Private Midwives Serve the Hard-to-Reach: *A Promising Practice Model*

A midwife checks the blood pressure of a patient at the Al-Hayat Medical Clinic in the Governorate of Amran in Yemen.
Photo courtesy: Basic Health Services Project

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

With sometimes impenetrable terrain and limited infrastructure, Yemen presents a very challenging environment for delivering health services to rural areas. Women are at a particular risk. Rural areas lack health facilities, and Yemen's conservative culture does not allow women to receive health services from men, or to freely come and go from their homes; therefore, basic health services do not reach most women. When services are accessible, and women can visit rural health centers, the quality of services is often poor. [1] For these reasons, women normally receive no antenatal care, stay at home for deliveries and very rarely receive postpartum care.

Through a pilot program, the Extending Service Delivery (ESD) Project has supported the Basic Health Services (BHS) Project to assist midwives with setting up private practices in rural communities where fixed facilities and services do not exist, or are far away. Through BHS—which is funded by ESD and USAID/Yemen—12 midwives now serve nine BHS-supported governorates: Al-Jawf, Amran, Saa'da, Shabwa, Marib, Aden, Ibb, Taiz, Lahej and Sana'a, and 56 more are in training. Although they operate in extremely socially conservative contexts, the communities generally respect their midwife and allow her to make home visits. Husbands also allow their wives to visit with the midwives.

As part of its mandate to identify, test, and document promising and best practices, ESD helped to make these private practices possible by adopting a new promising practice model: ***a national health professional association as a vehicle to reach isolated populations with reproductive health and family planning services***. ESD chose to support the National

YEMEN: AT A GLANCE [2]

POPULATION—**22,822,783**

LIVING BELOW THE POVERTY LINE—**45.2%**

RURAL POPULATION—**77%**

FERTILITY RATE—**6.5**

POPULATION GROWTH RATE—**2.8%**

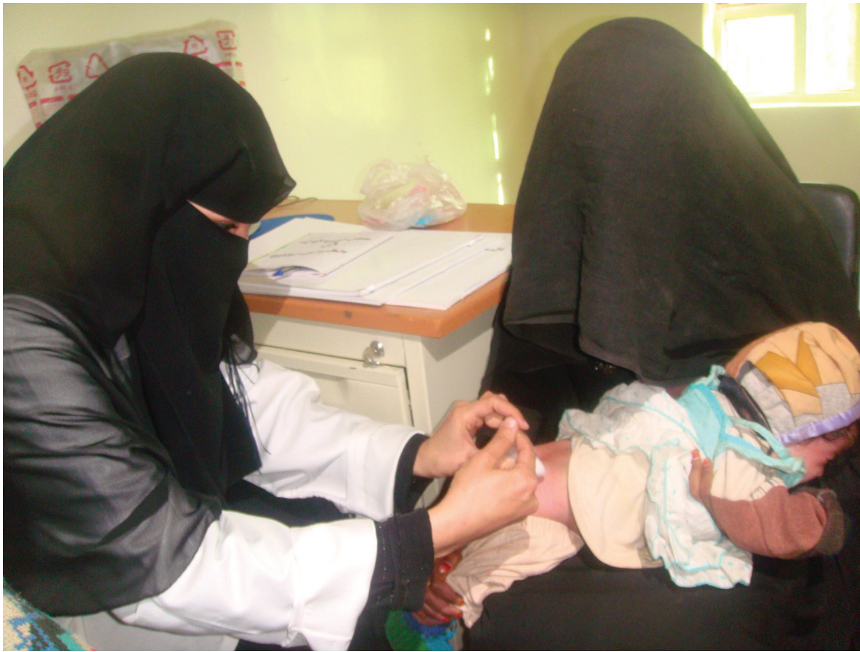
YEMEN: ACCESS TO SERVICES [3]

71% OF POPULATION IS RURAL

25% OF RURAL COMMUNITIES CAN ACCESS HEALTH SERVICES

80% OF URBAN COMMUNITIES CAN ACCESS HEALTH SERVICES

[1] UNICEF estimates that 30% of the available MCH services are of poor quality.
[2] *USAID Country Health Statistical Report, Yemen*, 2009.
[3] WHO, "Country Profiles," 2003-2007<http://www.emro.who.int/emrinfo/index.asp?Ctry=yem>



Private midwife in Amran Governorate gives intramuscular injection to baby.
Photo courtesy: Basic Health Services Project

YEMEN: FAMILY PLANNING [4]

MATERNAL MORTALITY—**351/100,000**

UNDER-FIVE MORTALITY—**82/1,000**

USE OF MODERN CONTRACEPTIVES AMONG MARRIED WOMEN OF REPRODUCTIVE AGE—**10%**

UNMET NEED FOR FAMILY PLANNING, URBAN—**33.3%**

UNMET NEED FOR FAMILY PLANNING, RURAL—**40.3%**

Yemen Midwives Association (YMA) for this intervention, given the unique role midwives play in maternal, neonatal, and child health, especially in conservative environments.

THE YMA:

- **Guides** the development of improved clinical and technical standards, policies and strategies for reproductive health and family planning service delivery, including the YMA's Midwifery Code of Ethics.
- **Trains** midwives to achieve standards of practice as part of a quality improvement system.
- **Strengthens** management and leadership capacity and monitors compliance with the Code of Ethics.
- **Revises** job descriptions and advocates for midwives' rights as part of their conditions of employment and advancement, in consultation with the Ministry of Public Health and Population (MoPHP).
- **Initiates** and establishes linkages with other related organizations, service and educational institutions at the national, regional and international levels.
- **Raises** awareness within the MoPHP and at the community level about reproductive health and maternal, neonatal, and child health (MNCH) and its importance in achieving improved MNCH outcomes.

MIDWIVES IN YEMEN: THE HISTORY

Private midwives are a fairly new concept in Yemen. In the 1950s, the government began training midwives who primarily served the city of Aden. In 1998, the MoPHP launched a community midwifery training project and trained a new cadre of midwives to serve the country's rural areas. Designed to train 3,000 community midwives in MNCH, reproductive health and family planning services, the MoPHP estimates 5,000 midwives now provide a wide range of services, including those critical to MNCH. Midwives also work as supervisors of health services, trainers in health training institutes and centers, and project managers.

While professional nurse midwives are usually senior-level managers able to provide specialized midwifery services at Yemen's hospitals, community midwives are mainly service providers who offer community-based care for hard-to-reach women in rural areas. More specifically, midwives are categorized by the following qualifications:

1. Professional nurse midwives have completed 12 years of secondary schooling, three years general nursing, and one year of advanced midwifery training.
2. Diploma midwives have completed 12 years of secondary schooling and three years of midwifery.
3. Community midwives have completed nine years of basic education and two years of midwifery training.

[4] *USAID Country Health Statistical Report*, Yemen, 2009.

As the number of midwives grew, these women felt compelled to share experiences and ideas to improve their professional skills. They also realized the benefits of establishing a professional association, which they believed would strengthen their ability to expand and update their technical knowledge and skills, support status recognition among different health professions, and build relationships with other local and international midwives' associations.

Inspired by the examples of their colleagues in other countries, a few pioneering midwives formed a not-for-profit professional association in 2004: the YMA. Launched under the guidance and support of the Ministry of Social Affairs, the YMA began with 97 midwives at the first General Assembly and currently includes 650 paying members, representing all 22 country governorates.

Prior to 2006, the YMA received financial and technical support from a number of donors and partners, including the European Union, GTZ, International Confederation of Midwives (ICM), PHRplus Project (USAID-funded), The United Nations Population Fund (UNFPA), USAID/Yemen and the World Health Organization (WHO).

Since 2006, BHS has provided significant technical, material, logistical and administrative assistance to strengthen the YMA and the private midwives initiative. This support helped establish a core group of 12 private midwife practitioners working in rural hard-to-reach areas. This group, which has expanded to another 56 practitioners, provides services outside of normal MoPHP hours, and assume the role of a health facility for the surrounding community.

ESD STRENGTHENS THE YMA

Because the YMA is still a young professional organization, ESD has provided technical assistance in organizational management and leadership strengthening to ensure that the association fulfills its mandate. ESD has also contributed technical support to help build and improve the association's management systems, and update the technical skills of members in the USAID reproductive health and family planning technical priority areas.

Typical village in Yemen's rural districts.
Photo courtesy: Basic Health Services Project

ESD began its partnership with the YMA in 2006, first working with the YMA Executive Board and Control and Monitoring Committee to conduct a rapid organizational needs assessment, using Management Sciences for Health's (MSH) *Management and Organizational Sustainability Tool (MOST)*. As a result, the YMA identified the following areas needing immediate attention:

> "I was able to contact the midwife to inform me about the progress of the condition of my wife until she delivered. The midwife called me to take her home in good condition—both the mother and the baby."
>
> *- husband from Amran*

- Updating the YMA strategic plan to reflect current realities in Yemen;
- Developing a new five-year organizational plan;
- Improving the financial management skills of YMA board members; and
- Developing board members' skills in proposal development for external funding.

ESD also realized YMA members would benefit from observing an effective professional membership organization at work. In early 2007, ESD organized a learning exchange with the Uganda Private Midwives Organization (UPMO). A small group of YMA members learned how the UPMO was established and how it

A man thanks a private midwife as she visits his home in Yemen. Having men accept the role of private midwives has been integral to the success of the project.

Photo courtesy: Basic Health Services Project

sustains itself; the relationship of the UPMO with the Ministry of Health-Uganda and community level providers and; how the UPMO members operate private midwifery practices.

Following the exchange, the YMA immediately implemented a number of lessons learned, including:

- The development of a job description for midwives, approved by the MoPHP;
- The development of a Midwifery Code of Ethics, which local training institutes have adopted as part of in-service midwifery training programs;
- The revitalization of the MoPHP's registration and licensing process for all practicing midwives and paramedics; and
- The revision of eligibility criteria for selecting midwives to establish a private practice (See Criteria listed on page 5).

PRIVATE PRACTICE

To help the midwives establish private practices, ESD partnered with BHS and the Health Manpower Institute in Sana'a. Through the partnership, a community mapping course and training session were conducted. [5] The course equipped new midwives with interviewing skills and an ability to draw maps portraying potential clients in their catchment areas. Participants also created simple questionnaires and checklists with women in the community to identify what types of services their private practices should focus on. [6] This course has become a regular part of the Institute's course schedule.

In collaboration with BHS and the Shaher for Marketing and Management Consultancies (SMMC) in Sana'a, ESD helped the midwives acquire basic skills to market and manage their private practices through a business skills training course. BHS, YMA, and SMMC also developed a monitoring and support supervision team, as well as tools to ensure these skills were applied and gaps were identified for additional training. Once the midwives started private practices, the supervision team visited them regularly.

Finally, BHS provided small grants to help the midwives establish home-based facilities and a basic starter kit containing safe delivery supplies. In January 2009, the 12 initial midwives began their private practices.

CULTURAL BARRIERS

Given that Yemen is socially conservative and predominantly Muslim, having families accept private midwives as skilled service providers, and allowing their wives to visit the private midwife in her home is ground breaking. Despite the demand for female providers in Yemen, there are few trained female clinicians. Midwives are well-positioned to fill that defecit and provide basic MNCH services in hard-to-reach settings, particularly antenatal and postnatal care, delivery and referral for complications. Midwives also help to educate and counsel women on family planning for Healthy Timing and Spacing of Pregnancy (HTSP). Private midwives are especially valuable because they can serve a smaller clientele and provide more personalized services in four out of the five governorates where BHS operates. (In Saa'da, however, security issues have imperiled all health services and providers, and the number of midwives working in the governorate has fallen.)

In a country where nearly half of all Yemeni girls are

[5] The training tool, *Rural Expansion of Afghanistan's Community Based Health Care Program (USAID-REACH): Community Mapping Training- A Trainer's Guide,* December 2004, was adapted from MSH's REACH Project.

[6] Services include antenatal care; care of the women during labor and delivery; postnatal care including exclusive breast feeding, family planning, and; immediate care of the newborn and immunization of children under two years of age.

married by age 17, 14 percent are married by age 14, and in some rural communities girls as young as nine are betrothed,[7] midwives can be allies in championing delay of early marriage. By explaining the health benefits of delaying marriage together with delaying and spacing pregnancy, midwives offer women more reproductive health choices. For those that do marry and get pregnant at a young age, midwives provide life-saving health services to ensure safer pregnancies and delivery outcomes.

No matter what age, most Yemeni women receive poor or no antenatal health care; 78 percent still deliver at home without a skilled attendant. [8] This results in many women suffering from anemia, infections, and/or obstetric fistula, not to mention death.

In recent years, by increasing the number of midwives serving the public sector, the government has made significant strides to improve women's health by increasing access to care.

RESULTS

Statistics show that the small cadre of trained midwives are already having a huge impact on service delivery.

12 PRIVATE MIDWIVES EXTEND THEIR REACH (SERVICES DELIVERED IN 2009)

1,063	FAMILY PLANNING SERVICES
1,726	DELIVERIES
1,282	ANTENATAL CARE VISITS
58	POSTNATAL CARE VISITS
1,726	NEWBORN CARE VISITS
174	HOME VISITS
98	HEALTH EDUCATION VISITS
59	IMMUNIZATIONS
98	OTHER SERVICES

5,734 TOTAL SERVICES

Criteria for Private Midwives

For a midwife to establish a private practice, she must:

—Be a graduate of a diploma program or be a community midwife

—Have at least three years of work experience for diploma graduates and five years for a community midwife in providing reproductive health services, including antenatal care, delivery, and postnatal care; care of the newborn; and family planning services

—Have attended several deliveries in the last three months before establishing a private practice

—Be willing to provide services outside normal daytime working hours

—Be from the same village and be in good standing with her community

—Attend monthly meetings at the district health center with the Reproductive Health Director, Basic Health Services Project Coordinator, and the YMA

—Submit monthly statistical reports

—Have a senior level contact person for guidance and supportive supervision, for example, a senior professional midwife and/or obstetric doctor

—Provide a suitable room/rooms for a clinic

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[7] Al-Shargaby, 2005. Early Marriage in Yemen: A Baseline Study to Combat Early Marriage in Hadramout and Hudaiedah Governorates. Gender Development Research and Studies Centre, Sanaa University; The Yemeni Maternal and Child Health Survey, conducted in 1997.

[8] *USAID Country Health Statistical Report*, Yemen, 2009.

"Sometimes it happens that the husband is busy at the farm outside the home and a pregnant woman starts having labor pain. Because all families know the midwife in our village, they call her by phone or they take the pregnant woman to the private clinic of the midwife and she takes care of her and treats her well as if she is her mother."

- husband from Tula district in Amran

In a country where maternal deaths account for 42 percent of all deaths among women of reproductive age, this clinic in Amran is invaluable to the lives of women and children in Yemen.

Photo courtesy: Basic Health Services Project

RESULTS (CONTINUED)

Three midwives in Amran, for instance, delivered 1,146 women in 2009, while two major hospitals, 11 rural hospitals and all health centers delivered 4,480 women the previous year; this means that midwives increased the number of skilled deliveries by 25 percent in just one year. [8]

LESSONS LEARNED

Ensuring that training tools are adapted to the local context and in the local language (Arabic) is integral when partnering with a local training institution, and providing technical assistance on the ground is paramount to establishing onsite personal relationships with these local partners. Although it is more inexpensive, remote technical assistance can delay the implementation of many key components and underplay the importance of local partnerships if it is not paired with periodic onsite technical support. In addition, government support should be fostered. The MoPHP, for example, should be continually informed and supported as it strengthens its own systems for registering and licensing private health practitioners. USAID recommends upgrading the decade-old, pre-service training curriculum for community midwives to better acclimate them to the needs of public health programs and private practices. The value of appropriate South-to-South learning exchanges and follow-up technical assistance to ensure the application of best practices from experiential learning is critical. By working with midwives as members of their communities, strengthening linkages between them and local health facilities as well as religious leaders who are championing support for HTSP, community awareness can be raised to improve the lives of women in other ways, such as keeping girls in school and delaying their marriages.

LOOKING BEYOND

A capacity-building toolkit will be finalized and packaged. The toolkit will be used to scale-up private practices for Yemeni midwives, and will contain tools for community mapping of potential clients, developing basic business skills, and state-of-the-art technical/clinical best practice skills in MNCH within a local training

institute. With this model, other interested midwives will better be able to establish private practices, contribute to increased economic opportunities for Yemeni women, extend reproductive health and family planning services to underserved women of reproductive age, and provide referral linkages to nearby health facilities.

Having already incorporated HTSP counseling and education into the services provided by the private midwives, ESD and BHS will continue to focus on continuing education in upgrading technical skills in community postpartum care, and the promotion of family planning methods, such as the Lactational Amenorrhea Method (LAM), IUDs, pills, condoms and postpartum care. ESD will also work with the YMA and BHS to develop a family folder/case history for each client. [9] In addition, ESD will assist in promoting midwives' efforts to advocate and counsel families about keeping their girls in school, and linking these midwives with local religious leaders who already are supporting this effort. Community education will be expanded to make midwives' services more appropriate and marketable to community members.

BHS is rolling out this initiative to a new group of 56 community-based private midwives, selected from the USAID-supported governorates. ESD, BHS and the YMA believe strengthening the business skills of the YMA and its members will create more job opportunities for community midwives, and give women greater access to and use of reproductive health and family planning services.

Given the conservative setting in which these midwives work, there are many successes and lessons to be shared with other conservative countries.

Additional work is required to upgrade the status of the midwife to be a more respected member of the health team within a clinical setting. Within public health programs, the outreach role of the midwife is largely unsupported. Because little or no continuing education system is set up for midwives, much more needs to be done to ensure their work is sustained and improved in the future.

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YMA staff member visits one of the practicing midwives at her clinic.

Photo courtesy: Basic Health Services Project

Midwives trained by BHS from the 2008 class.

Photo courtesy: Basic Health Services Project

[9] The family folder describes the services offered to a couple and their child/children and status of the family, thus building family case studies. All clinic or outreach services to the couple will be documented in the folder and tracked through the services provided. Interventions at each state would also be briefly documented and thus easy to follow each family.

ESD IS MANAGED AND DIRECTED BY:

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