

The provision of delivery assistance by skilled attendants can greatly improve the outcomes for mothers and infants with the use of technically appropriate procedures, accurate and speedy diagnosis and treatment of complications.

Skilled assistance at delivery is defined as assistance provided by a doctor, nurse, midwife or auxiliary midwife. Traditional birth attendants are not considered as skilled assistance at delivery.

Tajikistan has noted an important progress in providing skilled assistance at delivery; however there is still room for further improvement.



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FOR MORE INFORMATION:

STATE COMMITTEE ON STATISTICS

E-mail: stat@tajikiston.com

Tel: 223-25-53

UNICEF TAJIKISTAN

E-mail: dushanbe@unicef.org

Tel: 221-81-96

Photography:
Giacomo Pirozzi



According to the
Multiple Indicator Cluster Survey
2005 Preliminary Report

**SKILLED ASSISTANCE
AT DELIVERY**

in Tajikistan is
INCREASING

Skilled Attendant at Delivery Tajikistan 2000 & 2005

Survey Year	Skilled attendant at delivery
2000	71 %
2005	83 %

SKILLED PERSONNEL DELIVERED...

...about 83 percent of births occurring in the two years prior to the MICS3. This percentage was highest in the Sogd region (95 percent) and lowest in the Khatlon (75 percent) and GBAO (77 percent) regions. Skilled attendance was higher in urban areas (89 percent) as compared to rural areas (81 percent).

Doctors assisted with the delivery of 61 percent of births. Nurses/ midwives accounted for 21 percent of assisted births, with auxiliary midwives assisting with 1 percent of births.

The more educated a woman is, the more likely she is to have delivered with the assistance of a skilled person. Less than two thirds of women with little or primary education had their deliveries assisted by skilled personnel whereas almost all women with higher education benefited from skilled assistance at delivery.

The age of women was an important factor in skilled assistance at delivery. The numbers decrease gradually from 94 percent of women 15-19 years of age to less than 75 percent of women over 40 years of age.

Wealth of the household was also a contributing factor. Only 69 percent of women from the poorest quintile had skilled assistance at

delivery, while in the richest quintile this number was 91 percent.

Overall, about 9 percent of births were delivered by traditional birth attendants, but these births occurred mainly in GBAO, Khatlon and DRD. Friends and relatives were present at almost 8 percent of deliveries. While less than 1 percent of births occurred with no one in attendance. A majority of these births occurred in women over the age of 35.

Provision of delivery assistance by skilled attendants has improved when compared to MICS 2000, when 71 percent of births were assisted by skilled personnel. Percentage of deliveries assisted by a doctor has increased over the last five years by almost a third.

MICS 3 SURVEY OBJECTIVES

The 2005 Tajikistan Multiple Indicator Cluster Survey (MICS) has as its primary objectives:

To provide up-to-date information for assessing the situation of children and women in Tajikistan;

To furnish data needed for monitoring progress toward goals established by the Millennium Development Goals (MDGs) and the goals of A World Fit For Children (WFFC) as a basis for future action;

To contribute to the improvement of data and monitoring systems in Tajikistan and to strengthen technical expertise in the design, implementation, and analysis of such systems.

This MICS 3 preliminary report presents selected results on a variety of principal topics covered in the survey and on a subset of indicators. As specified, the results in the report are preliminary and are subject to change, although major changes are not expected. A comprehensive full report is scheduled for publication in spring 2007.

KEY RESULTS:

- The presence of skilled attendants at delivery has increased since MICS 2000.
- Skilled attendance is slightly higher in urban areas as compared to rural areas.
- Educated women are more likely to have delivered with the assistance of a skilled personnel
- The richest quintile of the population is more likely to have skilled assistance at delivery.

