen the existing maternal-child health service monitoring and tracking system, and improve the use of quality data in local health planning and resource allocation. In the proposed mobile monitoring and tracking system (namely m-PWS), health providers and community health volunteers will regularly report data regarding targets and utilization of maternal-child health services to local Public Health Centre (PHC) using customized electronic forms in their mobile-phones. The electronic forms are developed by Mercy Corps in consultation with the Jakarta Provincial Health Office and West Jakarta MHO using a open-source EpiSurveyor application from DataDyne. Data sent through mobile-phones will be automatically entered into a virtual database account that will be created for each PHC. The m-PWS system is intended to reduce the paper and manual work in the existing monitoring and tracking system to shorten time for data collection and reduce potential errors in data reporting and analysis. With m-PWS, PHCs will be able to produce more complete, accurate and timely reports regarding access and utilization of maternal-child health services, which will be used for local level planning and decision making. (FM)

[8] Statistic Indonesia. 2009. Tabel Data Pendapatan Indonesia. www.bps.go.ed/download_file/booklet_okt2009.pdf