End of Project Evaluation of Strengthening Midwifery-led Continuum of Care in Bangladesh



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Abbreviations

7th FYP	Seventh Five Year Plan
ADB	Asian Development Bank
ANC	Antenatal Care
ASRHR	Adolescent Sexual and Reproductive Health and Rights
BEmONC	Basic emergency obstetric and newborn care
BMMS	Bangladesh Maternal Mortality Survey
BNC	Bangladesh Nursing Council
BNMC	Bangladesh Nursing and Midwifery Council
BSc	Bachelor of Science
CEmOC	Comprehensive Emergency Obstetrical Care
CHW	Community Health Worker
CP	Country Program
CPD	Continuous Professional Development
CSBA	Community Skilled Birth Attendants
DFID	Department for International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing & Midwifery
DHs	District Hospitals
EmONC	Emergency Obstetric And Neonatal Care
FCDO	Foreign, Commonwealth & Development Office
FGD	Focus Group Discussion
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GAC	Global Affairs Canada
GBV	Gender-based Violence
HDRC	Human Development Research Centre
HNP	Health, Nutrition and Population
HPNSDP	Health Population & Nutrition Sector Development Plan
HPSP	Health and Population Sector Programme
HPSS	Health and Population Sector Strategy
ICM	The International Confederation of Midwives
ICPD	International Conference on Population and Development
ICT	Information and Communications Technology
IFA	Iron and Folic Acid
KII	Key Informant Interview
KPIs	key Performance Indicators
MACAT	Member Association Capacity Tools
MCWC	Maternal and Child Care Centers
MDG	Millennium Development Goals
M&E	Monitoring & Evaluation
MIS	Management Information System
MLC	Midwifery Led Care
MMR	Maternal Mortality Ratio

MOH&FW	Ministry of Health and Family Welfare
MOOC	Massive Open Online Course
MPDSR	Maternal and Perinatal Death Surveillance and Response
MSc	Master of Science
NFP	National Food Policy
NIANER	National Institute of Advanced Nursing Education and Research
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Service
NVD	Normal Vaginal Delivery
OECD	Organisation for Economic Co-operation and Development
OGSB	Obstetrical and Gynaecological Society of Bangladesh
PhD	Doctor of Philosophy
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPH	Postpartum Haemorrhage
RR	Reproductive Rights
RRF	Results and Resources Framework
RTMI	Research Training Management International
SCI	Save the Children International
SDG	Sustainable Development Goals
Sida	Swedish International Development Cooperation Agency
SOPs	Standard Operating Procedures
SRHR	Sexual and Reproductive Health and Rights
SRMNH	Sexual and Reproductive Maternal and Newborn Health
TBA	Traditional Birth Attendant
UGC	University Grant Commission
UHC	Universal Health Coverage
UHCs	Upazila Health Complexes
UH&FWC	Union Health & Family Welfare Centers
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
VAW	Violence Against Women
VIA	Visual inspection of the cervix with acetic acid
WB	World Bank
WHO	World Health Organization

Executive Summary

This report presents the findings of the external evaluation of UNFPA's project entitled "Strengthening Midwifery-led Continuum of Care in Bangladesh", funded by the Swedish International Development Corporation Agency (Sida). The evaluation work has been carried out by the Human Development and Research Center (HDRC) as an external consultant to establish an overall picture of whether the project achieved the expected results, identify the gaps, and provide recommendations. The evaluation covered the period between September 2017 and September 2020.

UNFPA Bangladesh is providing a range of support for sexual reproductive health and rights (SRHR), especially on the midwifery-led continuum of care for sexual and reproductive maternal and newborn health (SRMNH) services with a promise that "no one will be left behind". As part of its current country programs, UNFPA has been implementing the Midwifery-led Continuum of Care project through its implementing partners in Dhaka, Bandarban, Cox's Bazar, Noakhali and Sunamgunj to contribute to the Professionalization of midwives as key providers of sexual and reproductive healthcare in Bangladesh. The project was launched in August 2017 to ensure increased deliveries by skilled birth attendants, particularly midwives, and increase availability and quality of emergency obstetric and newborn care towards reduction of maternal mortality and morbidity.

This evaluation has adopted a participatory mixed-method strategy using both quantitative and qualitative data collection methods. The evaluation, as agreed, has relied much on secondary data, which included project reports and monitoring data, national surveys data, and e-database of the government. Besides, structured observations of the selected Upazila Health Complexes (UHCs) have been undertaken. Such observations have included the use of partograph when and where possible. Qualitative techniques included Key Informant Interviews (KIIs), group meetings, and partners' interviews. The participants included policy makers, program managers, midwives, midwifery education institutions, health managers at the UHCs and District Hospitals (DHs), and women experiencing delivery outcomes within the last six months in the study area. The quantitative data was derived from the facility assessment survey and from the government's electronic Health Management Information System (HMIS) database.

The project was evaluated in line with the evaluation criteria of the Development Assistance Committee of the Economic Cooperation and Development (OECD/DAC): relevance, effectiveness, efficiency, and sustainability. The data sources included the assessment of 16 facilities, 79 interviews, and a review of more than 64 secondary documents/literature.

A number of potential challenges were identified at the inception stage. These challenges were systematically addressed or mitigated with the support of the UNFPA and by triangulating the data gathered from various sources in order to reach evidence-based conclusions.

Summary Findings

Relevance:

The project and its goals were found to be highly relevant to the priorities of the government and the programs of the HNP sector. The project's activities were designed to respond to the needs and priorities of the GOB's 7th FYP and the operational plans of HPNSDP. Specifically, the project has addressed two strategic priorities – to increase universal access to quality reproductive and adolescent health and family planning services; and to develop a competent health workforce to provide such services for the hard-to-reach and vulnerable communities. The overall project design was satisfactory to address health challenges like maternal mortality and morbidity by providing 24/7 emergency obstetric services with appropriate management of complications. UNFPA's program also helped to bolster national capacities to integrate population and gender concerns across plans and policies. The above has been achieved mostly through community-based approaches that are consistent with both UNFPA's vision and mission and that of the government. UNFPA's selection of districts of operation and implementing partners were well-founded and based on the partners' prior experience and achievements in the context of Bangladesh.

Effectiveness

A good level of change in creating a cadre of competent midwives has been achieved with enhanced technical skills, and increased access to quality SRHR care and services were achieved in the selected districts through project interventions.

The evaluation found that UNFPA played a vital role in developing and instituting the curricula for higher education in midwifery in Bangladesh based on the International Confederation of Midwives (ICM) and the World Health Organization (WHO) standards. The project has fulfilled its objective of building the capacity of midwives for the implementation of midwifery-led SRHR care in Bangladesh. UNFPA is committed to promote and ensure that the midwives are adequately trained and equipped with the knowledge and technical skills, for which UNFPA was found to be actively collaborating with the relevant government authorities and other relevant stakeholders. Through this project, UNFPA has developed and successfully lobbied for approval of a two-year post basic BSc in midwifery and a Master's in Midwifery programme. The project has contributed to the capacity development of midwifery faculties through Dalarna University and the National Institute of Advanced Nursing Education and Research (NIANER). Additionally, The PhD program on midwifery has been launched and planned to send two candidates to Mahidol University, Thailand. The project has promoted and launched midwives' licensing and re-licensing exams through which there are now 5,875 licensed midwives available in Bangladesh. Out of them, 2,550 have already been deployed by the government. The capacity development activities were found to be consistent with the National Policy Guidelines for Midwives 2018, as this project focused on improving the quality of midwifery education and on increased availability of competent midwives to provide midwifery-led maternal and reproductive health care at the designated health facilities.

During the project period, UNFPA provided technical support and advocacy to strengthen the national midwifery education accreditation program. The project has also contributed to the development of accreditation guidelines, and the first accreditation assessment with the newly revised tool has been undertaken at Dhaka Nursing College. In regard to establishing midwives' professional development pathway, UNFPA's persistent advocacy resulted in raising awareness of the importance and scope of the midwifery profession.

The trained midwives have strengthened the 24/7 BEmONC and CEmONC facilities in the target areas which were found to be capable of delivering the signal functions as per SOPs, resulting in an increased percentage of live birth attended by skilled birth personnel, especially in the Sida supported districts and sub-districts except for the Cox's Bazar district where the rate has been plateaued or slightly reduced. Coordination between UNFPA, BMS and DGNM also played an important role in increasing the capacity of the midwives. One such initiative has been the "Young Midwives Leaders (YML)" program, where in 2020-2021, a total of 48 members were graduated under the mentorship of the Royal College of Midwives (RCM), United Kingdom.

Efficiency

To a greater extent, this project managed to achieve satisfactory results within the projected budget. In 2021, the evaluation of the project found out that given the recently qualified audits, management and operations clearly feels the accountability and value for money, and an interview in Dhaka amongst UNFPA and IP operations reaffirmed that there was continued alertness to financial risks. It was also mentioned that the physical presence of field officers on the ground in UNFPA priority locations is an effective risk mitigation measure, and those who were interviewed offered that opinion.

The timely receipt of the fund is crucial for the delivery of results. UNFPA implementing partners have received funds in a timely manner. UNFPA's financial reporting showed that there was no major variance between the allocated budget and expenditure. The funding received for the project was utilized 90 per cent and 98 per cent in the first two consecutive years. This project was also concerned to take the necessary initiatives to allocate and ensure necessary resources in an effective way. The project was regularly audited and monitored. Although the auditors made a few objections, these were immediately addressed and solved.

Sustainability

The project's sustainability was evaluated using the following three variables (dimensions): i) the sustainability of the knowledge products, procedures and mechanisms, ii) consideration of financial support and iii) its policy reach, influence and changes.

Due to UNFPA's effort to ensure high-quality education for midwives and the development of technical and regulatory guidelines, the project has been able to generate a sustainable environment for the midwifery-led continuum of care to be merged with the national health system.

Through advocacy and technical support, this project has already helped the government develop and endorse many guidelines like National Policy Guidelines for Midwives 2018, an accreditation guideline for midwifery education, a standardized midwifery examination system, a midwifery career path guideline, a guideline for supportive supervision for midwifery education including standard operating procedures (SOPs) for midwives, revision of the licensing guideline, and a midwifery code of ethics.

The women in the project areas are currently getting the benefits of competent midwifery services, respectful quality maternity care and PNC services from the health facilities of Sida supported districts. The GOB has shown its strong commitment to promote and deploy midwives as key service providers in SRH care in Bangladesh. The availability of midwives is now creating an enabling environment that will sustain within the government system.

The evaluation findings tell that the government relevant authorities have started taking responsibility for monitoring for reviewing the progress of this project partially, though, still, the UNFPA and other implementing partners like Save the Children, OGSB, the DGHS SRHR officers and the Field officers are helping them for monitoring, mentoring and training support. The government still needs these supports to establish this midwifery section as a separate faculty with the global standard within the government health system.

Conclusions

The project was planned and executed satisfactorily to fulfil the widespread need to improve provider competencies for evidence-based service delivery. The Results-Resource Framework (RRF) of the project was well-thought through, and the theory of change was clear with the relevant global and national goals and priorities. The project's log frame in terms of results, indicators, means of verifications, and assumptions were robust and logically articulated to guide the implementation

The project objectives were highly relevant and were aligned with the government and UNFPA's priorities and commitments. The project was also aligned with the policies and strategies to address the SRH problems and needs of the vulnerable populations. Although the project was donor-funded, the project was consistent and well-integrated with the national plans and programs.

The project successfully bridged the skills gap in the maternal health sector and in addressing the beneficiaries' reproductive health needs and rights. The project was also well informed by the gender analyses. However, there could have been more explicit gender-related interventions within the project plans. Nevertheless, this limitation did not compromise the project's effectiveness because the project model was explicitly designed for women and adolescent girls.

The project has been effective in terms of activity completion as well as in terms of its achievements of the outcomes and outputs. UNFPA has succeeded to develop a cadre of competent midwives that has enhanced the overall capacity of the health facilities to deal with SRH and GBV issues. The midwives became more confident to step up and take the initiative and apply for higher positions in the health field after the program. A higher level of education and mentoring support boosted the self-confidence of midwives.

The project's work plan was carefully prepared, and implementation of various activities was conducted through the positioning of financial and technical resources in a timely manner. The project and activities seemed to be highly efficient – provision of funds went according to the project plans and fulfilled the needs in regards to the types of services provided.

The project has been deemed sustainable on the institutional and policy levels. The sustainability of midwifery-led SRHR care would require continuous capacity development plan, early deployment of those competent midwives, the opportunity for the midwives to perform their duties, ensuring the global standard of midwifery services, professionalizing the midwifery services, and establishing a strong monitoring and supervision mechanism by the government and the partners and other stakeholders. This project has provided adequate evidence for the government and its partners to carry forward and further scale up such midwifery-led reproductive and adolescent health care in Bangladesh.

Recommendations

Based on the findings presented in this report, the evaluation team recommends the following actions for the UNFPA, implementing partners, and broader health sector actors:

Domain	Recommendations	Responsibility and Timing
Human resource development for SRH care	Recommendation 1: **Align the lessons learned with the future evidence-based SRH continuum of care**	UNFPA, MOHFW, DGHS, DGNM, DGFP and BMS. Planning Phase: immediate to 6 months Implementation Phase: 1 - 3 years.
Strategies and operational plans	Recommendation 2: **Articulate the future midwifery programmes with the GOB's Five Year Plan and UNFPA's Global Strategic Plan to address equity and vulnerability:**	UNFPA HQ and Country Office 6 months – 1 year
Evidence-based programming	Recommendation 3: **Optimize and contextualize an evidence-based Midwifery-Led Continuum of Care approach**	MOHFW, DGHS, DGNM with support from UNFPA and Sida Within next 3 years of programming.
Supporting midwifery educational programs	Recommendation 4: **Strengthen midwifery higher education faculty as a complementary approach to broader human resource development of SRH programming:**	Sida, UNFPA, MOHFW, DGHS and DGNM Next phase of programming and GOB's 5-year plan
Advocacy and networking	Recommendation 5: **Promote the usefulness of joint donor--GOB linkages in policy and practice of future SRHR programming:**	UNFPA, Sida, DGHS, DGNM Immediate and continuous
Operational efficiency	Recommendation 6: **Strengthen the governance and management approach in SRHR programming:**	MOHFW, DGHS, DGNM with support from Sida and UNFPA Immediate through next phase of programming
Inclusiveness	Recommendation 7: **Adopt vulnerability and social inclusion as cross-cutting approach**	UNFPA, DGHS, DGNM
Scale up	Recommendation 8: **Support Scale Up:** Based on the success and effectiveness of the project.	UNFPA with support from donors and other partners. MOHFW and DGH to take leadership role. Planning Phase: immediate to 6 months Implementation Phase: 3 to 5 years.