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Fostering partnerships between traditional birth attendants and midwives in Aceh Singkil, Indonesia

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Indonesia

- Population: 250 million
- MMR (2012): 359/100,000
 - Increase since 2008, when the MMR was 228/100,000
 - MDG target: 102/100,000 [will not be achieved]
 - One of the highest MMRs in Southeast Asia
- Main causes of maternal mortality are haemorrhage (28%) and eclampsia (24%)
- High rate of skilled birth attendance: 82% (2010) [up from 41% in 1992]
- But low proportion of births at health facilities: 55%
- 4 ANC visits: 65%
- No ANC: 16%



Aceh Singkil

- Remote district of Aceh
- Mostly villages: islands, rivers, mountains, plus small towns
- 11 districts, 120 villages, 108,000 residents
- 11 public health centres
- 1 hospital
- Maternal deaths (2011): 5*
- Infant deaths (2011): 39



*District Health Office suspects many deaths not recorded



TBAs & midwives in Aceh Singkil

- 2010: 38.28% births assisted by 122 TBAs
- TBAs (*dukun*) are very popular in Aceh Singkil because residents trust TBAs & believe they have spiritual powers and knowledge of traditional medicine. Many women also still prefer to give birth at home because it is “more comfortable”
- Village midwives are generally young and inexperienced (often newly graduated), so are not trusted by residents
- A significant proportion of village midwives are not locals and cannot speak the local languages, making interactions with residents difficult





Kinerja's approach in Aceh Singkil

- Worked with local government and NGOs
- Supported development of a District Head Regulation on Safe Childbirth, which outlined duties of government, health facilities, health professionals, and community
- Supported establishment of Sub-District Health Committees, made up of community members to monitor TBA-midwife partnership and receive complaints/feedback
- Involved multiple sectors of community (forums, religious leaders, traditional leaders, health volunteers, youth) and government (district, sub-district, village) in developing and signing MoUs between midwives and TBAs
- Piloted in 2 villages then expanded to 29 more





Key elements to success

- Held public workshop to identify maternal health problems in the sub-districts, and to develop model of TBA-midwife partnerships to agree on rights and responsibilities of midwives and TBAs
 - attended by midwives, TBAs, village heads, religious leaders, traditional leaders, health volunteers, Indonesian Midwives Association, health center staff, youth, govt
- Held public events for the MoU signings, with MoUs co-signed by village heads and head of District Health Office
- Developed a strong incentive mechanism
 - TBAs receive a monthly honorarium of Rp.100.000 (US\$10), plus incentives of Rp. 100.000 for every birth they refer to a midwife
 - Honoraria fees come from district budget; incentives from national insurance scheme and village budgets
- TBAs are permitted and encouraged to attend births alongside midwives
 - Midwives provide medical care and medicine
 - TBAs provide spiritual and traditional care (prayers, massage, moral support)



Impact of international recognition

- Aceh Singkil won 2nd place in Asia-Pacific at UN Public Service Awards 2015, and attended the awards ceremony in Colombia
- Indonesia had never won at UNPSA before
- Significant coverage of prize in Indonesian media led to increased interest in and commitment to the program



Since winning the award, the District Health Office has established a learning centre for TBA-midwife partnerships and will expand partnerships to all villages. The Provincial Health Office has also indicated they will adopt the model at provincial level.



Impact

- Increased trust between TBAs and midwives
- TBAs and midwives enjoy working together because they can share tasks
- Midwives are informed earlier about pregnancies
- TBAs have improved knowledge on pregnancy and childbirth
- Pregnant women can access health services in local languages
- Community is more aware of importance of ANC and safe childbirth





Impact

Deliveries assisted by midwives

Sub-district	2013	2014	
Singkil	353	392	11% increase
Singkohor	153	162	6% increase
Gunung Meriah	723	723	No change
Danau Paris	150	159	6% increase
Kuta Baharu	130	125	4% decrease

Births assisted only by TBAs

	2011	2012	2013	2014
Singkil	17	8	2	0



Impact

Maternal deaths		
	2013	2014
Singkil	0	1
Singkohor	0	1
Gunung Meriah	2	2
Danau Paris	1	0
Kuta Baharu	0	2
District (11 sub-districts)	7	10

Why have maternal deaths increased?

Prior to the TBA-midwife partnerships, maternal deaths were frequently unrecorded due to poor linkages between TBAs and government, especially in remote areas.

Pregnant and delivering women were not referred to health facilities; now they are, although some women and their families still resist and arrive too late. Previously, these women would have died in the villages and their deaths would not have been recorded.



Key messages

- Work with community and government at all stages, and with as many sectors/stakeholders as possible
- Develop strong, adequate, sustainable and transparent incentive mechanisms
- Allow TBAs to work alongside midwives and provide non-medical care to pregnant and delivering women
- International and national recognition of achievements causes much pride and brings about increased commitment