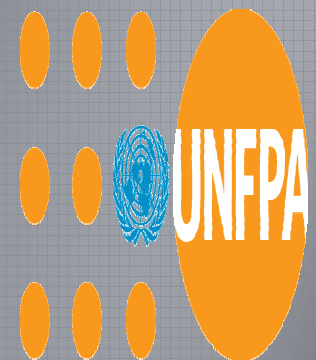


# ECOSOC Annual Ministerial Review Regional Preparatory Meeting for Africa on Women and Health, Dakar-Senegal

## *Investing in MIDWIVES to reduce maternal mortality in Africa-The case of twelve countries*

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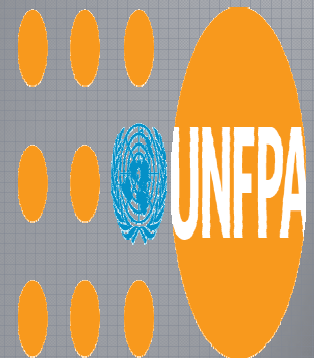


# Presentation Outline

- ❑ Background and MMR situation in six countries
- ❑ Midwife as a Skilled Birth Attendant
- ❑ Critical role of midwife in reducing MMR
- ❑ Current midwifery services for improved MNH
- ❑ National Plans and Policies for reducing MMR
- ❑ Factors influencing optimal performance of midwives in maternal and newborn care
- ❑ Repositioning the Midwife in Africa for achieving MDGs 3, 4, 5 and 6



Strengthening Midwifery Globally







# Background I

- Investing in Midwives Program as a collaboration between UNFPA and the International Confederation of Midwives
- Sponsorship from Swedish and Dutch Governments for 14 Anglophone, Francophone and Arab countries in Africa (20 as target)
- Inception in March 2009
- To expand to Asia and Latin America in 2010
- Positioning of midwives in UNFPA and ICM offices to work with Gov'ts

Focus on midwives as a response to:

- WHA's call for a Decade of Action for Human Resources for Health in 2006 to improve on health indices especially MDG 5

ICM envisions: A world where every childbearing woman has access to a midwife's care for herself and her newborn.





# Background II



## Why Focus on Midwives?

- ❑ Overwhelming evidence that the world needs more midwives.
- ❑ The 2005 *World Health Report: Making Every Mother and Child Count* identified midwives and others with midwifery skills as the essential human resource in health systems to reach MDGs 4 and 5

Over the last few years, broad consensus has emerged within the maternal health community identifying the core health-sector strategies for the reduction of maternal mortality as :

- **Adolescent reproductive health and Family planning**
- **Skilled Birth Attendant**
- **Emergency Obstetric and newborn care**

❑ THE MIDWIFE BY TRAINING IS STRATEGICALLY PREPARED TO OFFER THESE SERVICES

❑ Attention to midwives by Gov'ts in Africa has been minimal or negligible for several years. Extinction threatening in some countries.

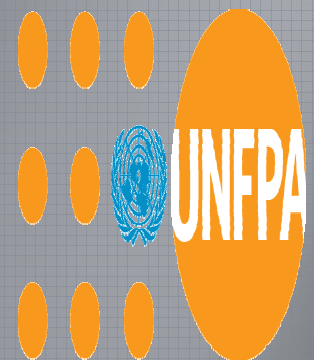




# Midwives as key health workforce for MNH

**ICM/WHO/FIGO Intl. Defn of the Midwife (1992), The Registered Midwife (RM):**

- ❖ RM has undergone an accredited period of training based on essential ICM competencies and authorised by a recognised body to practice.
- ❖ The RMs Practice includes the autonomous care of the girl-child, the adolescent and the adult woman prior to, during and following pregnancy.
- ❖ This means that the midwife gives necessary supervision, care and advice for women during pregnancy, labour and the postpartum period.
- ❖ The midwife conducts deliveries on her own responsibility and cares for the newborn infant.





# Critical role of the Midwife



Midwife Provides Comprehensive RH care

- Family Planning Services
- Emergency care for mothers and infants
- Comprehensive maternal and new born care
- Conducts safe delivery
- Counsels individuals, couples and partners to make informed choices
- Comprehensive abortion services and PMTCT



Midwife Works at Community Level where most needed

- Is deemed trustworthy
- Remains culturally sensitive

# MMR , SBA rate and current numbers



Country	MMR/1 000,000 live births	SBA rate	Current #	Popula- tion	Midwife/ pop ratio	Expec- ted #
Ethiopia	673	6%	1,275	73.9 m	1: 57,960	3570
Ghana	451	47%	3,162	22 m	1: 7300	8,205
???North Sudan	1,100	33%	1,340 nm 13, 753vm	> 30m	1:1988	-
South Sudan	>2,000	??	10 prof 10 aux	8.3 m	1:826,049	20,000
Uganda	435	42%	2,928	32.3 m	1: 10,107	6500
Zambia	449	32%	2,273	11.3m	1:5000	5,600

Note: Culled from country-based reports (2000-2009 ) and documents . Some figures may not be based on international standards but country decision



## MMR, SBA rate and current numbers

Francophone countries	Approx Pop Total 07	# of Midwives (2000-2007)	DENSIT E/10 000 habts	SBA 2006	MMR/100/000 2005
Burkina Faso	14.7m	6557	5	54%	700
Benin	9 m	5789	8	74%	840
Burundi	8.5m	1348	2	34%	1100
Cote d'Ivoire	19.3m	10 180	6	57%	810
Madagascar	19.7 m	5661	3	45%	510
Djibouti	833, 000	296	4	93%	650
Haïti	9.6m	834	1	26%	670



# Current Situation: Midwifery Education



- Largely unstandardized across Africa ranging from few months training in South Sudan, diplomas in Ghana, Uganda, Ivory Coast, Burkina Faso, to degrees in Ethiopia, Madagascar and North Sudan. Others have certificate programmes of varying duration and recognition
  - Curricula not comprehensive to include all 6 ICM competencies
  - Schools characterized by non expansion of infrastructure despite increasing numbers of students: e.g. Ghana
  - Non-existent/dysfunctional or small sized skills labs
  - Fewer tutors with increasing number of students. In some countries 50% of tutors are newly recruited with limited or no clinical experience. Some tutors do not meet accreditation criteria for teaching (Diploma holders teaching diploma students)
- Continuing education, higher education and career progression limited making profession unattractive

**Initiatives in 2009 : Curriculum reviews, equipment distribution in all 14 countries , training of tutors , ICT rooms and expansion of libraries , teaching materials,**

## Poorly furnished community sites for midwives practice lead to low work morale





# Training , Skills lab equipping and Advocacy







# Regulation of Midwifery for MDG 5

*Acute shortage of midwives in all countries: number of midwives do not meet current national need e.g. South Sudan needs 10,000 midwives but have 10.*

*Uneven distribution of midwives in countries with concentrations in national and regional capitals in most countries.*

*Regulatory bodies for Nursing and Midwifery exist in countries such as Ghana, Zambia and Uganda. Not clearly defined in countries such as Sudan, Haiti, Ethiopia. Efforts for establishment started in 2009 .*

*Initiatives in 2009: Advocacy at policy level, set up of bodies to develop Acts for setting up Regulatory Councils, development of monitoring tools, training, midwives job descriptions (Ethiopia, ivory Coast)*

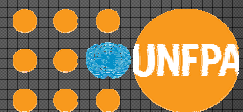
# Professional Associations as MNH Advocates

Great forces to reckon with in some countries like Ethiopia, Ghana, Ivory Coast, Burkina Faso and Uganda.

Other countries making efforts to establish one

However, there is urgent need for strengthening:

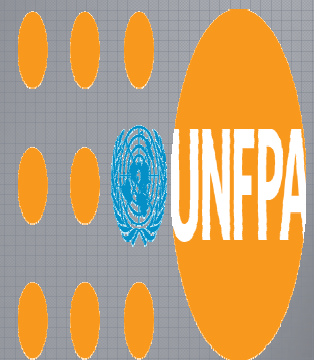
- ❖ Strong advocates for the mother and child
- ❖ Broadening of visions and goals beyond member benefits to wider community benefit
- ❖ Strong representation of reproductive health issues at decision-making level
- ❖ Gov't focus on auxiliary midwives rather than professionals





# National Plans and Policies for reducing MMR

1. National Reproductive Health Policies/ Safe mother hood protocols expanded to include the role of midwives for EMONC signal functions and others, EMONC assessments (2007-2009)
2. Midwifery Improvement plans , regulations and strategic initiatives for MNH being undertaken (Uganda, Ethiopia, Ghana, Haiti 2009)
3. The Road Maps for accelerating RMNMM/ CARMMA (Ghana , Uganda 2009)
4. Limited (project based) community-based schemes for deploying midwives/health assistants/community extension officers to communities initiated . But policies exist for national scale up
5. National Document on training and regulation of midwives (2009, Madagascar)

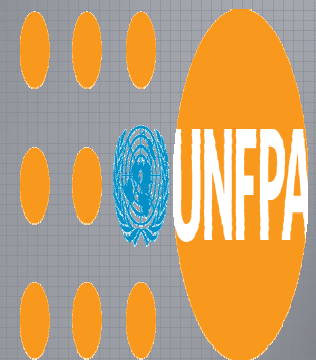




# Re-positioning Midwives: Further measures for availability and access I

## Short Term

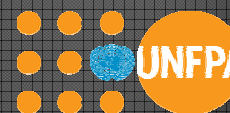
- Incentives schemes for deploying midwives to community level (e.g. Finance schemes with banks for midwives to develop their own facilities at hard -to -reach communities and access to their own transport to refer patients
- Increase political will and commitment to sustain investments
- Transparent and reliable distribution of health staff according to policies
- Improvement in practical skills of young midwives before deployment through strong mentor ship system . Comprehensive midwifery services
- Continual community education and maternal/ couple introduction to birth preparedness plans



# Re-positioning Midwives : Further measures for availability and access II

## Long term

1. Establishment and or Expansion of Health Insurance schemes to benefit all. Gov't waivers for mother and child political and non-sustaining
2. Strong community empowerment that questions delivery of MNH services and insists on change
3. Strong commitment to girl-child education for social and financial empowerment
4. Recognition of midwives within the health care team and positioning at policy decision level to contribute to positive change
5. Pre-service training to focus on standardised competent cadre (Knowledge attitude and skills in six core competencies) rather than stop gap measures
6. Effective deployment , redistribution and retention schemes for midwives
7. Organized Continual Professional Education



# Partnerships

- ❖ Public –Private Partnerships
  - Increased advocacy: by all inclusive ownership of maternal and newborn health issues. All have a role in making a positive change . Starts from Community in the avoidance of stereotypic socialization
  - Shared coordination and collaboration among international UN agencies and World Bank in supporting national efforts: One Plan
  - Payment of insurance premiums by partners for poor women and children. Communities to identify poor. Local NGOs to coordinate access
  - Midwives associations to be involved in partnership networking initiatives



# Thank you

*Merci, ZIKOMO,*

*Asante sana, Mwebale nyo*

