

ASUH

Awal Sehat Untuk Hidup Sehat

A Healthy Start for a Healthy Life

The Problem *One newborn dies every 5 minutes.*

Indonesia's infant mortality rate has remained stagnant for the last ten years. Approximately 46 percent of infant deaths occur during the neonatal period (first month of life), and yet neonatal health has largely been neglected as a priority health issue.

For every 1,000 births in Indonesia, 22 infants die before they are one month old, or one newborn dies every five minutes. Eighty percent of those deaths are in the first week of life, most from causes that could be prevented through simple, low-cost interventions at the family or community level.

One of these interventions is a home visit by the village midwife to bring services directly to the baby and its mother at their home during the first week after birth. The ASUH program, implemented in Indonesia during 2000 – 2003, focused on improving this effective intervention by encouraging greater reach and strengthening the quality of this home visit.

ASUH's Goal

Implemented by the Ministry of Health with technical assistance from the Program for Appropriate Technology in Health (PATH) and support from the United States Agency for International Development (USAID), ASUH aimed to improve the health and nutrition of mothers and children under five years of age in Indonesia, focusing primarily on the newborn. ASUH activities were designed to test and document the effectiveness and sustainability of a holistic approach for catalyzing change in behaviors of health providers, families, communities, and health managers.

ASUH Sites

ASUH activities have been implemented in Blitar and Kediri Districts in East Java, and in Cianjur and Cirebon Districts in West Java, Indonesia.

ASUH Initiatives

ASUH has made a difference through enhancing and expanding the mutual responsibilities for newborn health among health providers, communities, and district health offices (which represent the local government). ASUH assisted them in defining and carrying out their own roles and responsibilities more effectively and more frequently. 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 with special facilitator training and specific newborn health reference materials; and helped district public health officers develop management skills required by new post-decentralization roles.



1. Village Midwife

The village midwife (*bidan di desa*) is the most important front-line provider for conducting successful home visits. Therefore, ASUH interventions have been directed towards improving midwives' knowledge, commitment, and skills through interactive adult learning in self-awareness, self-confidence, interpersonal communication, and the clinical management of newborns using the WHO-based "integrated management" approach. This learning has been reinforced by providing midwives' supervisors with new skills to conduct supportive, interactive, problem-solving supervision.

2. Community

The role of families and communities is essential. Through its social mobilization component, ASUH has facilitated community members' understanding of newborn health problems and their roles in solving the problems, and has introduced them to skills to implement solutions.

A multichannel approach has facilitated and supported behavior change at the community level. This included disseminating information via radio, print, video, face-to-face communications, and traditional events. ASUH has facilitated collaboration with nongovernmental organizations with far-reaching networks (such as PKK, Muslimat, and Fatayat) to incorporate ASUH messages into their structure and activities, including advocacy to the communities they serve. In selected villages, ASUH implemented more intensive interventions through community facilitators trained to mobilize community-based newborn health activities.

3. District Health Office (DHO)

To increase the capacity of local public health program managers, ASUH has provided district health officers with intensive technical assistance and mentoring in implementing the ASUH approach. This includes introducing new skills in training, facilitation of adult learning, participatory planning, problem-solving, managing social mobilization, and supportive supervision. ASUH also developed handbooks and forms to support the new learning.

Results

Through training and support to more than 1,500 village midwives, 165 supervisors, 138 communications trainer-facilitators, 74 clinical trainer-facilitators, 26 social mobilization trainer-facilitators, and more than 3,000 community facilitators, ASUH has significantly increased:

- Village notification systems providing timely information to midwives.
- Home visits and counseling by village midwives for mothers and families.
- Infants immunized against hepatitis B in the first week of life.
- Early initiation of breastfeeding.
- Exclusive breastfeeding.

In addition, demand for ASUH activities and materials in other locations has led to replications in over 25 districts.

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