

Maternal health process can't exclude dais

By Rashme Sehgal

New Delhi, May 2: The National Rural Health Mission's (NRHM) push to equate safe deliveries with institutional deliveries is not borne by fact. Health experts attending a consultation on the role of traditional birth attendants (TBA), dais, warned that the site of maternal deaths has shifted from the home to the hospital.

One of the key reasons for this worsening situation has been the NRHM's deliberate attempts to sideline the one million dais who have played a critical role in the past in providing counselling and healthcare at the village level, these experts claimed.

India enjoys the dubious reputation of having the highest maternal mortality rates in the world. In UP alone, according to recent National Family Health Survey (NFHS) figures, 40,000 pregnant women die every year. It was in a bid to arrest this that the NRHM focused on institutional deliveries with Rs 1,700 being given to every mother post delivery under the aegis of the Janani Suraksha Scheme. The statistics released by the NRHM at the consultation speak a different tale. Dr Abhijit Das, a member of the Lucknow-based NGO Sahyog, pointed out that a state like Andhra Pradesh shows that 93 per cent of all deliveries that took place in February 2008 at the primary health centres (PHC) were normal, with 83 per cent of the patients even using referral transport provided by the nearest government facility.

But a break-up of the statistics speaks another story. The number of nurses in the labour room in primary health centres in Andhra Pradesh was as low as 19 per cent. and the number of ANMs trained as skilled birth attendants (SBA) was 35 per cent.

The state of UP claimed 99 per cent normal deliveries in its PHCs. This Dr Das found difficult to accept since the number of trained SBAs present was 4.5 per cent, medical officers available at the PHCs were 1.5 per cent, trained nurses were 3.8 per cent and ANMs available were 4.5 per cent.

Madhya Pradesh, Bihar, Chhattisgarh and Assam also claimed a large number of safe deliveries. But activist Prashant, with the Voluntary Health Association and working at Maheshwar block in MP for the last three years, claims the picture is completely different on the ground. "There are no doctors or nurses available in any of the PHCs that come under this block. Patients seldom receive medical care when they most need it," he pointed out. Babiben Parmar, the president of Dai Sangathan, Gujarat, felt that the traditional services provided by dais should not be overlooked. Rather, there was a need to redefine and the expand their role as caregivers and health promoters beyond childbirth.

Narmadabai, from Chittorgarh in Rajasthan, strongly advocated the need to see dais as playing a complementary rather than an adversarial role to the existing health machinery. Bija, a dai from Jharkhand, spoke about how dais had learned to recognise danger signs

in pregnancy and would help to rush women to the closest referral services. "A woman was facing life-threatening complications while undergoing her third delivery. Since Jharkhand did not have a hospital where a caesarean section could be performed, I took her to the adjoining state of West Bengal where such a facility was available. When the woman went into labour and a doctor could not be found, I ran around till such time as a doctor could be arranged for," she said. Some discussion took place around creating a standardised curriculum for the dais but it was difficult to impose one such curriculum. For the rest, the participants pointed out that 26 million deliveries take place in India every year. "Do we have enough institutions and adequate infrastructure and trained personnel to deal with such a large number of cases?" activists asked.

Manisha Malhotra from the ministry of health and family welfare claimed, "The NRHM has not disowned dais. In fact, the NRHM was considering guidelines to provide them with financial incentives."