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Strengthening Midwifery Education, Regulation and Association; A case study from Afghanistan

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Abstract

Immediately after the fall of the Taliban in 2002, the midwifery system in Afghanistan underwent a massive reform, and Afghanistan has since developed a strong midwifery pre service educational (PSE) system to achieve the relevant MDG goals. Establishment and involvement of professional associations, and partnerships with the government and other key stakeholders have contributed in shared knowledge, resources, and coordinated activities to speed up achieving these goals.

The International Confederation of Midwives (ICM) and its partners believe that the midwifery profession needs to be a strong voice in reducing maternal and child mortality. The three pillars of the midwifery profession, including education, regulation, and a strong professional association (ERA), are all essential in order to achieve this.

With the support and technical guidance of national and international partners, the midwifery pillars in Afghanistan continue to develop and become stronger. Despite all this success, still, there is a long way to go. For instance, Pre-service education needs further strengthening especially the faculty development part for higher education, and in order to maintain the competencies of midwives throughout their career span there is a dire need of establishing a regulatory body so that the quality and safety of mothers' and newborns' health can be ensured. Moreover, the Afghan Midwives Association (AMA) still needs to increase its organizational capacity for a stronger, more visible, and efficient contribution to the national road map of strategic approaches to accelerate the reduction of maternal and neonatal mortality in the country.

The present article provides an overview on strengthening the three pillars of the midwifery profession in Afghanistan, and examines the factors which have influenced midwifery in Afghanistan towards a positive change both at the individual and societal level.

Keywords

Midwifery, Afghan Midwives Association, Education, Regulation, Afghanistan, Maternal Health

Background

Midwifery is the most ancient profession with a direct link to women's health and wellbeing ⁽¹⁾. Midwifery is a fundamental part of a holistic and context based approach that ensures the quality of health services and improves the health of women and newborns ⁽²⁾. Midwifery in Afghanistan has undergone many challenges and transitions due to instability and war ⁽³⁾.

Afghanistan used to be recognised as one of the worst places for being a woman, as measured by traditional health indicators. After 23 years of conflict and isolation from the rest of the world, the interim government in Afghanistan, in 2002, started the long and challenging process of reconstruction. The decades of war had destroyed the infrastructure of the country. The health indicators were deplorable and in a totally chaotic state; for instance, the maternal mortality ratio was the second highest in the world, 1600/100,000 live births. High maternal mortality, low female literacy, a high fertility rate, low access to health facilities and skilled birth attendants (SBA)s, and low utilization of family planning methods all reinforced the need for the international community, as well as the Afghan government, to take actions toward the betterment of women in Afghanistan ^(4, 5).

To improve maternal health, Afghanistan developed tailor made strategies and policies to meet the needs of the public and to address the gaps which reflect their realities and priorities, as was done in many other developing countries ⁽⁶⁾. One of the main interventions used to improve maternal and child health is strengthening of midwifery and the provision of skilled care during childbirth ^(7, 8). In 2002, there were an estimated 467 midwives in Afghanistan. Midwifery schools had more or less been closed from 1996 – 2002, and the human resource need was critical, especially given the high maternal mortality and the poor distribution of this limited number of midwives. Moreover, these few midwives were inadequately prepared for work, and varied greatly with respect to their formal training ^(9, 10).

Indeed, providing the opportunity for women to be educated after a decade under the harsh, unrelenting, and punishing Taliban rule represented a bold revolutionary step for the Afghan women who, up until 2002, had been restricted to their homes and, fearful for their safety, typically gave birth at home, without a skilled provider ⁽¹¹⁾.

Immediately after the fall of the Taliban in 2002, the midwifery system underwent a massive reform, and Afghanistan has since developed a strong midwifery pre service educational (PSE) system, with an aim to achieve the relevant MDG goals ^(9, 10, 12). The establishment and involvement of professional associations, and partnerships with the government, especially in low resource settings, has contributed to sharing of knowledge and resources, and has led to coordinated activities to speed up achieving these goals ⁽¹³⁻¹⁵⁾.

The International Confederation of Midwives (ICM) and its partners believe that the midwifery profession needs to be a strong voice in reducing maternal and child mortality, and that the three pillars of the profession, midwifery education, regulation, and a strong professional association, are essential in order to achieve this. The three pillars are interdependent and if any of the pillars is weak, the profession is weakened both at the national and international level.

Using a case study from midwifery in Afghanistan will help to explore and share the complexities involved in the strengthening of midwifery in a post conflict state, especially in terms of midwifery education, regulation, and association.

This paper looks at factors which influenced midwifery in Afghanistan towards a positive change, both at the individual and societal level.

Evolution of Midwifery Education in Afghanistan

A comprehensive, system-based approach was taken to produce a quality midwifery workforce to save maternal and newborn lives in Afghanistan, with the help of international organizations. The first step of this process asked how many midwives does Afghanistan need? Planning then continued with the following strategic activities:

- a) Creation of a policy, and a plan to ensure its true country wide implementation, including selection, recruitment, and deployment of midwives. Complying with the national selection criteria was a critical part of this process. Following deployment, after recruitment and selection, it was imperative to maintain community links during training and supervision to ensure that every midwife was performing her role fully.
- b) Introduction of a competency based midwifery curriculum and learning resource package for ongoing education.
- c) Faculty development in-service training to ensure that faculty are qualified and competent in the curriculum content and teaching skills.
- d) Development of standards-based management, and recognition for pre-service (ongoing) midwifery education.
- e) Establishment of a midwifery education and accreditation board that would ensure implementation of educational standards in educational programs, and incorporate them into the accreditation of schools. Between 2003 and 2007, 21 midwifery schools were re-opened or established without proper regulatory mechanisms for ensuring educational quality ⁽⁹⁾.
- f) Provision of technical support to the pre-service schools to follow standards, with the support of technical partners
- g) Establishment of the Afghan Midwives Association to raise voice for the recognition of the profession at the national and provincial level.

Clearly, all of the above steps brought about changes not only in the lives of women and newborns, but, also, the improved education contributed towards the empowerment of midwives.

However, despite all these efforts and contributions, midwives were still unable to gain key positions inside the MOPH because of their diploma level education. Until the end of 2013, midwives did not have any career progression opportunity. However, as a result of the rigorous advocacy efforts of the AMA, the Ministry of Higher Education approved two tracks for the higher education of midwives. These programs, i.e. Post Registration Midwifery, Bachelor of Science in Midwifery (RM BScM), and the four years direct entry midwifery education programs, are unique , because it is the first time in the history of the midwifery profession in Afghanistan that midwives will be able to receive a degree. Certainly, this will help midwives to move ahead not only within their profession, but also in filling the missing places of midwives at the decision and policy making levels.

Regulated midwifery profession: the missing pillar

Midwifery regulation is important to ensure quality of care because it identifies who is entitled to legally practice as a midwife, and describes the competencies, standards for pre-registration midwifery education, registration processes, and mechanisms for relicensing (re-accreditation) to ensure continuing competence. The regulations also prescribe code of conduct and ethics relating to midwives and midwifery practice along a system to register complaints and manage disciplinary processes ⁽¹⁶⁾.

The missing link in Afghanistan among the three ICM pillars is ‘regulation’, because midwives and nurses do not have a legal regulatory body that can independently protect their profession and, at the same, time ensures the safety of the public’s health. However, there is both a real and perceived need amongst the stakeholders for having a regulatory body in the country.

In 2009, the AMA realized this missing link, and initiated the advocacy process for the establishment of a regulatory body for the midwifery and nursing profession in the country. Fortunately, the momentum gained the interest of the MOPH and, in 2010, with the generous support of development partners like HSSP/USAID, UNFPA, Cordaid, and the European Commission (EC), AMA was able to move this agenda forward. In 2011, the Act for the Afghanistan Midwives and Nurses Council was approved by the decision making platforms of the MOPH, and in 2012, the drafted Act was submitted to the Afghanistan Ministry of Justice for legal vetting and approval to go to parliament or the president’s office for final endorsement.

The role of the Afghanistan Midwives and Nurses Council is to develop, improve, and maintain the quality of midwifery and nursing services delivered to individuals and communities in Afghanistan, in accordance with the Government policies and the guidelines of the International Confederation of Midwives (ICM) and International Confederation of Nurses (ICN). The AMNC will leverage its position to serve as a technically specialized coordinating body to effect policy, and to maximize the efficiency of resources flowing into the country that enable nurses and midwives to provide the highest quality of care.

Ironically, approval of the drafted act is pending because it is a very new concept in Afghanistan; it is hoped that the existence of the AMNC will bring change in the status quo, although embracing change takes time. However, the AMA and its development partners have not lost their hope. Advocacy campaigns have not yet stopped, and are being continued by all the partners, at all appropriate forums because there is a growing concern among stakeholders regarding the quality of services provided by midwives and nurses in the country. The best possible way to ensure standards for midwifery and nursing care of the highest quality would be to establish an autonomous regulatory body.

Professionalization of midwifery in Afghanistan via establishment of an association

In terms of professional development, midwifery in Afghanistan has progressed along a route similar to that in many other countries ⁽¹⁷⁾. The development of a national professional association was the first step towards becoming a recognized profession in the country; it raised midwifery to its rightful place in the society in terms of value and respect ⁽¹⁸⁾. The Afghan Midwives Association (AMA) was established in 2005 to take a unique leadership role in influencing quality service delivery by midwives, and to advocate for necessary policy and legislative changes. The movement was challenging, but successful, and led to the establishment of one of the biggest women’s network groups in Afghanistan. This incredible endeavour was supported by USAID, ICM, Jhpiego, and the American College of Nurse - Midwives (ACNM).

These were the primary organizations that provided technical support for AMA to develop its organizational plans and policies ⁽¹⁷⁾.

The process was commenced in 2005 by a small group of Afghan midwives from Kabul and a few other provinces, who endeavoured to establish the reason for having a professional group to advocate for the role, status, training, and education of midwives ⁽¹⁷⁾ and to claim a social space, despite all the obstacles and conflicts ⁽¹⁹⁾. In the very first gathering, the midwives set a professional vision to improve the quality of care for all women in Afghanistan, and to be recognized nationally, regionally, and globally ⁽²⁰⁾. At the same time, a governing body was appointed, and the AMA constitution was developed. To ensure sustainability and accountability, a membership fees system was put in place. AMA was registered with the Ministry of Justice as a civil society organization.

Soon after its registration with the Ministry of Justice, AMA became a member of the ICM, in 2005. Today, AMA is known as a civil society organization, which advocates for women's health and rights, not only in Afghanistan, but regionally and internationally. AMA is working collaboratively with the Afghanistan Government and other partners to contribute towards improvement of maternal, newborn, and child health (MNCH) in Afghanistan. Gradually, over the first 10 years, AMA improved its capacity and, to date, AMA is known as a credible source of expertise for national policy, as well as other aspects of organizational capacity: strengthening infrastructure, governance, financial management, membership, and communication. If an association is weak in these areas, its credibility may be questioned over time and their potential for success may be jeopardize ⁽²¹⁾. Because of its organizational stability, AMA was able to apply for grants, and has received funding from different donors. The AMA membership has expanded to over 3000 across the country; and one of its unique features is its presence across Afghanistan through its 34 provincial chapters.

For the few first years the main advocacy plan of the AMA was to have a lobby to ensure that policy makers were aware of the role and responsibility of midwives. A community campaign was conducted in each province by AMA representatives to increase knowledge in the community about midwives and midwifery, and to promote midwives' independent status. The role of the professional association was extremely important for the social and political movement of midwifery in Afghanistan, and the AMA is taking steps toward further improvement.

Evidence from other countries has emphasized the important role of midwives' associations in keeping midwives involved in professional matters, and in supporting them to upgrade their skills and knowledge based on current evidence ^(7,19). The Afghanistan Midwives Association is one such example as it has enforced and created positive changes in the situation of midwifery in Afghanistan. The AMA has engaged in many advocacy activities to claim full independent identity for midwifery. In 2002, the designation of midwifery was separated from nursing, but there continued to be confusion for public and policy makers. For instance, in 2005, most midwives were still appointed in nursing positions, even though the country was in great need of midwives, and most policies did not reflect the rules and regulations or standards specifically for midwifery. Midwifery was lost. It was also frustrating that the public had no clear idea about what constituted midwifery practice, and who could be identified as a midwife. AMA took several initiatives to influence these policies, and engaged all stakeholders for more effective lobbying and advocacy to get recognition for this profession, and to get it a recognized status.

Slowly, AMA has found a place at the policy level by advocating in different arena concerning women's health. Safe Motherhood is recognized as the main component of maternal health ⁽⁸⁾, so

AMA initiated several different national safe motherhood campaigns. AMA launched the national day for Safe Motherhood for the first time in Afghanistan, and designed and implemented several community campaigns across Afghanistan, including high level policy advocacy by organizing mothers' night. AMA drew attention to this concept and re-enforced multiple efforts and strategies towards improvement of maternal and child health.

AMA had a critical role in influencing midwifery practice, and pre-service and in-service education in Afghanistan through involvement in different taskforces and working groups at the national level in the Ministry of Public Health (MOPH). This was an opportunity for AMA to create a strong foundation, and contribute to a change in policy. Some of these policy areas include: giving independent full identity to midwifery; the development of midwifery competencies and autonomy of practice; improvement of midwifery pre-service education; establishment of midwifery education accreditation system; in service professional development; influencing employment; staffing and salary policies; providing mentorship and supervision for rural midwives; advocacy for establishing a regulation system; and career progression opportunities for higher education. These are some ways how AMA as a professional association has brought about structural changes in midwifery in Afghanistan.

In Afghanistan most women give birth at home, and many midwives have to provide outreach services. Since the government was more focused on facility-based deliveries, home births by midwives were not even recorded officially, and did not count as part of SBA coverage in Afghanistan. Through AMA advocacy and lobbying, the MOPH has agreed to add these home deliveries to the Health Management and Information System data and has developed of an official recoding logbook system for midwives.

In collaboration with Jhpiego, an evaluation of midwifery pre-service was undertaken in 2009⁽²²⁾ which led to finding the gaps in midwifery skills. Consequently, the national midwifery curriculum was revised, based on results from this evaluation. The length of the midwifery educational program was increased from 18 months to two years, and the MOPH agreed to incorporate relevant changes in its policies and national framework to fulfil the needs of midwifery education. AMA played a great role in supporting this change to occur.

The AMA experience during the past 10 years shows that the organization has achieved its goal of increasing the visibility of the profession and in advocating improvement in maternal and child health. Supporting the capacity building efforts of health professional associations, particularly among countries with poor MNH outcomes, represents an innovative and sustainable approach towards meeting MDGs 4 and 5^(13, 15).

Conclusion

The implementation of all of the strategies initially identified to improve midwifery in Afghanistan has shown a positive effect in the country. This impact includes a reduction in maternal mortality from 1600/100,000 live births to 327/100,000 live birth⁽²³⁾, as competent midwifery care is one of the major contributing factors in the reduction of maternal mortality in Afghanistan. Apart from this, midwifery education has also contributed towards gender-equitable services and women's empowerment and household income-generation. Midwifery pre-service training promotes gender-sensitive health service delivery by including practices such as respectful client care, the promotion of male involvement, and the inclusion of women's decision making. In addition, midwives now have opportunities to share their updated knowledge and skills; moreover, the teaching of new standards of care has shown a positive effect on the midwives' level of confidence^(6, 9, 24).

With the support and technical guidance of international agencies, the three ICM pillars of midwifery continue to be strengthened and boosted in Afghanistan. Despite all of its successes, the AMA still needs to increase its organizational capacity for a stronger, more visible, and efficient contribution to the strategic approaches of the national road map in order to accelerate the reduction of maternal and neonatal mortality in the country. The uncertainty of available funding and inadequate sources of revenue through membership fees, even after adding external donations, are still challenging. The invention of new ways of fund raising for moving from traditional ways of being dependent on donor money to the production of special products and events, would be one way to move towards a more sustainable organization ⁽²⁵⁾.

The quality of both pre and in-service education needs to be maintained to the highest standards and at the same time, the lifelong competency of midwives needs to be ensured so that mothers and newborns of Afghanistan can receive competent and compassionate services. Educating competent midwives and equipping them with adequate resources to be successful is the key to the improvement of maternal and newborn health in Afghanistan, especially in remote and far-flung areas. In the post conflict environment, some effective steps for meeting the midwifery needs have been addressed through a comprehensive system-based approach.

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