Terms of Reference for End of Project Evaluation: Strengthening Midwifery-led Continuum of Care in Bangladesh 2017-2022

Expected start date: January 2021

I. Introduction

The UNFPA country office is undertaking an end of project evaluation of Strengthening Midwifery-led Continuum of Care in Bangladesh. The purpose of evaluation is a formal review of the programme's achievements and lessons learned. The evaluation will provide an independent assessment on the quality and performance and achievement of intended results. The evaluation will be carried out by an independent local consultant. The results of the evaluation will be incorporated into key programme documents and will be widely disseminated at national level and shared with Sweden and UNFPA regional/HQ offices.

Despite historical successes in the areas of maternal mortality and fertility reduction, major challenges exist within the sexual and reproductive health (SRHR) landscape in Bangladesh. Recent national surveys indicate an apparent plateauing of both contraceptive prevalence (at slightly over 50%) and the maternal mortality rate (at 196 maternal deaths per 100,000 live births). While there has been notable progress in reducing early marriage and childbearing, most young women in Bangladesh (59%) still marry before the age of 18, and 28% of teenage girls have begun childbearing.

At the same time, receipt of ANC and delivery with a medically trained provider are on an upward trend. In 2017/2018, 82% of pregnant women received at least one care visit from a medically trained provider, while 47% received four visits. Among women who received ANC from a medically trained provider, more than ¾ visited a qualified doctor. Yet among women who received any ANC, only 18% received what was defined as quality ANC. Furthermore, only 53% of women who had a child between 2014/2015 and 2017/2018 delivered with a medically trained provider. Most of these births were with a qualified doctor and the vast majority took place in a health facility. Only 13% of births with a medically trained provider were with a nurse, midwife or paramedic.

While health facility births are increasing, this is occurring primarily in the private sector, which is largely unregulated. Facility births in the private sector are currently increasing at a faster rate than births at public sector and NGO supported health facilities. In private facilities, 84% of deliveries are conducted via C-section, while this rate is 36% and 40% in public and NGO facilities respectively. Anecdotal evidence indicates that C-sections are routinely conducted in Bangladesh without an evidence-based medical indication. Nationally, one third of all babies are delivered by C-section[1,2].

There is a widespread need to improve provider competencies for evidence-based service delivery, particularly in the areas of maternal health and adolescent sexual and reproductive health. New service models and intervention strategies are needed to increase contraceptive prevalence and accelerate the reduction of maternal mortality. Furthermore, it is important to emphasize equity in health programs,

1 Bangladesh Maternal Mortality and Health Care Survey 2016: Summary. *National Institute of Population Research and Training; International Centre for Diarrheal Disease Research, Bangladesh; and MEASURE Evaluation.*

2 Bangladesh Demographic and Health Survey 2017-2018: Key Indicators. (2018). *National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF*.

especially in light of rural-urban disparity which leave rural areas lagging behind urban in nearly all SRHR focus areas[3,4].

The main purpose of the end of project evaluation is to provide an independent assessment to UNFPA and Sida on the quality and performance of Strengthening Midwifery-led Continuum of Care in Bangladesh. It anticipates establishing an overall picture of whether the project achieved the established results, identification of gaps and recommendations. The end of project evaluation will mainly focus on the overall achievement of the results. The recommendations of the end of project evaluation will be vital for Sida for consideration of the next phase of support, project stakeholders and UNFPA in informing the 10th CP.

II. Description of the programme

With the funding support from Sida the project started in August 2017 with an aim 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. Additional component was added in May 2019 to provide comprehensive, evidence based and quality SRHR services to Rohingya and host communities in Cox's Bazar. After the COVID-19 pandemic, additional activities were added in May 2020 and August 2020 to ensure access of pregnant women for SRHR services with infection prevention measures. At the same time, the project is extended by an additional one year until March 2022 to continue the programme.

Midwifery is a key element for achieving universal access to sexual, reproductive, maternal and newborn health, and for achieving the SDGs. Investing in midwives is also considered a "best buy" in primary health care for reducing maternal and neonatal mortality because it provides "right sized care" for healthy women. Increasing the availability of midwives has been a major national focus in recent years.

While midwife vacancies currently stand at 60%[14], and there is a need to establish more midwifery posts, efforts are underway to quickly deploy new diploma midwives around the country. In 2013, the DGNM launched a three-year Diploma in Midwifery program with technical assistance from UNFPA. The program now operates at 38 public nursing and midwifery colleges and 17 private midwifery institutions. The total annual intake of students at public colleges is 975; at private institutes intake is a total of 590 students. It has also expanded the role of midwives to enable them to provide family planning services and has begun deploying them at sub-district hospitals.

With UNFPA's support, the Directorate General of Nursing and Midwifery (DGNM) has also initiated training and professional mentorship programs for midwifery educators. The goal of these is to build nursing instructors' capacities in delivering the new diploma in midwifery curriculum. Five separate midwifery professional development activities were carried out. These included: 1) an initial 28-day pedagogical orientation on the new curriculum and effective teaching methodologies, 2) an online Master's degree program on sexual and reproductive health and rights (SRHR) through Dalarna University in Sweden, 3) skills lab trainings every 6 months, 4) design of a set of six e-learning modules, and 5) a hybrid online/in-person mentoring program.

Work to establish an international standard midwifery profession in Bangladesh is ongoing. When this program was introduced in Bangladesh, professional midwives did not exist, and only a few nursing faculty

3 Moinuddin, Md., Christou, A., Hoque, D.Md.E., et al. (2017). Birth preparedness and complication readiness among pregnant women in hard-to-reach areas in Bangladesh. *PLoS ONE* 12(12): e0189365

4 Banik, B.K. (2016). Barriers to access in maternal health services in the Northern Bangladesh. *South East Asia Journal of Public Health* 6(2): 23-36

members had received formal midwifery education. As the global standard of midwifery is still new in Bangladesh, much work remains to be done. Barriers related to availability of trained faculty, language, funding, and infrastructure, as well as in softer areas such as critical thinking, slow progress.

However, progress is being made. There are now 1,148 diploma midwives deployed to 350 upazila health complexes. In 2018, the midwives managed 68,000 deliveries. There is unified support among national stakeholders for the continued expansion of the midwifery profession in line with international standards of practice[5]. The challenge now is to ensure that midwives have an enabling environment to work in and are able to practice according to the full scope of their training.

Project Summary

The **Sida** funded project **Strengthening Midwifery-led Continuum of Care** in Bangladesh was launched in August 2017 and will end in March 2022. The project's overarching goal is to contribute to the professionalization of midwives as key providers of sexual and reproductive healthcare in Bangladesh. It complements UNFPA projects supported by DFID (focused on midwifery diploma education) and by Global Affairs Canada (GAC) (focused on strengthening midwifery practice) and supports UNFPA's overall program to establish a cadre of midwives in Bangladesh whose training and practice align with international standards. This project is a core element of UNFPA's 9th Country Programme 2017-2020.

The project's guiding principles, derived from those of the International Confederation of Midwives, are:

- Promote the right of all women to professional midwifery care (including family planning and emergency obstetric care) that is available, accessible and acceptable, and of good quality
- Ensure continuum of care from adolescence through care of the newborn and into early weeks of life
- Ensure the continuum of care from home to tertiary hospital
- Be sustainable within the health system
- Be sensitive to gender and culture and deliver respectful care to all women, their partners, and families

Summary of progress:

The project has four Outcome and thirteen Outputs. The overall project achievements contributes to country programme Outcome 1: Sexual and reproductive health and rights, and Output 1: Strengthened national policy and health sector capacity to deliver a midwife-let continuum of care and emergency obstetric and newborn care.

Through this project, UNFPA focuses on improving midwifery services through improving the education of midwives and creating enabling environments for them to perform midwifery-led care. These efforts included upgrading of pre-service midwifery degree from a diploma to Bachelors, various capacity building initiatives for midwives, midwifery faculty and health managers, and systematic and structured regulations and guidelines in imparting midwifery education and services.

The project also focuses on improving quality of emergency obstetric and newborn Care (EmONC) services through various interventions including strengthening of designated EmoNC referral networks, clinical mentorships focused on EmONC and midwifery-led care, advocating for and providing technical assistance

[5] Extracted from abstract submitted by UNFPA to Share-e-net SRHR conference October 2019.

for partograph utilization, and national and district level advocacy to improve response to post-partum hemorrhage and eclampsia.

Additionally the project focuses on ensuring greater capacity and accountability for family planning service provision in the target districts; this includes specific focus on improving family planning service provision and update for adolescents. To ensure support to the humanitarian situation in Cox's Bazar, this project continues to contribute to deployment of midwives to provide emergency reproductive health care to affected Rohingya refugees and host populations. For COVID-19 pandemic response, the project is focusing on triage system establishment for women seeking SRHR services and protection of health care workers from infection

Project management (arrangements)

UNFPA is overseeing the overall programme and financial management including coordination, communication mechanisms, guidance, support and oversight to all project activities to ensure quality, timeliness and cost–effectiveness in the programme implementation. The project is being implemented through implementing partners, which were selected based on a strategic partnership analyzing their strategic value and proven records while some activities were implemented directly by UNFPA. The project is being guided by the Chief of Health with day to day guidance of International Midwifery Specialist to ensure the quality of the project. The project is being implemented in close collaboration and coordination with the ministries.

III. Objectives and Scope of the Evaluation

- Determine if the project has achieved its results and assess whether the outputs led to the expected outcome;
- Document challenges and lesson learnt, and outline key forward looking priorities to continue strengthening the midwifery profession in Bangladesh
- Provide recommendations based on the findings with timeline

The project is implemented in five districts (Dhaka, Bandarban, Cox's Bazar, Noakali and Sunamgunj) from August 2017 and will continue implementation until March 2022 with an additional one-year extension. The evaluation will cover the programme period from September 2017 – September 2020.

IV. Evaluation criteria and preliminary evaluation questions:

The ***specific evaluation objectives*** will be based on the standard five evaluation criteria of the Development Assistance Committee of the Economic Cooperation and Development (OECD/DAC), UNFPA CPE and UNEG guidance. The End of Project Evaluation should be guided but not limited to the scope of broad evaluation questions listed below each evaluation criterions. The proposed initial questions to be answered by the end of project evaluators are expected to be refined by the selected individuals in their inception report.

To assess the ***Relevance*** of the project with regards to the extent to which the project design was appropriate in responding to beneficiaries[6], given the national context and government priorities; and the capabilities of the institutions involved?

6 Beneficiaries is defined as, "the individuals, groups, or organisations, whether targeted or not, that benefit directly or indirectly, from the development intervention." Other terms, such as rights holders or affected people, may also be used.

- To what extent the project strategy, Theory of change is relevant to the needs of rights and priorities of its intended beneficiaries (i.e. women of reproductive age, adolescent girls, under-served, marginalized or displaced populations, humanitarian response and advocacy work) at national and sub national level?
- To what extent the project Activities align with the standards and guidelines of the International Confederation of Midwives and other international health agencies (e.g., WHO)?

To determine the ***Effectiveness*** of the programme in achievement of results in regards to the extent to which project outputs were achieved:

- To what extent has the project been implemented according to the objectives and expected results? What evidence demonstrates this?
- To what extent has the project contributed to the achievements of the outcomes of the national midwifery policy and UNFPA's 9th country programme?
- To what extent UNFPAs advocacy effort contributed in creating synergy between MoHFW, DGHS, DGNM and DGFP?
- Did the project face any challenges during the implementation?
- To what extent is the project able to generate and share and use learning during the implementation within BGD and outside? In terms of system, capacity, opportunity, power dynamics between cadres of health and midwives etc.
- To what extent the project contributed in improving the quality of service provided as per ICM and quality of education provided to the students?

To assess the ***Efficiency*** of the programme in regards to measure how economically Sida's resources (input) were converted into results:

- To what extent has the project delivered, or is likely to deliver, results in an economical and timely way? Did the project make appropriate use of resources to achieve the expected results? What measures have been taken during the implementation to ensure the resources are effectively utilized?
- What, if any, aspects of complementarity exist with DFID's and Canada's support to the national midwifery programme? What coordination structures and pathways have been developed and used to achieve synergy?
- Does the project complement and/or harmonize (and avoid duplication of effort) with other programs operating in the same sphere in Bangladesh?
    - Were the resources provided in a timely manner?
    - Alignment of programme activities with GoB operational plans
    - Synergy gained from funding from different donors on midwifery programme

To assess the ***Sustainability*** of the programme

- To what extent are the benefits of the midwifery programme likely to continue beyond the project completion timeline?
- How is sustainability defined in the context of the project?
- To what extent has UNFPA been able to support implementing partners and beneficiaries (rights-holders), in developing capacities and establishing mechanisms to address the challenges to ensure ownership and the durability of effects?
- What aspects of the project will last, or have generated lasting effects, beyond the project's end date? For example, what are the prospects of the future of midwives? What does the future of the midwifery programme look like?
- What is needed now, or in the near future, in order to sustain the project's benefits over time?

V. Methodology and Approach

A mix method approach is encouraged, combining quantitative and qualitative data collection will be analyzed, including appropriate use of participatory approaches to enable the perspective of staff, partners and beneficiaries to be triangulated for assessing the progress of the project.

Qualitative data will be collected through the use of standard questionnaires. Face to face interviews will be conducted to collect information from respondents along with observation at the facility level. However, given the current context of lockdown and highly restricted mobility and requirement to maintain social distancing, as well as the onset of monsoon and flood, such health facilities can be reached through remote data collection methods, telephonic interview in case of restrictions posed by the local administration. In case of remotely data collection won't be feasible, then replacement of such facilities either from the same district or nearby district with similar character will be adopted to fulfill the same requirement.

In addition, an interview key UNFPA programme officers and gather necessary documentation to obtain accurate overview of actual implementation of planned interventions and outputs with indicators

A Divisional, district, upazila wise stratified sample will be selected representing district hospital, maternal and child welfare center, medical college hospital, Upazila Health Complex, and Union Health and Family Welfare Center sites. For example, a sample of midwifery education institutions will be selected for qualitative and quantitative primary and secondary data collection. The sample will reflect a balanced range of high and low performing sites, different types of activities implemented by the project (e.g., education/mentorship, clinical practice, EmONC, adolescent sexual and reproductive health, and family planning) and the geographic diversity that the project covers. (e.g., urban as well as remote and hard to reach areas including ethnic communities, and Rohingya refugee and host communities in Cox's Bazar).

A detailed data analysis plan will be prepared by the consultant and shared with UNFPA for review.

VI. Evaluation Process and Outputs

There will be three phases of evaluation and these are (i) preparation; (ii) design; (iii) field; (iv) reporting; (v) facilitation of use of evaluation findings and dissemination.

The planned output of evaluation are as follows:

a) the Design report (with details of the sample and methodology, tools, evaluation schedule to be used)
b) The debriefing presentation after the end of field work
c) The evaluation report, with complete annexes.

Activities should include, but not be limited to collecting secondary quantitative and qualitative data through literature review, collecting of primary data through meeting with key informants and field visits, as it would be appropriate. The key activities are as follows:

1. Document quantitative results against all project indicators
2. In addition to the indicator results, gather and consolidate additional data and information (qualitative and quantitative) to provide evidence of project accomplishments within each activity area and to address all agreed upon evaluative questions
3. Carry out meeting with key informants and field visits
4. Analyze the impacts of the projects' risks/barriers and the degree to which they were mitigated/addressed; highlight areas where further inputs may be needed to mitigate these (and other) risks or barriers
5. Assess differences in implementing partner effectiveness and their most significant contributing factors
6. Based on the evidence and analysis, draw conclusions about the project's overall achievements and make recommendations for future directions

VII. Workplan and indicative time schedule of deliverables

Following workplan and evaluation schedule will guide the evaluation process.

Activity	Product	Number of days	Timeline					
			Jan 2020	Feb 2020	Mar 2020	Apr 2021	May 2021	Jun 2021
Preparation and initial desk review								
Initial desk review	**Inception/Design Report**	5						
Inception meeting with UNFPA		3						
Draft Inception/Design Report		5						
Receive comments from UNFPA CO, SIDA, and APRO ***(within 7 days)***								
Finalize Inception/Design report by incorporating comments		3						
Data collection and analysis								
Consolidate information from desk reviews	**PowerPoint PPT on preliminary findings**	5						
Conduct collect data according to the evaluation framework in the Inception/Design report		10						
Data systematization and analysis		5						
Sharing of preliminary findings with UNFPA		3						
Finalize assessment report and disseminate assessment findings								
Draft first report	**First Draft Report**	7						
UNFPA (CO, SIDA, APRO), comments on first draft								
Prepare second draft	**Second Draft report**	5						
Consultation workshop with stakeholders	**Workshop and PPT presentation**	3						

Incorporate comments and feedback from the report consultative meeting and finalize the evaluation report	**Final End of Project Evaluation Report**	5						
Submission of final report to UNFPA		1						
Total		**60 days**						

VIII. Expected Outcomes/Deliverables:

The evaluator is expected to deliver the following documents and reports:

Deliverable 1: An Inception/Design Report: January 2021
Deliverable 2: PowerPoint presentation on preliminary findings: February 2021
Deliverable 3: 1st Draft Evaluation Report: March 2021
Deliverable 4: Conduct consultation workshop and present draft report to stakeholders: March 2021
Deliverable 5: Final Evaluation Report (e-copy): May 2021

All above mentioned deliverables are to be written in English (e-copy), all associated data to be submitted to UNFPA CO in the due date.

The deliverables for this evaluation include:

1) Inception report which include details highlighting the background information and methodology;
2) Data collection and analysis plan, including data collection tools;
3) Summary of preliminary findings to be shared via PowerPoint and in a 5-page handout, and discussed in a "working review" meeting described above.
4) Draft report for review and comments by UNFPA and stakeholders;
5) Final report (20-25 pages), a separate 1-3 page overview/executive summary, and a well-designed power point presentation summarizing the assessment's key findings, methodologies, conclusions and recommendations. Additional annexes and/or folders/files may be submitted along with the final report for further reference.

IX. Composition of the evaluation team

The evaluation will be conducted by institution with substantive experience of health systems in Bangladesh. The intuition will have a medical or public health degree with sound knowledge and experience in public health management as well as in review, assessment and evaluations.

Qualification of the institution

The evaluation will be carried out by a institution with adequate qualification and experience in the midwifery profession in Bangladesh. The intuition will be a health specialist with extensive experience in monitoring and evaluation of development programmes but not limited to:

- Advanced degree in evaluation/assessment development studies, public health, midwifery education

- At least 10 years' proven experience in conducting evaluations/assessments in the field of development for UN organizations or other international organizations
- Have diverse developing country experience building and/or strengthening the midwifery profession
- Experience in leading complex programme and/or country level evaluations/assessment
- Experience in the South Asia region and preferably in Bangladesh
- Strong technical and analytical capacities and demonstrated knowledge of evaluation/assessment methods and techniques for data collection and analysis, an understanding of UNFPA mandate or the ICPD agenda as well as Agenda 30 of SDGs
- Familiarity with the humanitarian-development nexus is desirable
- Excellent leadership, communication ability and excellent writing skills in English
- Expertise in humanitarian programming and vulnerable contexts
- Familiarity with UNFPA or UN systems
- Ability to lead a diverse team

X. Management of the Evaluation

Under the leadership of Acting Chief of Health, the International Midwifery Specialist will supervise and provide necessary support and guidance to facilitate the evaluation process and completion, including liaison with the relevant stakeholders from the Government line agencies, donors, UN Agencies, universities, professional bodies, associations, council, implementing partners, midwives, and beneficiaries of the project.

XI. Budget:

The institution is required to submit a detailed and separate budget apart from the technical proposal. The payment schedules will be as below:

30%	upon submission and acceptance of the inception report
50%	upon submission and acceptance of the draft report
20%	up on submission and acceptance of the final report and presentation.

XII. Ethical code of conduct

The evaluation of the Programme is to be carried out according to the ethical principles guidelines established by UNEG (UNEG Ethical Guidelines) ensuring anonymity and confidentiality, responsibility, integrity, incidence, validation of information, intellectual property and delivery of reports.

XIII. Annexes:

Data sources will comprise project documents and progress reports provided by UNFPA (and implementing partners, as needed), published surveys, health facility data, the DHIS2, and the MIS (as relevant). If feasible, raw datasets from national surveys may be obtained from organizations such as icddr,b and NIPORT to allow for analysis of key indicators in just the project's implementation areas. Key informants will be identified from government, training institutes, implementing partners, technical partners, midwives of varying levels of experience who participated in one or more of the project's training and mentorship activities, UNFPA staff, and women (and/or their family members) who received sexual and/or reproductive health services from midwives supported by the project. The following documents need to be reviewed.

- UNFPA Ethical code of conduct for evaluations
- List of stakeholders
- A short outline of design report and final evaluation report
- Template for evaluation matrix
- UN editing guidelines
- Project proposal, including project results framework with activities and indicators associated with each outcome and outputs (Annex-1)

Annex-1

Results Framework

Outcome 1: Increased number and capacity of midwives (in supported locations) **Indicator:** % of live births attended by skilled birth personnel	
Outputs	**Activities and Indicators**
1.1: Midwives well educated and trained to international standards	1.1.1. Increase the number of midwives and midwifery faculty with higher education and research capacity 1.1.2. Develop and implement standardized national in-service training programme for midwifery faculty members, midwives and leaders 1.1.3. Develop an international midwifery faculty mentorship programme for quality improvement of midwifery education and clinical training Indicator 1. 1. A. Number of midwives and midwifery faculty who completed or are enrolled in higher education and research capacity programs (Bachelor's degree and PhD) Indicator 1. 1. B. Number of midwifery faculty members, midwives, leaders enrolled into the in-service training programme
1.2: Midwives regulated to international standards	1.2.1 Develop and implement a national midwifery education accreditation programme 1.2.2 Establish professional development pathway/standards for re-licensing 1.2.3 Develop and implement standard operating procedures for midwives' scope of work in maternal morbidity (e.g. obstetric fistula, uterine rupture, genital and uterine prolapse), humanitarian response and family planning 1.2.4 Create a mechanism within DGNM to register and handle complaints and disciplinary matters 1.2.5 Provide technical assistance to BNMC to strengthen its organisational structure Indicator 1. 2. A. Number of Nursing Institutes/Colleges accredited Indicator 1. 2. B. Availability of licensing and re-licensing guidelines at BNMC
1.3 Midwives are represented by a national recognized professional association	1.3.1 Support young midwives to become young midwife leaders 1.3.2 Support midwife-led media activities focused on demand creation for the profession and professional services by midwives 1.3.3 Support the organizational development of BMS based on the ICM MACAT tool (Member Association capacity tools) assessment Indicator 1. 3. A. Number of midwives enrolled/graduated from the 18-month ICM Young Midwives leaders' programme Indicator 1. 3. B. Number of BMS members
1.4: Midwives contribute to assuring greater equity in health systems	1.4.1 Develop a pool of midwives, trained and ready for deployment in remote locations 1.4.2 Deploy midwives in locations where greater health system inequity prevails 1.4.3 Provide supervision and mentoring support for midwives posted in remote areas Indicator 1. 4. A. Number of midwives serving vulnerable populations in targeted districts Indicator 1. 4. B. Number of public health facilities providing midwife led continuum of care to affected populations and host communities

Outcome 2: Increased availability of quality of EmONC (in supported locations) **Indicators:** • Number of union health facilities in targeted districts providing 24/7 basic EmONC services • # of public sector CEmONC facilities per 500,000 population (providing 24 X 7 services in supported locations)	
Outputs	**Activities and Indicators**

2.1: Models for district level EmONC improvement established	2.1.1 Support development, implementation and monitoring of EmONC improvement plans in supported locations recognizing the role of midwives 2.1.2 Implement Maternal and Perinatal Death Surveillance and Response (MPDSR) in supported locations led by midwives as appropriate Indicator 2. 1. A. Number of districts which have an established network of facilities providing 24/7 basic EmONC services Indicator 2. 1. B. Number of districts implementing MPDSR according to a national guideline by midwives
2.2: Increased coverage and quality of BEmONC services in supported locations	2.2.1 Support BEmONC expansion and quality improvement in supported locations based on the district EmONC improvement plan 2.2.2 Standardize protocols, provide training and ensure close monitoring of active management of third stage of labour (AMTSL), prevention/treatment of PPH and eclampsia, essential newborn care and addressing the specific needs and risks of adolescents in supported locations 2.2.3 Develop and implement clear referral pathways for EmONC in supported locations 2.2.4 Increase capacity/compliance for appropriate use of the partograph in supported locations Indicator 2. 2. A. % of designated BEmONC facilities offering all BEmONC signal functions Indicator 2. 2. B. % of UHC providing EmONC services without stock-outs of life saving drugs in the last 6 months Indicator 2. 2. C. % BEmONC facilities where appropriate use of the partograph is demonstrated
2.3: Improved quality of CEmONC services in supported locations	2.3.1 Support CEmONC quality improvement in supported locations based on the district EmONC improvement plan 2.3.2 Increase capacity for AMTSL, prevention/treatment of PPH and eclampsia, essential newborn care and addressing the specific needs and risks of adolescents in supported locations 2.3.3 Increase capacity/compliance for appropriate use of the partograph and C-sections in supported locations Indicator 2. 3. A. Number of district hospital providing midwifery-led continuum of care Indicator 2. 3. B. % of CEmONC facilities where appropriate use of the partograph is demonstrated

Outcome 3: Increased access to family planning information and services with a particular focus on adolescents (in supported locations) **Indicators:** ● Adolescent Contraceptive Prevalence Rate (CPR) ● % of union health and family welfare centers providing at least 4 contraceptive methods	
Outputs	**Activities and Indicators**
3.1: Improved availability of modern contraceptives in the community and health facilities in selected districts	3.1.1. Carry out baseline of available methods and identify bottle necks in service provision in all facilities in selected districts 3.1.2. Increase number of service providers with skills to provide widest method mix 3.1.3. Advocate for permitting midwives to provide the widest possible method mix in family planning 3.1.4. Improve tracking and availability of human resources and supplies in designated family planning facilities Indicator 3. 1. A. % of UHCs where midwives are inserting post -partum IUDs
3.2: Improved capacity of service providers on ASRH in selected districts	3.2.1 Conduct training of community level cadres including volunteers for providing family planning information and services to adolescents 3.2.2 Provide skills-based training and tools for midwives to provide adolescent friendly information and services 3.2.3 Introduce field work in midwifery practice targeting schools, vocational centers and youth frequented locations to provide ASRH related information and services 3.2.4 Conduct sessions in schools in the selected districts on ASRH and also to encourage girls to take up midwifery as profession Indicator 3. 2. A. Number of community cadres trained on ASRH
3.3: Increased awareness and	3.3.1. Identify pockets within target locations with highest unmet need for FP and implement interpersonal communication programmes by FWAs

demand for family planning in selected locations	3.3.2. Implement a mass media campaign in the selected locations addressing myths and misconceptions around family planning 3.3.3. Recruit and train volunteers among women's groups and micro finance groups to disseminate family planning information 3.3.4. Increase family planning related information provision to clients waiting in facilities including counselling services Indicator 3. 3. A. % of women in the reproductive age who have heard of at least four modern methods of contraceptives

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