The Midwifery Services Framework (MSF) for Developing Sexual, Reproductive, Maternal and Newborn Health (SRMNH) Services is a tool developed by International Confederation of Midwives (ICM) and partners to support the development and strengthening of midwifery services across countries, focusing on a quality midwifery workforce.

The MSF offers a systemic approach for tackling the wider issue of health system strengthening and improvement of the quality of sexual and reproductive health care. The quality maternal and newborn health services can be improved by the integration of midwifery services across the health system.

The framework provides health system developers and planners, maternal and newborn health experts, policy makers and other stakeholders with an evidence-based tool. From this tool they are able to develop new or strengthen existing midwifery services to enhance their effectiveness and efficiency. The MSF supports the implementation of the midwife-led model of care, which has proven to be an effective and desirable model of care provision for women and their families. The MSF is designed to scale up midwifery programmes and strengthen health systems to deliver quality SRMNH services and to integrate midwifery in the national Human Resources for Health (HRH) agenda through effective programme and health system development and advocacy. It spells out the tools that can help countries to do that. It helps governments and stakeholders assess the current situation of their health system, workforce and service provision, what needs to be improved and what tools are available to achieve the desired changes.

The tool explains key midwifery and health system concepts, outlines a step-by-step approach on how to set up MNCH services including discussion of the package of care that women and newborn need, education, regulation, and effective management of the workforce and builds in the ongoing monitoring and evaluation of the process. The process results in a clear to-do list of what needs to be done to optimize the system and the services.

The components of the framework can be used in sequence, or separately to develop, strengthen certain parts of a country’s midwifery services, or to evaluate their efficiency.

Why use the MSF?

Many countries have identified the need to strengthen SRMNH services and understand the value of setting up or improving their midwifery services. Many global and national development partners are also interested in inserting midwifery care into national health systems to increase the survival, health and wellbeing of women, children and families. In many cases, however, the question remains – how does a country develop or strengthen midwifery services?
Implementation of the MSF is initiated by a national government and starts with a meeting with ICM experts to identify exactly what kind of support is needed, who would be involved and what the potential timeline for MSF assessment and implementation would be. A workshop with national stakeholders in SRMNH services to work through the steps of the MSF (Box 1) is then organised and facilitated by ICM experts. This generates a set of actions to be undertaken nationally, using the tools that are linked to the steps of the MSF. ICM provides support in setting up technical working groups for the next steps and is available for further guidance over a period of one year after the conclusion of the national MSF workshop. Additional support within the working groups and beyond the one-year window can also be discussed and agreed.

For further information, please contact the International Confederation of Midwives at info@internationalmidwives.org or visit www.internationalmidwives.org

How does the MSF work?

1. Package of care - agree on the package of SRMNH care women and families receive and define the care that midwives will provide

2. How SRMNH services should be organised
   Agree how the service network should be organised to deliver midwife-led care with effective back-up that guarantees available, accessible, acceptable and high quality integrated care

3a. Develop the workforce
   Required number and distribution of midwives
   Recruitment, deployment, retention
   Education and regulation capacity, institutions, faculty, curricula
   Regulation, regulatory bodies, roles and responsibilities

3b. Create an enabling environment
   Facilities, commodities, equipment, transport, communication
   Mentorship and peer support, professional and career development
   Respectful working environment – safe environment, coordination of integrated care along the continuum

4. Test, evaluate, adapt, monitor
   Ongoing monitoring and evaluation
   Adaptation of midwifery services to local needs and situation

Ongoing: Develop or strengthen the midwives association
The ICM Midwifery Services Framework (MSF) Frequently Asked Questions

1. What is the MSF? (definition)

The Midwifery Services Framework (MSF) is a tool designed by the International Confederation of Midwives (ICM) and partners to support a step by step development and strengthening of a country’s health system and midwifery services, with a focus on developing a quality midwifery workforce.

2. What is the MSF for?

The MSF shows governments and others how to set up or strengthen their health system, national midwifery programmes and integrate midwifery into the Human Resources for Health (HRH) agenda, assess what needs improvement and how to achieve the desired changes in SRMNH services.

3. Why is it important? (required)

The goal of the framework is to lay the foundation of pragmatic steps and supporting tools that can be used by all involved in healthcare provision and all the decision makers, to support any country, whether they are high, middle or low income.

4. What does the MSF have to offer?

The MSF offers a systematic step by step approach to tackle the wider issues of health system strengthening, quality improvement of SRMNH care and effective HRH development.

5. How does it work?

The MSF uses a participatory approach, bringing together all stakeholders, key decision makers, programme planners and implementers, health care professional associations and the consumers of service, to discuss and agree on the package of care to be offered, the manpower required to offer that package, how to organize the health system to ensure optimum effectiveness and how to address some of the gaps and challenges impacting on quality of care provision. The MSF makes it clear that no one professional group can do it alone and that decision makers need input from implementers and consumers to provide optimum services to their populations.

6. Why is the government involved?

The involvement of government is based on the premise that the health of any nation is the responsibility of government. At the same time, the health of a nation is everyone’s business. Hence the involvement of all stakeholders and individuals from both public and private sectors, not only health professionals and health professional decision makers.
7. Who initiates the MSF process in a country?

The process is initiated by a request from the national government and ICM responds with an introductory visit. This introduction to the MSF gives the country an opportunity to decide whether or not to adopt it. Once a decision to implement is agreed, an agreement to collaborate is signed by both parties and the work starts.

8. Who introduces the MSF in a country?

ICM works with governments through midwives associations and partners to introduce and implement MSF in countries where it is chosen. The process involves participation of Ministers of Health, health professional associations, key decision makers of different departments of the Ministry of Health, health care educational institutions, public and private organisations and development partners including JHPIEGO, GIZ and UN agencies (UNFPA, WHO, UNICEF, UNAIDS, World Bank) where they have country offices.

9. How is the MSF assessment developed?

There are two preparatory steps, four service development steps and one ongoing activity in the framework:

**Preparatory steps:**
1. Collect essential background information
2. Set up the M&E mechanism

**Midwifery service development steps:**
1. Agree on the package of SRMNH care that women and families should receive and define the services that midwives will provide
2. Discuss how SRMNH services should be organized to deliver midwife-led care with effective back-up
   a. The midwife-led model of care
   b. Guaranteeing available, accessible, acceptable and quality care
3. Workforce and enabling environment
   a. Develop the workforce
   b. Create an enabling environment
4. Test, monitor, evaluate, adapt midwifery services

**Ongoing activity:** set up and strengthen the midwives association.

10. How are the MSF assessment results used?

National governments can initiate a meeting with ICM experts to identify what kind of support is needed, who would be involved and when. This is followed by the creation of Technical Working Groups (TWG) made up of nationals with expertise to address specific identified gaps and challenges. ICM supports each TWG in developing a work plan with timelines. ICM can also support the government in providing any expertise that might not be easily available in the country. The whole process may take up to 2 to 3 years and the government can repeat the assessment to measure progress.