

Traditional Birth Attendants and Midwife Partnerships



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Organisation: Widodo

Country: Indonesia

Level of government: Local government

Sector: Health

Type: Public Service

Launched in: 2012

Overall development time: 3 year(s) 3 month(s)

Link to the innovation's website

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Description

The traditional birth attendants and midwife partnerships in Aceh Singkil aim to reduce maternal and infant mortality caused by unassisted birth. Before the initiative began, 38.28% of deliveries in the district were handled by traditional birth attendants. The partnerships bring together the cultural and spiritual resources of birth attendants and the clinical knowledge of midwives.

Why the innovation was developed

- This initiative was created to increase the number of births attended by medically-trained midwives in Aceh Singkil.
 - A high percentage of births are administered by birth attendants since they are well-respected and believed to possess spiritual and medicinal powers.
 - Birth attendants' trusted position and low cost provide an attractive option to families from low economic and educational backgrounds living far from health facilities.
 - However, birth attendants lack medical training and are unable to handle complications during birth that threatened the health of mothers and infants.
 - Medically trained midwives, in contrast, were considered too young and inexperienced to handle deliveries properly.
 - Midwives do not speak local dialects and are unable to connect to the communities they intended to serve.
 - In 2012, the District Health Office piloted a partnership between TBAs and medically-trained midwives.
 - The goal is to bring deliveries assisted by medical workers on a par with national service standards for maternal and child health.
 - The partnership also aims to reduce complications with high risk pregnancies through a culturally sensitive approach.
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Objectives

Improve access, Improve effectiveness, Improve service quality, Improve social equity

- To increase the number of births attended by medically-trained workers in the district.
 - To reduce infant mortality and risks to maternal and child health.
 - To increase the community's knowledge about maternal health and birth-related issues.
 - To increase the community's trust and uptake in the local the District Health Office's services.
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Main beneficiaries

Families, General population, High-risk populations

- Pregnant women/mothers and infants
- Midwives
- Traditional birth attendants
- District Health Office and community health centers
- General community

Results

Effectiveness

- The number of births attended by midwives increased 5% from 2012-2014 to 27.5% in the three health centers using the Partnership initiative.
 - The health center statistics show a decrease in the number of births attended only by traditional birth attendants in the surrounding area from seventeen in 2011, to 8 in 2012, to 2 in 2013.
 - In 2014 in Singkil subdistrict no births were attended by traditional birth attendants only.
 - The collaborative communications which developed between midwives and birth attendants in the 29 replicating villages provided an avenue for earlier referrals of expectant mothers to the medical services.
 - The number of women who have undergone at least one prenatal checkup has increased from 2% to 15% in the partnering three health centers.
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Service quality

Accessibility:

- Since the partnerships started, expectant mothers can now access professional healthcare services in a language that they understand.
- With birth attendants serving as a bridge to communities, midwives are now able to communicate more effectively with their patients.
- Stakeholder discussions have created new opportunities for partnering villages to participate in the overall development of health services.
- Many of the programme's beneficiaries have become advocates for the initiative's broader adoption and further replication in other areas.

Responsiveness:

- The partnership identified logistical challenges to accessing health care, which led to the creation of an emergency hotline service.
 - Aceh Singkil community health center director claimed that through its expanded network of birth attendants they learn of new pregnancies more quickly.
 - Since birth attendants share information with the community health centers, potential high-risk pregnancies and impending deliveries are more readily identified.
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User satisfaction

- Stakeholder discussion groups show that trust between midwives and birth attendants has improved in the pilot programme areas.
- Both parties have noted that the partnerships provide a clearer delineation of duties and responsibilities.
- Birth Attendants feel the partnerships make their jobs easier since the midwives are responsible for clinical aspects and they can rely on them if and when complications occur.
- Midwives agreed that birth attendants TBAs help by talking to the mothers and handling important non-medical issues.

Development

Design

The Aceh Singkil District Health Office aimed to ensure that medically-trained personnel attend all childbirths in the district. In collaboration with a local organisation "DaUN", the District Health office mobilised stakeholders to discuss the serious risks mothers and infants face during deliveries undertaken by unskilled persons. During these discussions, the Aceh Singkil community health centers highlighted traditional birth attendant and midwife partnerships as a solution. The discussions gained widespread community support and increased public understanding of how such partnerships could improve the health of the community.

The village heads were crucial to the initiative's success by providing regulatory support and financial resources. With input from midwives, traditional birth attendants, community health centers, the District Health Office and the Indonesian Midwives Association, the village heads drafted and enacted regulations that proved foundational for the initiative's success.

Testing

- The Aceh Singkil District Health Office piloted the initiative in two villages, Teluk Rumbia and Rantau Gedang.
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Implementation

Tools used:

- A focus group discussion was held to identify health problems and solutions, with participation from various stakeholders.
- Involved stakeholders included community health center directors, midwife coordinators, traditional birth attendants, village heads, religious elders, and representatives from the midwives association.
- A public workshop was held to discuss the expansion of the traditional birth attendant and midwife partnership project.
- During the workshop, the village heads devised an incentive structure to compensate birth attendants for their services.
- Stakeholders also discussed and agreed upon the rights and responsibilities of midwives and birth attendants, later codified in a Memorandum of Understanding.
- The Head of Aceh Singkil District Health Office issued an instruction letter on replication of the traditional birth attendant and midwife partnership.
- The village heads drafted and signed decrees on birth attendant incentives, providing a strong legal basis for the partnership.
- A Memorandum of Understanding signed by both birth attendants and midwives further solidified the partnership.
- The head midwife of the community health center is responsible for monitoring and evaluation in the 29 villages replicating the innovation.
- Community members continue to play an active role in advocating for better health services and providing information to health centers.

Resources used:

- Aceh Singkil District Health Office(2012):IDR 56 250 000 (USD 4 634) for support of the pilot traditional birth attendant and midwife partnership
 - Aceh Singkil District Health Office (2013): IDR 37 577 000 (USD 3 081) to replicate the programme in other villages and health centers throughout the district.
 - Aceh Singkil District Health Office (2014):IDR 80 000 000 (USD 6 590) to hold a public workshop on the pilot's good practices and impact.
 - Aceh Singkil District Health Office (2014): IDR 146 000 000 (USD 12 028) to increase the financial incentives offered to midwives participating in the partnerships.
 - Singkil Health Centers (2013): IDR 25 000 000 (USD 2 059) from National Health Allocation Funds to ensure sustainability of the partnerships.
 - IMPACT-Yayasan DaUN (2013): IDR 40 000 000 (USD 3 280) from an international grant to support the government in implementation.
 - Yayasan DaUN (2013): IDR 141 346 584 (USD 11 590) from self-sourced contributions to provide further implementation support.
 - Yayasan DaUN (2014): IDR 25 000 000 (USD 2 048) from an international grant to support the government in replicating the initiative.
 - Five health centers via the National Health Insurance Scheme (2014): IDR 50 000 (USD 4.20) per delivery per traditional birth attendant for deliveries referred to the health centers.
 - 31 villages via the Village Allocation Funds (2013-2014): IDR 50 000 (USD 4.20) per month per traditional birth attendant participating in the partnerships.
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Diffusion

- This initiative began as a pilot program to reduce maternal and infant mortality rates in two villages, Rantau Gedang and Teluk Rumbia, in Aceh Singkil District.
 - Following the pilot's success, 29 other villages replicated the initiative through similar regulations and incentive structures.
 - In addition, the District Health Office issued an instruction letter on the partnership replication to give formal support for the initiative's expansion.
 - Village heads issued regulations in the two original and 29 replicating villages.
 - All 29 replicating villages formalised the partnerships by developing a Memorandum of Understanding signed by traditional birth attendants and midwives.
 - The initiative's success demonstrates that traditional belief systems can change over time through culturally sensitive approaches and appropriate incentive structures.
 - The initiative has important implications for the Ministry of Health's national policy to meet the Millennium Development Goal on maternal and child health.
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Challenges and solutions

- The initiative faced challenges including community resistance to change and local customs that discouraged the community from accessing available medical services.
 - Community members tend to prefer the comforts and familiarity of giving birth at home, especially for those who live in remote areas.
 - Community members widely believe that disclosing information in the early stages of a pregnancy leaves the fetus vulnerable to dark magic.
 - Traditional birth attendants had only a cursory understanding of medical aspects of pre- and postnatal care and safe delivery practices, and were unable to handle complications.
 - Trained midwives were unable to challenge traditional attitudes with evidence-based examples due to language barriers.
 - To address these challenges, the Aceh Singkil community health centers adopted a community-based approach to win over community support.
 - Community health centers met with expectant mothers, their families, and community leaders to discuss how this initiative could improve the health of the community.
 - By integrating birth attendants into the services, the District Health Office built trust in the community and developed a network of birth attendants serving as advocates.
 - As advocates, birth attendants encouraged deliveries by midwives and promoted use of health services such as pre- and postnatal counselling.
 - The midwives' commitment occasionally waned, but the community health centers and the District Health Office maintained their buy-in through regular monitoring and evaluation.
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Partnerships

DaUN Foundation (Yayasan DaUN)

Civil Society

DaUN, a local NGO, provided capacity development and advocacy support in health governance. Together with stakeholders, including local health volunteers, village leaders, and District Health Office officials, DaUN facilitated discussions and development of the partnership and incentive structures. DaUN also supported monitoring and evaluation activities to measure the impact of the partnerships and opportunities for further improvement.

Heads of Villages

Civil Society

The village heads were key drivers of this initiative, providing regulatory support and financial resources for the partnerships. With input from midwives, birth attendants, community health center staff, the district health office and the Indonesian Midwives Association, the village heads drafted and enacted regulations that proved foundational for this initiative's success.

Indonesian Midwives Association (IBI)

Civil Society

The Indonesian Midwives Association (IBI) was actively involved in the planning and creation of the agreement between traditional birth attendants and midwives. They provided input and support for the initiative.

Local cultural and religious leaders

Civil Society

Local cultural and religious leaders provided outreach support for the initiative to ensure that accurate information about the partnerships was distributed via trusted local channels, including religious and informal community gatherings.

Organization for Women's Empowerment and Family Welfare

Civil Society

Also provided outreach support and disseminated information about the partnerships.

Lessons Learned

Lessons Learned

- Public participation encourages buy-in.
 - Strong commitment and participation by stakeholders, including the District Health Office, community health centers, midwives, traditional birth attendants and village heads raised awareness and minimised resistance.
 - Collaboration and mutual respect build trust between partners.
 - The initiative recognised that birth attendants are a valuable resource and agents of change in improving maternal and child health outcomes.
 - It emphasised a core principle that birth attendants and midwives are not competitors and together they can bring sustainable benefits to a community.
 - Appropriate incentives foster behavioral change and encourage birth attendant participation
 - Regulations that clearly define responsibilities and protect the respective roles of birth attendants and midwives allow each group to perform their duties more effectively.
 - Consistent communication strengthens working relationships.
 - Monthly visits by community health center staff and the 24-hour hotline maintained open communication to help identify and resolve challenges.
 - Changing decades old traditions and health behaviour takes time; programme success required a strategy in line with community practices.
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Conditions for success

- Initiative leaders being willing to adopt a participatory approach and actively engage stakeholders for inputs and ideas.
 - Strong commitment from local government and key community leaders.
 - The ability to recognize birth attendants or other local community customs as valuable resources and identify opportunities for collaboration, not competition.
 - Continuous buy-in from birth attendants and midwives through M&E efforts and an incentive structure.
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Other information

The initiative was recently named the Second Place Winner in Asia in improving the delivery of public services in the 2015 United Nations Public Service Award. This is Indonesia's best results in the competition.

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