

## Bangladesh's experience on the Midwifery Services Framework



*Participants at the MSF workshop in Dhaka in October 2016*

### **Background of country**

Bangladesh with its population of 165 million has seen significant achievements in reducing maternal, infant and neonatal mortality over the last few decades; maternal mortality ratio has fallen from 569 per 100,000 live births in 1990 to 176 in 2015; and neonatal mortality fell from 63 in 1990 to 23 in 2015. This accomplishment has put the country on track to succeed national development goals and targets. The main reasons for the decline include the reduction of the fertility rate from 3.2 to 2.3 children per woman in the course of nine years, the increased rate of 31% of all pregnant women receiving four or more antenatal care visits, and the fact that 37% of all births were delivered at a health facility. Better access to care, substantially higher levels of female education, improved awareness and health seeking behavior and better economic conditions have furthermore contributed to these positive developments. Despite these achievements several challenges however persist with regard to availability, accessibility, acceptability and quality of comprehensive sexual, reproductive, maternal and neonatal health (SRMNH) services in the country.

In light of this situation, the need for professional midwives to be integrated into the larger SRMNH workforce is crucial. In the past decade, the midwifery profession in Bangladesh has undergone important developments, especially in terms of complying with international definitions and concepts of the characteristics of the midwifery profession. Bangladesh is following the international standard for midwifery education and competencies both for in-service and pre-service education. As of January 2017, the country has educated 2800 midwives who are registered with the Bangladesh Nursing and Midwifery Council, and their services are overseen by the Directorate General of Nursing and Midwifery Services. The midwives are guided by the Midwifery Act, Standard Operating Procedures for midwifery services, and by a code of ethics that supports midwives roles and responsibilities within the midwifery-led continuum of care. While this is a positive start, Bangladesh requires a significant scale up in numbers to be able to produce 20,000 well educated midwives, posted in areas with high need and backed up by supportive HR policies; as well as further initiatives to make the profession fully autonomous. The

Midwifery Service Framework (MSF) tool provided the opportunity to take stock of the current situation and assess future needs to fulfil these outstanding objectives for advancing the profession and availing quality SRMNH services to the people of Bangladesh.



*The Bangladesh State Minister of Health with ICM, DGNM, BNMC and UNFPA Representatives*

### **The Midwifery Services Framework (MSF)**

In mid-2015, UNFPA Bangladesh became aware of the MSF tool developed by the International Confederation of Midwives (ICM) and partners to support the development and strengthening of midwifery services, focusing on a quality midwifery workforce. As the government, in collaboration with UNFPA, was at that point working on a critical approach of how to best integrate midwives into the national health system as part of the next health sector plan, the framework was seen as a complementary tool to guide the process. UNFPA Bangladesh took the opportunity to invite ICM for an initial exploratory visit in January 2016 to introduce the MSF to the Ministry and relevant stakeholders. Although there were some initial concerns voiced by ICM in terms of Bangladesh's readiness to implement the framework, ICM agreed to return for the full MSF workshop in October 2016, given the government's willingness and desire to improve its' maternal and newborn health outcomes by 2030.

### **MSF workshop**

The MSF multi-stakeholder assessment workshop was conducted at Hotel Radisson Blu, in Dhaka, Bangladesh from the 24<sup>th</sup> to the 26<sup>th</sup> of October 2016. Led by the Bangladesh Ministry of Health and Family Welfare, the overall objective of the workshop was to use the MSF to analyze, together with all stakeholders the key components of midwifery services and identify major bottlenecks faced by midwives in providing quality midwifery care at all levels of the health systems through a continuum of care

approach. The workshop also had the aim to discuss the establishment of technical working groups to address gaps identified, estimate resources required, work on timelines, and to define the roles and responsibilities of government, public sectors, relevant key stakeholders, and partners including ICM.

Through its solution-based and collaborative approaches used to identify barriers for the provision of SRMNH services for Bangladeshi women, the MSF workshop was a unique opportunity to bring together more than 130 participants representing government, policy-makers, academia, professional associations, midwives, midwifery students, nurses, medical professionals, UN agencies and other development partners from all over the country. Through this participatory workshop, existing gaps and barriers were identified, and solutions proposed. Participants were also able to prioritize necessary actions within the framework for implementation. The workshop helped generate interest and ownership among a large group of stakeholders as to the need for strengthening midwifery as a separate profession.

The MSF workshop did not necessarily identify new gaps or challenges in Bangladesh, but rather validated what was already known, and helped prioritize actions. The workshop did however contribute significantly to generating an even stronger political commitment among all involved actors. The government committed to move the MSF forward by establishing working groups related to midwifery education, enabling environment, quality of care, regulation, and awareness for midwifery-led care, in addition to the already ongoing working groups led by the high level stakeholder committee.

### **After the MSF country assessment workshop**

The MSF has been found to be a useful tool in Bangladesh in helping to prioritize the government's interventions. It is currently being used as the key framework by government, UNFPA and other key implementing partners for prioritizing their activities and allocating resources.

One important aspect of the MSF tool is the ongoing support to the midwifery association. As discussed during the MSF workshop, the Bangladesh Midwifery Society (BMS) has great potential to influence the development of professional midwifery in Bangladesh but is in need of support and capacity building. As part of the implementation process outlined in the MSF, a twinning relationship between the Royal College of Midwives UK and the BMS has been initiated. The purpose of such a relationship is to strengthen the BMS to achieve its stated aims and to strengthen the organization to carry out all aspects of their role as a professional organization, so that in the near future, they will be able to advocate for the midwifery profession in Bangladesh and create demand for midwifery services.

### **Status of workshop outcomes to date**

To promote the effective and comprehensive implementation of the MSF, as of mid-April 2017, four working groups were formed. The four working groups are for developing (1) accreditation guidelines and tools, (2) licensing and re-licensing guidelines, (3) midwifery bachelor curriculum and syllabus and (4) a code of ethics for midwives. All groups are working under the supervision of the Bangladesh Nursing and Midwifery Council with their own terms of reference articulating clear objectives, scope of

work, deliverables, and approval mechanisms, including a clear timeline.



*The MSF Working Group on Bachelor Curriculum and Syllabus Development*

These working groups are domain specific and focus on particular activities to develop formal documentation necessary to strengthen the profession. The composition of the group members are carefully thought through, and all members are subject matter experts with an influence to move the midwifery agenda forward. To facilitate an efficient approval system and implementation processes, a high level stakeholder committee, formalized in 2015 and chaired by the Additional Secretary Ministry of Health and Family Welfare, reviews and approves the critical documents developed by each of the working groups. More working groups related to education, policy and practice will be created during the year.

### **Challenges**

Building on the results achieved in the past years, challenges still remain and need to be addressed. While the work to date has been striking, it is important to recognize that the concept of a cadre of professional midwives is new in Bangladesh. The MSF is a guiding tool, based on global best practices, however does require taking the national context into consideration. In Bangladesh, for example, the existence of a cadre of nurse-midwives caused some confusion. As a result, the role of midwives, competencies and responsibilities are not clearly understood or recognized among and in comparison to other health care professionals and among the public. To address this, continuous national level advocacy and outreach activities are needed.

Despite the political will in the country, the high turnover in senior positions in the Ministry of Health and Family Welfare and specifically in the Directorate of Nursing and Midwifery has made it challenging to provide continuous leadership throughout the roll-out of the MSF.

The current security situation in Bangladesh has an impact on the roll-out of the MSF, especially for the monitoring of the MSF.

### **Lessons learnt during the process**

The most significant lessons learnt during the process were the importance of bringing all stakeholders together, using a consultative, and solution based, participatory and collaborative approach. This led to the identification of issues and solutions by the participants themselves.

Partners, and especially government officials' positive feedback on the workshop reinforces what we all knew: that we do need support from ICM. The commitment, technical and facilitation skill and tact made the MSF workshop process a non-threatening environment for participants from all levels, to contribute and voice their opinions in a safe environment. The workshop recommendations will help keep the momentum going.

### **Conclusion**

National interest in the development of a midwifery profession is high following the publication of the *State of the Worlds Midwifery Report* and a series of articles about midwifery published in the journal *Lancet*. The ICM Midwifery Services Framework emerged as a tool useful to countries such as Bangladesh who wish to take a deeper look at the status of its provision of SRMNH services, in comparison to global standards and criteria for high quality midwifery education and practice.

Although challenges exist for Bangladesh in strengthening the midwifery profession, the MSF tool helped define the role and responsibilities of midwives and clarified what it means to create an enabling environment for midwives to provider their full scope of practice and to establish collaborative relationships with other health care professionals.

### **Take home message**

Having a clear guiding framework can ensure buy-in from multiple stakeholders and has been especially important and helpful in the case of establishing the midwifery profession in Bangladesh, as it is a completely new concept in the country. The MSF works best when carefully planned and executed when there is a full buy-in from Governments. Governments require support from third party facilitators, such as UNFPA or the Association of Midwives to liaise with ICM and carefully design the MSF implementation. A good blend of national and international facilitators can help greater reach of the MSF.