



**Report on  
CP 17 districts with monitoring and supervision system in  
place for midwives**



**July-September 2020**

**Strengthening National Midwifery Program (SNMP)**

**Directorate General of Nursing and Midwifery**

**Introduction:**

United Nations Population Fund (UNFPA) is supporting the Directorate General of Nursing and Midwifery (DGNM) to strengthen the midwifery profession in Bangladesh to ensure maternal and newborn health services during the pandemic through training for the midwives and nurses managers, provided guidelines, and COVID related information to the midwives and nurses to prevent the spreading of the virus including safety and security of the health workers as well as ensures clients security, triage system, hand washing, rational use of personal protective equipment and delivery of SRHR services. The DGNM's deployed midwives are truly making a difference in saving the lives of mothers and their babies in 342 UHCs and 29 Union sub centers. DGNM has taken initiatives to send a visiting team to assess the quality of midwifery services. There are 13 Districts Public health nurses and 04 Districts public health midwives have visited 80 Upazilla health complexes (UHCs) of 19 districts during 25 August to 16 September 2020.

**Objective:** To ensure the monitoring and supervision system for the midwives and identify the gaps.

**Instruments and data collection process:** A structured checklist on maternity service readiness in response to COVID-19 was used to collect relevant data from the midwives. The checklist was developed in collaboration with the Midwifery team of UNFPA, SNMP through Save the Children and DGNM which focused on 15 major components including 115 sub questions. The visiting team members were met with the concerned person's and observed the facility management system during COVID pandemic and performance of the midwives. The visiting team were observed the 15 components including; i) hand wash station ii) triage system iii) separate maternity area for COVID positive sign/symptom women iv) Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients v) Outpatient antenatal/ Clinical Management of Rape (CMR) COVID symptomatic patients vi) In patient antenatal, Intra-partum routine and emergency/complicated care for Non-COVID patients vii) care in the emergency room for obstetric emergencies of COVID 19 cases viii) In patient routine and emergency care for antenatal and Intra-partum routine and emergency/complicated COVID 19 patients ix) Post Natal Care x) Newborn Care, xi) Family Planning xii) Health Response to Gender Based Violence xiii) VIA and xiv) others that mentioned the number of Covid-19 positive patients with NVD, PPH and Eclampsia and xv) availability of IPP materials for service providers in the ANC and Delivery room.

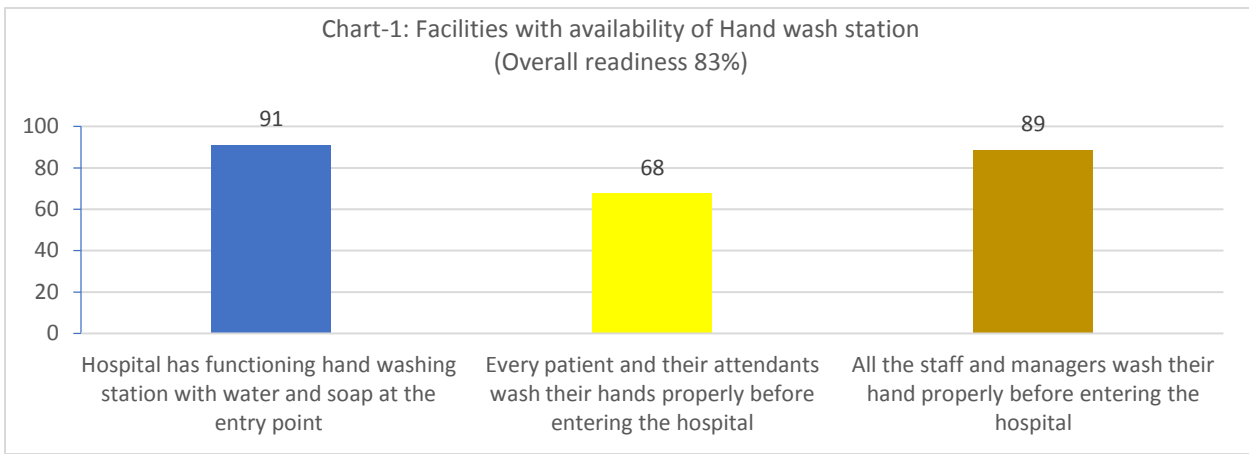
The DGNM organized virtual orientation training for the DPHM & DPHN before data collection from different Upazilla Health Complexes of 19 Districts. The objectives of this orientation was to update the DPHM & DPHM on COVID- 19 prevention and management including proper use of Personal Protective Equipment's (PPE), Triage and monitoring checklist. Through this orientation DGNM requested DPHN and DPHM to visit the UHC in regular basis and provide support and supervise the midwives to provide midwifery services, ensure safety measures of the midwives and introduce the monitoring checklist to collect data on SRHR services during COVID-19 crisis. The training was focused on ensuring triage, importance of hand hygiene, precautions for using and removing PPE, and giving attention to care of newborn and family planning services. The technical sessions were facilitated by the midwifery focal person of DGNM and UNFPA national and international technical experts.

The DPHN and DPHM are the key officials to support and monitor the midwives in this critical moment when service providers are scared to deliver the services. Mentoring is a key component to strengthen the working relationship among the managers and midwives in the health care setting which can be ensured the enabling environment for the midwives to share their challenges to provide midwifery care. The report has been prepared based on the monitoring checklist submitted by the visiting team through courier services and DGNM received data from 17 out of 19 districts.

**Data analysis & Discussion:** Data was analyzed by using excel sheet and described in percentage and frequency under the following sections;

### Section-1: Hand Wash Station

Overall readiness on hand wash station is 83%			
Items	Yes	No	N/A
Hospital has functioning hand washing station with water and soap at the entry point	91	9	0
Every patient and their attendants wash their hands properly before entering the hospital	68	33	0
All the staff and managers wash their hand properly before entering the hospital	89	11	0

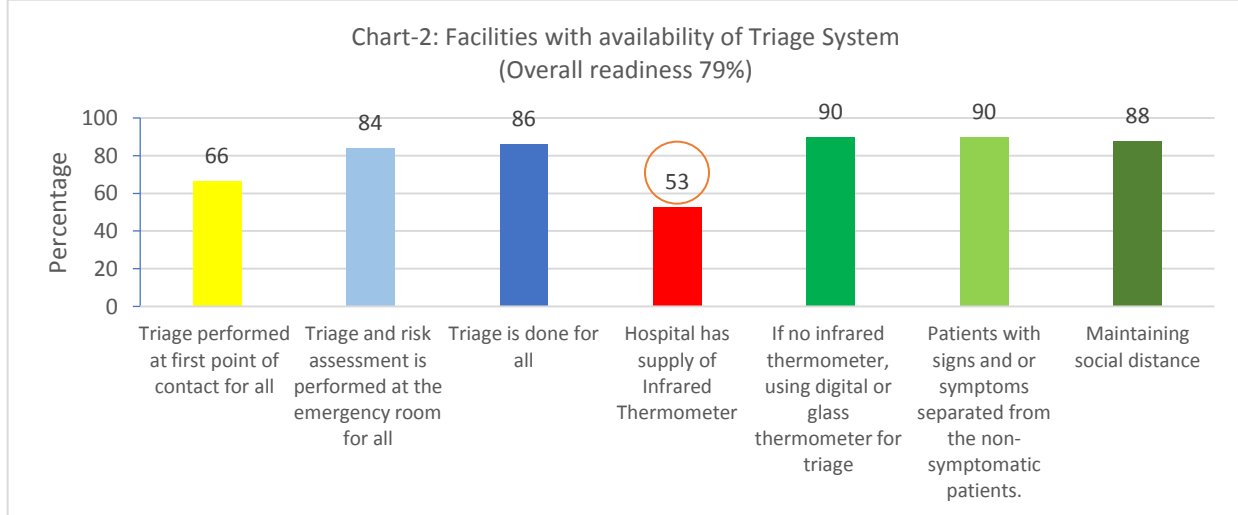


in hand wash station. But need to more attention on hand wash when patients and their attendants entering the hospital. Found 68% facilities where patients and their attendants wash their hands properly before entering the hospital.

**Section-2: Triage system**

Overall readiness on Triage System is 79%

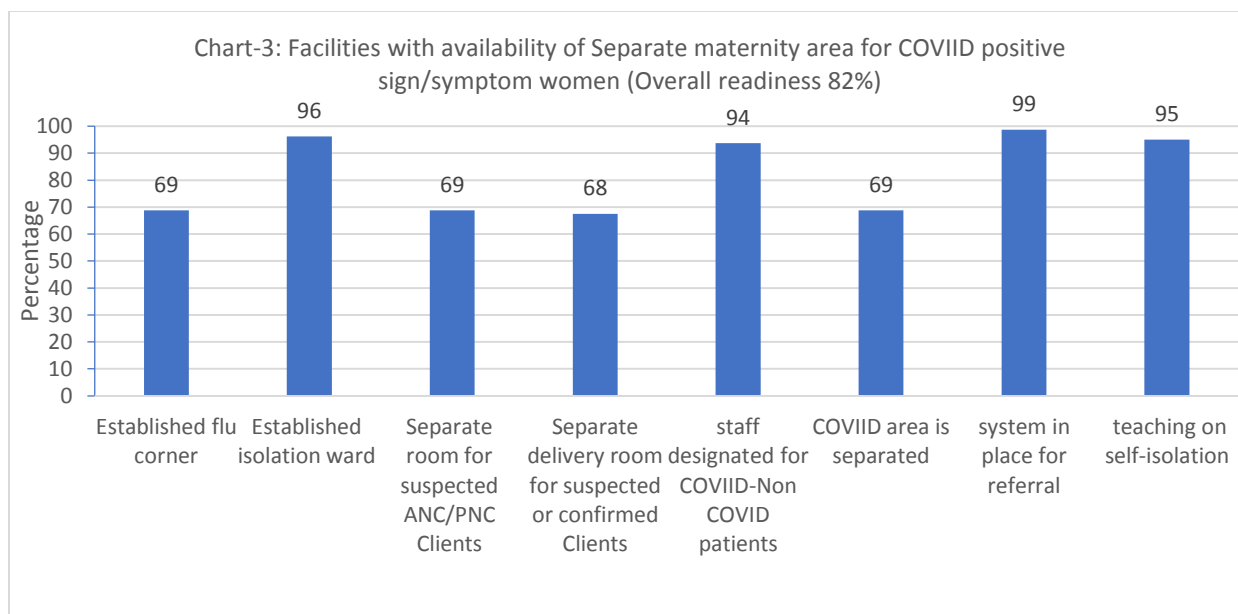
Items	Yes	No	N/A
Triage procedure is performed at first point of contact for all people entering the facility using both a thermometer and history taking	66	33	0
Triage and risk assessment are performed at the emergency room for all people entering the facility using both a thermometer and history taking	84	15	0
Triage is done for all staff, managers, patients, and patient companions	86	13	0
Hospital has supply of Infrared Thermometer	53	46	0
If no infrared thermometer available, hospital measures temperature using digital or glass thermometer for triage	90	9	1
Patients with signs and or symptoms of COVID receive a mask and are directed to a COVID area of the hospital separated from the non-symptomatic patients.	90	9	0
All staff, managers, patients and attendants maintain social distance (2 arms lengths) at first point of contact (ticket counter)	88	11	0



Through the Triage process one can identify, patients who require immediate medical intervention, patients who can safely wait, or patients who may need to be referred to a specific facility based upon their condition. As the triage process as key factor to prevent the COVID situation, the overall observation on triage system is not satisfactory. Overall score on Triage System is 79% and 53% facilities have supply of Infrared Thermometer and 66% facilities where Triage procedure is performed at first point of contact for all people entering the facility using both a thermometer and history taking. For that reason, proper triage system did not establish the facilities.

### Section-3: Separate maternity area for COVID positive sign/symptom women

Overall readiness on Separate maternity area for COVID positive sign/symptom women is 75%			
Items	Yes	No	N/A
Hospital has established flu corner /tent (if needed)	69	31	0
Hospital has established isolation ward	96	4	0
Separate room or corner with privacy is available for symptomatic or suspected ANC/PNC Clients	69	30	0
Separate room is available for delivery and managing obstetric emergencies for the pregnant women with suspected or confirmed COVID	68	33	0
Midwives and nursing staff designated daily for managing COVID positive patient or well patients, not for both.	94	6	0
Entry to the separate COVID area is separate from the well patient areas, so there is not cross contamination	69	30	0
Hospital has system in place for referral of a moderate to severe COVID positive patient requiring further obstetric emergency care	99	1	0
Mild COVID symptom positive pregnant and delivered women can be sent home after care is provided with teaching on self-isolation	95	5	0



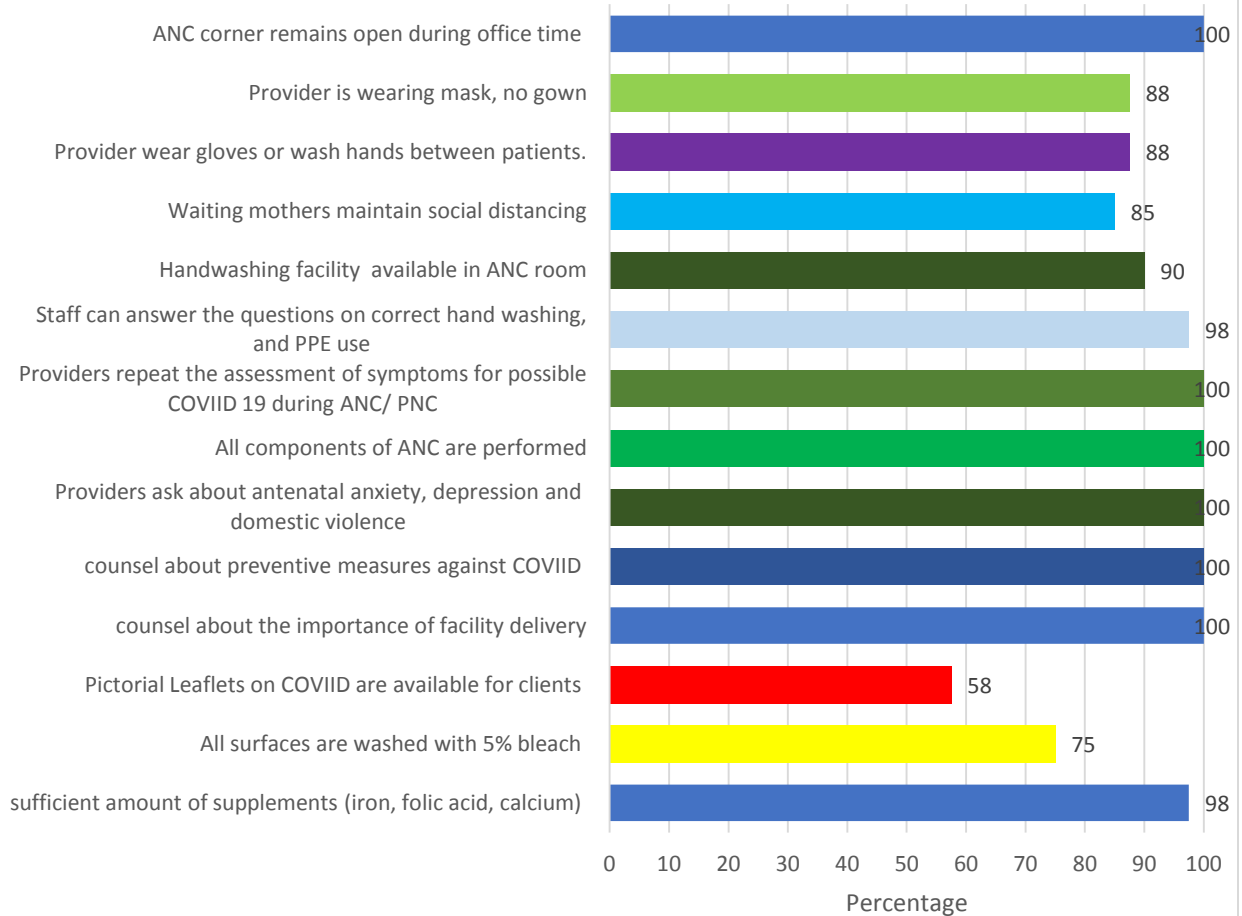
Usually clients are first screened verbally at the ticket counter about the presence of flu like symptoms and symptomatic clients are sent to the flu or fever corner where temperature is measured and further evaluation is done. In 69% facilities have Hospital has established flu corner /tent and 68% facilities have separate delivery room; 69% have separate ANC/PNC room for symptomatic or suspected Clients; 69% facilities have separate COVID area is separate from the well patient areas, so that some of the facilities have opportunity to improve on this. Conversely, most of the facilities have established isolation ward (96%) and referral system for a moderate to severe COVID positive patient requiring further obstetric emergency care (99%).

#### Section-4: Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients

Overall readiness on Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients is 91%			
Items	Yes	No	N/A
ANC corner remains open during office time	100	0	0
Provider is wearing mask, no gown	88	10	1
Provider either wear gloves and change gloves between patients or no gloves but wash hands between patients.	88	13	0
Waiting mothers maintain social distancing at the designated area	85	14	0
Handwashing facility with Water and soap or hand sanitizer is available in ANC room	90	10	0
Staff can answer the questions on correct hand washing, and PPE use	98	3	0
Providers repeat the assessment of symptoms for possible COVID 19 during ANC/ PNC (Fever, Cough, Respiratory symptoms, contact with COVID-19 affected person) (this should be performed in triage but could be repeated)	100	0	0

All components of ANC are performed	100	0	0
Providers ask about antenatal anxiety and depression and domestic violence due to possible economic and social impacts of the COVID	100	0	0
Providers counsel mother and family members about preventive measures against COVID	100	0	0
Providers counsel mother and family members about the importance of facility delivery	100	0	0
Pictorial Leaflets on COVID are available for clients	58	41	0
All surfaces are washed with 5% bleach between every patient	75	25	0
Hospital provides sufficient amount of supplements (iron, folic acid, calcium) to minimize facility visit just to obtain supplies.	98	3	0

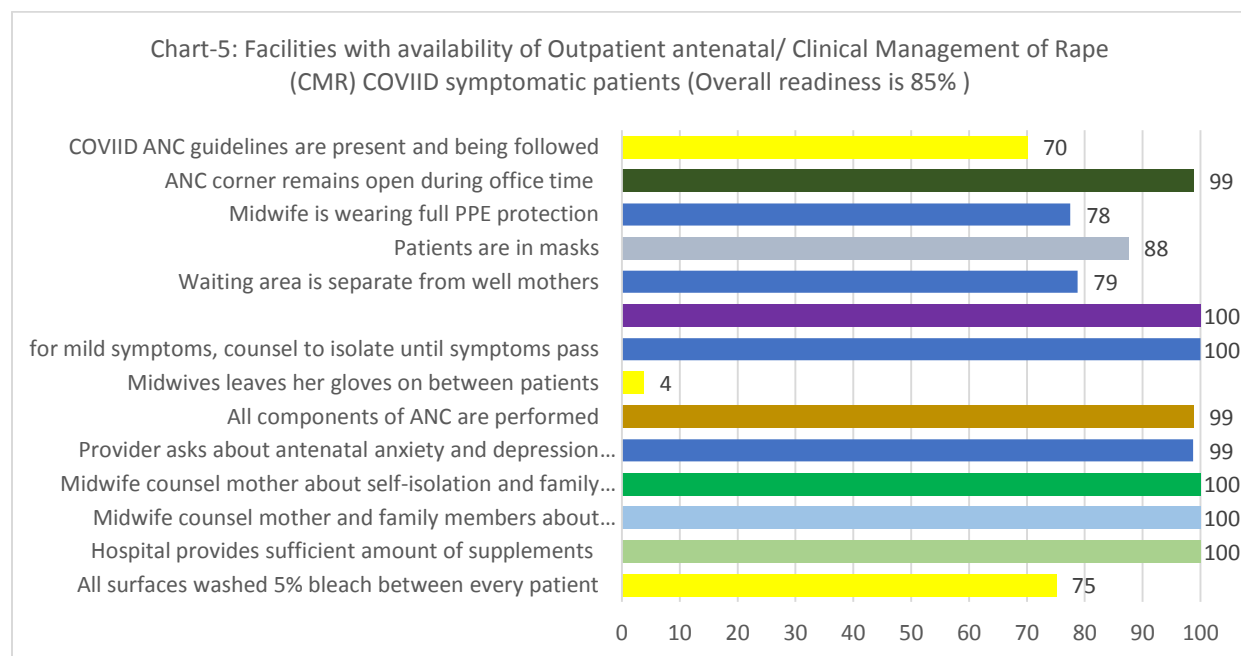
Chart-4: Facilities with availability of Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients (Overall readiness 91%)



In general, the Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients is good in most of the facilities. All most all the variables were available in around 91% of facilities. Except Pictorial Leaflets on COVID for clients which is only 58% facilities have this kind of leaflets for clients.

## Section-5: Outpatient antenatal/ Clinical Management of Rape (CMR) COVID symptomatic patients

Overall readiness on Outpatient antenatal/ Clinical Management of Rape (CMR) COVID symptomatic patients is 85%			
Items	Yes	No	N/A
COVID ANC guidelines are present and being followed	70	30	0
ANC corner remains open during office time	99	1	0
Midwife is wearing full PPE protection	78	21	1
Patients are in masks	88	13	0
Waiting area is separate from well mothers	79	20	0
If patents symptoms are moderate or severe, she is sent to female isolation ward or referred to higher COVID facility	100	0	0
If patient's symptoms are mild, her concerns are addressed and she is told to stay home and isolate until symptoms pass	100	0	0
Midwives leaves her gloves on between patients	4	95	0
All components of ANC are performed	99	1	0
Provider asks about antenatal anxiety and depression and domestic violence due to possible economic and social impacts of the COVID-19	99	1	0
Midwife counsel mother about self-isolation and family members about reducing the spread of COVID	100	0	0
Midwife counsel mother and family members about importance of facility delivery	100	0	0
Hospital provides sufficient number of supplements (iron, folic acid, calcium) to minimize facility visit just to obtain supplies.	100	0	0
All surfaces washed 5% bleach between every patient	75	25	0

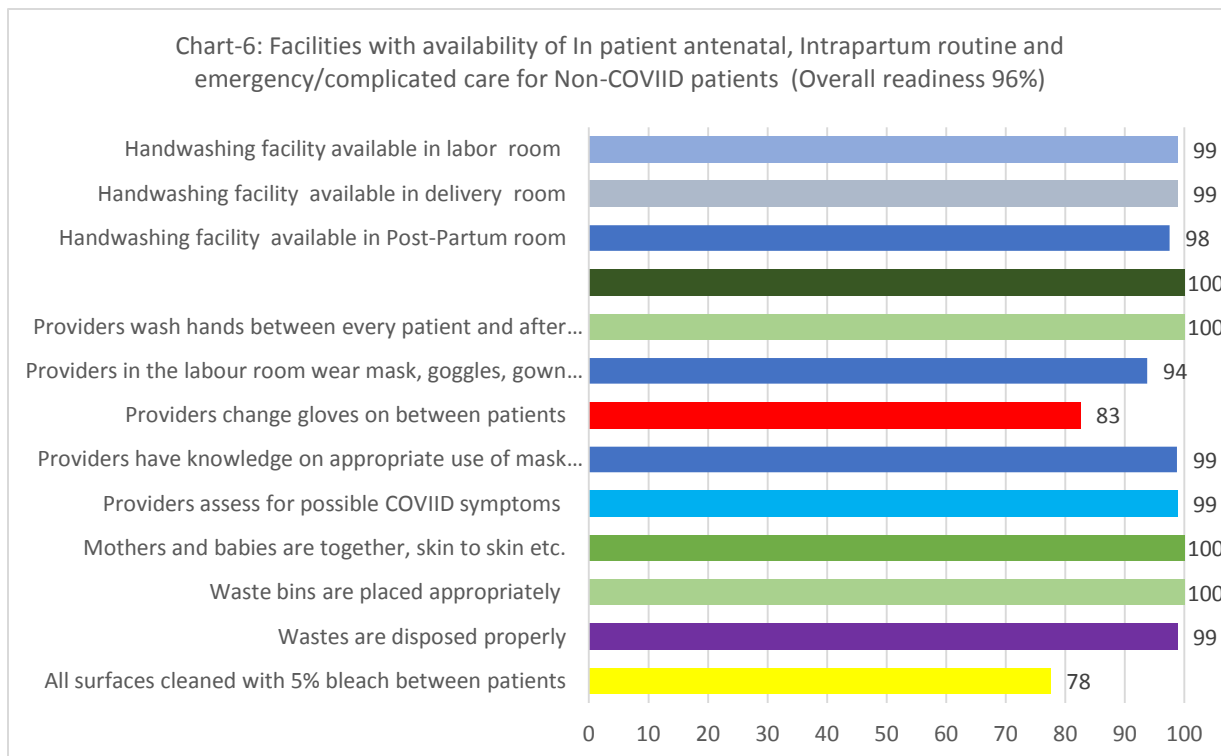




Overall readiness on Outpatient antenatal/ Clinical Management of Rape (CMR) COVID symptomatic patients is 85% which is satisfactory. But there are immediate need to be further improvement on availability and following ANC guideline (70%); All surfaces washed 5% bleach between every patient (75%) and need to be little bit awareness during leaves the gloves.

**Section-6: In patient antenatal, Intrapartum routine and emergency/complicated care for Non-COVID patients**

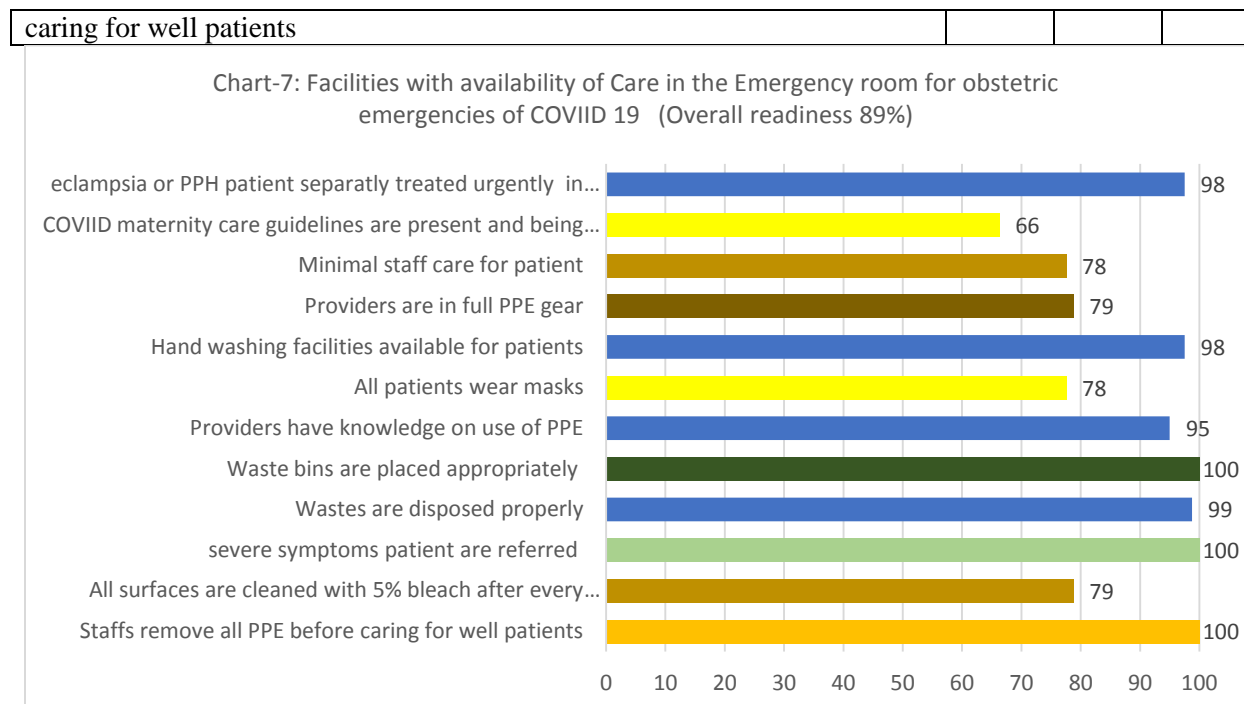
Overall readiness on In patient antenatal, Intrapartum routine and emergency/complicated care for Non-COVID patients is 96%			
Items	Yes	No	N/A
Handwashing facility with water and soap or hand sanitizer available in labor (observation) room	99	1	0
Handwashing facility with water and soap or hand sanitizer available in delivery (birthing) room	99	1	0
Handwashing facility with water and soap or hand sanitizer available in Post-Partum room	98	3	0
Staff have knowledge on keeping COVID 19 patients separated including no staff contamination	100	0	0
Providers wash hands between every patient and after touching surfaces or objects	100	0	0
Providers in the labour room wear mask, goggles, gown and gloves	94	6	0
Providers change gloves on between patients	83	18	0
Providers have knowledge on appropriate use of mask and hand washing for non-COVID areas	99	0	1
Providers assess for possible COVID symptoms (Fever, Cough, Respiratory symptoms, contact with COVID-19 affected person) (this should have been performed in triage but can be repeated	99	1	0
Mothers and babies are together, skin to skin etc.	100	0	0
Waste bins are placed appropriately	100	0	0
Wastes are disposed properly	99	1	0
All surfaces cleaned with 5% bleach between patients	78	23	0



In general, in patient antenatal, Intrapartum routine and emergency/complicated care for Non-COVID patients is satisfactory in most of the facilities. All most all the variables were available in around 96% of facilities. But need to be immediate attention when providers change the gloves because found providers of 83% facilities change their gloves on between patients.

### Section-7: Care in the Emergency room for obstetric emergencies of COVID 19 cases

Overall readiness on Care in the Emergency room for obstetric emergencies of COVID 19 cases is 89%			
Items	Yes	No	N/A
If urgent care is needed such as treating eclampsia or PPH patient is separated from other patients in the Emergency Room and treated urgently	98	3	0
COVID maternity care guidelines are present and being followed.	66	34	0
Minimal staff care for patient	78	21	0
Providers are in full PPE gear	79	21	0
Hand washing facilities available for patients	98	3	0
All patients wear masks	95	4	0
Providers have knowledge on use of PPE and their rational use and can answer questions correctly	78	23	0
Waste bins are placed appropriately	100	0	0
Wastes are disposed properly	99	0	0
Patient with COVID moderate or severe symptoms are referred when not possible for COVID care	100	0	0
All surfaces are cleaned with 5% bleach after every patients contact	79	21	0
Staff who cares for COVID suspected patients must remove all PPE before	100	0	0

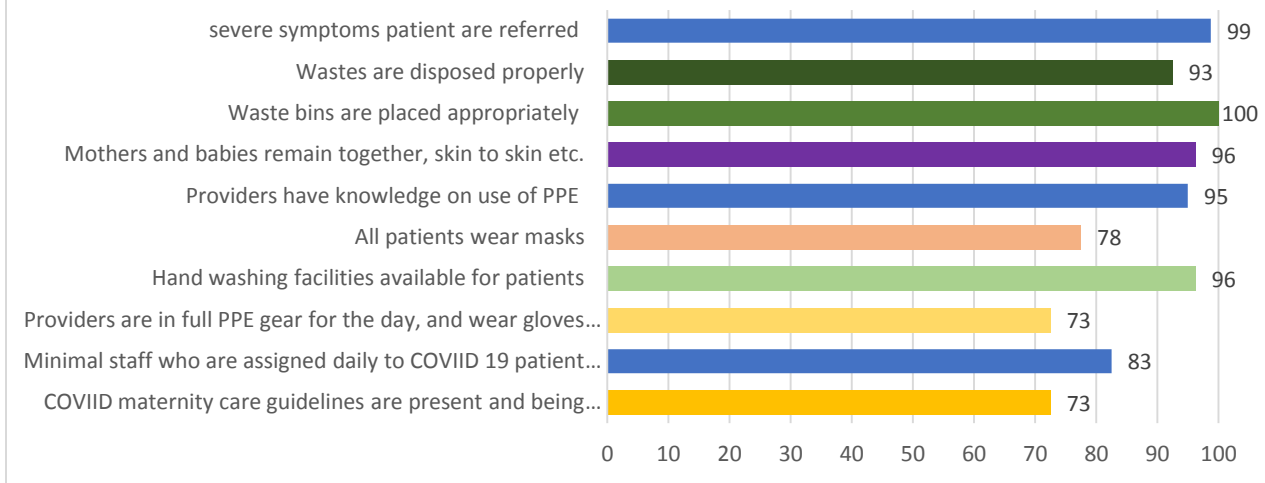


In this section there are immediate need to further improvement on availability of COVID maternity care guidelines and being followed (66%) and patients with mask (78%) otherwise rest of the components of this section are satisfactory where all variable were available in around 89% of facilities.

**Section-8: In patient routine and emergency care for antenatal and Intrapartum routine and emergency/complicated COVID 19 patients**

Overall readiness on In patient routine and emergency care for antenatal and Intrapartum routine and emergency/complicated COVID 19 patients is 88%			
Items	Yes	No	N/A
COVID maternity care guidelines are present and being followed.	73	28	0
Minimal staff who are assigned daily to COVID 19 patient areas	83	15	0
Providers are in full PPE gear for the day, and wear gloves continuously	73	21	5
Hand washing facilities available for patients	96	3	1
All patients wear masks	78	23	0
Providers have knowledge on use of PPE (wearing, removal and disposal of Gown, Gloves, Mask, Goggles) and their rational use and can answer questions correctly	95	5	0
Mothers and babies remain together, skin to skin etc.	96	3	1
Waste bins are placed appropriately	100	0	0
Wastes are disposed properly	93	8	0
Patient with COVID moderate or severe symptoms are referred when not possible for COVID care	99	1	0

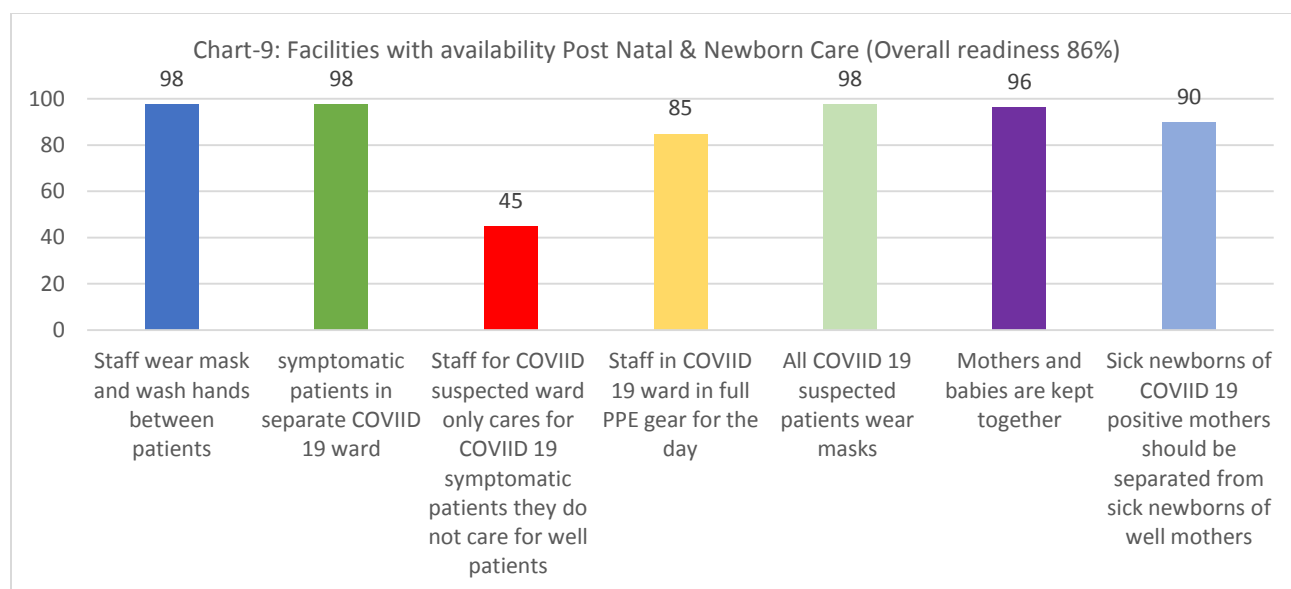
Chart-8: Facilities with availability of In patient routine and emergency care for antenatal and Intrapartum routine and emergency/complicated COVID 19 patients (Overall readiness 88%)



Overall readiness on In patient routine and emergency care for antenatal and Intrapartum routine and emergency/complicated COVID 19 patients is 88% which is good but there are need no be attention to availability of COVID maternity care guidelines and being following and daily minimal staff assign at patient area with full PPE.

### Section-9 &10: Post Natal & Newborn Care

Overall readiness on Post Natal & Newborn Care are 86%			
Items	Yes	No	N/A
Staff in well patient ward wear mask and wash hands between patients	98	3	0
COVID 19 symptomatic patients in separate COVID 19 ward	98	1	1
Staff for COVID suspected ward only cares for COVID 19 symptomatic patients they do not care for well patients	45	53	1
Staff in COVID 19 ward in full PPE gear for the day	85	8	6
All COVID 19 suspected patients wear masks	98	0	0
Mothers and babies are kept together	96	3	0
Sick newborns of COVID 19 positive mothers should be separated from sick newborns of well mothers	90	8	0



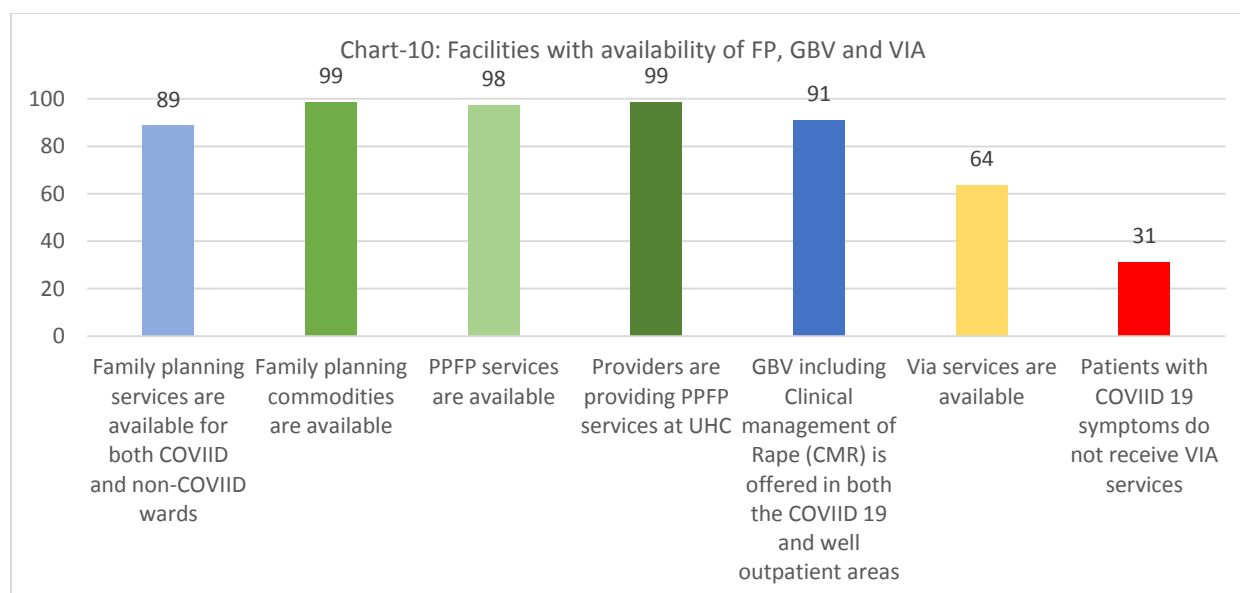
Postnatal care and newborn care services are found good in 86% facilities but staffs of 45% facilities for COVID-19 suspected ward only cares for COVID-19 symptomatic patients they do not care for well patients. There are having scopes to improvement.

### Section-11: Family Planning

Overall readiness on Family Planning 96%			
Items	Yes	No	N/A
Family planning services are available at UHC for all women in both COVID-19 and non-COVID-19 wards	89	10	0
Family planning commodities are available	99	1	0
PPFP services are available	98	1	0
Providers are providing PPFP services at UHC	99	0	0

### Section-12 & 13: Health Response to Gender Based Violence & VIA

Items	Yes	No	N/A
Health response to GBV including Clinical management of Rape (CMR) is offered in both the COVID-19 and well outpatient areas	91	8	0
Via services are available	64	34	1
Patients with COVID-19 symptoms do not receive VIA services	31	53	13



Family Planning services were available at 99% hospitals; while VIA services were found available at 64% of hospitals and rest of the hospitals either halted this service temporarily due to pandemic situation or they have no pre-existing services.

#### Section-14: Others

Items	Yes	No	N/A
IEC materials (message, poster, billboard) on COVID-19 are displayed across the facility	84	15	0
Focal person has been identified to monitor the maternal health services during COVID pandemic	83	11	4
Items	Number		
Number of providers (Midwife and Nurse) received any course related to COVID (virtually)	167 out of 1138		
Number of providers (Midwife and Nurse) received any course related to COVID (Physically)	165 out of 1138		
Number of providers watched learning video related to COVID	443		
Total Number of ANC provided in last calendar month	8856		
Number of consultations done to pregnant mother over phone in last calendar month	2526		
Total Number of NVD provided in last calendar month	1739		
Total Number of NVD done to COVID positive mother in last calendar month	15		
Total Number of PPH reported by hospital in last calendar month	51		
Total Number of Severe PE/Eclampsia cases reported by hospital in last calendar month	31		
Total Number of COVID positive mothers treated for PPH and Eclampsia in last calendar month	6		
Total Number of mothers referred out identified as suspected or confirmed COVID	10		
Total maternal deaths occurred to suspected or confirmed COVID in last calendar month	0		

84% facilities have IEC materials (message, poster, billboard) on COVID-19 and 83% facilities have Focal person has been identified to monitor the maternal health services during COVID pandemic and there have some opportunity to improve on this. Few numbers of service providers received training on COVID issues. To increase confidence and competencies, midwives should be considered for upcoming national trainings.

### **Section-15: Availability of IPP materials for service providers of ANC and Delivery room.**

Items	Number
Number of UHC that have stock out of Gown-Reusable	51 out of 80
Number of UHC that have stock out of Gown-Disposable	32 out of 80
Number of UHC that have stock out of Mask	31 out of 80
Number of UHC that have stock out of Gloves	35 out of 80
Number of UHC that have stock out of Goggles	52 out of 80
Number of UHC that have stock out of Hand sanitizer	37 out of 80
Number of UHC that have stock out of Shoe cover	54 out of 80

Use of IPP materials though many of them do not practices due to lack of proper supportive supervision. Conversely huge number of facilities has stock out of IPP materials which need to be addressed and minimize the stock out of IPP materials immediately.

### **Challenges:**

- There is no available guideline on care of pregnant women with infected or suspected COVID-19
- Effective utilization of midwives due to shortage of staff during COVID-19 pandemic
- Shortage of Infrared Thermometers in all the facility, so high risk of COVID transmissions.
- There is shortage of Pictorial Leaflets on COVID for clients
- Shortage of Mask and hand sanitizers.

### **Recommendations:**

- Proper use of PPE
- Minimize stock out of IPP materials
- Establish hand washing station in the entry point at all the facilities
- Arrange transportation for the DPHN/DPHM to monitor frequently
- Increase high official visit from DGHS/DGNM.
- Ensure supply of Infrared Thermometers in all the facility for quickly identify the infected or suspected COVID-19 cases.

**Annex-1: List of districts and UHCs where assessment conducted**

Sl No	District	Upazila	Name of UHC
1	Maulavibazar	Barolekha	UHC, Barolekha
		Juri	UHC, Juri
		Sreemangal	UHC, Sreemangal
2	Sylhet	Jokiganj	UHC, Jokiganj
		Goainghat	UHC, Goainghat
		Golapgonj	UHC, Golapgonj
		Kanaighat	UHC, Kanaighat
		Dakshin Surma	UHC, Dakshin Surma
		Bissonath	UHC, Bissonath
		Jointapur	UHC, Jointapur
		Kompanigonj	UHC, Kompanigonj
3	Sunamganj	Dirai	UHC, Dirai
		Salla	UHC, Salla
		Dharmapasha	UHC, Dharmapasha
4	Sirajganj	Tarash	UHC, Tarash
		Kazipur	UHC, Kazipur
		Raigonj	UHC, Raigonj
		Belkuchi	UHC, Belkuchi
		Ullapara	UHC, Ullapara
5	Bagura	Kahalu	UHC, Kahalu
		Adamdighi	UHC, Adamdighi
		Sonatola	UHC, Sonatola
		Shibganj	UHC, Shibganj
		Nandigram	UHC, Nandigram
		Sherpur	UHC, Sherpur
		Shajahanpur	UHC, Shajahanpur
		Sariakandi	UHC, Sariakandi
		Dhunat	UHC, Dhunat
		Gabtolli	UHC, Gabtolli
Dupchachia	UHC, Dupchachia		
6	Noakhali	Kobirhat	UHC, Kobirhat
		Sonaimuri	UHC, Sonaimuri
		Kompanigonj	UHC, Kompanigonj
		Senbag	UHC, Senbag
7	Rangamati	Jurachhori	UHC, Jurachhori
		Borkol	UHC, Borkol
		kaukhali	UHC, Kaukhali
		Rajostholi	UHC, Rajostholi
		Baghaichhori	UHC, Baghaichhori
		Longdu	UHC, Longdu



SI No	District	Upazila	Name of UHC
		Naniarchor	UHC, Naniarchor
		Bilaichhori	UHC, Bilaichhori
8.	Bandarban	Naikhongchhori	UHC, Naikhongchhari
		Ukhia	UHC, Ukhia
		Moheshkhali	UHC, Moheshkhali
		Chokoria	UHC, Chokoria
		Pekua	UHC, Pekua
		Kutubdia	UHC, Kutubdia
9	Coxbazar	Teknaf	UHC, Teknaf
		Islampur	UHC, Islampur
		Sarishabari	UHC, Sarishabari
		Madarganj	UHC, Madarganj
		Bokshiganj	UHC, Bokshiganj
10	Jamalpur	Deowanganj	UHC, Deowanganj
		Nakla	UHC, Nakla
		Sreebardee	UHC, Sreebardee
		Jhinaigatee	UHC, Jhinaigatee
11	Sherpur	Lalitabari	UHC, Lalitabari
		Bar Hatta	UHC, Bar Hatta
		Kendua	UHC, Kendua
		Mohonganj	UHC, Mohonganj
12	Netrokona	Khaliajuri	UHC, Khaliajuri
		Betagi	UHC, Betagi
		Bamna	UHC, Bamna
13	Barguna	Patharghata	UHC, Patharghata
		Muladi	UHC, Muladi
		Babuganj	UHC, Babuganj
		Ujirpur	UHC, Ujirpur
		Mehendiganj	UHC, Mehendiganj
		Banaripara	UHC, Banaripara
14	Barishal	Bakerganj	UHC, Bakerganj
		Mirzaganj	UHC, Mirzaganj
		Golachipa	UHC, GolaChipa
		Baufal	UHC, Baufal
15.	Patuakhali	Dashminia	UHC, Dashmina
16.	Khagrachhori	Panchhori	UHC, Panchhori
		Dhamrai	UHC, Dhamrai
		Keraniganj	UHC, Keraniganj
		Dohar	UHC, Dohar
17.	Dhaka	Savar	UHC, Savar