

MNCH surveillance response systems strengthening in Indonesia

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Objective

To evaluate the efficacy of the Maternal, Neonatal and Child Health (MNCH) Surveillance-Response (S-R) systems strengthening approach used by the Center for Health service Management (CHSM), GadjahMada University School of Medicine (GMU SM).

Introduction

During 2007–2010, the CHSM conducted training and consultations to strengthen the MNCH S-R Systems of 10 districts and 5 municipalities of 5 provinces in Indonesia (Bali, Sulawesi Tengah, Bengkulu, Riau and Yogyakarta). These districts and municipalities represent a mix of high and low Fiscal Capacity of the local governments and high and low Economic Capacity of the population.

MNCH S-R Systems strengthening was carried out by means of two 2-day training sessions (of approximately 1 year apart) at the District/Municipal Health Offices (D/M HOs) and consultations via electronic telecommunication. The subject matter of the training sessions courses and consultations consisted of: (1) controlling MNCH priority diseases; (2) applying S-R core and support functions by the D/M HO and health service providers; (3) managing a S-R Support Unit at the D/M HO; and, (4) setting up a D/M HO internet website and publishing S-R electronic bulletins (1, 2).

Methods

Evaluation was conducted through electronic telecommunication with the disease control staff of the D/M HOs and checking of websites and S-R electronic bulletins.

Results

Together with the staff of the Sardjito Hospital (teaching hospital of the GMU SM), local D/MHOs and the GMU MS Department of Public Health, the CHSM developed Standard Operating Procedures for S-R core and support functions of MNCH priority diseases (e.g., postpartum bleeding, preeclampsia/eclampsia, LBW and pneumonia) as well as of other major

diseases (e.g., malaria, TB, DM and hypertension). The training sessions and consultations were effectively executed in the target districts and municipalities. Based on the performance of the electronic bulletins, however, only one DHO has a functioning S-R support unit. Efficacy of the S-R Systems strengthening approach used by the CHSM could not be evaluated by way of on-the-spot interviews, observation and review of S-R records/reports due to financial constraints.

Conclusions

A more intensive strengthening method is required to ensure sustainable operation of core and support functions of S-R Systems. The MoH is considering to post at least one Field Epidemiology Training Program (FETP) graduate at the D/M HOs. These FETP graduates, and students, could be used to build and enhance S-R systems for priority diseases and to conduct valid monitoring-evaluation.

Keywords

Surveillance-response; MNCH; strengthening; Indonesia

References

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