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Human Resources for Health Project in Bangladesh NEWSLETTER



Entry-to-Practice Competencies for Nurse-Midwives in Bangladesh

The HRH Project and the Government of Bangladesh are using a multi-faceted approach to strengthen the education of Nurse-Midwives (NMs). One approach is to strengthen the education of NMs in Bangladesh. Working with the Bangladesh Nursing Council (BNC), with technical support from the Canadian Association of Schools of Nursing (CASN), the project has developed a complete list of **entry-to-practice competencies** for NMs in Bangladesh. A Competency Development Working Group (CDWG) was established with members from the BNC, Directorate of Nursing Services (DNS), and Principals and Instructors In-Charge from several Nursing Institutes (NIs). CASN conducted a training workshop on compe-

HRH PROJECT

The Human Resources for Health Project (HRH) in Bangladesh is funded by the Department of Foreign Affairs Trade and Development (DFATD) Canada. The Ministry of Health and Family Welfare (MOHFW) is the Government of Bangladesh counterpart.

The HRH Project, with a value of \$17.7M CAD over five years, was awarded to Cowater International, the lead firm in a consortium of four agencies that includes McMaster University School of Nursing (Global Health Office), Plan International Canada Inc., and the Canadian Association of Schools of Nursing (CASN).

tency development and writing competency statements, as well as provided technical assistance around creating a process for competency development.

The **competency development** process involved four overlapping stages: 1. consulting resources; 2. creating draft competencies; 3. obtaining stakeholder input and achieving national consensus; and 4. refinement. The final step in the process was the approval of the competencies by the BNC Executive Committee which was obtained in June 2014.

In the first stage, the CDWG consulted a number of international entry-level nursing competency documents and created a draft list of competencies. In March 2014, HRH organized a successful Stakeholder Consultation Forum to gather input and build consensus among the key stakeholders across Bangladesh. Forum participants engaged actively and enthusiastically in the process, contributing valuable input to refine the competency list and validating the work done by the CDWG. Following the Forum, the CDWG finalized the competencies which were submitted to, and approved by, the BNC Executive Committee.

The **Entry-to-Practice Competencies for Nurse Midwives in Bangladesh** document contains 40 competencies in the areas of the *Nursing Process, Nursing Practice, General Nursing Care, Communication, and Leadership and Professionalism*. Each competency statement is accompanied by indicators which are the observable and measurable manifestations of the competency. The document provides guidelines for educators, and for curriculum evaluation and development. By providing clear expectations of outcomes for new graduates, that are both grounded in the local context and reflect international standards, the document provides a key mechanism for advancing the goals of the HRH Project.

ABOUT THE PROJECT

The Directorate of Nursing Services (DNS) and the Bangladesh Nursing Council (BNC) are two key organizations under MOHFW for managing and regulating nursing education and services. DNS and BNC, both face major constraints, including a serious shortage of qualified staff, particularly at senior management and administrative levels. Additionally, nurses have not traditionally assumed a strong role in the delivery of maternal and neonatal health services in Bangladesh. Reasons are many, including the scarcity of nurses, their lack of voice within health decision-making arenas, inadequate education and training, and the unfavourable policy and regulation climate with respect to their employment and supervision. Nursing education and services suffer from problems at all levels, many of which stem from underlying gender discrimination. Main issues to be addressed in improving nursing services and education are: establishment of career planning that includes a rationalized employment structure with clear job descriptions; revised/updated recruitment and promotion rules; creation of new positions along with a workable supervisory structure; enhancement of leadership and management skills; upgrading of senior level nursing services; and amendment and introduction of relevant nursing legislation, regulation and accreditation systems.

HRH will strengthen the DNS, BNC and Human Resources Management Unit of MOHFW to build their capacity for stronger leadership and management skills to address the above mentioned constraints and make sustainable improvements. Strengthening the leadership of the nursing profession will improve the quality of health care service delivery by improving the role of nurses within the health system.

PROMOTING CSBAs IN THE COMMUNITY Through Behaviour Change Communication (BCC)

After an initial 2003 pilot of the Community Skilled Birth Attendant (CSBA) training program by the Ministry of Health & Family Welfare (MoHFW), the training was scaled to the national level with a target to train 13,500 CSBAs. Since the inception of the national program, approx. 9,000 CSBAs were trained by June 2014. However, the utilization of CSBA services at the community level remains low.

During routine monitoring and evaluation visits, trained CSBA performance was observed to be low, in part due to lack of community understanding of the role of CSBAs and difficulty in identifying the CSBA at the community level.

It was, therefore recommended to introduce *Behaviour Change Communication (BCC)* to promote the utilization of CSBAs services at the community level.

The HRH project, through Plan International Bangladesh, is planning to train 1,552 CSBAs during the project period of 2012-2017. Thus far, 590 out of 1,552 have been trained, including CSBAs from both the public and private sectors. In addition to the CSBA training, a BCC strategy was developed by HRH through consultations with mothers, traditional birth attendants (TBAs), Community Groups, and health service providers with an aim to improve the communities' understanding of the role of CSBAs. An October 2013 baseline study on knowledge, attitude and practice of CSBAs regarding pregnancy care and newborn health care in Lalmonirhat District showed that 21% of community respondents knew about the presence of CSBAs but 75% were not aware of their activities. HRH's BCC strategy is being implemented in three Upazilas (sub-districts) of Lalmonirhat District starting in April 2014. It includes interactive informational tools such as Theater for Development (TfD), posters, stickers, message boards and calendars, all in the local Bangla language. In addition, HRH has taken steps to introduce CSBAs through formal meetings/workshops with communities as well as with local health service providers and local government officials.

As of September 2014, 425 TfD performances have been conducted in selected Upazilas of Lalmonirhat district. Message boards containing CSBA services have been installed in front of Community Clinics and Union (Town) offices. Posters and stickers are displayed in local market areas, civic buildings/institutes as well as directly at the household level. Interest in CSBAs is building up through these BCC interventions which will contribute positively to promoting their role at the community level.

