



UNFPA Cox's Bazar, Bangladesh
Humanitarian-Development Midwifery Strategic Plan
2021-2023

Doreen Ambayo Ababiku, UNFPA International midwife in Cox's Bazar mentoring Bangladeshi midwives ©UNFPA Bangladesh/Fahima Tajrin

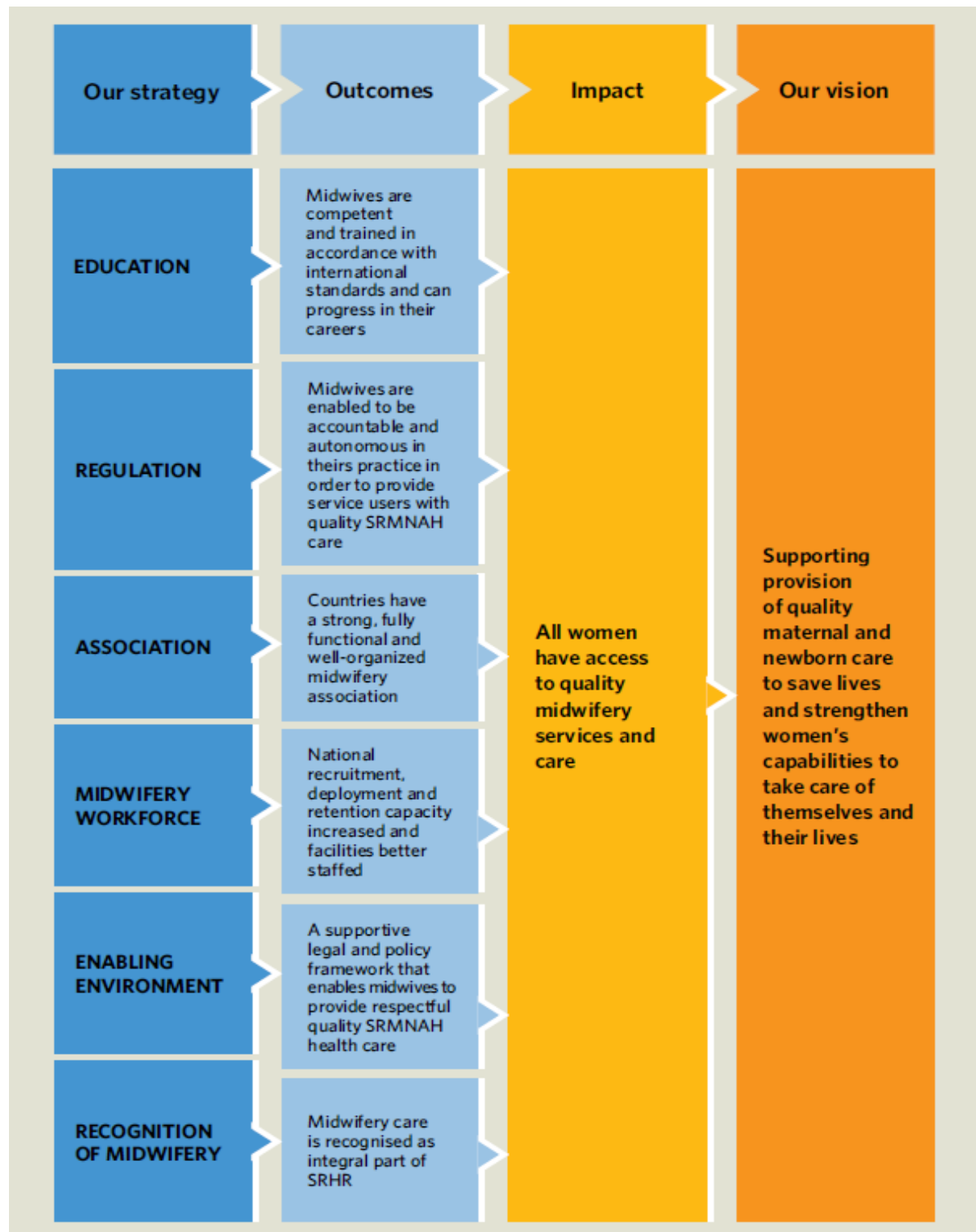


Background

Following an influx of 750 000 Rohingya refugees in August 2017, Cox’s Bazar district’s already fragile health service now provides services to an estimated 1 282 000 people (JRP, 2020). UNFPA leads the United Nations system’s effort to provide sexual, reproductive, and maternal health care to women and adolescent girls, and to provide care and services for gender-based violence survivors during the response. UNFPA, through implementing partners (IPs), has deployed more than **150 licensed national midwives** to support government and NGO health facilities to provide comprehensive SRHR services in the district of Cox’s Bazar. The UNFPA and its Implementing partners (IPs) SRH team organogram for the supervision of midwives is detailed in appendix 1.

A **70% reduction in the Maternal Mortality Ratio (MMR)** in Bangladesh has been observed over the last 40 years. However, at 173 deaths per 100,000 live births it remains well above the Health Sustainable Development Goals (SDG3), which aims at **reducing the global maternal mortality ratio (MMR)** to fewer than 70 deaths per 100,000 live births by 2030. In order to achieve this enhanced investment in midwives and quality midwifery care are essential. Midwives constitute “The health workforce” that is essential for delivering comprehensive sexual and reproductive health services, including maternal health services (UNFPA Global Midwifery Strategy 2018-2030). Midwives are well placed to provide all SRH related care to women of reproductive age through the provision of comprehensive SRHR. In the context of this strategy, comprehensive SRHR relates to the provision of: Antenatal Care (ANC), Postnatal Care (PNC), Care in labour and birth for a Normal Vaginal Delivery (NVD), Family Planning (FP), Menstrual Regulation and Post Abortion Care (MR-PAC), Clinical Management of Rape (CMR), Gender-based violence (GBV) support, Visual Inspection of the cervix with Acetic acid (VIA) and stabilization and referral of obstetric emergencies at BEmONC facilities with referral to CEmONC facilities. UNFPA supported midwives in Cox’s Bazar also contribute to SRH-GBV integration through the placement of midwives in Women Friendly Spaces (WFS), where they provide GBV support, CMR and FP counselling.

The purpose of this strategy is to *outline the contextualized interventions UNFPA plans to implement in the next three years to develop the capacity of the midwifery workforce, availability of data on care provided by midwives and the impact of that care of women and their families; and increase availability of quality comprehensive SRHR care in the Cox’s Bazar district.* The strategy is aligned with the **six focus areas identified in the UNFPA global midwifery strategy 2018-2030**, which also aligns with the **International Confederation of Midwives (ICM) Global standards**. These six focus areas are detailed below in Figure 1 along with context specific background, key outcomes and detailed activities reviewed for each focus area. An additional set of monitoring and evaluation interventions have also been detailed to enable adequate focus upon the availability of data on care provided by midwives and the impact of that care of women and their families.



Six focus areas of the UNFPA Global Midwifery Strategy 2018-2030

Strategic objective: Educate						
Contextualized background: Professional midwives have been educated in Bangladesh since 2015. A professional midwife has undertaken a 3-year diploma in an approved educational institution. The programme of education must meet the International Confederation of Midwives (ICM) standards for education. Midwives may undertake an internship in an UNFPA supported facility but most educational interventions in this strategy will impact newly licensed midwives not yet deployed to the government of Bangladesh.						
Key actions	Detailed activities	Timeframe				
		21	22	23		
Increase the capacity of midwives prior to graduation from midwifery school.	Mentor midwifery students through the UNFPA midwife mentoring and midwife coordinator role while they are undertaking in-service training (internships) with IPs.	x	x	x		
	Capacitate midwives (including midwifery supervisors and national midwifery coordinators) with skills to be clinical preceptors for midwifery students during their in-service training.	x	x	x		
	UNFPA midwife mentors and midwifery specialist to feedback to the country office midwifery education team regarding gaps in student midwives' education, especially when alignment with the global ICM standards of education is not evident.	x	x	x		
	UNFPA midwife mentors and midwifery specialist to feedback to the country office midwifery education team regarding gaps in student midwives' education, especially in relation to the midwives competency to work in a humanitarian context.	x	x	x		
Increase the capacity of new midwives prior to, on commencing and throughout their position as a midwife with the IP	In collaboration between the UNFPA midwife mentor team and IPs to provide an intensive orientation and theoretical training programme prior to midwives commencing a position as a midwife with the IP.	x	x	x		
	In collaboration between the UNFPA midwife mentor team and IPs to provide an intensive in-service orientation and mentoring programme to midwives on commencing and throughout their position with the IP.	x	x	x		
	Midwives employed by IPs to be mentored to be able to provide the clinical care necessary for the implementation of Minimum Initial Service Package (MISP) and comprehensive Sexual and Reproductive Health Services.		x	x		
	To support IPs to maintain a Continuous Professional development (CPD) record for all midwives and advocate for midwives to undertake higher education levels (i.e BSc) to support career progression options.	x	x	x		

Strategic objective: Regulate				
Contextualized background: All midwives employed by IPs of UNFPA must hold registration and licensing with the Bangladesh Nursing and Midwifery Council (BNMC).				
Key actions	Detailed activities	Timeframe		
		21	22	23
Advocate for the employment of licensed midwives as the exclusive provider of SRH services at all levels of facilities supported by UNFPA in Cox's Bazar.	Provide guidance to IPs during the recruitment process and on an ad-hoc basis as midwifery regulation updates, on the licensing requirements for midwives.	x	x	
	Advocate through SRH working group to encourage all partners to recruit licensed midwives as the main provider of quality comprehensive SRH services.	x		

Strategic objective: Associate				
Contextualized background: The ICM advocates for all countries where professional midwives are educated, regulated and practicing to have an association of midwives where the members own and control the association. The purpose of an association is to advocate for the rights of midwives to safe and enabling work environments, continuing education and to be the providers of safe and respectful maternity care. The Bangladesh Midwifery Society (BMS) is the professional association of midwives in Bangladesh.				
Key actions	Detailed activities	Timeframe		
		21	22	23
Advocate for all midwives employed by UNFPA supported IPs to be members of the Bangladeshi Midwifery Society (BMS)	UNFPA midwife specialist and midwife mentors to engage frequently either directly (nationally or locally) or through the country office team on the current concerns and advocacy, leadership and educational activities being led by the BMS	x	x	x
	Support the BMS to develop a local branch of BMS which meets the needs of the midwives providing care in the Cox's Bazar district		x	x
	Invite BMS to engage with midwives on a frequent basis to encourage continued membership and awareness	x	x	x
	Support midwives through paid leave and mentorship to engage with educational, advocacy and leadership opportunities provided through BMS	x	x	x

Strategic objective: Midwifery workforce				
Contextualized background: Licensed midwives are directly employed by IPs of UNFPA to lead the provision of comprehensive SRH in BEmONC (Basic Emergency Obstetric and Newborn Care) and CEmONC (Comprehensive Emergency Obstetric and Newborn Care) facilities in Cox’s Bazar district.				
Key actions	Detailed activities	Timeframe		
		21	22	23
Increase the capacity of midwives to provide comprehensive SRHR	Intensive training and mentoring programme on individual aspects of comprehensive SRHR using a roll out method to maximize the number of sites providing a service.	x	x	x
	Training and mentoring for midwives to provide SRH services in Women Friendly Spaces (WFS) and Multipurpose women Centres	x	x	x
	In-service mentoring to support implementation of services	x	x	x
	Monitoring and evaluation to assess number of sites and number of midwives providing each aspect of comprehensive SRHR.	x	x	x
Rotation of midwives between Women Friendly Spaces (WFS), BEmONC facilities and CEmONC facilities.	IPs to implement a rotation for all midwives		x	x
	Support the IPs to monitor and evaluate the number of midwives who have practiced in all three areas and the impact of this on the perceived capacity of midwives and outcomes in relation to services provided and mortality rates		x	x
Ensure that the midwifery workforce has effective staffing levels so midwives are accessible and able to provide high quality comprehensive SRH.	Support the IPs to develop and implement staffing tools to ensure safe staffing levels to provide high quality SRH services and ensure safe working environments for midwives	x	x	
	Support the IPs to have a disaster preparedness strategy in relation to surge capacity for midwifery staffing		x	x

Strategic objective: Enabling environments				
Contextualized background: Conducive working conditions exist for midwives which enable them to provide quality care, undertake their full scope of practice and undertake continuous professional development. Simultaneously, the provision of incentive mechanisms to engage and retain midwives as employees with UNFPA supported IPs enables fair working environments and improved service provision through business-continuity.				
Key actions	Detailed activities	Timeframe		
		21	2	23
Employ national midwives as midwife coordinators to work alongside the UNFPA International Midwife Mentors supporting all UNFPA IPs who employ midwives.	IP to be supported with terms of reference and recruitment process of this position	x		
	UNFPA and IPs to collaborate to mentor the national midwife coordinators	x	x	x
	Continue Midwifery supervisors role as a stepping stone to the development of leadership and educator skills	x	x	x
Coordination with UNFPA Bangladesh Country office Midwifery team on national issues relating to midwifery	Implement International, national, UNFPA, DGNM and other GoB guidance on roles and practice in Cox's Bazar.	x	x	x
Orientate and increase the awareness of national and international doctors and managers within the SRH working group to the role and capacity of the midwife, so they can support mentorship of national midwifery leaders.	Training and ongoing mentorship to clinical coordinators, QA officers and other relevant positions who provide mentorship to midwives	x	x	x
	Training and ongoing mentorship to national doctors who work with midwives	x	x	x
Midwifery and medical workforce (obstetric and paediatric) in CEmONC facilities receive capacity building and mentoring on multidisciplinary working to maximise the scope of practice of midwives and women's experiences of safe and respectful maternity care.	National doctors and midwives mentored on respectful maternity care	x		
	National doctors and midwives mentored on evidence-based maternity care		x	
	National doctors and midwives mentored on effective multidisciplinary working.			x

Strategic objective: Midwifery recognized as an integral part of SRHR agendas				
Contextualized background: The Lancet series on midwifery in 2014 demonstrated that when professional midwives are implemented they provide up to 87% of all maternity care and when professional midwives are working across a system they reduce maternal mortality, stillbirths and neonatal mortality by 82%. Alongside this the UNFPA Global midwifery strategy 2018-2030 identifies the mainstreaming of midwifery into UNFPA's entire SRHR mandate. Advocacy about the role of the midwife locally, nationally and globally in both development and humanitarian settings is critical to enable this mainstreaming to be embedded in Cox's Bazar.				
Key actions	Detailed activities	Timeframe		
		21	22	23
Coordinate with the communications team to represent aspects of the midwifery programme through storytelling, photography and promotion on relevant international days.	Communication focusing on the role of the UNFPA International Midwife Mentor	x	x	x
	Communication products focusing on the role of Midwifery in Bangladesh as a role which saves the lives of women and provides respectful care	x	x	x
	Communication products focusing on the role of midwifery in Bangladesh as a role which improves lives for women as providing female employment, leadership and role modelling.		x	x
Contribute to the update of the UNFPA Global Midwifery Strategy	Midwife mentors and midwifery specialist to be members of the UNFPA Midwifery in the humanitarian context Technical Working Group	x	x	
	Midwife mentors and midwifery specialist to contribute to the update of the UNFPA Global Midwifery Strategy		x	

Strategic objective: Monitoring and Evaluation on midwifery intervention and the role of the International Midwife Mentor				
Contextualized background: Monitoring and evaluating data on the mentoring mechanisms used by the UNFPA midwife mentoring team, care provided by midwives and the impact of that care of women and their families enables a systematic analysis of midwifery programming so that recommendations can be made. The importance of meaningful data to support more judicious analysis cannot be underestimated in its impact on effective programming.				
Key actions	Detailed activities	Timeframe		
		21	22	23
Monitoring and Evaluation	Support the implementation of the Helping Babies Breathe (HBB) pilot study on virtual mentorship with partnership between MedGlobal and Hope Foundation	x	x	
	Use routine data collection to assess the capacity of midwives/facilities upon deployment of new midwives to the facilities and at frequent intervals following to assess the effectiveness of the implementation of midwifery supervision and mentoring by comparing to facilities which do not receive UNFPA International Midwife Mentoring	x	x	x
Implementation of lessons learnt from case referral reviews, maternal death reviews, near-misses, Intrauterine deaths and neonatal deaths.	Case-referral review form and process review and update to enable International midwife mentors, national midwife coordinators and national midwife supervisors to review the referrals and identify lessons learnt.	x		
	Implement a system for feeding back lessons learnt to midwives working in UNFPA supported health facilities and monitoring and evaluating the implementation of these		x	x
	Disseminate key findings and themes through SRH working group.	x	x	x
Increasing the quality and availability of data on care provided by midwives and the impact of that care on women and their families	Support IPs to collect, analyze and evaluate meaningful data to support recommendations and corrective measures for maternal health and midwifery programming.	x	x	x
	Support IPs to initiate and monitor quality improvements based upon the analysis and evaluation of data.	x	x	x



Stephanie Marriott, UNFPA International midwife serving the most vulnerable pregnant mothers and women of reproductive age in both refugee camps of Cox's Bazar and host communities ©UNFPA Bangladesh/ Fahima Tajrin

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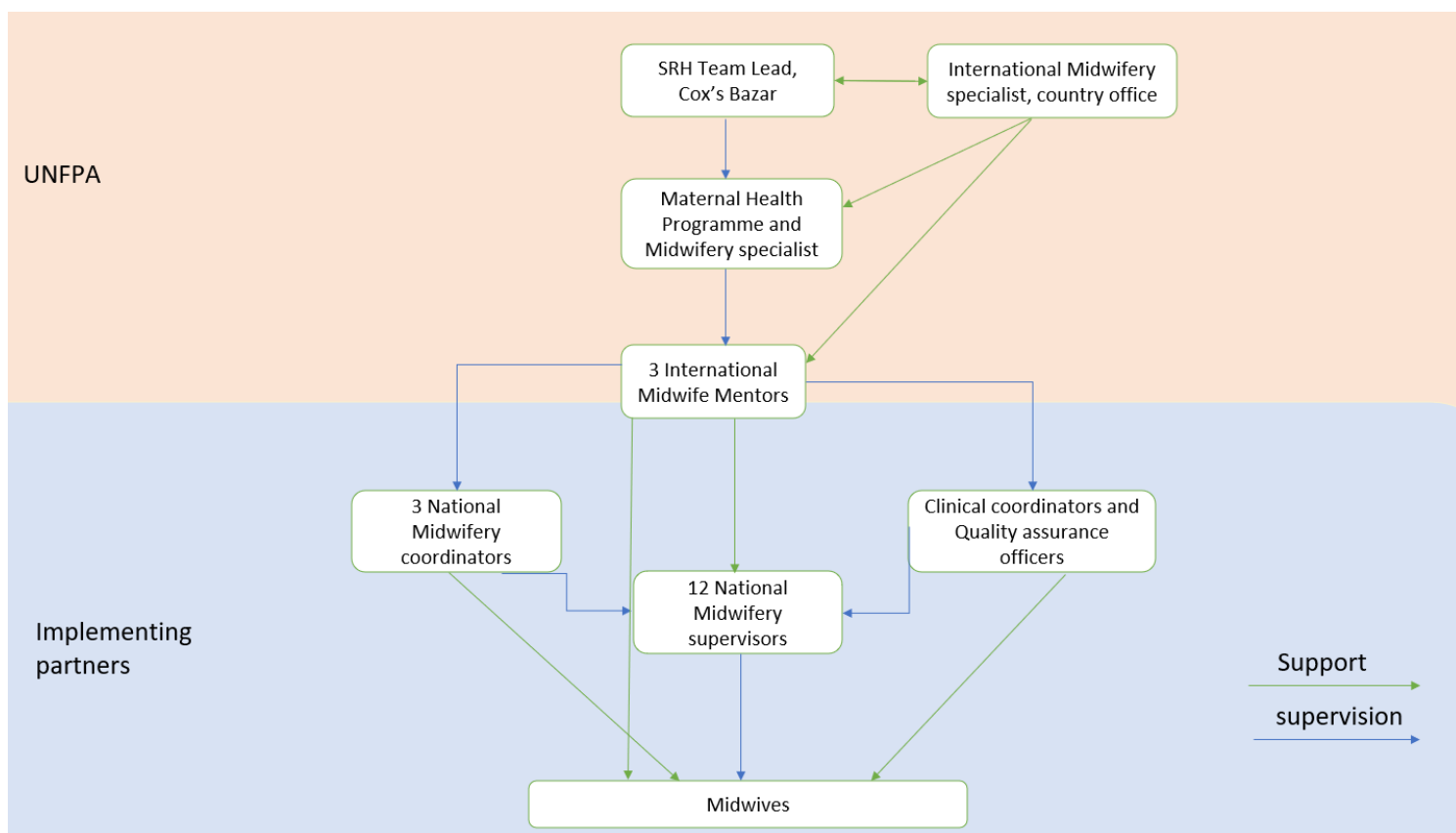
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Appendix 1: Organogram of midwifery supervision and support in UNFPA sub-office Cox’s Bazar, Bangladesh





This document is authored by the UNFPA Bangladesh Cox's Bazar, International Midwife Mentoring team (Stephanie Marriott and Ababiku Doreen Ambayo) in collaboration with the UNFPA Bangladesh Cox's Bazar SRHR unit and the UNFPA Bangladesh country office SRHR unit (Rondi Anderson, Nafiul Azim, Tafadzwa Carlington Chigariro, Sayantan Chowdhury, Dr Rubayath Hasan, Dr Abu Shafaatullah, Dr Stenly Sajow, Jennifer Stevens).

