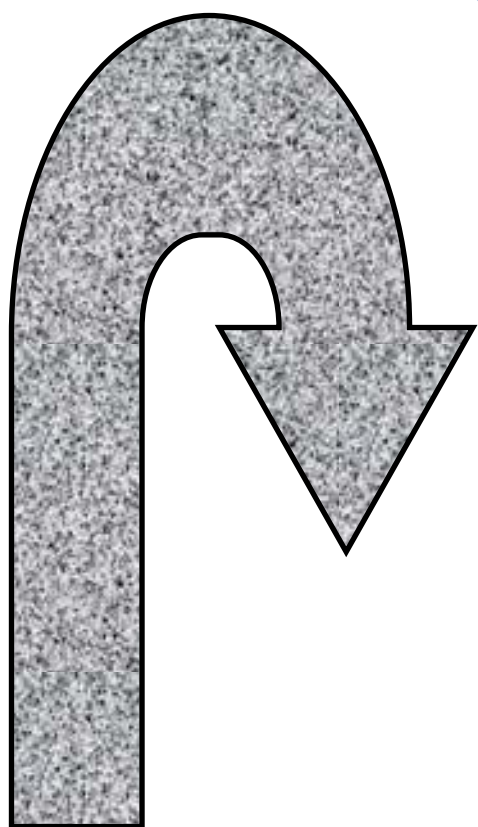


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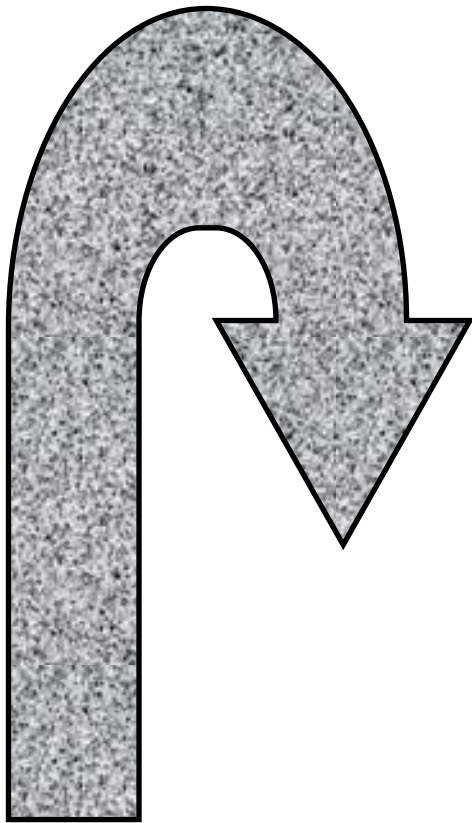
**Report on
Status of Skilled Birth Attendants (SBAs) in Nepal**



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**Report on
Status of Skilled Birth Attendants (SBAs) in Nepal**



Prepared by

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Foreword

The study has been conducted to assess the status of Skilled Birth Attendants (SBAs) throughout the country, which shows the SBAs status both zonal-wise and district-wise. In this report the status of SBAs are reported i.e., the total number of SBAs, total number of training sites, and durations and types of trainings provided. The policies regarding SBAs are also included in the report.

I am grateful to all the people and organizations who have supported for the completion of this study. I am thankful to Former President of Nepal Nursing Council Mrs. Daya Laxmi Joshi for her great co-operation enhancing the successful completion of the study.

I am thankful to Mrs. Pearl Banmali (Deputy Senior Research Officer) for her vital role in completing the study. I would also like to thank Ms. Kritika Paudel, Senior Research Assistant for successfully completing the responsibility.

.....

Dr. Chop Lal Bhusal

Executive Chairman

Nepal Health Research Council (NHRC)

Acknowledgement

I express my deep gratitude to Dr. Mahesh Kumar Maskey, Former Executive Chairman of Nepal Health Research Council for the concept to conduct this study and encouragement to prepare the report, Dr. Chop Lal Bhusal, Executive Chairman of Nepal Health Research Council for the suggestion and feedback, Mrs. Pearl Banmali, Deputy Senior Research Officer for her guidance, Dr Gajananda Prakash Bhandari, Senior Epidemiologist and Mr. Meghnath Dhimal Research Officer, for their valuable suggestions, Mrs. Namita Ghimire Sharma, Research Officer and Mr. Bijay Kumar Jha, Technical Officer for their kind co-operation in the preparation of the study report.

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Last but not the least, I would like to acknowledge all the people who helped directly or indirectly during the study.

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Abbreviations

ANM	: Auxiliary Nurse Midwife
BEOC	: Basic Emergency Obstetric Care
DHO	: District Health Office
DOHS	: Department of Health Service
DPHO	: District Public Health Office
DSA	: Daily Service Allowances
EOBC	: Emergency Obstetric Basic Care.
FHD	: Family Health Division
GoN	: Government of Nepal
HRD	: Human Resource Development
IHP	: International Health Partnership
MDG	: Millennium Development Goal
MMR	: Maternal Mortality Rate
MO	: Medical Officer
MOHP	: Ministry of Health and Population
MRT	: Midwifery Refresher Training
NDHS	: National Demographic and Health Survey
NHTC	: National Health Training Centre
NMR	: Neonatal Mortality Rate
PHC	: Primary Health Care Centre
RH	: Reproductive Health
SBA	: Skilled Birth Attendants
SM	: Safe Motherhood
SMNH	: Safe Maternal and Neonatal Health.
SN	: Staff Nurse
SSMP	: Support to Safe Motherhood Programme
TBA	: Traditional Birth Attendants
WHO	: World Health Organization

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1. Introduction

Nepal has taken the steps to reduce the maternal and infant morbidity and mortality rate by implementing the policy of Skilled Birth Attendant (SBA) in Nepal. The high number of maternal death is due to poor awareness and obstetrics knowledge among general population which also includes traditional methods of delivery practices. In Nepal, mostly obstetric care is provided by poorly trained or untrained medical/health practitioners. In rural Nepal, most of the birth occurs at home without any assistance from trained mid-wives and general practitioners. These situations demonstrate the need of training to birth attendants, especially to reduce Maternal Mortality Rate (MMR) in the remote areas. About 80 percent of the population is living in rural areas and the existing health facilities are unable to meet the demand required by the program to reduce MMR and Neonatal Mortality Rate (NMR). The safety of mother and child is dependent upon the person's skills who are attending/helping a mother during pregnancy, deliveries and postnatal period. So, training of skilled birth attendant is most to meet the Millennium Development Goal (MDG) 4 & 5.

At present, the MMR is 281 per 100,000 live births (NDHS 2006). According to MDG, Mortality Rate has to be reduced to 114 per 100,000 live births by 2015 A.D. Government of Nepal has adopted a policy of SBAs to reduce MMR and NMR. SBAs are those persons who are trained with 27 core competency in maternal and child health. But in Nepal there is not yet adequate number of qualified midwives in fulfilling the need of the country.

SBA program was started in 2003 in Nepal. Less than 19% of births take place with the assistance of a SBA in Nepal. The targets are to reach 40 percent of all births to be assisted by an SBA by 2005, 50 percent by 2010, and 60 percent by 2015³. This is an enormous challenge to the country. As per the globally accepted definition, there are only limited numbers of health workers that are qualified as SBAs in Nepal.

The International Health Partnership (IHP) aims to strengthen and enhance the progress that the developing countries are making to reduce child mortality and improve maternal health (MDG 4 & 5 respectively). Nepal, being one of the selected countries to implement this new initiative, needs to develop a strategy to address some of the key areas that would indicate the country's commitment and ensure the achievement of the MDG. The table shown in Annex I summarize the key indicators for Nepal with regard to child mortality and maternal health⁴.

Background

Generally, Skilled Birth Attendants (SBAs) are the people with midwifery skills who have been trained for handling pregnancy, delivery cases, and post natal care of the mother and child. They should be able to identify normal and abnormal pregnancies and managed accordingly. They should be able to identify abnormal pregnancies and refer them timely so that the complications can be managed on time to save the life of mother and child. The doctors, midwives and nurses are considered as skilled persons. Not necessarily, all the doctors and nurses who are generally trained and skilled should have all the life saving skills of midwifery as it is a special skill of a person who look after the women during pregnancy, deliveries and post natal. But SBA at all levels of care must have core skills and abilities.

WHO defines SBAs as a health provider who has at least the minimum knowledge and skills to manage normal childbirth and provide basic (first line) emergency obstetric care. Further, the internationally accepted definition of an SBAs is "An accredited health professional, such as doctor or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the postnatal period and in the identification, management and referral of complications in women and newborns"³.

SBAs policy is adopted mainly to reduce the maternal mortality rate. Government of Nepal (GoN) provides training with the help of National Health Training Center (NHTC) through different training sites to the health personnel in order to produce SBAs. Doctor, Nurse and A.N.M. are taken as an eligible candidate for the training.

GoN has been providing the training since 2003 A.D. According to NHTC, Teku, there are approximately 900 SBAs, though the GoN has planned to produce 5000 SBA by 2012. The duration of training varies according to the type of training. The SBAs targets set for Nepal is that 60% of all birth should be assisted by SBAs by 2015.

There has been advancement in the understanding that most critical intervention to reduce maternal mortality and neonatal mortality rates is the care provided by a skilled birth attendant working within a supportive environment that provides an adequate system for referrals and emergency obstetric care. Whether skilled attendants attend deliveries at home, at PHC level, in health facilities or hospitals, they require the support of an enabling environment that includes the availability of adequate supplies, equipment, infrastructure and efficient and effective systems of communication and referral to provide quality obstetric and neonatal care. However, high financial cost has been identified as a major barrier to women accessing skilled birth attendance and health facilities for emergency obstetric care in Nepal. Therefore, in January 2005, the GoN introduced the maternity cost sharing scheme to reduce the economic barrier to access and utilize SBA in Nepal.

Further, GoN has also recognized the need to explore new solutions to address the problem of lack of access to SBAs, particularly in remote areas with marginalized populations.

Situation in Nepal

Increasing skilled birth attendants at childbirth is a major component of the drive towards reducing maternal (MMR) and neonatal mortality rate (NMR) in Nepal. For the MDG 4 &5 Nepal is a signatory country of reducing maternal mortality by three quarters between 1990 and 2015, and under 5 mortality by two thirds during the same period.

About 60 % of all births should be assisted by SBA to achieve the set target of the year 2015³. So the country has an enormous challenge to reach the set target. Currently only 23% of births are

attended by health workers, and apart from that not all health workers are qualified as SBAs. Thus along with the training of SBAs, the monitoring of already trained SBAs is also highly essential in order to maintain the competencies. For this, there are many INGOS and NGOs who are helping and SSMP is one of the main among them.

The support of SSMP has designed to improve infrastructural (through comprehensive EOBC, BEOC and birth center) and human resources development as well as upgrading the skills of SBA. A maternity incentive scheme has been adopted since 2005 to increase the institutional deliveries/hospital deliveries for their safeties. It demands a lot of cost in fulfilling the maternity services along with focus on improving access to such services².

2. Objectives

General Objectives:

1. To assess the overall status of Skilled Birth Attendants (SBAs).

Specific Objectives:

1. To determine the number of Skilled Birth Attendants (SBAs) throughout the Nepal;
2. To find out the training modalities of the National Health Training Centre (NHTC);
3. To find out the training status of health workers on Skilled Birth Attendants; and
4. To review the Policies and Strategies for Skilled Birth Attendants.

3. Methodology

The study was conducted through primary and secondary data but it was mainly based on secondary data. Literatures were reviewed from documents, journals and internet sources. The investigator had visited focal persons in due course of collecting quantitative data. Structured questionnaire was used as a tool. During the course of primary and secondary data collection, the investigator had visited Family Health Division (FHD), DoHS, Teku and National Health Training Center (NHTC), Teku, which were the Government apex body for in-service trainings.

4. Findings

Currently there are 862 SBAs in Nepal. Out of which 454 ANMs, 298 Staff Nurses, 84 Doctors, and 26 Pre-Service. And, almost all of them are working in the government health facilities. According to the sources, further 800 persons will be trained by the end of Asadh 2067.

NHTC has already set the target of planning trainings to SBAs for coming fiscal year. It also organizes training on requirement basis. The duration of the training varies according to the trainee's knowledge and skill. The duration of Basic Essential Obstetric Care (BEOC) is 15 days whereas the duration for Midwifery Refresher Training (MRT) is 30 days. The duration of training for those who haven't taken any midwifery training is 60 days. Doctors and Nurses conduct the SBA training.

The criteria of training for SBA are completion of basic health science course such as ANM, Staff Nurse or Medical Doctors. The minimum criterion for the SBA training is that the trainee must have at least completed ANM and they must be willing to work in the area of maternal and child health as a midwife. They are the only target groups for SBA training at present.

NHTC co-ordinates the training programme with Family Health Division and DPHO of respective districts to shortlist candidates for the training.

There is a provision of charging fees for the training. The training is free of cost for government participants whereas other participants have to pay 20-30 thousand for 60 days training.

Currently, the total training sites are 15 and the total participants are approximately 900. The ultimate objective of the training is to train all ANM, Staff Nurse and Doctors from all health institutions and it also provides training as per requirement.

Table 1: District-wise distribution of SBA training

SN	No of SBA	District	Region	Duration of course				Trainers Preparation
				15 days course	30 days course	60 days course	45 days course	
1.	16	Achham	Far-western	1	10	5		
2.	3	Arghakanchi	Western			2	1	
3.	21	Baglung	Western	5	12	4		
4.	5	Baitadi	Far-western	1	3	1		
5.	5	Bajhang	Far-western		2	3		
6.	3	Bajura	Far-western		2	1		
7.	23	Banke	Far-western	3	10	10		
8.	5	Bara	Central		2	2	1	
9.	16	Bardiya	Far-western	6	4	5	1	
10.	3	Bhaktapur	Central		2	1		
11.	6	Bhojpur	Eastern			6		
12.	39	Chitwan	Central	11	11	12		5
13.	15	Dadeldhura	Far-western		2	13		
14.	12	Dailekh	Mid-western	4	1	7		
15.	18	Dang	Mid-western	4	9	5		
16.	3	Darchula	Far-western			3		
17.	7	Dhading	Central	3	3	1		
18.	7	Dhankuta	Eastern	2	1	4		
19.	4	Dhanusha	Central			3	1	
20.	6	Dolakha	Central		1	4	1	
21.	2	Dolpa	Mid-western			2		
22.	5	Doti	Far-western		3	2		
23.	4	Gorkha	Western	1		3		
24.	2	Gulmi	Western			2		
25.	5	Humla	Mid-western		1	4		
26.	10	Illam	Eastern	2	5	3		
27.	5	Jajarkot	Mid-western			5		
28.	24	Jhapa	Eastern	4	4	16		
29.	7	Jumla	Mid-western		2	5		
30.	17	Kailali	Far-western	2	7	8		
31.	5	Kalikot	Mid-western			5		
32.	6	Kanchanpur	Far-western	1	4	1		
33.	2	Kapilwastu	Western	2				

34.	21	Kaski	Western	7		14		
35.	61	Kathmandu	Central	28	5	15		13
36.	15	Kavre	Central	5	4	6		
37.	5	Khotang	Eastern		1	4		
38.	8	Lalitpur	Central	1	5	2		
39.	8	Lamjung	Western	1		7		
40.	5	Mahottari	Central			5		
41.	3	Makwanpur	Central	1		2		
42.	1	Manang	Western			1		
43.	34	Morang	Eastern	9	6	13		5
44.	6	Mugu	Mid-western	1		5		
45.	1	Mustang	Mid-western		1			
46.	13	Myagdi	Western	1	5	7		
47.	10	Nawalparasi	Western	1	3	6		
48.	4	Nuwakot	Central	1	1	2		
49.	1	Okhaldhunga	Eastern			1		
50.	6	Palpa	Western	1	2	3		
51.	16	Panchathar	Eastern	1	12	3		
52.	13	Parbat	Western		4	9		
53.	6	Parsa	Central	2		4		
54.	4	Pyuthan	Mid-western	1		3		
55.	3	Ramechhap	Central		1	1	1	
56.	5	Rasuwa	Central			5		
57.	2	Rautahat	Central			1	1	
58.	6	Rolpa	Mid-western		2	4		
59.	7	Rukum	Mid-western		5	2		
60.	36	Rupandehi	Western	5	2	28		1
61.	7	Salyan	Mid-western		3	4		
62.	9	Sankhuwsaba	Eastern	2	3	4		
63.	21	Saptari	Eastern	4	16		1	
64.	4	Sarlahi	Central		2	2		
65.	15	Sindhupalchok	Central	1	1	13		
66.	4	Sinduli	Central		1	3		
67.	4	Siraha	Eastern	3	1			
68.	2	Solukhumbu	Eastern			2		
69.	5	Sunsari	Eastern		1	4		
70.	18	Surkhet	Mid-western	6	5	7		
71.	9	Syangja	Western	1	1	7		
72.	6	Tanahun	Western	1	1	4		
73.	8	Taplejung	Eastern		3	3	2	
74.	9	Terathum	Eastern		4	5		
75.	10	Udayapur	Eastern	1	9			

There are only twelve zones, out of fourteen, which have training sites. Following are the name of training sites along with the name of zones.

Table 2: Zone-wise distribution of training sites

S.N.	Name of Zone	Name of Training Site	No. of Training Sites
1.	Mechi	Amda Hospital	1
2.	Koshi	Koshi Zonal Hospital	1
3.	Sagarmatha	Sagarmatha Zonal Hospital	1
4.	Janakpur	None	0
5.	Bagmati	Teaching Hospital	3
		Prasuti Griha Maternity Hospital	
		Dhulikhel Hospital, Kavre	
6.	Narayani	Bharatpur Hospital	1
7.	Gandaki	Pokhara Hospital	1
8.	Dhaulagiri	Baglung Hospital	1
9.	Lumbini	Tansen Hospital (Mission Hospital)	2
		Lumbini Zonal Hospital	
10.	Bheri	Nepalgunj Bheri Zonal Hospital	2
		Surkhet Hospital	
11.	Rapti	Dang Hospital	1

12.	Seti	Seti Zonal Hospital	1
13.	Karnali	None	0
14.	Mahakali	None	0

Policy for SBAs

Elements of SBA Policy as stated in the policy document of the GoN

Safe Motherhood was identified as a priority programme for the government in the National Health Policy of 1991; which was followed in 1994 by the formulation of a national Safe Motherhood Policy that placed emphasis on:

- Strengthening maternity care, including family planning services at all levels at health service delivery including the community. The National Safe Motherhood Plan 2002-17 developed a long-term vision to scale up the coverage of maternal and newborn health care at all levels of health care delivery system.
- Strengthening the technical capacity of maternal health care providers at all levels of the health care system through training. The National Safe Motherhood Training Strategy, 2002 focused on strengthening pre-service and in-service training institutions to ensure that all health providers have appropriate skills according to the national RH clinical standard 1998.
- Deploying and providing appropriate support and personnel for each level of maternity services was an identified objective. The importance of appropriate human resource as an essential component for ensuring quality maternal health services was reiterated in the Nepal Strategic Plan for Human Resources for Health 2003-2017.

The SBA policy hence addresses the gaps identified by the above national policy and plan documents.

The SBA policy is linked to other national policies and strategies. The National Information Education and Communication (IEC) Strategy for Safe Motherhood developed in 2003 by the DoHS will be referred to for developing partnerships with communities, which are vital for implementation of the SBA policy.

Similarly, the National Neonatal Health Strategy developed in 2004 will be an important guideline for developing the detailed strategic plan to address the needs of the newborn babies.

This SBA Policy is in concurrence with the Nepal Health Sector Programme-Implementation Plan 2004-2009, particularly with input one and output seven.

The National Policy on Skilled Birth Attendants has stated in the general objective to reduce maternal and neonatal mortality and morbidity by ensuring availability, access and utilization of skilled care at every birth. Moreover, it has also made some specific objectives where it has again stated following things:

- To ensure that sufficient numbers of SBAs are trained and deployed at primary health care levels with necessary support system.
- To strengthen referral services for safe motherhood and newborn care, particularly at the first referral level (district hospitals).
- To strengthen the pre-service and in-service SBA training institutions to ensure that all graduates will have the necessary skills.
- To strengthen supervision and support system to ensure that all SBAs are able to provide quality maternal and newborn health care according to the national standard and protocol.
- To develop regulating, accrediting and re-licensing systems for ensuring that all SBAs have the abilities and skills to practice in accordance with the core competencies.

*(Source: National Policy on Skilled Birth Attendants, July 2006)*⁵

Strategies as stated in the policy document of the GoN

With a long-term vision, MoHP identifies the following strategies:

1. Human Resource Development.
 - a) Short-Term (in-service) Measures.
 - b) Medium-Term (pre-service) Measures.
 - c) Long-Term (pre-service) Measures.
2. Strengthening SBA Training Sites.
3. Deployment and Retention of SBAs.
4. Service Provision.
5. Enabling Environment.
 - a) Professional Accreditation, Licensure and Legal Issues.
6. Role of Professional organizations/association.
7. Role of non-government sector and private sector.
8. Institutional Arrangements.

(Source: National Policy on Skilled Birth Attendants, July 2006)⁵

5. Conclusion

Till now, the total number of Skilled Birth Attendants in Nepal is 862 including ANMs, Staff Nurses and Medical Doctors. The trainings for SBAs are provided in different modules i.e. from 15 days to 60 days. Further, trainer's preparation course is also provided. NHTC covers all the 75 districts to conduct the trainings. The total number of training sites is 15; however some zones like Janakpur, Karnali and Mahakali are lacking the training sites. The criteria for attending the SBAs training is the completion of the basic health science course such as ANM, Staff Nurse or Medical Doctors.

In the policy, it is suggested to emphasize on strengthening maternity care including family planning services at all levels, strengthening the technical capacity of maternal health care providers at all levels of health care systems, and deploying and providing appropriate support for each level of maternity services. And, with a long term vision, following strategies are stated, such as, Human Resource Development, Strengthening SBA Training Sites, Deployment and Retention of SBAs, Service Provision, Enabling Environment, Role of Professional organizations/association, Role of non-government sector and private sector, Institutional Arrangements.

6. Recommendations

Based on the study following recommendations are made:

1. The training sites should be established as soon as possible in the remaining zones i.e. Janakpur, Karnali and Mahakali, so that maternity mortality can be reduced to some extent and help to achieve the set targets.
2. The number of training sites should be strengthened in every zone so that more people can be trained at a time which will help in production of SBAs.
3. Quantity of SBAs should be increased for handling deliveries.
4. Recruitment of SBAs should be equally distributed in all institutions and regions for handling deliveries.
5. The government has to co-ordinate with several other institutes for the varieties of SBA training to increase human resources.
6. The government has to seek hand with SM stakeholders both for financial and technical support.
7. Government and SSMP should be careful for the competent SBA not for BA (Birth attendance). The pre-service graduates are considered as BA but not as SBA. Only after the training they can be considered as SBA.

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8. Annex

Annex – I

Table 3 Selected Millenium Development Goal Indicators, Nepal 2006

Goal	Indicator	2001	2006	2015(Target)
4) Reduce Child Mortality	Under 5 mortality rate (per 1000 live births)	76	61	54
	Infant mortality rate (per 1000 live births)	64.4	48	34
5) Improve Maternal Health	Maternal mortality rate (per 1,00,000 live births)	539	281	213 or 134
	% of births attended by skilled birth attendant	13	18.7	60

Source: National Demographic Health Survey 2006.

Annex - II

NEPAL HEALTH RESEARCH COUNCIL

Ramshah Path, Kathmandu

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Name of Data Collector:

Date:

Location:

Time:

Signature:

Name of Organization: _____

Established Date: _____

Contact Person: _____

Full Address (with phone number): _____

Type of organization: _____

Main goals or Objectives of the Organization: _____

Questionnaire on Skilled Birth Attendants:

1. How do you plan for training and how many times in a year?

2. What is the duration of the training?

3. Are there any criteria of training for skilled birth attendants? If yes, what are they?

4. How do you shortlist the candidates for training?

5. Who are your target groups for training?

6. Do you charge any fees for training? If yes, how much and with whom do you charge?

7. Until now how many training sites are there in Nepal and what is the total no. of SBA produced?

8. Who can take SBAs trainings and what is the minimum qualification to attend the training?

9. Who conducts the training?

10. Is there any quota for SBAs to hospitals? If yes, how many?



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