



### Technical Brief

# USING A BEHAVIORAL LENS TO IDENTIFY OPPORTUNITIES TO IMPROVE THE EFFECTIVENESS OF MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE IN INDONESIA

## The Behaviorally Focused Applied Political Economy Analysis Approach

To improve and sustain the health and well-being of their citizens, countries must tackle complex challenges, requiring multifaceted solutions. For many of these challenges, despite significant ongoing investment, progress is often slow and gains not sustained. Clearly, narrow technical approaches are not adequate to the task. Health care institutions and systems are complex, shaped by intersecting incentives, interests, and dynamics. These forces represent the political economy of a health system, and they shape individual and institutional behaviors that exert positive or negative influences on desired health outcomes.

The U.S. Agency for International Development's MOMENTUM Country and Global Leadership developed the Behaviorally Focused Applied Political Economy Analysis (BF-APEA) approach as a participatory, strategic process to help identify potential solutions to persistent development challenges by understanding the external and internal pressures and dynamics influencing the behavior of actors within a system, and to co-create

targeted solutions based on those insights.<sup>1</sup> Specifically, it offers a systematic way to apply the science of individual and collective behavior change, often focused on the health practices of individuals and communities, to systemic challenges that are often not considered behavioral in nature. The approach supports local stakeholders to define and describe the behaviors of the relevant actors within the health system, unpack and map the critical factors that influence those behaviors, and, ultimately, codesign sustainable, scalable interventions that respond to the factors identified.

**Political economy** refers to the intersecting incentives, interests, and values that shape the operations of complex systems and the actions or decisions of key actors. Factors related to the political economy have a direct bearing on the **behaviors** exhibited by individuals and institutions alike.

<sup>1</sup> MOMENTUM Country and Global Leadership. 2021. *Behaviorally Focused Applied Political Economy Analysis*. Washington, DC: USAID MOMENTUM. <https://usaidmomentum.org/resource/behaviorally-focused-applied-political-economy-analysis/>



FIGURE 1: STEPS IN THE BF-APEA PROCESS



The BF-APEA consists of four steps (Figure 1), followed by implementation of identified solutions. In step one, key ownership stakeholders (those individuals who have a mandate for change and own the challenge and any solutions that are developed) come together to articulate a common goal, identify impediments to achieve the goal, and then identify a set of critical behaviors necessary to resolve those impediments.

In step two, focused, primary research is conducted to understand the political economy of each identified behavior. In step three, the ownership stakeholders validate the research and create pathways to change by co-creating strategies to address each factor. Finally, in step four, detailed implementation plans and indicators or milestones are crafted to apply the strategies.

## APPLYING THE BF-APEA TO UNDERSTAND AND ADDRESS BARRIERS TO IMPLEMENTATION OF MATERNAL PERINATAL DEATH SURVEILLANCE AND RESPONSE IN INDONESIA

In the past several years, Indonesia has been implementing maternal and perinatal death surveillance and response (MPDSR) as a strategy to reduce maternal and perinatal mortality. However, as in many countries, there have been persistent challenges to institutionalizing the strategy and ensuring uptake of MPDSR recommendations.<sup>2</sup> To facilitate progress and complement its wider work in supporting MPDSR rollout, MOMENTUM worked closely with a group of key government stakeholders to apply the BF-APEA approach in East Nusa Tenggara (NTT) province to better understand the ongoing challenges and come to consensus on solutions to resolve or mitigate them.

### STEP ONE: FOCUS

#### IDENTIFIED GOAL OF THE BF-APEA PROCESS

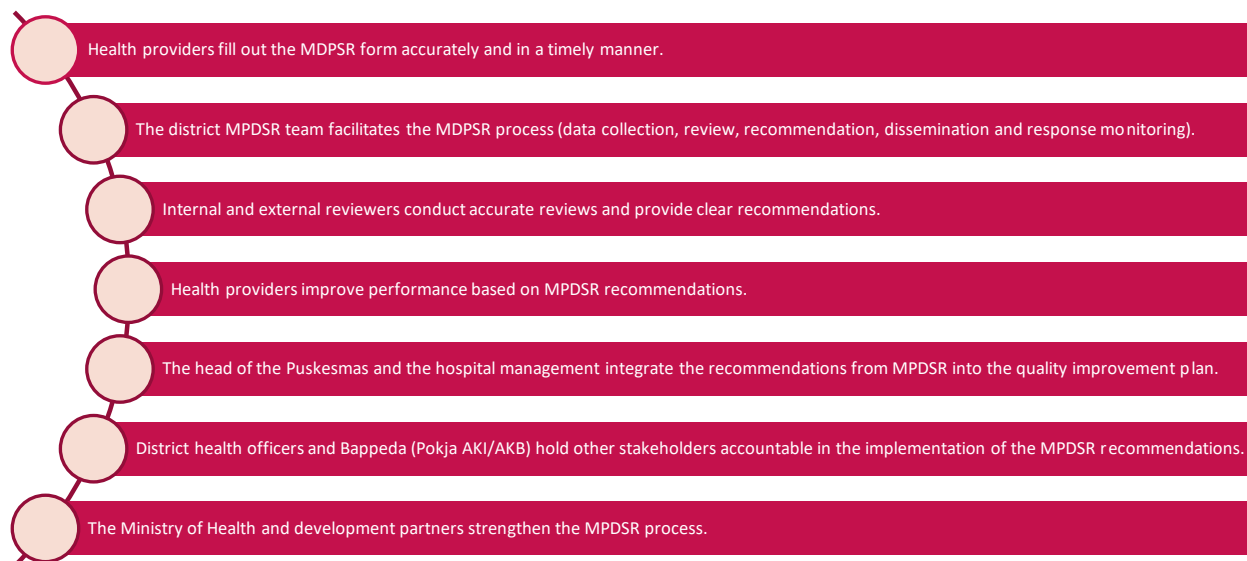
The BF-APEA in Indonesia began with a full-day meeting of key stakeholders with decision-making authority and responsibility for implementation of MPDSR at the national level and within NTT. This group first articulated the goal for the use of MPDSR: **The government and key health system actors of NTT, Indonesia, use MPDSR effectively and efficiently to prevent maternal and neonatal deaths.**

<sup>2</sup> Kinney, Mary V. et al. 2020. "It might be a statistic to me, but every death matters.": An assessment of facility-level maternal and perinatal death surveillance and response systems in four sub-Saharan African countries. *PLoS One* 15(12): e0243722. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0243722>

## CRITICAL BEHAVIORS TO ACHIEVE GOAL

Next, these stakeholders identified the behaviors necessary for achieving the goal.

**FIGURE 2: BEHAVIORS IDENTIFIED AS NECESSARY TO ACHIEVE THE GOAL SET OUT FOR MPDSR IN INDONESIA.<sup>3</sup>**



## STEP TWO: RESEARCH AND PRIORITIZATION

Once these behaviors were defined, local research consultants carried out a series of key informant interviews and focus group discussions with providers, MPDSR committee members, facility managers, policymakers, and others engaged with the MPDSR process at the provincial level to understand the political economy of these behaviors. The research focused on untangling the power dynamics and web of incentives and disincentives attached to the practice of each. Specific factors were summarized and prioritized for each behavior, and the following cross-cutting, critical factors relevant to all behaviors were identified:

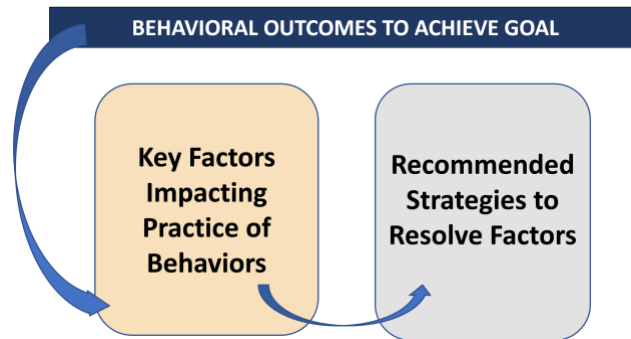
- Lack of clarity on the value and purpose of MPDSR among providers as well as managers/supervisors or leaders of the process.
- Imbalance of effort required to complete the MPDSR process versus perceived benefit of the process to actually changing anything.
- Limited resources and capability to support MPDSR throughout the district.
- Misalignment of recommendations with existing priorities and budgets within facilities and districts, making it challenging to add activities ad hoc based on MPDSR committee recommendations.
  - Unequal power and positions between MPDSR stakeholders, where those with power to act or implement are not always the ones making the recommendations.
  - Community norms around discussing death or asking questions of families when data is incomplete at the facility limit that inhibit timely completion of the MPDSR form.

<sup>3</sup> A Puskesmas is a community or primary health care facility located within communities. It is first tier (lowest level) of the government-run health system in Indonesia; Bappeda is the Regional Development Planning Board; and Pokja are collaborative working groups. Pokja AKI/AKB focuses on reducing maternal and newborn mortality rates in Indonesia.

## STEP THREE: PATHWAYS TO CHANGE

Next, the ownership stakeholders came back together to validate the research and factors drawn from it, and then decide upon specific strategies to address, resolve, or mitigate each factor, creating a pathway to change from the behavioral outcome, through the factors, to the strategies required (Figure 3). As with the factor prioritization process, pathways were created for each behavior and then summarized and prioritized across the seven behaviors into the following core strategic groupings:

FIGURE 3: PATHWAY TO CHANGE USING THE BF-APEA



- Strengthen the process for documentation and dissemination of specific recommendations and rationale (district health officers (DHOs), facility managers).
- Create formal accountability for reporting on the status of implementation of recommendations, including scheduled public meetings (DHO).
- Facilitate creation of a dedicated MPDSR team within hospitals and assign clear roles and responsibilities (facility supervisors).
- Include discretionary funding for implementing recommendations in yearly budgets (facility administrators, DHO).
- Build support for value of MPDSR by demonstrating the link between the formal process and decreasing mortality (quality assurance teams, district monitoring and evaluation support team).
- Leverage existing platforms such as WhatsApp to strengthen MPDSR team cohesion and participation (MPDSR committee).

## STEP FOUR: IMPLEMENTATION OF SOLUTIONS

Following the completion of the BF-APEA, MOMENTUM Indonesia and partners are incorporating these identified strategies into its support of government programming and rollout of MPDSR in NTT as well as across the country. Activity rollout will be closely monitored for impact on mortality as well as adherence to these concepts, to ensure these ideas are fully incorporated into the robust programming around MPDSR.

To date, most of the effort in supporting rollout of MPDSR within Indonesia and other countries has emphasized training of providers to better use mortality data to craft solutions. As this final list of strategies demonstrates, an approach that relies on training is unlikely to be sufficient for effective use of MPDSR. Instead, by carrying out these strategies, which respond directly to the challenges in effective use of MPDSR, the team is confident that it has the keys to unlock the power of MPDSR to reduce preventable maternal and neonatal deaths. Further, because the BF-APEA process was designed to elevate government ownership and priorities from the beginning, these are not one-off ideas, brought to the table by external research, but rather are already fully ingrained in the approach going forward.

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