

Groundwork for Strengthening the Rural Health System: How to Revitalize the Roles of Village Midwives?

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Abstract:

Background. Achieving health for all through the provision of Primary Health Care (PHC) remains a globally unfinished agenda. The fact that more than half a million mothers still die every year is a reflection of inequality of risk factors, inequity of health care, and inappropriate midwifery skills of birth attendants (1)(2). In rural Indonesia, this fact may well be used as an indicator of a health system malfunction of the locally implemented PHCs. The assignment of many Village Midwives (VM) at rural areas – where most of the underserved populations resided - is anticipated to improve access to, equity and coverage of, PHC especially for mother and child (3)(4)(5). However, problems on community's acceptance and VMs' performance had been reported (6). There were limited studies thoroughly assessed the Management-Organization-Administration (MOA) aspects of the Village-Based Midwife Program (VBMP) although problems on it had also been presumed (7). Therefore, this study was focused on two aspects: the MOA of village-based midwife program and VMs' capacity in delivering PHC. This is reporting the preliminary investigation for compiling detail essential information for the development of a comprehensive VBMP plan in Area Development Program (ADP) of Wahana Visi Indonesia at Nias District.

Research objectives. The overall study objective is to evaluate and improve the functioning of the VBMP at rural Nias. To do so, supportive objectives such as assessing the potential determinants of VMs' performance in delivering VBMP, community acceptance, participation, and utilization of VBMP at rural Nias were also carried out. The information gathered was used to develop an effective MOA of VBMP and improving VMs' competence in order to improving and strengthening the rural health system.

Methodology. The study was conducted in 3 sub-districts namely Hiliduho, Botomuzoi and Hiliserangkai from August 2011 to March 2012. The methodology employed in this programmatic study consists of a mix of quantitative (epidemiological) and qualitative (social) methods using both deductive and inductive approaches. Kielmann Model on Health System at meso and micro levels (Kielmann, 2008) was taken as the relevant model for guidance. While an Organizational Behavior Model (Wibowo, 2009) was utilized for studying the performance of VMs with its related determinants. Census for mother of children 0 – 3 mo and VMs at 3 sub districts was carried out. In-depth interview for 7 mothers of children 6 – 9 mo, 7 VMs, 7 cadres, 7 head of villages, 5 Health Center (HC) staffs and 6 district health office (DHO) staffs were performed during qualitative study. This study followed the ethical guideline of the Council for International Organization of Medical Sciences (CIOMS, 1990) and received ethical approval from Faculty of Medicine, University of Indonesia, Jakarta, Indonesia.



Findings. The utilization of VBMP was considerably low (66%) relative to their acceptance which was attributed to some factors. Since majority of the VMs did not reside in the village (71%), in those villages, the accessibility of their services was then considered limited by the mothers with respect to Antenatal Care (ANC) (30%), delivery (66%), and postpartum care (63%). For those who never utilized the VMs' services (41%), their reasons were varied. Some of them had complained about the absence or irregular visits of the VMs to the villages (39%), while some others did not even recognize their VMs (39%). It was presumed that the common pitfall of VBMP functioning at Nias district was laid on two major problems: poor comprehension of the pre-designed VBMP master plan by those at the district level as well as the inexistence of its detail operational plan prepared by the DHO. In such affected the clarity on management responsibilities of each institution and its individual stakeholders within it. With no pre-designed management system to ensure the proper implementation and evaluation of the program, what had been performed so far was still relied mainly on personal initiative rather than resultant of a well-established system. These were indicated by many spontaneous decisions by individual stakeholders at any administrative levels within the program causing the lack of coordination within the health sector and collaboration with other sectors. As such, it resulted on patchiness, loss of continuity, inefficiency, and unsustainability of approaches in running the program.

Recommendations and Policy Implication. *With respect to the VBMP functioning:* (1) Improving the overall management and Monitoring-Evaluation (MonEv) system at all administrative levels through periodic advocacy for policy makers and any relevant stakeholders to ensure their performance quality. (2) Improving the internal management and MonEv system at district level and HC through periodic advocacy and capacity building for staff to ensure their performance quality. *With respect to community acceptance and participation:* (1) Optimizing the utilization of VMs as the spearhead of MCH Care at the village level. (2) Optimizing the community mobilization within the VBMP.

Key words: Village Midwives, Primary Health Care, Programmatic Study

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