

Title of the project	<b>Impact Evaluation of the Behavior Change Intervention (BCI) Component of the Maternal and Neonatal health program in Indonesia</b>
Conducted by	Center for Health Research, University of Indonesia
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In order to accelerate the reduction of Maternal Mortality Rate in Indonesia, MNH/I has recently implemented an extensive maternal and neonatal program in three districts of West Java province. The Final Impact Evaluation of the Behavior Change Interventions (BCI) Component of The Maternal and Neonatal Health Program/Indonesia was conducted to provide data related to the measurement of impact of BCI component of MNH/I Program. The evaluation data is comparable to the result of baseline survey. This study involved both quantitative and qualitative methods in its design. The quantitative part of the evaluation collected data and information based on structured questionnaires similar to those used in baseline survey to warrant valid comparison. The qualitative part of the evaluation assessed the meaning and interpretation aspects of SIAGA system that has been implemented at the community level. The topics that were discussed included knowledge about SIAGA system the benefits and also the process of development of the SIAGA systems, involvement and sustainability of Siaga Village systems. The result of this study shows that the objectives of the project are accomplished, where the awareness and responsibility of community regarding helping pregnant women has been developed and replaced individual and family responsibility. Better communication dynamics between community members is one positive result of the project. SIAGA village systems should be sustained because of their positive results in mobilizing communities to be more aware and cooperative in helping mothers during pregnancy, delivery, and postpartum period, especially in case of emergencies. Several components of the SIAGA system might have existed already at the community level, while others might be new. Thus, it is recommended that already existing components be strengthened and new components be introduced. Further, modifications should be allowed at the community level, to help adapt for local needs. Transportation systems including "Ambulance" should be allocated in remote villages. Its access should be affordable and acceptable to all community members. Regarding utilization of the existing health care system, interventions should tackle problems beyond knowledge and attitude that limit and hinder the use of the health care system, for example the "die-hard" practice of TBA. The success of scaling-up village indicates good sustainability in the future since the scaling up villages were not specifically supported by MNH. The role of private practice midwives is quite significant especially in urban areas, thus they should not be neglected in favor of village midwives. It is recommended that the blood donor system be continued with the support of Red Cross. It is recommended that formal notification systems be better established by announcing the names of pregnant mothers in Qur'an readings, or in the "arisan" or in village meetings. It might also help to train village midwives to make house-to-house visits with pregnant mothers to inform the mothers about the Siaga Village systems. Last but not least, to increase sustainability it is recommended to build improved coordination with the Health Center, since without the existence of village midwives the Siaga Village systems cannot work well. Periodic training toward antenatal care, from health center to the head of village is also important, since head of village is the key motivator to build Siaga Village systems.