

# A skilled birth attendant at every birth.....

## CONSENSUS AND CONCERNS

### Regional Workshop on Skilled Birth Attendants in South and West Asia



19 - 21 April 2004  
Islamabad, Pakistan

Organised by

UNFPA Country Technical Services Team  
for South and West Asia, Kathmandu, Nepal

In collaboration with

UNFPA Country Office, Pakistan  
and  
Ministry of Health, Islamic Republic of Pakistan





*"No matter where a woman lives, giving birth should be a time of joy, not a sentence to death."*

MS. THORAYA. A. OBAID, EXECUTIVE DIRECTOR, UNFPA



**CONCERNS AND CONSENSUS**  
**Regional Workshop on**  
**Skilled Birth Attendants**  
**in South and West Asia**

19-21 April 2004  
Islamabad, Pakistan



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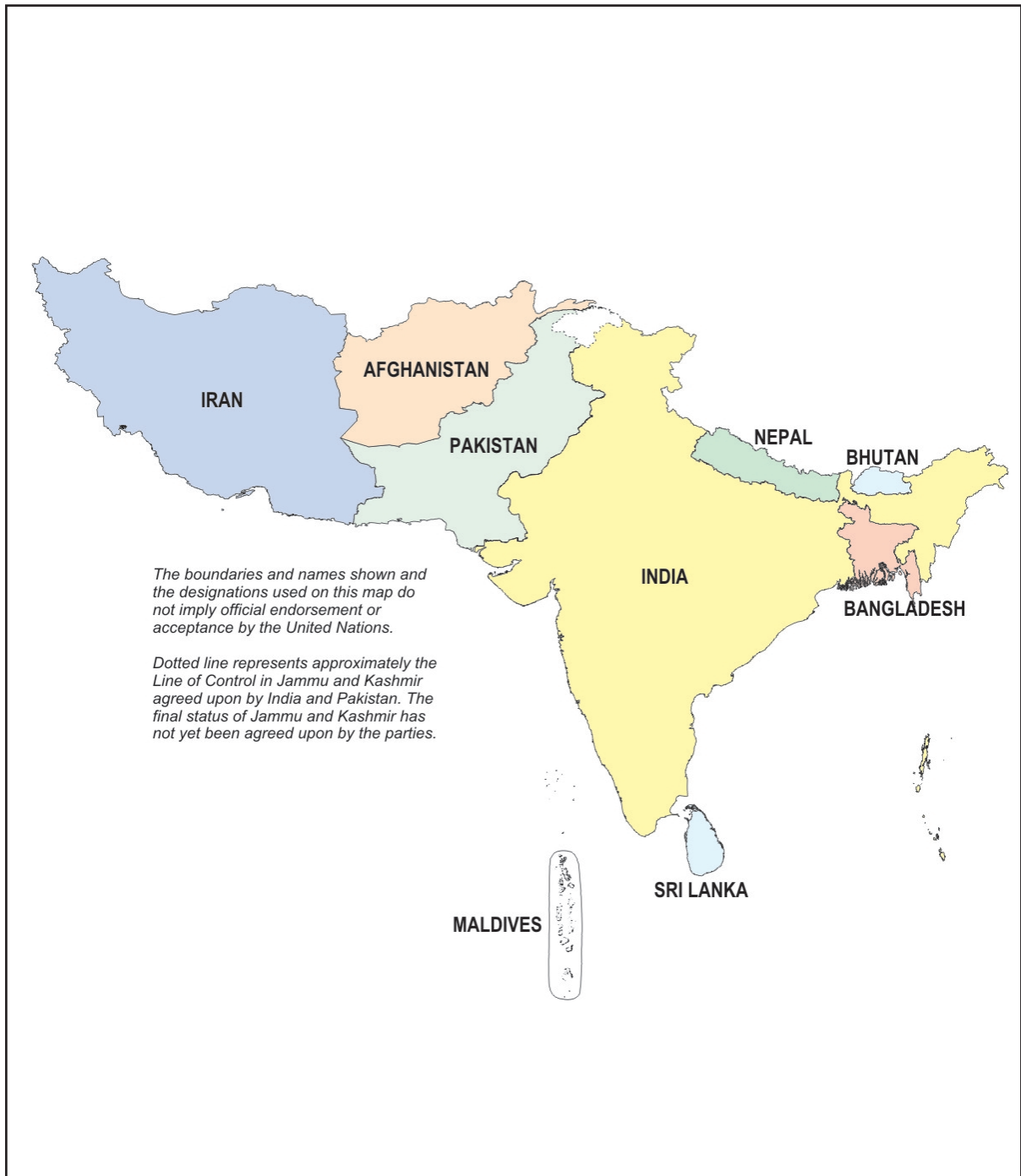
## ACKNOWLEDGEMENT

**U** NFPA Country Technical Support Services Team for South and West Asia (CST SAWA) gratefully acknowledges the contribution of Ministry of Health, Government of Pakistan for hosting the workshop in collaboration with UNFPA and for active participation. Dr. Olivier Brasseur, Representative of UNFPA/Pakistan kindly agreed to host the workshop. Our special gratitude to the staff of UNFPA Country Office/Pakistan, particularly Dr. Mobashar Malik, who all tirelessly worked to make the workshop a success. The representatives of UNFPA Technical Services Division provided technical assistance during the preparatory stages of the workshop and contributed during the workshop. We acknowledge the contributions of each and every participant from the countries, representatives of UNICEF and WHO. CST also extends its gratitude to Nepal Safer Motherhood Programme and UNFPA Country Office in Bangladesh for providing pictures for this publication.



# SECTION A

# Consensus



# Summary, concerns and consensus



## BOX 1 DEFINITION OF SKILLED ATTENDANT AT BIRTH

The term skilled attendant refers exclusively to people with midwifery skills (for example, doctors, midwives, nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage or refer complications. They must be able to manage normal labour and delivery, recognise the onset of complications, perform essential interventions, start treatment and supervise the referral of mother and baby for interventions that are beyond their competence or not possible in the particular setting." Joint WHO/UNFPA/UNICEF/World Bank Statement (1999).

## BOX 2 BASIC EMERGENCY OBSTETRIC CARE

- Intravenous antibiotics
- Intravenous oxytocics
- Intravenous anticonvulsants
- Manual removal of placenta
- Assisted vaginal delivery
- Removal (by aspiration) of retained products

UNFPA Country Technical Support Services Team for South and West Asia (CST SAWA) organized a Regional Workshop on Skilled Birth Attendants from April 19-20, 2004 in Islamabad, Pakistan in collaboration with UNFPA Country Office in Pakistan, Ministry of Health, Pakistan and UNFPA Technical Services Division, New York. The participating countries were Afghanistan, Bangladesh, Bhutan, India, Iran, Nepal, Maldives, Pakistan and Sri Lanka. The participants of the workshop included representatives of Ministries of Health, Nursing and Midwifery Councils, Specialists in Obstetrics and Gynaecology and UNFPA country focal points for reproductive health from respective countries. In addition, the representatives of WHO and UNICEF regional offices and headquarters and representative of Averting Maternal Deaths and Disability (AMDD) project, Columbia University participated in the workshop. The Honourable Minister of Health of Government of Pakistan Mr. Mohammad Nasir Khan inaugurated the workshop.

## Summary findings of the country situational analysis

- Most of the deliveries in the countries in the region take place at home. The exceptions are Iran (13%), Sri Lanka (2%) and Maldives (20%) where a very small percentage delivers at home<sup>1</sup>.
- The deliveries attended by skilled birth attendants are less than 25% in Afghanistan, Bangladesh, Bhutan, Nepal and Pakistan. The percentage of deliveries attended by skilled attendants is 42% in India, 74.2% in Maldives and above 80% in Iran and Sri Lanka<sup>1</sup>.
- The definition of skilled attendants is not uniform in all the countries and is not consistent with the inter-agency definition of 1999 (see box 1).

## Concerns

- **Definition of skilled birth attendant:** The definition of skilled attendant at birth (see Box 1), lists the criteria for a skilled birth attendant: ability to provide the full scope of care during childbearing years including essential and emergency obstetric care. While there was consensus on the essential competencies, there were concerns on the scope of care related to emergency obstetric care as it implies that a skilled attendant should be able to perform the six signal functions of Basic Emergency Obstetric Care (see Box 2). These functions are best delivered in an institutional setting due to the enabling environment described in Box 3. Although the definition does not specifically mention

<sup>1</sup> Source: Country presentations and situational analysis at the workshop

location of practice, the participants felt that the definition was biased towards institutional deliveries. While each of the countries is striving towards universal institutional deliveries, there was a strong consensus on the need to identify relevant skills that the domiciliary skilled birth attendant requires to meet the current demands. This has implications for the definition of skilled birth attendant.

**Consensus**

- ❑ The *definition of skilled birth attendants* is acceptable provided the scope of practice for home deliveries and institutional deliveries is well defined. The participants were informed that the forthcoming definition of skilled birth attendants to be issued jointly by International Confederation of Midwives (ICM), International Federation of Gynaecology and Obstetrics (FIGO) and WHO takes care of the concerns raised (see draft definition in Box 4).
- ❑ There was consensus *on the list of emergency obstetric care skills that can be provided by skilled attendants at domiciliary levels and at institutional levels* (see Table 1). While developing the list, considerations were given to the level of competencies of the currently available midwifery workers in community as well as in institutions, existing regulations and policies of the countries that limit the scope of practice of the providers, the geographical access to referral facilities in terms of terrain as well as distribution. There was also consensus that certain life saving procedures such as manual removal of placenta and repair of tears in case of heavy bleeding may be allowed at home under specified situations where access to a facility may be difficult.
- ❑ It is imperative to obtain consensus of technical partners such as WHO and professional bodies such as ICM and FIGO on the list of functions (Table 1).

**TABLE 1 EMERGENCY OBSTETRIC CARE FUNCTIONS TO BE PERFORMED BY SKILLED BIRTH ATTENDANTS (LIFE SAVING SKILLS)**

**Home deliveries**

- Active management of 3rd stage of labour
- IV infusion (of serum, antibiotics, anticonvulsants (loading dose of MgSO4), oxytocics)
- Management of post-partum haemorrhage (the level of management to be decided)
- Recognize incomplete evacuation of placenta: refer
- Recognize cervical tears/uterine rupture -stabilize - refer
- Recognize bleeding during labour (e.g. placenta previa) - stabilize - refer
- Manage convulsions in pre or eclampsia - stabilize - refer
- Refer dystocias/malpresentations/ prolonged labour
- Basic neonatal resuscitation (airway, warming, mouth/to/mouth)

**Institutional deliveries**

- All the above, plus:
- Repair of tears
- Manual removal of placenta
- Preparation for blood transfusion (refer to higher level)
- Management of eclampsia (refer to higher level)
- Assisted vaginal delivery (vacuum extraction)
- Preparation for C/section (refer to higher level)
- Advanced neonatal resuscitation - management of low birth weight

**BOX 3 SKILLED ATTENDANCE/ SKILLED CARE**

Skilled attendance /skilled care is the process by which a woman is provided with adequate care during labour, delivery and early post-partum period (SMIAG 2000b)\*. The process requires a skilled attendant and an enabling environment, which includes adequate supplies, equipment and infrastructure as well as efficient and effective systems of communication and referral.

\*Safe Motherhood Interagency Group (2000b). Skilled Attendance at Delivery: A Review of Evidence (Draft). New York. Family Care International

**BOX 4 SKILLED BIRTH ATTENDANT**

Accredited health professional with competence to manage normal pregnancy, birth and postnatal period. Also able to recognise complications in woman and newborn and take immediate action - give LSS (EmONC) and refer (or continue to manage complications) in woman and newborn, depending on their competence and place of practice.

Source: Presentation by Ms. Della Sheratt, WHO/Geneva

- ❑ Wherever the skilled birth attendants are working, they must be *linked to well-functioning referral facilities*.
- ❑ The term 'skilled birth attendant' *should not be used as a title of a specific cadre* as in the case of Bangladesh where a specific category of community based maternal health workers is called skilled birth attendants. The various cadres with midwifery skills (as in the definition - see Box 1) should be called skilled birth attendants. This clarity is essential while reporting on the MDG indicator related to deliveries by skilled birth attendants.
- ❑ *The traditional birth attendants or other health service providers who provide care during pregnancy and childbirth are not considered skilled birth attendants, as they do not have the ability to perform life saving skills/provide emergency obstetric care. However they have a critical role in the strategy for promoting skilled attendance at birth as described under 'partnership with traditional birth attendants'.*

❑ **Partnership with traditional birth attendants**

Partnership with traditional birth attendants (as well as other providers of care during pregnancy and childbirth) should be promoted as they can serve as critical partners in ensuring that increasing number of births are attended by skilled birth attendants by being an advocate for skilled care. Being culturally sensitive, the partnership can influence positively the delays in seeking care and create a supportive enabling environment that is mutually rewarding for the skilled birth attendant and the traditional birth attendant.

**Issues related to creating an enabling environment for skilled care**

❑ **Human resource development and deployment**

❖ **How many skilled birth attendants?**

- The number of skilled birth attendants required in each country is determined by the availability of skilled human resources and the health system setting. ICM/FIGO recommend a minimum of one person with midwifery skills for a 5,000 population (attends 200 births per year)<sup>2</sup>.

❖ **Who should be trained?**

- The skills of the existing cadres of providers trained in midwifery such as auxiliary midwives, nurses, non-specialist doctors should be upgraded as relevant to provide emergency obstetric care. This will contribute to increasing numbers of skilled birth attendants. These cadres may have other responsibilities and may not available all the time.
- New cadres with exclusive responsibility for midwifery may have to be created to further increase the number of skilled birth attendants as well as to ensure availability round the clock.



<sup>2</sup> SMIAg: *Skilled Care During Childbirth: Information Booklet.2002*

### ❖ Training

- The training should include competencies in provision of family planning services as well as management of RTI/STI cases.
  - The duration of the training should be the minimum duration required to acquire proficiency in midwifery skills. The minimum recommended duration is 18 months.
  - The training should be competency based and trainees should be assessed on skills rather than on knowledge.
  - Follow up of trainees to assess retention of skills and to provide training as required is critical.
  - Accreditation of the skilled attendants and their places of training by Professional Councils (Nursing or Midwifery) is critical to ensure quality of training and must be made mandatory. The accreditation promotes accountability in practice and thereby safety of clients and also legal protection of the provider. Professional Councils must be involved in the development of curriculum.
- Mechanisms for re-accreditation are important to ensure that the skills are retained and to achieve proficiency. Steps should be taken to initiate the process.



### ❖ Amendment of job descriptions

- Job descriptions should be modified to enable the skilled attendant to deliver all aspects of skilled care and also to be responsible and accountable.

### ❖ Deployment and retention of skilled manpower

- Governments should develop mechanisms to deploy staff to needy areas such as rural and remote areas and mechanisms to retain them there.

### ❖ Changes in regulations and policies governing scope of practice

- Changes in regulations and policies are critical to support the provision of skilled care in domiciliary setting as well as institutional setting and to enable the practice of the profession safely (legally protect). The changes should enable the skilled birth attendant to perform life saving skills and prescribe medication as required during pregnancy, childbirth and post-partum period. Professional councils should initiate this process. Such changes should be strongly advocated and facilitated by professional organizations.

### ❖ Supportive supervision

Supportive supervision of the skilled attendants is essential to ensure quality of care and to enable the skilled attendant to improve their competence as well as for back up in case of complications that are beyond their competence to manage. A strong system of supportive supervision should be developed.

### ❑ Referral back up

- Safe and timely referral are critical for saving lives.
- Irrespective of the place of practice, referral back up to well-functioning health facilities (well-equipped and well stocked) is critical
- Timely access to transport to reach complicated cases on time should be ensured through community transport mechanisms or ambulances.
- Linkages with institutions run by private and non-governmental organisations should be developed. The selection of the institutions should be dependent on the quality of care provided.
- Procedures for referrals should be developed.

- **Facility, supplies, equipment and maintenance and readiness**

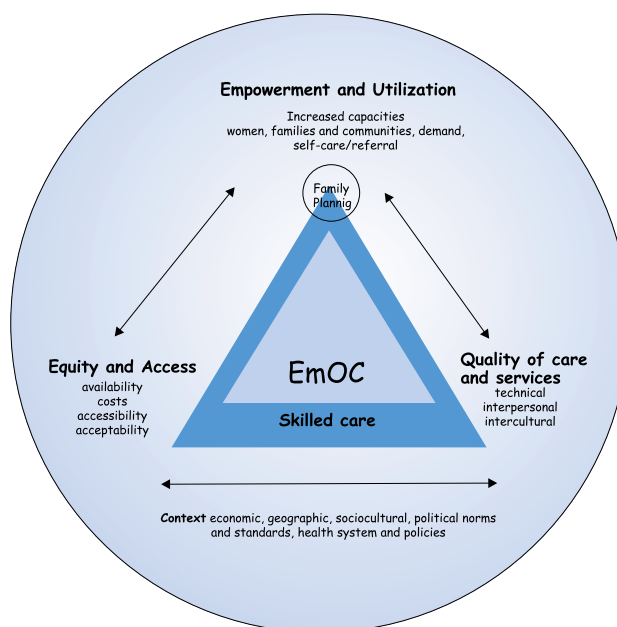
  - Readiness of facilities to manage complications is critical. Governments should ensure availability of essential drugs, supplies and equipment and 'no stock out' of drugs and supplies and maintenance of equipment.
  
- **Standards and guidelines**

  - For ensuring quality of practice, standards and guidelines should be developed. These are also important to measure providers' performance and to promote accountability. Standards and guidelines are essential for both the governmental, non-governmental and private sector.
  
- **Birth preparedness and community emergency plan**

  - A birth preparedness plan that identifies the birth attendant, transport, emergency funds and location of facility that can manage complications during pregnancy is another critical contributor to creating an enabling environment. The plan should be developed with the decision makers of the family and the pregnant woman (and traditional birth attendant if she is involved in care).
  - Communities should be mobilized to develop a plan to transport women in case of emergencies as well as to assist with funds for treatment is also important.
  
- **Monitoring and evaluation**

  - Monitoring and evaluation contribute to creating an enabling environment by identifying gaps in quality of services and barriers to access including the three delays.
  - While reporting on births attended by skilled birth attendants, it should be ensured that a standardized terminology for defining skilled birth attendants (based on the consensus on the definition) is used.
  - Audits of care provided should be encouraged to assess quality of care provided based on the prescribed standards. Such audits will help to identify changes needed in guidelines.

**WHO/UNFPA/UNICEF conceptual framework for promoting and increasing access to skilled care by skilled attendants**



Source: Presentation of Dr. V. Fauveau

# Moving the consensus forward...

ensuring skilled birth attendants at every birth- -

- ❑ Finalise the strategies/activities developed in the meeting at the country level.
- ❑ Hold follow up meetings (include professional societies) with wider stakeholder participation ensuring participation of professional associations and nursing/midwifery councils playing a lead role.
- ❑ Nursing/midwifery councils take a lead to review and revise policies and regulations to enable skilled birth attendants to provide life saving services and prescription of drugs in consultation with Drug Controllers of countries and professional organisations such as obstetric and gynaecological societies, neonatology societies and medical associations.
- ❑ Monitoring of quality of training and follow up training emphasising performance assessment.
- ❑ Auditing of maternal deaths and clinical practices.
- ❑ Hold regional follow up meetings to assess progress on the consensus of the Islamabad workshop.
- ❑ Hold a regional workshop of nursing and midwifery councils to move forward the agenda further in countries of the region.

## BOX 5 WHAT CAN BE DONE TO ENSURE SKILL BIRTH ATTENDANTS AT ALL BIRTHS

- ❑ Governments need to develop targeted programmes for training, supervision and deployment of skilled birth attendants.
- ❑ Physicians and nurses and policy makers must agree on what interventions can be authorized to be carried out at community level by various categories of workers.
- ❑ Professional Councils and Governments should review and amend legislations to enable the process.





SECTION B

# Proceedings

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**Situational analysis**  
**Summary: Presentations**

**Improving access to skilled care**  
**Summary: Presentations**

**Partnership with traditional birth attendants**  
**Summary: Presentation**

**Enabling environment**  
**Summary: Presentations**

**Situation of maternal health in South and West Asia**

South Asia presents a paradoxical picture in level of maternal mortality. On one hand, it has the dubious distinction of having countries with some of the highest levels of maternal mortality in the world and on the other it has a country like Sri Lanka with a low level of maternal mortality. Afghanistan with the second highest maternal mortality ratio in the world is part of West Asia. The top five causes of death are the same (in varying proportions) in all the countries and they are haemorrhage, sepsis, eclampsia, obstructed labour and unsafe abortions. It is well known that for every woman who dies, another thirty suffer injuries, infection and disabilities during pregnancy and childbirth. In the region, obstetric fistula and uterine prolapse are increasingly being recognised as important reproductive health problems.

While maternal mortality is influenced by social, cultural, economic and political factors affecting women seeking care, there is also epidemiological evidence that shows that most of the deaths could be prevented if women received skilled care at critical moments during pregnancy and childbirth. This is evident from the comparison of percentage of deliveries attended by skilled attendants, Sri Lanka reporting above 90% while the other countries in the South Asia region and Afghanistan reporting less than 40%. Also the interpretation of skilled attendants data varies with different countries and surveys and the actual level of births that received skilled care as per definition (see box) is much lower.

**Skilled attendant and skilled care**

Skilled care during childbirth is almost universally accepted as one of the key indicators for assessing progress towards maternal mortality reduction. Proportion of births assisted by skilled birth attendants is

one of the ICPD +5 indicators and also one of the Millennium Development indicators. Although this is a process indicator, it is used due to its strong links with maternal outcome.

“The term skilled attendant refers exclusively to people with midwifery skills (for example, doctors, midwives, nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose, manage or refer complications. They must be able to manage normal labour and delivery, recognise the onset of complications, perform essential interventions, start treatment and supervise the referral of mother and baby for interventions that are beyond their competence or not possible in the particular setting.”

- Joint WHO/UNFPA/UNICEF/World Bank Statement 1999

Skilled attendance /skilled care is the process by which a woman is provided with adequate care during labour, delivery and early post-partum period (SMIAG 2000b). The process requires a skilled attendant and an enabling environment, which includes adequate supplies, equipment and infrastructure as well as efficient and effective systems of communication and referral.

It is clear from the above definitions that “to be skilled”, life saving skills are a must. Skilled attendants by themselves cannot be effective in reducing incidence of maternal deaths, morbidity or disability unless an enabling environment that facilitates and support their work as described above is available at domiciliary; health centre or hospital level; hence the focus is on ‘skilled attendance.’

**Conceptual and operational issues related to the use of the indicator ‘proportion of deliveries assisted by skilled birth attendants’ in South and West Asia**

Besides conceptual and operational issues, there are also measurement issues related to the use of the indicator. The problems with the use of the indicator discussed below are not just limited to South and West Asia.

### Conceptual issues

As mentioned earlier there are definitional problems- the way the term 'skilled attendant' is defined in different countries and the setting in which the delivery takes place (home or institution). Traditionally, doctors, midwives and nurses are considered skilled. However, they may not possess life saving skills. Access to these 'so-called' skilled categories is a major problem in the countries in South and West Asia (except Sri Lanka and Iran). Many of the countries in the region are making an earnest effort to improve access to skilled care, but with poor understanding of the definition of skilled care. For example, some of the countries in the region define skilled birth attendant as some one who has received six months – one year training in conducting normal delivery and possibly in recognising problems, but not possessing skills in dealing with the life threatening complications. *Clearly this group of birth attendants cannot affect maternal mortality and morbidity unless timely access to care for complications is assured.* The danger of including this category as skilled birth attendant is evident.

The regulatory and policy frameworks that support the skilled birth attendant to carry out life saving interventions in which they are proficient are non-existent in many of the countries. For example, nurses cannot carry out life saving skills, as the current regulatory mechanisms do not allow. Such barriers block the increase in number of skilled birth attendants.

### Operational issues

The indicator does not capture the supportive enabling environment issues that affect the provision of skilled care such as the availability of supplies, equipment and infrastruc-

ture. are other major barriers to providing skilled care.

In South Asia, the social, cultural, economic and political factors affecting women's access and utilization of care are also major barriers. These crucial factors are also not captured by the indicator.

### UNFPA's strategic response to improve maternal health

UNFPA focuses on three major programme strategies to prevent maternal mortality and morbidity. These strategies are most effective when implemented as a package. The strategies are:

- Family planning
- Skilled attendance at birth
- Emergency obstetric care

The shortage and poor distribution of professionally trained and skilled attendant at birth is a major problem in most of the countries. UNFPA is seeking to address this problem of shortage and distribution of skilled attendance at birth by promoting more training of professionals and by seeking innovative ways to retain them in the regions in greatest need<sup>3</sup>.

The association between low level of skilled attendance at birth in most countries of South and West Asia and the continuing high level of maternal mortality is evident from the previous section. One of the major problems is the availability of professionally trained and skilled birth attendants. UNFPA Country Technical Services Team for South and West Asia proposes to hold a workshop to develop strategies to increase the availability of skilled birth attendants in collaboration with UNFPA Country Offices, Governments and Nursing/ Midwifery Councils of countries in the region. The workshop will address conceptual and operational issues related to skilled attendance at birth.

<sup>3</sup> UNFPA: *Maternal Mortality Update 2002. A Focus on Emergency Obstetric Care.*

**The objectives of the workshop**

1. Develop a common understanding of the definition of the skilled birth attendant.
2. Develop a strategy to increase the access to skilled birth attendants through training of existing potential cadres or new cadres, changes in regulations and policies and human resource development policies. The strategy will focus on domiciliary as well as primary care levels.
3. Develop plans to strengthen the partnership between unskilled birth attendants (example; auxiliaries, community workers) and skilled birth attendants to further increase the access to skilled care.
4. Identify health systems interventions to improve the access of the skilled birth attendants to supplies and equipment and transportation and referral facilities.  
Objectives 2,3 and 4 are country specific.

**Expected output**

Country specific strategies to increase the availability of skilled birth attendants and the enabling environment to provide skilled care.

**Participants**

The following group of participants are expected from each of the countries in the region:

- UNFPA CO focal point for RH
- Government focal point for Maternal Health
- Senior officer from Nursing/Midwifery council

- One obstetrician with community orientation (not mandatory and only if the country office feels that they will play a critical role)

**Partners**

UNFPA Technical Support Services Division, WHO and UNICEF regional offices and headquarters

**Pre-workshop exercise**

Each of the UNFPA COs will be requested to work closely with the relevant official in the Government and Nursing/Midwifery Council (and selected obstetrician/s) for the following activities (may be through a one day working session):

1. Classify the existing categories of health providers trained in providing care during pregnancy, labour, delivery and post-partum in each country according to the following groups:
  - a. who match the definition of skilled birth attendant
  - b. who have the potential to become skilled birth attendants and
  - c. who do not fit in either of the categories
2. Identify the level and location (urban/rural) of facility where the above groups are posted and the additional responsibilities (other than care during delivery) to define the future workload

**Post-workshop activities:**

CST through country offices to follow up action plans developed, possibly hold a follow up workshop.

**Regional Workshop on Skilled Birth Attendants**  
**19-21 April 2004**  
**Venue: Marriott Hotel, Islamabad**

DATE & TIME	ACTIVITY	RESOURCE PERSON
<b>Pre-workshop: 18 April 2004</b>		
1800 - 2000	Registration of participants Introduction of participants Introduction to the workshop and objectives of the workshop	
<b>DAY ONE: 19 APRIL 2004</b>		
<b>Session I: Inaugural session Mrs. Shahida Fazil</b>		
0925 - 0930 0945 0945 - 0950 0950 - 1000	Guest to be seated Arrival of Chief Guest Recitation from the Holy Quran Welcome Statement	Qaria (Ms. Naureen Shafat) Mr. Tariq Farook Secretary Health
1000 - 1010	Global overview of Maternal Health Strategic response to prevent maternal mortality and morbidity	Dr. France Donnay Chief of RH Division UNFPA TSD, New York
1010 - 1020	Maternal health in South and West Asia - Lessons Learnt	Dr. Wasim Zaman Director Dr. Saramma Thomas Mathai Advisor Reproductive Health UNFPA CST SAWA
1020 - 1030	Video on Fistula Introductory remarks	Dr. Olivier Brasseur Representative UNFPA CO Pakistan
1030 - 1040  1050 - 1055	Address by Chief Guest Honourable Minister Mr. Mohammed Nasir Khan  Vote of thanks	Mr. Nasir A. Khan, Federal Minister for Health  Dr. Olivier Brasseur Representative UNFPA CO Pakistan
1055 - 1115	<b>Tea/Coffee Break</b>	

DATE & TIME	ACTIVITY	RESOURCE PERSON
<b>Day One: 19 April 2004 (Continued)</b>		
<b>Session II Objective : To develop a consensus on the definition of skilled birth attendant Moderator: Dr. Vincent Fauveau Rapporteur: Dr. Dinesh Agarwal</b>		
1115 - 1120	Objectives of the workshop	UNFPA CST
1120 - 1130	Understanding the definitions of Skilled Attendant and Skilled Attendance Discussion	WHO Geneva <b>Ms. Della Sherratt</b>
1130 - 1300	Situational analysis with regard to availability of skilled birth attendants - Country presentations	UNFPA COs
1330 - 1400	<b>Lunch</b>	
1400 - 1500	Continuation of country presentations Discussions	
<b>Session III Objective: To identify strategies for increasing access to skilled birth attendant in Institutions Moderator: Dr. France Donnay Rapporteur: Dr. Peden Pradhan</b>		
1500 - 1520	Strategies for increasing access to skilled birth attendant in institutions with special focus on rural/tribal areas (regulations, training, enabling environment and referral)	Dr. Vincent Fauveau
1520 - 1530	Discussion	
1530 - 1600	<b>Tea/ Coffee Break</b>	
1600 - 1730	Discussion (continued)	
1730 - 1740	Summing up the day's activities	
2000	Dinner	By Dr. Olivier Brasseur
<b>Day Two: 20 April 2004</b>		
<b>Session III continued</b>		
<b>Session IV Objective: To identify strategies for increasing access to skilled care at birth during home delivery Moderator: Ms. Ena Manjit Singh Rapporteur: Dr. Mobashar Malik</b>		
0900 - 1000	Life saving skills for home delivery and institutional delivery	Dr. Vincent Favueau
1000 - 1020	Strategies for increasing access to skilled birth attendant during home delivery on regulations, training, referral back up, transport, birth preparedness)	Dr. Saramma T. Mathai
1020 - 1030	Discussion	
1030 - 1100	Tea/Coffee Break	
1140 - 1300	Group work on country specific strategies for increased access to skilled care at birth during home delivery and in institutions	
1300 - 1400	Lunch	

DATE & TIME	ACTIVITY	RESOURCE PERSON
1400 - 1530	Group work on country specific strategies for increased access to skilled care at birth during home delivery (continued)	
1530 - 1600	Tea/Coffee Break	
1600 - 1730	Group Presentations Discussions	
1730 - 1740	Summing up of activities of the day	
1800	Tour Islamabad	
1900	Dinner	Margalla Hills
<b>DAY THREE APRIL 21</b>		
<b>Session V Objective: To develop plans to increase partnership between unskilled and skilled birth attendants to further increase access to skilled care and institutional deliveries Moderator: Dr. Marilen J. Danguilan Rapporteur: Ms. Eva Abdullah</b>		
0900 - 0920	Strategies for increasing partnership between unskilled and skilled birth attendants and for increasing institutional deliveries and supervision.	Dr. Mobashar Malik
0920 - 0930	Discussion	
<b>Session VI Objective: To identify health systems interventions to improve access to skilled birth attendance at delivery Moderator: Ms. Della Sherratt Rapporteur: Ms. Ena Manjit Singh</b>		
0930- 1000	Health systems interventions to improve access to skilled attendance at delivery	Dr. Dinesh Agarwal
1000- 1100	Group work to identify health systems interventions to improve access to skilled attendance at delivery	
1100 - 1230	Group Presentations	
1230-1300	Consensus and concerns and Follow up actions	
1300 -1400	Closing session	Dr. Saramma T. Mathai
1400 -1500	Lunch	
1800	Bowling	Hotshots, F/9 Park
1900	Visit SAARC village festival, F/9 Park, participants will be free to have food there	F/9 Park

## SUMMARY

- The workshop participants were invited by Secretary of Health Mr. Tariq Farook.
- The Honourable Minister of Health Mr. Mohammad Nasir Khan inaugurated the workshop. He emphasised that maternal and child health must focus in health policies, poverty alleviation and human development strategies; maternal health must be considered a human rights issue rather than a service delivery or medical issue with explicit responsibility on Governments to address causes of maternal mortality and childbirth must be made a safe and pleasant event by the presence of a skilled birth attendant at the time of delivery. He cited the examples of countries/places that have successfully reduced their maternal mortality such as China, Malaysia, Sri Lanka, Iran and Kerala in India through political support, long term planning, equity in distribution of services and effective coordination of services at all levels. He appreciated UNFPA taking a lead in assisting the Ministry of Health and requested UNFPA to hold a national consultation to take forward the agenda of the workshop. He also recommended to create a forum for South and West Asia that takes forward the agenda of the workshop in all the countries of the region, advises the countries and monitors the progress.
- The address of Dr. Wasim Zaman, Director UNFPA SAWA (read out) highlighted the importance of developing targeted programmes for training, supervision and deployment of skilled birth attendants by Governments, physicians and nurses agreeing on what interventions can be authorised to carry out at community level by various categories of workers and the role of Professional Councils and Governments in reviewing and amending legislative measures to enable the process of care by skilled birth attendants.
- Dr. France Donnay's presentation focused on strategic response to prevent maternal mortality and morbidity, the new paradigm shift in reducing maternal mortality and morbidity and perinatal mortality emphasising that all pregnancies are at risk, shift of focus from pregnancy to delivery in institutions and importance of readiness and quality of obstetric care and UNFPA's vision and strategy for reduction of maternal mortality and morbidity. She emphasised the importance of sound human resources strategies and the importance of invoking human rights while addressing maternal mortality reduction.
- Dr. Olivier Brasseur's presented the film on obstetric fistula made in Pakistan that high lighted the role of skilled birth attendants in preventing this chronic disability.

## Welcome Statement by the Secretary of Health

Mr. Tariq Farook

### Inaugural Session

“Regional Workshop on Skilled Birth Attendants in  
South and West Asia”

**on Monday, April 19, 2004  
at Hotel Marriott, Islamabad**

Honourable Minister of Health, Mr. Mohammad Naseer Khan,  
Ms. France Donnay, UNFPA headquarters,  
Dr. Wasim Zaman, Director CST, Kathmandu  
Dr. Olivier Brasseur,  
Dr. Saramma T. Mathai,  
Distinguished delegates from South and West Asia,  
Excellencies,  
Honoured Guests,  
Friends,  
Ladies and Gentlemen:

It gives me enormous pride and pleasure to be here at the inaugural session of this regional workshop on Skilled birth attendants in South and West Asia. I would like to welcome UNFPA County Technical Services Team for South and West Asia to Islamabad and I am thankful to them for proposing this regional workshop here in Pakistan, which is honour for us.

Let us take the chance to welcome the delegates from countries of South and West Asia to Islamabad, “the beautiful”. In three days, we shall share together the important deliberations of this consultation, looking forward to profit from your valuable knowledge and expertise.

South and West Asia is a region with wide variation among member states, particularly in population size, maternal mortality, health systems and socio-economic status. I am happy that we, the nine countries of the region, are here to share and review the experience and knowledge and to help each other in achieving an important commitment of the ICPD (International Conference on Population Development) and the Millennium Development Goals i.e., skilled care during childbirth for progressing

towards maternal mortality and morbidity reduction.

I am hopeful that our efforts would be successful to come up with country specific strategies to increase the availability of skilled birth attendants and the enabling environment to provide skilled care. I would specially like to welcome Ms. France Donney, Chief RH, UNFPA, New York for visiting Pakistan and sharing her views.

I would like to welcome representative of all development partners from WHO, Unicef, UNFPA and AMDD (Averting Maternal Deaths and Disability) to be with us in formulating and implementing important strategic directions for better health of our people especially the poor and vulnerable population. I am specially thankful to Dr. Olivier Brasseur, Representative UNFPA for his tremendous support to health sector in Pakistan and making excellent arrangements for this important consultations.

Special thanks are due to His Excellency, Mr. Mohammad Naseer Khan, Minister of Health for his kind agreement to join us in the inauguration session. I welcome you, Sir, and expect your valuable advice and guidance to enrich the deliberations of this consultation.

I am confident that in this meeting we will be able to determine practical and appropriate strategies that will ensure successful implementation of interventions in our countries to reduce maternal mortality.

Once again I wish to welcome our guests and neighbors for a pleasant stay here in Islamabad.

Thank you all, ladies and gentlemen.

## Remarks by the Minister of Health

Mr. Mohammad Nasir Khan

### Inaugural Session

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Dr. France Donnay, UNFPA  
headquarters,  
Dr. Wasim Zaman, Director CST,  
Kathmandu  
Dr. Olivier Brasseur,  
Dr. Saramma T. Mathai,  
Distinguish delegates from South and  
West Asia,  
Excellencies,  
Ladies and Gentlemen:

I am truly happy to join you in this august forum gathered here with the aim of encouraging country level action to increase coverage by skilled birth attendants. From all presentations made here this morning by eminent professionals and speakers, different strategic directions have been highlighted, based on global and regional experience, reflecting the importance of skilled birth attendants in tackling the issue of maternal mortality and morbidity. One fact emerges that we need to give greater attention to improve maternal health, to facilitate childbirth and to ensure that mother-and-child orientation becomes a key feature of our health policies, poverty alleviation and human development strategies.

Perhaps, it is neither possible nor necessary for every birth to be handled by a doctor. Therefore, childbirth must be made a pleasant and safe event by skilled attendance at the time of delivery at the grass-root's level. History bears witness to the fact that any country of the world, developing or developed, which has succeeded in bringing down its maternal mortality ratio has done so by active involvement of skilled midwives. Those that did it without the midwives took much longer to reach the same levels. It is quite clear that properly educated, skilled and legally licensed birth attendants are the lynchpin in saving mother's lives. However skilled birth attendants alone cannot affect

maternal mortality and morbidity unless timely access to emergency obstetric care for complications is also assured.

Maternal Health has gained critical importance over the last few decades and it is being recognized as a “human right” issue rather service delivery or a medical issue and has placed explicit responsibility on Governments to address the causes up front. Some of the developing countries have set examples of success include China, Malaysia, Sri Lanka, Kerala in India and Iran. These countries made it possible through strong political support and long term planning, often over 20 to 50 years. Equity for rural populations was also a major policy thrust in these countries, but apparently not at the cost of good quality. Efficient coordination between all levels of care, free referral to specialist and essential obstetric care was ensured. I am happy that this gathering has representation from some of these successful countries to share their knowledge and wisdom. We value the expertise of all participants from South and West Asia countries in achieving our common vision of better health for all especially the poor and vulnerable, through strengthening the contribution of skilled birth attendants' services in health policies and systems.

In Pakistan, our Government has initiated a significant movement for change both in its concepts as well as strategy. Government's recognition of the need to ameliorate maternal health is reflected in different interventions and programs. Like many other developing countries, Pakistan is facing a severe shortage of skilled birth attendants especially in rural and remote areas. Considering midwives are pivotal to the sustained success of the new public-private partnerships for health that will assist in extending service coverage and improved

health outcomes, Ministry of Health with technical assistance from National Commission on Human Development is making efforts to launch a National Community Midwifery Programme on pilot basis in near future. I hope the recommendations of this forum will help us in designing this initiative.

A central plank in our health strategy is to create greater awareness in the communities. For example, we need to educate the masses about the five major killers during pregnancy, about the crucial value of competent and capable healthcare providers at the time of childbirth and about the importance of speed of decision-making by the household stakeholders. Health education holds the key and in Pakistan we are able to develop a successful cadre of community health workers known as Lady Health Workers who are providing primary health care services including maternal and child health services at the doorstep of the community. In addition to their contribution in improving health outcomes related to fertility, maternal and child health, they are playing a vital role in increasing awareness among rural communities about danger signs during pregnancy, timely referrals and importance of skilled birth attendants.

Women Health Project has been launched in 20 districts through which efforts are being made to develop a women friendly district health system. Efforts are being made to train midwives through this project, while improving Emergency obstetric care services. To improve reproductive health services, 34 more districts will be strengthened through a new Reproductive Health Project recently launched. National HIV/AIDS Control Programme, Maternal and Neonatal Tetanus Elimination Project in 65 high-risk districts and a National Nutrition Project are example of some of the initiatives undertaken by Ministry of Health focusing different aspect of maternal health.

I know, a lot more needs to be done. The question is how can we, together, make more of a difference? In coming days, you will be examining the role of skilled birth attendants within the different health systems of different coun-

tries. You will be examining ways in which skilled birth attendants can contribute to health outcomes and health system performance. You will identify issues that must be addressed if this contribution is to increase. You will be proposing strategic directions and plans for future.

I expect we will continue to promote the importance of human resources for health as intensively as we can, within available resources. We need a strong platform for advocacy. We need more leadership to show how skilled birth attendants are at the forefront of the collective regional response. We need a strong evidence base to improve the overall coverage and effectiveness of services and policy decisions. We need to show clearly what can be achieved. We need to work together in an alliance, and make a real difference.

Having said all this, I very strongly feel that there is a need for a comprehensive strategic framework in the context of maternal health. I would like to appreciate the role of UNFPA taking a lead in assisting Ministry of Health for developing a comprehensive maternal health policy. My suggestion to UNFPA and other organizations with a common vision on the subject is to network their activities and increase coordination.

The initiative of UNFPA for a national consultation based on the recommendations of this workshop would help us in taking forward the agenda, taking into account local needs and requirements. I would also like to suggest the forum to formulate an advisory panel of selected participants & experts to spearhead action through regular follow up on the recommendations of this consultation, advising countries of South & West Asia on the maternal policy issues, providing technical support, encouraging member countries for implementation and monitoring progress.

I am confident that your recommendations would help countries of the region to progress towards achieving Millennium Development Goals. I wish you well in your deliberations and for a comfortable stay here in Islamabad.

Thank you Ladies & Gentlemen.

### Message from Dr. Wasim Zaman

Director, UNFPA Country Technical Services Team for South and West Asia

Excellency, Mr. Mohammed Nasir Khan, Federal Minister for Health, Mr. Tariq Farook, Federal Secretary, Health, Dr. Olivier Brasseur, UNFPA Country Representative, my colleagues from UNFPA and elsewhere, Ladies and Gentlemen,

The UNFPA Country Technical Services Team for South and West Asia is very pleased and grateful to the Ministry of Health, Islamic Republic of Pakistan for hosting this important Regional Workshop on Skilled Birth Attendant - the first in South Asia. The Government's commitment to reducing maternal mortality and saving the lives of mothers and improving women's health is commendable.

The statistics of maternal mortality reflects the stark reality of obstacles faced by women in accessing health care and the inequalities faced by poor women. South and West Asia account for 40 % of the maternal deaths in the world. The region has some of the countries with the highest maternal mortality and also has two exemplary countries - Sri Lanka and Iran - with maternal mortality ratio of less than 100. The probability of dying as a result of complications of pregnancy and delivery for a woman in Afghanistan is 1 in 6 compared to 1 in 430 in Sri Lanka and 1 in 370 in Iran. The figure for Pakistan is 1 in 31. Iran and Sri Lanka's focus on access to skilled care at birth has paid dividends as evident from the statistics above.

Most of the Governments in the Region are signatories to the various conventions on human rights, International Conference on Population and Development and Beijing Platform of Action - all of which have reduction on maternal mortality as one of the focus areas. Yet the continuing high levels of maternal mortality in most of the coun-

tries in the Region attest the poor progress made.

The tragedy is that, we know the interventions to reduce maternal mortality, yet the Governments, professionals, rights movement activists and civil society have done very little to remedy the situation. Births by skilled birth attendants are still too few. We know that skilled care at birth is critical to deal with the complications during and immediately after delivery, and to reduce maternal mortality. These complications are difficult to predict, so it is important that skilled care is available at every delivery, whether it is at home or in institutions. Most countries and rural areas have a serious shortage of skilled birth attendants.

What can be done to provide skilled attendants at all births?

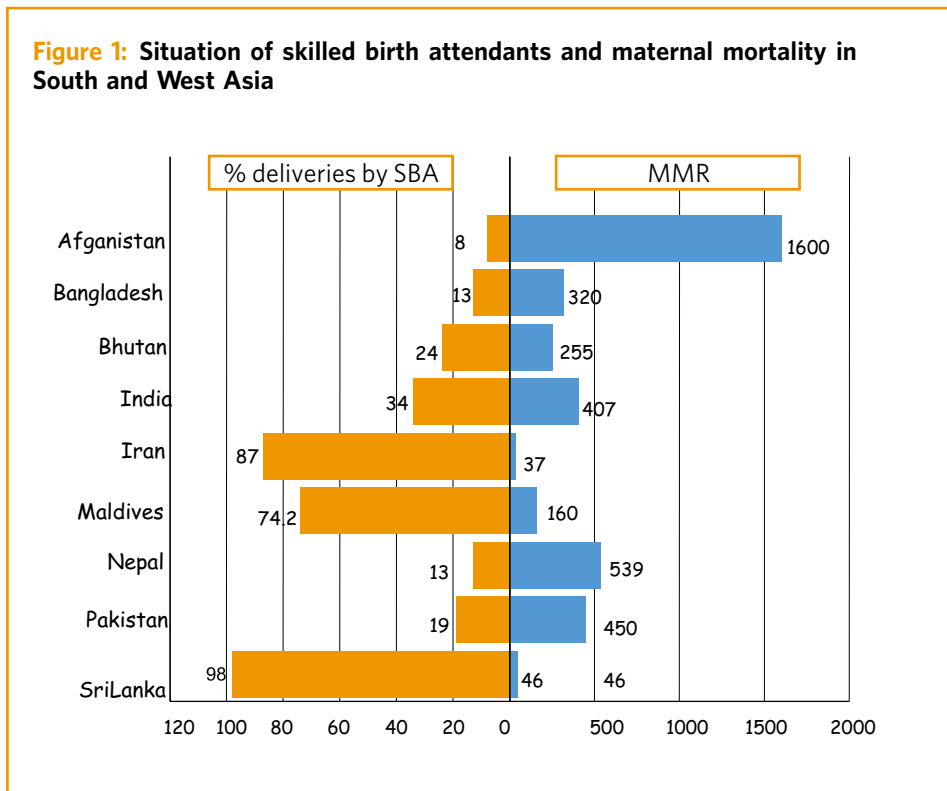
- Governments need to develop targeted programmes for training, supervision and deployment of skilled birth attendants
- Physicians and nurses and policy makers must agree on what interventions can be authorized to be carried out at community level by various categories of workers
- Professional Councils and Governments should review and amend legislations to enable the process

The countries in the Region need to work closely to achieve some of these suggestions. At the end of the workshop, I hope we will have a clear direction for ensuring skilled care at all births.

I would like to thank our colleague, Dr. Olivier Brasseur, UNFPA Representative in Pakistan and colleagues in the UNFPA Country Office for all the wonderful work they have already put in to make this workshop happen.

## SUMMARY

- With the exception of Iran, Maldives and Sri Lanka, majority of the deliveries take place at home.
- The percentage of deliveries attended by skilled birth attendants is one of the ICPD and MDG indicators. The percentage of deliveries conducted by majority of the countries in the region is very small and has implications on the level of maternal mortality.
- The definition of skilled birth attendant varies from country to country and is not consistent with the interagency definition of 1999 (see page 2).



Source: Country Presentations

## SUMMARY

- There was consensus on the definition of skilled birth attendants as defined by the inter-agency group in 1999. However, there were concerns expressed about the provision of life saving measures at domiciliary level. The concerns were further clarified when the draft definition proposed by the ICM, FIGO and WHO was discussed,
- The participants defined the emergency obstetric functions that can be delivered at the domiciliary level and institutional level (see page 3).
- In addition to defining emergency obstetric functions that can be delivered at the domiciliary level and institutional level,
- ❖ **Afghanistan, Bangladesh, Bhutan, India, Nepal and Pakistan** (countries with low percentage of deliveries conducted by skilled birth attendants) identified the following issues:
  - ✓ Upgrading the skills of existing to enable them to function as skilled birth attendants
  - ✓ Changes in regulation
  - ✓ Referral mechanisms including transport
  - ✓ Supervision and monitoring
  - ❖ **Maldives**  
Focused on upgrading the skills of the existing cadres, transport and development of national standards and guidelines.
  - ❖ **Iran**  
Focused on improving quality of services provided in institutions. And development of standards for care.
  - ❖ **Sri Lanka**  
Focused on improving quality of care in institutions through development of standards, quality assurance systems and indicators and ensuring maintenance of standards in the private sector. Reaching services to conflict areas was another area of focus.

## SUMMARY

- There was consensus on the need to develop partnership with unskilled birth attendants. The role of traditional birth attendant as a key partner for increasing the number of births at which a skilled birth attendant is present.
- UNFPA's position is not to invest in training traditional birth attendants or provision of delivery kits.
- Some of the countries particularly India and Afghanistan had reservations about this.
- Provision of delivery kits to traditional birth attendants was another area of disagreement.

## SUMMARY

- The role of health system in improving access to skilled birth attendants was discussed. Supportive policy environment, human resources, availability of standards and protocols, effective referral systems, functioning facilities with 24 hours access and readiness, availability of equipment and supplies, communication and transport facilities and financing mechanisms for the poor were identified as enabling factors.
- Country presentations focused on the issues listed above.

# Annex: List of participants

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All pregnancies are at risk: Most obstetrical complications are neither predictable, nor avoidable, but can be treated if assisted by a Skilled Birth Attendant



CST for South and West Asia  
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*Saving Mothers' lives...  
... The Challenge Continues*