



TECHNICAL BRIEF

Reaching the Unreached: The Role of Traditional Birth Attendants in Reducing Maternal and Infant Mortality in Iraq

Background

Traditional birth attendants (TBAs) - community members, usually women, who assist mothers during childbirth and who initially acquired their skills through delivering babies by themselves or apprenticeships with other TBA, not through formal health care training—are an integral part of many rural communities in Iraq. Approximately 8% of Iraqi

women are attended by TBAs at delivery varying from 2% in more affluent, urbanized provinces such as Sulaymaniyah to nearly 17% in more rural provinces like Anbar (see Table 1). TBAs are an integral part of many rural communities in Iraq and they command influence and respect. Among remote and hard-to-reach populations, TBAs are often the most accessible health care providers available to women. The

Table 1. Utilization of maternal health services in Iraq by province 2012

% with 4 or more ANC visits		% of women delivered by TBAs		% Institutional deliveries	
1. Karbala	70.5	1. Anbar	16.7	1. Dohuk	92.0
2. Sulaymaniyah	67.9	2. Ninawa	15.8	2. Sulaymaniyah	89.3
3. Dohuk	66.8	3. Salahaddin	14.4	3. Diwania	86.8
4. Najaf	65.0	4. Wasit	13.6	4. Basrah	83.9
5. DhiQar	56.0	5. Kirkuk	12.4	5. Muthanna	83.2
6. Diwania	54.2	6. Muthanna	9.5	6. Najaf	82.9
7. Muthanna	54.1	7. Diyala	8.2	7. Babil	82.6
8. Diyala	52.9	8. Baghdad	7.7	8. Karbala	81.2
9. Basrah	50.3	9. Basrah	5.9	9. Maysan	76.3
10. Ninawa	49.8	10. Maysan	5.8	10. Erbil	75.5
11. Babil	47.0	11. DhiQar	5.8	11. Salahaddin	75.5
12. Baghdad	43.9	12. Babil	5.7	12. Wasit	75.0
13. Maysan	42.4	13. Dohuk	5.3	13. DhiQar	73.3
14. Anbar	41.7	14. Diwania	5.2	14. Ninawa	72.0
15. Salahaddin	40.7	15. Najaf	3.8	15. Baghdad	71.7
16. Erbil	40.5	16. Erbil	3.7	16. Diyala	69.1
17. Wasit	38.7	17. Sulaymaniyah	2.0	17. Kirkuk	66.1
18. Kirkuk	36.5	18. Karbala	0.1	18. Anbar	63.1

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USAID-funded Primary Health Care Project in Iraq (PHCPI) is helping the Iraqi Ministry of Health meet its Millennium Development Goals (MDGs) 4&5 targets of reducing maternal and child mortality in the project target areas. The project developed a package of low-cost, high-impact interventions for improving maternal, neonatal, and child health (MNCH). A key component of this is expanding the role of TBAs beyond childbirth to broader MNCH care.

Expanding the Role of TBAs

The broad and trusted network of TBAs in rural communities is uniquely positioned to be able to promote healthy behaviors and reduce maternal and infant mortality in the communities in which they live and work (see Table 2).

USAID/PHCPI TBA Training Program

USAID/PHCPI, in partnership with the MOH, has developed a competency-based TBA training handbook and guide that was field-tested for audiences with low literacy levels. USAID/PHCPI has developed a cascade training plan (see Figure 1). The TBA training adopts a practical and hands on approach using local materials. Training will be done as close to communities as possible and at the convenience of the TBAs. As much as possible, training will be conducted by the TBA supervisors. USAID/PHCPI has also developed a new TBA kit based on their new roles and responsibilities. The project is currently working with the MOH to distribute these kits to TBAs who have completed the training throughout the country.

Program Sustainability

The Government of Iraq (GOI) has taken a leadership role in this process – appointing a TBA Manager within the Ministry of Health in Baghdad as well as in Kurdistan. A TBA Technical Working Group, comprised of experts from the MOH Maternal, Newborn, and Child Health Programs as well as universities and nursing schools, have guided the development of the TBA strategy as well as the indicators which will be used to monitor and evaluate the TBA program. The USAID/PHCPI TBA model is based on a decentralized process whereby provinces, districts, and primary health care centers themselves take the lead in implementation. An operational research study is planned later this year to assess the effectiveness and impact of the TBA training on perinatal mortality and results from this study will be used to guide future improvements.

Figure 1. USAID/PHCPI TBA Cascade Training Model

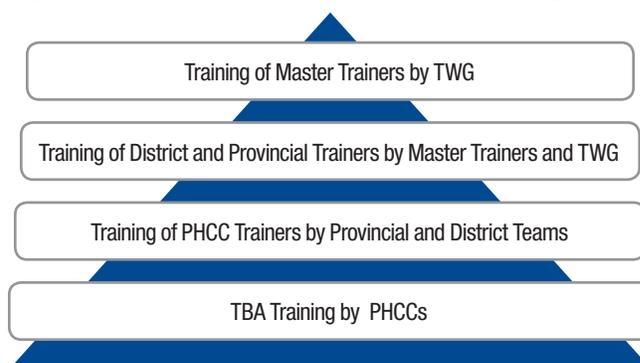


Table 2. Potential Role of TBAs in Reducing Maternal, Neonatal and Child Mortality

Leading Causes of Mortality	Potential for TBAs intervention
Pregnancy-related complications	Promotion of four antenatal care visits for all women Recognition of danger signs and referral to health center
Labor-related complications (obstructed labor, hemorrhage, etc.)	Recognition of danger signs and referral to health center
Sepsis	Sterilization of instruments and other infection prevention practices
Asphyxia	Basic resuscitation and referral to health center
Neonatal tetanus	Vaccination promotion
Pneumonia	Recognition of signs and referral to health center Promotion of treatment adherence
Malnutrition	Promotion of breastfeeding and nutrition counseling
Diarrhea	Provision of oral rehydration therapy Recognition of danger signs and referral to health center