

Community Skilled Birth Attendants: Do They Make a Difference in the Community?

The low rate of skilled birth attendance (SBA) at delivery at both community and facility level remains a barrier to achieving Millennium Development Goal 5 (MDG-5) in Bangladesh. While the rate of SBA increased from 18% to 26% (BMMS 2010), it is still far from the desired goal of 50% by 2010. Almost two in three births in Bangladesh are assisted by dais (untrained traditional birth attendants) and one in eleven is assisted by relatives or friends in an unhealthy environment. Doctors, trained nurses, or midwives assist in the birth of very few babies - estimates suggest just 13% of births; midwifery trained health providers assist in another 14% (BDHS 2004) and only one in ten births takes place in a health facility.

Skilled attendance during labor, delivery and the early postpartum period can prevent many maternal and neonatal deaths, though establishing a causal link between skilled attendance and maternal survival remains problematic. The government cannot ensure sufficient institutional and well-organized facilities, especially in rural areas where communications, accessibility to service centers, and financial resources of people are not satisfactory.

The government initiated the community skilled birth attendant (CSBA) training program in 2003 with the purpose of equipping government domiciliary health workers with the basic skills to function as SBAs. As of May 2011, nearly 6,500 CSBAs were trained, far fewer than the total 13,500 CSBAs required by 2015. It is very likely that no upazila in Bangladesh has enough CSBAs

to fulfill the coverage requirement of 8,000 to 10,000 population per CSBA.

A major purpose of the Shahjadpur Integrated MNH Intervention Project (SIMNHIP) funded by AusAid is to observe the maternal and neonatal health outcomes of the 600,000 population in the upazila by providing one CSBA per 10,000 population. To achieve this, 32 additional CSBAs were trained and placed in the community from the NGO Palli Shisu Foundation (PSF) to complement the already existing 30 GoB CSBAs. This approach is an example of a public-private partnership (PPP) that successfully increased the total number of CSBAs from 30 to 62 (30 GoB + 32 NGO) in the project intervention area.

Research Objective:

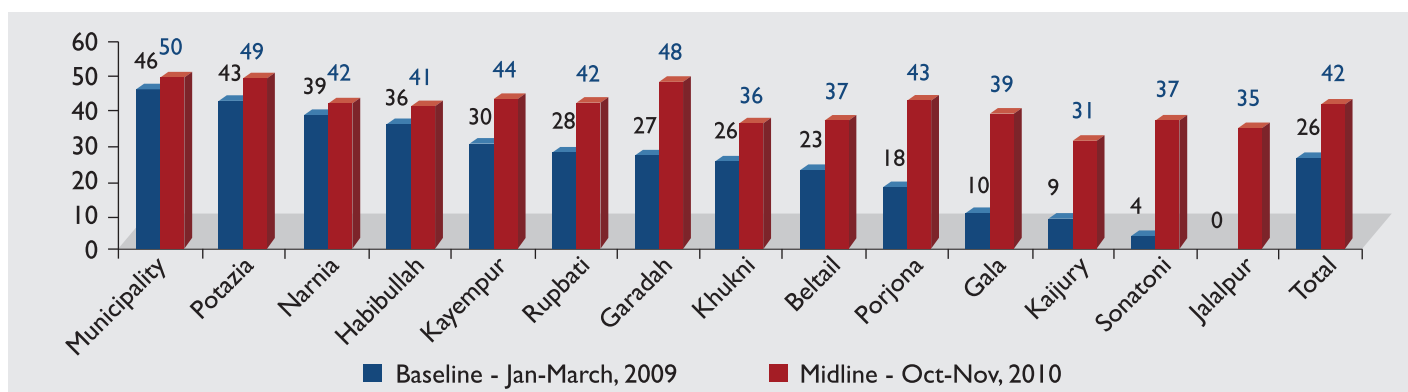
- Increase skilled attendance in the upazila from 18% to 50% by the end of 2011
- Decrease neonatal mortality from 37/1000 to 20/1000 live births by end of 2011

Approach:

This study used a pre and post design with a baseline in early 2009 and a midline evaluation in late 2010. A structured questionnaire was used during baseline to interview mothers who delivered six months prior to interview.

In the midline survey, all households of the upazila were visited and mothers who delivered in the last three months were included.

Figure 1: Percentage of skilled attendance at delivery, upazila and unions at baseline and midline



Results:

The baseline and midline show an increase in utilization of skilled attendant at delivery from 18% to 42% in the upazila (Figure 1). The 30 government CSBAs at baseline contributed to 7% of skilled delivery; whereas with the additional 32 NGO CSBAs contributed to 18% of the total skilled delivery at midline. Skilled delivery by CSBAs increased nearly three-fold from baseline to midline (Figure 2). Neonatal mortality reduced to 22 from 32/1,000 live births.

Conclusion:

In Shahjadpur upazila introduction of the required number of CSBA as per government policy (1 CSBA per 10,000 populations) was a determining force in improving SBA at delivery within a span of two years. This has important impact among rural Bangladesh where home delivery is still more than 70%. Social, economic and other cultural factors remain impediments to facility delivery in Bangladesh. In addition, observations

during field implementation suggest that the rate of SBAs at delivery could be further improved through strong supportive supervision and strengthening of the demand side financing (DSF) program.

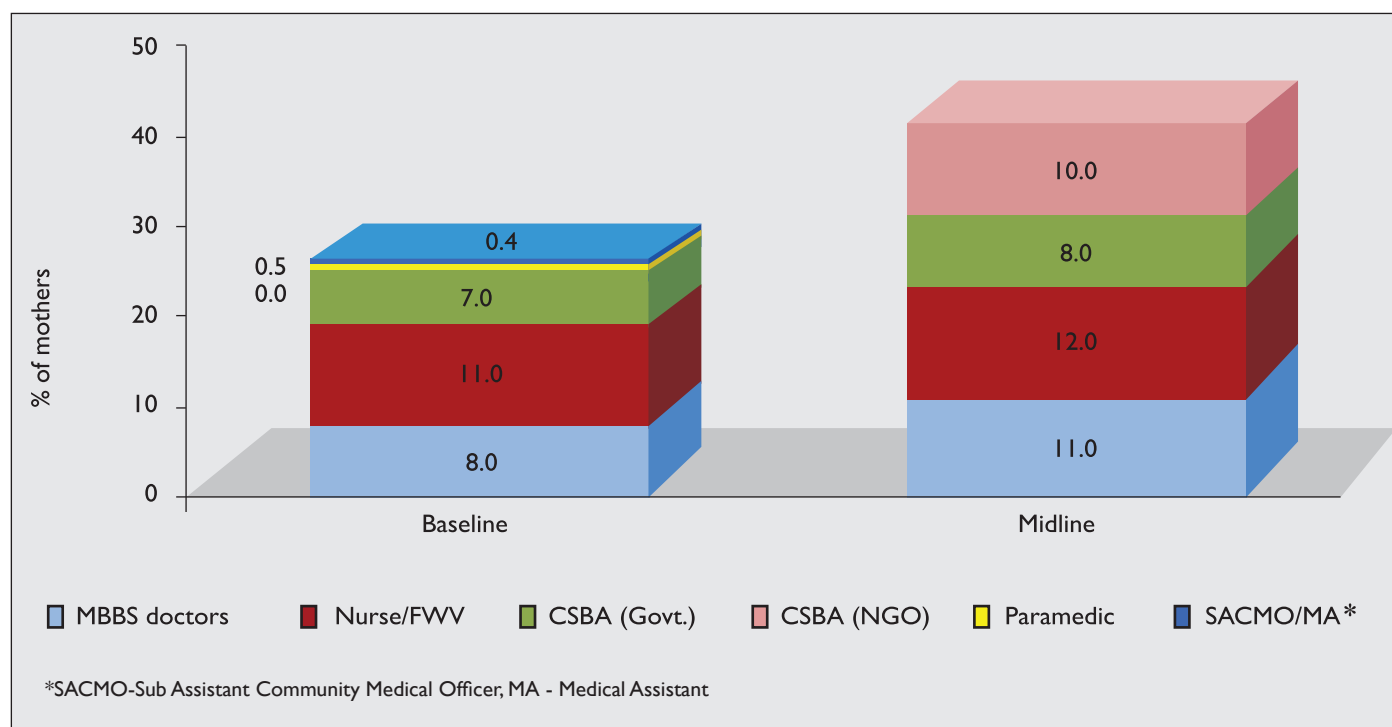
Implications:

Introduction of community skilled birth attendants as per the government policy of 1 CSBA per 8,000 to 10,000 population in Bangladesh will improve maternal and neonatal health status.

Recommendations:

- The government should continue the CSBA program and seek the cooperation of NGOs and international organizations to strengthen and sustain it.
- A strong supervision and monitoring system for the CSBAs and the DSF programs support to the CSBAs should be strengthened to bring about a comprehensive change in the health status of the rural mothers and their neonates.

Figure 2: Skilled birth attendance and contribution by CSBAs at base and midline surveys, Shahajdpur MNH Project



This Knowledge Translation brief was prepared by Dr. Nafis Al Haque, Dr Nafisa Lira Huq, Mr. Anisuddin Ahmed and Dr. M A Quaiyum. It is based on the baseline and follow-up evaluation of the Shahjadpur Integrated Maternal and Neonatal Intervention Project (SIMNHIP), being implemented by the Centre for Reproductive Health of icddr,b at Shahjadpur upazila of Sirajganj district, Bangladesh. The study was funded by AusAid.

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