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

Background:

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 June 2009, nearly 5,000 CSBAs were trained, far fewer than the total number required. 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) is to observe the maternal and neonatal health outcome 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 by 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 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/Method:

This study used a pre and post design with a midline evaluation. 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 in the data collection. MNH indicators of the midline questionnaire were selected which matched with important indicators of the pre test questionnaire.

Results:

The baseline in early 2009 and midline in late 2010 show an increase in SBA from 18% to 42% in the upazila (Figure 1). The 30 government CSBAs at baseline contributed to 6.6% of skilled delivery, whereas the additional 32 NGO CSBAs contributed to 18% of the total skilled delivery at midline. The increase in skilled delivery by CSBAs was nearly three-fold from the baseline to midline (Figure 2). Neonatal mortality was reduced to 22 from 32/1,000 live births.

Conclusion:

In Shahjadpur upazila introduction of the required number of CSBA (62) as per government policy (1 CSBA per 10,000 population) was a determining force in improving SBA at delivery within a span of two years. This is an important finding considering that home delivery is still more than 70% in rural Bangladesh. 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.

Figure 1: Percentage of skilled attendance at birth, Shahjadpur upazila union wise at baseline and midline

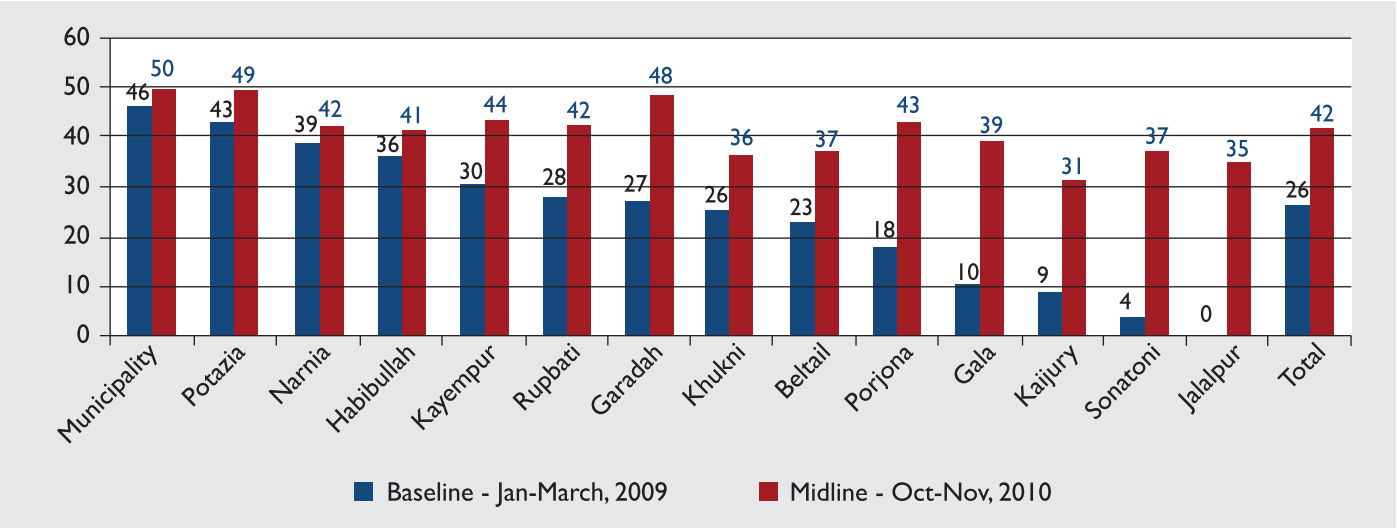
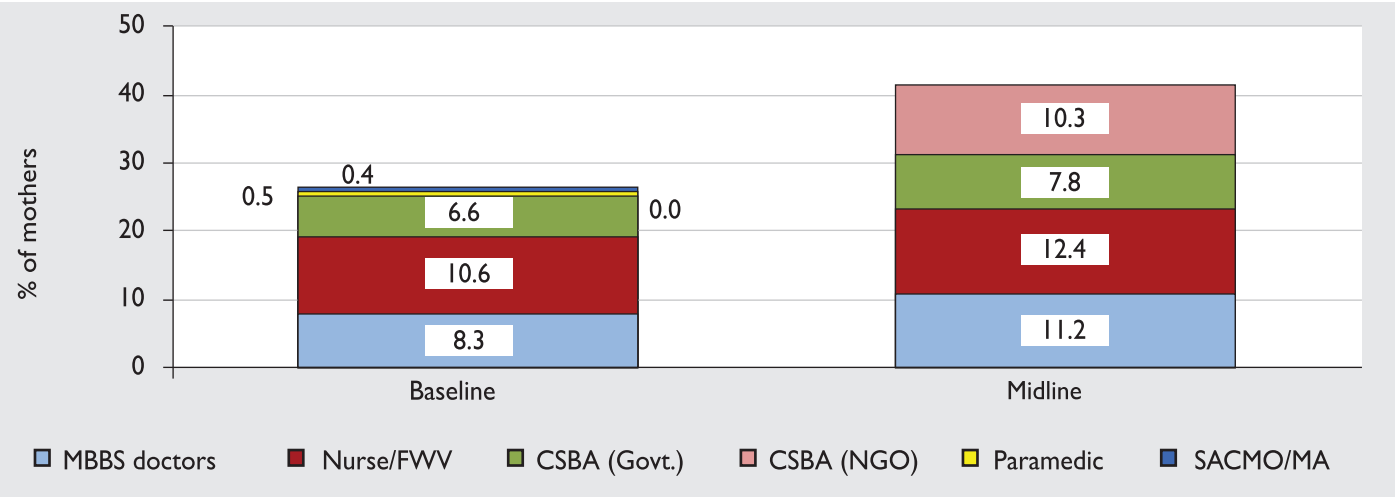


Figure 2: Skilled birth attendance and contribution by CSBAs at base and midline surveys, Shahajdpur MNH Project



Implications:

Introduction of community skilled birth attendants according to the government policy (1 CSBA/8000 to 10000 population) in Bangladesh will improve maternal and neonatal health status and therefore decrease maternal and neonatal morbidity and mortality.

Recommendations:

1. The government should continue the CSBA program and seek the cooperation of NGOs and other international organizations to strengthen and sustain it.

2. There should be strong supervision and monitoring of the CSBAs and the DSF programs to bring far-reaching change in the health status of the rural mothers and their neonates.

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