

# Skilled Birth Attendance Saves Lives



Partners

*Raising Consciousness*



*Creating Awareness*

30 January 2012

Recognising that Skilled Birth Attendance are critical in reducing maternal mortality, in 2006 the Rajasthan government began implementing the SBA guidelines. The Rajasthan Department of Medical Health and Family Welfare (RDMHFW) asked SUMA-Rajasthan White Ribbon Alliance for Safe Motherhood to support the training and identification of sub centres where it would be feasible to operationalise these skills.

To support the Department of Medical Health and Family Welfare, Government of Rajasthan, in identification of sub centres where it would be feasible to operationalise Skill Birth Attendance by ANMs.

- In 2006, CHETNA conducted an appraisal of sub centres in 10 districts of Rajasthan.
- The districts - Bikaner, Barmer, Churu, Chittorgarh, Jaisalmer, Jaipur, Jhunjhunu, Karauli, Kota and Sawai Madhopur - were chosen on geographical parameters as well as on the willingness of the Community Based Organisations (CBOs) working on maternal health in these districts to participate in the assessment.
- The CBO partners -URMUL, SURE, Gramoday Samajik Sansthan, Prayas, Centre for Health Equity, Hadoti Hast Shilp Sansthan, National Institute of Rural Affairs (NIRA) and Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS).

- A standardized checklist was developed as the tool for monitoring the sub centres.
- For this, the Indian Public Health Standards (IPHS) draft monitoring checklist of sub centres, developed by the Director General of Health Services, Ministry of Health and Family Welfare, was translated into Hindi.
- Triangulation of the assessment with the Primary Health Centres(PHCs) and interviews with a sample of women registered in the sub centres was the assessment methodology

- A capacity enhancement training of CBO representatives was organised by by SUMA secretariat, CHETNA. The appraisal, conducted during December 15-30, 2006 assessed 226 six sub centres attached to 26 PHCs in 10 districts. The centres were observed, physical verified and interviews with the ANMs and MO of the PHCs. Interviews were also conducted with 607 women registered at the sub centres.

- All the 607 women interviewed said that they had received some service from the ANM, in particular, iron tablets and tetanus injections during pregnancy and information about their entitlements from the Janani Suraksha Yojana (JSY).
- 30% (182/607) of the women, largely from the districts of Jaisalmer and Bikaner, said the ANM had provided services during childbirth and that their babies were weighed and immunized.
- 23% women said they had received as incentive under JSY for institutional delivery, Rs 500-700 from the ANM.
- 53% women said they spent between Rs 1000-5000 on transport and medicines when they went to health facilities/hospitals for delivery.
- 95% women wanted the ANMs of their area to receive SBA training so that better services would be available to them in their vicinity.

- 38% sub centres of those assessed were found to be adequate for SBA training in terms of infrastructure, access and supplies. The remaining 62% needed to be strengthened.
- ANMs from 79% percent (178/226) of the sub centres were keen to participate in the SBA training programme.
- Physical verification of sub centres showed that ANMs were available round the clock (24x7) in 30 percent (68/226) of the sub centres.
- It was found that ANMs in 42 percent of the sub centres (94/226) had conducted deliveries at the sub centres and at homes.



- District level dialogues were organised in all 10 districts chosen for the appraisal. Health authorities were oriented on skilled birth attendance, the requirements to put SBA into operation including state plans, and the findings of the assessment. The role of civil society in the initiative was also discussed.

## Communicating with Communities

- Meetings were organised in 265 villages of the 226 sub centres to enhance awareness on the importance of skilled birth attendance and the role of the community in supporting the initiative. A total of 3880 stakeholders including dais (Traditional Birth Attendants), ANMs, panchayat representatives, women and men, young boys and girls and media representatives participated in the discussions.
- Issues such as conflict resolution between the ANM and the community members, coordinating the work of dais/ANMs and Accredited Social Health Activists (ASHAs) and making accommodation arrangements for the ANM were discussed

Since the assessment revealed communities were eager to avail of public health services, it is necessary to improve the sub centres to make them more responsive and sensitive to the needs of community. This can be done by

- Promoting community partnerships to operationalise SBA training through regular monitoring by SHGs, dais, panchayats. ASHA of sub centres and health services and by helping ANMs to fulfill their responsibilities
- Long term capacity enhancement of the skills of ANMs, who are the pillars of maternal health service delivery, through mentoring and support from the public health system, including a backup referral system
- Strengthening the sub centres in terms of human resources, supplies and infrastructure to make optimum use of SBA skills
- Forging a partnership between ANMs and dais on the basis of mutual learning and support to ensure the ANMs are able to put their skills to use.