

Report on SBA Training Community Field Practice Skilled Birth Attendant Training Pilot Program in Bangladesh

*A collaborative pilot project to provide skilled attendance at birth in Bangladesh
Implemented by MOHFW, supported by WHO and UNFPA with technical support by
OGSB*

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*Prepared by
Dr. Md. Abdul Halim & Dr. Monira Parveen,
National SBA Consultants, WHO Bangladesh
For further information: halimm@whoban.org*

1. Introduction

Bangladesh, a country with annual births of 3.5 million, still has a very high maternal mortality rate of 3 per 1000 live births. Over 90% of deliveries occur at home attended by traditional birth attendants (TBA) and relatives. The efforts in TBA (traditional birth attendants) Training in Bangladesh yield into unsatisfactory change in maternal health situation.

A consensus has been reached on the value of ensuring that all women receive care by professional health workers with midwifery skill at the time of delivery. Experts from around the world have identified skilled attendance at delivery as a key intervention and key indicator to reduce maternal and perinatal deaths.

A central factor in the decline of maternal and neonatal mortality and morbidity in Sri Lanka, was due to the government's commitments to safe motherhood through a policy that promotes universal coverage of skilled birth attendance. Since the coverage by institutional delivery is not enough to reduce MMR at this moment, Government of Bangladesh with his development partners has taken the decision to introduce Skilled Birth Attendants (SBA) in the community.

On the basis of the positive results from the need assessment study conducted by OGSB and WHO and increasing national demand to fulfill one of the important goal of the National Maternal Health Strategy by increasing skilled attendance at delivery from existing 12% to 50% by 2010 (Millennium Development Goal), the Ministry of Health

and Family Welfare implemented "Skilled Birth Attendant Training Pilot Program" in six districts with support of WHO and UNFPA. OGSB provided technical support in implementation.

The six months SBA Training at district level was conducted in six districts with the support from WHO and UNFPA and with the technical assistance from OGSB. The outcome of the piloting is excellent and the Government of Bangladesh convinced to expand the SBA Training Program through out all the districts. 90 SBAs successfully completed the training and passed the final examination conducted by the BNC during 26-28th August 2003.

Community Practice was an integral part of the 6month SBA Training course. After successful completion of Classroom (4 weeks) and clinical training (13 weeks) in district hospital and MCWC, all trainees were placed to their place of posting for community practice. It was assumed that the trainees need intensive supervision and monitoring during community clinical practice especially to conduct home delivery. For intensive supportive supervision during community practice senior nurse midwives were orientated on SBA Training and posted to the respective community to support selected number of SBA Trainees (4-8) in the field on rotation basis. It was also assumed that those senior nurse midwives would be able to manage any complication that might arise during clinical practice by SBA trainees.

Since OGSB is a competent technical partner of the pilot program and the President is designated as Focal Point, it was decided that OGSB with its experts could be given the APW of "SBA training community field practice"

The *APW: SBA Training Community Field Practice* was signed with Obstetrical and Gynaecological Society of Bangladesh as part of development of training mechanism for SBA Training in six piloting districts. The following objectives were set under this APW:

1. To provide each of the selected districts with four field Instructors for community field practice on home deliveries.

2. To develop the SBA Field Supervisory and guiding mechanism.

The current report includes the summary activities and outcome in the *APW: SBA Training Community Field Practice* under the following *WHO-Area of Work Making Pregnancy Safer in Bangladesh (BAN MPS 001)*

Title: *SBA Training Community Field Practice*
Ref file: BAN MPS 001/APW
Project ID NO: **SE/02/277811**

2. Methodology

Field Instructors were recruited through interview from eligible candidates. Applications for the post were asked through advertisement in daily newspapers with set criteria for selection. Formal Interview was held. A board of experts selected the FIs and called up for orientation at Dhaka. They were oriented on the SBA Training by the National Consultant and QA members for 3 days. From 1st May 2003, 18 Field Instructors were placed at district training site until 30th June 2003 and then to community for 8 weeks.

Field instructors joined the 3 WHO districts: 4 at Comilla, 3 for Tangail and 3 for Barisal. They stayed with the Trainees at District Hospitals and MCWC for 2 months. They were orientated on SBA Training. They provided supportive supervision to Trainees using checklist. They had also reported to the Focal Point regularly.

Each FI was supervising one group of SBA Trainees (3~6) doing the community practice. The trainees were accompanied by FI while they attended deliveries at home or provided ANC, PNC, Newborn care to the client at satellite clinic or home level. They assisted the SBA Trainees to conduct Health Education/Birth Planning meetings at community following SBA guidelines (annex-1) and maintained records in format (Annex-2). They also supervised them using set checklist (Annex-3).

2.1 Recruitment of Field instructors

Field Instructors were recruited for the supervision and monitoring of the trainees especially during the community practice of the Skilled Birth Attendant Training pilot program. They were recruited on contract basis for four months and were supported by WHO and UNFPA. It was decided to recruit 24 Field Instructors for six districts (4 Field Instructors per district).

A total number of 22 Nurse Midwives was selected through written test and interviews. Among them 18 joined. The lists and place of posting are shown in page 8.

Selection criteria of Field Instructors

- ? Senior Nurse midwife
- ? Age More than 35 years
- ? Experience more than 5 years and must practicing home delivery during the last 6 month or more
- ? Willing to stay at a level of union or below and to work 24 hours as per requirement of the program
- ? Physically fit
- ? Must be accepted by National interview board

After joining they were oriented on the Skilled Birth Attendant Training Pilot program for 3 days. During these three days they were oriented on course curriculum, schedule, logbook, checklists of SBA training. All of them joined on 1st May 2003. For the first two months they will be in the District level (at MCWC and DH). During this period they will supervise and monitor the trainees during clinical practice. After that from 1st July when the

trainees went to the community, they stayed in the community with them to supervise the community practice.

2.2 Orientation for Field instructors on SBA Training Pilot program

Before orientation of FIs, the terms of reference for them was identified. The schedule and topics for orientation course was developed. Due to time constrain and excess workload on the facilitators for supervision and monitoring SBA training in 6 districts, orientation course was decided to conduct in 3 days. It was also assumed that the deficit in the orientation course could be covered up during their stay in the DH and MCWC for 2 months before community practice. Principles and guidelines for community practice by FWAs under supervision of the FIs were set in a meeting at

OGSB (annex-4). Terms of reference for the field instructors those were agreed between GOB, OGSB, WHO and UNFPA are as follows:

TOR of Field Instructors

1. Working station will be in the rural area of Bangladesh.
2. Will work under control of President, OGSB & Focal point, SBA Training Program
3. Will be responsible for practical Training of SBAs as per SBA curriculum.
4. Supportive supervision of SBAs in District hospital, MCWC and especially during the community practice and provide on spot training of SBAs.
5. Will submit monthly performance and visit report.
6. Will be responsible for Community motivation and mobilization.
7. Any other activity assign by president, OGSB & focal point SBA Training Program

Medical fitness certificate from the competent authority should be placed at the time of joining. (a requirement for final appointment)

Field trainers are oriented for three days at Training room, OGSB office, Dhanmondi, Dhaka from 28th April to 30th April. There were 18 sessions being conducted by the Focal Point and three National SBA consultants. Quality assurance team members were constantly present to assist the orientation course. The objectives and the process for the orientation were set. Topics for discussion were identified. All the sessions were participatory. At the end of the course an evaluation was done with a questionnaire. Due to short duration of this course, all the areas for session could not be covered adequately. Therefore, more time should be allocated for orientation of Field Instructors (at least 2 weeks), so

Objectives of orientation course

1. To orient them about SBA program.
2. To orient them about SBA trainee's and trainer's curriculum.
3. To identify the role and responsibility of FI during clinical practice at district and community level.
4. To orient them on Supervision and monitoring at community practice of SBA Training.

that essential skills like partograph, checklist, format for record keeping (which is new to them) could be better practiced under supervision. In spite of time limitation, the following topics were discussed during the orientation course.

Topics for Discussion in Orientation course

- ? Introduction to SBA training course
- ? Job description and role of field instructors
- ? Supervision and monitoring
- ? Recording and reporting
- ? Overview of Trainer's guide, Trainee's book, and check list of skills for SBA training
- ? Ante-natal care
- ? Normal labor
- ? Post-natal care
- ? Neonatal care
- ? Major complications of pregnancy
- ? Partograph
- ? Birth Planning
- ? Home delivery practices
- ? Use of essential drug Equipment

The score obtained by the FIs in the end course written test was satisfactory (> 60% marks) in 68% of the participants. The facilitators suggested that the FIs need further practice and orientation during their duty at district level (2 months) with the SBA Trainees in DH and MCWC to prepare them for community practice. The name and their score is given below:

SL#	Name of Field Instructors	Score
1.	Rehena Parvin	62
2.	Parboti Rani Debnath	74
3.	Anubha Drawng	50
4.	Mridula Mistry	68
5.	Pronoti Acharjee	83
6.	Shirin Akter (Tripty Chakraborty)	57
7.	Dipali Rani Mallick	82
8.	Rokeya Begum	62
9.	Parul Sahanaj	53
10.	Salma Akhter (1)	51
11.	Shyamali Barai	77
12.	Lutfun Nahar Runu	72
13.	Shamsun Nahar	75

14.	Anjana Rani Saha	78
15.	Garaty Maria Palma	65
16.	Salma Akter (2)	92
17.	Depali Sarker	44
18.	Rahima Khatun	44
19.	Shurekha Mrida	66

After the orientation, 19 Field instructors were posted to 6 districts, however, 17 joined their post from 1st of May 2003 and another one joined at Joypurhat after getting lien from GOB on a later date (2nd week of May

FIs' Recruitment	
	Numbers
Initially applied	150
Called up after scrutiny for Interview	30
Finally Selected	22
Reported	18

2003). The desired number for FIs could not be achieved mostly due to the age bar (>35). Initially around 150 applied for this post. However most of them (nurse midwives) are too junior (>25 years). Moreover the GOB applicants were afraid to join for too short contract on lien while after back to GOB job could be posted elsewhere beyond her expectation. Age limit could be reconsidered for future planning.

2.3 Distribution of Field Instructors

Placement of the FIs was not uniform because 18 joined in place of required 24 posts. Distribution was made keeping the choice of the FIs and present address (residence) in consideration. It was also found that they were comfortable to work in their nearby district. The places of posting of the Field Instructors are as follows:

SL #	Name	Present address	Place of posting
1.	Rehena Parvin	C/O Shajahan Kabir, School Road, Nandina, P.O. Nandina, District: Jamalpur	Tangail District

2.	Parboti Rani Debnath	21, Balashpur (Palpara), Mymensingh, Code-2200, District: Mymensingh	& Shakipur Upazila
3.	Anubha Drawng	W/O Mr. Sushil Sangma, Vill: Songra, PO: Baghaitola, PS: Haluaghat, District: Mymensingh	
1.	Mridula Mistry	Senior Staff Nurse, Comilla Medical College Hospital	Comilla District & Daudkandi Upazila
2.	Pronoti Acharjee	Nursing Superintendent, Comilla Medical College Hospital	
3.	Shirin Akter	W/O Abdul Latif, Comilla Medical College Hospital	
4.	Dipali Rani Mallick	Senior Staff Nurse, Comilla Medical College Hospital	
1.	Rokeya Begum	C/O: Abdul Hamid Khan Mohanagar Saba Sonoth Songha, 561/C, Malibag Choudurey Para Dhaka- 1919	Jessore District & Jhikargacha Upazila
2.	Parul Sahanaj	C/O Md. Firoz Ahmed, 1195, East Sharapara, 3 rd Floor, Jamtola, Kafrul, Dhaka	
1.	Shyamali Barai	1038/2, Kathaltala, Mirpur 11, Dhaka	Barisal District & Banaripara Upazila
2.	Lutfun Nahar Runu	C/O Md. Jane Alam 414/3, East Goran, Khilgaon, Dhaka-1219	
3.	Shamsun Nahar	2/7, E/4, Tolarbag R/A, Darussalam Road, Mirpur-1, Dhaka	
1.	Anjana Rani Saha	C/O: Susanto Roy, Mogh Bazar, 2 nd Floor, 145, Ghanoyatola, Shefali house.	Joypurhat District & Akkelpur Upazila
2.	Salma Akter (2)	C/O- Md. Abdus Satter, BADC (Irrigation) Administrative Officer, Banani, Bogra	
3.	Mrs. Nasrin Jahan	Senior staff Nurse, Pongu Hospital, Shyamoli, Dhaka	
1.	Depali Sarker	73/A, Monipuri Para, Dhaka	Habigonj District & Chunaru ghat Upazila
2.	Rahima Khatun	11, C/14, I.G. Gate, Bank Colony, Faridabad, Dhaka	
3.	Shurekha Mrida	45/4, Senpara Parbata, 1 st Floor, Section-10, Mirpur, Dhaka - 1216	

The distribution was not uniform. Three FIs were posted in 4 districts while 4 FIs in Comilla and only 2 FIs in Joypurhat. This happened due to the fact that 4 out of 22 selected did not join for their personal reason.

The safety and confidence on the community was a great fear for the FIs to work in the community. However, since they were accompanied always by the local SBA Trainees to move in the community, they were found comfortable in any district irrespective of their choice or residence. Moreover, Bangladesh as a small compact territory with Bangla

speaking community was easy for any non-local Bangladeshi to communicate easily with the villagers and earn the social confidence.

2.4 Activity of the field instructors

As per the TOR of FIs and the needs of the SBA training, FIs were assigned responsibilities to supervise the SBA Trainees in district level facilities also. Roster duty was made for each district by the DTCC. Through rotation duty with few limitation FIs supervised the SBA Training in the District Hospital and MCWC from 1st May to 30th June 2003. All the Morning duties could be covered fully, however, they had to share with the clinical trainers with rest of the duty hours. It was found very effective to keep the trainees on intensive supportive supervision to achieve the target. However, it has been felt by the National Trainers and National SBA Consultant through supervisory visits and Training review program (3 days Training Review and refresher TOT) that it could be much more fruitful if the FIs were being trained and orientated like TOT course for district trainer with few modifications.

Supervision in Facilities (District Hospital and MCWC) by FIs

They were placed to DH and MCWC on rotation basis to supervise the clinical practice of the FWA and FeHA. They directly supervise the SBA Trainees. They made good relationship with the trainees and trainers to understand the actual training process and to identify their roles and responsibilities. Through interaction with trainees and trainers during clinical practice they were better oriented with the checklists, logbook and other activities of the trainees. They helped the trainees to achieve the target by each trainee. They rescheduled their duty roster giving priorities to the trainees those were lagging behind. They use to make their work plan in a set format and reported on weekly basis to through QA team members to national Consultants and Focal point, SBA training Pilot program. On each weekly supervisory visits by QA Team members or National Consultants, the progress in training were reviewed in a meeting with Trainers, FIs and supervisory team. The challenges and solutions were identified. Planning was made accordingly and executed through FIs with collaboration of district trainers.

3 days Training review and Refresher TOT (from 14 June – 31 June 2003) was organized in each district before going to community practice from 1st July 2003. During this event, especial attention was given for community practice by SBA trainees. Field instructors were present throughout the Refresher training. Among all other activities (detailed in the report “strengthening District Trainers”), the skill assessment of the FIs was done by the National trainers. It was found that about 50% FI’s skills performance were not satisfactory. So, feedback was given. It was recommended that they need more orientation (At least for 2 weeks).

Supportive Supervision during Community Practice by FIs:

After completion of clinical training, the SBA Trainees were placed in their respective ward and union for community practice (ANC, PNC, Newborn care, conduct home delivery, Health Education session/Advocacy meeting/Uthan sava) from 1st July 2003 for 8 weeks. Planning for all activities for community practice was in a preparatory meeting held at district level in presence of national consultants and district coordinators. The community placement of the FIs was decided. One FI was given responsibility to supervise a group of SBA Trainees placed in the community.

An introductory meeting between the trainees and field instructor and UH&FPO, MO-MCH, TFPO and other related person at Upazilla Health Complex before going to the community was held at each upazilla. The FIs supervised the pregnant women registration by the Trainees, identification the pregnancies who’s EDD will be within the next 2 months. The supervised the SBAs during their clinical activities like ANC, PNC, Newborn care, health education, birth planning etc. Since one FI had to supervise 3-7 SBAs for home delivery, they stayed in a place in the community so that any one of the trainees nearby could call for emergency home delivery. FIs with a very short period became very familiar with the community. This relationship was brought about through Health education session in the community (Uthan Sava) and Advocacy meetings with UP chairman and members.

They also made a roster with her trainees for routine daily performance in those areas. National Consultants, District trainers and QA team members constantly supervised those activity through field visit. Immediate steps were taken to keep the FIs in the



community either in rental house or home stay with their SBA Trainee on rotation. The presence and supportive supervision by FIs was found to be very effective in the confidence building of the trainees to work as SBA/midwife. Initial hesitation and worry for the trainees to work was a challenge which was overcome by home visits for birth registration, ANC PNC, Newborn care etc. The FIs were also present with them during home delivery practice.

In cases of complications, it was very difficult for SBA trainee to make decision for referral. FIs provided support to the trainee in referral. Presence of FI proved to be important in the ultimate success in community performance by the trainees. The trainees with the direct supportive supervision of the FIs conducted approximately 50% of the deliveries.

The performance of the trainees was according to the set minimum performance target. A significant number of cases were referred by the trainees, which had been received by the Upazilla Hospitals and District Hospitals/MCWCs and found to be rightly diagnosed and referred. The recognition and acceptance by the community to the SBAs was increased many fold reflection when those patient returned to home after proper management. The confidence of the community on SBAs had been built with the support of FIs.

Performance of 90 SBAs during Training in 6 districts			
During Hospital Practice		During Community Practice	
Normal Delivery	1800	Normal Delivery	709
Ante Natal Care	4500	Ante Natal Care	3600
Post Natal Care	2000	Post Natal Care	500
New Born Care	2000	New Born Care	350

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Target per Trainee: 20 Deliveries at the Hospital and 5 at the Community Practice

Supply of Log Books for record keeping of activities in the community was ensured. They accompanied her SBA Trainees during the home delivery and assisted them in decision-making, conduction of delivery and referral. They conducted weekly

coordination meeting between SBAs and FI at Upazilla Health Complex to identify the problems and solutions during field practice. Planning for the next weeks was also held regularly. They sent the report in set format to the focal point and got feed back through National Consultants, QA Team members for improvement.

2.5 Supervision and monitoring of Community practice

National Consultants and QA team members kept constant link with the FIs to monitor community practice. One of the team visited each upazilla on rotation basis during that 8 weeks. Weekly review meetings held at upazilla where all SBA Trainees, FIs, National Consultant/QA team member and Upazilla members (UHFPO, MO (EOC), MO (MCH), TFPO) were present to review the activities in detail.

All FIs submitted their field reports to National consultants/Focal Point on regular basis using set formats (annex-3). Reports of the FIs were analysed and review in supervisory visits and meetings at training sites. Feedback was provided when ever necessary.

FIs in most of the time provided the constant supervision on the Trainees following the appropriate guidelines and checklists. More over, National Consultants and QA team member frequently visited the field to supervise both FIs and Trainees. The out come was achievement of the good number of deliveries conducted by trainees at home level.

3. Discussion

The field instructors played a vital role in supervision and monitoring of SBA community practice. It was assumed that only institutional training would be able to give the confidence of the trainees to work in community level individually. Moreover, they have to perform home deliveries and related services at community settings. Any complication arises during their service delivery would adversely affect the future community support and confidence building. It was essential to address the related ethical needs during home delivery. Accordingly it was planned to place at least 4 FIs in each district. They were supposed to supervise on rotation so that each trainee would be able to work at least for 2 weeks under direct supervision. The inclusion of 8 weeks community practice

with set minimum performance target was vital for them to acquire a process for midwifery services at community. The trainees felt free and confident to work in presence of the FIs as a beginner. After training, it was essential to supervise initial activities especially in the field of health care where ethical issues are important. The clinical supervisory support for immediate lifesaving actions or referral was covered successfully in cases of any complication during community delivery services. The Field Instructors not only provided the supervision, but also assisted trainees to organize advocacy meetings in union parisads, school campus, at communities (Uthan baithak / Sava) and Health education sessions with pregnant mothers and their relatives in villages to create a positive environment for SBA activity in the locality.

Positive aspect of Field Instructors

- ? Provision of FIs with the trainees during services before certification and registration fulfilled the ethical questions of letting them to do home deliveries during the training.
- ? The presence of FIs proved to be effective for the trainees to conduct home deliveries as an apprentice.
- ? FIs helped build confidence in the SBA trainees to work at community level.
- ? Qualification of FIs as Nurse midwife acted positively in building up community trust for technical aspect of SBA activity.

However, due to a deficit in FI and Trainee ratio, the expected quality of training could not be ensured in some areas. 18 FIs joined instead of 24 FIs, only two were placed at Akkelpur upazilla of Joypurhat district. Moreover, due to the geographical variation in the working areas in a upazilla, it was a real problem to ensure the presence of FI with

Challenges

- ? It was difficult to get a sufficient number of qualified FI because the job is on contract basis and for short duration with extensive field visits.
- ? Duration of Orientation course on SBA Training was short.
- ? The knowledge and skills of FIs was not adequate to cope up with the standards of SBA Training.
- ? Number of FIs was inadequate in some upazilla where the unions are widely spread.
- ? For Rainy season, the communication was unfavourable for them to travel for SBA activity.
- ? Suitable accommodation at village level is not available even on hire

each SBA trainee for the stipulated 2 weeks of supervised community practice. Most of the experienced nurse midwives in Bangladesh usually work in GOB facilities (Govt. job). On the other hand, GOB candidates suffered from the lack of assurance to rejoin the previous place of posting after completion of FI-ship on lien. The process of lien seemed to be difficult for them. Since the program is undertaken by MOHFW for national interest, easier and favourable steps

should be taken by the Government to place more suitable GOB candidates for these responsibilities.

From the experience of piloting, it was suggested by the national consultants that 1:4 ratio of FI and trainees was adequate to provide supportive supervision in most cases, but planning for their stay in the locality and roster to supervise was very important to cover each trainee's work either routine or emergency delivery calls. Even with rainy days and water-submerged communication, the cooperation of the locally residing trainees and patients' relatives favoured a lot to make the community practice a success. In most of the cases, the FIs had to stay with the trainee (home stay) because temporary rental houses were scarce in rural Bangladesh. The orientation course for the FIs should be well planned including the knowledge and skill practice session like the TOT course content. In addition some of the session must contain the adoption of guidelines in light of lessons learnt during piloting.

Lessons Learned

- ? Supportive supervision proved to be effective to identify the risk cases for early referral and to avoid serious complication.
- ? Difficult to find suitable candidate on short term basis.
- ? Orientation and Training on SBA curriculum, checklist, skills with all updated information should be given to FIs before joining the community, duration of the course could be like TOT (2 weeks).

The objectives of the activity were successfully achieved. It is strongly recommended that the supervision through FIs should be continued in SBA training during expansion. More orientation of FIs was also recommended.

ANNEXES