

# Working with District Health Offices in ASUH

## *Managing for Better Newborn Health*

ASUH's activities to improve newborn health in Indonesia are based on the recognition that program sustainability depends not only on technical capacities but also on a sense of shared, mutual responsibility across all partners in the public-health system: health care providers, communities, and program managers. ASUH's interventions brought these stakeholders together to improve the quality and reach of the critical home visit by the village midwife in the first week of the newborn's life. Activities stressed specific communication styles and messages as well as improved clinical skills for midwives and their supervisors, emphasized the roles of community leaders and mobilized community organizations, and helped district public health officers develop management skills required by new post-decentralization roles. Work with district health offices was based on partnership and participation and covered planning, problem solving, collective learning, supervision, and social mobilization.

### Partnership and Participation

ASUH began as a technical assistance project to provide innovative solutions to old problems in maternal and child health and evolved into an increasingly widely adopted approach for solving public-health problems. Program for Appropriate Technology in Health's (PATH) approach reflects its conviction that assistance must be offered in a spirit of partnership and that successful partnerships are based on authentic mutual respect and common purposes. From the very beginning, the ASUH process involved advocating improved delivery of service to newborns and their mothers, listening to concerns of all parties involved, providing multiple opportunities for partners to learn through applied practical experiences ("learning by doing"), and working with partners to meet their expressed needs and fit into their busy schedules. Finally, while there were certainly some elements of theory in ASUH training activities, nearly all capacity-building training was participatory and practical.

With PATH assistance, Indonesia's central Ministry of Health (MOH) and provincial health department managers conducted orientation workshops in each of the four ASUH districts to introduce the new ASUH package of newborn care activities and to define clearly the district's role. Workshop participants reviewed the results of ASUH's predecessor project, the successful Healthy Start for Child Survival Project on Lombok in the 1990s, and considered applicability to ASUH. In a group visit to Lombok, district officers learned more about ASUH's strengths, weaknesses, and factors that might affect its institutional sustainability on Java once donor support ends.

### Participatory Planning and Problem Solving

ASUH partners began with a two-day workshop for four districts, two provinces, central MOH officers, and PATH consultants to become mutually acquainted with ASUH's objectives and its strategy of participatory planning and training. With extensive coaching by PATH staff, ASUH's team from each District Health Office (DHO) then conducted a series of four experiential workshops (the "participatory planning safari") to master the

process of involving sub-district and village representatives in district decisions about local health programs. Throughout these planning exercises and all following activities, ASUH emphasized use and critique of data as well as local information in identifying and solving problems in district health programs.

### Facilitating community participation

At first, district health officers felt they could not get input from community people, who would not speak up. However, during the multi-sector participatory planning workshops, all participants were given colored cards on which to write health problems. When these were put up on the wall, village representatives were actively involved in lively discussions about the results. The district health officers were pleased to use this new technique.

## Collective Learning and Participatory Supervision

As ASUH trainers, district health program officers learned firsthand the principles of adult collective learning and its essential assumption that each participant comes to training with experience valuable to others. After introducing them to adult learning methods, PATH trained and coached 68 district facilitators to train more than 1,500 village midwives and supervisors in self- and job-awareness, self-confidence, and communications. District officers also participated in the materials development and training for the clinical management of newborns.

With PATH assistance, provincial and district health officers developed guidelines that applied ASUH's collective learning and problem-solving approaches to midwife supervision. Through ASUH, district health officers then gained practical experience—in village visits and at routine meetings with midwives and midwife coordinators.

## Strengthening Health Service Links to Communities

DHO officers became active partners in cross-sectoral social mobilization teams—in training and supporting community facilitators, in developing district-level events, and in developing supporting reference materials on newborn health. Results of special studies and new technical materials shared with the DHOs were incorporated in district practice and in village out-reach materials. ASUH provided opportunities to help DHO officers better identify entry points for improving village health services to newborns and their mothers. In Cianjur, DHO staff were intensively involved in the positive deviance nutrition pilot, starting with site selection and including training and hands-on implementation.

## DHO Impact and Sustainability

DHO officers report that their hands-on involvement in ASUH activities increased their understanding of new material, raised skill levels, increased their commitment to and reinforcement of participatory training methods, and had remarkable affect on their own motivation to monitor and supervise midwives. ASUH's interventions, including its learning approach, have been adopted by districts, provinces, and the center, as evidenced by multiple replications. Cianjur intends to be a premier positive deviance demonstration site.

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