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## Preliminary Exploration of Birthing Hut Facilities of MANOSHI Programme

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## SUMMARY

This study was a preliminary exploration of the newly launched “birthing center” facilities in the slum areas of Dhaka city by BRAC’s MANOSHI programme. Four birthing centers at Koril, Shobujbag, Shampur and Tongi Ershad Nagar were included. The study explored the facilities available and services offered for delivery at the birthing centers, its acceptability by the local people, and service providers’ knowledge and perceptions of these birthing centers. Study population consisted of pregnant women and their family, local leaders and BRAC staff working at the centers. Study results revealed that the community expects ‘doctors’ to be providing services in formal setting of birthing hut. They also expect a complete health package one-stop service from birthing centers. Most of the mothers expressed that if birthing centers arranged Tetanus Toxoid (TT) vaccination and supportive medicines then it could be a better option for them. According to them, referral points were not sufficiently active for the centers patients. Among staff involved in services of the centers, *Shasthya Shebika* (SS) were not motivated enough to work for the centers and they expressed their dissatisfaction about remuneration, which was found to be the main underlying cause. Urban Birth Attendants (UBAs) expressed same feelings about remuneration. From the providers’ side POs expressed that they faced problems to motivate the pregnant mothers for registration and referral cost. One of the centers at Tongi Ershad Nagar was found less needed at that area because of the saturated services of Terre des Homes, Netherlands (TDH), an Non- government organization (NGO) from Netherlands for pregnant and lactating mothers.

## INTRODUCTION

In Bangladesh, nearly a quarter of the total population lives in urban areas. Urban household income in a poor family is higher than that of poor rural families. But for various reasons, they do not utilize health facilities in their areas. Sometimes they cannot utilize available health facilities, especially during delivery, because of the high cost expected (NIPORT, 2003).

Maternal and neonatal health problems are very prominent in this community. The low birth weight percentage of Bangladesh is about 30-33% (BBS, 2004). The maternal mortality rate is 320 per 100,000 live births, under-five child mortality 85 per 1000 live births and neonatal mortality rate 42 per 1000 live births (Streatfield *et al.*, 2003). Generally it is estimated that 74% of maternal deaths could be averted if all women had access to health interventions for addressing pregnancy and childbirth complications (Wagstaff *et al.*, 2004).

In response to this situation, BRAC the largest Non-government Organization of the country, initiated a new community-based (MNCH) intervention called "MANOSHI" for the urban slum population of Bangladesh. This five-year project will be implemented in six divisional cities of Bangladesh and will adapt the Essential Health Care (ECH) programme model, which includes preventive, curative and reproductive health services. Community health workers and birth attendants will be trained to offer antenatal, safe delivery, postnatal and neonatal care. With this vision BRAC will try to improve the delivery system in slum communities as well as the knowledge of formal and informal urban health workers who are usually involved in the child delivery and neonatal care. At the same time, an important objective of this programme is to increase the accessibility of health facilities to the poor of the urban slum population of Bangladesh. BRAC will also train the community health workers to render antenatal and postnatal care for neonates and child health care for the under five.

For clean and safe delivery, a "birthing center"(these were nicknamed "birthing hut" by the staff) will be established in slum. One center will cover 10,000 populations. The main objective of these centers is to encourage the poor slum mothers to give birth in a clean and safe place with trained personnel. In case of complications, mothers will be referred to specific referral facilities near to the centers for better management and care. BRAC will emphasize on community empowerment and linkage development with local stakeholders to continue health-related activities in urban slum areas. The community health workers will keep track of all births, will offer essential newborn care, and manage neonatal complications. In collaboration with UPCHP (Urban Primary Health Care Project), community health workers or SK will arrange immunization and vitamin A capsule linkage. Other than these services, SK will monitor growth of under-five children, campaign for breastfeeding and complementary feeding. They will also detect all danger signs for neonates and empower the community with knowledge regarding maternal and child health. Pregnant mothers of that area will be registered (for Village Organization members the fees will be Tk. 200 and for non-VO member Tk. 300 each) at the birthing center, if she agrees to take the services of the center.

## OBJECTIVES

General Objective was to explore BRAC's urban birthing hut facilities in slum areas of Dhaka city. More specially, it aimed to explore:

1. The facilities available and services offered for child delivery at the urban birthing hut in Dhaka city.
2. The acceptability of the birthing center by the local people and the communities' perception.
3. The service providers' knowledge and perception about these facilities.

## MATERIALS AND METHODS

### STUDY AREA

The first four birthing centers were launched in four-slum areas of Dhaka city:

- Shobujbag
- Ershad Nagar, Tongi
- Korail, Mohakhali
- Namashampur, Shampur

### STUDY PERIOD

The field activities were completed during mid October to November 2006.

### STUDY SAMPLE

This study included all pregnant mothers and their families, local leaders, and BRAC staff related to each birthing center. From each center one programme organizer (PO), one *Shasthya Shebika* (SS), one *Shasthya Kormi* (SK) and one urban birth attendant (UBA) were increased. From each birthing center service providers who were directly involved in the birthing center's services were selected for interview. One mother who was registered or gave birth at the center, one mother who was de-motivated for the delivery and did not register at the center, and their mothers or mothers-in-law from each community of birthing center were interviewed.

### OBSERVATION AND CHECKLIST

A checklist was prepared to assess the physical facilities and services offered at the centers. To cover the first objective, each birthing center was observed to make a list of the logistic supplies and internal environment. Number of registered deliveries were noted from each centers register and crosschecked with the urban birth attendants (UBAs).

## QUALITATIVE INTERVIEWS

In-depth interviews were undertaken with the key informants. The topics covered for the second objective were knowledge, acceptability, cause of non-enrollment, and community expectations. Registered and non-registered pregnant women and their mothers, and community leaders were interviewed.

To cover the third objective, the topics covered were knowledge gathered from training, responsibilities of the service providers, barriers to discharging the responsibilities and community expectations.

**Table 1. Number of interviews by centers**

Individuals	Name of the birthing centers				Total
	Shobujbag	Namashampur	Tongi Ershad Nagar	Korail	
Programme Organizer (PO)	1	1	1	1	4
<i>Shasthya Kormi (SK)</i>	1	1	1	1	4
<i>Shasthya Shebika (SS)</i>	1	1	1	1	4
Urban birth attendant (UBA)	1	1	1	1	4
Registered mothers	2	2	1	2	7
Non-registered mothers	2	1	2	1	6
Mothers/mothers-in-law/husbands of pregnant women	2	1	1	1	5
Local leaders	1	1	1	1	4
Total	11	9	9	9	38

## CONSENT

Verbal consent was obtained from all study participants after explaining the purpose of the study.

## RESULTS

Results are presented according to the birthing centers for the first objective. For the second and third objectives, the results are compiled according to the themes of the interviews: knowledge, acceptability, and cause of non-registration and community expectations from birthing center facilities.

### THE FACILITIES AVAILABLE AND SERVICES OFFERED AT BIRTHING CENTERS

All facilities available at the birthing hut were listed. The physical environment of the birthing centers was also observed. Table 2 presents the physical environments of four centers. Table 3 shows the number of deliveries at the centers since opening.

Table 2. Physical environments of four birthing centers

Name of the birthing center	Shampur	Korile	Shobhabag	Ershad Nagar
Name of referral point	UPCHP	Mowlana Bhashami Hospital	Mugda clinic	Mowlana Bhashami Hospital
Center's distance from the referral point (approx.)	5 kilometer	20 kilometer	4 kilometer	3 kilometer
Way of transportation from center to referral point	Rickshaw	CNG Taxi/Bus	CNG/Taxi/Bus	Rickshaw
Structure of the center Floor Roof Wall	Pacca Pacca Pacca	Pacca Tin Bamboo	Pacca Tin Bamboo	Pacca Pacca Pacca
Water source	Deep tub well (Stored in a plastic container and changed once after 3-4 days regularly)	Tap (Stored in a plastic container and changed regularly)	Tap (Stored in a plastic container and changed regularly)	Tube well (Stored in a plastic container and changed daily)
Condition of ventilation	Good, plenty of air	Enough airy	Enough airy	Enough airy
Lighting	Enough light at day. An emergency charge light, Torchlight	Not enough light at day and tube light was not working An emergency charge light, Torchlight	Enough light at day An emergency charge light, Torchlight	Enough light at day An emergency charge light, Torchlight
Drainage	Proper drain	No drain (beside the center there was a cow shed and they gave objections to drain the dirty water)	Proper drain	Proper drain
Delivery materials and other logistic supports	Delivery kit- Blade, Thread, White paper, Gauge, Soap	Delivery kit- Blade, Thread White paper, Gauge, Soap	Delivery kit- Blade, Thread, White paper, Gauge, Soap	Delivery kit- Blade, Thread, White paper, Gauge, Soap
Other logistic supports	Bed on floor (2), Plastic, Blanket, Pillow, Bathroom Stove for sterilization, Gloves, Sanitary Napkin, Musk, Wall clock	Bed on floor (2), Plastic, Blanket, Pillow, Bathroom scale, Salter Stove for sterilization, Gloves, Sanitary Napkin, Musk	Bed on floor (2), Plastic, Blanket, Pillow, Bathroom scale, Salter Stove for sterilization, Gloves, Sanitary Napkin, Musk	Bed on floor (2), Plastic, Blanket, Pillow, Bathroom scale, Salter Stove for sterilization, Gloves, Sanitary Napkin, Musk
Available medicines	Iron tablet, vitamin A capsule	Iron tablet, vitamin A capsule, glucose	Paracetamol, Iron tablet, vitamin A capsule, glucose	Paracetamol, iron tablet, vitamin A capsules, glucose.
Other A.N.C. service centers at that slum	Marie-Stops clinic	UPCHP, Marie-Stops clinic	Jubok, UPCHP	TDH, FOB



**Table 3. Number of registered deliveries at the centers**

Name of the center	Date of observation		Registered deliveries			
	From	To	Center	Home	Referred	Total
Korile	01.07.06	27.11.06	11	12	2	25
Shampur	01.08.06	27.11.06	2	11	4	17
Shobujbag	01.07.06	04.10.06	2	0	3	5
Ershad Nagar	01.07.06	27.11.06	3	3	0	6

### **ACCEPTABILITY AND COMMUNITY PERCEPTION ABOUT BIRTHING CENTERS**

Mothers, husbands and mothers-in-law of the pregnant women and local leaders were interviewed to explore their perception about the birthing hut facilities.

#### **Knowledge about birthing hut services**

Both registered and non-registered mothers were asked about the services of birthing hut. Most of the registered mothers said that they were satisfied with the services of SK, SS and the services of UBAs during delivery. But when they registered with the center in the early stage of their pregnancy, they thought BRAC would provide all the support they would need during delivery. When they were asked particularly about the referral system of the birthing center, they could not answer clearly. Majority of the registered mothers were not clear about what services they would get from the center. However it appeared that their husbands knew that they had to go to a nearby hospital. One of the husbands from Korile said, "It is better to go to BRAC birthing center, otherwise it is risky to handle it at home." Another husband from Shampur said, "As we don't have any health care facility in our slum, it is better to go to the BRAC birthing center for delivery." One of the mothers of Shobujbag complained about perineal tear. She thought that the UBA was unskilled and for that reason the injury occurred.

#### **Acceptance of the community**

One mother from Shobujbag complained about the expertise of the UBA of the birthing hut. Because of injury during delivery, she expressed dissatisfaction and complained that she had to spend a lot of money to treat that. Most of the registered mothers who availed all facilities from the birthing hut and had normal delivery were satisfied with the ANC care and time-to-time visits of the SK/SS at their home. According to them almost in all cases UBA were present during their delivery period even at 2 o'clock in the night. One mother from Shampur mentioned that as there is nobody in her house, for this reason she has to come here to get some services during the delivery. In the same way, another mother from Shampur mentioned that as there were no other health facilities at that slum, so she decided to come to the center for delivery.

One of the registered mothers mentioned, "I did not receive any services from the birthing center, because my labor pain started at mid-night and the communication facilities from my home to center is not good." One of the mothers of Shobujbag complained about perineal tear. She thought that the UBA was unskilled and for that reason the injury occurred.

Almost all non-registered mothers met the BRAC SS/SK/PO. They said that SS or SK or PO sometimes came to their house and told them about physical care.

### Cause of non-registration at birthing hut

Almost every non-registered mother in every center said that, as there were no doctor and medicine facilities at birthing centers, why they would spend Tk.300 for delivery. Some mothers from all of the centers said that they didn't have any plan to deliver their child at Dhaka.

Some of them expressed that they didn't have any faith upon Anti Natal Care (ANC) or TT. One mother from Shobujbag said,

*“এই সব টিকা-ইন্জেকশন আপনাদের একটা বিশ্বাস, এই সব না দিলে কিছুর হয় না।”*  
(*These injections are your one type of belief;*  
*if you don't take it, nothing will happen*)

One of the non-registered mothers of Ershad Nagar expressed that she has no money for registration, but she could understand the necessity of the antenatal and delivery care. She only could manage Tk. 15 for one time ANC at the center.

According to the parents of non-registered mother the main cause of non-registration was availability of other health facilities. Especially at Ershad Nagar, the mothers of the pregnant women mentioned that they themselves were the members of the TDH and also availed the facilities of TDH in previous deliveries. So, they relied on their service, which was very helpful for them.

At Shampur, mothers availed ANC care from Marie-Stopes clinic because it is better known to the community as it has been there a long time. But they were ready to give birth at their own house. Some mothers of the pregnant women who were not registered said,

*“যাদের কেউ নাই, তারা ঐখানে যা।”*  
(*Whose have nobody, those went there.*)

Moreover, almost every non-registered mother mentioned that there was no doctor at that place, so it was better to go any other place to get services of the doctors. Many pregnant women from almost all areas, who have been covered by BRAC birthing centers, said that they were not at all satisfied with the services of ANC of BRAC birthing center. They mentioned that the important cause of this dissatisfaction was that BRAC was not treating the problems during pregnancy period and did not distribute any medicine, even after consulting the problem with the SK. One mother from Ershad Nagar expressed,

*“Even though I said about my severe abdominal pain during ANC, SK did not give me any treatment. At last I went to TDH, they treated me and I got relieved from the pain.”*

Some of the non-registered mothers of Koril slum expressed their shaky confidence about providing antenatal services at home. She mentioned,

*“ভাল ডাক্তার হইলে কখনো বাড়ীতে আসে?”*  
(*If doctor is good, will he/she come to home?*)

But in other cases at Ershad Nagar, the main reason of non-registration at birthing center was the presence of Terre des Homes, Netherlands (TDH). They expressed their satisfaction about the ANC and PNC services of TDH. Though TDH has no birthing center, they have trained many UBAs of Ershad Nagar who were providing the house-to-house services.

Moreover, TDH has doctors for health check-up, they are also giving medicine at half cost for both the mother and the newborn, and for these reasons they prefer TDH.

### **Perceived expectations from the birthing hut services**

According to one of the community leaders of Shampur slum, the people of that particular slum are not clear about the services of the birthing hut. Because of the new setting of the center the pregnant mothers of that area do not know about its services. She suggested that if the birthing center can make some arrangements of EPI programme or polio vaccination, then everybody will come to the center and by that they will know about the birthing center. She also said that if BRAC provided regular TT vaccinations for pregnant women, then women would be benefited, and they thought it would be a complete service. Almost all interviewed mothers said that the center should arrange TT injection for pregnant mothers and regular immunization for children.

In Shampur slum there was no doctor; if BRAC provides a doctor in the center then it would be very helpful for everybody. Some of the mothers from the study area mentioned that they need doctor during ANC. Specially, when they found doctors at other health facilities in their area were providing ANC services. Mothers from Shobujbag also said if they found any doctor during ANC they could share their problems. Mothers from Ershad Nagar particularly mentioned that TDH of their area provided services of doctors and medicine for pregnancy complaints. They also mentioned that if BRAC needs Tk. 300 for registration, then why they have to go to other place for doctors' services. A mother from Koril mentioned that the center was far from her house and the way was not comfortable. For this reason, she could not go to the center during delivery. She mentioned that if BRAC could set another center at the side of 'T&T staff quarter' area that is northwestern part of the Koril area then that would be nearer to them. A husbands of a pregnant woman said that he would suggest for going to birthing center for delivery, because there was no other place for delivery service at Koril slum. He also said that a doctor was needed for comprehensive services during delivery.

### **THE SERVICE PROVIDERS' KNOWLEDGE AND PERCEPTION ABOUT THEIR SERVICES**

All involved personnel in birthing hut were interviewed to know about their experience while starting-up the birthing hut in the slum and what could be done for better responses from the local community. All POs, SKs, SSs were asked about their level of education, training for this particular programme, knowledge about their responsibilities related to the selection of pregnancy and all other tasks of the programme.

### **KNOWLEDGE GATHERED FROM TRAINING**

#### **Programme Organizer (PO)**

One PO was appointed for each birthing center. For this study all the four POs were interviewed. When they were asked about their training for this programme, they could answer theoretically everything in a good manner. But two out of four POs were unmarried, they expressed that they did not have any experience about normal delivery. Only theoretically they came to know about it. During MNCH training at 'Radda Barmen' they did not get any practical training or observed any delivery. They said only instruction and pictorial training was not sufficient for understanding the whole process. They also mentioned that to understand the delivery injuries, practical knowledge was essential. They said that there was no refresher training arranged after their first training on MNCH. But they can share their experiences once in a month at BRAC head office meeting.

### *Shasthya Kormi (SK)*

When asked about training received, SKs from Ershad Nagar mentioned that they should have good knowledge about the dressing of 'caesarian mothers' and 'tear perineum'. She also mentioned that during their training these things were not adequately discussed.

### **Urban birth attendant (UBA)**

UBAs were asked what new thing they came to know about delivery from BRAC training, other than their long time conventional practices. They mentioned that they could understand the necessity of ANC, danger of sepsis, danger signs etc. But all of them described that during their previous practices they usually used saline (Drip) during lengthy labour pain. In those instances they pushed saline to the patient (with the help of a doctor), which increase the labour pain and mother could give birth of her baby in shorter time. As BRAC gave them instruction that this saline was not allowed at the center, UBA expressed that if BRAC permitted that process they could handle more deliveries at the center, especially the prolonged labour cases.

## **RESPONSIBILITIES**

### **Programme Organizer (PO)**

POs were asked to describe their responsibilities in the MNCH programme. Almost everybody could describe their responsibilities for the MNCH programme fairly. But when they were asked about the referral procedures, they gave very hazy answers. Actually none of them were clear about the services of the facilities for the patients referred from the birthing centers. PO from Shampur had no clear idea about the referral facilities and their activity for BRAC patients. PO from Ershad Nagar gave the same impression. Though everybody knew about the name of the referral points, they could not describe properly the services and the cost of services to the pregnant mothers during motivation. The PO from Koril mentioned that they were rejected openly when they reached at the referral hospital (Mowlana Bhashani Hospital). But at that time she could not say anything, because she was not clear about the agreement between BRAC and Bhashani hospital.

### *Shasthya Kormi (SK)*

SKs were comparatively more motivated in completing their responsibilities. Most of the SKs were facilitating ANC in their area, and also found out pregnant women, motivated them to take birthing center's facilities during delivery etc. Almost all SKs mentioned that their SSs were not motivated enough in doing their works. For this reason they had to do everything related to ANC, PNC and delivery related responsibilities.

### *Shasthya Shebika (SS)*

In most instances, the SS were not doing their responsibilities properly. They were not sufficiently motivated in doing their duties. Even when they were asked about their responsibilities during ANC and PNC, they could not mention their responsibilities properly. One SS from Shampur described that her duty was only to make the pregnant women understand to come to birthing center for delivery. SS had no specific idea about their other responsibilities related to the centers. They also had no idea about the remuneration, which they could earn from BRAC for each delivery. For this reason they thought it was not a productive work, moreover they had to spend a lot of time for this. POs mentioned in urban slum that there were so many options by which SS can earn money. Especially, if they could join in a garment factory it was much more rewarding. When SSs were asked why they were less interested in doing their work many of them said that during training period they did not

have any clear idea about the remuneration of the work. When they faced reality they realized that it was not an easy job to motivate the women to go to the center for delivery.

If we consider the drop rate of SS, those were not involved in their job at Shobujbag out of 26, 7 SS were working for that area. At Koril according to PO out of 45 SS, only 5 were doing their work in their area. At 'Shampur' almost all SSs were de-motivated. For this reason SK herself tried to be very active.

In each birthing center one SK was involved for ANC nutrition forum and all other related works. Most of the SK did works, which should have done by the SS. Almost everybody mentioned that they had to do works assigned for the SSs, because SS does not work properly for birthing centers.

### **Urban birth attendants (UBA)**

UBAs were well motivated in doing their responsibilities in birthing hut. UBA in Shobujbag area mentioned that she learned a lot of things from BRAC training, especially about the handling of labour pain. She mentioned that in their conventional practice they generally infuse saline to increase pain and shorten the period of labour. Almost every UBA mentioned that although BRAC did not permit to infuse saline, it was very convenient for them to manage the patients. One UBA from Koril said,

*"We can understand that some of the delivery pains were not severe, which could be increased by giving them saline, under the supervision of a doctor. But we were instructed in our training not to give it. For this reason, many times we waited for 12 hours and then referred the patients to other places, for which patients spent lot of money, if there is a caesarian section."*

## **PROVIDERS' BARRIERS TO ACCOMPLISH THE RESPONSIBILITIES**

### **Programme Organizers (PO)**

According to the responses of POs the most difficult part of their job was motivation of the pregnant mothers or their families for registration with the birthing centers. They described that until now the people of their area did not know about the birthing center clearly. So they were not interested in doing the registration for their delivery. In Ershad Nagar this problem was different. According to PO of that area almost everybody was interested in taking pregnancy and delivery care from TDH, because of its long-term work as well as low cost and good services. While paying the registration fees only a few women could give it at a time as mentioned by the POs from all of the centers. In case of delayed payment many women did not pay the rest of the money after the delivery was over.

When pregnant women were referred to other places, sometimes it was difficult to convince them that they have to pay more to manage the emergency. It was a common expectation of every pregnant woman's family that BRAC would bear major portion of the expense if they have to go to the hospital. PO from Koril mentioned that it was sometimes difficult to make them understand that BRAC is entitled to give only the transport cost.

### **Shasthya Kormi (SK)**

The main problem of the SKs was to deliver their responsibilities in the circumstances where the majority of the SSs were de-motivation. The SKs of all the centers mentioned about the poor interest of the SSs in doing work for birthing centers. In all the centers only 3-4 SSs were doing their work properly.

SKs also said that absence of a doctor was their main problem in facilitating ANC services in their area. The community people expressed less reliability regarding the ANC service of BRAC birthing center in the absence of a doctor. They also added that pregnant women generally did not want to go for TT to other places. Sometimes it became difficult to make them understand that this service was not included in birthing center.

SKs also mentioned that it became difficult for them to motivate the pregnant women to register at the center because of the absence of a doctor. SK from the Ershad Nagar said that she needed more training about the dressing of caesarean mothers.

#### *Shasthya Shebika (SS)*

The common problem of the SSs, which emerged was dissatisfaction about their remuneration. The main reason behind lack of interest was that they were working without any return. They did not find any meaning to do all of the works for the birthing center. Some of them wanted to work, but they confessed that their families forbade them to accomplish the responsibilities. Their family says that it was meaningless to do such a work without any remuneration. One from Koril who was working for more than three years, said that earlier they could earn money by selling medicine in their slums. But now there were so many medicine stores, that nobody was interested in buying medicine from them and it decreases their income. The new SSs from Ershad Nagar and from Shampur described that in their area SSs were not motivated to do their work because they have other options to earn money. One SS from Shampur said that she was not clear about her responsibilities during training. But after training when she had to visit other houses then she faced a huge problem because of street teasing. As an unmarried girl from a conservative family it was difficult for her to do this work.

#### **Urban birth attendant (UBA)**

UBAs also have a common problem regarding remuneration. Almost all of them mentioned that it was not enough compared to their responsibilities. They also said that their income was much higher when they did not join BRAC birthing center. From each delivery they earned much more amount from the community. They also mentioned that they have to face many family problems, because of low payment. Because of low salary, after 4 months of centers' operation in Ershad Nagar, one UBA resigned after three months. Another UBA from Ershad Nagar said that actually they were not clear about their services at the center. If she came to know that she had to spend almost the whole day at the center, she would not have joined this job or participated in the training. However, one of the UBA from Shampur said that she thought it was more prestigious than providing services from door-to-door. Previously she went to the pregnant women's houses for delivery, but now they came at the center to avail these services, which was more convenient for her. Almost all UBAs from the entire center expressed that their family was not at all happy with their job at birthing center. The main reason of this unhappiness was their 24 hours duty at the center with a nominal remuneration.

#### **COMMUNITY EXPECTATIONS ACCORDING TO THE PROVIDERS**

In the entire centers the POs, SKs, SSs and UBAs were asked about what the community people of their area expect from the centers. Almost in every center some of the responses from various providers were the same. A common expectation of the slum community from the center was provision of complete birth care service, which would provide a doctor, TT (Tetanus Toxoid) vaccine during pregnancy, medicines and postnatal care. According to the PO from Ershad Nagar if BRAC would not provide medicine and doctor's service at its birthing center then it will not be comparable to the services of TDII at that area. The SKs of the centers described that generally pregnant women came for ANC with some physical

complains and they seek medicine and doctor's advise for that. Sometimes it became a problem to make them understand that it was not included in BRAC services.

PO at Koril mentioned that the places where people lived in a very congested environment, the pregnant women did not like house-to-house ANC care. They prefer a specific center for ANC. PO from Ershad Nagar mentioned that the majority of the pregnant women and their families preferred their house for delivery.

## DISCUSSION

This study made an initial exploration of the birthing centers newly launched in four slums as part of the MNCH programme. Study results concluded that almost all the community expected doctors at the formal settings of the birthing centers. They also expected a comprehensive service during delivery when they paid the registration fees. Secondly, referral facilities were not sufficiently responsive for patients of the center. About the staff, it can be said that the SAs and UBAs were not motivated enough for their jobs. According to them, inadequate remuneration was the main reason for this dissatisfaction. One of the centers was found to be unnecessary at that area, because of the saturated services of a well-established foreign NGO.

These findings are discussed in detail below with programmatic implications. It was found that all the centers except one was conveniently situated and had uniform facilities. In order to increase the use safe delivery care services need to be placed within a context acceptable to pregnant women and their families (Bloom 1999). In other centers all other facilities were almost alike. According to the non-registered mothers and their families, these centers were not complete service providers, which could manage all types of health facilities during delivery period. The main cause of non-registration at the centers was financial incapacity, dissatisfaction with the centers' services and sometimes, traditional beliefs regarding childbirth. Poverty was also found to be the main reason for not receiving any care for maternal health problems in previous studies (NIPORT 2003). Use of medical care services for child delivery can contribute to safer motherhood. Unlike many other countries, however these services are under-utilized in Bangladesh (Akter, 1994). According to the community people maternal and neonatal services at birthing centers may be used if they provide one-stop services. This was highlighted in all the interviews by their demand for a doctor at the center. The programme may think of posting a doctor on rotation basis in the slums to attend the identified high-risk cases at least once in a month. This will motivate people more to use the birthing center services. BRAC may rethink to reallocate these birthing centers from those slums where others already provide good services.

Health services should be located as close as possible where women live, and services should also be responsive to women's needs, preferences and cultural beliefs (Akter, 1994). In our study we found that in Koril slum the distance of the birthing center was not equal from every corner of the slum and sometimes the communication was not convenient. For this reason pregnant women could not go at the center during their delivery. In some cases mothers expressed dissatisfaction about the postnatal services of the birthing center. In developing countries, postpartum death was the most prevalent (61%) compared to other periods. The main reasons were postpartum haemorrhage or hypertensive disorders, but also later on the post partum period, due primarily to sepsis (Safe motherhood action agenda, 2006). In our study, the main complain of the mothers about the post-partum period was about perineum injury, which was not informed or diagnosed immediately by UBAs after delivery. These incidents may cause loss of reliability of community people towards the birthing centers. The PNC services should be strengthened at birthing center. PNC provides opportunity to identify

the delivery complications and counsel mothers on how to care for themselves and their newborns (Nasreen *et al.* 2006).

To ensure the safe delivery the context of slums of Bangladesh, proper training of UBAs is important. UBA at birthing centers attended almost all registered deliveries and sometimes the delivery of non-registered mothers. Almost all the UBAs were trained, experienced and sometimes they were very well known in the slum community. From BRAC training, UBAs gathered new messages that were not always found acceptable to them. Sometimes they preferred to handle the delivery in traditional ways which were prohibited by their training knowledge and restricted environment of the birthing centers. But in some instances they were found not properly motivated by their knowledge gathered from the training. To make effective use of human resources, programme need to improve training in a culture sensitive way, better preparation for the trainers, provide supervision of the UBAs post-training, help UBAs publicize their improved skills and receive compensation for their services (Kamal, 1998).

Experience shows, however, that the training of birth attendants needs to be part of a broader strategy, including functioning referral systems and back-up professional support.

This study revealed that the all the birth attendants including POs, SKs, SSs and UBAs were not clear about the services of referral facilities including cost.

## STUDY FINDINGS

1. A doctor's service at the birthing center was highly needed.
2. One-stop services required during ANC, during delivery and PNC.
3. Service providers were not always satisfied with their remuneration to ensure better services.
4. All the providers were not aware about all the services of the centers, specially the services at referral points.
5. Sometimes selected area for the birthing center was saturated with other health facilities.
6. Financial linkages to referral facilities were not established.
7. Community was not adequately aware of the birthing center facilities or services when registered with it.



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ANNEXURE

PRELIMINARY EXPLORATION OF BIRTHING HUT FACILITIES OF MANOSHI PROGRAMME

(Tools for the In-depth interviews)

Respondents: Mothers, husbands or mothers-in-law and local leaders

Themes	Possible questions
Knowledge about services	<ul style="list-style-type: none"> <li>- How do you know about the birthing center?</li> <li>- Who told you first about it?</li> <li>- What do you think about it? Tell in detail.</li> <li>- How do you plan about this delivery? Why?</li> <li>- What do you know about BH facilities? Tell in detail.</li> <li>- What other health facilities available in your area for mother and children?</li> </ul>
Acceptance	<ul style="list-style-type: none"> <li>- What do you think about BH services?</li> <li>- Why it is so.....?</li> <li>- Will you suggest anybody to go there?</li> <li>- If it were not here which place would you prefer for the delivery?</li> </ul>
Cause of registration and non-registration (Mother)	<ul style="list-style-type: none"> <li>- What do you think about delivery care?</li> <li>- Have you ever go for any health care center? Why?</li> <li>- Tell about your delivery preparation. Why so.....?</li> <li>- Tell about your previous experiences?</li> <li>- Have you ever met with BRAC service providers?</li> <li>- What do you think about them?</li> </ul>
Perceived expectations from the birthing center	<ul style="list-style-type: none"> <li>- Why do you choose this center for this delivery?</li> <li>- What do you know about the BRAC BH services?</li> <li>- What services have you avail so far?</li> <li>- How do you feel about these?</li> <li>- What else facilities exist at your area for delivery?</li> <li>- Why do you think it is needed?</li> </ul>
Suggestions to improve services	<ul style="list-style-type: none"> <li>- What do you think about good services?</li> <li>- How do you know about it?</li> <li>- Are there any health facilities that are giving these services?</li> <li>- How can we make it good for you and your family? Tell in detail.</li> <li>- What else can be done by BRAC at your area?</li> </ul>

**Respondents: Service provides PO, SK, SS and UBA**

Knowledge about the MNCH issues and importance of birthing hut	<ul style="list-style-type: none"> <li>- For how many days you are involved at this center?</li> <li>- Where from you took the training and how long?</li> <li>- What new knowledge you gathered from the training?</li> <li>- What do you think about a delivery facility in slum?</li> <li>- Why do you think BH is needed at this slum?</li> </ul>
Knowledge gathered from training	<ul style="list-style-type: none"> <li>- What kind of training have you received and from where?</li> <li>- Who conduct the training and how long was that?</li> <li>- Have you had any other training before this training?</li> <li>- If yes what was that?</li> <li>- What extent are you in contact with those people who trained you?</li> </ul>
Duties and responsibilities	<ul style="list-style-type: none"> <li>- Describe your responsibilities at this center.</li> <li>- Tell about your experience at slum to accomplish it?</li> </ul>
Barriers to accomplish responsibilities	<ul style="list-style-type: none"> <li>- Tell about the problems faced to accomplish your responsibilities? When and Why?</li> <li>- How did you overcome those?</li> <li>- Why those problems arise? Your opinion.....</li> <li>- What should be your roll in these regards?</li> <li>- What new can be done for these problems?</li> </ul>
Community expectations	<ul style="list-style-type: none"> <li>- For how long you are living here?</li> <li>- How did they accept you while working in the community?</li> <li>- What do you know about the birthing practice of this slum?</li> <li>- What other health facilities are available here for delivery?</li> <li>- What do you know about the delivery practice of your slum? Tell in detail.</li> <li>- What do you think about the Birthing hut facility at this slum?</li> <li>- What do you think about the community satisfaction for this service?</li> </ul>
Suggestions to improve services	<ul style="list-style-type: none"> <li>- What do you think about good services?</li> <li>- How do you know about it?</li> <li>- Are there any health facilities that are giving these services?</li> <li>- How can you make it god for your area?</li> <li>- What else can be done by BRAC at your area?</li> </ul>

(Checklist for observation)

<b>Name of the birthing center</b>	
Name of referral point	
Center's distance from the referral point (approx.)	
Way of transportation from center to referral point	
Structure of the center	
Floor	
Roof	
Wall	
Water source	
Condition of ventilation	
Lighting	
Drainage	
Delivery materials and other logistic supports	
Other logistic supports	
Available medicines	
Other ANC service centers at that slum	