



Promotion of Reproduction and Newborn Health through Training of TBAs (Dais) in Bihar

The Government of India committed to achieving "Health for All" by the year 2000 following the Alma Ata declaration on Primary Health Care. Efforts have been made to strengthen health infrastructure, with a focus on children and women. Since then, the country witnessed a number of National Programmes and progressive strengthening of health infrastructure with emphasis on the vulnerable groups i.e. children and women. The Child Survival and Safe Motherhood (CSSM) Project, supported by World Bank and international agencies, was expanded to include Reproductive Child Health (RCH). In certain states with high maternal and infant mortality rates, the majority of deliveries were conducted by Traditional Birth Attendants (TBAs). TBA is an individual who helps women during their pregnancy, labour, delivery and puerperium. The TBA also handles the care of newborn. TBA performs the functions of a midwife, often without having had any formal training. TBAs exist in the majority of developing countries of the world. In many countries, she is illiterate. She learns her skills from an older TBA or by trial and error. While TBAs provide valuable services, they may lack hygiene knowledge and reproductive facts, leading to serious problems and even deaths. TBAs also serve as a link to health services and are consulted for various health issues. Due to lack of training and resources, the safety of services provided by TBAs is not guaranteed. Keeping this in mind, it was proposed to carry out training of TBAs in 3 community development blocks (Rajauli, Narhat and Saraiyahat) of 2 districts (Nawadah and Dumka) in Bihar.

Objectives of the project were to train TBAs in providing essential home based RCH services through the involvement and collaboration with the government staff to support the RCH Programme, to revise job description of TBAs based on the operational programme and community needs and to evaluate the linkages between the GOI staff and TBAs with reference to training, supervision and supplies.

The methodology involved in the project included the registration and selection of TBAs, selection of focal points for training, selection of training topics, development of training materials, training of trainers and meetings with TBAs. Project coordinators were trained to enlist women (conducting deliveries in the villages) with relevant information like address, age and annual caseload. Those TBAs who regularly provided delivery services were included, and efforts were made not to leave out any active TBA. Focal points (Specific locations) for training were established. These focal points were selected based on convenience of TBAs so that they did not require travelling long distances. Twelve training topics were selected based on past experience of SWACH in training of TBAs, common causes of mortality/ morbidity, discussions with TBAs to identify their concerns and problems perceived by health workers (ANM, LHV and Anganwadi workers) and government policy to improve Reproductive and Child Health Programme. Training materials such as a Guide for trainers and an illustrated flipbook for the TBAs were developed to assist in the training process.

The training of trainers included a 3-day training session for project coordinators, supervisors, and LHV/ ANM personnel. The training aimed to build the capacity of these individuals to effectively train TBAs and familiarize them with teaching methods for illiterate TBAs. Training sessions included classroom training, hands-on practice, and the use of innovative teaching methods. Props and materials like doll with cord and placenta, Disposable Delivery



Kits (DDKs), mucus extractor etc. were used in each session according to the requirement. Interactive methods such as role plays, demonstrations, photographs, and group discussions were used to encourage participation. Monthly meetings were organized for TBAs at every focal point, with one day of the month assigned to each focal point. Different topic was discussed every month. During these meetings ANM/ LHV also participated along with SWACH's personnel. At some focal points, even members of Panchayats were also involved. Supplies were also replenished at these meetings.

Table 1: Equipments and materials distributed to TBAs and trainers during training

S. No.	Equipment	Trainers of TBA	TBAs
1	Trainers Guide	✓	-----
2	Illustrated Flipbook	✓	✓
3	Note books	-----	✓
4	Colour Coded Weighing Scale	✓	✓
5	Disposable Delivery Kit	✓	✓
6	Doll Placenta Cord Model	✓	-----

These meetings facilitated communication and linkages between health staff, TBAs, and community members. TBAs actively participated and shared their experiences. Information about deliveries conducted by TBAs was recorded on a Dai reporting form, and TBAs were provided with notebooks to record information of delivery conducted by them. As TBAs were illiterate thus the information was recorded by a literate person from the house in which the delivery was conducted, which was then shared with SWACH personnel and ANM/ LHV. No monetary incentives were given to TBAs but refreshments and travel allowances were provided to them.

Overall, the results of the project showed that 200 TBAs from each block were selected according to their annual caseload and were trained. In Saraiyhat block 8 focal points were established and in Rajauli and Narhat 8 and 6 focal points were established respectively. For effective and good quality training, 25 - 30 TBAs were trained at each focal point on fixed date of every month.

Problems encountered in TBA training programmes

Training TBAs was challenging due to their lack of basic education. However, they can learn new concepts and safe techniques if taught in an appropriate manner. TBA training programs faced constraints such as selecting women who were not traditionally conducting deliveries, incomplete registration of TBAs, institution-based training far from their communities, inadequate training duration and follow-up and culturally inappropriate training methods.