

Continuation of Private Midwifery Practices (PMPs) during COVID-19 Pandemic in 8 Districts/Cities across Indonesia May – June 2020

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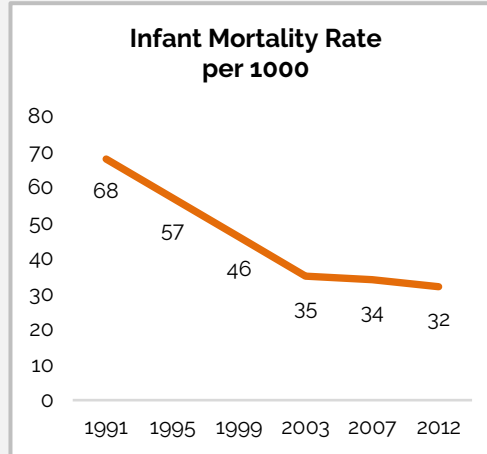
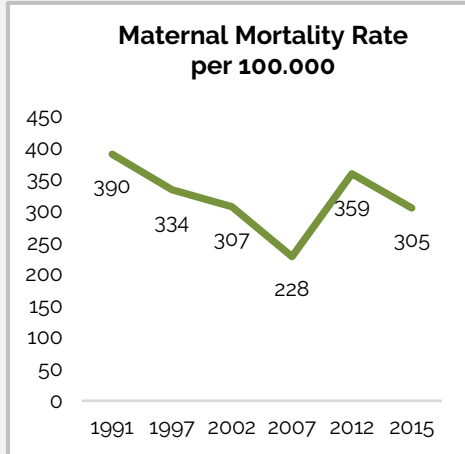
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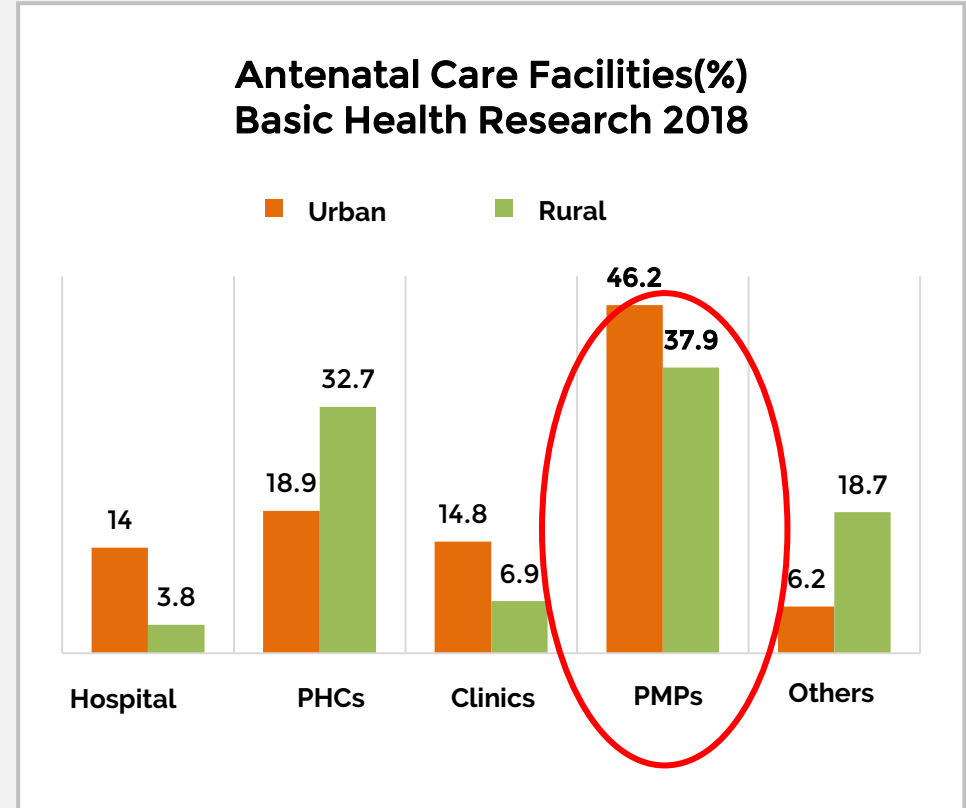
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Background



Indonesian DHS, SUPAS

- It is estimated that potential additional maternal death toll could reach 56.700, and 1.157.000 for child death toll in 118 development country during 6 months of pandemic (Robertson *et al*, 2020).
- Healthcare services disruption will hinder the progress of Maternal dan Infant Mortality target
- It is reported that 974 of 9296 PMP (10.5%) already closed their services due to the pandemic (IBI, 2020).



As the gatekeeper, PMPs becomes the main choices for MNCH services in urban and rural area compared to other health facilities

Objective

- 1** | Identify the implementation of regulation and guideline regarding to PMP services during COVID-19 pandemic
- 2** | Identify the adjustment of stewardship and organizational arrangement as COVID-19 response
- 3** | Identify the challenges in financial arrangement in order to continuation of PMP services
- 4** | Understand how the innovation and services adoption applied at PMPs as an implication of social restriction policy during the pandemic

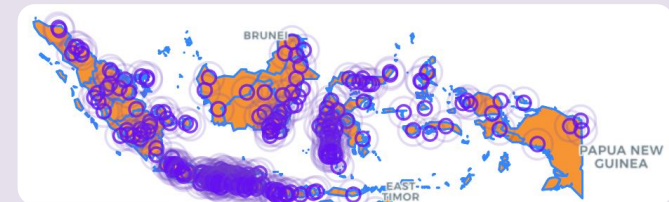
Methodology

- Qualitative Methods
- Data collection through **FGD by virtual meeting on 8-22th June 2020**

Targeted informant:

- **4 Units in MoH**
- **8 District Health Offices**
- **16 Primary Healthcare Centres (PHCs)**
- **16 Private Midwifery Practices (PMPs)**

Study Location



DKI Jakarta

- East Jakarta
- South Jakarta

West Java

- Bandung
- Depok

East Java

- Surabaya
- Sidoarjo

South Sulawesi

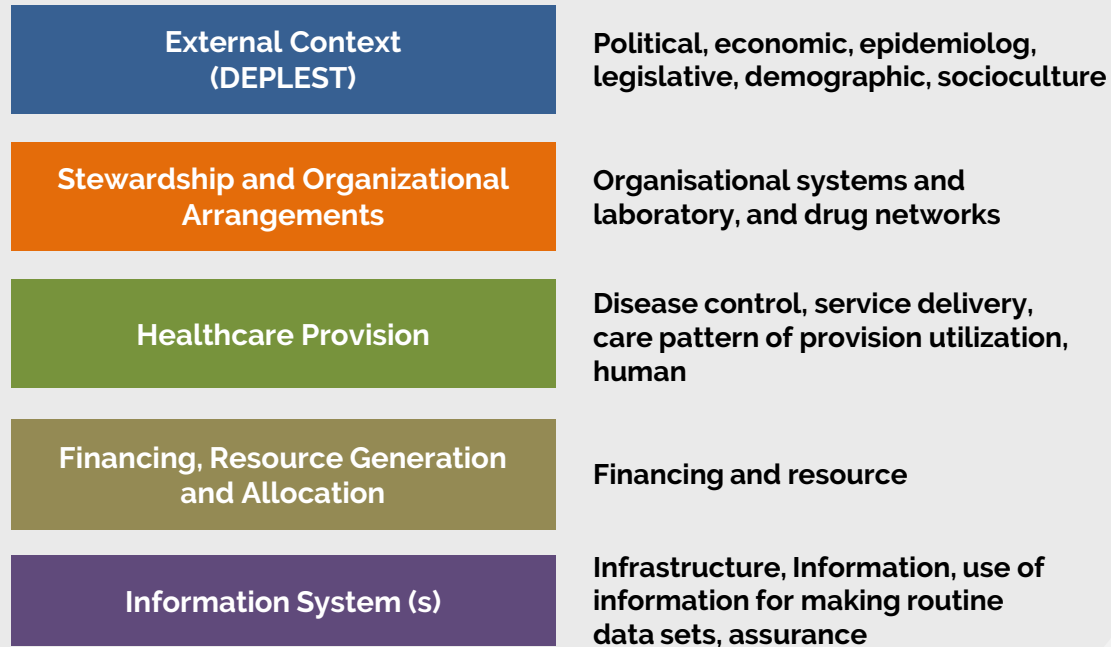
- Makassar
- Bone

Analytical Framework

Health Systems Components



Vertical Programme Components



Linkages with other vertical programmes: (e.g. STI programmes; HIV programmes; substance abuse, etc.)

Result

Policy Context to Support the Continuation of PMP services during Pandemic

Policy Response

Guideline of services adjustment during pandemic that provided by MoH and COVID-19 task force was already comprehensive for MNCH, Family planning, Nutrition, and Immunization services

01



02

Socialization

The source of service adjustment information obtained by PMPs is only in the form of document circulation (via online, colleagues, professional organizations), not supported by operational guidance of these guidelines.

04

Information on epidemiological characteristics

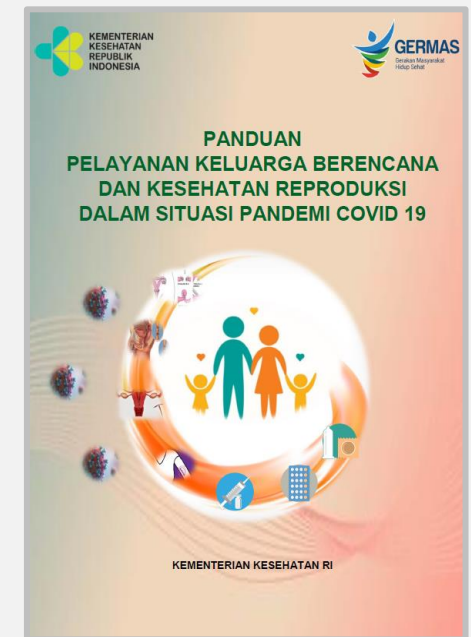
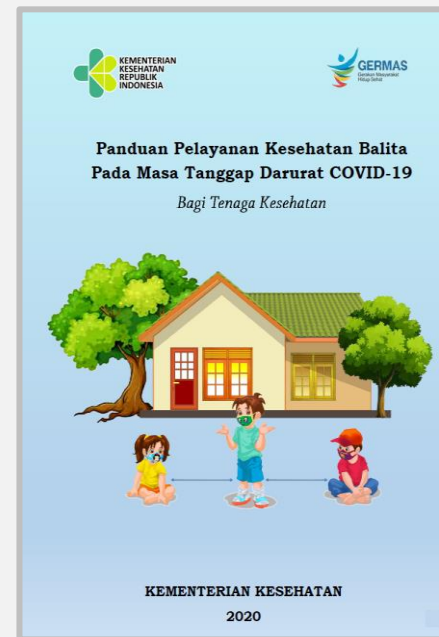
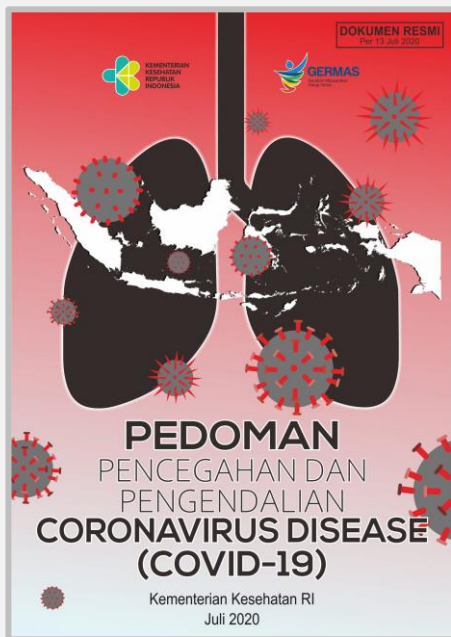
PMPs need the information regarding the diseases cluster and risk zonation in their catchment area so the services operational could be well prepared

03

The Understanding of Guideline Implementation

Most PMPs were not fully understand how to implement the guideline in their services particularly related to PPE use, testing, referral process for COVID-19 suspected person

Guideline of Services Adjustments during COVID-19 Pandemic



Source:
<https://covid19.kemkes.go.id/>
<https://kesmas.kemkes.go.id/>
<https://infeksiemerging.kemkes.go.id/>

Condition of Organizational Arrangement and Health Resources during Services Adjustment

- Based on regulation, PHCs have an obligation to participate in optimizing and improving the ability of their health facilities network and partner in their catchment area.
- PMPs is one of the PHCs partners to conduct the MNCH, immunization, nutrition and family planning services that should be monitored by PHCs every month.



Study Findings of the PMP Monitoring

- **Only 2 of 16 PMPs had been monitored directly by Midwives coordinator at PHCs regarding the implementation of services adjustment protocol**
- 14 PMPs had been monitored and coordinated by PHCs through online (via *WhatsApp*)
- 2 PMPs were not monitored both through offline and online platform

Sources: MoH Regulation Number 75 year 2014 about Primary Healthcare Centre

Condition of Organizational Arrangement and Health Resources during Services Adjustment

Referral Flow and Health Workers Resources

- PMPs faced difficulties in referring patients to the hospital if there were suspected COVID-19 cases of pregnant women/who were about to give birth.
- There has been a reduction in visits during the pandemic.
- The human resources available at PMB are currently still sufficient to provide services.

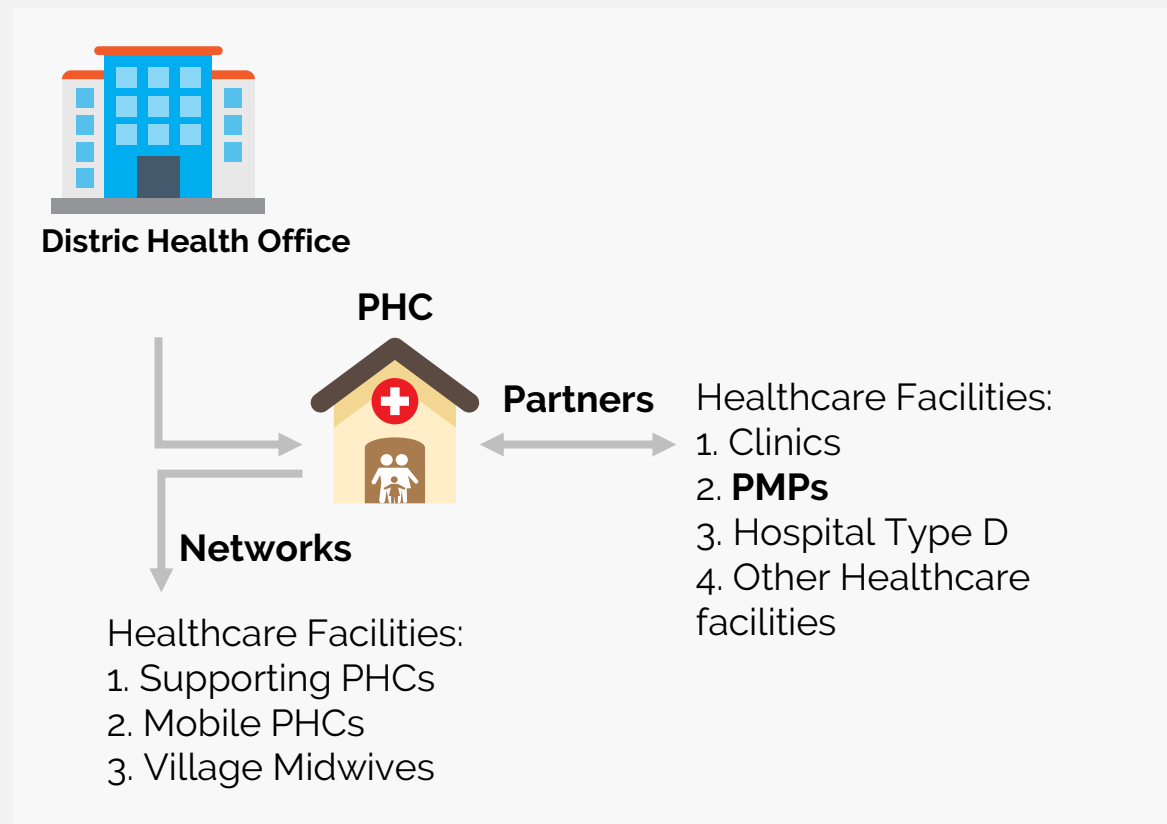
Key Message



The limited monitoring from the PHCs during the COVID-19 pandemic resulted in lack of follow-up on the PMPs needs and obstacles during operational services

Financing Sustainability to Ensure Safety during Pandemic (1)

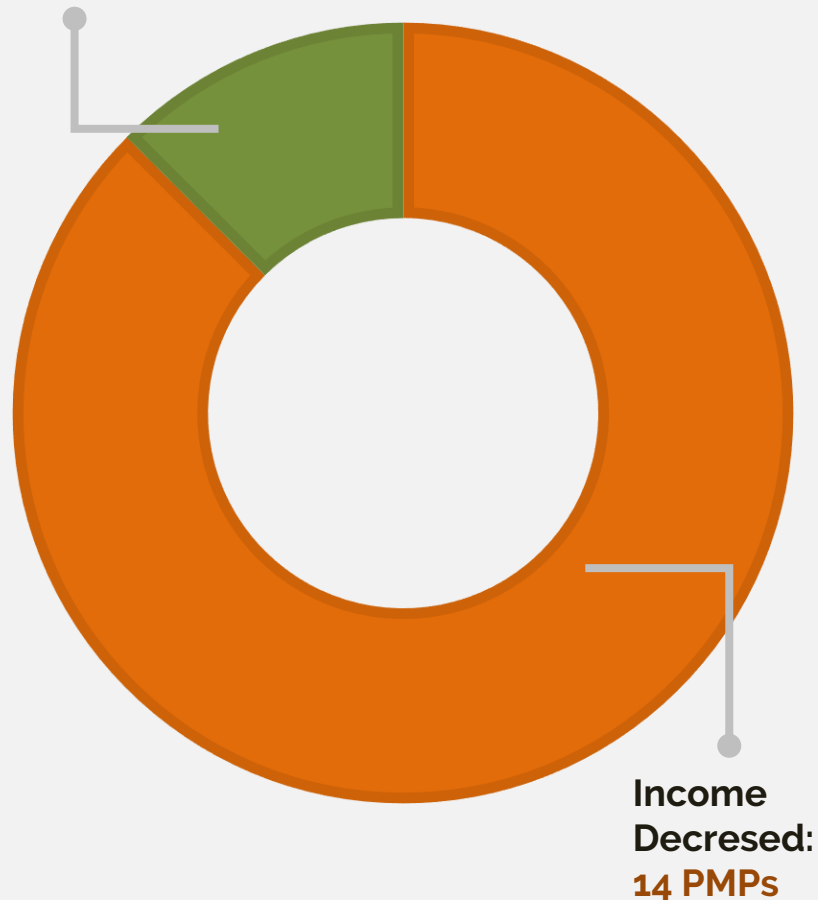
- Health services safety during pandemic is the Government's responsibility
- The government has allocated contingency funds, one of which aims to provide security for health workers in health services.
- However, the allocation is not comprehensive enough to cover all health facilities, for example PMP as a PHCs partner which also acts as a gate keeper is still experiencing difficulties in fulfilling PPE.



Sources: Minister of Health Regulation Number 75/2014 concerning the Primary Healthcare Center and Minister of Health Regulation Number 31/2019 concerning PHC's Information System

Financing Sustainability to Ensure Safety during Pandemic (2)

Income increased:
2 PMPs



- 14 PMP admitted that their income had decreased due to services limitation, visiting schedules and PPE expenses that their purchased independently.
- 1 PMP from East Jakarta and 1 Midwife from South Jakarta admitted that their income had increased due to their innovation to open a homecare service
- There were PPE donations from professional organizations, NGOs and the private sector during the early months of the pandemic.
- Most of PMP currently use their personal savings to continue service.
- There are several midwives planning to increase service rates.

Financing Sustainability to Ensure Safety during Pandemic (3)

- For PMPs that had joined the Indonesia SHI scheme, the non-capitation tariff was estimated to be insufficient to cover the services due to additional PPE needs, especially during delivery.
- Some PMPs that did not in SHI scheme consider the tariffs to be less profitable.

Key Message



Although it appears that visits had been decreased, there are indications that the pandemic will impose additional financial burdens to the PMPs, yet also an opportunity for services expansion due to the shifting of patients who usually visit PHCs and Hospitals.

Midwifery Services Adaptation and Adjustment During a Pandemic (1)

Immunization

- Immunization services conducted by prior agreement or home visit.
- Immunization services regularly carried out at PMPs only for BCG and HB0.
- PMPs admits that many clients postpone the services due to fear of COVID-19.

Pregnancy and Delivery

- ANC services were provided online (through WhatsApp) unless there was an emergency need.
- Birth services were only carried out specifically for pregnant women who did not have symptoms of COVID. Suspected COVID-19 patients will be immediately referred to PHCs or Hospital
- Midwives wanted to be able to carry out rapid tests at PMPs to serve patients who are about to give birth to accommodate COVID-19 asymptomatic patient.

Midwifery Services Adaptation and Adjustment During a Pandemic (2)

Nutrition Services

- 2 PMPs in Bone and Bandung Districts reported not serving child development monitoring services
- Other PMPs admitted that growth and development examinations were implemented during patients' check up or immunization services.

Family Planning and Other Health Promotion Services

- All PMPs acknowledged a reduction in visits to family planning services.
- FP visits were carried out by appointment, especially for the IUD and implant methods.
- 1 PMP in Bandung City and 1 PMP in Depok did not provide IUD and implant services but only injections and pills.
- Health promotion activities are carried out through disseminating information to clients via WhatsApp.

Information System

- As a PHC's partner, PMPs has to record and report the services delivery every month to the PHCs.
- Prior to a pandemic, reports were usually taken directly by the PHC's coordinating midwife, or by PMPs during their monthly visit to take vaccine logistics at PHCs.
- During a pandemic, the reporting mechanism was agreed to be reported via instant messaging application (WhatsApp)

Key Message



Improvement for information system to cover data from PHCs partners is needed

Conclusion

- 1** | PMPs as a front-liner of MNCH services could not respond rapidly to the community needs due to limited access of service, limited technical support, and inadequate PPE.
- 2** | The coordination between PMPs and PHCs require improvement. Currently, PMPs receive lack of assistance and support from the PHCs.

There were some indications for services expansion at PMPs as the result of the patients transition who were previously visiting the PHCs and Hospitals.
- 3** | PMPs income decreased during the pandemic, caused by the decline in patients' visit and high expenses for PPE procurement; leading to an increase of services rates.
- 4** |

Recommendation

- 1** | PMPs to be more involved in the socialization and technical assistance by the government, particularly during the COVID-19 Pandemic.
- 2** | Adequate PPE support from PHCs / government is pivotal to ensure the safety of midwives and patients.
- 3** | A clear referral flow from PMPs to PHCs/hospitals is needed
- 4** | Evaluation of PMPs non-capitation rates to support the adequacy of PMPs financing during and after the pandemic period.

References

- Roberton T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health 2020; published online May 12. [https://doi.org/10.1016/S2214-109X\(20\)30229-1](https://doi.org/10.1016/S2214-109X(20)30229-1).
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- Minister of Health Regulation No. 75 of 2014 about the Primary Healthcare Centres (PHCs)
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- Basic Health Research Report (Riskesdas) 2018
- Indonesian Demographic and Health Survey Report (IDHS) 2017

Thank You

