

Learning package: Community strengthening and engagement

Working together to save lives: TBA-Midwife Alliance

The TBA-Midwife Alliance is helping to improve rates of skilled birth attendance in health facilities

Traditional birth attendants (TBAs) have long held prominent roles within their communities. Community members trust them and value their knowledge of birthing practices and, because of this, the Partnering to Save Lives (PSL) behaviour change communication (BCC) framework identified TBAs as key influencers of reproductive, maternal and newborn health (RMNH) decisions. From their positions of leadership in their communities, TBAs are well placed to support mothers to transition to safer delivery, antenatal care (ANC) and postnatal care (PNC) practices, and to recognise danger signs and access appropriate care. In particular, by referring expectant mothers to health centres instead of offering home-based births, TBAs can help to improve rates of skilled birth attendance and facility-based deliveries.

To improve RMNH outcomes in communities with high rates of home deliveries, PSL conducted a baseline study to identify villages in Mondul Kiri and Ratanak Kiri with home birth rates over 50 per cent. PSL collaborated with TBAs and health centre midwives in and established a TBA-Midwife Alliance that aimed to equip TBAs with new knowledge, skills, commitment and networks to support pregnant women in the communities to use services at the health centres and increase rates of facility delivery.



Credit: Partnering to Save Lives

Above: A young mother and her child share a quiet moment after a PSL focus group discussion in Ratanak Kiri province.

At a glance: the TBA-Midwife Alliance

- 154 TBAs from one hundred villages participated. Community members included ethnic minorities.
- TBAs referred 691 women for facility-based deliveries (including 39 women experiencing complications).
- TBAs were trained on:
 - recognising danger signs during pregnancy and after delivery;
 - healthy RMNH behaviours, including the importance of visiting a facility for delivery, ANC and PNC services;
 - referral-making;
 - support available through the Health Equity Fund (HEF);
 - strategies to support women's birth planning.
- Midwives from five health centres facilitated quarterly meetings for TBAs to discuss their progress in visiting and referring clients.
- Health centre midwives performed outreach visits to the community, which were also an opportunity to conduct ANC and PNC checks. The visits helped to strengthen relationships between the health centre and community, and midwives and TBAs.
- PSL and health centres provided incentives to TBAs for referring women for safe delivery services in health facilities, and provided transport vouchers to the women who were referred.

“I used to help women deliver [their babies] at home, but now I encourage them to go to the health centre because it is safer.”

Chon Oeun, TBA, Mondul Kiri province

Lessons learned

In communities with the TBA-Midwife Alliance, PSL observed positive changes in RMNH behaviours among TBAs and mothers, and health centre midwives were actively involved in the community. PSL identified the following key lessons:

- **TBAs have established influence** in their communities and are well-positioned to make referrals and provide RMNH advice. **TBAs were particularly effective as a referral source for ethnic minority women**, referring 20% of surveyed health centre clients from ethnic minority groups.¹ There is potential to further reinforce TBAs' role as a credible source of health information and referrals by integrating their activities with those of Village Health Support Group (VHSG) volunteers and/or other established health education activities where available.
- **TBAs were responsive to training**, prompting approximately 70% of TBA participants to stop providing home-based deliveries and refer expectant mothers for facility deliveries instead. They also developed sound knowledge of danger signs during pregnancy that they were able to share with women and use as a basis for referrals.
- **Supervision of TBAs by midwives is critical.** It provides an important **opportunity to link community members to health providers, and to build relationships between TBA and midwife.** Supervision can also be performed in tandem with ANC and PNC checks, and can be integrated into outreach activities.
- **Referral incentives are important** to encourage TBAs to refer to health facilities, rather than attend to the delivery themselves.
- **Transport reimbursements are most effective when they match actual cost of transport.** PSL initially reimbursed women for transportation using the rates applied under HEF but, in practice, these rates were lower than the actual transport costs incurred. Once PSL raised its rate, referrals also increased.

1. PSL (2017). Community Referral System Snapshot Survey.

Recommendations

The TBA-Midwife Alliances proved to be an effective strategy for improving safe delivery practices in remote communities. To continue supporting these activities, PSL recommends to:

- Target communities in hard-to-reach locations that are still reliant on TBAs for deliveries.
- Build trust and relationships between health centres and communities by integrating midwife supervision activities with outreach ANC and PNC service delivery.
- Facilitate links between TBAs, VHSGs, Village Savings and Loans Associations (where active) and Health Centre Management Committees to reinforce TBAs' role in providing health information and referrals.
- Provide sufficient incentive for TBAs to provide health information and referrals and potentially off-set lost earnings from performing home deliveries.
- Improve access to health facility services for women in remote locations by introducing concurrent measures to overcome the challenges of distance and transport. For example, implement transportation vouchers and promote the use of maternity waiting rooms at health facilities.



Credit: Save the Children

Above: A newborn sleeps peacefully in its mother's arms.

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Partnering to Save Lives

