

Bidan Delima: Improving Quality of Care of Private Sector Midwives

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Objective:

Participants attending this session will be able to describe the effectiveness of using the self-assessment and validation tools to improve the performance of private sector midwives to provide high quality in reproductive health (RH).

Method:

The private sector is already a major provider of services in Indonesia. Indonesian government policies do not impede the growth of the private sector for providing reproductive health services; but at the same time, there is no effective and verifiable mechanism to ensure the quality of private midwives' clinics. To fill this gap, the USAID-funded STARH program joined with the Indonesian Midwives Association (IBI) to create a program called "Bidan Delima". Its objectives are to improve the quality of reproductive health services, to recognize the provision of quality services through branding, and to increase demand for quality services provided by this branded network. STARH developed a combination of external and self-assessment tools to be used to identify qualified private midwives.

STARH's support The Bidan Delima start in November 2003 and will continue until September 2005. The program began in 52 districts in 6 provinces. The goal is that IBI will be able to expand the program nationally after the end of STARH's funding.

Midwives who are interested in being recognized as *Bidan Delima* must go through a selection process that ensures that her reproductive health services meet certain standards. The participating midwife initially completes a screening form, once she meets the pre-qualification criteria, a set of self-assessment tools and guidelines will be provided to help her identify and improve her own performance. These tools can also be used as learning guides. The self-assessment tools consist of: observation of the facility's infrastructure, management, infection prevention, family planning, safe delivery and early newborn services. Once she is ready, she calls a trained facilitator to validate that her practices are complying with the standards of her professional organization using a set of checklist or validation tools. Private midwives who meet the criteria will be recognized by IBI as *Bidan Delima* and will receive benefits package including signage, and a package of clinical guidelines. STARH and IBI also promote the branded midwives through mass media advertising to raise awareness and demand from consumers of health care services. It will also target other midwives to join the program and propagate high quality of reproductive health services.

Results:

Early results show that the quality standards set forth by the program can be achieved. From 320 midwives, 228 private midwives achieved a score of 100% in their validation visit, and 92 private midwives achieved more than a 75% score. Midwives who have still not achieved 100% results are encouraged to continue working with their self-assessment tools or to enrol in training until they meet the standard.

Conclusions:

This quality improvement approach will increase awareness of private midwives to improve their services and lead to rapid results in improving the quality of services among this group of professionals previously isolated from quality improvement programs.