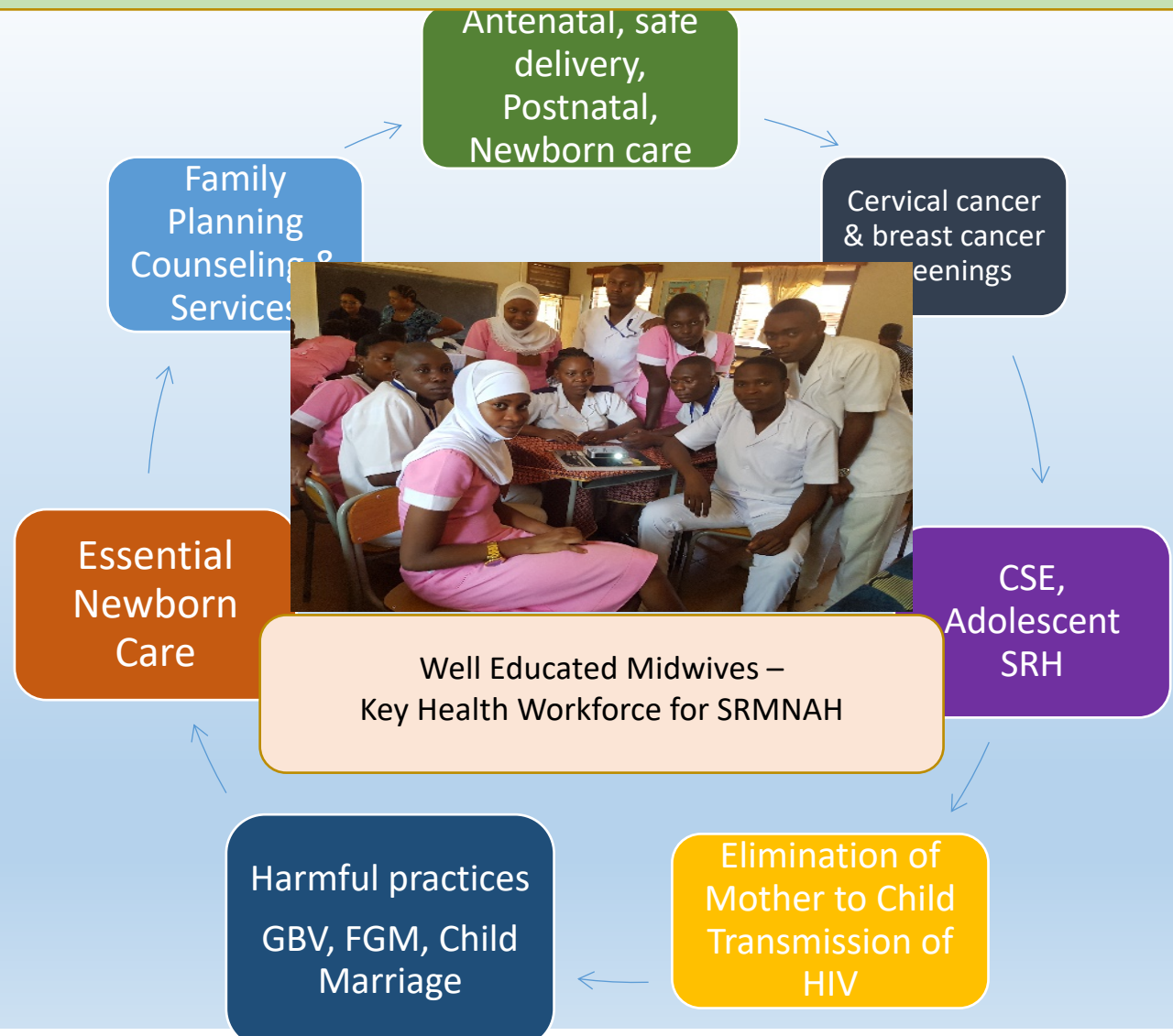


UNFPA PAKISTAN

Midwifery 2018

Midwives can deliver 87% of all sexual, reproductive, maternal, newborn and adolescent healthcare services (SRMNAH) if they are well educated and supported by a functional healthcare system. Yet 73 countries where more than 96% of all maternal deaths occur, have only 42% of the global midwifery workforce.

(State of the World's Midwifery Report 2014)



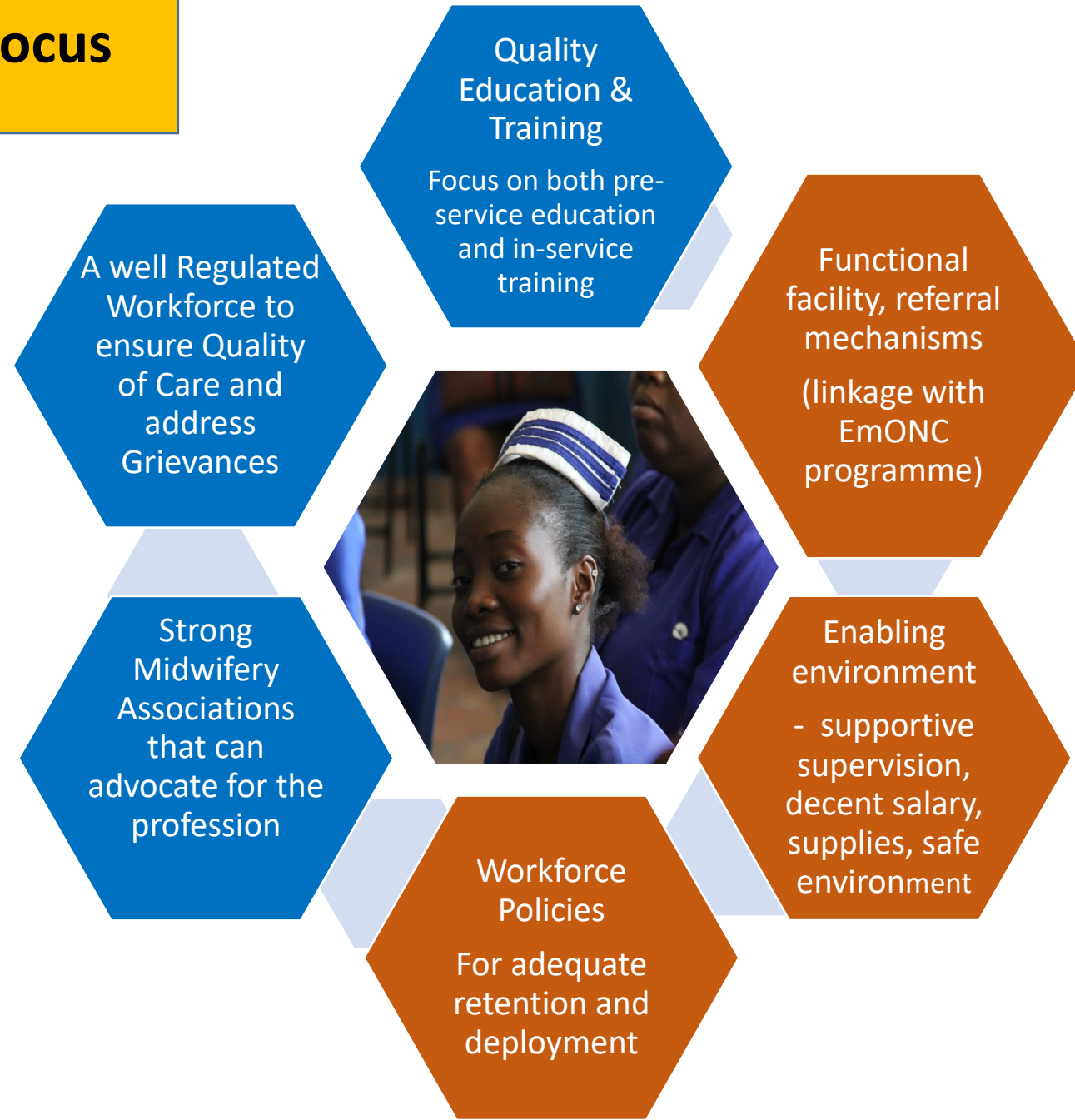
Going Forward – New Global Midwifery Strategy -2017-2030



Goal: All Women have Access to Quality Midwifery Services and Care



Midwifery Programme Focus



UNFPA IN PAKISTAN

2017 Census Data

Source: Pakistan Bureau of Statistics, September 2017

PROVISIONAL SUMMARY RESULTS OF 6TH POPULATION AND HOUSING CENSUS-2017			
Administrative Unit	Households	Total Population	1998-2017 Average Annual Growth Rate
Pakistan	32,205,111	207,774,520	2.40
Khyber Pakhtunkhwa	3,845,168	30,523,371	2.89
FATA	558,379	5,001,676	2.41
Punjab	17,103,835	110,012,442	2.13
Sindh	8,585,610	47,886,051	2.41
Balochistan	1,775,937	12,344,408	3.37
ICT	336,182	2,006,572	4.91

Key Health & Demographic Indicators & National Priorities



S No	Indicators	Data
1	Total Population	2.7 m
2	Total Fertility Rate	3.8
3	MMR	276/100,000
4	NMR	54/1,000
5	CPR for modern contraceptives	26%
6	Unmet need for Family Planning	20%
7	% of Deliveries conducted by SBAs	52%
8	Teen age Fertility Rate (15-19)	8%
9	% of population between 15-29 year	26%

Interventions



- Strengthening Midwifery Education
 - BSc Midwifery
 - 2 Year Curricula for CMWs
 - Clinical Refresher Training Package (Development & Roll out)
 - E-modules
- Supporting policy work
 - Midwifery Working Group
 - Midwifery work force plan
 - Situational Analysis of Midwifery in Pakistan
 - Mapping of midwifery led units
 - Mapping of CMWs
- Success Stories
 - Supportive supervision mechanism for CMWs Sindh
 - online registration and licensing mechanism for PNC
 - Humanitarian Response

Situation Analysis:



Key Findings

- Recognition
- Education
- Management and Supervision
- Regulations

Midwifery Led Care:



- Autonomy in patient management and care helps in/led to development of **trust** between women and midwives
- Midwifery Led Units seen as good learning experience for student midwives and nurses

Key Strategic Partners:



- PNC
- MoNHSRC
- MAP
- Provincial MNCH Programmes
- Provincial Nursing Directorates
- PNFWH - Kohi Goth
- JHPIEGO

Challenges with stakeholders:



- PNC – Lack of structure, system, leadership etc.
- MoNHSRC – limited role following devolution
- MAP – No resources, weak structure and mainly dysfunctional
- Provincial MNCH Programs – Lack of vision for improving midwifery vision
- Provincial Nursing Directorates – Unclear role in defining the future role of midwifery landscape
- PNFWH - Kohi Goth – No NOC and a private solo initiative
- JHPIEGO – Expensive, Centrally driven and lack of local capacity

Main Challenges:



Devolution – Stringent bureaucratic processes making it difficult to work uniformly in various provinces

Quick solutions without sustainable strategies – CMWs

Donor driven initiatives without a long-term vision – CMWs, LHVs

Non of the midwifery cadres are as per the ICM standards

Leadership is lacking in midwifery and the few midwives with vision do not enjoy good relations

There is a lack of understanding even amongst the midwives on the core issues.

Way Forward:



- Education
- Regulations
- Association
- Midwifery led Care
- Midwifery strategy for humanitarian response

ICM Three Pillars



Way Forward:



Regulations:

- Advocacy
- High level task force
- Gap Analysis
- Regulatory Framework
- Midwifery curricula review as per ICM / UNFPA revised SP Guidelines
- Role of association

Education:

- Advocacy for BScM initiation (Public sector)
- Scaling up Midwifery Tutor Competencies
- Provision of Gender, ASRH and SRHR lens to midwifery tutors
- Midwifery led care for improved pre service training

Humanitarian:

- Streamlining existing humanitarian provision with replication models for midwifery led care in resource poor settings.
- Capacity development
- Evidence Generation

Progress to date:



Regulations:

- Advocacy - **Ongoing**
- High level task force – **pending and subject to Midwifery working group meeting**
- Midwifery working group meeting – **Pending due to resignation of key office bearers PNC**
- Gap Analysis – **Pending and subject to task force**
- Draft Regulatory Framework – **Unlikely to be achieved in 2018**
- Midwifery curricula review as per ICM / UNFPA revised SP Guidelines – **Ongoing**
- Role of association – **IDM celebrated, champions identified and future collaboration in discussion**
- HCC – **Technical engagement and support is ongoing – Standards developed**

Education:

- Advocacy for BScM initiation (Public sector) & Midwifery led care - **Ongoing**
- Scaling up Midwifery Tutor Competencies – **Achieved and Ongoing**

ICM/WHO standards for Midwifery Curriculum as given in the revised SP Guidelines

- The six standards on 'Organization and Administration'
- The eight standards for 'midwifery faculty'
- The seven standards for the 'students'
- The six standards for the 'curriculum'
- The five standards on 'resources, facilities and services'
- The five standards on 'assessment strategies'

I. Organization and Administration

1. The host institution/agency/branch of government supports the philosophy, aims and objectives of the midwifery education program.
2. The host institution helps to ensure that financial and public/policy support for the midwifery education program are sufficient to prepare competent midwives.
3. The midwifery school/program has a designated budget and budget control that meets program needs.
4. The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education program
5. The midwifery faculty is self-governing and responsible for developing and leading the policies and curriculum of the midwifery education program
6. The midwifery program takes into account national and international policies and standards to meet maternity workforce needs.

II. Midwifery Faculty

1. The midwifery faculty includes predominantly midwives (teachers and clinical preceptors/clinical teachers) who work with experts from other disciplines as needed.
2. The midwife teacher has formal preparation in midwifery,
 - demonstrates competency in midwifery practice,
 - holds a current license/registration or other form of legal recognition to practice,
 - has formal preparation for teaching, or undertakes such preparation as a condition of continuing to hold the position,
 - maintains competence in midwifery practice and education
3. The midwife clinical preceptor/clinical teacher is
 - qualified according to the ICM Definition of a midwife,
 - demonstrates competency in midwifery practice, generally accomplished with two (2) years full scope practice,
 - maintains competency in midwifery practice and clinical,
 - holds a current license/registration or other form of legal recognition to practice midwifery,
 - has formal preparation for clinical teaching or undertakes such preparation.
4. Individuals from other disciplines who teach in the midwifery program are competent in the content they teach.
5. Midwife teachers provide education, support and supervision of individuals who teach students in practical learning sites.
6. Midwife teachers and midwife clinical preceptors/clinical teachers work together to support (facilitate), directly observe, and evaluate students' practical learning.
7. The ratio of students to teachers and clinical preceptors/clinical teachers in classroom and practical sites is determined by the midwifery program and the requirements of regulatory authorities.
8. The effectiveness of midwifery faculty members is assessed on a regular basis following an established process.

III. Student Body

1. The midwifery program has clearly written admission policies that
 - are accessible to potential applicants,
 - include a transparent recruitment process,
 - Include selection process and criteria for acceptance,
 - include mechanisms for taking account of prior learning,
2. Eligible midwifery candidates are admitted without prejudice or discrimination (e.g., gender, age, national origin, religion)
3. The midwifery program has clearly written student policies, which
 - include expectations of students in classroom and practical areas,
 - statements about students' rights and responsibilities and an established process for addressing student appeals and/or grievances,
 - mechanisms for students to provide feedback and ongoing evaluation of the midwifery curriculum,
 - midwifery faculty and the midwifery program,
 - requirements for successful completion of the midwifery program
4. Mechanisms exist for the student's active participation in midwifery program governance and committees.
5. Students have sufficient midwifery practical experience in a variety of settings to attain, at a minimum, the current ICM Essential competencies for basic midwifery practice.
6. Students provide midwifery care primarily under the supervision of a midwife teacher or midwifery clinical preceptor/clinical teacher.

IV. Curriculum

1. The philosophy of the midwifery education program is consistent with the ICM Philosophy and model of care.
2. The purpose of the midwifery education program is to produce a competent midwife who
 - has attained/demonstrated, at a minimum, the current ICM Essential competencies for basic midwifery practice.
 - meets the criteria of the ICM Definition of a midwife and regulatory body standards leading to licensure or registration as a midwife.
 - is eligible to apply for advanced education
 - is a knowledgeable, autonomous practitioner who adheres to the ICM International Code of Ethics for Midwives, standards of the profession and established scope of practice within the jurisdiction where legally recognized.
3. The sequence and content of the midwifery curriculum enables the student to acquire essential competencies for midwifery practice in accord with ICM core documents.
4. The midwifery curriculum includes both theory and practice elements with a minimum of 40% theory and a minimum of 50% practice.
5. The midwifery program uses evidence-based approaches to teaching and learning that promote adult learning and competency based education.
6. The midwifery program offers opportunities for multidisciplinary content and learning experiences that complement the midwifery content.

V. Resources, Facilities and Services

1. The midwifery program implements written policies that address student and teacher safety and wellbeing in teaching and learning environments.
2. The midwifery program has sufficient teaching and learning resources to meet program needs.
3. The midwifery program has adequate human resources to support both classroom/theoretical and practical learning.
4. The midwifery program has access to sufficient midwifery practical experiences in a variety of settings to meet the learning needs of each student.
5. Selection criteria for appropriate midwifery practical learning sites are clearly written and implemented.

VI: Assessment strategies

1. Midwifery faculty uses valid and reliable formative and summative evaluation/assessment methods to measure student performance and progress in learning related to a. knowledge, b. behaviors, c. practice skills, d. critical thinking and decision-making, and e. interpersonal relationships/communication skills.
2. The means and criteria for assessment/evaluation of midwifery student performance and progression, including identification of learning difficulties, are written and shared with students.
3. Midwifery faculty conducts regular review of the curriculum as a part of quality improvement, including input from students, program graduates, midwife practitioners, clients of midwives and other stakeholders.
4. Midwifery faculty conducts ongoing review of practical learning sites and their suitability for student learning/experiences in relation to expected outcomes.
5. Periodic external review of program effectiveness takes place.

- **Group 1 – Facilitator: Mariyam Sarfraz**
 - **Organization and administration + Resources, facilities and services**
- **Group 2 – Facilitator: Fakiha Salam**
 - **Midwifery Faculty and curriculum**
- **Group 3 – Facilitator Dr. Naila**
 - **Student body and assessment strategy**

Global Standards for Midwifery Regulation (2011)

- <https://internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/GLOBAL%20STANDARDS%20FOR%20MIDWIFERY%20REGULATION%20ENG.pdf>

In a world where every pregnancy is wanted
and every childbirth safe,
midwives are a **MUST!**



Thank you!