



Out of the shadows: Working with traditional birth attendants

Catalysing local resources to reduce
vertical transmission of HIV

2025

The challenge of paediatric HIV

Children are significantly less likely to be diagnosed with HIV and to receive antiretroviral therapy (ART) than adults. In 2023, approximately 602,000 children living with HIV did not have access to ART, which represents 43% of the 1.4 million children globally living with HIV. Children are also less likely to have a suppressed viral load when living with HIV compared to adults – 73% of adults (aged 15+) had suppressed viral load in 2023 but only 48% of children. Progress was being made in reducing vertical transmission from mother to child during pregnancy, delivery and breastfeeding but has recently stalled. In 2023, an estimated 120,000 children acquired HIV through vertical transmission, contributing to the total global figure of 1.4 million children living with HIV.¹

Aidsfonds Kids to Care model

The Aidsfonds Kids to Care model seeks to address paediatric HIV challenges by focusing on client identification, linkage to care and treatment, and long-term retention. Now, more than ever, the Kids to Care model is critical to the wellbeing and health of children, as well as for pregnant, and breastfeeding women to reduce vertical transmission. The global community has committed to ending AIDS as a public health threat by 2030, but this goal will not be reached without an embedded and sustainable community-based response.

The Aidsfonds Kids to Care model equips communities to strengthen their links with health facilities in order to **find, test, treat, and retain** children, as well as pregnant and lactating mothers, living with HIV.

The Kids to Care model is built on the following foundational principles:

- > Community-owned and community-led
- > Builds on existing community structures
- > Child and family centred
- > Builds on government frameworks and policies
- > Key stakeholders are meaningfully involved from the beginning
- > Interventions are informed by data
- > Committed to sustainability and long-term support.

Engaging traditional birth attendants in the paediatric HIV response

Action for Community Care (ACC) in Tanzania, Coalition of Women Living With HIV and AIDS in Malawi (COWLHA), and Society for Family Health (SFH) in Nigeria are implementing the Kids to Care model. Through reflection and learning documentation, they have recognised the unique contribution that all cadres of community health service providers, especially traditional birth attendants, have had and continue to have in reducing vertical transmission and supporting effective care for children living with HIV.

What are traditional birth attendants?

Traditional birth attendants are community-based service providers who for decades have been supporting women during their pregnancies and providing support for home delivery of babies. After the World Health Organization's Alma Ata Declaration in 1978, traditional birth attendants were officially recognised by a number of governments, even though they had been working as community midwives or under other names for centuries before that. In the 1990s, structural adjustment programmes implemented by the

¹ UNAIDS (2024). The urgency of now: AIDS at a crossroads. Geneva, Joint United Nations Programme on HIV/ AIDS.



International Monetary Fund led to increased service fees for healthcare and growing privatisation of services. As a result, different types of community-based service providers became essential, to alleviate the impact of increasing costs for services. As part of initiatives to strengthen community services, traditional birth attendants were trained and supported by governments, Ministries of Health and non-governmental organisations (NGOs).²

However, in 2007 traditional birth attendants were banned in Malawi, Nigeria and Tanzania, as well as in a number of other African countries. The bans were imposed in an attempt to reduce maternal mortality rates as traditional birth attendants were not skilled in complicated or high-risk deliveries at home. However, several studies have questioned this strategy - not only because of how severely under-resourced health systems are in many of these countries, but also because of the strong connection that has been

established between women and traditional birth attendants. One study by Ana³ (2011) described traditional birth attendants as more than just providers of support during delivery but as 'knowledge custodians' who women value for their expertise and information, highlighting the trust and respect they enjoy within their communities.

The past 8 years of implementing the Kids to Care programme has shown that traditional birth attendants are critical at all stages of the response – find, test, treat and retain. To ensure the significant value of traditional birth attendants is maintained in communities, it is important that their role evolves into one that connects with the wider healthcare system and is effectively supported with training and financial compensation.

² <https://www.medicinethnologie.net/maternal-health-in-tanzania/>

³ https://www.researchgate.net/publication/51219029_Are_traditional_birth_attendants_good_for_improving_maternal_and_perinatal_health_Yes

Changing role of traditional birth attendants

The role of traditional birth attendants is evolving thanks to the support of implementing organisations and wider recognition within the healthcare system. They support case identification through their in-depth knowledge of communities and families. They encourage testing and treatment adherence by building on the relationships they have within women's circles in their communities, and they support retention by providing continuous follow up for women and children living with HIV. In addition, they encourage and accompany women to give birth in health facilities, which is a critical step in reducing vertical transmission of HIV. If a woman gives birth in a health facility, both she and her baby have access to prophylaxis, early infant diagnosis, and emergency care.

In Malawi, Nigeria and Tanzania, traditional birth attendants work informally and many still operate in secret, hiding from the government who does not officially recognise them.

The Nigerian experience (see Box 1) shows that the priority for implementing organisations working with traditional birth attendants is to redefine their role by engaging them and to provide training. Many traditional birth attendants who have not been engaged through training continue to support home deliveries in secret. When community-based organisations reach out to them for help, they fear what might happen. In Malawi, for instance, traditional birth attendants were still banned from operating in the country. They were therefore reluctant to come out in the open when COWLHA conducted community mobilisation in Mwanza, fearing that they would be arrested once they identified as traditional birth attendants. However, thanks to the organisations that recruited them, those who participated in training were able to start to accompany women to appointments, have an official role in HIV and antenatal care and provide health education. In this new capacity, traditional birth attendants were able to reduce risks by identifying birth complications and providing timely referrals to HIV testing services and clinical delivery as well as identifying clients and supporting long-term retention on ART.

Box 1: National recognition for traditional birth attendants in Nigeria

In 2019, Society for Family Health (SFH) Nigeria started working with and training traditional birth attendants to identify children at risk of HIV infection, and to reduce vertical transmission of HIV. They linked traditional birth attendants with community health workers as well as private pharmacists (known as patent and proprietary medicine vendors). SFH advocated to include traditional birth attendants in HIV care in Taraba state and ultimately convinced government stakeholders to include them in their HIV service programming. This led to national recognition of the important role of traditional birth attendants in reducing vertical transmission and their inclusion in national AIDS plans in Nigeria. As a result, traditional birth attendants have come out of the shadows and are now allowed to work openly under a revised remit. Today, traditional birth attendants in Nigeria officially support the triple elimination programme to reduce HIV, syphilis and hepatitis B/C.

However, these gains are not easily won. In spaces where the role of traditional birth attendants is contested and where home births have been banned, it can initially be difficult for organisations to engage with them. Many are afraid to continue supporting home births and feel sidelined by Ministries of Health. ACC reported that when they started their Kids to Care project, traditional birth attendants would not come to meetings or trainings, but now they come in large numbers because they trust ACC. These traditional birth attendants have begun to adapt their role and can now contribute significantly to improving health outcomes for women and children more openly, and without fear.

Benefits of working with traditional birth attendants

Traditional birth attendants see themselves as a valuable resource for women in their communities. Many of them feel called, either by God or a higher power, or by a desire to

support women and ensure their wellbeing. Some traditional birth attendants learned their skills from previous generations, and carry on the practice through a strong commitment to the vocation that they have inherited.

Traditional birth attendants report being able to build trust with women more easily than community health workers, as they are known and respected within their respective communities having worked there for a long time. They are also recognised as keepers of

“We don't want to leave women to give birth alone. People trust us to care for women while they give birth.”

Traditional birth attendant
in Nigeria



traditional knowledge related to pregnancy and birth. Husbands and extended family encourage women to contact them when they realise they are pregnant for advice on healthy pregnancies, and later, when labour starts, to ensure a safe delivery. The Kids to Care model builds on this foundation of trust by training traditional birth attendants.

Many healthcare providers see the value in traditional birth attendants, especially in linking with pregnant women in their communities and encouraging health facility delivery, as well as in supporting HIV testing, early infant diagnosis, and linkage to care and treatment. But even when healthcare providers have a favourable view of traditional birth attendants, their approaches are not consistent. Some will allow traditional birth attendants to stay at the health facility while a woman is in labour and until her baby is born. Others, however, will not allow them to enter once a woman has been admitted into the health facility. This is largely influenced by the district health authorities' approach towards traditional birth attendants.

Where possible, traditional birth attendants function like doulas, encouraging and supporting women during labour, providing fluids, using massage and other techniques for pain relief, and notifying the health facility if a woman needs their attention. After birth, traditional birth attendants support early breastfeeding, early infant diagnosis, and encourage vaccinations at the scheduled times for infants. Allowing traditional birth attendants to accompany women in labour at the health facility increases the chance that the woman and baby will access services for the prevention of HIV vertical transmission and particularly, early infant diagnosis.

In Tanzania, the district team went further and requested support from ACC to map all traditional birth attendants and provide training about their redefined role in encouraging early antenatal care and delivery at the health facility. The district team believes that this strategy will contribute to the goal of reducing the currently high rates of vertical transmission, and reduce maternal deaths.

Study on traditional birth attendants in Nigeria

In Nigeria, a quasi-experimental study was conducted in 2023 on the use of traditional birth attendants within a project using the Kids to Care model called Lafiyan Yara.⁴ The study compared four different models: 1) patent and proprietary medicine vendors; 2) traditional birth attendants; 3) village health workers; and 4) a combined model. Within this study, the traditional birth attendant model yielded the highest results for referral to HIV testing services. The combined model yielded the highest results for children, including referral to HIV testing services and uptake of services. The combined approach allowed for inputs from different service providers, each responding to different needs for women and children in order to address the specific barriers faced by children in accessing HIV testing, care and treatment.

⁴ Olujide Arije, Rachel Titus, Akintayo Olaniran, Aisha Dadi, Danjuma Garba, Emeka Okeke, Omoregie Godpower, Jennifer Anyanti, Omokhudu Idogho, Carmen Roeberson, Eliane Vrolings and Adedeji Onayade (2023) Effectiveness of community mobilisation models in improving HIV testing services uptake among women and children in Nigeria: A quasi-experimental study, *Global Public Health*, 18:1, 2284880, DOI: 10.1080/17441692.2023.2284880

Results and achievements working with traditional birth attendants

- > **Training:** Across three of the countries, 196 traditional birth attendants were trained using the Kids to Care toolkit: Tanzania - 102; Malawi - 20; and Nigeria - 94.
- > **Working together:** Traditional birth attendants have joined other community health service providers, such as community health workers, patent and proprietary medicine vendors, mentor mothers, and expert clients to provide home visits, health education, and linkages to HIV testing. 9,626 household visits have been conducted collectively (Tanzania: 1,193; Malawi: 8,433).
- > **Children:** As a result of joint efforts from traditional birth attendants, community health workers, and facility healthcare workers, 522 children were found to be positive through HIV testing and 1,055 children have been supported to adhere to treatment and be retained in care. 627 children have suppressed viral load.
- > **Women:** As a result of joint efforts from traditional birth attendants, community health workers, and facility healthcare workers, 656 women were found to be positive through HIV testing supported by community health service providers. 1,457 women were supported to adhere to treatment and remain in care. In Nigeria, 135 women achieved a suppressed viral load (data not available for other countries).

“If it weren't for me, she would have delivered at home. I accompanied her to the health facility when her labour started. She delivered safely there and we returned home with her new baby. I was able to follow up with her after delivery to see how the baby was doing and to make sure that she took him for [HIV] testing and a checkup.”

Traditional birth attendant in Tanzania

Photo: Jeroen van Loon



Challenges working with traditional birth attendants

Working with this cadre of community-based service providers has its challenges, some of which are outlined below.

Ban on home deliveries

- > Many women still want to have their babies at home, and ask for the traditional birth attendants to support the home delivery in secret as their status is still not formally recognised. These traditional birth attendants are cautious to engage with organisations or Ministries of Health, fearing the consequences. In some cases, Ministries of Health can be wary of engaging with traditional birth attendants, preferring to ban them rather than use their skills in other ways. When working with traditional birth attendants, it is therefore critical to advocate for a redefined role and to demonstrate to Ministries of Health that traditional birth attendants can contribute positively to improved health outcomes for women and children.
- > Sometimes traditional birth attendants are contacted late in labour and there isn't time to get the pregnant women to the health facility. It may be too far to get to the health centre in time, the costs of having a delivery at the health facility too high, and at night time staffing may be insufficient. This puts them in a difficult situation of wanting to support women to have a healthy and safe delivery but not being able to. Some health facilities have therefore created direct links with traditional birth attendants so that a facility healthcare worker can be called in situations such as these to offer support.

Ignoring advice from traditional birth attendants

- > Traditional birth attendants in Tanzania reported that some women refuse advice, especially when encouraged to give birth in a health facility or to follow guidance on exclusive breastfeeding for those who are living with HIV and to adhere to treatment.

It can be challenging for traditional birth attendants to continue encouraging women to follow recommended guidance when they do not want to or do not trust the available healthcare services. To support women to give birth in a health facility, traditional birth attendants need training and supervision to help them to understand women's resistance and to identify ways to encourage health facility delivery in ways that address women's concerns.

Age and mobility challenges

- > Many traditional birth attendants are older women, having practiced for many years. It can be challenging for them to conduct home visits due to reduced mobility and difficulty moving from household to household. To help address this, some traditional birth attendants see women in their own homes.

Risk of loss of compensation

- > Many traditional birth attendants are compensated by families for their services after delivery. This can take the form of in-kind gifts or financial support. One traditional birth attendant in Tanzania who was still actively supporting home deliveries, said "If we only accompany women to the health facility, what do we get?" Compensation of voluntary service providers is part of a larger challenge within HIV services. It is critical that those who provide essential services for women and children are compensated for their work, but, this can be challenging for NGOs due to sustainability concerns and for governments due to limited resources. Some organisations have supported inclusion of community-based service providers within Village Savings and Loans Associations and offered contribution to member shares as a means of compensating these cadres and creating access to capital for other income-generating activities.

Lessons learned and best practices

Key lessons have been learned through the work of ACC, COWLHA and SFH Nigeria in working with traditional birth attendants:

- > **Traditional birth attendants are respected** and well known in many communities which creates a unique opportunity for client identification and uptake of HIV testing. Thanks to the trust they have with communities, this cadre can convince hard-to-reach women and children to be tested for HIV, to start treatment, and to be retained in treatment over the long-term.
- > **Organisations working with traditional birth attendants must be mindful** of the fear and lack of trust of authorities that many experience, especially where it is illegal to conduct home deliveries. It can take time for traditional birth attendants to build trust with NGOs and Ministries of Health and agree to work with them. Those who have successfully redefined their role can encourage those who are still providing support for home births to join meetings and trainings as well as transitioning their role toward accompaniment and support of women.
- > **All traditional birth attendants need to be mobilised.** This requires mapping of traditional birth attendants, building trust over time, and encouraging them to participate in training and capacity strengthening opportunities.
- > **Health education** in communities through community health workers, local government health campaigns and other avenues is helpful for referral of complicated births and risky deliveries; to encourage women to give birth in a health facility; and to access both vertical transmission services and HIV testing within antenatal care. Traditional birth attendants can be included in such trainings to extend the reach of the Kids to Care model.
- > **Their knowledge and expertise** needs to be properly recognised and respected. This can be done through different forms of support: training and supervision, T-shirts and other promotional materials, and financial compensation where possible. It is important to recognise the potential loss of income for traditional birth attendants when they reduce the number of home deliveries and to incorporate sustainable mechanisms for compensation into programme planning and budgets.
- > **Supporting traditional birth attendants helps** retain women and children in care as well as ensuring ongoing support after birth. As part of their new remit, many will follow up with families on HIV treatment and adherence, childhood vaccinations, early infant diagnosis, and disclosure support for children when they are ready to understand their status.



Photo: Jeroen van Loon

Way forward

When asked, traditional birth attendants said, “We want to support women and reduce maternal death.” This shared goal with community health workers, healthcare providers, local governments and Ministries of Health, can be positively built on. Working with traditional birth attendants increases health outcomes for women and children and provides critical linkages to care and treatment through the trust and respect they have built in communities.

The following recommendations for effectively engaging traditional birth attendants were proposed by traditional birth attendants and implementing organisations:

- > **Develop clear agreements** on how to utilise the expertise and knowledge of traditional birth attendants to reduce vertical transmission, improve HIV testing, and contribute to improved treatment adherence for women and children so that there is consistency between different jurisdictions and regions.
- > **Conduct effective data collection and mapping** to track the work of traditional birth attendants in order to build evidence on the importance of their role and contribution to HIV care and treatment.
- > **Recognise and respect** the knowledge and expertise of traditional birth attendants as they are part of the community that plays a vital role together with service providers and governments to improve the health and wellbeing of women and children and reduced HIV transmission.





About Aidsfonds

Aidsfonds is a non-governmental organisation based in the Netherlands that is working to end AIDS by 2030. Aidsfonds works with community partners in regions most affected by HIV and AIDS, to accelerate and strengthen efforts to meet this goal, ending deaths from AIDS and ending new HIV infections. Aidsfonds is committed to ensuring that those who are most vulnerable are not left behind.



Action for Community Care (ACC)

Action for Community Care is a non-governmental organisation dedicated to empowering vulnerable communities in Tanzania by ensuring access to basic and essential health services and support systems. Established in July 2019, ACC builds on over a decade of impactful work initiated by Sharing Worlds Tanzania.. ACC aims to improve the quality of life for disadvantaged groups through focused interventions in health, education, livelihood, and social protection, youth development and environment as a cross-cutting issue in all interventions.



Coalition of Women Living With HIV and AIDS (COWLHA)

COWLHA was formed in 2006 and reaches out to its members in Malawi through support groups as entry points. The organisation was developed to create a united voice of its members (women and girls living with HIV and their children) in order to address issues that affect them. The mission seeks to end AIDS in women and girls through accessible and quality HIV and AIDS service delivery and promotion of women and girls rights through advocacy. COWLHA currently has approximately 60,000 members across Malawi.



Society for Family Health Nigeria (SFH)

Society for Family Health is a Nigerian non-governmental organisation working in partnership with communities, government, donors and the private sector for universal health coverage and social justice for all Nigerians. SFH focus on HIV prevention, family planning, and maternal and child health. The mission of SFH is to empower the poor and vulnerable to lead healthier lives.