

AMIDST THE COVID-19 PANDEMIC,

**MIDWIVES**

save lives





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Ensuring safe  
births despite the  
risks during the  
COVID-19 pandemic

# FOREWORD



As the world  
navigates the grave  
challenges posed  
by the COVID-19  
pandemic, women  
continue to get preg-  
nant, and babies are  
still being born.



Photo: © Karin Schermbrucker

**Midwives, the primary caregivers** of expectant mothers and newborn babies, continue to work tirelessly in health centres, hospital wards, and in homes, often under difficult circumstances, risking their own lives and wellbeing.

They are determinedly upholding the bold commitments made in 2019 at the Nairobi Summit in Kenya – a momentous occasion – that was a celebration of 25 years of the International Conference on Population and Development (ICPD) and a resounding endorsement that securing reproductive health, individual rights, and women's empowerment is the obligation of every country and community.



At the summit, midwives from the East and Southern Africa region contributed more than 320 commitments. They pledged to uphold the rights of women and young people to be able to make informed sexual and reproductive health choices and to have access to quality care, provide high quality sexual and reproductive health services, play a broad role in promoting healthy sexual and reproductive health behaviours, and provide confidential and supportive health services.

**Dr. Julitta Onabanjo**  
Photo: © Luis Tato



With this renewed energy, the year began with heightened expectations. Then in March 2020, the first case of COVID-19 was registered in the region, which activated national lockdowns to prevent rapid transmission of the virus. The stringent measures, coupled with the need to prepare for widespread outbreaks, threatened health systems across the region and posed a grave challenge to the implementation of the ICPD commitments by midwives. Maternal and newborn care services were disrupted.

As the virus spread, UNFPA in collaboration with UN agencies and development partners in the region supported national efforts to reduce the negative impacts of the outbreak and support control measures. Fragile and weak health systems in the region were already strained, and preliminary estimates began to show adverse implications for the health of mothers and newborn babies in the region.

🚩 The joint UN offices in the region provided guidance to more than 1,500 health-care workers from 27 countries through 15 webinar training sessions that covered antenatal care, intrapartum care, postnatal care, community maternal and neonatal health (MNH) and postpartum MNH in the context of COVID-19.

To reach a larger number of front-line health workers, these webinar training sessions are being expanded into online and offline training modules. Through this innovation, progress will be intensified towards achieving the ICPD commitments and UNFPA's transformative result of zero preventable maternal death in the region.

Midwives are also keeping their commitments made at the Nairobi Summit. Margreet Wibbelink, a midwife from South Africa, committed to empowering midwives to provide women-centred care to help transform maternal health care in South Africa. She has since launched an 🚩 [online course](#) for midwives to empower them to provide women-centred, authentic midwifery care. By December 2020, 52 midwives from South Africa, Lesotho and Swaziland had taken the course. She also mentors midwives to implement change and to launch midwifery-led practices.

Catherine Musabyimana, a midwife and member of the Midwifery Association of Rwanda, committed to improving maternal health through training and mentorship for health-care providers on post-abortion care, safe abortion and family planning. In one year since the summit, Catherine trained 622 health-care providers in these areas, including doctors, nurses, midwives and gender-based violence officers, from 17 districts.



Despite ongoing challenges during the pandemic, the quick action of health-care professionals to establish contingency measures and adopt new ways of working has provided an opportunity to enhance the capacity of health-care workers and to create or maintain trust in public health systems. Some of these innovative solutions are applicable beyond the pandemic and adaptable to other humanitarian contexts. In Kenya, for example, the introduction of a mobile app known as QualiPharm has allowed health centres to monitor and report on family planning commodities via a digital platform, reducing health-care workers' workload, improving accuracy and eliminating stock-outs.

The provision of free transport by the government to pregnant women in Madagascar has been the difference between life and death for mothers and their newborn babies, who would not otherwise have had access to a hospital for care due to COVID-19 public transport restrictions. And in Mozambique, where cyclones have devastated critical health infrastructure, customized tents have been installed to allow patients to adhere to physical distancing protocols during health consultations.

The aim of the personal stories and findings in this report are to stimulate policy discussions and enable evidence-based decision-making at national and subnational levels, to help countries meet their commitments towards the reduction of preventable maternal death and ensure that women and girls fully realize their right to sexual and reproductive health care.

Beyond 2020, we will still grapple with the impact of COVID-19 on maternal and neonatal health – the continuation of maternal health care and the commitment by midwives as the backbone of this remain crucial for us to meet the transformative goals of the ICPD agenda and leave no one behind.

**Dr. Julitta Onabanjo**  
United Nations Population Fund  
Regional Director, East and Southern Africa

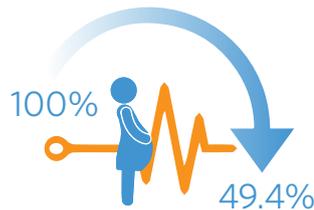


# MATERNAL HEALTH in East and Southern Africa

“THE REGION MUST HAVE A HEALTH WORKFORCE THAT DELIVERS HIGH QUALITY HEALTH SERVICES THROUGHOUT THE POPULATION, AND REACHES UNDERSERVED, MARGINALIZED, AND HIGH-PRIORITY GROUPS - ENSURING EQUITY, DIGNITY, AND CHOICE FOR ALL.”

- Dr. Julitta Onabanjo on the SoWMy 2017 report

IN EAST AND SOUTHERN AFRICA, there has been notable progress in reducing maternal mortality. There has been an almost 50% (49.4%) reduction in the Maternal Mortality Ratio (MMR), from **773 DEATHS PER 100,000 LIVE BIRTHS** in 2000 to **391** in 2017



**77,000** MOTHERS DIE EVERY YEAR in the region due to complications of pregnancy and childbirth - more than a quarter (26%) of the global figure of **295,000** MATERNAL DEATHS per year

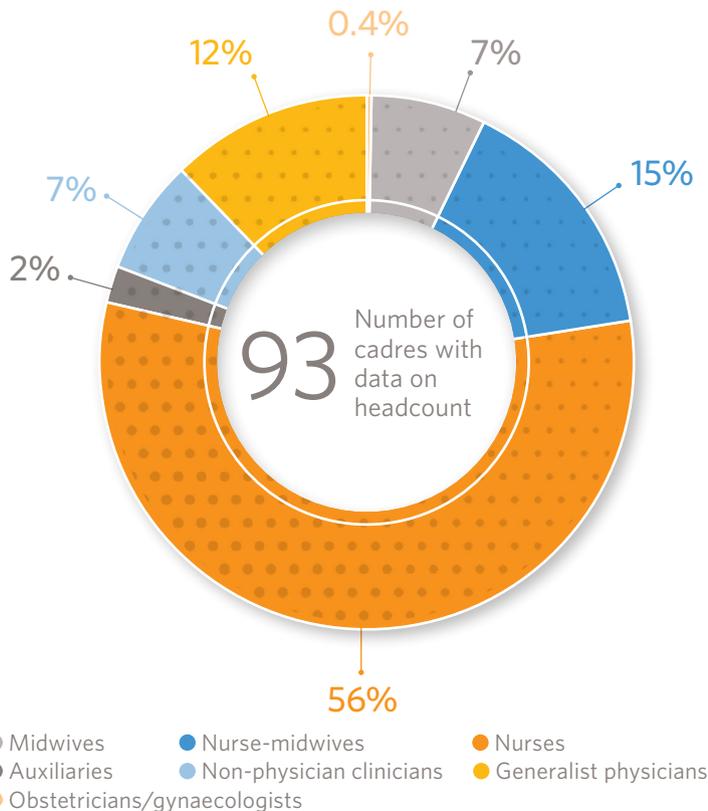


INEQUALITIES are stark in ESA countries, where MMR ranges from **1,150** DEATHS PER 100,000 LIVE BIRTHS in South Sudan to **53** in Seychelles

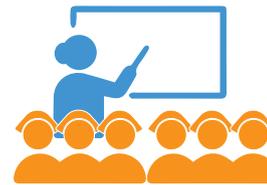
MIDWIVES ARE A VITAL PART of improving skilled birth attendance, yet in the region, midwives and nurse midwives constitute 22% of the total sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) workforce



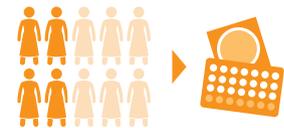
### TOTAL HEADCOUNT



62% OF ALL BIRTHS are currently ASSISTED BY SKILLED HEALTH PERSONNEL, COMPARED TO 40% in 1990. There is still a long way to go to ensure every woman has access to quality care during pregnancy and childbirth



WHEN MIDWIVES ARE TRAINED to proficiency and regulated according to global standards, they can provide 87% of SRMNCAH services across the whole continuum of care



FOUR IN TEN WOMEN in ESA were USING CONTRACEPTIVES in 2019, compared to around three in ten in 2010



Photo: © UNFPA South Africa

# The state of **MIDWIFERY** in East and Southern Africa

Every day, 210 women die while giving birth in the East and Southern Africa region. Globally, more than 232 million women want to delay or prevent pregnancy but are not using effective contraception. Millions of women and girls experience violence, female genital mutilation, and the physical and psychological trauma of early or child marriage.

Pregnancy and childbirth are normal and healthy states that most women, couples and families aspire to experience at some point in their lives. However, this life-affirming process also carries the risk of death and disability.

Reducing maternal mortality and morbidity remains at the centre of national and international commitments. At the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing, UN Member States recognized the right of women to safe pregnancies. Regarding the Sustainable Development Goal (SDG) 3, Member States committed to reducing the maternal mortality ratio from the current global figure of 216 to less than 70 per 100,000 live births by 2030.

Worldwide, the maternal mortality ratio has declined over the past two decades, yet an estimated 295,000 women still die each year due to complications of pregnancy and childbirth, a fourth of which (26 per cent) occurs in the East and Southern Africa region (77,000 maternal deaths per year).<sup>1</sup> Most of these deaths could be avoided if preventive measures are taken and adequate care is availed when needed.



<sup>1</sup> Source: United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG). 2019

UNFPA's Strategic Plan (2018-2021) laid the foundation for the pathway towards ending preventable maternal deaths. The transition into the next Strategic Plan cycle (2022-2025) within the SDG Decade of Action is critical,

as UNFPA and its partners consolidate the gains achieved and accelerate actions towards 2030.

The availability of a skilled health workforce with an adequate number and mix is a challenge for most countries. The State of Midwifery Report ESA 2017 showed that South Africa was the only country in the region that had the required sexual, reproductive, maternal, newborn, child and adolescent health (SRMNAH) workforce in place. Countries in the region have recognized that workforce availability is a critical bottleneck to improving SRMNAH outcomes and consequently, many have taken steps since 2013 to increase the domestic production of SRMNAH workers – particularly midwives.

However, in the region a limited number of skilled health personnel, particularly midwives, are trained to international standards and deployed according to decent work principles. The availability of competent midwives still remains a challenge due to inadequate clinical knowledge and skills (poor pre-service education and in-service training), poor inter-professional collaboration and teamwork, poor recognition and professional development systems, limited career pathways, burnout among midwives, and poor working environments.



Photo: © UNFPA DRC

# COMMITTED to SAVING LIVES

In the months before the COVID-19 pandemic hit the East and Southern Africa (ESA) region, midwives from 120 countries gathered in Windhoek, Namibia to recommit to the 1994 International Conference on Population and Development's (ICPD) Programme of Action.

The ICPD first gave prominence to sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world.

The midwives' commitment in Windhoek was borne of the energy, enthusiasm and insights of midwives around the region leading the call for stronger midwifery services.

Midwives vowed to work tirelessly to prevent maternal deaths and deliver babies safely; and to advocate around four broad areas:

1. Achieving the universal right to access sexual and reproductive health services;
2. Providing a safe, respectful, positive and healthy childbirth experience to all pregnant women;

GLOBALLY, there are  
**two MILLION MIDWIVES**,  
but WHO estimates the need  
for **20 MILLION** to meet  
growing demand.



3. Ensuring adolescents' access to sexual and reproductive health services; and
4. Striving towards quality sexual and reproductive care that promotes the best chance of healthy maternal and newborn outcomes.

Their renewed commitments build on the momentum of the past 25 years, which saw the regional maternal death rate drop by an average of 3.3 per cent each year between 1990 and 2015, faster than the global decline of 2.3 per cent. Increased political commitment by national governments, essential data on the midwifery workforce (State of Midwifery Report), and new technology and digital learning tools have all helped to ensure skilled birth attendance and continued professional development of health workers.

There are, however, millions of women unable to access quality sexual, reproductive, maternal health services. In the ESA region alone, around 77,000 women are still dying each year due to complications of pregnancy and childbirth. With 19 million births each year in 23 countries in the ESA region, the renewed commitments to and investments in qualified midwives clearly remain critical.



**UNFPA** is inspired by the resilience and remarkable dedication demonstrated by midwives around the world in the face of the challenges imposed by COVID-19. We salute these unsung heroes for adapting to new ways of delivering SRH care to girls, women and their newborns. They are saving lives, while putting their own at risk, on the frontlines of an unprecedented pandemic. UNFPA is committed to protecting, promoting and prioritizing midwives who continue to go above and beyond to meet the urgent sexual, reproductive, and maternal health needs of women and girls.

## COVID-19 threatens commitments

The COVID-19 pandemic poses a serious challenge in realizing the ICPD commitments by midwives. In many countries hit hard by the COVID-19 crisis, midwives are getting infected due to lack of personal protective equipment (PPE) and overall lack of support. As the pandemic strains the availability of essential health-care services across the world, midwives in many health facilities are being redeployed to respond to the virus, and this leaves women without access to life-saving, time-critical services.

Evidence suggests that even a 10 per cent decline in the provision of pregnancy-related health care would mean an additional 1.7 million women giving birth, which could result in an additional 28,000 maternal deaths and 168,000 newborn deaths.

Investing in a strong, qualified midwife workforce is one of the most cost-effective actions a country can take to ensure reproductive health, especially in the middle of a pandemic.

UN SDG 3, on health and wellbeing, has a specific target relating to investment in healthcare workers, namely, Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

## Keeping our commitments on track

As COVID-19 continues to spread, disrupting maternal and newborn care across the region, UNFPA ESA is working with its partners to reduce the negative impacts of the outbreak and to ensure continuity in sexual and reproductive health services.

We stand by our unsung heroes to make sure that they are motivated and working in an enabling environment; that they are properly educated and trained to global standards; and that governments are also committed to fulfilling the ICPD promise to millions of women, children and adolescents for universal sexual and reproductive health rights.

### Midwives Commitment

At the closing of the International Confederation of Midwives Africa Conference, on 14 September 2019, in Windhoek, Namibia, 140 midwives called on members to take the lead in advocating and implementing the right to access quality sexual and reproductive health and rights.

Here are a few of the individual commitments signed by the midwives.



*As a midwifery educator, I inspire and teach my students on respectful maternity care, to be advocates for women in terms of lobbying for appropriate resources and drugs to save women's lives.*

**- Elizabeth Chodzaza, University of Malawi, Kamuzu College of Nursing**

*I will particularly focus on maternal mental health as I see that it is the area that is not discussed broadly.*

**- Mirjam Nalupe, International University of Management, Namibia**

*I want to support well informed family planning decisions and uptake.*

**- Goodson Mukosa Mpvmba, Ministry of Health, Zambia**

*I will reach out in schools to girls and boys to talk about sexual adolescent reproductive health messages.*

**- Rwabaluma Florence, Uganda Midwives' Association**

*I want to improve maternal health through training and mentorship for health-care providers on post abortion care, safe abortion and family planning.*

**- Musabyimana Catherine, Rwanda Association of Midwives**

*I want to help to the extent of all my ability that no woman dies giving life.*

**- Edith Boni Ouattara, Madagascar**

*I want to ensure all mothers have a safe pregnancy and childbirth, especially those in hard-to-reach areas.*

**- Talaso D. Barako, Kenyatta University, Kenya**

*As a midwife, I want to teach non-skilled personnel on recognising early danger signs during pregnancy and capacity building on contraceptives to prevent unwanted pregnancies.*

**- Lebogang Phillip, Botswana Nurses Union, Botswana**

MIDWIVES  
tell us

# THEIR STORIES

from

Botswana, DRC,  
Eritrea, Eswatini, Ethiopia,  
Kenya, Madagascar,  
Mozambique,  
South Sudan and Uganda

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Photo: © UNFPA/Luis Tato





Photo: © UNFPA Botswana

BOTSWANA

# GIVING BIRTH in a PANDEMIC

## A young, first-time mother's story

For Karabo Bosena, a first time mom, COVID-19 added another layer of stress to her birthing experience. When her labour pains started, she felt a sharp sense of anxiety and helplessness overwhelming her. Her anxiety was partly due to giving birth for the first time, but mostly because she was going to do it all alone.

Karabo and her partner had made plans for him to be present during delivery to give her the support that she needed. But as things turned out, her partner was not allowed to accompany her as per the COVID-19 protocols.

***"My partner tried reassuring and calming me down on our way to the hospital. He advised me to relax and just picture holding our baby in my hands every time I get nervous."***

Arriving at the hospital, she put on a brave face as she walked through the corridors. The hospital was overcrowded as it is the biggest one in the area. Her panic intensified.

**3 LEADING CAUSES** of maternal deaths in Botswana:  
hemorrhaging   
hypertensive diseases   
unsafe abortion

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**Pregnancy can be a nerve-wracking experience for many women, and the COVID-19 pandemic has magnified this, as giving birth during the pandemic comes with a lot of uncertainty and challenges such as isolation from loved ones.**

.....

“MY HEART RACED AS I WALKED THROUGH THE HALLS. I WAS NOW MORE NERVOUS AND CONCERNED ABOUT MY BABY OR MYSELF CONTRACTING COVID-19 AND THE CROWD AT THE HOSPITAL DIDN'T HELP THE SITUATION, BECAUSE IN MY HEAD THE LARGER THE CROWD MEANT THE HIGHER THE CHANCES OF CONTRACTING THE VIRUS.”



Photo: © UNFPA Botswana

## Midwives provide critical support

Women giving birth during COVID-19 are now more reliant on midwives than ever as most COVID-19 protocols prohibit visitations or birth accompaniment. Fortunately for Karabo, she had two very supportive midwives.

***“My midwives really did everything they could to make sure I had a positive and safe childbirth experience. They were very nice and supportive given the situation and their composure and professionalism comforted me.”***

Karabo says the only thing that reminded her that she was not giving birth under normal circumstances was the Personal Protective Equipment (PPEs) the midwives wore throughout.

After hours of pushing, she gave birth to a healthy baby boy.



Rate of **MATERNAL DEATHS** in Botswana is **380** per **100,000** **LIVE BIRTHS.**

***“I couldn't help but be grateful to the midwives working tirelessly to ensure women like me give birth safely during these daunting times.”***

Karabo is back home, with both her and the baby recovering very well. She continues to follow the doctor's orders on postpartum care, as well as COVID-19 protocols. Her son is five months and family and friends have not met the boy yet as they would have done before COVID19.

.....

**“MY MIDWIVES REALLY DID EVERYTHING THEY COULD TO MAKE SURE I HAD A POSITIVE AND SAFE CHILDBIRTH EXPERIENCE.”**



.....

**UNFPA** ensures continuity of sexual and reproductive health care during COVID-19, when health and social systems are struggling to cope, providing lifesaving supplies for maternal health and contraception as well as person protective equipment.

So what advice would she give to mothers due to give birth during a pandemic?

***“The only advice I can give to pregnant ladies right now is to remain calm and trust that everything will turn out well. I also urge them to follow all the COVID-19 protocols to protect themselves and their babies,”*** she said.

UNFPA supported the Botswana government in the development of national guidelines for maintaining maternal and newborn health services in the COVID-19 response.



Photo: © UNFPA DRC

.....  
"I JUST DELIVERED A PREGNANT WOMAN, INTERNALLY  
DISPLACED BECAUSE OF INTER-COMMUNITY CONFLICTS.  
THE MOTHER AND HER BABY ARE DOING WELL."

- Esther, DRC midwife



Esther Moseka, humanitarian midwife posted in  
the health zone of Bunia in the province of Ituri.  
Photo: © UNFPA/Bruno Feder

# MIDWIVES

## in HUMANITARIAN CRISES

Midwives are an important asset in conflict situations

Esther Moseka is a midwife posted in the health zone of Bunia in the province of Ituri in the Democratic Republic of Congo, where the humanitarian crises and the accompanying lack of equipment, staff and infrastructure make it difficult to provide sexual and reproductive healthcare (SRH).

Despite the huge responsibilities and challenges that come with working in a crisis-affected situation, Esther is determined and motivated following a difficult breech delivery. She has been trained in preparation and response for humanitarian crises.

***“[Using] the technique of breech delivery...we cleared the shoulders and head.... and she gave birth to a baby girl of 3400 grams.”*** – Esther

The difficult delivery that Esther conducted was possible thanks to the Midwife Humanitarian Strategy, led by the Ministry of Health in collaboration with WHO, UNOCHA, and UNFPA.

**The idea is simple: train and deploy midwives in humanitarian areas to help care for women and girls in emergency situations.**

There are **2.2 MILLION** internally displaced people in the DRC. **52%** of them are **WOMEN AND GIRLS** with SRH needs



The DRC is a country with 2.2 million internally displaced people, 52 per cent of whom are women and girls. They face a 1 in 24 chance of dying from complications in pregnancy and childbirth, such as maternal hemorrhaging (47 per cent), anemia (15.6 per cent), eclampsia (8.2 per cent), and septicemia (11.8 per cent).



UNFPA's vision is to  
**END PREVENTABLE**  
maternal deaths.

The fertility rate in DRC is one of the highest in the world at 6.2 children per woman yet the majority of women are unable to access health services due to long distances required to travel to health facilities as well as lack of funds.

DRC requires a strong health system to effectively respond to the needs of women of reproductive age.

**Thanks to UNFPA, midwives are working in 14 different health zones of the DRC, where there are huge gaps to address in sexual and reproductive health needs and gender-based violence.**

.....  
**"THE MIDWIFE IS AN IMPORTANT ASSET IN A HUMANITARIAN SITUATION. HER INTERVENTIONS SAVE THE LIFE OF THE MOTHER AND THE NEWBORN."**

- Dr. Lonzayiladjo,  
National Reproductive Health Program.

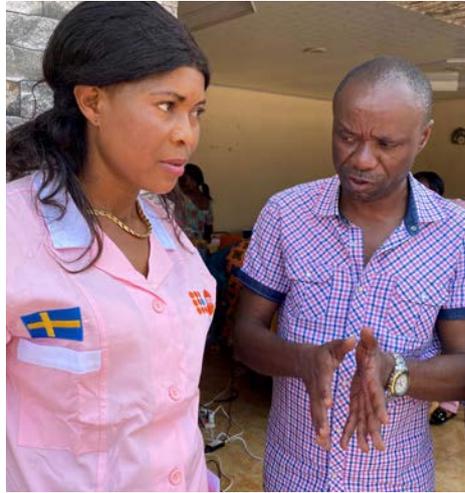


Photo: © UNFPA South Sudan/Bruno Feder

This year UNFPA DRC trained 93 midwives who are ready to be deployed in all humanitarian areas across the country. The participants in this training welcomed its importance. Midwife Mado Kamiyongo Handaye had this to say:

***"This training was very useful for us; it updated us on the different themes of reproductive health. We strengthened our capacities on the different complications related to childbirth and newborn care and we learned how to work in the humanitarian context."***

UNFPA is working in DRC to achieve its vision of zero preventable maternal deaths. It works with its partners on the ground to ensure every pregnant woman receives the necessary support throughout her pregnancy and delivers with qualified medical assistance.



.....  
UNFPA works in DRC to improve the situation of reproductive health in crisis-affected settings, where women face a 1 in 24 chance of dying from complications in pregnancy and childbirth.

THE COMMITMENT  
BY MIDWIVES  
AS THE BACKBONE OF  
THE HEALTH SYSTEM  
REMAIN CRUCIAL...



A mother after a successful Caesarean section performed by Dr. Rajbanshi.  
Photo: © Dr. Sailesh Rajbanshi

“THE RISKS TO MOTHERS AND THEIR  
NEWBORNS ARE GOING UP.”

ERITR

# The STRUGGLE AGAINST MATERNAL- DEATHS during COVID-19

Dr. Sailesh Rajbanshi, a Nepalese obstetrician and gynaecologist, is one of eight specialists working in Eritrea hired by UNFPA to aid the shortage of specialist obstetricians in Eritrea. He is stationed in Barentu, the capital of Zoba Gash Barka, which borders Sudan and Ethiopia and has recorded the highest number of COVID-19 cases through cross-border movement.

As COVID-19 travel restrictions are imposed in the area and health resources are diverted, pregnant women face difficulties accessing health services and supplies, and they are concerned about disease exposure in healthcare facilities.

**UNFPA supported Eritrea's Ministry of Health in providing skilled healthcare specialists, such as Dr. Rajbanshi, as well as education activities and materials to the community during the pandemic.**

Dr. Rajbanshi delivers 4 or 5 babies every day, one of which is a Caesarian section. The hospital receives referrals from health stations and health centers that are often 4 to 5 hours away by ambulance. The difficult terrain and inaccessible road systems create more problems and delays to those coming from far, not to mention for the referrals of obstetric complications.

.....

**"THEY PREFER TO DELIVER AT HOME AND THEY ONLY VISIT HEALTH INSTITUTIONS WHEN THINGS GET COMPLICATED, SOMETIMES THIS COSTS THEM THEIR LIVES."**

- Dr. Sailesh Rajbanshi

## Eritrea

Maternal deaths in Eritrea are estimated at 480 per 100,000 live births, **28 TIMES** the average for industrialized countries, which is estimated at **27 MATERNAL DEATHS** per 100,000 live births.



In Eritrea, there are 3.9 births per woman.  
Photo: © Dr. Sailesh Rajbanshi

Despite the dedicated work of the government in building hospitals and clinics in the region, maternal deaths remain high.

Health education and counselling on the benefits of proper antenatal care and family planning methods are provided on a daily basis to all visitors and patients, but the uptake remains very low due to lack of awareness, low literacy, and traditional practices. **“Women prefer to deliver at home and they only visit the health institutions when things get complicated, sometimes this costs them their lives,”** says Dr. Rajbanshi.

He strives to contribute to the UNFPA Vision of zero preventable maternal deaths, zero unmet need for family planning, and zero gender-based violence. His desire to contribute to the sexual and reproductive health rights of the underprivileged and the marginalized is what led him to work in Eritrea.

.....

**HEALTH EDUCATION AND COUNSELLING ON THE BENEFITS OF PROPER ANTENATAL CARE AND FAMILY PLANNING METHODS ARE PROVIDED ON A DAILY BASIS TO ALL VISITORS AND PATIENTS.**



.....

With support from **UNFPA**, Eritrea aims to reduce maternal deaths from an estimated 480 deaths per 100,000 births to the global goal of 70.

.....  
"SINCE THE START OF THE  
LOCKDOWN, WE HAVE NOTED  
AN INCREASE IN INCIDENTS OF  
WOMEN DELIVERING BABIES  
EITHER AT HOME OR ON THEIR  
WAY TO THE FACILITY."

- midwife Lobesutfu Nkambule

Lobesutfu Nkambule, a midwife at Pigg's Peak  
Government Hospital in Eswatini, holds a baby born  
during the COVID-19 pandemic.  
Photo: © UNFPA Eswatini

# ESWATINI

# INNOVATION enables FAMILY PLANNING during COVID-19

Nolwazi Myeni, 24, is the mother of a six year-old. She dreams of becoming a teacher. This is why access to family planning services during the pandemic is essential to her.

If she is able to prevent an unplanned pregnancy, she will be free to focus on completing her Primary Teacher's Diploma training, and remain the role model she has become to hundreds of adolescent girls she mentors in her community.

Once a month, Nolwazi receives a message on her mobile phone notifying her that family planning services are available at clinics despite the pandemic-related lockdown.

***"With the lockdown movement restrictions, it's easy to forget the return date to the health facility. These [messages], beyond encouraging us to go for the service, also act as a reminder."***



THE SMS CAMPAIGN WILL ENCOURAGE UPTAKE OF FAMILY PLANNING SERVICES.

.....

“I FELT VERY ENCOURAGED TO BE ASSURED THAT I COULD VISIT ANY CLINIC AMID COVID-19 FOR MY CONTRACEPTIVE NEEDS.”

- Nolwazi Myeni, 24

## Reaching women with critical messages

There has been a 47 per cent drop in uptake of family planning services in Eswatini from January to May compared to 2019, indicating a potential boom in births after the COVID-19 battle has been won.

The SMS campaign supported by UNFPA, in partnership with the World Food Programme (WFP) and the Sexual Reproductive Health Unit in Eswatini’s Ministry of Health, will help reach 80,000 young women to encourage uptake of family planning services and available innovations for limiting overcrowding in the already overburdened health facilities.

Ensuring that women continue accessing these services helps mitigate COVID-19’s impact on the health of vulnerable groups like women and girls.

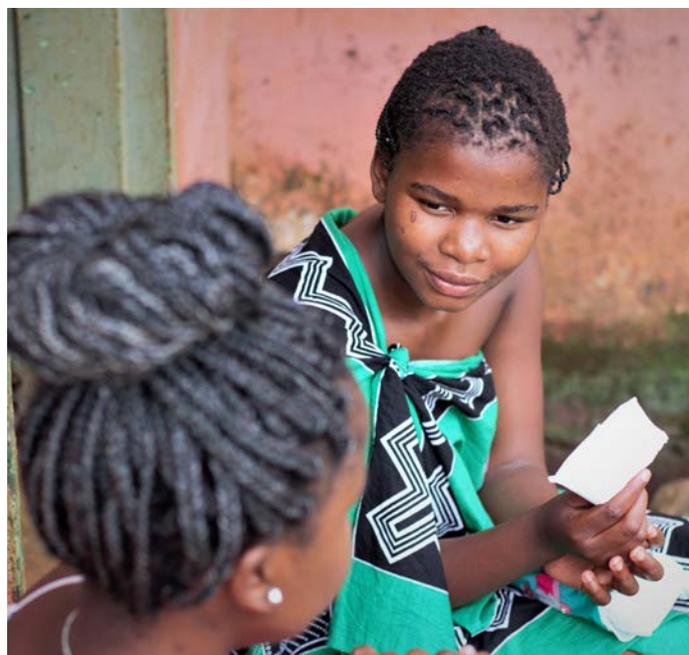


Photo: © UNFPA/Safeguard Young People



A woman has an average of **3.2 CHILDREN** in Eswatini. If use of family planning services continues to decline due to the pandemic, **THESE NUMBERS MAY GO UP.**

## Family planning saves lives and boosts the economy

Women have the right to decide the number of children they want and to choose the spacing of births. This means there needs to be secure supplies of reproductive health essentials such as condoms, contraceptives and other medicines and equipment, as well as information and quality counselling.

Access to contraception saves lives, preventing high-risk pregnancies and unsafe abortions. In the last 10 years, increased contraceptive use has reduced maternal deaths by about 26 per cent.

Family planning can also help countries boost economic productivity as a growing number of people in the workforce is combined with a drop in the number of dependents.

COVID-19 MAY UNDERMINE WOMEN'S ABILITY TO CHOOSE WHETHER AND WHEN TO HAVE CHILDREN. IN APRIL 2020, UNFPA ESTIMATED THAT 6 MONTHS OF LOCKDOWN-RELATED SERVICE DISRUPTIONS COULD RESULT IN AT LEAST 47 MILLION WOMEN AROUND THE WORLD UNABLE TO USE MODERN CONTRACEPTIVES.

About **30%** OF MATERNAL DEATHS could be **AVOIDED** if the unmet need for **CONTRACEPTION IS FULFILLED**.



Family planning is critical even in times of crisis. During COVID-19, **UNFPA** ensures that vulnerable women and girls continue to access secure supplies of reproductive health essentials such as condoms, contraceptives and other medicines and equipment.



Midwife Genet with a mother.  
Photo: © UNFPA Ethiopia

# ETHIOPIA

# MIDWIVES: LIFE-SAVERS

in the middle of  
**A PANDEMIC** 

Midwife Genet Azmach says the client flow has increased significantly at her health center after the COVID-19 outbreak, partly due to the fact that a nearby hospital has been converted to treat people infected with COVID-19. She says every woman is entitled to lifesaving sexual and reproductive health services even during emergencies like the COVID-19 pandemic.

Genet is a senior midwife and head of the Delivery Case Team at the Kotebe Health Center, where she and her team provide lifesaving maternal health services, assisting pregnant women and giving sexual and reproductive health services against all odds.

***“There have been times that no catgut was available to suture tears nor beds to admit labouring pregnant women; mothers were also convulsing due to absence of anticonvulsants and other essential medications,”*** says Genet.

Genet is striving to keep up with updates about the COVID-19 pandemic to help her perform her duty better. ***“But we need specific orientation with respect to coronavirus and pregnancy,”*** she says.

She is also worried about the availability of Personal Protective Equipment (PPE).

***“What we fear is that health care providers might surrender to the coronavirus infection before we serve our community, specifically pregnant women, due to shortage of protective equipment just like what we see in other countries.”***



Ethiopia's fertility rate has fallen from an average of **7 CHILDREN PER WOMAN** in the 1990s to **4 CHILDREN PER WOMAN** in 2020.



Photo: © UNFPA Ethiopia

“MIDWIVES CANNOT MAINTAIN PHYSICAL DISTANCE WITH A LABOURING MOTHER LIKE IN OTHER WARDS, MAKING THEM TOO PRONE TO ACQUIRING INFECTION WITH THE VIRUS.”

- Dawit Mequanint, midwife

UNFPA is providing technical guidance and coordinating with partners to distribute emergency reproductive health kits and PPE to health workers, and to supply dignity kits containing essential hygiene supplies to communities.

These efforts are part of a 6-month pandemic response plan to address the needs of the most vulnerable women and girls, including those who are pregnant and breastfeeding. The plan also prioritizes the protection of Ethiopia’s health workforce, the continuity of reproductive health care and supplies, and addresses the increase in women’s vulnerability to gender-based violence.

The Ethiopian Midwives Association, with funding from UNFPA, is raising awareness about how to prevent COVID-19 infection. Information is being disseminated in different regional languages across the country.

While recognizing the daunting challenge posed by the current COVID-19 pandemic, Genet believes the challenge is not insurmountable. She says she and her colleagues are trying to tackle the COVID-19 challenge and taking the necessary precautions.

**“Our challenge emanates from the fact that it is difficult to attend to pregnant women from a distance owing to the nature of labour and delivery.”**



UNFPA helps distribute emergency reproductive health kits and PPE to health workers, and to supply dignity kits containing essential hygiene supplies to communities during the pandemic.



Photo: © UNFPA Kenya

“I AM ABLE TO SEE AND MAKE DECISIONS ON THE FACILITIES THAT NEED RESUPPLY OF COMMODITIES, THE QUANTITIES REQUIRED AND HOW SOON THEY NEED THOSE SUPPLIES.”

- Dr. Magdalene Ongas, Pharmacist

# KENYA

# MOBILE APP

## HELPS HEALTH WORKERS take stock during the pandemic

Healthcare workers heaved a huge sigh of relief when the mobile app, QualiPharm, was first introduced in health centres across Kenya.

The new tool allows for real-time, accurate reporting on the status of family planning supplies in health facilities and ends the tedious paperwork that once was the norm. It has been particularly helpful in the middle of the COVID-19 pandemic, ensuring uninterrupted supply of family planning commodities.

UNFPA partnered with Health Strat to develop QualiPharm, which helps health workers monitor available stocks in their facilities and inform redistribution. The app runs on any android platform device making it easily accessible.

In Rachuonyo District Hospital, the tool has tremendously simplified the process of data collection and reporting while reducing data entry errors.

*"Previously, once I received reports from health facilities, I had to again enter the data into District Health Information System, now I only get an alert that a report has been uploaded for review and click approve to upload data onto DHIS" - Dr. Osborn Olago, a sub-county Pharmacist.*

He added that the long hours spent delivering reports from dispensaries and health centres to the sub county hospitals are now a thing of the past.



The # OF WOMEN PRACTICING

CONTRACEPTION rose from 53 to 63%, surpassing Kenya's target of 58% for 2020.

There are **3.4 BIRTHS**  
per woman in **KENYA**.



Photo: © UNFPA/Luis Tato

QualiPharm is currently being rolled out in nine counties with scale-up to other counties to further strengthen the management and use of health supplies and products.

UNFPA Country Representative Dr. Ademola Olajide said the life-saving maternal health medicines and supplies will empower health care providers to address unwanted pregnancy and childbirth complications consequently averting maternal deaths.

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**THE COVID-19 PANDEMIC IS CAUSING TREMENDOUS DISORDER TO HEALTH SYSTEMS AROUND THE WORLD, DISRUPTING GLOBAL SUPPLY CHAIN OF ESSENTIAL REPRODUCTIVE HEALTH COMMODITIES AND SUPPLIES.**

***“This is part of the UNFPA’s support to the government in ensuring women and girls of reproductive age have access to sexual and reproductive health***

***supplies including life-saving contraceptives during and even after the COVID-19 pandemic.”***

Since the first COVID-19 positive case was reported in March, UNFPA has donated assorted family planning contraceptives including 1.6 million female condoms, Jadelle Implants, DMPA contraceptive injection and levoplants.

To ensure family planning commodities are accessible to the last mile, UNFPA has also mediated a public-private partnership between the Kenya Medical Supplies Authority (KEMSA) and Coca-Cola Beverage Africa with an aim to enhanced delivery of sexual and reproductive health commodities to all parts of the country including those in hard to reach areas. This partnership leverages Coca Cola’s expertise to take medicines and supplies closer to where they are needed most.



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During the COVID-19 pandemic, **UNFPA** ensures women and girls of reproductive age have access to sexual and reproductive health supplies, including life-saving contraceptives.

[MIDWIVES] ARE  
DETERMINEDLY  
UPHOLDING THE  
BOLD COMMITMENTS  
MADE LAST YEAR AT  
THE NAIROBI SUMMIT  
IN KENYA...



.....  
"AS IT'S [MY] FIRST TIME,  
I'M WORRIED," AINA, 24,  
MUM-TO-BE.

Aina says.

Aina attends a prenatal consultation with midwife Bakoly Rasoamanontany at Itaosy District Hospital of Reference. Photo: © UNFPA Madagascar/Hantanirina Andremanisa

MADAGASCAR

# TRANSPORTING MUMS-TO-BE DURING THE PANDEMIC

Aina decided to give birth safely at a hospital. But a partial lockdown, put in place by the government in response to the COVID-19 pandemic, meant suspension of public transport.

Madagascar has a high maternal death rate: **353 DEATHS** per **100,000 BIRTHS**.



Aina's local hospital, Itaosy District Hospital of Reference, is a two-hour walk away.

This was her first pregnancy and like most first-time mothers, she wanted things to go smoothly. But due to the unprecedented pandemic, things are not running as they normally would.

Usually, Itaosy Hospital manages 10 to 15 deliveries and holds 20 to 30 prenatal consultations a day. Yet on this day, just two women visited the obstetrical care service for a prenatal consultation. Without proper medical care, pregnant women and their babies are at grave risk.

So, with UNFPA support, Madagascar's Ministry of Health arranged free transport to ensure that pregnant women can access hospitals for proper medical care.

Just two weeks from her due date, Aina is relieved.



# AR

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"WE WILL RETURN HOME WITH THE SAME TRANSPORT AND I CAN TELL YOU, FRANKLY, THIS SERVICE IS A BLESSING!"

***"Without that free transport I would have walked for two hours in the sun with my big belly. It could have been quite risky."***

Aina makes arrangements and arrives at Itaosy hospital for an important check-up with her midwife. She is grateful that she has been given the medical attention she needs.

***"Honestly, it helps us a lot, especially in this period of confinement when no public transport is available. I can say that I was lucky!"***



Even under normal conditions, **ONLY 44% OF PREGNANT WOMEN** give birth with the help of skilled health personnel.



New mum Sonia, pictured shortly after birth with baby Yanaël.  
Photo: © UNFPA Madagascar/Hantanirina Andremanisa

## A baby's life at risk

When new mum Sonia went into labour one hour after Madagascar's lockdown came into effect, she needed to get to the hospital to give birth but people were no longer allowed outside their homes.

***"Fortunately, the doctor informed us of the existence of this free transport for pregnant women," says Sonia's aunt. "We called immediately and prepared to leave."*** Within just 20 minutes, the special transport arrived to take Sonia to Befelatanana hospital, where she was taken into the care of Emergency services.

An ultrasound scan revealed that Sonia's baby was in a dangerous position, and she was admitted for an emergency Caesarean section. The maternity ward was also equipped with UNFPA-supported emergency delivery kits. Sonia received hers just in time. Under the care of the hospital's skilled health workers, mother and baby are both safe and in good health.

In the maternity ward with them are ten other young mothers. Many of them arrived at the hospital on foot, some walking for as long as two hours to ensure that, like Sonia, they gave birth safely.

Now, all of them are looking forward to going home. And when they do, they will ensure that other pregnant women in their communities hear about the free transport service.

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**EVEN IN TIMES OF CRISIS, LIKE THE CORONAVIRUS PANDEMIC, PREGNANT WOMEN AND GIRLS STILL NEED ACCESS TO HEALTH CARE TO HELP PREVENT MATERNAL AND NEW BORN DEATHS.**



The free hospital transport for pregnant women is available 24 hours a day and has served around 5,000 women during Madagascar's lockdown. Photo: © Harinivo Rahoimalala/UNFPA Madagascar



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**UNFPA** works in partnership with Madagascar's Ministry of Health to ensure women's access to life-saving maternal health services.

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"WITH THESE NEW TENTS, WE WILL BE ABLE TO ISOLATE PATIENTS AND SEPARATE THE SERVICES, PRIORITIZING THE PROTECTION OF WOMEN AND GIRLS WHO ARE SEEKING MATERNAL AND CHILD HEALTH CONSULTATIONS."

- Rodrigues Armando, Director of the Mahate Health Centre.

**CENTRO DE SAÚDE**   
**MAHATE**



Staff at Mahate Health Centre celebrate as a new tent is set up to ensure adequate distancing in the health units during the pandemic.

Photo: © UNFPA Mozambique/Alexandre Muianga

MOZAMBIO

# NEW HEALTH TENTS PROTECT the VULNERABLE from COVID-19

In Mozambique, where cyclones Kenneth and Idai devastated critical health infrastructure within the span of two months last year, special tents are being installed at clinics to ensure physical distancing during health consultations. These tents will help women and girls access prenatal and postnatal care as well as family planning services during the COVID-19 pandemic.

289 MATERNAL  
DEATHS per  
100,000  
LIVE BIRTHS



The lack of health services during the pandemic is expected to put women and girls at risk of unplanned pregnancies and potentially life-threatening complications of pregnancy and childbirth.

With the support of UNFPA, six tents were delivered and installed at six health units by the Provincial Health Directorate of Cabo Delgado in Mozambique. The newly installed tents are crucial in the prevention of COVID-19, as

they allow for adequate distancing in the health units, particularly for vulnerable women and girls who need prenatal care and medical attention. In the coming months, an estimated 6,300 women and girls will seek sexual and reproductive health care services in the middle of the pandemic.

“THE TENTS [ ... ] WILL REDUCE OUR CONCERNS ABOUT THE NEED FOR INCREASED PHYSICAL SPACE IN LIGHT OF COVID-19.”

### Need for sexual and reproductive health persists

Limited space in the health clinics puts women and girls seeking essential services at risk of COVID-19 infection. The continuation of sexual and reproductive health services is critical because basic health-care needs, particularly prenatal and postnatal care, exist even in times of crisis. Women and girls are more vulnerable to unwanted pregnancies and complications of pregnancy and childbirth at such times.

In appreciation of the support for safer work conditions, staff at the health clinics helped set up the tents.

UNFPA continues to distribute female dignity kits, to which additional COVID-19 preventive items have been added, such as extra soap, whistles for safety, and information, education and communication (IEC) materials. It is also supplying contraceptives and additional tents for health services as well as supporting Mozambique's Ministry of Health with the training of health professionals.



Nurses at Mahate Health Centre help install a tent to protect women and girls seeking sexual and reproductive health services from COVID-19. Photo: © UNFPA Mozambique

**WOMEN AND GIRLS ARE MORE VULNERABLE TO UNWANTED PREGNANCIES AND COMPLICATIONS OF PREGNANCY AND CHILDBIRTH IN TIMES OF CRISES.**



UNFPA works to strengthen and integrate sexual, reproductive, and maternal health into COVID-19 preparedness and response plans to ensure the safety, well-being and protection of women and girls.

WE STAND BY OUR  
UNSUNG HEROES TO  
MAKE SURE THAT  
THEY ARE MOTIVATED  
AND WORKING  
IN AN ENABLING  
ENVIRONMENT



Midwife Justine Mangwi counsels a new mother on caring for her newborn, at Juba Teaching Hospital, Juba, South Sudan.

Photo: © UNFPA South Sudan/Bruno Feder



Mr. Mangwi, suited up and ready for a delivery at Torit State Hospital, Juba.

Photo: © UNFPA South Sudan/Bruno Feder

“IN A PROFESSION THAT HAS HISTORICALLY ALWAYS PLACED PATIENTS’ NEEDS FIRST, THE DEGREE OF SACRIFICE BEING DEMANDED OF US NOW IS UNPRECEDENTED”

-Midwife Justine Mangwi

# SOUTH

# "WE SHALL OVERCOME THIS"

Midwives on the frontlines of COVID-19 

Midwife Justine Mangwi is concerned about protecting mothers and their newborns from being infected with COVID-19 both in their communities and in the health facility.

He has a reason to be concerned. Until early April, South Sudan was COVID-19 free. The virus now adds to the many already existing factors that can cause pregnancy and childbirth complications.

South Sudan is already one of the world's deadliest countries for mothers. There are 789 maternal deaths for every 100,000 live births. One of the contributing factors is the low skilled birth attendance. Only

15 per cent of women deliver with the assistance of a trained birth attendant, such as a midwife. Now, COVID-19 is making matters worse.

Justine also worries that he and his colleagues will not have enough personal protective equipment (PPE) to keep the pandemic at bay.

In a health system already under strain from humanitarian crises, Justine compares the pandemic to his country's war for independence:



Only **15%** OF WOMEN deliver with the assistance of a trained birth attendant

***"This situation calls for everyone to show commitment to help prevent our country from being wiped out by this merciless pandemic. Now, it is the turn of health workers to fight the coronavirus war for our country,"*** he says.

# SUDAN

.....  
"IN A PROFESSION THAT HAS HISTORICALLY ALWAYS PLACED PATIENTS' NEEDS FIRST, THE DEGREE OF SACRIFICE BEING DEMANDED OF US NOW IS UNPRECEDENTED."

- Justine Mangwi

UNFPA is working with the Ministry of Health to ensure that maternal health and other reproductive health services are safeguarded to prevent deaths and illnesses especially among pregnant and breast-feeding women and their newborns. It works to protect frontline health workers like midwives and to recruit additional midwives to support the surge in demand for healthcare.

**As part of its pandemic response, UNFPA provides the PPE, sanitizing supplies, and the sexual and reproductive health commodities needed for midwives and other health workers to care for women and girls.**

Justine is one of 26 midwives deployed by UNFPA to South Sudanese hospitals through its Strengthening Midwifery Services Project, which aims to lower the country's high rate of maternal mortality.

Since the launch of the midwifery project in 2012, the number of trained midwives has grown to more than 800 today.

Yet more still needs to be done. Those at the frontline will be more motivated and confident when they have the skills they need and feel that they are supported, Justine asserts.

***"If midwives are empowered to perform comprehensive emergency obstetric and newborn care, we can immediately act on emergency cases and save more lives,"*** he said.

He and his fellow midwives knew they would spend their careers saving women in harrowing situations. They did not know they would be placing themselves at risk, too.

But Justine, like midwives around the world, is committed to providing care to pregnant women and new mothers. Even with the new challenges they face, midwives remain optimistic for the future. ***"We have been through difficult times,"*** said Justine, ***"and I believe we shall overcome this."***



Through its Strengthening Midwifery Services Project, **UNFPA** support midwives across South Sudan to help lower the high rate of maternal mortality: 789 maternal deaths for every 100,000 live birth.



SafeBoda riders setting off to distribute condoms in communities.  
Photo: © SafeBoda

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"I WALK THROUGH THE TRADING CENTRE ON MY WAY HOME AND AS I GO, I SING A SONG IN LUGANDA (A LOCAL LANGUAGE) 'SAFE BODA SAFE BODA, WHO NEEDS A HELMET?' OR 'FOR THOSE WHO FEEL COLD I HAVE A COAT FOR YOU'"

- Betty Nagadya

# UGANDA

# BIRTH CONTROL DELIVERED to your door during the lockdown

“free reproductive health products ordered online”

Betty is a Village Health Team volunteer. She picks up condoms delivered to a nearby health centre by SafeBoda drivers and distributes them in her community, as part of COVID-19 response efforts supported by UNFPA.



With UNFPA's support, a SafeBoda rider delivers boxes of condoms to a community member for distribution.  
Photo: © Uplift Foundation Uganda

***“There are usually [ ... ] young people, mostly young men. Many of them are still shy to talk about using condoms but when I sing my song, they understand what I mean, so they come and ask questions.”***

Due to the COVID-19 lockdown, UNFPA in Uganda has had to become more innovative in reaching young people and women with sexual

and reproductive health-related information and services. Contraceptives and other services such as HIV test kits, pregnancy test kits and Mama Kits (a standard kit for clean, safe delivery) have been in short supply. But now they can be ordered online using the mobile app that secures delivery to the buyer’s doorstep through the closest pharmacy and SafeBoda driver.

.....  
**“I'M EXCITED THAT SAFE BODA CAN DELIVER MY REPRODUCTIVE HEALTH COMMODITIES, ESPECIALLY THINGS WE FEAR TO ORDER OVER THE COUNTER.”**

- Flora Peace

"MAKING CONDOMS AVAILABLE TO [YOUNG PEOPLE] IS SOMETHING I AM PROUD OF, BECAUSE ANY DELAY TO PROVIDE THE CONDOMS WILL PUT AN IMPACT ON SOMEBODY'S LIFE."

- SafeBoda driver



### COVID-19 adds another barrier to accessing health services

The pandemic is compounding the barriers that women and young people face in accessing sexual and reproductive health services. Supply chains have been interrupted, leading to delays in ensuring that essential health products, such as contraceptives, are available at health facilities and community distribution points.

The UNFPA-SafeBoda partnership is one of the ways that UNFPA is stepping up to address these challenges.

SafeBoda driver Moses Okanya, 25, has been delivering boxes of condoms to St Francis Hospital in Kakiri. He wears a mask and uses hand sanitizer.

***"I feel I have played a role to reach my fellow young people because if the condoms are not in the hospital, then the young people are going to put themselves at risk. Making the condoms available to them is something I am proud of, because any delay to provide the condoms will put an impact on somebody's life. Somebody could go in for [unprotected] sex and they could get sexually transmitted infections. We may put more emphasis on COVID-19, and then we are losing people from other diseases which have been there before,"*** he said.



In Uganda, the fertility rate is **4.7** CHILDREN per woman.



The **UNFPA**-SafeBoda partnership helps to empower communities, making sexual and reproductive health knowledge and products accessible across socio-economic groups.





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