

NATIONAL STRATEGIC DIRECTIONS FOR MIDWIFERY IN BANGLADESH



2014



Bangladesh Nursing Council

Collaborated by: Directorate of Nursing Services

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Mohammed Nasim, MP
Minister
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh



Message

It is recognized that midwives are one of the important workforces in the health care system to meet the needs of mothers and babies. From the perspectives, Bangladesh strives to general skilled and competent midwifery workforce to provide quality of services to women, newborn and infant. Therefore, special attention is given to strengthen midwifery education and practices to enhance its contribution with a view to achieving Millennium Development Goals (MDGs) 4 and 5.

I am delighted for the development of this strategic directions document which will act as a guiding principle in future. The government has keen interest to take necessary steps to implement the strategic directions paper through its operational functions.

I hope the skilled midwives will be capable of contributing their significant roles in reducing the expected maternal and infant mortality rate by 2015 and beyond.

I strongly believe that the strategic directions paper will guide the decision makers to act as a future tool.

I firmly believe that the identified priority actions will contribute to health and well being of the pregnant women, mothers and newborn in Bangladesh. Ministry of Health and Family Welfare is ready to provide necessary support for the immediate and successful implementation of the document to activate the midwifery services in Bangladesh.

Joy Bangla, Joy Bangabandhu
Long live Bangladesh.


Mohammed Nasim

Secretary
Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh



Message

Midwives have been playing a crucial role globally for safe motherhood. Government of Bangladesh has given special attention to prepare competent midwives to achieve the Millennium Development Goals of reducing maternal mortality to an expected level.

I am happy for the development of this Strategic Paper for enhancing the contribution of midwives for midwifery services. Bangladesh already has made a good progress in the aspects of MDGs with the combined efforts of nurse and midwives, skilled birth attendants and doctors.

My sincere thanks to all the working group members, experts, and stakeholders for their best efforts for finalizing the Strategic Direction Policy Paper to strengthen the Midwifery Services in Bangladesh.

My sincere thanks also extend to WHO and UNFPA for providing their technical support for producing the Midwifery Strategic Directions Document for Bangladeshi people.

Syed Monjurul Islam

Secretary
Ministry of Health and Family Welfare
Govt. of the People's Republic of Bangladesh



Photo

Preface

Midwives have been playing a crucial role for safe motherhood, globally. From this philosophy the government of Bangladesh has given special attention to prepare competent midwives to achieve the Millennium Development (MDGs) goal 4 and 5 and beyond its limits until the maternal mortality rate is reduced up to the expected level.

I am delighted for the development of this Strategic Paper for enhancing the contribution of midwives for midwifery services. Bangladesh already has made a good progress in the aspects of MDGs 4 and 5 with the combined efforts of nurse-midwives, skilled birth attendants and doctors.

My sincere thanks to all the working group members, experts, and stakeholders for their best efforts for finalizing the Strategic Direction policy Paper to strengthen the Midwifery Services in Bangladesh.

I am confident that the Strategic Directions paper will guide the decision makers to develop a midwife cadre in near future.

I also would like to establish a monitoring system to provide minimum standard care of pregnant women, newborn, infant and child for reducing the suffering of the people.

From the administrative side, I assure that all necessary support will be given for the successful implementation of the Strategic Direction Paper as soon as possible.

Finally, my sincere thanks to WHO and UNFPA for providing their technical support for producing the Midwifery Strategic Directions Document for Bangladeshi people.

Name & Signature

.....



Director General
Directorate General of Health Services
Ministry of Health & Family Welfare

Message

Midwifery personnel have long been recognized as a corner stone for safe motherhood, globally. They provide necessary supervision, care, services and advice to women during pre-pregnancy, pregnancy, Menstrual Regulation, post abortion care, labour, the postpartum period and family planning. They conduct deliveries on their own responsibility and care for the newborn and the infant.

Increased attention had been given to enhance the contribution of Registered Nurse-Midwives towards maternal and newborn health care services by strengthening their knowledge and skills on midwifery as a means of addressing the high Maternal Mortality and low percentage of births attended by skilled attendants in Bangladesh. Beside the capacity building program for RNMs, decision had also been taken to prepare Registered Midwives with required competencies as well. In this regard and given the current situation, the existing Strategic Directions Paper has been reviewed.

Deep appreciation is due to all members of the technical working group, formed by the DNS and BNC, for their active involvement and valuable inputs for the preparation of this paper. Sincere appreciation is also extended to WHO, UNFPA and IPAS for their technical assistance throughout the process.

I firmly believe that this strategic directions, if properly implemented, can contribute significantly to the health and wellbeing of the pregnant women, mothers and newborns in our country.

Prof. Dr. ~~Been Mohd.~~ Noorul Huq
Director General
Directorate General of Health Services
Ministry of Health & Family Welfare

Foreword



Midwifery services have been recognized as a vital part of the health system around the world. Ensuring competent midwifery services become obligatory to attain MDG 4 & 5 by reducing the mortality and improving the health of mother, neonatal and child in Bangladesh. Assuring availability of the quality of midwifery cares in all health settings is fundamental for giving emphasis on strengthening the midwifery services. Particularly, focuses must be given on the provision of skilled midwifery care at community settings where midwives will act on their own authority to deliver primary care. A midwife's focus should be to all women and their families to have a positive and safe experience of pregnancy, birth and early parenting.

The Director of Nursing Services is highly committed to develop a well organized midwifery workforce contributing to equitable and accessible quality maternal, neonatal and child health services. As an initiative to improve and strengthening the midwifery services, this National Strategic Directions for Midwifery in Bangladesh has been developed on the basis of literature review of national health, nursing and midwifery policy documents; and consultation with different stakeholders. I do believe that this strategic plan will effectively contribute to improve and expand the midwifery services in Bangladesh and easily be implemented within available resources.

I wish to extend thanks to all organizations and individuals who contributed to develop and finalize this strategic plan.

Suriaya Begum
15.10.14

Suriaya Begum
Director

The Directorate of Nursing Services



রেজিস্ট্রার
বাংলাদেশ নার্সিং কাউন্সিল

Acknowledgement

বিশ্বব্যাপী, বহুকাল থেকেই নিরাপদ মাতৃত্বের জন্য মিডওয়াইফারী পেশা স্বীকৃত। নারীর মাতৃত্বকালীন সময়ে যত্ন ও পরামর্শ প্রদান, নিরাপদ প্রসব এবং প্রসবোত্তর সেবা নিশ্চিতকরণসহ নবজাতকের স্বাস্থ্যসেবা প্রদানের বিষয়টিও মিডওয়াইফারী পেশার অন্তর্গত। আমাদের দেশে এ যাবতকাল এই পেশাটি অবহেলিত ছিল। নিরাপদ নবজাতকের স্বাস্থ্যসেবা সুনিশ্চিত করার মাধ্যমে মা ও শিশু মৃত্যুহার কমিয়ে আনার লক্ষ্যে জাতিসংঘ-সহস্রাব্দ উন্নয়ন লক্ষ্যমাত্রা ৪ ও ৫ ঘোষণা করার পর মিডওয়াইফারী পেশার প্রতি গুরুত্ব প্রদান শুরু হয়।

নার্স-মিডওয়াইফদের সহস্রাব্দ উন্নয়ন লক্ষ্যমাত্রা-৪ ও ৫ অর্জনে যুক্ত করার লক্ষ্যে বিশ্বস্বাস্থ্য সংস্থা ও দেশের নীতিনির্ধারক মহল ইতিবাচক পদক্ষেপ গ্রহণ করেন এবং সরকারী পর্যায়ে কর্মরত নার্স মিডওয়াইফদের পর্যায়ক্রমে ৬ মাস মেয়াদি এডভান্সড মিডওয়াইফারী প্রশিক্ষণ প্রদান করে স্বতন্ত্রভাবে মিডওয়াইফ হিসাবে অনুশীলন করার সুযোগ করে দেন যাতে দেশের মা ও শিশু মৃত্যুহার হ্রাসে কার্যকর ভূমিকা পালন করতে পারে। এই প্রেক্ষাপটেই বিশ্বস্বাস্থ্য সংস্থার টেকনিক্যাল সহায়তায় ২০০৮ সালের সেপ্টেম্বরে বাংলাদেশ নার্সিং কাউন্সিলের উদ্যোগে সরকারের স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় ও সেবা পরিদপ্তরের সমন্বয়ে প্রণয়ন করা হয়।

মাননীয় প্রধানমন্ত্রীর নেতৃত্বে ইতোমধ্যে দেশের স্বাস্থ্যখাতসহ অন্যান্য খাতেও বিশাল অগ্রগতি সাধিত হয়েছে। মাতৃ ও শিশু মৃত্যুহার উল্লেখযোগ্য মাত্রায় কমে ২০১৩ সালের সর্বশেষ হিসাবমতে যথাক্রমে ১৯৪ ও ৩৭ দাঁড়িয়েছে যা সহস্রাব্দ লক্ষ্যমাত্রা-৪ ও ৫ অর্জনের জন্য দেশ সঠিক পথেই রয়েছে বলে বিশেষজ্ঞগণ মনে করেন। সম্প্রতি মিডওয়াইফারী একটি পৃথক পেশা হিসাবে স্বাস্থ্যখাতে যুক্ত হয়েছে। ০৩ বছর মেয়াদি ডিপ্লোমা ইন-মিডওয়াইফারী শীর্ষক একটি পূর্ণাঙ্গ মিডওয়াইফারী শিক্ষা ব্যবস্থা চালু করেছে সরকার। ফলে ২০০৮ সালে প্রবর্তিত কৌশলপত্র নির্দেশিকাটি পুনঃপ্রণয়ন করণ আত্যাৱশ্যক হয়ে পড়েছিল। UNFPA এবং WHO-এর কারিগরি সহায়তায়, সরকারের স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় এবং সেবা পরিদপ্তরের সহায়তায় এই National Strategic Directions for Midwifery in Bangladesh 2014 পুনঃপ্রণয়ন করা হলো। আশা করি, দেশের মিডওয়াইফারী শিক্ষা ও পেশার ভিত তৈরি এবং সম্প্রসারণ করার ক্ষেত্রে এই কৌশলপত্রটি গুরুত্বপূর্ণ ভূমিকা পালন করবে। সেই সঙ্গে, দেশের মাতৃ ও শিশু মৃত্যুহার হ্রাসেও সহায়ক ভূমিকা পালন করবে বলে বিশ্বাস করি।

কৌশলপত্র নির্দেশিকাটি পুনঃপ্রণয়নে যে সকল ব্যক্তি, প্রতিষ্ঠান শ্রম ও সময় প্রদান করেছেন তাদের প্রতি ধন্যবাদ এবং কৃতজ্ঞতা প্রকাশ করছি।

সুরাইয়া বেগম



Bangladesh has achieved significant progress in improving the health of mothers and children. To maintain and sustain this trend and to reduce the maternal mortality ratio to less than 143 by 2016, a skilled health workforce that includes competent midwives is required. It is the basic right of all women and newborns to access and receive quality midwifery services that are available, acceptable and affordable.

Access by women to quality midwifery services without financial barriers, particularly in rural and remote areas and among the poor and marginalized, significantly contributes to the goal of universal health coverage. This access can be achieved through strong policies and plans, high investment in midwifery education and services, and creating enabling working environments to retain competent midwives within a country's health system. Effective strategies that address gaps in workforce distribution, competencies, quality, motivation and performance as well as in how midwives, are educated, managed, regulated and supported are also crucial.

WHO provided technical support to the Directorate of Nursing Services and the Bangladesh Nursing Council towards the development of the 2014 National Strategic Directions for Midwifery in Bangladesh. I believe the identified strategic directions and priority actions will contribute significantly to addressing gaps and lay a stronger foundation for improvement of and accessibility to quality midwifery education, care and services.

I assure you of WHO's continued support to enhancing midwifery education, services and regulation and our commitment to further improvements in universal access to maternal, newborn and child health services in Bangladesh.



Dr N. Paranietharan
WHO Representative to Bangladesh

Message from UNFPA

BACKGROUND

The low percentage of 31.7% births attended by skilled personnel in Bangladesh is a great concern of the Ministry of Health and Family Welfare (MOHFW). In May 2007, the National Focal Point for Skilled Birth Attendant (Additional Secretary, MOH&FW), requested the World Health Organization (WHO) to provide technical assistance in identifying directions that existing nurse-midwives could be better utilized for midwifery services to contribute to the attainment of Millennium Development Goals (MDGs) 4 and 5.

The Honorable Prime Minister's committed at the UN General Assembly to accelerate progress to reach the MDG 4 and 5. In this regard, in the UN Secretary's "Every Woman every Child" global movement during the 2010 United Nations Summit on the Millennium Development Goals (MDGs) Bangladesh commits to: doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 24.4%) through the training of an additional 3000 midwives, staffing all 427 sub-district health centres to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centres as centres of excellence for emergency obstetric care services.¹

The Obstetrical and Gynecological Society of Bangladesh (OGSB) had proposed to the Directorate General of Health Services, in April 2007, a short term solution of training nurse-midwives (Senior Staff Nurse/Staff Nurse within government hospitals) for 6-months advanced midwifery training program for facility-based midwifery services, as well as a long term solution by the pre-service education of a new cadre of Registered Midwives.

Based on the recommendation from the Stakeholder Meeting convened by the WHO in May 2007 a Technical Working Group (TWG) led by the DNS and BNC was formed. The TWG was assigned to review the situation and recommend strategic directions for enhancing the contribution of nurse-midwives towards the achievement of MDGs 4 & 5. Finally the Strategic Direction was developed with the involvement of key professional

1 United Nations Foundation (2014) Every Woman Every Child - Commitments (online) available from <http://everywomaneverychild.org/commitments>

organizations (i.e. OGSB, Bangladesh Medical Association and Bangladesh Nurses' Association) and other Development Partners (i.e. UNFPA and UNICEF) were actively engaged in the working group's deliberations.

The Bangladesh Government has initiated to implement the strategic direction by commencing a Training of Trainers for midwifery faculty development, starting the 6-months advanced midwifery course for Registered Nurse Midwives (Senior Staff Nurse/Staff Nurse) in 2010 and develop 3-years Diploma in Midwifery curriculum which started in 2012. Until now 1103 Certified midwives have completed the training course which will be continued further to achieve the required number of Midwives.

As the situation has changed since 2008, a review and modification of the Strategic Directions has been made to make it more effective and functional.

INTRODUCTION

Though Bangladesh has achieved substantial progress in aspects of maternal and newborn care, there is still a major issue with regards to maternal and newborn health.

The Government of Bangladesh has invested in a maternal health program with support from a number of development partners. Committed to achieving Millennium Development Goals (MDG) 4 and 5, Bangladesh's targets are to reduce the maternal mortality ratio (MMR) to 143 per 100,000 live births by 2015, and to increase skilled attendance at birth to 50 percent by 2016. Findings from the latest Bangladesh Maternal Mortality Survey (BMMS 2010) showed that the MMR was 194 per 100,000 live births². In a recent estimate by the WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division, the MMR has declined to 170 per 100,000 live births³

Health is one of the fundamental rights of human beings, and the Government has a constitutional obligation to ensure public health to all citizens. Therefore health, population and nutrition are among the most urgent development issues of the Government of Bangladesh. The Health, Population and Nutrition Sector Development Program (HPNSDP) has been initiated by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh (GoB) for a period of five years from July 2011-June 2016 and builds upon the Bangladesh's achievements in the health sector. The goal is to ensure quality and equitable health care for all citizens in Bangladesh by improving the access to and utilization of health, population and nutrition services. Currently, the HPNSDP 2011-2016 is under a mid-term review.

The HNPSP Midterm Review has been carried out in early 2008 which revealed that "MDG targets seem well on track, but areas of concern relate in particular to maternal and newborn care, where progress is too slow⁴⁵." The review calls for a fast tracked

2 Bangladesh Maternal Mortality and Health Care Survey 2010 (2011)

3 WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division (2014) Trends in Maternal Mortality: 1990 to 2013, Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division (online) available from <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>

4 Bangladesh Health, Nutrition, and Population Sector Programme (HNPSP), Mid Term Review, Vol. 1, Main Consolidated Report, Key Findings, Conclusions, and Recommendations By the Independent Review Team, 11th March 2008, Draft Report, pg viii.

human resource plan for midwifery services through a midwifery workforce planning subgroup among others. In regards to the skilled attendance during childbirth indicator for maternal health, the technical report states that the severe shortage of midwifery skills in the country is the most critical bottleneck, which retards the increase in skilled attendance.² (The specific targets, goals, indicators, and Bangladesh achievements to date of MDGs 4 and 5 are in Annex 3.)

In the 65th UN General Assembly Session, the Honorable Prime Minister of Bangladesh received the MDG award for being on track for reducing infant and child mortality (MDG 4). The maternal mortality ratio has declined, indicating that Bangladesh is on track to achieve the primary target of MDG 5. The current percentage of childbirth delivery by trained personnel (31.7%) indicates the modest improvement but is still short of the target of 50% coverage by 2016⁶.

The HPNSDP 2011-2016 is pointing out the creation and deployment of 3000 midwives as a priority intervention: "The MNCH activities under this program are priority issues specially doubling the percentage of births attended by a skilled health worker by 2015 (from the current level of 31.7 %) through training an additional 3000 midwives, staffing all 427 sub-district health centers to provide round-the-clock midwifery services."⁷

The Independent Review Team (IRT) for the HPNSDP highlights that Bangladesh requires an estimated 21,154 midwives (one midwife for approximately 175 annual births) to cover its 150 million people. IRT recommends for deploying midwives at the district hospital and upazila health complexes on a priority basis³.

In light of the above, it is crucial to give special attention to strive towards ensuring midwifery skills which would be available and accessible to women as and when needed.

5 Bangladesh Health, Population and Nutrition Sector Development Programme (HPNSDP), Annual Programme Review , Main Consolidated Report, Key Findings, Conclusions, and Recommendations, by the Independent Review Team, 9th October, 2012, Draft Report, PP-13-14.

6 Bangladesh Demographic and Health Survey (2011), National Institute of Population Research and Training Dhaka, Bangladesh.

7 Bangladesh Health, Population and Nutrition Sector Development Programme (HPNSDP) Programme Implementation Plan,, Volume-1 July 2011, Planning Wing, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh

The Global Standards for Midwifery Education (2010) amended in 2013 by the International Confederation of Midwives (ICM)⁸, highlights production of registered midwives require at least 36 months advance education. However the country has identified its urgent need in terms of number of midwives required by 2015 if Bangladesh wants to improve maternal, child and neonatal health situation. This is the reason why emphasis is given on the production of competent and efficient midwives by the following two ways:

- a. 6-months advanced Certificate in Midwifery training for registered nurse-midwives (who have completed 4-year diploma in nursing & midwifery
- b. 3-years Diploma in Midwifery (direct entry from HSC level).

Therefore the current situation on maternal, newborn and child health care services requires a review of the existing Strategic Directions. Though enhancing midwifery services through the 6-months advanced midwifery training for registered nurse-midwives is crucial to continue, development of carrier opportunities is also essential for all- registered midwives and certified midwives alike. To meet the needs of the population and the country's commitment the 3-year Diploma in Midwifery program commenced in December 2012. Starting with an intake of 525 students in 20 nursing educational institutes and colleges in the first year, and expanding to an additional 7 centers from January 2014 with a total second intake of 700 students.

In June 2014, the Government has created 3000 posts for midwives to comply with the Honorable Prime Ministry's commitment.

AIM

The strategic directions document is set out for the development and the effective management and utilization as part of the overall Human Resources Management of fully competent midwives to provide midwifery services in order to reduce maternal, newborn and infant mortality and morbidity and improve their care.

8 International Confederation of Midwives (2010) Global Standards for Midwifery Education (2010) Amended 2013 (online) available from http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf

OBJECTIVES

- A. *Provide directions for the advancement of policies, strategies and plans that include the midwifery cadre*
- B. *Enhance capacity of competent midwives through strengthening midwifery education and training in relevant tiers in the health system of Bangladesh*
- C. *Provide clear guidelines of deployment and utilization of Certified and Registered Midwives working autonomously and clearly define their scope of practice*
- D. *Provide directions on efforts to further review update and ensure application of the Midwifery Regulation*
- E. *To achieve the MDG 4 and 5 and the sustainable development goals beyond 2015*
- F. *To fulfill the commitment of the Honorable Prime Minister of the 2010 United Nations Summit on the Millennium Development Goals (MDGs)*

STRATEGIC DIRECTIONS AND PRIORITY ACTIONS

Four areas have been identified for the development and effective management and utilization of the midwifery workforce in order to enhance their contribution in maternal, newborn and child health services are provided in the box below. These strategic directions are further elaborated with priority strategic actions.

- A. Policy and Planning: Develop and implement policies and plans for effective utilization of midwives.
- B. Training, Education and Research:
 - Prepare Certified and Registered Midwives with required competencies to deliver quality services for women, newborns and children.
 - Strengthen midwifery knowledge and skills to perform quality reproductive, maternal, newborn and child health care services based on scope of midwifery practices (Annex-5).
 - Continuing professional development
 - Undertake research
- C. Deployment and Utilization: Based on midwifery workforce plan (Annex-6), deploy Certified and Registered Midwives to provide appropriate maternal, newborn and child health services, and ensure supportive working environments.
- D. Regulation: Enable the practice of Certified and Registered Midwives for midwifery services and to safeguard the public as per the Act and regulation
- E. **Monitoring and Evaluation:** Monitoring and evaluation is an overall component of this strategic direction document and will be implemented as a key strategic action.

A: Policy and Planning

Strategic Area 1: Develop and implement strategies for effective utilization of midwives as an integral part of the overall health sector plan, the national human resource policy workforce plan and all other related policies and plans

It is crucial that a national policy is in place to provide directions on how the midwives can be better educated and utilized to provide quality maternal, newborn and child health services using their midwifery skills. A strategic deployment plan, scope of practice and a clear job description, including creation of posts at all levels, must be implemented. Policy and planning related to recruitment, rotation, transfers, and retention must also be addressed. A career ladder and opportunities for further education for midwives should be developed and adopted.

Strategic Actions:

- Finalize the human resource for health policy which includes the planning for education and deployment of midwives
- Finalize the policy for recruitment, rotation, transfers, and retention of Certified and Registered Midwives and gets its due approval.
- Establish a supportive supervision system
- Implement a strategic deployment plan, scope of practice and a job description (Annex-6 and 7), including creation of posts at all levels, for effective utilization of midwives.
- Establish midwifery management information system for informed decision-making, programme management and policy update.
- Ensure future career opportunity and advancement process for Registered and Certified Midwives.
- Provide a secured and an enabling environment, including functioning facilities, equipment and communication.
- Ensure that funds for midwifery services are made available by the concerned Ministries

B: Training and Education

Strategic Area 2:

- i. Strengthen midwifery knowledge and skills to perform quality maternal, newborn and child health care services based on scope of midwifery practices (Annex-5).
- ii. Prepare Certified and Registered Midwives with required competencies to provide necessary services essential for mother, newborn and children.
- iii. Educational institutes, teaching-learning methodology and resources need to be strengthened and quality of education must be ensured
- iv. Posts and career pathways for midwifery faculty in Nursing Institutes and Colleges must urgently be created to ensure high quality and sustainable midwifery programmes
- v. Certified and registered midwives and midwifery faculty have to engage in a life-long learning process by procedures and services to maintain quality and 'fit-for-purpose' programmes.

Strategic Actions:

- ❖ Continue the programme of preparing Certified and Registered Midwives as per country needs;
- ❖ Identify/develop skilled faculty with modern teaching/learning methodologies to conduct the 6-months post-basic Certificate in Midwifery and 3-year direct-entry Diploma in Midwifery programs. Provide the scope for midwifery students to practice as required before comprehensive exams
- ❖ Create an adequate number of posts for midwifery faculty, clinical instructors and mentors
- ❖ Develop and implement a Bachelor of Science in Midwifery and a Master of Science in Midwifery program
- ❖ Ensure in-service continuous education programmes for midwifery workforce.
- ❖ Provide adequate teaching and learning resources for midwifery education
- ❖ Provide effective supervision and clinical training for midwifery students
- ❖ Provide equipment for classrooms and skills labs in educational institutes
- ❖ Ensure proper accommodation and security for midwifery students in all institutes

C. Deployment and Utilization

Strategic Area 3: Based on midwifery workforce plan (Annex-6), deploy midwives to provide appropriate maternal, newborn and child health services, and ensure supportive working environments.

Systems for effective midwifery workforce management must be in place. Supportive supervision mechanisms need to be institutionalized for ensuring the quality of midwifery services. Ensure that skilled personnel are put in the right place.

Strategic Actions:

- Strengthen the mechanism of coordination system among the MOHFW, DGHS, DGFP, BNC and DNS to ensure the midwifery personnel are properly utilized.
- Strengthen and improve the working environment in the health facilities to ensure appropriate infrastructure for optimal care and efficiency.
- Enable supportive supervision mechanism system for practicing midwives
- Enable Midwives to act as supervisors for CSBAs providing maternal and neonatal health care services at the union and community level.

D. Regulation

Strategic Area 4: Enable the practice of Certified and Registered Midwives for midwifery services and to safeguard the public as per the Act and regulation.

Consideration must be given to ensure that appropriate legal protection is provided for those providing midwifery services and at the same time the public safety is also to be protected.

Strategic Actions:

- Ensure registration and licensing process for Midwives.
- Enforce BNC's rules and regulations for Certified and Registered Midwives.
- Ensure accreditation system to maintain the quality of education and practice in the field of Midwifery.

E. Monitoring and Evaluation

Strategic Area 5: Monitoring and Evaluation is an overall component of this strategic direction document

Strategic Actions:

- Establish and implement a system for monitoring, evaluation and reporting of the strategic directions papers at regular intervals
- Establish a monitoring and reporting mechanism within the first year of the approval of the strategic directions
- Evaluate the progress in the implementation of the strategic directions every two years

CONCLUSION

The development, management and utilization of a skilled and competent midwifery workforce is essential for improving maternal, newborn, and child health status in a country. In Bangladesh, there is recognition that the continuous severe shortage and poor distribution of midwifery personnel hampers the delivery of quality midwifery services and limits the crucial involvement of midwives in maternal, newborn and child health services. The 2008 Strategic directions and priority actions document has been updated to address these concerns and contribute to enhancing the role of midwives in the achievement of the MDG 4 and 5 goals and in the upcoming sustainable development goals beyond 2015. This 2014 Strategic Directions document requires a coordinated and collaborative approach from all stakeholders for the effective and successful achievement of the strategic actions identified. This will ensure a midwifery workforce that is appropriately educated, available, easily accessible and of quality in Bangladesh.

Annex 1: MDGs, Targets, Indicators, and Bangladesh Achievements

Goal 4	Reducing Child Mortality
Target 5	Reduce by two thirds, between 1990 and 2015, the under-five child mortality rate
Indicator 13	Under-five mortality rate
Indicator 14	Infant mortality rate
Indicator 15	Immunisation against measles
Achievements	<p>The under-five mortality rate in Bangladesh declined from 151 deaths per thousand live births in 1991 to 53 deaths per thousand live births in 2011. If Bangladesh is able to maintain this trend, it will help to meet the final target well before 2015.</p> <p>Infant Mortality Rate is considered a more robust estimate than the under-five mortality rate if it is drawn from vital registration statistics. The Bangladesh Bureau of Statistics measures this indicator in its regular Sample Vital Registration Surveys. Latest reports show that the infant mortality rate fell from 94 per thousand live births in 1990 to 43 in 2011.</p>
Goal 5	Improving Maternal Health
Target 6	Reduce the maternal mortality ratio by three-quarters, between 1990 and 2015
Indicator 16	Maternal Mortality Ratio
Indicator 17	Births attended by skilled health personnel

<p>Achievements</p>	<p>Bangladesh needs to reduce its maternal mortality ratio by three quarters from 574 per 100,000 live births in 1991 to 147 if it is to meet this target by 2015. There has been adequate success in reducing maternal mortality ratio (MMR) from 574 deaths per 100,000 live births in 1991 to 194 in 2010. If this current rate continues, the country will be able to meet the target by 2015.</p> <p>The government have also taken initiatives to accelerate the maternal mortality reduction. In 1990, almost all births took place at home. Only 5% occurred in health centres. Traditional birth attendants assisted around two thirds of deliveries, with the rest attended by relatives and friends. However, most obstetric complications cannot be prevented either by antenatal care or trained birth attendants during delivery. Deliveries attended by skilled health personnel increased from 5% in 1990 to 31.7 per cent in 2011. To meet MDG 5, Bangladesh must increase the proportion of births attended by skilled personnel to 50 percent by 2015. Bangladesh needs to accelerate the present rate of progress to meet the 2015 target. Moreover, proper institutional arrangements are also required to attain the target.</p>																								
<p>MDG 5 Status</p>	<table border="0"> <thead> <tr> <th colspan="4" style="text-align: center;">Goal 5 Targets</th> </tr> <tr> <th style="text-align: center;">Indicators</th> <th style="text-align: center;">Base year (1991)</th> <th style="text-align: center;">Current Status (2011)</th> <th style="text-align: center;">Target (2015)</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Improve maternal health</td> </tr> <tr> <td colspan="4">6. Reduce by three quarters between 1990 and 2015, the maternal mortality ratio</td> </tr> <tr> <td>16. Maternal Mortality ratio</td> <td></td> <td style="text-align: center;">574 194 (2010)</td> <td style="text-align: center;">147</td> </tr> <tr> <td>17. Proportion of births attended by skilled health personnel</td> <td></td> <td style="text-align: center;">5.0% 31.7%</td> <td style="text-align: center;">50.0%</td> </tr> </tbody> </table>	Goal 5 Targets				Indicators	Base year (1991)	Current Status (2011)	Target (2015)	Improve maternal health				6. Reduce by three quarters between 1990 and 2015, the maternal mortality ratio				16. Maternal Mortality ratio		574 194 (2010)	147	17. Proportion of births attended by skilled health personnel		5.0% 31.7%	50.0%
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MDG 5B	MDG5B - there is a new target on universal access to Reproductive Health with 4 indicators
Target	Achieve by 2015, universal access to reproductive health.
Indicators	<p>Contraceptive prevalence rate</p> <p>Antenatal care coverage (at least one visit and at least four visits)</p> <p>Unmet need for family planning.</p> <p>Adolescent birth rate</p>
Achievements	<p>The contraceptive prevalence rate for married women in Bangladesh has increased from 8 percent in 1975 to 61.2 percent in 2011.</p> <p>Overall, 11.7 percent of currently married women in Bangladesh have an unmet need for family planning services, 16.1 percent for spacing and 45 percent for limiting births. The total demand for family planning in Bangladesh is 74.9 percent. 84.3 percent of family planning demand is satisfied.</p> <p>The 2007 BDHS findings show that not only are more women receiving antenatal care, but that they are also receiving care more often. The percent of women who made four or more antenatal visits has increased from 16 percent in 2004 to 25.5 percent in 2011. 74.3 percent Urban women 48.7 percent rural women have made four or more antenatal visits. The number of visits among women who received antenatal care has increased to 3.1 in 2007 from 2.9 in 2004.</p>

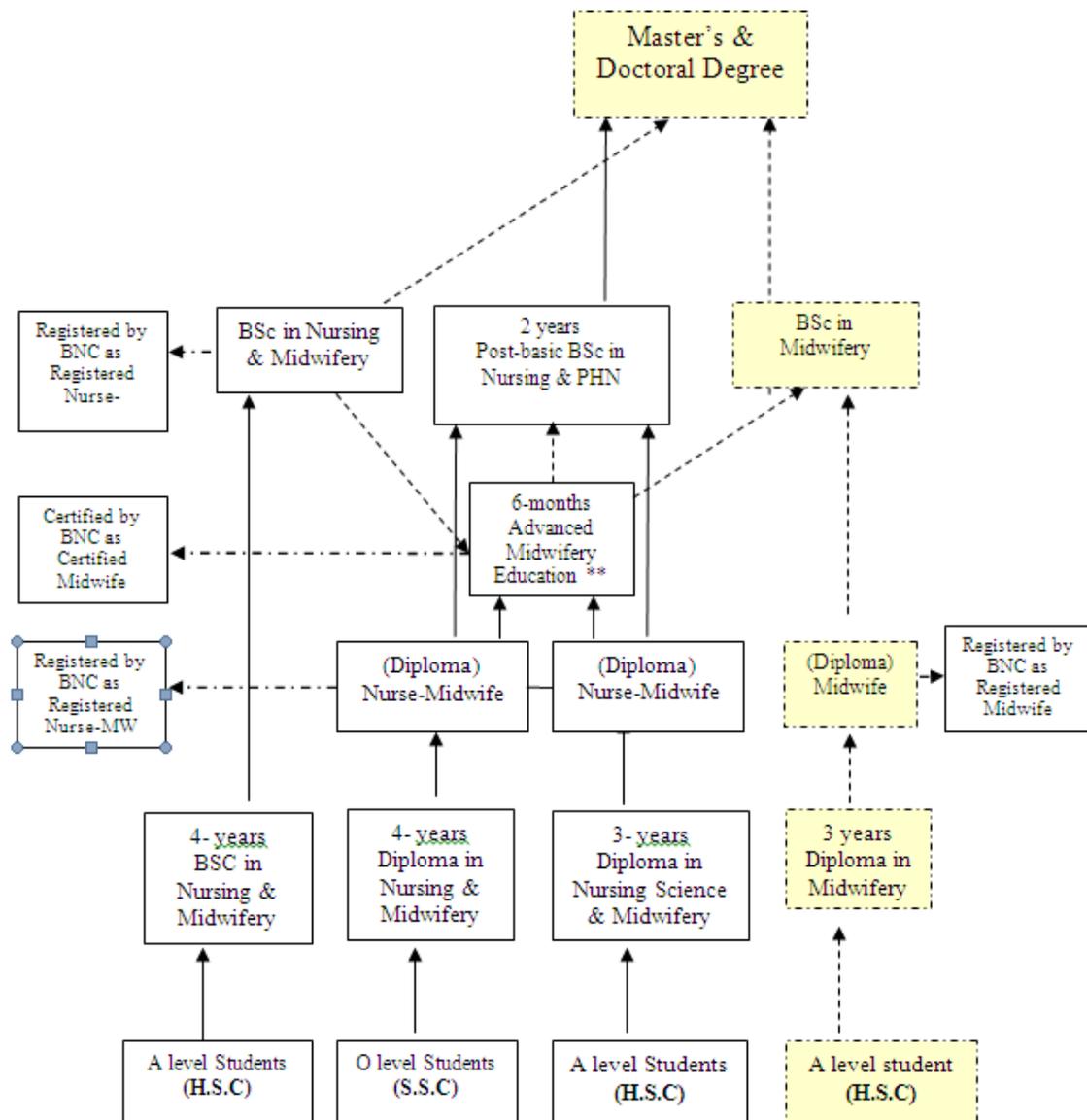
Source: MDG 4 and 5 Millennium Development Goals Mid-term Bangladesh Progress Report 2007. General Economics Division, Planning Commission, Government of Peoples Republic of Bangladesh, December 2007
MDG 5 B Bangladesh Demographic and Health Survey (BDHS) 2011

Annex 2: Schematic Diagram of Midwifery Education

Note: Programmes are to be designed differently for different groups of nurse-midwives, taking into account educational qualifications and prior experiences.

BNC = Bangladesh Nursing Council; MW = Midwife Solid line/box = in existence; Broken line/box = proposed

** As a short term strategy the 6-month advanced Midwifery Education will be phased out in line with graduate from the 3-years Diploma in Midwifery



Annex 3: Scope of Practice for Midwife

- ❖ The midwife practices in any setting including the home, community, hospitals, clinics or health units by applying sound theoretical, scientific midwifery knowledge with critical thinking, decision-making skills, wide range of clinical skills, professionalism and leadership.
- ❖ The scope of practice of a midwife is the management of the normal physiological processes of pregnancy, labour, birth and postpartum period up to six weeks, including care of the newborn. During this time the midwife works independently with the woman and her family, providing highly skilled midwifery and women-centered care. The midwife as independent practitioner is responsible and accountable for her practice;
- ❖ The midwife has a special responsibility to make an impact on the maternal and newborn health indicators, and to make motherhood safer for all women. The midwife identifies complications and where able, she consults with and refers to medical specialists. The midwife prescribes and administers drugs related to her scope of practice. The midwife will manage the complications and where necessary implement life-saving emergency measures;
- ❖ The midwife's scope of practice will include, but is not limited to, skills and prescription of drugs in relation to complications such as: midwifery management and referral of low birth weight and preterm babies, newborn resuscitation, manual removal of placenta, insertion of intravenous cannulas, repair of episiotomy and perineal lacerations; and during emergency situations, administer drugs such as oxytocins, misoprostol, and magnesium sulphate. The midwife provides commonly available family planning methods and emergency contraceptive medications perform menstrual regulation services and postabortion care services.
- ❖ All midwives are teachers, and they have an important professional role within their scope of practice to pass on their knowledge and skills. The teaching of

midwifery in both classroom and clinical areas (including the supervision of midwives) is carried out in a collegial and supportive way to ensure the safeguarding of a professional and skilled midwifery workforce.

- ❖ Midwives have an important task in education and the promotion of health for the woman, her family and the community. The midwife has a responsibility to inform, educate and advocate for the empowerment of the woman in relation to all aspects of her care including pre conception, antenatal, postnatal, breastfeeding, infant health, family planning and other areas deemed relevant to the health of women

The midwives have full autonomy to exercise their profession:

- ❖ prescribe medicines;
- ❖ order and or have access to laboratory/diagnostic services
- ❖ admit or discharge patients from an in-patient facility
- ❖ refer to and consult with specialists
- ❖ have access to emergency back-up services.

The midwife has the opportunity to work independently in a midwifery centre or birthing unit to admit, manage and provide the required ante-natal, peri-natal and post-natal care; provide discharge certificate; required prescription and counselling on follow up care in case of complications that may arise after discharge.

Annex 4: Recruitment, Rotation, Transfer and Retention Policies for Certified Midwives/Diploma Midwives

Recruitment for Training Programme and Services

A. Training Programme –

1. Criteria of the candidates to participate in the 6- months advanced midwifery training programme to become Certified Midwives are those who are already registered with the Bangladesh Nursing Council as Registered Nurse-Midwife and;

- ❖ Willing to become a Midwife;
- ❖ Interested to work at the places where maternal and neonatal health services is available;
- ❖ Where possible, accepts to be placed in their own geographic locality.
- ❖ Having good clinical experience from obstetric/maternal ward;
- ❖ Recommended by senior authority based on performance evaluation;
- ❖ Ability to understand written English
- ❖ Two years post-registration experience
- ❖ Up to 45 years (includes 45 but not above 45)
- ❖ Medical Certificate indicates health and physical fitness

2. Direct entry 3- years Diploma in Midwifery (pre service) based on the Midwifery Curriculum admission criteria

- ❖ Has Bangladesh citizenship
- ❖ Has ability to understand written English and write in English
- ❖ Has a Medical Certificate indicating health and physical fitness
- ❖ Has achieved HSS educational qualification. Must have minimum total GPA 5 in SSC and HSC (not less than 2.50 in any level).
- ❖ At least 75% of the applicants for any cadre will at age of 25 and 25% at the age of 35.

B. Midwifery Services -

- I. The Certified Midwife will be placed at any health facility and community on all levels where maternal and neonatal health services are provided that includes antenatal clinic, natal, neonatal, postnatal and eclampsia ward; and they also need to be engaged in outdoor services.
- II. Registered Midwife will be recruited and deployed at any health facility down to upazilla and union level where maternal and neonatal health services are provided which includes antenatal clinic, natal, postnatal, neonatal, and eclampsia ward; and also be engaged in outdoor services.

Rotation and Transfers

- I. On completion of 6-month training, the Certified Midwife must work as a midwife in any maternal and child health facility without being rotated or transferred to any other units outside the midwifery services. They can be transferred to the places related with midwifery services only.
- II. After recruitment and placement, the Direct entry Registered Midwife will work in any maternal and child health facility. They can be transferred only to the places related with midwifery services only.

Retention

Retention of midwives in the remote places: Provision for incentives.

Examples of incentives include; refresher and in-service training on a regular basis, remote or hard to reach allowances, safe and supportive working environments, career development programmes, better living conditions, outreach support etc.

Annex 5: List of Members of Technical Working Group

1. Ms. Taslima Begum, Director, DNS
2. Ms Shuriya Begum, Registrar, Bangladesh Nursing Council (Chairperson)
3. Ms Salma Khatun, Asstt. Professor and DPM of HRM Unit, MoH&FW, Deputed to DNS
4. Ms Umme Salma Khanam, DPHN, Civil Surgeon Office, Gazipur,
5. Ms. Monika Fong, Nurse Administrator, WHO, Bangladesh,
6. Ms Dolly Maria Gonsalves, National Consultant (Midwifery), WHO
7. Anna af Ugglas, Senior Programme Specialist, Midwifery, UNFPA
8. Michaela Michel-Schuldt, Senior Programme Officer, Midwifery, UNFPA

Annex 6: Attended the Meeting of Update the Strategic Directions of Nurse-Midwives

<i>SL</i>	Name	Designation*	Organization
1	Ms. Shuriya Begum	Registrar	Bangladesh Nursing Council
2	Ms. Kazi Nurun Nahar	Senior Assistance Secretary	MOHFW
3	Ms. Arati Rani Das	Deputy Registrar	Bangladesh Nursing Council
4	Ms. Sufia Khatun	Assistant Professor	Dhaka Nursing College
5	Ms. Anthonia De Costa	Principal	College of Nursing Mohakhali
6	Md. Mofizullah	Lecturer	College of Nursing Mohakhali
7	Ms. Halima Akther	President	Bangladesh Midwifery Society, Dhaka
8	Ms. Umme Salma Khanam	Public Health Nurse	Gazipur
9	Ms. Monica Fong	Nurse Administrator	World Health Organization
10	Ms. Tahera Ahmed	Chief, SRHR,	UNFPA
11	Dr. Sharmin Sultana	Senior Advisor	Training & Health Systems, IPAS Bangladesh
12	Ms. Michaela Michel Scheldt	Senior Programme Officer, Midwifery	UNFPA
13	Dr. Gazi Rezaul Karim	Program Officer	UNFPA
14	Dr. Jtuhi Chakma	Advisor, Training & Health System	IPAS Bangladesh
15	Ms. Rahima Jamal	National Consultant (Nursing Education),	WHO

**(Not in order to seniority)*

Annex 7: List of Participants of Meeting of Stakeholders

(Convened in 13 December 2012)

1. Mr. Gaziuddin Md. Munir, Senior. Assist Secretary. MoHFW
2. Ms. Taslima Begum, Director, Directorate of Nursing Services
3. Shuriya Begum, Registrar, Bangladesh Nursing Council
4. Selina Chowdhury, Principal, College of Nursing, Mohakhali, Dhaka.
5. Pronita Rani Raha, Instructor, Dhaka Nursing College, Dhaka.
6. Md. Abdul Latif, Nursing Instructor, Mymensing
7. Must. Salma Khatun, Assist Professor, Deputed DNS Office, Dhaka
8. Shuriya Begum, Deputy Director, Directorate of Nursing Services, Dhaka.
9. Dolly Maria Gonsalves, National Consultant, Midwifery, WHO
10. Ms Rahima Jamal Akhtar, National Consultant, Nursing Education, WHO
11. Ms Farida Begum, National Consultant, Nursing Service, WHO
12. Daulatun Nesa, Nursing Superintendent, SSMC, Mitford Hospital, Dhaka
13. Ms. Shahanara Khatun, Instructor, College Of Nursing, Mohakhali, Dhaka.
14. Minakhi Mohajan, Principal, Nursing Institute, Mitford, Dhaka.
15. Archana Das, Nursing Instructor Incharge, Nursing Institute, Noakhali
16. Monica Majumder, Assist. Director (N), Director of (Health,) Chittagong Division, Chittagong.
17. Ms. Ira Dibra, Principal, Dhaka Nursing College & President, BNA.
18. Nasima Parvin, Assistant Director (Nursing), Dhaka Division.
19. Jyatsna Rodrigues, Nursing Supervisor, Dhaka Medical College Hospital.
20. Mst. Farida Khatun, Assistant Director, Directorate of Nursing Services.
21. Nelofar Farhad, Nursing superintendent, 200 Bedded Hospital, Narayangonj.
22. Jahanara Begum, Nursing Superintendent, Dhaka Medical College Hospital.
23. Saleha Khatun, Instructor, College of Nursing, Mohakhali, Dhaka.
24. Sarmin Sattar, Nursing Instructor, Nursing Institute, Dinajpur
25. Hamima Umme Morsheda, Nursing Instructor Incharge, Naogon.
26. Mosammad Monju Akther, Nursing Instructor, Dhaka Nursing College, Dhaka
27. Umme Salma Khanam, DPHN, CS office, Gazipur.
28. Mohammed Masud Parvez, Nursing Instructor, Forzderhat Nursing College, Chittagong.
29. Md. Shariful Islam, Nursing Instructor, Khulna Nursing College, Khulna.
30. Most. Farida Yesmin, Instructor M. Trainer, CON, Mohakhali, Dhaka.
31. Halima Akther, Instructor, Dhaka Nursing College, Dhaka.

*(Not in order of seniority)