

Improving the quality of Maternal and Child Health Services in Indonesia

The Partnership of PT Johnson & Johnson Indonesia and the Indonesian Midwives Association (IBI)

Maternal and Child Health in Indonesia and the Millennium Development Goals

Indonesia has experienced significant improvements in its health system over the last thirty years. However, according to the World Bank, Indonesia “is unlikely to achieve several of its health-related MDGs”.

Significant challenges include:

- A maternal death rate that is one of the highest in East Asia: The goal is to reduce it from 228 to 102 by 2015
- Child malnutrition rates that have changed little since 2000, even increasing in some areas despite dramatic declines in infant and child mortality
- Low female literacy
- Limited access to clean water and sanitation among the poor
- Geographic health disparities
- Poor access to skilled health care, especially in remote rural areas.¹

EXECUTIVE SUMMARY



A happy couple welcomes their new born baby, helped by a qualified BD. IBI 2004

Johnson & Johnson Indonesia, PT (J&J) and the Indonesian Midwives Association (Ikatan Bidan Indonesia or IBI) have partnered since 2006 to improve the quality of services provided by private-sector midwives in Indonesia through the Bidan Delima (BD) program.² IBI is a nationwide association of midwives that includes both government and private-sector midwives. The BD program is designed to standardize and improve the quality of services provided by private-sector midwives who comprise 30% of the more than 130,000 IBI midwives in Indonesia.

Since 2006, the partnership has supported training for over

2,000 private-sector midwives, produced guidelines and other educational materials on how to provide maternal and child health services and on how to monitor and evaluate services. With the active involvement of J&J, IBI monitors and evaluates activities and their impact on maternal and child health. The program has improved the quality of services among midwives participating in the program. The partners see their mutual commitment to improving maternal and child health as key to the success of their partnership. They also share a mutual commitment to help the BD program reach all provinces and standardize a level of service quality not only for private sector midwives, the focus of their partnership, but for public midwives as well.

PARTNERS

Johnson and Johnson Indonesia, PT
Johnson & Johnson (J&J). J&J is a healthcare company with a range of businesses including consumer goods, pharmaceuticals, medical devices, and diagnostics. J&J’s philanthropic mission is to make life-changing, long-term differences in human health by targeting the world’s major health-related issues through three strategic pillars:

1. Building the skills of people who serve community health needs, primarily through education

2. Saving and improving the lives of women and children
3. Preventing diseases and reducing stigma and disability in underserved communities in areas where J&J has a high potential for impact.

J&J philanthropic activities are currently supporting capacity improvement of health care professionals through programs such as Bidan Delima and hospital management.



Indonesian Midwives Association (Ikatan Bidan Indonesia or IBI). IBI, established in 1951, is a professional organization of midwives with a membership of 130,000 who represent over 80% of all midwives in the country. IBI operates throughout the country. It is strong in networking, both

internally among its members and externally. IBI's structure, having representation at the central, provincial, district, and sub-district level, allows it to connect with a large and widespread membership. It holds annual planning meetings with its membership and interacts with many other professional medical associations. It takes an active role in clinical training and midwifery education and receives support from multiple donors. The leaders of IBI are all volunteers and many of them still work as government officials. Most IBI activities are focused on clinical issues.³

Members include both types of midwives who practice in Indonesia: those who work for the government in the mornings and have private practices in the afternoons, i.e., government midwives, and those who work only in the private sector. About 30% are in the private sector only. Midwives attend the majority (69%) of all births and provide 80% of family planning services.

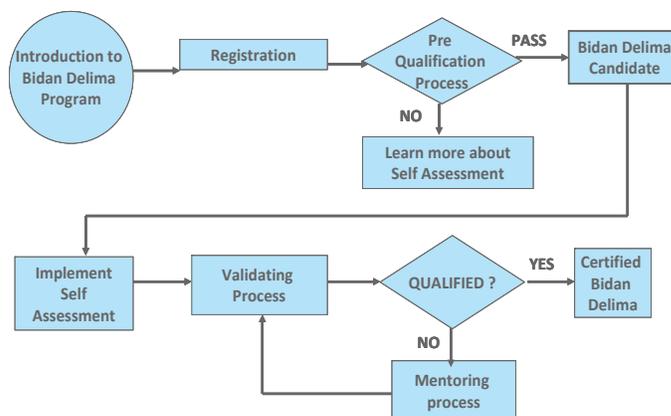
INITIATING THE PARTNERSHIP

The purpose of the BD program of IBI is to improve the quality of midwife services throughout Indonesia. The BD program was developed in 2003 through support from projects funded by the United States Agency for International Development (USAID). They included the Maternal and Neo-natal Health (MNH) project run by Jhpiego and the Sustaining Technical



Footage from IBI TV advertisement. "Make sure that your midwife is a BD is the theme to promote the high quality of BD services." IBI 2004

Steps to becoming a Bidan Delima midwife



Achievements in Reproductive Health/Family Planning (STARH) project managed by the Center for Communication Program (CCP) of the Johns Hopkins Bloomberg School of Public Health.

When funding from USAID ended in 2006, Jhpiego approached J&J to ask it to support IBI directly to continue the BD program. The company agreed to cooperate for several reasons: (1) it appreciated the importance of midwives in improving maternal and child health because of its 15-year partnership with the International Confederation of Midwives and because it was aware that there are only a few thousand doctors in Indonesia and tens of thousands of midwives; (2) it had partnered previously with Jhpiego, was familiar with the capability and experience of Jhpiego, and considered Jhpiego to be highly credible; and (3) support for BD was consistent with the company's global strategy.

IMPLEMENTING THE PARTNERSHIP

The partnership of IBI and J&J supports continuous training, monitoring, and evaluation of midwives who join the BD program. It supports training materials including guidelines on how to provide maternal and child health services, how to self-monitor and evaluate service quality, how to recruit, monitor, and evaluate BD midwives, and how to train facilitators. The partnership supports training videos and CDs to improve midwife practices in basic delivery care. IBI and J&J also conduct media campaigns. In 2008 they conducted a campaign to increase awareness about BD midwives. At the district level, midwives use materials to promote themselves as BD.

Midwives who want to become BD midwives must self-assess their pre-qualification status for the program and are then provided with a self-teaching packet to familiarize themselves with the required standards. Midwives then become BD candidates once they have been successfully validated as compliant with standards by a district-level facilitator (with a 100% score). Successful BD midwives then pay Rp. 350,000 or about 28 USD for the first annual fee. For each subsequent

year, BD midwives must pay Rp. 250,000 to IBI , to monitor and evaluate BD midwives. J&J supports regular midwives who are willing to participate in the BD program by providing training on basic delivery and newborn care. J&J also supports training for BD facilitators to serve as “validators” at the district level for BD candidates to increase the number of participants. To ensure the sustainability of the BD program, J&J held “Bidan Delima Awards” in 2005 and 2008 for top performing BD midwives at the national level. Candidates were proposed by each IBI branch based on results of the BD validating process. The process covered skills and knowledge on maternal and child health services, efforts to promote the BD program, and recommendations from peers. J&J meets regularly with IBI to gain a better understanding of program needs. J&J and IBI do joint monitoring, evaluation, and reporting to ensure that their partnership achieves their mutual expected results and impact.

RESULTS

The Bidan Delima program was initially located in six provinces (East Java, Central Java, West Java, South Sulawesi, North Sumatra, and Jakarta) and then was expanded to an additional three provinces (Yogyakarta, South Sumatra, and Bali). Currently the program is operational in 196 districts in 15 provinces. As of November 2010 there were 8,500 qualified Bidan Delima midwives and a further 1,407 Bidan Delima candidates in the process of qualifying. The number of midwives who have received training supported by the partnership includes 680 BD facilitators, 1,200 BD candidates, and 200 regular midwives trained on normal delivery and newborn care.

The partnership has also supported the printing and distribution of 15,000 copies of the “Healthy Mother and New Born Care Manual”, 300 copies of the counseling manual “Decision Making Tools in Family Planning”, 3,500 sets of promotional materials, and implemented a BD Campaign in the national media.

This partnership has increased the number of Bidan Delima midwives and improved the capacity and numbers of Bidan Delima facilitators who have important roles as key drivers of the program at the grassroots level.

CHALLENGES

Although the Bidan Delima program has been implemented for a few years and has qualified 8,500 midwives to be Bidan Delima midwives, the challenge is to measure its impact on maternal & child mortality rates in general. Both IBI and J&J admit that the problem is complex since there are more factors contributing to high maternal & child mortality than can be addressed by improved quality of midwife services alone. These factors include Indonesia’s complex geography, uneven distribution of and access to healthcare sources, and



The first launch of BD in Makasar, Indonesia. IBI 2004

community knowledge and behavior.

A survey by J&J of perceptions by midwives and patients of Bidan Delima midwives underscores the challenges of community knowledge and behavior that remain in spite of the progress made by the partners to improve services.

The survey of 200 midwives (100 BD and 100 non-BD) and 200 of their patients to measure whether the Bidan Delima program can motivate midwives to perform good service quality and also can encourage communities to choose better quality midwives found the following:

- 100% of all surveyed midwives are aware of the Bidan Delima program.
- Fifty-seven percent of midwives perceive that BDs provide high quality services; 36% see an improvement in knowledge among BD midwives on how to ensure safe delivery; and 18% see BDs as trusted midwives
- Women perceive BD midwives as friendly, good at handling complaints, professional, skilled, trusted, more patient, more highly qualified, and better trained than others, and recognize them as certified when they see the BD logo
- Consumers choose midwives based on closeness to the house, affordable price, friendly service, range of services, and quality of service
- While 63% of mothers are aware of the Bidan Delima brand, only 43% have used Bidan Delima midwives.

KEY SUCCESS FACTORS

J&J and IBI cite a shared vision and mission to reduce maternal and infant deaths and a mutual commitment on how to achieve both as key to their success. They share a mutual commitment to the needs of the BD program and its sustainability. They also share a commitment to see it reach all provinces and to developing a system based on technology to better manage

information for monitoring and evaluating.

FUTURE PLANS

IBI hopes to expand coverage of its BD program to include government midwives so the public can access the same level of quality services that women who use BD midwives enjoy. It also plans to work with the government education office and institutions that educate midwives to develop standards to test the competency of women who want to become midwives before they apply. IBI hopes to continue the Bidan Delima award program to sustain momentum and motivate its members to improve the Bidan Delima program.

The partners see the development and distribution of program reports as a way to increase awareness of the BD program and encourage other organizations/companies to disseminate information to their employees about care during pregnancy.⁴

Lastly, although IBI works with many local governments, it would like to work more systematically with the government in



BD uses an interactive counseling tool that encourages client's participation during a family planning counseling session. IBI 2004

order to standardize the quality of services provided by all private midwives at the district level. Both partners would also like to see more commitment on the part of all sectors to reduce maternal and infant mortality.

About this Case Study

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of *Company-Community Partnerships for Health in Indonesia (CCPHI)*, a project of the Public Health Institute (PHI), funded by the Ford Foundation.

This study is based on a presentation by Elsa Handayani, J&J Professional Marketing Manager, and Asmilika Makmur, IBI General Manager of Bidan Delima Program, at the 8th HBRI Session in January 2010. CCPHI staff prepared the study in consultation with J&J and IBI.

Footnotes

1. World Bank, 2008. *Investing in Indonesia's Health: Challenges and Opportunities for Future Public Spending*. Jakarta, Indonesia.
2. Bidan Delima is a brand. The English translation of Bidan Delima is "Pomegranate Midwife." BD midwife practices are distinguished by a red pomegranate on their signs.
3. STARH Program Semi Annual Report 2006.
4. After J&J and IBI gave a presentation about their partnership to members of the Health and Business Roundtable Indonesia (HBRI), Roundtable member PT Dewhirst (PTD), which manufactures clothing for Marks & Spencer, approached IBI for help to increase the number of BD midwives in the area near its factories in Bandung. Most of PTD's employees are women. PTD's health insurance program now offers better benefits to female factory workers who use BD midwives when they become pregnant.

For further information on CCPHI and the Health & Business Roundtable Indonesia please contact **Kemal Soeriawidjaja**, CCPHI Executive Director, at kemal.soeriawidjaja@ccphi.org or **Dian Rosdiana**, CCPHI Communication Officer, at dian.rosdiana@ccphi.org, or **Dr. Alene H. Gelbard**, ACCESS-HW Director, at alene@ACCESShealthworldwide.org or visit www.ACCESShealthworldwide.org