Sida

Health: Both a prerequisite and an outcome of sustainable development.

Sida's support to midwifery in low- and middle-income countries

The year 2020 has been designated as the International Year of the Nurse and the Midwife by the World Health Organization (WHO), which therefore provides an opportunity to celebrate the past and the ongoing critical contributions nurses and midwives have made and continue to make in achieving universal health coverage (UHC). Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring for mothers and children; giving lifesaving immunizations and health advice; looking after older people and meeting everyday essential health needs. They are often the first, and only, point of care in their communities. For over 30 years, Sweden/Sida has been supporting the education of and accessibility to midwives in low- and middle-income countries.

This brief provides a snapshot of a few of the many contributions that Sida has made in the area of midwifery across the world.

THE ROLE OF MIDWIVES IN THE REDUCTION OF MATERNAL AND NEONATAL MORTALITY

Annually, over 300,000 women die from complications related to pregnancy or childbirth, and dozens more suffer from injury, infection or diseases. Furthermore, 2.5 million children die every year within the first month after birth due to lack of or poor-quality care at birth or skilled care and treatment immediately after birth and in the first days of life. Maternal and new-born mortality reduction is also hampered by **gender inequality** on two fronts – the gender discrimination experienced by the women who provide the care, and the gender inequality experienced by the childbearing woman. The vast majority of maternal deaths could be prevented if women had access to quality sexual and reproductive health (SRH) services; skilled care during pregnancy, deliver and post-partum care, post-abortion services and, where permissible, safe abortion services – all with safe water, sanitation and hygiene and gender equitable approaches.

Evidence shows that it is possible to avert more than 80 per cent of all maternal deaths, stillbirths and neonatal deaths if there are enough midwives **educated** according to international standards, and if midwifery includes the provision of contraceptives and counselling, health promotion activities, disease prevention and delivering primary and community care. Achieving the full potential of midwifery requires that midwives are l**icensed, regulated, fully integrated into health systems** and working in inter-professional teams where their skills and knowledge are recognised. However, globally, only 42 per cent of health care personnel with midwifery skills work in the 73 countries where more than 90 per cent of all maternal and new-born deaths and stillbirths occur. With a global **shortage of 9 million nurses** and midwives, there is an urgent need to invest in the midwifery health workforce, and attention needs to be paid to labour market dynamics to achieve a balance between supply and demand. Furthermore, acknowledging and transforming **gender-based inequality** is critical for midwifery programs to make progress.

Water, sanitation and hygiene (**WASH**) also play a critical role in midwifery care. Quality of care could be improved if midwives could execute their skill in safe environments, with sufficient lighting, safe water, clean areas and toilets as well as a regular supply of soap and other cleaning products. Beyond preventing maternal and newborn deaths, **quality midwifery care** has been shown to play an important role improving over fifty health-related outcomes, covering areas such as sexual and reproductive health, immunisation, breastfeeding and tobacco cessation. Well-functioning midwifery services could also play a crucial role in the provision of one-stop centres for sexual and gender-related violence.

SIDA'S APPROACH

The unique tradition and experience of midwifery in Sweden underpins Sida's support in low- and middle-income countries. This entails a focus on gender equality, addressing social norms, and taking a broader approach to accommodate the whole SRHR agenda and the sexual wellbeing of women and adolescents. In the support to midwifery, Sida works in close collaboration with partners such as the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the International Confederation of Midwives (ICM), governments, universities, academia and other important actors/partners. Several countries have over the years benefited from Sida's bilateral support for midwifery, e.g., Afghanistan, Angola, Bangladesh, Democratic Republic of the Congo (DR Congo), Ethiopia, Myanmar, Nicaragua, Somalia, South Sudan, Sudan, Uganda, and Zambia.

Sida currently provides support in the following areas: 1) Strengthening midwifery training (pre- or in-service) including curriculum development, midwifery schools, and actual training and mentoring; 2) Building up the midwifery profession, i.e., midwifery associations, driving for better working conditions and better systems and structures for midwifery as a profession; 3) Integrating/clarifying midwives' roles in national protocols, norms and guidelines – e.g., for mother and child health (MCH), SRHR and reproductive, maternal, newborn, child and adolescent health (RMNCAH); 4) Availability and accessibility of midwives, i.e., budgeting and releasing funding for hiring midwives in the public sector; 5) Acceptability and quality of care through performance management and quality assurance, i.e., supervision, lifelong learning, supportive management structures and career development; 6) Supporting WASH in health care facilities; 7) Advocacy for the midwifery profession; and, 8) Operational research on the contributions of midwifery. Sida's contributions take place at global, regional and country levels.

EXAMPLES OF SIDA'S CONTRIBUTIONS

GLOBAL LEVEL:

UNFPA Maternal Health Thematiwc Fund

Sida supports UNFPA's Maternal Health Thematic Fund (MHTF). In its current third phase (2019–2022, USD 30 million), the fund aims to further accelerate the delivery of quality midwifery care by expanding the scope of work from a focus on strengthening midwifery education, regulation and associations to also bolstering midwifery workforce strategies. This includes the deployment of midwives and improvements in their work environment in line with the new UNFPA Midwifery Strategy 2017–2030. Examples of activities of MHTF support in countries include access to medical equipment and supplies, referral mechanisms, conducive working conditions, and empowering midwives (who are mainly women themselves), thereby contributing to improved gender equality. Furthermore, Sida supports advocacy and operational research to improve the maternal health program.

WASH and midwifery

Sida supports several organisations working to ensure adequate WASH facilities, which are crucial for midwives to be able to execute their work and contribute to their safety, dignity and effectiveness in providing quality care to patients. Sida has several WASH partners, e.g., the NGO WaterAid, which in its global work has specific projects supporting midwives in the area of WASH. The aim is to influence and support governments to ensure that every health care facility has the WASH facilities they need (including waste management) and that health care workers like midwives have the training, guidance and incentives to practice good hygiene, and infection prevention and control. WaterAid also aims to encourage and empower midwives to be advocates themselves, so they can push their managers and national governments to improve their working conditions and provide them with the support they need.

Junior professional officer (JPO) program at UNFPA

One of the ways that Sida is supporting midwifery is by seconding Swedish midwives to UN organizations through the Junior Professional Officers Program (JPO). The type of capacity that Swedish midwives provide is planning and leading the organization's midwifery program. Sustainable development requires that countries invest in midwives to strengthen the health system and to improve SRHR, an area where Swedish midwives play an important role. During their work, the JPOs are informed and guided by the Swedish midwifery model. Several thousand midwives from low-income countries have already been trained by Swedish midwives, mainly through UNFPA's MHTF, to which Sweden is the largest

donor. This year, Sida will again fund one JPO to work on policy-oriented programmatic development with WHO in Sierra Leone.

A quote from a former Swedish JPO midwife:
"Being a Swedish JPO midwife has contributed to the success of the global Investing in Midwives program launched in 2008. This is a joint initiative between the United Nations Population Fund (UNFPA) and the International Confederation of Midwives (ICM). The program focused on improving the quality and availability of midwifery education to include the full set of ICM competencies. As a result, thousands of midwives from low-income countries have been educated in line with global educational and regulatory standards."

In the context of the International Year of the Nurse and the Midwife, Sida is now expanding its programme and will for the first-time fund International UN Volunteer (UNV) Midwives to provide support to the UN at a specialist level. The UNV modality offers the opportunity for highly trained and experienced midwives to share their knowledge and provide hands-on support to local midwives. The placements are planned to be with UNFPA and WHO in the following countries: Tanzania, Sudan, Rwanda (UNFPA), Nepal and Malawi (WHO).

World Health Organization

Since the 1970s, Sida has been supporting the WHO Reproductive Health Research department for research on midwifery such as task shifting and the need for midwives.

COUNTRY-LEVEL ASIA:

Afghanistan

Sida supports Mary Stopes International (MSI), 2019–2022, which organizes **in-service training** for midwives and facilitates **practical training for midwifery schools**. To support the **development of guidelines**, midwives working as national reproductive health officers in four provinces receive training from MSI to build their capacity in clinical assessment, competency assessment, incident report and incident management, and leadership support within their region.

The Swedish Committee for Afghanistan (SCA) receives support from Sida 2018–2021 and, together with other organizations, has initiated the **Community Midwifery Education program** (CME). The training program lasts for 24-months, and students are chosen from remote and hard-to-reach areas with the commitment that they will be deployed back to their villages once they graduate, to provide midwifery services to their communities.

Since 2011, Sida has supported the Afghanistan Midwifery Association (AMA) with financial and capacity development, through the SCA. The AMA contributes to the conceptualisation and development of **midwifery education** and its **curriculum** and has implemented a mentorship project in Samangan, Laghman, and Wardak provinces.

Midwives in Afghanistan.

Bangladesh

In Bangladesh, Sida is supporting UNFPA (2017–2021) with USD 8.9 million in a broad range of areas. For example, UNFPA supports the Directorate General of Nursing and Midwifery (DGNM) in drafting the **four-year pre-service Bachelor of Science and a two-year Master of midwifery curriculum**. Verbal approval for these curricula has been received from the Ministry of Health and Family Welfare (MOHFW) and is awaiting a written government order. Furthermore, a massive online open course (**MOOC**) **was developed** for the midwifery profession and is freely accessible through the **Bangladesh Midwifery Society** (**BMS**) online platform. Sida contributes to the strengthening of the Bangladesh Midwifery Society (BMS), through the

Mentoring program in Midwifery Led Care Centre.

establishment of the Young Leaders' Program and online mentorship. **In-service training activities** are implemented to strengthen the quality of care and increase the motivation and satisfaction of midwives. A plan has been developed for national **continuous profession development** (CPD) that will be linked to relicensing. As a result of UNFPA's continuous advocacy with the MOHFW to **increase the availability of midwives**, 2,500 midwives' posts were created in 2018/2019. In Cox's Bazar, UNFPA is working with Ipas on **menstrual regulation** before week 12, as an interim method for establishing non-pregnancy.

Myanmar

From 2019 to 2020, Sida is supporting Jhpiego with USD 1 million to **strengthen faculty skills** to effectively implement the **revised nursing and midwifery curricula** in schools through continuous mentoring, capacity building workshops, and the development of midwifery question banks and establishing a skills-lab to improve students' practical skills. Jhpiego supports the **organisational development of the Myanmar Nurse and Midwifery Council** (MNMC) to improve skills in strategic action planning, leadership and management, monitoring and evaluation, and communication strategies, and to start the educational accreditation process using new systems.

COUNTRY LEVEL AFRICA:

Democratic Republic of Congo

Between 2018–2022, Sida is supporting with USD 7.9 million the Congolese NGO SANRU (Sante en Milieu Rural) and the University of Gothenburg in the provinces of Kwango, Haut Lamami, and Sankuru. Through technical assistance and quality assurance of the SANRU collaborative centres of excellence in partnership with the University of Gothenburg, the project aims to: 1) **Increase the availability** of skilled midwives who can provide family planning, antenatal care (ANC) and obstetrical services, prevention of mother to child transmission (PMTCT), and postnatal health services; 2) **Increase the availability** of maternal neonatal and child health (MNCH) facilities that offer **quality healthcare services**; 3) **Strengthen the capacity of the Congolese National Association of midwives**. Partners are the National and Provincial Health Ministries, specialised programs and health zones, the Ministry of Higher Education and Universities and the Congolese Midwifery Association.

Ethiopia

Through **UNFPA**, Sida supports the Ministry of Health (MoH) in various activities, such as the development of a human resources for health (HRH) **strategic plan** including midwifery, a 10-year r**oad map for midwifery education and service provision** and **clinical standards** for midwifery care. To get a better understanding of the evidence in terms of an accurate number of midwives and to inform policymakers, UNFPA supported the **census on the number of midwives**. This information will be included in an electronic midwifery database, which will help to identify regional disparities in the midwifery workforce.

In collaboration with other partners, the UNFPA also worked with the MoH and Ministry of Education to increase the number of **midwifery training institutions**. As a result, the number of training institutions increased from 4 to 65, of which 36 were supported by Sida. This, in turn, has led to the number of midwives increasing from 1,275 in 2010 to 16,616 in 2019. Furthermore, support was given to the **Accelerated Midwifery Training program** (**AMTP**), a government initiative developed as a response to the HRH strategy. The HRH strategy set a target to train 8,635 midwives by the year 2015. The program was a success as it contributed to the target by producing a total of 4,471 midwives over three years.

Sida also supports **Engenderhealth** in Ethiopia with USD 1.9 million for the period 2019–2022 to work on the **in-service training** of midwives on family planning, abortion care, and the management of sexual and gender-based violence (SGBV). This includes advocacy on the role of midwives and reinforcing roles in actual implementation, such as task shifting to provide safe abortion care and SGBV.

Young midwifery graduates from UNFPA schools.

Zambia

Between 2016–2020, Sida is supporting the **MoH** on **in-service training** and **mentoring of midwives** and through the **provision of salaries** for about 180 midwives in primary health care facilities to increase the availability of midwives in rural settings.

Somalia

Between 2018–2019, Sida supported the **UNFPA** with the development of the midwifery profession. This consisted of the development of the first Somali National **Midwifery Strategy** 2018–2023, the initiation of a **midwifery regulatory framework**, and the **mapping and assessment of midwives** in Somalia. Furthermore, ten **midwifery schools** were established, through which 1,300 students completed the pre-service training and are now working as midwives in the health sector. The development of two **national midwifery curricula** was supported, and these are now recognized by the International Confederation of Midwives. Sida also supported 40 midwifery tutors to follow a **Masters in Sexual and Reproductive Health** provided by Dalarna University through a distance learning program.

South Sudan

In South Sudan, Sida provides support through **UNFPA**, for the development of the **Nursing and Midwifery Strategic Plan** 2020–2024, and to in-service training of midwives in key competencies including respectful maternity care, leadership, and teamwork. Other supported activities include the adaptation and development of a **curriculum for post-basic midwifery training** and the review of a curriculum of a Bachelors' Degree for Nursing and Midwifery. Furthermore, support is provided to **strengthen the South Sudan Nurses and Midwives Association** and to host meetings and training of the nursing and **midwifery council** of South Sudan. Funding has also been provided for logistics concerning the **deployment of UN volunteer midwives** in field locations.

At age 47, Angelina Akongo, was the oldest of 73 midwifery and nursing students from Juba and Kajo Keji to graduate this year – and she feels like a brand new person. "I am a better person now," she said. Her success offers a clear lesson to those in her community: Age should never deter one from pursuing their dreams.

Sudan

Sida supports, through UNFPA (2018–2020), the MoH and the Sundanese American Medical Association (SAMA) **to upgrade midwifery educational institutions** in terms of infrastructure and the capacity building of tutors, development and updating **curricula for diploma training**, and the **upgrading and standardization of current in-service training**. Moreover, **in-service training** and **supervision of midwives** at the community level in seven states of active midwives is being implemented. As there are two midwifery associations, the **establishment of a united national association** is supported, including the strengthening of the leadership and management capacities of association members. Various **guidelines** have been developed and updated, such as those for the clinical management of rape, community referral of obstetric complication, and fistula. Sida also supports the **hiring and deployment of midwives** to respond to humanitarian crises and a program to promote the role of midwifery in reproductive health care services in the community through social and mass media.

Uganda

For the last ten years, Sida (through the UNFPA) has supported the Ministry of Health and Ministry of Education and Sports to implement midwifery activities with USD 1.4 million. In secondary schools in hard-to-reach areas (such as Karamoja region), **career promotion** has been implemented to attract young women and men to join the midwifery profession. As a result, many young people have become interested in midwifery as a career

Ambassador of Sweden Per Lindgärde together with State Minister of Primary Health Care in Uganda and students and teachers at Virika School of Nursing, Fort Portal. Photo: Annelie Kawuma

of choice and have been **trained under the so-called 'bonding scheme'**, in which the newly graduated midwives have an agreement with a certain district to ensure employment. This has reduced the midwifery gap in these respective areas. Furthermore, a total of 584 midwives have been **trained in gender-based violence and adolescent health** so these areas can be integrated into midwifery services. A Midwifery Geographic Information System has been established to **monitor the availability of midwives** and has been scaled up to 13 districts.

Zimbabwe

Since 2012, Sida supports the Ministry of Health and Child Care (through UNICEF), which has provided **retention allowances** for midwives and midwifery tutors from 2012 to 2017. The retention allowance was paid to all practising midwifery tutors to reduce staff turnover and has resulted in all 22 schools having adequate staff to provide quality training. Furthermore, practising midwives received allowances to ensure that only midwives work in maternal neonatal child health units, which has resulted in nearly all labour and delivery units being staffed by midwives. **Midwifery training** (**pre- or in-service**) including curriculum development, midwifery schools and actual training and mentoring was also strengthened. Support was also provided to **train midwifery tutors** in 22 schools in emergency obstetric and newborn care as well as for the refurbishment of midwifery schools, which led to the re-opening of eleven more schools bringing the total of functional schools to 22, and resulting in quality midwifery training being available nationwide. Teaching and learning materials were procured and distributed, including midwifery books and training models.

Training for midwives in Zimbabwe in 2019.

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