Webinar Series
2 of 5

Midwife-led birthing centres in low- and middle-income countries:
What is needed for success?
Part 1

Credit: UNFPA Madagascar
Welcome, introductions, case study methodology

Dr Oliva Bazirete
University of Rwanda / Novametrics

Credit: UNFPA Madagascar
Brief recap of session 1

- Over 300 participants from all over the world
  - 61% from countries with MLBCs
  - 23% currently working in an MLBC, 65% want to
- A global scoping review and scoping survey found evidence of MLBCs in 57 LMICs, strong evidence in 24 LMICs
- Many similarities with HICs, a few key differences
- MLBCs can provide high quality care when part of a well-functioning network of care:
  - positive policy environment, purposeful arrangements to meet user needs, an effective referral system, a competent workforce committed to the midwifery philosophy of care
Session 2 agenda

1. Welcome, introduction & case study methodology
2. Success factor 1: an effective financing model
3. Success factor 2: Supportive and enabling leadership and governance
4. Poll questions
5. Invitation to submit questions to be answered next week
Case study: methods

• Country selection criteria:
  • LMIC
  • At least 4 MLBCs
  • MLBCs in the public sector or well integrated in the national health system
  • Data availability for economic analysis

• A qualitative case study approach, based on an appreciative inquiry methodology
  • Focus on successful MLBCs – what works and why?
  • But not overlooking the barriers and challenges
The case study countries ...

- South Africa
- Uganda
- Pakistan
- Bangladesh
Site selection

- Four study sites (MLBCs) were selected in each country:
  - Based on a desk review of the literature and,
  - In consultation with the MoH, the midwives’ association, the national research team, the site manager(s) and other relevant stakeholders,
  - To be counted as an MLBC, a facility had to be a dedicated space providing childbirth care where midwives were the lead professionals providing care.
## Case study site characteristics

<table>
<thead>
<tr>
<th>Country</th>
<th>Location</th>
<th>Sector</th>
<th>Type</th>
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<tbody>
<tr>
<td>Bangladesh</td>
<td>3 rural, 1 peri-urban</td>
<td>2 public, 1 private, 1 public-private partnership</td>
<td>3 freestanding, 1 onsite/alongside</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2 rural, 2 urban</td>
<td>3 private, 1 public-private partnership</td>
<td>3 freestanding, 1 onsite/alongside</td>
</tr>
<tr>
<td>South Africa</td>
<td>2 urban, 1 peri-urban, 1 rural</td>
<td>3 public, 1 private</td>
<td>3 freestanding, 1 onsite/alongside</td>
</tr>
<tr>
<td>Uganda</td>
<td>4 rural</td>
<td>4 private</td>
<td>4 freestanding</td>
</tr>
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## High-level results: universal enablers / barriers

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Barriers</th>
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<tr>
<td><strong>Sustainable financing</strong>: a range of financing models can be effective, including domestic, external, combination</td>
<td>Funding models that reduce affordability</td>
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<tr>
<td><strong>Leadership and governance</strong>: policy, recognition, coordination, education/training, M&amp;E</td>
<td>Inadequate infrastructure and equipment, which compromises safety and quality</td>
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<tr>
<td><strong>Interdisciplinary and interfacility collaboration</strong>: professional respect for midwives, functional referral system, trusting relationships</td>
<td>Limited support to / trust in midwives</td>
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<tr>
<td><strong>Quality midwifery care</strong>: ensures women want to use MLBCs. Consider competence, respect, intervention only when needed</td>
<td>Poor integration of MLBCs within the health system</td>
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Success factor 1
An effective financing model

Professor Md Abdul Halim
Centre for Injury Prevention and Research and Bangladesh

Credit: CIPRB, Bangladesh
Bangladesh: domestic financing

Govt of Bangladesh is the main source of funding

Midwifery Education: BSc 4 yrs, Diploma 3 yrs: ICM standard

- 62 Govt Nursing College @ 1900 /year
- Registration by Nursing & Midwifery Council [7489 midwives]

Post creation & Deployment

- Deployed 2557 & Created 5000 & waiting for deploy
- Planned 12,000 by next 10 years

Service Delivery: established MLBC

- 1266 MLBCs (407 UHC & 854 UHC)
- All support: Infrastructure, logistics etc
Bangladesh: external financing

Donor, UN, NGO or Private source of funding

Education: 3 years diploma ICM standard
- 108 Nursing College
- 3000 admission in 2020
- Registration by Nursing & Midwifery Council

Deployed 5445 Midwives in NGO or private MLBC
- 400 midwives in Ruhingya Camp MLBCs

Cost in private & NGO sector: MLBC
- Services are free in NGO or with varied user fee
- Education @ $2,500 to $4,000 per student
Bangladesh: cost by MLBCs

- We studied 4 sites, where annual births ranged from 101 to 2,189
- Costs of MLBCs were mostly driven by staff salaries, facility operating costs, equipment purchase, emergency transport to other facilities

<table>
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<tr>
<th>Queries</th>
<th>Response</th>
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<tbody>
<tr>
<td>Annual births/year (4 sites)</td>
<td>101 to 2,189</td>
</tr>
<tr>
<td>Total Annual costs $ per MLBC (4 sites)</td>
<td>$5,068 to $117,662</td>
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<tr>
<td>Total costs per birth $</td>
<td>$21 to $349</td>
</tr>
<tr>
<td>Total costs of care for MLBCs for a hypothetical cohort of 1,000 women</td>
<td>Ranged from $23,439 to $469,100 (costs for standard care $314,754)</td>
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</tbody>
</table>
Govt.-UNFPA-CIPRB partnership provided $25 cash voucher to 5,019 delivered mothers in flood affected areas. CIPRB provide 2 days competency based training to 359 midwives in MLBCs.
Bangladesh: Impacts of MLBCs

Access to quality maternal and newborn healthcare services is improved

Community recognized **Midwives** as essential healthcare providers for MNH

Govt. found good use of Union health facilities as MLBC for positive MNH outcome

The 4 MLBCs could deliver 3819 women, referred 28% of attended for complications in one year total

In CERF project (remote area population about 720,000):

- 29 MLBC functioned 6 months provided **Cash voucher**, community awareness program advocacy:
  - 46% of the births happened in the MLBCs
  - 21.3% pregnant women were referred with complications
Bangladesh: What more for financing?

<table>
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<th>Response</th>
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<tr>
<td>Minimize out of pocket cost at MLBCs</td>
<td>Continuous financial support has to be ensured by Govt source or Non-Govt funding agencies</td>
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<tr>
<td>Cost per MLBC varied by</td>
<td>Number of births per centre</td>
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<tr>
<td>Cost per MLBC can be increased by</td>
<td>Community outreach program linking MLBCs through NGO/Donor/UN involvement</td>
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<tr>
<td>Enhance Competency of MW</td>
<td>Financing in refresher training –mentorship support</td>
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<tr>
<td>Strengthen rural MLBCs by</td>
<td>Referral linkage, transportation, communication</td>
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<tr>
<td>MLBCs has strong potential in</td>
<td>Reducing high maternal and neonatal mortality rates in LMICs like Bangladesh</td>
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Thank you so much
Success factor 2

Leadership & governance
Uganda: supportive policy environment

• Existing **policies** in support of MLBCs (e.g. public-private partnerships)
• **Recognition** of the role of private sector including that from MLBCs
• Policies underscore the role of partnerships and collaborations
• Strategic consideration of maternal & child health as a **priority** area

...the fact that they are able to contribute to offering maternity services to disadvantaged populations, so they improve access, that is very paramount. They improve access...

*Policy maker*
Uganda: governmental support & recognition

- Existing **political commitment** and will to work with MLBCs
- **Favourable systems** in support of opening up MLBCs practice
- **Provision** of medical supplies to MLBCs (e.g. mama kits, vaccines etc)

“...yeah. Not all of them but there are some commodities like family planning commodities which we give to them and some sample commodities, selected commodities.”

Policy maker
Uganda: collaboration and coalitions

- MLBCs are integrated within the wider healthcare system
- MLBCs have a recognised referral system for high-risk cases
- MLBCs have memorandum of understanding with referral sites (either private or public facilities)
Uganda: intelligence and oversight

• In-service **training** of staff in MLBCs
• Supportive **supervision and mentorship**
• **Monitoring and evaluation** of services in MLBCs
• **Community buy-in** support of MLBCs

“The provision of guidelines and standards is by the government. Occasionally if there are resources, they are called and given mentorships.”

*Policy maker*
Uganda: effective regulation

• An existing **legal framework** in support of MLBCs practice
• MLBCs **recognised** as maternity homes
• Midwives are **licensed** and permitted to set up MLBCs
• **Minimum requirements** of setting up MLBCs not burdensome to midwives
• **Transparency and fairness** of regulations when establishing MLBCs
SUMMARY

For MLBCS to be successful; there must be:

- Supportive **policies** in place
- **Political commitment** – for support and recognition
- **Collaboration and partnerships** – (public-private, NGOs, hospitals, district health officers) for effective referral system, quality improvement
- **Government** should play the **oversight role** – training, supervision, mentorship
- There must be a **legal framework** to ensure effective regulation of MLBC services
- Signposts on the right show that most MLBCs are established and operate in rural areas, and are successfully operating because of above

*Thank you for listening!*
Poll questions
Submission of questions for next week

Professor Caroline Homer
Burnet Institute
Poll – Question 1

1. In your country, how is maternal and newborn health care financed? Would you say that most women...

Comment est financée la santé maternelle et néonatale dans votre pays ? Diriez-vous que la plupart des femmes...

¿Cómo se financia la atención de la salud materna y neonatal en su país? ¿Diría usted que la mayoría de las mujeres...
Poll – Question 2

2. In your country, how strong is the policy support for midwife-led care?

Dans votre pays, quel est le niveau de soutien politique en faveur des soins dirigés par des sages-femmes ?

En su país, ¿cuál es el grado de apoyo político para la atención liderada por matronas?
Questions for next week

- We will allow time next week for questions on **all four** universal enablers:
  - Financing
  - Governance and leadership
  - Quality midwifery care
  - Collaboration and coordination of care

- You may enter your questions today in the Q+A box, or share them later via email to:
  - communications@internationalmidwives.org
Coming up next week...

- Part 2 of the success factors for MLBCs
  - Speakers from Pakistan (Razia Naveed) and South Africa (Sheila Clow)
- Two more ‘universal enablers’ to discuss: effective collaboration and quality of care
- Thank you for attending today, and we look forward to seeing you again next week!