



# Bringing Health Services Closer to Home: Community Skilled Birth Attendants in the MaMoni Project, Bangladesh

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## Objective

This analysis aimed to understand the performance of private community skilled birth attendant (pCSBAs) supported by the MaMoni Project in Habiganj district in northeastern Bangladesh.

## Background

Reaching mothers with critical health services is challenging where home delivery is the norm. The MaMoni Health Systems Strengthening Project, funded by the United States Agency for International Development, trained 48 local women from hard-to-reach areas in a six-month course for community skilled birth attendant (CSBA), accredited by the Bangladesh Nursing Council, to increase coverage of skilled birth attendants (SBAs) in hard to reach areas. This complements the coverage of government-supported CSBAs.



## CSBA in Bangladesh:

- **Definition of CSBA:** An accredited health professional, such as midwife or nurse, who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancy, childbirth and the postnatal period and in the indication, management and referral of complications in women and newborns (WHO, ICM, FIGO; 2014).
- In order to practice, CSBA must fulfill the criteria to receive registration and/or licensure from the government-approved legal authority.
- Local women in their respective communities were selected as pCSBAs by a team consisting of the Ministry of Health and Family Welfare, MaMoni and the Obstetric and Gynecology Society of Bangladesh. Other selection criteria were as per national guideline, including:
  - Female, age 20 to 45 years
  - Minimum Secondary School Certificate
  - Preferably married
  - Local resident
  - Willing to stay for 6 months in the district for training
  - Acceptable to the community
  - Previous experience working for community is an added advantage

## Methodology

**Source of data:** Secondary analysis of pCSBAs' monthly project Management Information System forms

**Area:** Three sub-districts of Habiganj (Ajmiriganj, Baniachong, Nabiganj)

**Analysis period:** April 2013–March 2014 (12 months)

**Comparisons:** Performance of pCSBAs and CSBAs supported by the Government of Bangladesh (GoB)

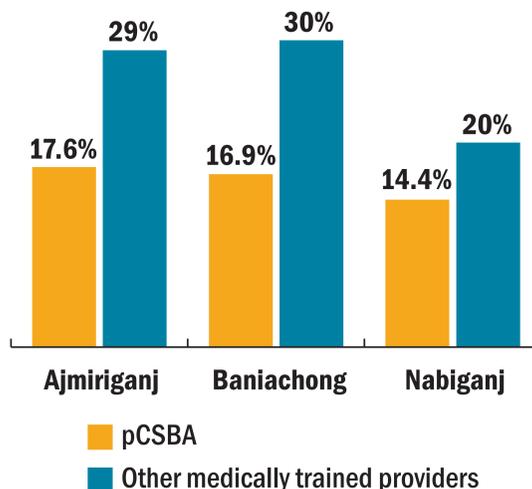
**Working areas of CSBAs, Habiganj District, Bangladesh**



## Findings

51% to 65% of pregnant women were identified by pCSBAs in their working areas.

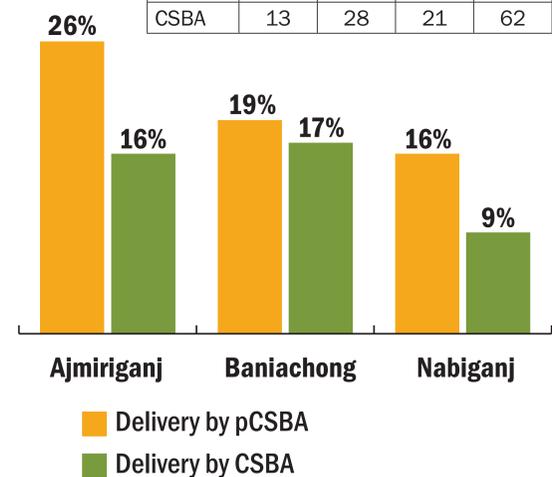
**Pregnant women who received one antenatal care visit from pCSBAs and other medically trained providers in respective working areas**



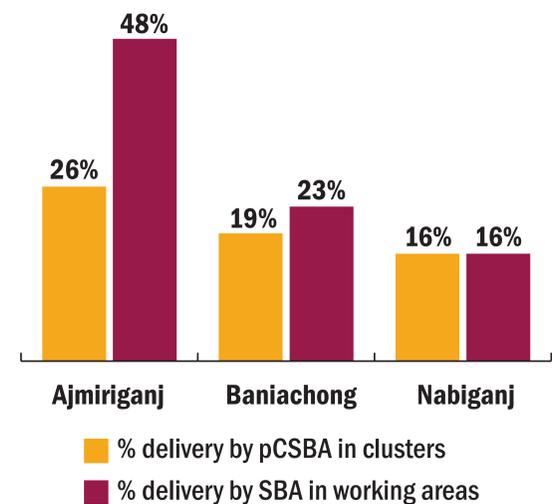
## Findings, (Continued)

**Comparison of deliveries conducted by pCSBA and GoB CSBA against projected number of deliveries\* in respective working areas**

	AG	BC	NG	Total
pCSBA	14	27	7	48
CSBA	13	28	21	62



**Percentage of deliveries conducted by pCSBAs and SBAs in respective working areas**



## Conclusions

- pCSBAs increased coverage of skilled care at the community level, particularly in areas where health facilities were inadequate
- To maximize use of pCSBAs at the community level, community resources are needed for offsetting operating costs and ensuring skills retention with supportive supervision on site
- Proper allocation of working areas and an incentive and recognition mechanism from the community need special attention