

Support to the Safe Motherhood Programme

Strategic Issue

Skilled Birth Attendance: Strategies for Implementation

January 2007

Summary

Skilled attendance at childbirth is widely acknowledged as an essential part of the drive to reduce maternal and neonatal mortalities. The Government of Nepal has developed a National Skilled Birth Attendants (SBA) Policy, which targets skilled birth attendance for at least 60 percent of births by 2012. SSMP and other stakeholders supported the development of this policy and of an in-service SBA training strategy. There is now a need for a joint effort among safe motherhood and neonatal health partners, including SSMP, to implement this and develop and implement a broader implementation strategy for the overall SBA policy, covering pre-service training, deployment and retention of trained staff, including enabling environment initiatives, and access and demand work. The various components of SSMP should feed into this as a holistic process, supporting the appropriate government divisions and centres.

1. Background

Increasing skilled attendance at childbirth is a major component of the drive towards reducing maternal and neonatal mortality in Nepal. The millennium development goals, to which Nepal is a signatory, specify targets of reducing maternal mortality by three quarters between 1990 and 2015, and under-five mortality by two thirds during the same period. As a means of achieving this, the target set in Nepal is that by 2015, 60 percent of all births should be assisted by a skilled birth attendant (SBA), which represents an enormous challenge, since currently only 23 percent of births are attended by any kind of health worker, and not all health workers qualify as SBAs¹.

In the past, safe motherhood programming focussed on training community based traditional birth attendants, but international evidence showed that the provision of basic delivery services through a midwife at primary health care level, with good referral links to Emergency Obstetric Care (EOC) services at district level facilities and above, is the most effective way of reducing maternal and neonatal mortalities². This requires a strategy for developing community birthing centres, deploying and retaining trained staff, ensuring a functioning referral system, improving quality of care and increasing utilisation of services. A recent study on utilisation of services carried out under the USAID funded Access Programme³ shows that the reasons women do not use services are linked with cost, distance and their perceptions of quality, which is generally at the simple level of facility cleanliness and staff attitudes. In many cases women clearly indicated

¹ MoHP, 2006, *HMIS six-month report for the first half of fiscal year 2005/6*

² Paxton, A. et.al., 2004, *The Evidence for Emergency Obstetric Care*

Oona M. R. et.al., 2006, *Strategies for Reducing Maternal Mortality: Getting on with What Works*, Maternal Survival 2, Lancet Series

³ Access, 2006, *Utilisation of Rural Delivery Services in Six Districts: A Qualitative Study*. (Draft)

that facilities were not client friendly. This needs to be addressed at training, service provision and monitoring levels.

In recognition of the importance of skilled birth attendance, the Government of Nepal developed and endorsed the National Policy on Skilled Birth Attendants in 2006, as a supplement to the National Safe Motherhood Policy 1998. Support to the Safe Motherhood Programme (SSMP) worked with the multi-stakeholder SBA policy group to support and facilitate this process. Implementation of this important policy now requires an overall strategy, which the Family Health Division (FHD) is expected to take the lead in coordinating and developing, with support from the SSMP core team of advisers. Specific components are the responsibility of relevant government departments as follows:

1. Human resource development for existing staff, in the form of an in-service SBA training strategy is considered a top priority and is the responsibility of the National Health Training Centre (NHTC). SSMP has supported the development of a draft strategy, which is awaiting government approval (see separate document).
2. Revision of pre-service training to include SBA skills will require a separate strategy, which will be the joint responsibility of NHTC, FHD, teaching institutions and the professional nursing and medical councils.
3. Human resource management and deployment falls under the Ministry of Health and Population (MoHP) Human Resource Division, and is covered by the Nepal Strategic Plan for Human Resources in Health, 2003-2017.
4. Staff support and retention and ensuring an enabling environment at the workplace will require inputs at multiple levels, with primary responsibility for day to day efforts falling under regional and district health authorities and health facility management committees. External development programmes and projects, including SSMP through the contracted partners, also have a major role to play in this area.
5. As a part of enabling environment efforts, the development and provision of appropriate infrastructure, essential drugs, equipment and supplies is the responsibility of the Department of Health Services (DoHS) Management Division and the MoHP Department for Urban Development and Building Construction at central level, and of health facility management committees at local level. SSMP is providing significant support in infrastructure development and planning
6. Service provision, as a continuum of integrated quality care from primary health to referral levels, is the primary responsibility of FHD, and is linked with the recently developed essential Maternal and Neonatal Health package, which SSMP supported.
7. Efforts are also needed to increase demand for services at community level and to increase access for all levels of society, through community level activities and the maternity incentives scheme. Responsibility for this area lies with FHD and the National Health Education Information Communication Centre (NHEICC). External partners again have a major role to play, including SSMP through the equity and access component.
8. Overall implementation of the SBA policy will be reflected in the next five-year development plan, which is being developed by MoHP.

2. Progress and challenges

Although all thinking behind current safe motherhood programming is based on the concept of increasing access to and utilisation of SBA services, to date the only formal strategy that has been drafted is the in-service training strategy. SSMP has supported this process and worked closely with NHTC and the multi-partner SBA Forum to finalise the document, with the aim of

beginning training in early 2007. The SBA Forum differs from the SBA policy group in drawing its membership from government and non-government agencies and individuals with a focus on implementation rather than policy development. External development partners are providing support for different activities, such as curriculum development, accreditation and training site development. There is now an urgent need to develop an overall SBA implementation strategy to draw all these threads together, with the in-service training strategy as one component. Unless issues such as enabling environment, rational staff deployment, demand for services and equitable access are addressed, in-service training will not have a significant effect on maternal and neonatal mortalities.

The development of a strategy for addressing pre-service SBA training is particularly urgent, to ensure that by 2010 all new graduates from nursing colleges qualify as SBAs and the need for continued expensive and disruptive in-service training is reduced. For the future, a system is needed for incorporating new technical developments into pre-service training as quickly as possible, in order to reduce the need for short term in-service packages. It is also recognised that pre-service training is a more effective approach to changing attitudes and behaviour, since habits are not entrenched at this stage.

The SSMP core team and partners have been working with government counterparts and other stakeholders on these issues, through the revision of the long term safe motherhood and neonatal health plan, 2006-2017, infrastructure development initiatives, the essential maternal and neonatal health package, service strengthening and equity and access activities, as well as the development of the in service SBA training strategy. SSMP has played a lead role in supporting the government and coordinating the inputs of multiple partners. With a core team that covers the whole range of technical areas, SSMP is also well placed to provide significant support to the development of a comprehensive SBA implementation strategy.

The development of the cadre of SBA is a major undertaking in terms of both activities and concept. For those health workers not eligible to be trained as SBAs, the effect may ultimately be to downgrade their role and status within the health system and their communities. Many of them have been delivering babies for many years, and have been encouraged to do so, and to be cast aside as lacking the required skills will not be easy to accept. Already there have been public protests on the part of paramedical staff, linked with the allocation of maternity incentives, which led to the government changing its stated policy and accepting that these cadres were eligible for payments. This risks undermining the whole effort to upgrade delivery care.

3. Recommendations and next steps

There are three key areas on which SSMP needs to focus related to increasing skilled birth attendance.

3.1 The in-service SBA training strategy

SSMP will work with NHTC and other stakeholders to:

- Obtain endorsement of the in-service training strategy
- Develop operational plans for implementing the in-service strategy
- Coordinate the phased strengthening of training sites through partnership between NHTC and external development agencies

- Develop a team of master trainers who will provide training for trainers
- Pilot the learning resource package developed by Access and incorporate recommended adjustments for a range of curricula to cover all in-service training needs
- Develop a monitoring strategy and plans
- Expand the training programme as rapidly as possible.

3.2 Pre-service training

This is important to reduce/remove the need for expensive and disruptive in-service training as soon as possible. SSMP will work with NHTC, FHD, the teaching institutions, the nursing and medical councils and other stakeholders to:

- Identify partners to support the process, ideally an agency who will take this on as a package, providing both funding and technical support to curriculum development and strengthening of training institutions
- Revise curricula to incorporate SBA skills
- Develop and implement a pre-service training strategy.

3.3 SBA policy implementation strategy

An overall implementation strategy is urgently needed in order to support implementation of the in-service training strategy and ensure trained staff are effectively utilised, supported and retained. SSMP will work with FHD as the lead, but also in close coordination with other divisions, including NHTC, and with a range of SMNH stakeholders to:

- Develop an overall SBA policy implementation strategy that covers all aspects of skilled birth attendance, using the whole SSMP core team to coordinate activities and develop a holistic approach
- Educate stakeholders and the public, from policy to community level about what an SBA is, her/his role and importance
- Advocate with relevant stakeholders, especially within the government, to emphasis the importance of not compromising on the internationally agreed SBA skills for political expediency, and look at alternatives for ensuring that paramedical staff have a role to play and feel valued
- Advocate at central and local level for appropriate deployment of SBAs and other staff and a strategy for their retention through measures that create an enabling and supportive working environment
- Develop standards, indicators and targets for monitoring the effectiveness of SBA training and deployment.