

EVIDENCE AND ACTION

GOOD PRACTICES

on
Strengthening
Midwifery
Services to
Avert Maternal
and Newborn
Deaths



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The United Nations Secretary General's Every Woman Every Child Strategy (2010) highlighted the need for "stronger health systems with sufficient health workers at their core". Governments recognize that returns on investing in human resources with midwifery skills are enormous. When empowered, fully trained, well equipped and authorized to practice all essential basic lifesaving competencies, midwives can help avert two thirds of maternal and newborn deaths (MDGs 4 and 5).

Since the launch of the 2010 State of the World's Midwifery Report, over 35 countries have made national pledges to strengthen midwifery.

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GOOD PRACTICES on Strengthening Midwifery Services to Avert Maternal and Newborn Deaths

Joint UNFPA and ICM Midwifery Programme Gains International Recognition



International
Confederation
of Midwives

Strengthening Midwifery Globally

The returns on investing in human resources with midwifery skills are enormous. According to the State of the World's Midwifery Report (2010), midwives, when empowered, fully trained, well equipped and authorized to practice all essential basic lifesaving competencies, can help avert two thirds of maternal and new born deaths (MDGs 4 and 5). Midwives also play a key role in the prevention of mother to child transmission of HIV (MDG 6). Unfortunately, the profession of midwifery is still not well recognized and supported in many developing countries.

In 2008, UNFPA, the United Nations Population Fund, in collaboration with the International Confederation of Midwives (ICM), launched the programme *"Investing in Midwives and Others with Midwifery Skills to Achieve MDGs 4, 5 and 6"* to promote skilled attendance at all births in low resource countries by developing the foundations of a sustainable midwifery workforce. To achieve this, the Programme supports a four-pronged strategy and guides national efforts by:

- Building capacities in ICM/WHO competency based midwifery training and education
- Developing strong regulatory mechanisms to promote quality of midwifery services and protect the public
- Strengthening and establishing midwifery associations
- Advocating with governments and stakeholders to invest in quality midwifery services to save the lives of mothers and their newborns to achieve MDGs 4, 5 and 6

In a short span of five years, the programme is operational in 30 countries globally. Some 20 highly skilled, well trained and motivated national and international midwifery advisors placed in UNFPA country offices are working with relevant national stakeholders in identifying key gaps, action plans and policy measures needed for strengthening midwifery.





Some strategies that worked:

- To help the programme gain international prominence, focus was given on generating the necessary evidence base by doing a series of needs assessments and gap analyses. The first-ever State of the World's Midwifery (SOWMy) Report was produced and its finding widely disseminated using a strategically defined media and communications strategy. The evidence base, combined with strategic global advocacy at high profile events, has helped draw the attention of policy makers to this important area.
- Partnerships with key leading global and regional organizations, including UN agencies (H4+), civil society organizations, private sector and the donors have helped build a global consensus around midwifery and support fund raising.
- Global and national advocacy, such as institutionalized celebration of the International Day of the Midwife, and advocacy done at other high profile events: CARMMA (Campaign for Accelerated Reduction of Maternal Mortality in Africa), Africa Union, and Women Deliver, have all helped highlight the significance of midwifery in achieving MDG 5.
- The Secretary-General's Every Woman Every Child Strategy (2010) also highlighted the need for "stronger health systems with sufficient health workers at their core". Since the launch of the SOWMy report, more than 35 countries have made national pledges to strengthen midwifery. For instance, Ethiopia has pledged to quadruple the number of midwives from 2,050 to 8,635; Bangladesh has pledged to train an additional 3,000 midwives and Rwanda has committed itself to training five times more midwives, increasing the ratio from 1/1000,000 to 1/20,000.

Part



Some major results at national level achieved under the Midwifery Programme include:

- Some 175 midwifery schools and skills labs have been equipped with latest midwifery text books, clinical training models, equipment and supplies.
- Over 35 national and sub-national midwifery associations have been formed in Afghanistan, Bangladesh, Guyana, Burkina Faso, Djibouti, Ethiopia, Nepal, Rwanda, South Sudan and Zambia.
- Globally clinical, life-saving and teaching skills of around 5,000 midwifery trainers and tutors have been upgraded so that new graduating midwives are better prepared to deal with life threatening emergencies.
- New Bachelor of Science programmes in midwifery have been introduced in Sudan, Cambodia and Ghana and a new direct entry midwifery programme has commenced in Bangladesh.
- Many countries are witnessing huge increases in student enrollment. For instance, Burundi has seen a doubling of students every year since 2009 and in Ethiopia around 1,634 students are enrolled in the accelerated midwifery programme.
- Meanwhile, the annual number of graduates worldwide continues to grow. For example, the number of graduates in Zambia grew from 300 in 2009 to 505 in 2011 and Cambodia saw an increase from 370 in 2010 to 616 in 2011.
- South-south collaboration is being fostered to address acute shortage of midwifery tutors in South Sudan through agreements with the Governments of Uganda and Tanzania.
- Additional resources have been leveraged by the programme as a result of significant demonstrated results. For instance, Ethiopia has received \$3.5m from Swedish International Development Agency (SIDA) and South Sudan has received Canadian \$19.5m for midwifery.

Major contributions of the programme at global level, among others, include:

- In June 2011, at the 29th Triennial Congress of the ICM at Durban, South Africa, the first-ever *State of the World's Midwifery Report (SOWMy)* was launched, with the collaborative efforts of some 30 partners under the leadership of UNFPA. The SOWMy Report reviews the state of midwifery in 58 low resource countries representing 91% of the global burden of maternal deaths and 82% of newborn mortality. It provides fresh data and analysis, identifies challenges and highlights policy options and approaches towards strengthening midwifery.
- Global dissemination of the *ICM Essential Competencies of Basic Midwifery Practice* and *ICM Global Standards on Midwifery Education and Regulation* in some 40 countries. Taken together, these standards and competencies provide a professional framework that can be used by governments and midwifery educators, associations and regulators to raise the standard of midwifery practice at national level.
- A *model midwifery curriculum* in English, French and Spanish has been finalized and rolled out by the ICM in 2012. This important tool was requested by countries and will aid governments in drafting harmonized and standardized competency based midwifery curriculums.
- The celebration of the *International Day of the Midwife* on 5 May every year has been institutionalized under the programme. Every year on this day, tens of thousands of midwives participate in advocacy events like seminars and TV/radio shows and organize free family planning clinics, free cervical cancer and prevention of mother to child transmission of HIV screenings, and poster competitions to raise awareness of the important functions midwives perform and to garner high level political commitments.
- In 2012, *midwifery workforce assessments* were conducted in eight countries: Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, Mozambique, Tanzania, India, and Nigeria and will be released in 2013. These eight countries represent nearly 60% of global maternal and newborn deaths. The modeled projections of midwifery service demands and workforce supply will help inform costed scenarios and policy options.

Reports
Partnerships

The Midwifery Programme has come a long way in a short span and is regarded as a flagship programme of UNFPA.

During the review of the current UNFPA Strategic Plan in 2011, Midwifery was introduced as a core output, a clear indicator of success for the programme. As a result, all UNFPA country offices are now mandated to comprehensively strengthen midwifery workforce policies.

But challenges remain...

The huge success of the Midwifery Programme and its proposed expansion has led to ever increasing needs for technical assistance, support for midwifery schools, clinical skills and teaching skills trainings for tutors, development of midwifery regulatory bodies and strengthening of associations.

Operationalization of the partnership with Intel in 2-4 pilot countries, as well as development of the first set of interactive technology driven multimedia modules on basic life-saving skills and family planning, require support from national governments and donors and enhanced investments.

Most importantly, continued advocacy is a must as national policies in the area of midwifery remain weak. Even where enough midwives are being trained, deployment and retention policies for midwives are weak and are not well supported and supervised in the field.

To meet these needs, resources – human, technical, and financial-will need to be raised and partnerships strengthened. Use of innovative technologies provides possible solutions to scale up interventions and improve quality of trainings for midwives and other frontline healthcare workers, which would help save lives of women and their newborns.



Spawning innovative approaches:

UNFPA and technology giant Intel launched an innovative partnership in 2012, in collaboration with WHO and Jhpiego, to strengthen skills and capacities of frontline health workers using user-friendly, multi-media, e-learning training modules with built-in quizzes that do not require 24/7 internet connectivity. The programme relies on Intel's no charge skool™ Healthcare Education platform that enables education to take place offline as well using low cost netbooks. Jhpiego is providing innovative training solutions and generating the multi-media content using WHO's existing Integrated Management of Pregnancy and Childbirth (IMPAC) guidelines and midwifery education modules. UNFPA is providing overall project management, coordination and implementation support and bringing in its technical expertise on sexual and reproductive health and midwifery.

A technical advisory group comprising the International Federation of Gynecology and Obstetrics (FIGO), the International Confederation of Midwives (ICM) and the International Council of Nurses (ICN) provides technical review of the e-learning materials. The purpose is to create high quality, globally endorsed, e-training materials that governments can use for training of health workers or adapt to local needs in any language.

Using a content creation toolkit, countries will be able to develop their own relevant curriculum in any local language with local graphics using the global e-learning modules as samples.

The Transformational Change using Technology will lead to the following expected results:

- Increasing the numbers of trained health workers using technology
- Improved competency and quality of service delivery through technology-enabled pre and in-service trainings
- Remote Training Assessments enabling documented monitoring of health worker skills and re-licensing
- Enhanced decision making and performance of health workers using evidence based e-learning materials for managing complications before, during and after childbirth

Some 6-8 e-learning modules on all critical life-saving functions (e.g pre-eclampsia/eclampsia, post-partum hemorrhage, post abortion care etc.), family planning and essential newborn care are being developed for frontline healthworkers who will be trained in their use. This will help avert a majority of pregnancy related deaths and promote health and well-being in communities. Pilots will be conducted between 2013-2015 followed by global scale-up.

Acknowledgments and Further Information

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GOOD PRACTICES on Strengthening Midwifery Services to Avert Maternal and Newborn Deaths

Afghanistan



Engaging the Community for Midwifery Recruitment, Deployment and Retention in Rural Areas

Pregnancy-related complications remain a leading cause of death for Afghan women in their childbearing years. While the maternal mortality ratio has rapidly declined in the past decade, particularly since 2003, there are still areas where maternal mortality ratios are estimated to be over 1,400 per 100,000 live births – considered to be among the highest in the world. This is exacerbated by limited access to quality emergency obstetric care, particularly in rural areas, cultural barriers to women accessing health care, insufficient access to information about maternal health and safe delivery, and a shortage of qualified female health care providers.

To meet the country's need for skilled female birth attendants, the Ministry of Public Health, in partnership with UNFPA (United Nations Population Fund) and other international partners, such as USAID and Jhpiego, has focused on the rapid mobilization of midwives, especially in rural areas. The objective is to create a cadre of midwives through a Community Midwifery Education Programme by innovatively engaging the community in the selection of the midwife.

Implementation Strategies

Community engagement in the selection of midwifery students has helped promote retention in rural areas.

To address the shortage of skilled female birth attendants providing midwifery services, especially in rural areas, the Ministry of Public Health (MoPH) has employed several strategies:

- The candidates for the community midwifery programme are selected and endorsed by key members of their community, with the understanding that they will serve and commit to returning to work in their district upon graduation. Interested candidates must demonstrate significant ties to the community and have the consent of her husband or father to undertake the training. The training is relatively short - 18 months - and is more vocational in character to make it accessible to a wider pool of candidates.
- To foster community ownership of the process, midwifery graduates are deployed at the facilities in their districts under the Ministry of Health's Basic Package of Health Services (BPHS). Upon arrival to the deployment site, the community midwife is encouraged to apply for funding through the National Solidarity Programme for the construction of appropriate housing and for counseling on income generation opportunities for the accompanying spouses or male family members.
- Apart from addressing security concerns, housing arrangements and employment opportunities for male family members, the programme also helps provide schooling for children and affordable transportation. These factors have helped motivate midwifery graduates to stay and remain in the community.
- In order to ensure 24/7 access to basic reproductive health services for populations living in remote areas isolated for long periods due to harsh weather conditions, UNFPA has been providing sexual and reproductive health services to communities by mobile health teams since 2009.

Progress and Results

With the active engagement of the community, particularly through advocacy of religious leaders, the number of midwives has increased substantially over the years from around 460 in 2002 to more than 3500 in 2012.

A supportive community environment has been key in keeping attrition low with the result that retention of community midwives is roughly 80 per cent.

Skilled attendance has been steadily increasing and now stands at 34 per cent based on UN estimates compared to 19 per cent in 2006. One major reason for this trend is the increasing number of deliveries now being provided by community midwives, which is having a big impact in service utilization.

Based on the success of the community midwifery training programme, the MoPH has recommended its replication in the training of other healthcare cadres.

A programme initiated by UNFPA on establishing Family Health House (FHH)

with linkages to comprehensive healthcare is underway. It will be managed by a community midwife along with community health workers and an active local health "shura". The midwife will not only serve in the FHH but will also attend to births in the communities.

The construction of the FHH will be carried out by the community using local materials, with UNFPA only providing selected items, such as floor tiles for the labor room and equipment. This model has been integrated into the Reproductive Health Strategy but is in its initial stages, and will further help in retention of midwives and enhance access to service provision where most needed.

To ensure high quality of care, UNFPA has been supporting the establishment of the Afghanistan Midwives and Nursing Council (AMNC). With their joint efforts, the AMNC Act has finally been passed and is in the process of being approved by the Ministry of Justice.



Lessons Learned

Partners

Ministry of Public Health, USAID, Jhpiego, Afghan Midwives Association and the UNFPA Country Office in Afghanistan

- Engaging the community in the recruitment of midwives has been critical in making the investment cost-effective and sustainable. In the Afghanistan cultural and security context, this community outreach is even more critical where there are barriers to women accessing healthcare or pursuing an independent profession without the permission of their male family members and support of community leaders. Today, young Afghan women see midwifery as a desirable profession and families are eager to see their wives and daughters in this profession.
- Enhancing perceived security for the midwifery graduates is vital to the placement and retention in the community. So when the community elders endorse and support the deployment plan, that barrier tends to be overcome.
- The issue of whether the community midwifery education graduates qualify as civil servants given that their formal education level is 10 to 12 years, needs to be addressed. This has implications on job satisfaction, salary grades and retention. This is more so for midwives who have already served for five years in the community and also in remote areas where student selection is complicated by lack of educational opportunities for women.
- The Afghan Midwives Association as a professional body can play a crucial role. It can advocate for the professionalization and strengthening of midwifery and ensure proper conditions of service, supportive supervision, mentoring and career promotion opportunities.

Acknowledgments and Further Information

This case study was produced in collaboration with UNFPA Technical Division, Programme Division and the Afghanistan Country Office with inputs from the following experts and consultant: Laurent Zessler, Prasanna Gunasekera, Tahir Ghaznavi, Sabera Turkmani, Rene Desiderio (Fordham University Institute of International Humanitarian Affairs) and Geeta Lal.

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Bangladesh



Intensified Efforts to Reduce Maternal Death through Education and Development of a New Cadre of Professional Midwives

The largest and most densely populated of the least developed countries, maternal mortality in Bangladesh has been declining since the 1990s. The increase in female education and the deployment of family planning services have brought advances in women's health and the country is making rapid progress towards achieving MDG 5.

Attendance at birth by skilled personnel, however, is still low at 18 per cent in relation to the estimated 3 million births per year. In addition, there are gaps in the delivery of essential reproductive, maternal and neonatal health interventions at various levels of the healthcare system.

Midwives as a separate professional cadre did not exist until 2010 and it is an area that is being developed through two midwifery programmes: (a) a six-month certificate in midwifery programme for nurse-midwives and (b) a three-year direct-entry diploma midwifery programme.

The Government of Bangladesh, with support from UNFPA (United Nations Population Fund) and WHO, has committed to double the percentage of births attended by a skilled health professional by 2015 by developing, educating and certifying a new cadre of professional midwives.

Implementation Strategies



Cognizant of the need to intensify efforts to ensure that midwives are available to provide quality skilled attendance, the Government, with technical and financial support from UNFPA and WHO, has embarked on a programme to scale up midwifery education and post 3,000 midwives nationwide by 2015 as its pledge to the UN Secretary General's *Every Woman Every Child Strategy*.

- A six-month advanced midwifery education programme was launched in August 2010, specifically designed for existing nurse-midwives to train them to meet international International Confederation of Midwives' standards. The first batch started in three nursing institutes and later this was scaled to 20 training sites.
- To address the severe lack of qualified midwives, a more sustainable, long-term three-year direct entry diploma midwifery programme was launched in December 2012 nationwide.
- To ensure high quality midwifery education, faculty members have been regularly trained over the last two years. More training for trainers is underway to meet the demand for qualified teachers in the three year midwifery programme.

Progress and Results

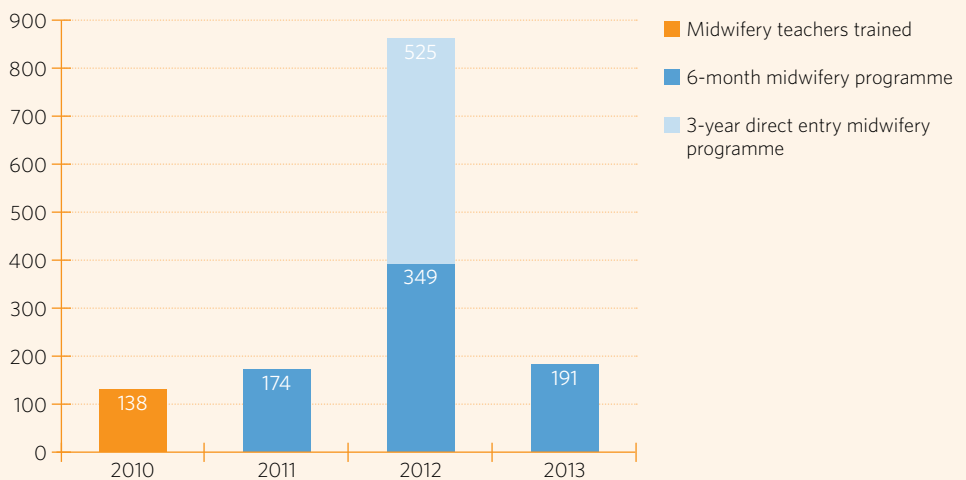
Over the last three years, progress has been achieved in terms of the number of students graduating from the six-month midwifery programme.

In 2010, 138 participants attended the six month training-of-trainers courses; more than 500 women completed the trainers programme in 2011 and 2012 and nearly 200 enrolled in 2013. The three-year direct entry programme has enrolled 525 students who are expected to finish in 2015 (see chart). As a result, Bangladesh is building a cadre of trained midwifery tutors who can support the new three-year direct-entry midwifery programme.

Some 6,500 Bangladeshi high school graduates applied for the three-year direct entry programme in 2013.

To ensure that midwifery education is in line and consistent with the national health sector programme, members of the Bangladesh Midwifery Society are actively participating in human resource planning with the Government of Bangladesh in focusing on maternal and newborn health care services.

Number of midwifery teachers trained, graduates and students in the six-month programme and students in the three-year direct entry programme (2010-2013)



Lessons Learned

- The support and commitment in reducing maternal mortality by top leadership, such as the Prime Minister of Bangladesh, has been vital in promoting national efforts to train and increase the number of skilled and competent midwives to achieve MDGs 4 and 5.
- One priority for human resources for maternal and newborn health is to develop a deployment plan of the educated midwives and strengthen regulation to ensure 24/7 quality midwifery services in all health facilities. This requires a strong body of experienced midwives to act as tutors and supervisors.
- International support to develop a robust and sustainable workforce by scaling up midwifery education is essential, especially in countries like Bangladesh. The establishment of midwifery training institutions and posting of two full-time dedicated international UNFPA midwifery advisers, for instance, has contributed towards strengthening local midwifery capacity and in coordinating activities at various levels.

Partners

Ministry of Health and Family Welfare, Bangladesh Nursing and Midwifery Council, Directorate of Nursing Services, Bangladesh Midwifery Society, Swedish International Development Cooperation Agency (SIDA), Die Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), International Confederation of Midwives, White Ribbon Alliance, Auckland University of Technology, WHO and the UNFPA Bangladesh Country Office.

Acknowledgments and Further Information

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Burkina Faso



Expertise and Experience of Retired and Senior Midwives helps strengthen Clinical Skills of Midwives

Maternal mortality ratio in Burkina Faso has been steadily declining since the 1990s but remains high at 341 deaths for every 100,000 live births. Moreover, the high fertility rate and rapid population growth are hindering economic improvement and human development, especially in the education and health sectors.

To increase women's access to health care services, the government has provided a free minimum package for maternal and child health care services, which includes delivery care. However, most health facilities have acute shortages of trained staff. Midwives are few and are not evenly distributed throughout the country.

Improving the skills and competencies of midwives is urgent. To increase the utilization and improve the quality of maternal health services, UNFPA (United Nations Population Fund), in partnership with the Ministry of Health, has tapped into the expertise and experience of retired midwives to strengthen midwifery training schools and ensure that midwifery graduates have all essential competencies to provide high quality health services.

Implementation Strategies

Teams of retired and senior midwives have been helping build the clinical skills of fresh midwifery students and recent graduates.

Retired midwives were identified to serve as resource persons and mentors to midwifery students and trainers at the National School for Public Health (ENSP) and L'Ecole Ste Edwige. The latter is a private school for midwifery training and has an average of about 120 students as in ENSP. In addition, practising midwives with 15 years of experience, including experience in supervisory role, in obstetric and neonatal health, were likewise recruited.

The 49 retired and senior midwives and 08 gynecologists from teaching hospitals, who joined the team, were deployed in six regional centers that have ENSP schools. Training schools were provided with teaching materials and supplies, including mannequins, updated midwifery manuals, computers and other materials needed for the training programme.

The team of retired midwives and gynecologists conducted skills building sessions for midwifery students, nurses and health assistants. Two weeks were devoted to practical training, including demonstration session using mannequins to improve competencies in clinical care, neonatal resuscitation, family planning and HIV prevention, among others. Moreover, practical clinical skills training workshops were provided to trainers, who supervise students during internship in the field.



Progress and Results

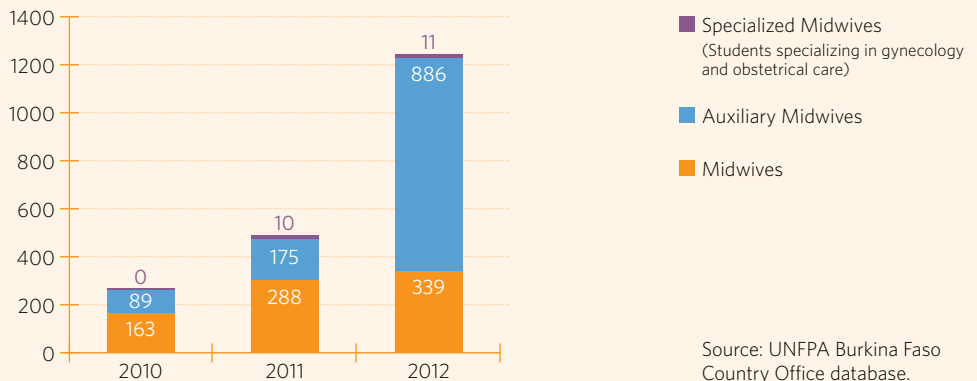
The number of midwifery students trained by senior midwives has increased nearly five times from 252 in 2010 to 1,236 in 2012.

There has been a marked improvement in the rate of students passing the midwifery examination with up to 80 per cent success rate.

As a result of the training programme, the trainer/student ratio has improved from 1/35 to 1/24.

The acute need for midwifery services in certain parts of the country is increasingly being met through the deployment of graduates and trained midwives with required competencies.

Number of midwifery students trained by retired/senior midwives (2010-2012)



Source: UNFPA Burkina Faso Country Office database.

Engaging Senior Midwives

Lessons Learned

- Tapping the expertise and experience of retired and senior midwives to strengthen competencies for basic midwifery practice, as well as training institutions, is a cost-effective way of helping reduce maternal and child mortality. To be sustainable, however, there is a need to improve competencies of trainers in the six training schools.
- There is a need to better organize the pool of senior midwives supporting students on site during internships and to further improve the interaction between the training schools and the midwives doing fieldwork at internship sites.
- Upon graduation, midwives are assigned a work in the public health system. However, the remuneration offered is low leaving little by way of incentives. Besides, due to the slow administrative procedures for deployment, graduates are often lured into joining the private sector, that operates mainly in urban centers.
- Medical facilities and emergency hospital care are very limited and of poor quality, particularly in areas outside of the capital, Ouagadougou. There is a need to improve and upgrade emergency response services, particularly in hard to reach rural areas where the need is greatest and most acute.

Partners

Ministry of Health, Burkina Faso
Society of Obstetrics and Gynecology, Burkina Faso – Association burkinabé des sages-femmes and UNFPA Burkina Faso Country Office.

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Ethiopia



Building Midwifery and Institutional Capacities in a Remote, Post-Conflict Zone in the Somali Region

In Ethiopia, the maternal mortality ratio has been steadily declining since 1990, but remains high at 676 per 100,000 live births. Only 10 per cent of births are delivered at a health facility and 10 per cent attended by trained health personnel.

The Government has made strengthening the health system and training of health workers a priority. In 2008, UNFPA (United Nations Population Fund) and the International Confederation of Midwives, in collaboration with the Federal Ministry of Health, initiated an Investing in Midwifery Programme with the aim of scaling up midwifery services in Ethiopia.

UNFPA has been providing technical, logistical and financial support to 31 midwifery training institutions, including the Gode Health Science College (GHSC), located in the Somali region some 1,000 kilometres away from the capital, Addis Ababa. The region has the highest direct obstetric case fatality rate in the country at 14 per cent, way above the acceptable level of one per cent. There are only 30 midwives for a population of 4.4 million. Skilled birth attendance is only 0.6 per cent.

Implementation Strategies



In the post-conflict zone of Gode, UNFPA Ethiopia has collaborated with the Somali Regional Health Bureau to build the capacity of midwives and strengthen training institutions.

Strategic interventions employed have included training of midwifery students and tutors, introducing a mentorship programme and refurbishing the Gode Health Science College.

UNFPA provided scholarships to 91 nurses, who were trained in midwifery for one year. Midwifery tutors were likewise trained in effective teaching skills and basic emergency obstetric and neonatal care to enable them to provide quality training to midwifery students. A mentorship programme using two experienced midwives from Gondar University was initiated to tutor and train HSC teachers. Teaching and learning materials were also provided.

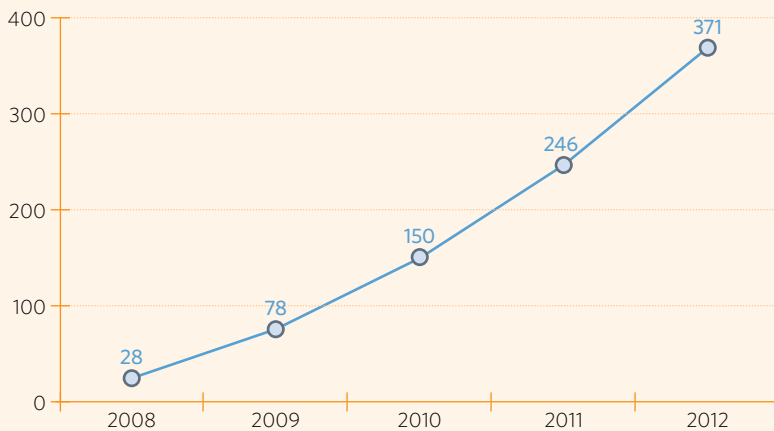
In collaboration with partners, a maternity waiting unit was built in 2010 to accommodate women from distant places and those living in Gode, whose movement was restricted after the 6 pm curfew imposed in the area.

Progress and Results

There has been a 13 fold increase in the number of midwives providing safe delivery services in the Somali region.

- The first batch of 34 midwifery students from the GHSC, who graduated in May 2012, are providing services in the health centers and are well accepted in the various communities. There are now 240 students being trained in the three-year direct entry midwifery diploma programme.
- The number of midwives providing services in the region has increased from 28 in 2008 to 371 in 2012 (see chart).
- The 91 nurses trained in midwifery have graduated and are now providing maternal and neonatal services in various parts of the region.
- The number of women delivering in health facilities has increased from 0.65 per cent in 2008 to 7.6 per cent in 2012. This is a significant increase considering that 9 out of every 10 women deliver at home.

Number of midwives providing services in the Somali region (2008-2012)



Source: UNFPA Ethiopia Country Office Database.

Lessons Learned

- In post-conflict and humanitarian settings, such as in Gode, the provision of reproductive health information and services that save lives of women and children is crucial. Conflict-sensitive programming that takes into account security concerns and provides safe haven for highly-vulnerable pregnant women, such as the construction of the maternity waiting home, provides a low-cost and pragmatic way to bring women closer to needed obstetric care. In addition, the facility affords midwifery students hands-on experience essential in their training.
- With more than 80 per cent of Ethiopian living in rural and highland areas where maternal health service coverage is low, investing in the education and training of midwives, who are seen as the “bridge” between rural communities and health facilities, is crucial to reducing maternal deaths.
- To ensure that maternal health services provided are relevant and appropriate requires knowledge and understanding of the health-seeking behaviors of women, including barriers to accessing health care services. In the Somali region, the training of female midwives who know the culture and language has contributed to the increase in the utilization of maternal health services.
- Training female midwives in the Somali region where only 0.4 per cent of women complete secondary education provides an opportunity for them to serve as role models and contribute to societal transformation and development.

Partners

Federal Ministry of Health, Somali Regional Health Bureau, Gode Health Science College, Gode District Hospital, UNICEF and the UNFPA Ethiopia Country Office.

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Guyana

A Dynamic Midwifery Association acts as a Catalyst to Accelerate Reduction of Maternal Death

In just two decades, maternal mortality ratio in Guyana decreased from around 320 in 1990 to about 100 to 150 per 100,000 live births in 2011. The decline is attributed to improvements in maternal health service delivery and to free healthcare. However, in order to rapidly move towards elimination of maternal mortality as a public health problem, there is a need to scale up and strengthen human resources for maternal health, especially in hard to reach hinterlands where the need is greatest.

It is estimated that only 60 per cent of primary health care facilities that perform deliveries are equipped with midwives and others with midwifery skills. In addition, addressing the high attrition rate due to out-migration of midwifery graduates to higher income countries continues to be a challenge.

Since 2008, UNFPA (United Nations Population Fund) has been providing support to strengthen Guyana's midwifery capacities, services and policies. In 2009, UNFPA supported the establishment of the first midwifery association with its own constitution and governing body. Recognition and support from the Ministry of Health has enabled the association to play a vital role in the country's efforts to achieve the MDGs, particularly MDG 5.



Implementation Strategies



In raising the profile of midwives and their important role in improving maternal health, UNFPA in partnership with International Confederation of Midwives (ICM) has adopted a number of strategies:

- A full-time, dedicated Country Midwife Advisor was deployed to provide technical support to the Ministry of Health to ensure that midwifery curriculum met ICM/WHO global standards and that plans were in place to improve competencies of midwives in the field.
- A series of assessments were conducted, including a baseline assessment of the situation and status of midwifery (types, number, distribution, training), as well as capacity of midwives to form a national organization.
- Endowed with a committed leadership, the Midwifery Association of Guyana was established in 2009. Since its creation, it has been proactive in building and strengthening its membership at the sub-national level and in enhancing the competencies of midwives.
- Regional midwifery focal points have been established in eight out of the 10 administrative regions. Each region is represented in the monthly national midwives meeting where its own plan is discussed and ratified.

Progress and Results

Guyana is now endowed with a self-governed and highly motivated Midwifery Association of Guyana.

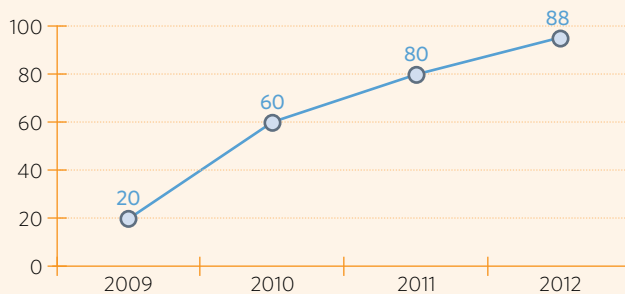
Membership has quadrupled starting from 20 in 2009 to nearly 90 active members in 2012 (see chart).

The role of midwives has been duly recognized by national and regional authorities. The Ministry of Health and the Midwifery Association have been working closely together in addressing the findings of the Emergency Obstetric and Newborn Care (EmONC) needs assessment and ensuring the inclusion of midwives in all planning activities. In 2012, for the first time a midwife was included as a member of the Maternal Death Review Board.

The Midwifery Association of Guyana has been systematically providing in-service training to its members in all eight regions. About 200 midwives have benefitted from its continuing education programme.

The profile of midwifery as a profession has been raised through a number of national events, including annual celebration of the International Day of the Midwife and awarding of outstanding midwives.

Midwifery Association Membership (2009-2012)



Source: UNFPA Guyana Country Office Database, 2012.

Lessons Learned

- While there has been much progress in strengthening the maternal health service delivery plan in Guyana, challenges remain in ensuring that emergency obstetric and newborn care is provided on a 24/7 basis and in better addressing geographic access in the hinterland.
- The acute shortage of well-trained and highly skilled midwifery tutors needs to be addressed, and the curriculum needs to focus on building competencies of midwives, through clinical and practical skills trainings, so midwives are better equipped in dealing with life threatening emergencies that can afflict a mother and its newborn. In the area of policies and regulations, midwives are not yet authorized to perform all life-saving functions of basic emergency obstetric and newborn care in line with international standards, for which continuous advocacy is needed
- The deployment of well-trained and competent midwives in the hinterland is necessary to improve access to quality maternity care services and to decrease the cost of transportation. This would not only be a cost-effective and sustainable mechanism but would also lead to timely care being provided by the midwife and reduce the risk of maternal deaths caused due to transporting pregnant women requiring emergency care.

Partners

The Guyana Ministry of Health, the Regional Health Authority, the Midwifery Association of Guyana, International Confederation of Midwives and UNFPA Guyana Country Office.

Acknowledgments and Further Information

This case study was produced in collaboration with UNFPA Technical Division, Programme Division and the Guyana Country Office with inputs from the following experts and consultant: Mandy la Fleur, Rene Desiderio (Fordham University Institute of International Humanitarian Affairs) and Geeta Lal.

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EVIDENCE AND ACTION

GOOD PRACTICES on Strengthening Midwifery Services to Avert Maternal and Newborn Deaths

South Sudan

Deployment of International United Nations Volunteer Midwives across the Country helps expand Access to Midwifery Services

With more than 2,000 women dying per 100,000 live births, South Sudan has one of the highest maternal mortality rates in the world. Only about 10 per cent of deliveries occur in a health facility and one out seven is attended by a skilled provider.

After more than two decades of civil war, the country faces an acute challenge of skilled human resources, which limits health service delivery to more than eight million people across 10 states.

The shortage of midwives is huge. It is estimated that there are less than 10 fully qualified midwives and about 150 community midwives in the national health system. Community midwives are trained for 18 months and many lack some of the essential midwifery competencies due to limited clinical practice and low entry requirements into the programme. Midwifery is unattractive as a career due to low pay, limited career opportunities and lack of support.

To strengthen access to quality maternal health care, UNFPA (United Nations Population Fund) and the Ministry of Health with initial funding from the Australian Government introduced a rapid capacity placement of International United Nations Volunteer Midwives (IUNVs) within the health care system.



Implementation Strategies



In order to get experienced United Nations volunteer midwives into the public health care system as quickly as possible, the Ministry of Health and UNFPA employed a number of strategies:

- International midwives with 5-7 years of work experience, including clinical mentoring and capacity building, were selected and recruited, deployed at state, teaching, county hospitals and primary health care centers managed by state Ministries of Health. The selected states and facilities where the United Nations Volunteers were placed were those with the highest maternal mortality, poorest maternal health indicators and where there are no registered midwives.
- The 18 midwives initially recruited participated in an orientation and induction programme that included discussions on their roles, security, conditions of work, cultural and gender issues and an overview of the South Sudan context.
- All IUNV midwives were provided with tools, supplies and equipment to enhance their work in the field including lap tops, uniforms, cell phones and VHF radios. They were also provided with office supplies and equipment for documenting and reporting purposes.

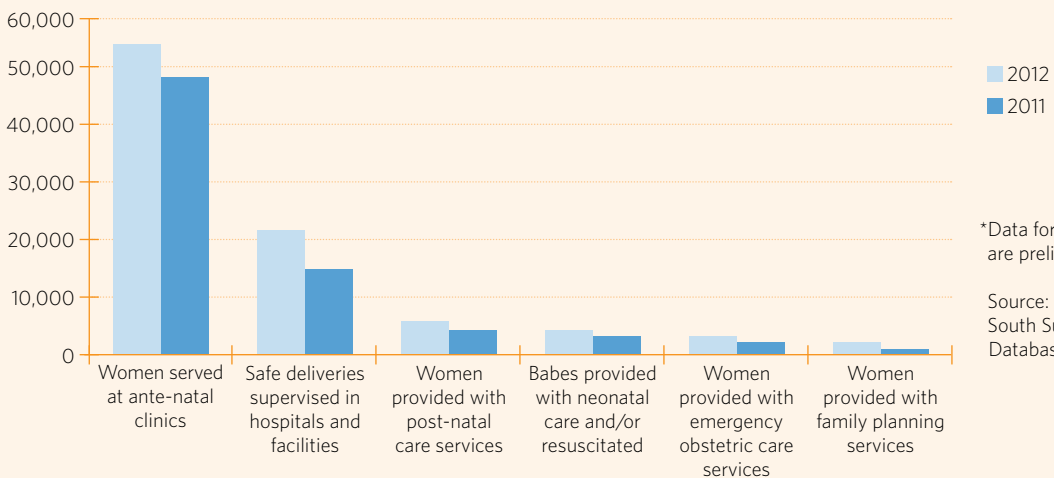
Progress and Results

In just two years, from 2011 to 2012, the IUNV midwives have served more than 100,000 women in ante-natal clinics across the country, supervised over 37,000 safe deliveries in hospitals and facilities, provided over 7,000 babies with neonatal care and resuscitation (when needed), provided emergency obstetric care services to over 4,000 women and have provided family planning services to more than 3,000 women (see chart below).

Clinical mentorship and instruction have been provided by the IUNV midwives to over 150 students in clinical settings and at health training institutes. In addition, the United Nations International Volunteer midwives have contributed in raising the profile and image of midwifery through their participation in radio and TV programmes and community awareness sessions.

Given the success of the programme, The Canadian International Development Agency (CIDA) has provided UNFPA with nearly \$20 million for the next four years to deploy an additional 15 midwives in the various states of South Sudan.

Type of services and number of women served by IUNV midwives (2011-2012*)



*Data for 2012 are preliminary.

Source: UNFPA South Sudan Database.

Lessons Learned

- Faced with one of the largest human-capacity gaps in the world, which hinders delivery of maternal health care services, among others, the placement of international volunteer midwives across South Sudan is a short-term measure but with long lasting impact. The volunteers are not only saving lives now but at the same time contributing to a long-term solution to maternal mortality and a sustainable health system.
- The national capacity to deliver reproductive health services, in particular emergency obstetric and neonatal care, does not only call for the expansion of the comprehensive midwifery programme but also strengthening of the referral system through the establishment of necessary hospital facilities and the provision of equipment and trained health personnel, among others.
- Creating an enabling environment for managing and delivering comprehensive reproductive health services at all levels requires vigorous and continued efforts to strengthen the institutional and technical capacity of the Ministry of Health, which UNFPA and partners are striving toward.

Partners

National Ministry of Health, State Ministries of Health, Health Training Institutes, international and national NGOs, UN agencies and the UNFPA South Sudan Country Office.

Acknowledgments and Further Information

This case study was produced in collaboration with UNFPA Technical Division, Programme Division and the South Sudan Country Office with inputs from the following experts and consultant: Gillian Butts-Garnett, Rene Desiderio (Fordham University Institute of International Humanitarian Affairs) and Geeta Lal.

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EVIDENCE AND ACTION

GOOD PRACTICES on Strengthening Midwifery Services to Avert Maternal and Newborn Deaths

Sudan



Supporting a National Strategy for Scaling up Midwifery

In the post-cessation era, Sudan continues to face major challenges, including achieving MDG 5 on universal access to reproductive health (RH) services and reduction of maternal mortality. Reproductive health indicators show that maternal mortality rate is still high at 216 per 100,000 live births, 76 % of deliveries take place within the home, and about 73% of births are attended by trained health personnel, out of which 50% is assisted by village midwives (VMWs).

The reopening of midwifery schools across the country in the last decade has enabled nearly 16,000 VMWs, who received a one-year training, to provide delivery services at the community level. However, the lack of standardized curricula that meet the international standard for skilled birth attendants has greatly affected the quality of training provided. Consequently, many VMWs lack skills essential to provide support in the villages. Apart from a shortage of proficient midwives, there is a need for competent teachers and accredited trainers.

In 2009, the Ministry of Health and its partners, including UNFPA (United Nations Population Fund), developed and endorsed a National Strategy for Scaling-up Midwifery in Sudan, which provides a long-term vision for quality midwifery service by competent and qualified midwives.



Implementation Strategies



UNFPA Sudan has been providing technical, logistical and financial support to the government in scaling-up midwifery in the country.

Strategic interventions have been the provisioning of technical support at the policy level, institutional capacity strengthening and human capacity building. Salient policies supported include the National Reproductive Health Policy, the Women Empowerment Policy and the National Strategy for Scaling up Midwifery.

UNFPA support to midwifery institutions consists of refurbishment of training schools; new midwifery training programmes; extensive improvements to midwifery education: a four-year degree programme, a two-year midwifery technician curriculum

(piloted in states with the highest maternal mortality rates), expansion of the village midwife training programme (increased from one to two years and with raised educational entry requirements); and, the establishment of a new regulatory framework for midwifery, including formation of a nursing and midwifery council and a periodic registration system. The council plans to address the authorization of midwives to practice all basic emergency obstetric care life-saving functions, including post abortion care.

In strengthening human capacity, UNFPA has been collaborating with the Academy of Health Sciences - a degree awarding body - in training a new cadre of skilled midwives. UNFPA supported the recruitment of competent midwives who serve as tutors of midwifery students pursuing a Bachelors of Science degree and students enrolled in other midwifery educational programmes.

Progress and Results

The technical, logistical and financial support that UNFPA has been providing to strengthen the midwifery programme has yielded concrete results in the various intervention areas.

The country's leading training institution, the Omdurman Midwifery School, has been equipped with skill laboratories necessary to provide quality midwifery education. Other midwifery schools, such as the two in White Nile have been rehabilitated and equipped; a village midwifery school in the Blue Nile has also been rehabilitated and so was the Gadarif Midwifery School.

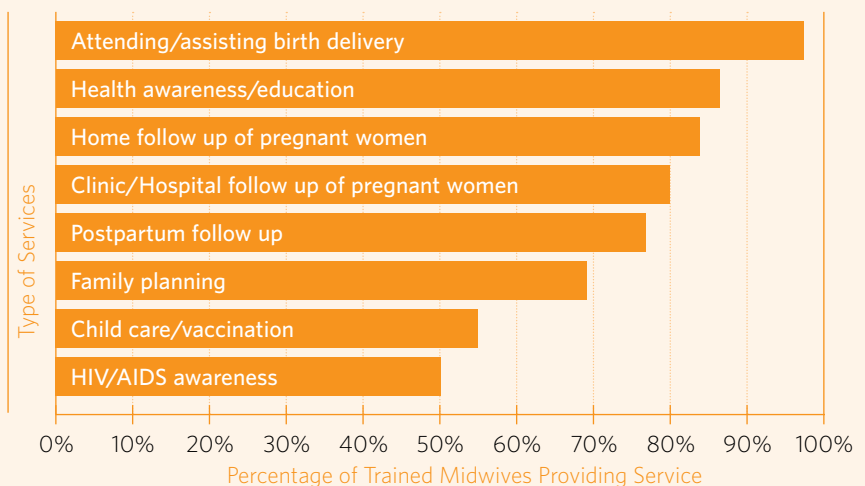
In 2009, 190 VMWs received a one-year training and delivery kits, and are currently providing midwifery services to their communities; 120 VMWs have been enrolled for the two-year midwifery technician training; and 150 midwives in White Nile, Gadarif and Kassala were enrolled in 2010. The in-service training provided on life-saving skills covering

delivery care and early referrals, among others, have greatly contributed to the improvement of community-based midwifery services in target states.

The steady support to the basic training of VMWs has helped in producing trained midwives based in needy communities and villages. The in-service training courses covering different RH issues have contributed in improving the quality of midwifery services, as well as a more varied type of services like family planning and raising awareness about HIV/AIDS (see chart).

UNFPA has successfully advocated for the VMWs enrolment in the public service sector resulting in several states starting to pay them salaries. The government recruitment of VMW graduates in Blue Nile, Gadarif, and White Nile States have led to an increase in the service coverage of under-served rural areas in those states.

Type of Services Provided by Trained Village Midwives



Lessons Learned

- The continuous training of VMWs is critical considering that the geographic distribution of midwives in all states is urban-based. Service coverage of underserved and remote rural areas hence remains low. While UNFPA has been providing considerable support for basic training of VMWs, the government needs to take the lead role in collaboration with various partners to ensure the programme's sustainability.
- The strategic presence of UNFPA national and international staff at the ministries of health (federal and states) enabled key actors - such as the reproductive health departments and the Academy of Health Sciences (AHS) - to benefit from their technical expertise and support.
- A pre-requisite for admission to the training of professional midwives is possession of a secondary school certificate. This limits the chances of candidates from rural areas, many of whom most likely do not meet this requirement. Government institutions - particularly the education and health sectors - should work together towards ensuring that all villages have female secondary school graduates who can qualify and be eligible for admission in midwifery schools offering courses and training under the new national midwifery programme.

Partners

Federal Ministry of Health and other government stakeholders, including quasi-governmental agencies; the Academy of Health Sciences; the Gadarif Midwifery School; the Omdurman Midwifery School; and, the UNFPA Country Office in Sudan.



Acknowledgments and Further Information

This case study was produced in collaboration with UNFPA Technical Division, Programme Division, the Arab States Regional Office and the Sudan Country Office with inputs from the following experts and consultant: Pamela DeLargy, Upala Devi, Bobby Olarte, Enshrah Ahmed, Juliana Lunguzi, Geeta Lal and Rene Desiderio (Fordham University Institute of International Humanitarian Affairs).

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EVIDENCE AND ACTION

GOOD PRACTICES on Strengthening Midwifery Services to Avert Maternal and Newborn Deaths

Uganda



Career Promotion Initiative Draws Young People to Midwifery Education and Practice

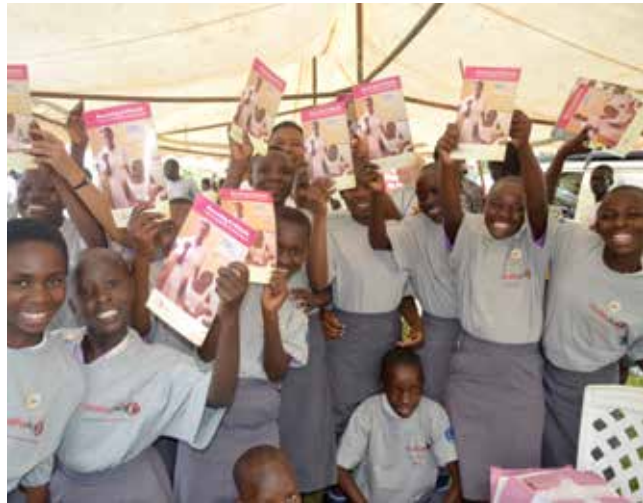
The maternal mortality ratio in Uganda has been declining since the 1990s but remains high at 438 per 100,000 live births. Although access to health services has improved, coverage of skilled attendance at birth is low, particularly in rural and hard-to-reach areas where midwives and other skilled birth attendants are not available in the health facilities.

While there is awareness of the importance of midwifery services, the profession is not attractive, especially to the younger generation, due to the difficult working conditions. These include low remuneration, inadequate health service infrastructure and a lack of essential equipment and supplies.

Hard-to-reach areas, such as the Karamoja region, with a huge deficit of filled positions in health facilities ranging from 70 to 90 per cent, have been finding it challenging to attract and retain midwives.

UNFPA (United Nations Population Fund), in collaboration with the Ministry of Education and Sports and other partners, initiated an innovative midwifery career promotion in secondary schools in Karamoja to raise awareness and generate interest in midwifery education and practise.

Implementation Strategies



Enhancing a positive image of midwifery and motivating senior secondary students in Karamoja to choose midwifery as a professional career entailed a number of strategies.

Seven secondary schools in the most underserved districts in the Karamoja region were identified followed by vigorous awareness-raising and sensitization campaigns that were done in four stages.

The first stage involved encouraging students in the third year of secondary education to choose science subjects since eligibility to enrol and train as a midwife requires passing these subjects at the secondary level examinations of the Ministry of Education and Sports.

In the second stage, fourth year senior secondary students were exposed and oriented to midwifery work through face-to-face interaction with midwives during guided visits at health facilities. Here midwifery was exemplified as a noble and honourable profession. Afterwards the students shared their experiences and impressions during a school assembly.

The third stage included an essay writing competition where students expressed how the visits to the health facilities had inspired them to become midwives. The winners were given science text books as a reward.

In the fourth and last stage, the students met with district leaders in an advocacy forum and engaged them in a dialogue where they shared their concerns about reproductive health issues and the need for the local officials to support recruitment of midwives. This helped to draw the attention of district leaders towards the importance of midwifery services and call for better conditions for midwives.

Progress and Results

The career promotion initiative has seen a dramatic increase in number of students enrolling in midwifery in Karamoja region.

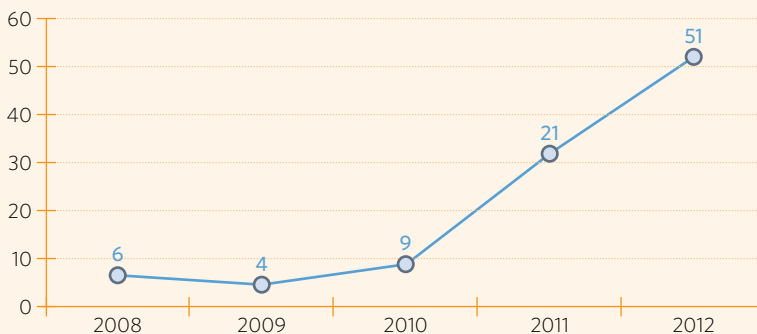
Increased awareness and appreciation of the important role of midwives were evident in the essays composed by students and the commitments made by local leaders to promote and support midwifery.

The establishment of a bursary scheme by UNFPA has helped attract students pursue midwifery. The number of UNFPA-sponsored midwifery students has dramatically increased from 6 in 2008 to 51 in 2012 (see chart below). By 2012, 22 students had already completed training and eight were recruited at health centres in their districts of birth.

More and more districts have started to recruit local midwives who have completed their training. This is gradually reducing the midwifery staffing gap in each district.

Health facility-based deliveries are increasing with the hiring of a professional midwife. For example, in Kotido district, deliveries have risen from roughly 2,000 in 2010 to over 3,000 in 2012 after the posting of two more additional midwives.

Number of UNFPA-sponsored midwifery students in Karamoja region (2008-2012)



Source: UNFPA Uganda Country Office Database.

Lessons Learned

- The career promotion initiative does not only generate increased interest in the midwifery profession but produces home-grown midwives in hard-to-reach and hard-to-stay areas. The establishment of a bursary fund for midwifery training by UNFPA for underserved districts, like the ones in Karamoja, wherein beneficiaries are required to serve in their own districts for at least two years following their training fills the acute need for the vital services offered by midwives.
- To help students meet the minimum qualification for admission into midwifery, which requires passing science subjects, there is a need to equip and upgrade science laboratories in schools, as well as recruitment of qualified science teachers.
- It is important to ensure that beneficiaries of the midwifery scholarships are absorbed into the public service after completing their training. Government incentives, such as a uniform, top-up in salary for all cadres of health workers in hard-to-reach areas and the construction of staff housing, would greatly contribute to retention of midwives.

Partners

Ministry of Health, Ministry of Education and Sports, District Local Government, White Ribbon Alliance, Women Achievers and UNFPA Uganda Country Office.



Acknowledgments and Further Information

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In a short span of five years, the **Midwifery Programme** has come a long way, and is among the flagship programmes of UNFPA.

Today, over 60 UNFPA country offices are engaged in strengthening midwifery. Of these, 30 countries are receiving additional support for midwifery scale up by the Maternal Health Thematic Fund.

Some strategies that worked include:

- Generating the necessary evidence base through a series of needs assessments and the release of the first ever State of the World's Midwifery Report in 2011.
- Partnerships with key leading global and regional organizations, including UN agencies (H4+), civil society organizations, private sector and the donors that has helped build global consensus around midwifery, address technical assistance needs and also raise funding.
- Global and national advocacy such as institutionalized celebration of the International Day of the Midwife have helped highlight the significance of midwifery in achieving MDG 5.

For further information or interest in expanding and contributing to this set of midwifery good practices, please contact Geeta Lal, Coordinator, Midwifery Programme, UNFPA: lal@unfpa.org

This set of good practice documents is the outcome of collaboration between the Sexual and Reproductive Health Branch in the Technical Division (SRHB/TD) and the Strategic Information and Knowledge Management Branch of Programme Division (SIKMB/PD), UNFPA.

This knowledge sharing initiative was led by Geeta Lal and Bobby Olarte with support from Laura Laski, Chief, SRHB/TD; and Charles Katende, Chief, SIKMB/PD, with project coordination by Benjamin Steinlechner. Each brochure was written with inputs from UNFPA Country Offices, technical experts in headquarters and a consultant, who are all indicated in the specific brochures. Photographs: © UNFPA



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