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# WHAT WOMEN WANT

MIDWIVES' VOICES,  
MIDWIVES' DEMANDS  
KENYA REPORT 2021

PERSPECTIVES FROM A LISTENING EXERCISE WITH MIDWIVES IN KENYA





# HEALTHY WOMEN HEALTHY WORLD

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Abbreviations
ANC - Antenatal Care
ASRH - Adolescent Sexual and Reproductive Health
COG - Council of Governors
COVID-19 - Coronavirus Disease of 2019
FGD - Focus Group Discussion
IDI - In-depth Interviews
KEMSA - Kenya Medical Supplies Authority
NHIF - National Hospital Insurance Fund
PNC - Post-natal Care
RMNAH - Reproductive, Maternal, New-born and Adolescent Health
UHC - Universal Health Coverage
WMW - What Midwives Want
WHO - World Health Organisation



## Note from Executive Director

### Angela Nguku

Executive Director,  
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Midwives have been present in the lives of women since time immemorial and continue to stand with women at every stage of life – providing comprehensive reproductive health care throughout pregnancy and child birth. From prenatal counseling, antenatal care, child birth and postnatal care, midwives are ever present in that crucial journey of mothers that sees new life brought forth. Midwives, too, play the role of advocates of women’s rights since they are exposed to the inequities and inequalities facing women in their day-to-day work and are best placed to voice their clients’ needs to those in decision making regarding women’s reproductive health care. They are the most important frontline health worker during the critical period of labor, delivery and post-delivery for a mother, her newborn, family and broader society.

Data shows that achieving universal coverage of midwife-delivered interventions by 2035 could avert 67% of maternal deaths, 64% of newborn deaths, and 65% of stillbirths – ultimately saving 4.3 million lives per year. But midwives need a conducive work environment

and supportive healthcare team to ensure that the care for women and birthing persons is optimally delivered. Despite their life-affirming role in providing care for women, midwives— a predominantly female workforce face persistent and gendered struggles in the enjoyment of their economic rights, such as pay inequity, lack of recognition and autonomy in their roles, and a lack of clear career pathway. Midwives are among the least paid healthcare cadre within the health ecosystem of most low and middle-income countries.

Lack of a career pathway or professional recognition of their roles compounds this pay inequity challenge by preventing them from attaining formally recognized training, accessing positions with higher pay, and having a voice in health system leadership to raise the profile of their work.

The COVID-19 pandemic has exacerbated these pre-existing challenges. There is a rise in unintended pregnancies, a decline in accessible, facility-based care during COVID-19, and increased demand for midwifery services.

Additionally, midwives are not prioritized for personal protective equipment (PPE) and are omitted from vaccine priority lists in countries where they are not considered formal health professionals. Yet, midwives cannot cease work, just as women’s sexual and reproductive health needs do not cease during pandemics.

These challenges call for social, economic, and health system changes and investments. The recently released State of the World Midwifery Report 2021 (SowMY2021) points towards some areas that players concerned with improving the lives of women, girls and newborns must invest in; if midwives are to achieve their potential. These include investments in education and training, health workforce planning, management and regulation of the work environment, leadership and governance and service delivery.

The SowMY2021 report clearly stipulates that the world needs 900,000 more midwives, mostly in low-income countries and in Africa. The ‘What Women Want: Midwives’ Voices, Midwives’ Demands Kenya Report 2021 exercise just confirmed the realities that Kenyan midwives face. For the Kenyan woman, girl and newborn to realize a quality, equitable and dignified care as self-expressed in the What Women Want campaign, the country leadership and stakeholders need to listen to their voices and demands. Investing in Midwifery remains the ‘best buy’ for maternal and newborn health, with more efficient use of resources and high standards of care.





## Executive Summary

This report presents the lived experiences, challenges and self-expressed priorities made by midwives working in various sectors in Kenya. As primary healthcare providers, midwives are at the core of universal health coverage and providing quality care to mothers and newborns. In addition, midwives render diverse services, with only half of the needed care directly linked to maternal and newborn health. Midwives deliver the other half of their services to the full spectrum of sexual and reproductive health for the broader population. In light of these important roles played by midwives, White Ribbon Alliance Kenya commissioned a listening exercise with midwives to document their challenges, aspirations and recommendations for the delivery of respectful and quality Reproductive, Maternal, Newborn and Adolescent Health (RMNAH) care. The listening exercise leading to the 'What Women Want: Midwives' Voices, Midwives' Demands Kenya Report 2021' report came at the backdrop of the launch of the 'State of the World Midwifery Report 2021.'

The survey adopted a mixed method approach, combining both quantitative and qualitative data obtained via an online survey, face-to-face interviews and group discussions with 102 midwives. Women represented 80.7% of respondents, who reported a mean age of 43.1 years and an average length of midwifery service of 15.3 years. Respondents' highest level of education included Diploma (28.1%), Post diploma specialization (15.8%), Bachelor's degree (28.1%), Master's degree (24.6%) and PhD (3.5%).

Participants held varied professional titles, with about 43.9% being nurse midwives or nursing professionals with midwifery training.

A further 14.35% identified as midwives, 19.3% as community health nurses and 14% as faculty of midwifery training schools.

The survey highlighted challenges midwives face in delivering respectful and dignified quality care to Kenyan women and girls. They included a weak health system, lack of adequate space, beds, ambulances, weak referral systems, coupled with understaffing and shortage of trained midwives to render services. In addition, midwives quest to develop their professional careers appeared to be disillusioned by non-responsive recruitment, promotion and remuneration policies, and other factors, which worked to lower the motivation of midwives. This report highlights Kenyan midwives recommendations and priority actions for all stakeholders, state and non-state actors; to improve infrastructure and service delivery related factors, as well as improve personnel and workforce related factors. The suggested changes apply to public and public sector-run health facilities and are interlinked to produce an integrated, stronger and better functioning health system for quality healthcare for women and girls' sexual, reproductive, maternal and newborn health needs.

Priority personnel and workforce-related demands were concerned with midwives receiving equal pay for equal work done. Secondly, midwives demanded the implementation of clear promotion and career progression guidelines at the county level. Other demands by Kenyan midwives included professional recognition and participation in decision-making in matters pertaining to their profession. Midwives called for improved participation in leadership, and opportunity to provide autonomous care in respectful

collaboration with other care providers. Indeed, obstetricians and midwives were regarded as essential partners who should collaborate to make maternal healthcare more meaningful and seamless. There was also great need to train young midwives, and recruit mentors who will mould young midwives into the professional practice and ensure continuity of the profession.

Regarding service delivery, the most pressing demand was that counties should provide adequate drugs, non-pharmaceutical supplies, delivery equipment, and adequate physical space to serve clients while honouring their privacy and dignity. In addition, they called for referral systems that are safe, functional and responsive to the emergency needs of clients.

Other recommendations included strengthening the health system as a whole, to address issues related to the health information systems, health financing and leadership and governance of the health sector.

Whilst addressing the challenges of COVID-19, midwives emphasised the need to safeguard the decades of progress that Kenya had made in improving reproductive, maternal, newborn, and adolescent health and well-being. As the country builds back better in the post-COVID-19 period, it will be important that the self-expressed voices of midwives and that of women and girls are carefully considered to achieve better RMNAH outcomes.

It is envisaged that local solutions shall be developed and implemented to ensure a functional and progressive midwifery workforce, supportive, well-equipped and staffed health systems, and ultimately healthy mothers and newborns. Investing in midwives is investing in the human rights of the women, girls, mothers and newborns.

**Kenyan midwives demand a comprehensive and integrated approach to revamping the health system - infrastructure, drugs, supplies and functional emergency referral systems. They also want fair recruitment, promotion and retention practices backed by responsive policies.**



White Ribbon Alliance Kenya (WRA Kenya) was founded in 2009 as a loose network of like-minded individuals and later registering to become a fully-fledged national non-governmental organization in 2017[1]. WRA Kenya envisions a world where all girls and women realize their full right to health and wellbeing. WRA Kenya’s mission is to activate a people-led movement for reproductive, maternal and newborn health and rights by putting citizens at the centre of global, national and local efforts. As part of the global movement, WRA Kenya has grown to be a respected thought leader in advocacy for Reproductive, Maternal, Newborn and Adolescent Health (RMNAH), whilst generating evidence through citizen-led initiatives and campaigns such as the What Women Want, Girls Not Mothers and Our Voices. For instance, the recent ‘What Women Want’ campaign in 2018 revealed that midwifery clients demand respectful and dignified maternity care in a timely and attentive manner, within an environment with sufficient water, sanitation and hygiene. They also demanded more midwives who are competent and better supported to cater for the needs of midwifery clients [3]. While the definitions of quality maternal and newborn care were redefined by girls and women, we needed to collect perspectives from midwives on how they would prefer to be supported to deliver quality care to their clients.

This was especially vital at a time when the country was recording poor maternal and newborn health indicators and more so, during the COVID-19 pandemic when most RMNAH services had been pushed to the back burner.

Kenya is currently facing challenges in achieving universal health coverage (UHC) [2].

In addition, Kenya lags in RMNAH indicators, with the countdown to 2030 maternal, newborn and adolescent’s health data profiles recording 21 stillbirths per 1000 live births. Similarly, maternal deaths remain high at 5,000 in 2017 alone [4]. These statistics are unacceptably high and may worsen with the current strain posed by the COVID-19 pandemic on the health system [5].

It was important to record, in an accurate and timely manner, the experiences, challenges and informed recommendations of midwives in Kenya to improve reproductive, maternal, newborn and adolescent health in the country, and build on previous progress made.

**“71.9% of midwives in Kenya cite heavy workload and shortage of midwives as a great impediment to the provision of quality and dignified care to women and girls.”**

Documenting the lived experiences and expressed opinions of Kenyan midwives generated evidence for action in order to improve the quality of care to women and girls in pregnancy, childbirth and sexual and reproductive health services.

It was especially vital to learn from the perspectives, challenges and aspirations of midwives in Kenya at the backdrop of mother’s expectations of respectful and quality maternity care expressed in the What Women Want campaign. In conducting this survey, WRA Kenya aimed to promote accountability, strengthen an evidence-based approach to advocacy, and develop learnings to improve women’s and girl’s sexual, reproductive and maternal health in Kenya. Chapter 2 summarises the approach that was used in the listening exercise.

## CHAPTER 1: BACKGROUND OF THE CAMPAIGN



This section describes the general approach and specific methodologies used to conduct the listening exercise.

### Survey Design and Methodology

The survey adopted a mixed-methods approach, combining quantitative data via online-based questionnaires and qualitative data collection through in-depth interviews with key informants (IDI/KII) and focus group discussions (FGD). Triangulation of sources of information from surveys, focus group discussions and in-depth interviews broadened the scope and depth of information collected and resulted in high quality evidence. The survey tools are attached in annex 1.

### Broad Objective

To develop a comprehensive “What Women Want: Midwives’ Voices, Midwives’ Demands Kenya Report 2021” report that will inspire action and spur accountability for meaningful policy and resource wins for the’ midwifery sector in Kenya.

### Specific Objectives

1. To interrogate the needs of midwives occupying diverse spaces, including health facilities, learning institutions, policy, advocacy and administration.
2. To establish challenges midwives face in their work environment.
3. To generate recommendations towards supporting midwives’ delivery of quality care to clients

A flexible approach was adopted to provide data and a report that will guide the country in improving midwives’ experiences, working conditions and subsequent quality health services to women and adolescent girls in Kenya.

### Sampling

### Participants of Qualitative Interviews

The qualitative arm of the survey collected



## CHAPTER 2: SURVEY APPROACH



information from the experiences of key informants knowledgeable on the needs of midwives in Kenya, including health and midwifery policy makers, administrators and professional advocates of safe motherhood in Kenya.

Qualitative data were obtained from in-depth interviews (IDI) with 45 midwives working in Vihiga, Kakamega and Kisumu Counties. In addition, a Focus Group Discussion (FGD) was held with 14 midwives, faculty and practitioners in Kakamega County. Similarly, 12 midwives participated in an FGD in Kisumu County.

### Respondents to Questionnaire

An online-based survey questionnaire was administered to midwives practising in Kenya. The midwives were contacted via the National Nurses Association of Kenya and midwifery champions in the country. Fifty-seven (57) midwives participated in the survey.

### Ethical Considerations.

Ten research assistants were trained on the background and objectives of the survey, ethical principles of research and the process of obtaining informed consent from participants. All participants were duly informed of the process of voluntary participation in the listening exercise and had an opportunity to ask questions before participating. The listening exercise obtained relevant approvals from respective county government offices before the commencement of the exercise. In addition, relevant hospital management approved the entry of our team to the sampled hospitals.

### Data Collection and Analysis

Quantitative Data was collected via an online-based survey. In addition, qualitative data was collected using in-depth interviews

with midwives selected from public county facilities, as well as mission, private and NGO facilities and teaching faculty in midwifery training institutions. Participants from similar facility types also participated in focus group discussions. Data was collected in May and June 2021 after the second presidential advisory on cessation of inter-county movement. Nevertheless, the field team observed strict measures of COVID-19 prevention protocols including handwashing, facemasks, keeping distance and carrying out field activities in open aerated spaces. The data collection tools are annexed.

Quantitative data was managed within Ms Excel and analysed using simple descriptive statistics. Qualitative data was managed within NVIVO and analysed thematically. The thematic tree maps gave weight to key midwifery concerns such as promotion and career pathways, adequate and timely remuneration, access to advanced professional training and adequate staffing; better ambulance cover, well-equipped facilities and adequate spacing for mother's privacy followed closely as a key priority.

Thus, through NVIVO coding queries and matrix analysis of qualitative data, it was possible to establish the weight of importance of each midwifery demand as captured in the qualitative interviews. This weighting is especially important in assisting actors to quantify the priority and timeliness of each demand area albeit in constrained resource settings in the post COVID-19 period.

### Validation of Survey Findings

The key findings from the survey were presented to midwives and critical actors in the RMNAH sector through validation meetings in three counties of Kisumu, Vihiga and Kakamega. The aim of the validation exercise was to present a summary of findings

from the listening exercise and authenticate the findings of the survey. Secondly, the meetings acted as a brainstorming exercise with key stakeholders, midwives, advocacy champions and the county administration towards prioritising midwives demands in the respective counties. During the meetings, participants discussed in groups, in light of the reported midwifery challenges and demands and identified priority actions.





This section presents first, the key findings from the online survey, followed by results from the listening exercise.

### Background Characteristics

Fifty-seven midwives participated in an online survey, with females representing 80.7% of respondents. The reported mean age of respondents was 43.1 years. Respondent's average length of midwifery service was 15.3 years (Range 1-35 years). The survey sampled varied levels of education with respondents' highest level of education distributed as follows: Diploma 28.1%, Post-diploma specialisation 15.8%, Bachelors degree 28.1%, Masters 24.6%, and PhD 3.5%.

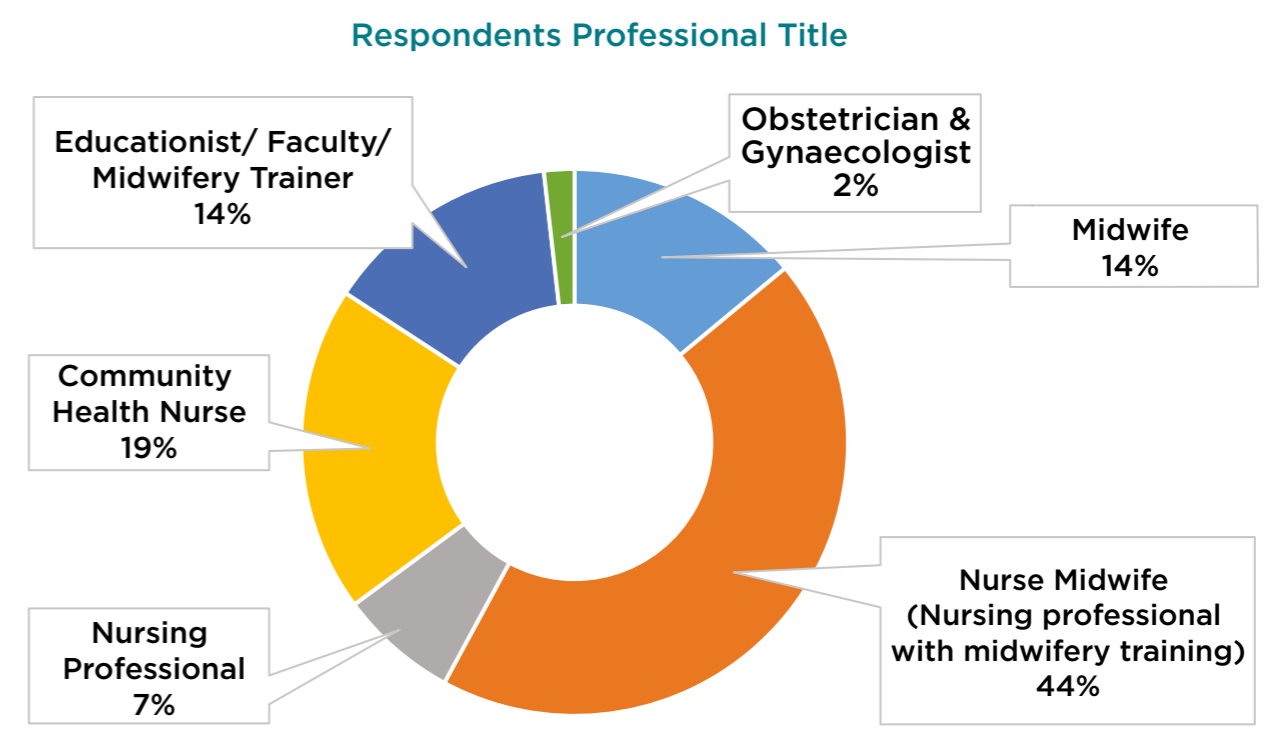
These statistics depicted a midwifery workforce that is largely female, middle-aged, and holding sufficient years of experience to share learnings as well as inform the future direction of the profession

in Kenya. Moreover, 43% of midwives held a form of specialised training beyond a basic diploma or degree, depicting a workforce that's drawn to expert practice.

Participants held varied professional titles, with about half of them identifying as nurse midwives or nursing professionals with midwifery training (43.9%). A further 14.35% identified as midwives and 19.3% as community health nurses. The remaining 14% are faculty of midwifery in training institutions.

This finding shows that the majority of the current midwifery workforce in Kenya is constituted by professionals who hold both nursing, community health and midwifery skills. A definition of midwives purely by training is likely to exclude about half of the existing workforce in practice. An integrated and inclusive approach is, therefore, necessary to ensure continuity.

Figure 1: Illustrates the distribution of survey respondents by professional title.



## CHAPTER 3: RESULTS FROM LISTENING EXERCISE

A majority of midwives were drawn from county referral hospitals, as illustrated in figure 2 below:

In addition, 45 midwives participated in the qualitative survey, making 102 participants for this survey. The background characteristics of participants in the face-to-face listening exercise were similar to respondents of the online survey. The following section presents a unified picture of findings from both the online survey and face-to-face listening exercises.

### Challenges Midwives Face During Service Delivery

The respondents aspired to provide quality care to mothers and obtain a positive outcome of labour. Many midwives prided in the lives they had saved during labour and delivery and offered various examples of the instances where their professional action in

emergencies saved mothers and newborns. This level of pride in the profession is a useful intrinsic motivation that ought to be upheld by midwives and other partners in RMNAH.

However, several challenges hampered midwives' work and quest to deliver quality care, save lives of mothers and newborn babies, and offer professional midwifery services. They included a dysfunctional health system characterised by lack of adequate space, beds, ambulances, and weak referral systems; coupled with understaffing and shortage of trained midwives. In addition, midwives' quest to develop their professional career appeared to be disillusioned by non-responsive recruitment, promotion and remuneration policies, and other factors, which work to lower the motivation of midwives.

Participants in both online surveys and face-

to-face listening exercises reported similar challenges. For example, Figure 3 depicts the magnitude of each challenge faced by midwives in Kenya as established by the online-based survey, whereas the subsequent quotes explain these challenges in detail from qualitative interviews.

These challenges were further emphasised in the face to face in-depth interviews and focus group discussions. For instance, midwives identified inadequate space to deliver women in labour as the greatest challenge to offering privacy and respectful care to women in labour.



Space and infrastructure are wanting in most of our facilities. For example, my labour ward is almost a quarter of this room. Therefore, you imagine if

there are two mothers [in labour] and two colleagues; you keep brushing on each other therefore impacting on service delivery and also infringing on the privacy of the client. I think midwives need a partition in the labour ward to separate mothers in the first, second and third stages of labour. It makes it easy to provide the needed care to mothers. In a situation where there is a mix up of patients who are referrals with those in the first stage of labour and mothers whose partograph goes outside the normal line, it is hard to provide the needed care. That confusion can lead to more complications.

FGD Kakamega



Figure 2: Distribution of respondents by facility type

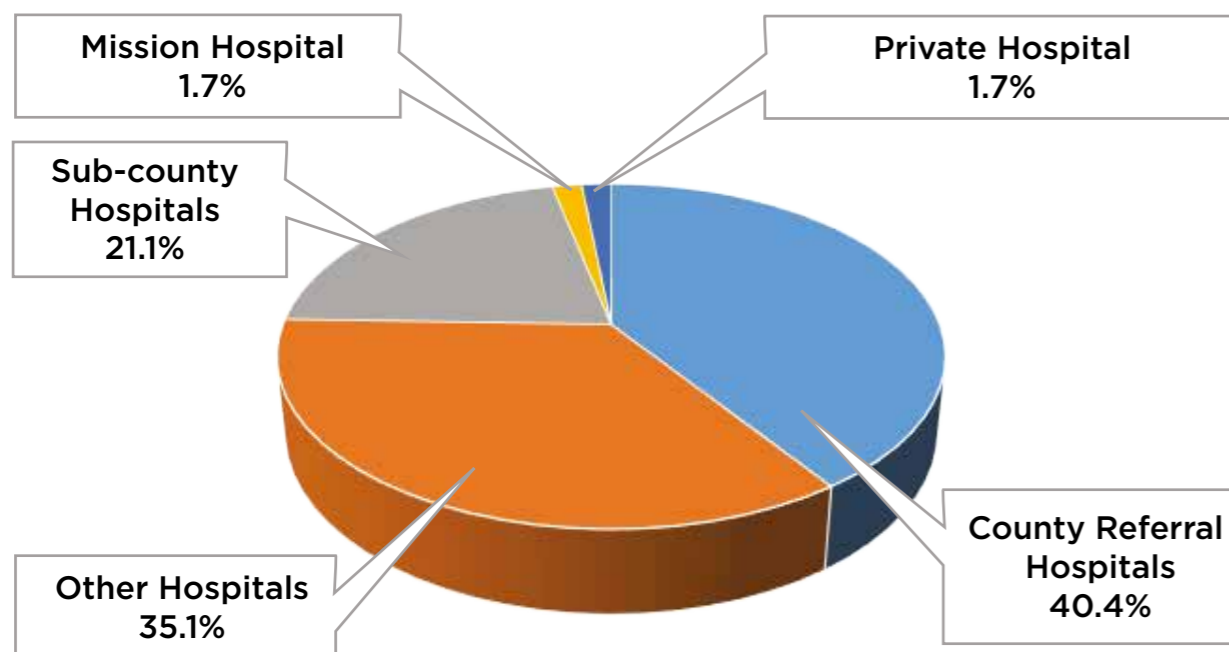
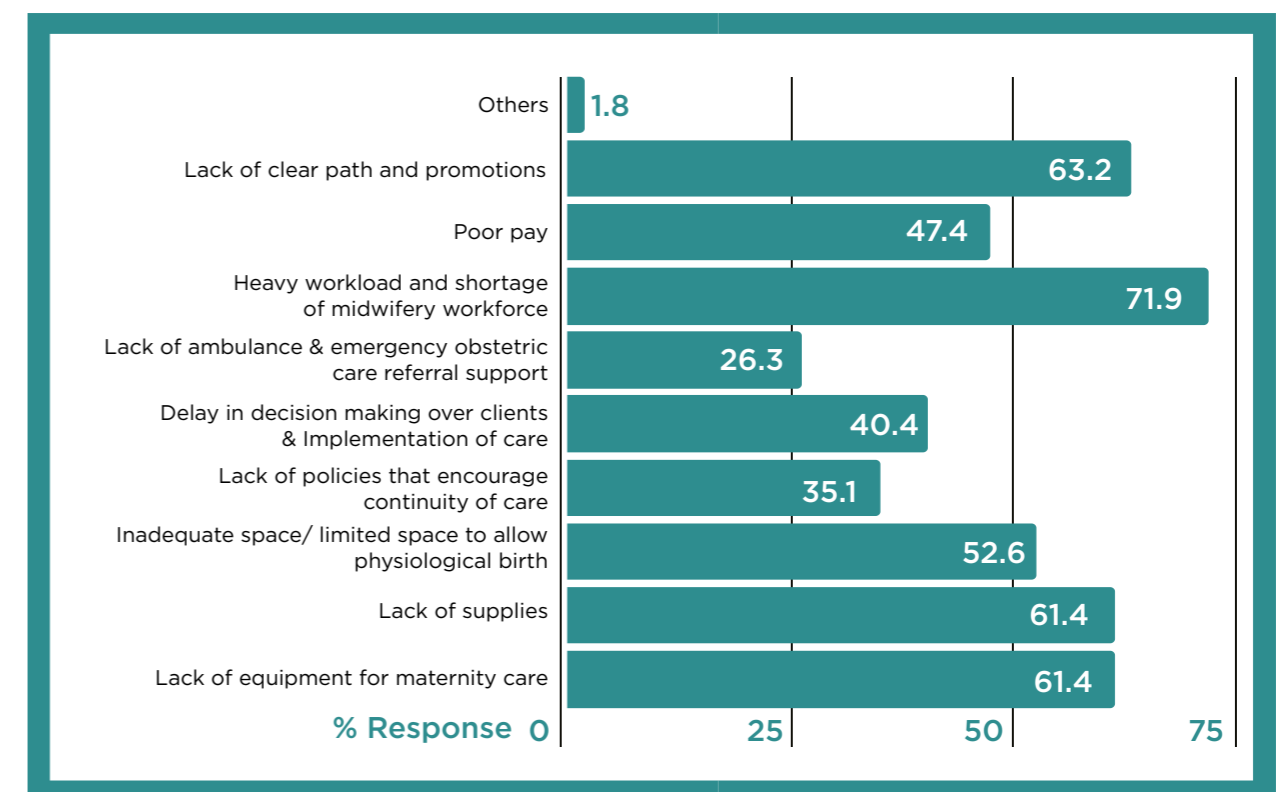


Figure 3: Challenge faced by midwives during service delivery in Kenya





In other instances, space constraints have been brought about by repurposing maternity care spaces into care spaces for COVID-19 patients in the current pandemic. It is likely that the resource constraints brought about by the COVID-19 pandemic go beyond space to include monetary, material and personnel resources in the health and allied sectors. These could affect maternal healthcare negatively during and after the pandemic



A challenge we have at [facility name] is lack of an operational maternity theatre. The maternity theatre was converted to a COVID-19 isolation room. The main theatre is busy; sometimes we have caesarean section operations which are delayed because there are other operations

going on. FGD Kisumu



Midwives identified heavy workload and understaffing as a major challenge to their provision of dignified and respectful care to women and girls. For instance, the excerpts below illustrate the dilemma that midwives face whilst on duty, and resulting further in failure to conduct follow-up postpartum care for mothers in the communities:



I would like staff to be increased because we have a shortage of staff. We are supposed to follow up with a mother up to twenty-four hours after delivery. These patients are not being followed up. If a mother has an issue, she will stay with the issue or go to another facility.

Consequently, word will spread in the community that our facility did not take good care of the mother. The major problem we have is a shortage of staff. We do not understand why they are not employing, yet [qualified] midwives are available. Midwife, Kakamega



We have very many patients in maternity being attended by one nurse-midwife on duty for the entire day. There is a shortage; we are understaffed. Midwife Kisumu



Midwives at the county level face challenges securing equal pay for work done. They are also not promoted on time and do not have a

very clear career pathway throughout years of service. Thus, issues of poor pay, promotions and opportunity for career advancement dominated discussions and individual interviews. For example, the excerpts below emphasise this challenge, placing it at the core of reduced motivation and the need for recognition of midwives as professionals who deserve better terms of employment:



In terms of contracts we need to have just and good contracts like other careers. We feel that [midwives] who have gone to school and advanced in education are not paid according to their qualifications. This discourages others from pursuing further education. They get little pay despite having higher qualifications. Midwife, Kisumu





ambulances are broken down - they are not serviced. A new ambulance has been used for two years yet it is grounded because it's not being serviced or it's due for service, but there is a bill to be paid at the mechanic". Midwife, Kakamega

prepare the mother for theatre. But in rural facilities, for example, when we had a mother delivering a (preterm) newborn, we called the emergency team for three to four hours. When they arrived, the newborn was dead. It was someday back in 2018; so I don't know if there is an improvement right now or it is still the same case. They would say 'I'm in Webuye' so we would wait. In fact, the ambulance would proceed to transfer two other patients before they come to pick our patient. FGD Vihiga

“

There is a problem with the referral system. Especially the referring hospitals; they can call at 09.00 am and the patient is brought to your facility at time 06.00 pm [late referral]. When they arrive, they tell you there was an issue with the ambulance. These matters come when at times it's too late for us to act and save that life, FGD Kisumu

”

However, ambulances were transferring patients with obstetric emergencies that could be handled if peripheral facilities had well equipped and functional theatres and surgical teams. This fact is illustrated in the excerpt below:

“

Yes, we have an ambulance. However, it is essential to have an operating theatre. If there is an emergency, we could call the doctors then we

”

The challenges facing midwives can be broadly categorised around the World Health Organisation (WHO) six building blocks of a health system, namely, (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership/governance [6]. These categorisations are useful to stakeholders to identify the relevant gap area and tease out corresponding priority actions in each block to correct the situation and ensure a health system that responds to mothers and midwives needs.

“

In terms of career progression and support; some midwives sponsored their further studies. However, the county does not recognize their credentials and there are no promotions. So, we want promotions to encourage people who go back to school. Midwife, Vihiga

”

Comments on delayed payment of salaries were closely related to comments on poor pay for midwives as a key demotivating factor.

“

In this county, nurses and midwives are paid late; there is a delay of salaries so we are demotivated. Midwife, Vihiga

”

Lack of ambulance and poor referral chain was reported as a challenge to the service delivery to midwifery clients in the lake region, similar to the national survey. In some instances, ambulances are few and shared with other medical emergencies. In other cases, they are not in serviceable condition, and sometimes lack basic requirements like fuel to operate. These factors cause delay during the transfer of patients with obstetric emergencies and result in poor maternal and neonatal outcomes.

“

We are still experiencing lack of fuel and access to ambulance drivers - they aren't there. You ask for an ambulance at 10.00 am but they are looking for fuel for the next six hours or so. The ambulance arrives too late for the patient referral. At times the



Table 1 categorises the challenges reported by midwives to the corresponding health system building blocks.

Service delivery	Health workforce	Health information systems	Access to essential medicines	Financing	Leadership/governance
Inadequate beds and physical space to deliver women. Sharing beds between mothers and babies.	Shortage of midwives	Poor linkage to previous records for women in labour	Lack of drugs	Delayed disbursement of funds to sub-county and peripheral facilities	Lack of clear promotion guidelines/policy and implementation at county level
Lack of privacy for mothers in labour	Delayed pay and poor pay	Inadequate Linda Mama booklets	Lack of supplies like gloves, cotton wool, sterile delivery packs	Insufficient coverage of Linda Mama (national health insurance in pregnancy)	*Political interference in patient care
Lack of adequate ambulance cover	Understaffing & heavy workload	Lack of access to records for continuity of care		Poor pay for midwives	*Family and clients lack of trust and cooperation
Dysfunctional referral systems	Posting midwives with specialised training to general wards that don't utilise their expertise				*Poor attitude of mothers
Lack of theatres at peripheral health facilities	Lack of clear promotion guidelines/policy and implementation at county level				
Wards lack food for patients after delivery	Lack of motivation & appreciation				
Lack of equipment like resuscitaire, neonatal suction machines, sterile delivery packs	Undue blame and victimisation				
Repurposed maternity care spaces to cater for covid19, less space to use	** Midwives professional challenges Poor documentation Lack of respect Poor communication with colleagues Poor communication with clients Lack of passion for midwifery Poor self esteem				

\*Results of poor policies or lack of service delivery policies include Political interference in patient care; Family and clients lack of trust and cooperation; Poor attitude of mothers

\*\* Midwives professional challenges occur because they are disrespected and undervalued at the workplace. This results in demotivation and poor morale, hence a drop in performance



## What Midwives Want To Deliver Quality Care

### Infrastructure, Supplies, Equipment and Functional Referral Systems

To provide quality care to mothers, safe delivery, and a healthy newborn, midwives demanded **improved infrastructure, functional health systems** and supportive care processes. These consisted of adequate **facilities** such as improved rural health centres, **equipment**, essential **drugs**, non-pharmaceutical **supplies**, delivery **beds** and adequate bed **space** that offers privacy to an individual mother. Moreover, midwives demanded that functional **theatres** should be built and equipped to attend to emergencies at peripheral facilities.

Secondly, emergency obstetric care and referral systems are wanting, and a great source of challenges facing midwives

especially in peripheral health facilities. In this regard, midwives called for a strengthened and responsive referral system.

As illustrated in later sections of this report, these challenges are interwoven, necessitating an integrated approach to their solution. For instance, a midwife explained the link between understaffing, the need for referrals and traumatic midwifery experiences in the excerpt below:



I will start by staffing then referral. During training, midwifery care is ideally a team effort with a back-up at all times. This is contrary to a midwife serving alone on night duty without



help, and a breakdown in referral support. Such situations traumatise the midwife; especially when they call an ambulance that takes too long to arrive. Midwives need counselling because of traumatic experiences caused by the mothers who have died in their hands. It is not because the midwives didn't know what to do; they were waiting for referrals that were not forthcoming. Some midwives were blamed when the patient was delayed being transferred, yet they were waiting for an ambulance. FGD Kakamega.



Evidently, midwives want a functional referral system with access to ambulances. Specifically, ambulance coverage should

be commensurate to the size of the region covered and should be fueled ready for operating upon request. Related to this, there is a need for clear referral protocols to ensure various actors are linked to delivering emergency obstetric care to mothers. The third demand has to do with the required **resources needed for service delivery**. This included **timely disbursement of funds** to health facilities from county governments, installation and use of **digital & electronic records management systems** and **supply of medical** and other supplies from the Kenya Medical Supplies Authority (KEMSA).

### Remuneration, Staffing, Promotion, Motivation and Autonomy of Midwives

The second category of demands to provide quality care to mothers and newborns is related to **staffing, remuneration, motivation and recognition of the role of midwives, and**

### their autonomy in decision-making.

Regarding **staffing and pay**, midwives demanded equal pay for work done. In addition, midwives want adequate and timely / remuneration that reflects their professional skills, workload and experience. They emphasized the need for clear promotion policies, and that midwifery work should offer clear career progression pathways in the profession.

Midwives want to work in facilities and settings that have adequate staff numbers to attend to clients' ratios; so that each mother can receive adequate attention and care.

Moreover, the shortage of midwifery staff comes into sharp focus during obstetric emergencies when the midwife needs support from other midwives. Furthermore, in settings where a midwife works alone, their attention will be removed from the rest of the mothers in labour, resulting in poor quality care to the rest of the mothers and creating a bad name for midwives. This is because labour being a natural process, cannot be delayed and the solution lies in having enough midwives at hand to cater for the number of mothers in labour and accompany those who need a referral for emergency obstetric care. The heavy workload was also linked back to poor pay, and the resultant demotivation of midwives.

The second category of demands voiced by midwives was related to participation in health leadership, and opportunity for further training. These two areas are vital in the development of the midwifery profession and further participation in decision-making. Evidently, midwives would like to be given an opportunity to undertake advanced and specialized training at masters and PhD level, using paid study leave and scholarships. In addition, continuous professional

development courses would help midwives refresh their knowledge and skills and keep abreast of new developments such as the newly instituted partograph. Advanced training and specialization are vital for the development of any profession, including midwifery.

Participants emphasised the need for midwives to be given an opportunity to serve as leaders within health governance and administration at the national and county level. In addition, they would like a formal recognition of their role as professionals and respect for midwifery as a profession. To advance the profession and attract more people to midwifery, midwives want to build a strong and vibrant midwifery association and create forums for professional networking.

The following excerpt illustrates the role of having midwives participating in leadership:



Regarding leadership, we should be given priority. Why not a nurse-midwife? We are not given leadership opportunities at the county level, not even to sit in meetings with other leaders. I am adding the word effective leadership because you find some midwives sitting in leadership positions are not helping us at all. If we had effective leadership, matters of promotion and career growth wouldn't be there. Leaders would be advocating for us. FGD, Kisumu.



The third set of demands voiced by midwives directly link to **professional practice**.



Midwives want opportunities and **posting** to practice specialized knowledge and skills in antenatal care (ANC), labour ward, post-natal care (PNC) wards as opposed to working in general wards. In addition, midwives would like a special emphasis on certain **specialized areas** such as community midwifery and working in clinics that offer adolescent sexual and reproductive health (ASRH) services. The latter is especially important in ensuring adolescent mother's health and safety and post-delivery needs are met. Adolescent mothers are an especially at-risk group owing to physiological and social developmental challenges.

Closely linked to professional practice were demands for midwives' **autonomy in making midwifery-care decisions**. They would also like to engage in **respectful collaboration** with other health workers including obstetricians, laboratory and allied services in the comprehensive management of clients. This was emphasized to give better emergency obstetric care, referrals, and access to emergency caesarian section.

Above all, midwives would like to receive **less political interference** during patient care and for their clients and families to trust midwives' decisions in the care of mothers in labour and other services. Political interference was cited as a weighty concern to midwives' professional

practice that needed to be addressed.

To ensure a productive and sustainable future for the midwifery profession, midwives called for state and non-state actors to **improve the quality of training** for midwifery students at basic training. Midwives' training should include mentorship programs that ensure the right skill sets and attitudes are developed. This will translate to more competent and professional midwives in future.

### Validation of Findings and Report

The findings of this report were validated through participatory meetings with midwives and other stakeholders in Kisumu, Kakamega and Vihiga counties.

The validation meetings convened a diverse group of about 60 midwives, sexual reproductive maternal and newborn health partners, representatives from training institutions, county hospitals and the county government.

The meetings aimed to critically review and discuss the findings of this report and provide additional insights from participants. Participants confirmed that the survey findings included in this report were an accurate reflection of midwives' realities at the county level in Kenya.

Box 1: Priority Actions for improving Midwifery Services in Kenya	
•	Equipping facilities with adequate resources: supplies (especially pharmaceutical and non-pharmaceutical), drugs and equipment
•	Investing in referral systems, functional ambulance services and effecting stronger monitoring and assessment mechanisms
•	Providing clear remuneration and promotion guidelines and ensure effective policy implementation at County level and ensure an equal pay for work done
•	Improving midwifery staffing ratios and providing adequate human resources in maternity departments to ensure quality, respectful and dignified care

### FACT FILE Less than 40% of births in Kenya are attended by a professional midwife or nurse (skilled birth attendance). (State of the World Midwifery Report 2021)

Midwifery advocacy issues were prioritized from most to least urgent and top recommendations were brought forward to inform future advocacy efforts. Midwives demanded actions to improve service delivery and strengthen the health system for respectful and quality care of mothers. The top four demands that were emphasized by midwives and other multi-sector actors are summarised in Box 1 below. These top four demands are interlinked and must be met to ensure a comprehensive and well-structured health system that responds to the needs of mothers and their newborns. Notably, different counties had unique needs and midwives

demands, depending on context. The next section showcases examples of these slight variations in each county's priority actions. Notably, priorities identified during validation meetings mimicked those reported in the online survey, as well as various reports of the state of midwifery in the country.

These priority actions require goodwill and commitment from various actors, keeping in mind the competing and pressing needs of county governments by their citizenry. Counties and midwifery actors should take advantage of the universal health coverage (UHC) implementation process in the country and leverage other health financing initiatives such as embedding midwifery services as part of National Hospital Insurance Fund (NHIF) reimbursements. Midwifery advocacy efforts should be escalated to the council of governors (COG) to address the shortage of midwives and other health workers.

Table 2 below summarizes the priority actions demanded by midwives in various counties where the validation meeting was held.

County	Midwives' Top Demands
Kakamega	Provide clear promotion guidelines/policy and implementation at county level
	Ensure adequate supplies to the facilities
	Improve staffing in maternity departments to ensure quality, respectful and dignified care
Kisumu	Ensure equal pay for work done
	Autonomy in decision-making
	Remunerate the midwives and provide clear promotion guidelines
	Right job for right experience
Vihiga	Invest in referral systems and effect stronger monitoring and assessment mechanisms
	Equip facilities with adequate resources (staffing and ambulance services), supplies (especially pharmaceutical and non-pharmaceutical) and equipment
	Provide adequate human resources and staffing





## DISCUSSION

The World Health Organisation recommends the correct ratio of midwives to women to be one skilled birth attendant for every 175 pregnant women [7]. However, Kenya is far from meeting this standard. A recent 'State of the World's Midwifery report 2021', shows poor statistics, with less than 40% of births attended by professional midwives and nurses, and a similar percentage of births in facilities [8].

The staffing shortages reported by midwives in the 'What Women Want: Midwives' Voices, Midwives' Demands Kenya report 2021' are therefore justified, and show the effect of chronic understaffing on the quality of care, and by extension, the strain it causes on the existing health workforce. Furthermore, in a country whose population is expected to expand by 10 million every decade, there is need to focus on training and recruiting sufficient numbers of midwives to population ratio to support the country's quest for universal health coverage and mantra of leaving no-one behind.

Kenya transitioned into a devolved system of governance comprising two levels: the national government and 47 semiautonomous county governments in 2013 [9]. The health service delivery function was transferred to county governments while the national government retained policy and regulatory functions.

Although the devolution of the health sector from national government has had its direct benefits, namely localized decision-making processes and improvement in structural development, the greatest challenges are inadequate allocation and disbursement of funds, inadequate resources, and understaffing [9]. These challenges came into sharp focus in our interactions with midwives in county health facilities, and ought to be addressed for a stronger and responsive health system.

Our findings are similar to previous women's demands in the What Women Want campaign where the fourth highest request was for actors to hire more midwives and nurses and improve staffing at health facility level [3]. Certainly, the issues raised as challenges faced by midwives in Kenya resonate with midwifery clients, especially where there is shortage of hospital supplies and where care offered is not affordable to mothers [3]. Our findings affirm that midwives aspire for the same goals of quality and respectful care just like their clients. Therefore, to address midwives' concerns ensures a well-supported and motivated workforce, better health systems, as well as satisfied midwifery clients.

A long-standing health system challenge around the world is related to the service delivery factors [6]. Similarly, our findings espouse a long list of factors related to service delivery namely, lack of supplies, ambulance and referral system linkages and equipment at health facility level. Our report shows that these factors remain a great challenge to the delivery of essential and emergency midwifery care. Further, owing to the competition for resources brought about by the COVID-19 pandemic, these challenges may linger, thus dilapidating an already strained health system [5, 11].

## RECOMMENDATIONS

The priority demands as set by midwives through in-person meetings resonated with the findings and recommendations of the national survey. These demands were raised in response to the question 'What recommendation can you make to government and other actors to improve midwifery services in your county?'. The recommendations listed in this report were made based on the collective findings of the listening exercise. In summary, midwives recommended actions for both state and non-state actors in building a health system that

### CHAPTER 4:

# WHAT DO MIDWIVES WANT

supports and empowers midwives to provide for the care needs of mothers perinatal period, as well as sexual and reproductive healthcare to the general population. Vignette 1 presents a summary of these demands:

### VIGNETTE 1: What Midwives Want In Kenya

Adequate equipment. Provide enough supplies and equipment. Ambulance and transport for early referrals. Good infrastructure. Forward looking and responsive policies governing midwifery practice and patient care. Staffing that ensures adequate provider to patient ratios. Employ more midwives and improve staff shortage. Improved remuneration. Promotion. Define the scope of midwifery practice. Recognize and appreciate the role of the midwife. Invest in midwives training and capacity building. Scholarship. Improved working conditions

For practical use, these recommendations were categorised by the relevant component of the health system as presented in table 3.

**Table 3: Recommended actions for strengthening the health system to respond to mothers and midwives needs.**

Health systems category	Recommendations
Service delivery actions	<ul style="list-style-type: none"> <li>Provide adequate beds and physical space to deliver women</li> <li>Provide adequate space and partitioning for privacy for mothers in labour</li> <li>Provide adequate ambulance cover in readiness for use - service and fuel</li> <li>Set up clear protocols and functional referral chain for women in labour</li> <li>Set up additional theatres at peripheral &amp; rural health facilities</li> <li>Disburse funds to county and sub- county facilities in time</li> <li>Provide necessary equipment for labour ward and post-natal care - resuscitaire neonatal suction machines, sterile delivery packs and personal protective equipment</li> </ul>
Health workforce	<ul style="list-style-type: none"> <li>Recruit adequate number of midwives commensurate with workload/ patient ratio in facilities</li> <li>Timely and adequate pay for services rendered</li> <li>Institute clear promotion guidelines and their implementation at county level</li> <li>Policy and implementation and monitoring at county level</li> <li>Support quality training at basic midwifery level</li> <li>Motivation &amp; appreciation of midwifery workforce</li> <li>Strengthen midwifery professional bodies</li> <li>Provide opportunities for advanced and specialised training (paid study leave, scholarships)</li> <li>Support specialised midwifery practice (adolescent SRH, Community midwifery)</li> <li>Support midwives to build capacity in research and problem solving</li> </ul>
Health information systems	<ul style="list-style-type: none"> <li>Provide an inter-linked electronic health records system for RMNAH</li> <li>Provide adequate recording materials (e.g. Linda mama booklets)</li> </ul>
Access to essential medicines	<ul style="list-style-type: none"> <li>Supply in a timely and adequate manner to facilities that need drugs</li> <li>Supply in a timely and adequate manner to facilities, non-pharmaceutical supplies like gloves, cotton wool, sterile delivery packs, etc</li> </ul>
Financing	<ul style="list-style-type: none"> <li>Adequate allocation of funds to facilities for maternal health department</li> <li>Disbursement of funds to sub- county and peripheral facilities in a timely manner financing.</li> <li>Ensures sufficient coverage of universal health insurance (e.g., Linda Mama)</li> <li>Adequate pay for midwives</li> </ul>
Leadership/ governance	<ul style="list-style-type: none"> <li>Institute clear promotion guidelines/ policy and implementation at county level</li> <li>Political non- interference with patient care</li> <li>Support strong midwifery professional associations and networks</li> </ul>





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## APPENDICES

### Annex 1: Findings of the validation meeting

Following the online survey and face to face listening exercise, WRA Kenya organized validation meetings and story collection efforts targeting select midwives and midwife champions from the three counties of Vihiga, Kisumu and Kakamega.

The objectives of the validation exercise were to:

1. Review findings of the What Midwives Want survey and make contributions to the final report.
2. Use photography, videography and storytelling to capture the top requests for what midwives want most in their roles as midwives.

The recommended actions are not exclusive of each other but rather are various cogs-in-a-wheel that best function together than apart. They recommended a comprehensive and integrated approach to revamping the health system infrastructure, workforce, drugs and supplies chain, as well as implementing policies in place for fair recruitment, retention and promotion of a knowledgeable and skilled midwifery workforce. The recommended actions may also serve as a checklist (annex 1) for stakeholders when planning for expansion of existing RMNAH facilities in Kenya.

## CONCLUSION

Midwives are at the core of universal health coverage, serving as primary health workers during women's pregnancy, labor, delivery

and the neonatal period. They also play a big role in recognition of complications of pregnancy and childbirth and the care and referral of such mothers from the community to the referral hospitals. In addition, midwives offer more than half of their services towards rendering sexual and reproductive healthcare to populations. Thus, it is important to equip midwives in the peripheral rural facilities with adequate space, equipment and drugs to conduct safe deliveries. It is also important that midwives are backed up with a functional referral system with ready to use ambulances and proper referral protocols and procedures.

Doing so is to honor the wish of midwives to deliver professional, quality and respectful care to women, thus honoring the demand of mothers for the same standard of care.



This section highlights some of the findings of the validation exercise and the select context-specific priorities as recommended by the midwives to aid in strengthening the midwifery workforce, health systems and services.

Through a participatory and collective brainstorming exercise, participants confirmed that the survey findings were an accurate reflection of midwife realities at

the county level. Additionally, they were able to critically review the challenges brought out by the survey and prioritize these issues from most urgent to least urgent; as well as generate one top recommendation to inform advocacy actions going forward.

The findings are separated by the county to highlight challenges and recommended actions in different counties where validation meetings were held.

### Box 2: Midwives' priority issues and demands in Kakamega County

Priority Issues in Plenary Session	Midwives Priority Demands
<b>Breakaway Group 1</b> i. Lack of promotion guidelines/policy and implementation at the county level ii. Political interference with patient care iii. Inadequate resources (supplies, equipment, human)	<b>Group 1</b> Provide clear promotion guidelines/policy and implementation at County level
<b>Breakaway Group 2</b> i. Lack/inadequate supplies (gloves, cotton wool and drugs) ii. Shortage of midwives, understaffing and heavy workload + midwife professional challenges iii. Political interference with patient care	<b>Group 2</b> Ensure adequate supplies to health facilities
<b>Breakaway Group 3</b> i. Staff shortage, negligence, and burn out, attitudes, disrespect and abuse ii. Inadequate equipment and supplies iii. Midwife professional challenges; inadequate mentorship and training of students	<b>Group 3</b> Improve staffing in maternity departments to ensure quality, respectful and dignified care



### Context of What midwives want in Kakamega County

In Kakamega County, stakeholders addressing midwives demands ought to take into consideration the following factors. First, being mindful of leadership fatigue when raising midwifery advocacy asks, there is a need to rethink strategies. for instance,

actors could take advantage of the UHC process and offer midwifery services as part of NHIF reimbursements. Secondly, Midwifery advocacy should be escalated to the council of governors, particularly to address the shortage of health workers. A round-robin of discussions arrived at the following priority actions:

### Box 3: Midwives' priority issues and demands in Kisumu County

Priority Issues in Plenary Session	Midwives Priority Demands
<b>Breakaway Group 1:</b> I. Dysfunctional referral system II. Supportive career progression III. Collaboration and team work	<b>Group 1</b> Ensure equal pay for work done
<b>Breakaway Group 2:</b> I. Staffing challenges II. Recognition and collaboration between cadres III. Carer for carers (post-trauma counselling)	<b>Group 2</b> Autonomy in decision-making
<b>Breakaway Group 3:</b> I. Human resource shortage II. Lack of equipment and supplies III. Lack of proper remuneration and promotion policies and guidelines	<b>Group 3</b> Remunerate the midwives and provide clear promotion guidelines
<b>Breakaway Group 4:</b> I. Inequality between job group - not commensurate with working experience II. Lack of clear referral protocols III. Biases in job group scaling and payment remuneration.	<b>Group 4</b> Right job for right experience



### Context of What midwives want in Kisumu County

- Political interference is a big problem e.g. politicians want special treatment for their kin.
- Midwives hesitation to speak up is due to intimidation and punitive transfers and lack of clear complaint channels.
- There is a negative image of midwives which the nursing council as a regulatory body should help correct
- The media has a role in highlighting the disrespect in the health facilities in a balanced manner
- Gendering midwifery: few male nurses have a passion for midwifery, only end up in maternity units because of postings
- Competent midwives may not be bullied by other health professionals
- The voice of midwives in ensuring

respectful care is key.

- It is what we know and how we treat ourselves that shape how others feel about us; let's make a difference
- There is need to bring back the glory to midwives

### Context of What Midwives Want in Vihiga County

- Emphasis on resource allocation and health workers participation in budgetary processes.
- Public sensitization about the role of midwives.
- Need to duly recognise midwives and avoid victimisation
- Engagement with political and county leadership to advance the midwifery agenda.
- Consider what men want in reference to care of families RMNAH needs.

### Vignette 4: Kenya National Midwifery Demands elicited by the 'What Women Want: Midwives Voices, Midwives Demands Campaign in Kenya 2021

Adequate equipment. Provide enough supplies and equipment. Ambulance and transport for early referrals. Good infrastructure. Forward looking and responsive policies governing midwifery practice and patient care. Staffing that ensures adequate provider to patient ratios. Employ more Midwives and improve staff shortage. Improved remuneration. Promotion. Define the scope of midwifery practice. Recognize and appreciate the role of the midwife. Invest in midwives training and capacity building. Scholarship. Improved working conditions

### Box 4: Midwives' priority issues and demands in Vihiga County

Priority Issues in Plenary Session	Midwives Priority Demands
<p><b>Breakaway Group 1:</b></p> <ul style="list-style-type: none"> <li>I. Dysfunctional referral system; lack of ambulance services</li> <li>II. Poor infrastructure: lack of periphery services; lack of physical space to deliver women; lack of privacy for mothers in labor.</li> <li>III. Lack of medical supplies: food for mothers; drugs; gloves and cotton wool</li> </ul>	<p><b>Group 1</b></p> <p>Invest in referral systems and effect stronger monitoring and assessment mechanisms</p>
<p><b>Breakaway Group 2:</b></p> <ul style="list-style-type: none"> <li>I. Lack of resources (pharmaceuticals and non-pharmaceuticals and ambulance coverage).</li> <li>II. Recognition of midwives' role in reproductive health care</li> <li>III. Career development and advanced training</li> </ul>	<p><b>Group 2</b></p> <p>Equip facilities with adequate resources (staffing and ambulance services), supplies (especially pharmaceutical and non-pharmaceutical) and equipment</p>
<p><b>Breakaway Group 3:</b></p> <ul style="list-style-type: none"> <li>I. Human resources challenges</li> <li>II. Lack of medical supplies and equipment</li> <li>III. Dysfunctional referral system</li> </ul>	<p><b>Group 3:</b></p> <p>Provide adequate human resources and staffing</p>





## Annex 2: Checklist for planning for and evaluating actions for strengthening the health system to respond to mothers and midwives needs in Kenya 2021

Health System Category	STATUS		
	YES	NO	N/A
<b>Service delivery actions</b>			
Provide adequate beds and physical space to deliver women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate space and partitioning for privacy for mothers in labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate ambulance cover in readiness for use – service and fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up clear protocols and functional referral chain for women in labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set up additional theatres at peripheral & rural health facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disburse funds to county and sub- county facilities in time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide necessary equipment for labour ward and post-natal care - resuscitator, neonatal suction machines, sterile delivery packs and personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health workforce</b>			
Recruit adequate number of midwives commensurate with workload/ patient ratio in facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely and adequate pay for services rendered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institute clear promotion guidelines and their implementation at county level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and implementation and monitoring at county level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support quality training at basic midwifery level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation & appreciation of midwifery workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthen midwifery professional bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide opportunities for advanced and specialised training (paid study leave, scholarships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support specialised midwifery practice (adolescent SRH, Community midwifery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support midwives to build capacity in research and problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health information systems</b>			
Provide an inter-linked electronic health records system for RMCAH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide adequate recording materials (e.g. Linda mama booklets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Access to essential medicines</b>			
Supply in a timely and adequate manner to facilities that need drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply in a timely and adequate manner to facilities, non-pharmaceutical supplies like gloves, cotton wool, sterile delivery packs, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financing</b>			
Adequate allocation of funds to facilities for maternal health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disbursement of funds to sub- county and peripheral facilities in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures sufficient coverage of universal health insurance (e.g. Linda Mama)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate pay for midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Leadership/governance</b>			
Institute clear promotion guidelines/ policy and implementation at county level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political non- interference with patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support strong midwifery professional associations and networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Annex 3: Summary of Rapid Literature Review and Synthesis

Document type	Year	Reference
Reports	2015	MOH (2015) Kenya Health Workforce Report: The Status of Healthcare Professionals in Kenya, 2015 Available at: <a href="https://taskforce.org/wp-content/uploads/2019/09/KHWF_2017Report_Fullreport_042317-MR-comments.pdf">https://taskforce.org/wp-content/uploads/2019/09/KHWF_2017Report_Fullreport_042317-MR-comments.pdf</a> Accessed on June 02 2021
Reports	2021	UNFPA, WHO & ICM (2021) The State of the World's Midwifery 2021. Available at: <a href="https://www.unfpa.org/publications/sowmy-2021">https://www.unfpa.org/publications/sowmy-2021</a> Accessed on June 02 2021
Reports	2019	Ministry of Health The Republic of Kenya. National and Country Health Budget Analysis FY 2018/19 Available at: <a href="http://www.healthpolicyplus.com/ns/pubs/11306-11563_NationalandCountyBudgetAnalysis.pdf">http://www.healthpolicyplus.com/ns/pubs/11306-11563_NationalandCountyBudgetAnalysis.pdf</a> Accessed: June 2021.
Reports	2012	Kenya Nursing Workforce Report The Status of Nursing in Kenya, 2012. Available at: <a href="http://academia-ke.org/library/download/moh-kenya-nursing-workforce-report-the-status-of-nursing-in-kenya-2012/">http://academia-ke.org/library/download/moh-kenya-nursing-workforce-report-the-status-of-nursing-in-kenya-2012/</a> or <a href="https://www.health.go.ke/wp-content/uploads/2015/09/Kenya%20Nursing%20Workforce%20Report.pdf">https://www.health.go.ke/wp-content/uploads/2015/09/Kenya%20Nursing%20Workforce%20Report.pdf</a> Accessed: June 2021.
Reports & policy guideline	2020	UNFPA. Reproductive, Maternal, Newborn and Adolescent Health During Pandemics: Lessons Learned for Practical Guidance. Available at: <a href="https://reliefweb.int/sites/reliefweb.int/files/resources/en-rmna-web_2.pdf">https://reliefweb.int/sites/reliefweb.int/files/resources/en-rmna-web_2.pdf</a> Accessed on June 02 2021
Policy guideline	2010	WHO (2010) Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. <a href="https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf">https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf</a> Accessed on June 02 2021
Policy guideline	2015	MOH (2015) National adolescent sexual and reproductive health policy. Available at: <a href="https://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolescentSRHPolicy.pdf">https://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolescentSRHPolicy.pdf</a> Accessed on June 02 2021
Policy brief	2019	KEMRI Wellcome (2019) Towards universal health coverage in Kenya: are we on the right path? Available at: <a href="https://kemri-wellcome.org/wp-content/uploads/2019/04/200-MEASURING-PROGRESS-TOWARDS-UNIVERSAL-HEALTHCARE-COVERAGE.pdf">https://kemri-wellcome.org/wp-content/uploads/2019/04/200-MEASURING-PROGRESS-TOWARDS-UNIVERSAL-HEALTHCARE-COVERAGE.pdf</a> Accessed on June 02 2021
Laws & Policy Guidelines	2013	Kenya Law Reform Commission (2013 ) Constitution of Kenya: Chapter Eleven - Devolved Government. <a href="https://www.klrc.go.ke/index.php/constitution-of-kenya/138-chapter-eleven-devolved-government">https://www.klrc.go.ke/index.php/constitution-of-kenya/138-chapter-eleven-devolved-government</a> Accessed on June 02 2021
Journal Article	2020	Muinga, N., Magare, S., Monda, J. et al. Digital health Systems in Kenyan Public Hospitals: a mixed-methods survey. BMC Med Inform Decis Mak 20, 2 (2020). <a href="https://doi.org/10.1186/s12911-019-1005-7">https://doi.org/10.1186/s12911-019-1005-7</a>





## Annex 4: Survey Tools

Questionnaire - What Midwives Want: Midwives' Voices, Midwives' Demands Kenya Survey

### Consent Information

What Midwives Want: Midwives' Voices, Midwives' Demands is surveying midwives about what they want and need to better serve women in their care and for themselves as midwives. Survey results will inform the development of targeted advocacy agendas at the country level as well as globally - to be taken forward not only by Midwives' Associations, International Confederation of Midwives, and White Ribbon Alliance Kenya, but ideally also by gender equality, human rights, and other related champions. This survey is meant only for midwives working in Kenya. The global campaign will be launched in April 2021. Email kenya@whiteribbonalliance.org for more information on national mobilization efforts. Would you like to participate in 'what midwives want survey' in Kenya? Yes/ no Email\*

### Section 1: Background information

By voluntarily accepting to participate in our survey, you help us establish a unified voice of midwives to make recommendations on the necessary action to deliver respectful and quality care to women in Kenya. Please check below to agree to participate in the survey. In case you select no, close the browser to automatically exit the window.

1. Age in years
2. How would you describe your gender? 3. Select Highest level of education obtained
4. What most closely describes your professional title?
5. County in Kenya where you work:

6. Please select type of facility you work in

### Section 2: What midwives want to improve service delivery

7. What do you want most in your role as a midwife?
8. What challenges do you face as a midwife when delivering services that meet your clients' expectations?
9. What recommendation can you make to government and other actors to improve midwifery services in your county?
10. What are the main areas that actors like White Ribbon Alliance for Safe Motherhood should advocate for to improve respectful care to midwifery clients in Kenya?
11. Suggest any innovative ways of improving midwifery services in your county?

### Section 3: State of midwifery in Kenya

12. State how many Years of service you have offered as a midwife, researcher, administrator or in advocacy?
13. Select the type of service you provide to your clients
14. Are you involved in any form of advocacy work for midwifery services in the country?
15. Please provide your current email address if you would like to be informed of our survey findings and future advocacy initiatives

### Key informant interview guide with midwives

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What Midwives Want: Midwives' Voices, Midwives' Demands is surveying midwives about what they want and need to better serve women in their care. We would also want to hear the aspirations that midwives have for

themselves and the midwives profession in Kenya. The results will inform the development of targeted advocacy agenda at the country level as well as globally.

You are one of the midwives working in this county. We would like to listen to you, based on your experiences, to document what are your views regarding improving the quality of midwifery services. In addition, we would like to hear from you concerning how the midwifery profession should be organised.

Please give your honest opinion and any examples you have in mind. There are no wrong answers in this listening exercise. We seek your permission to record the audio conversation during this interview, and to take some short notes in the session. Kindly may I proceed?

#### Questions

- 1) To begin with, kindly tell me who you are and what you do in your professional role as a midwife in the county?
- 2) What do you want most in your role as a midwife? Probes/ probing questions: What facilities need to be improved?

What supplies need to be improved? What adjustments can be done to the current referral chain? What do midwives want to be put in place so that they can improve service delivery to women in this county?

- 3) What challenges do you face as a midwife when delivering services that meet your client's expectations? Probing questions and examples e.g., shortage of equipment, supplies and space? Also probe for information about whether there is adequate pay, promotions and having clear career paths? Probe about the status of collaboration in decision-making during care of clients? What is the status of the current emergency and referral system of

clients?

4) What recommendations can you make to national and county government and other actors to improve midwifery services? Probing questions: How can the status of midwives be improved? How can the health facilities be improved? How can other actors in policymaking positions support the communities to get better midwifery care in this region? What innovative ways can we adopt to improve the state of midwifery care in the county?

5) What are the main areas that the alliance should advocate for to improve quality and respectful care to midwifery clients? Please give practical examples of this may be done? Probing questions and examples: allocation of resources, manpower or staff hiring, decision-making for care of clients, conducive working environments, better coordination of care for clients.

6) Is there any additional information you would like to say about this topic?

### Focus Group Discussion Guide with Midwives

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What Midwives Want: Midwives' Voices, Midwives' Demands is surveying midwives about what they want and need to better serve women in their care. We would also want to hear the aspirations that midwives have for themselves and the midwives profession in Kenya. The results will inform the development of targeted advocacy agenda at the country level as well as globally.

You are some of the midwives working in this county. We would like to listen to you, based on your experiences, to document what are your views regarding improving the quality of midwifery services. In addition, we would





like to hear from you concerning how the midwifery profession should be organised. We would like to discuss this in a group so that you may together identify some of the common priorities for midwifery service delivery and professional body in this region.

Please give your honest opinion and any examples you have in mind. There are no wrong answers in this discussion and we seek that you also respect each other's opinion and contribution. We ask that you keep the content of today's discussion very confidential, and not discuss this beyond the group discussion

We seek your permission to record the audio conversation during this interview, and also take some short notes in the session.

Kindly may I proceed?

### Questions

1) To begin with, let's introduce ourselves. Kindly tell us who you are and what you do in your professional role as a midwife in the county, and any other place you have worked as a midwife?

2) What do you want most in your roles as a midwives? Probes/ probing questions: What facilities need to be improved? What supplies need to be improved? What adjustments can be done to the current referral chain? What do midwives want to be put in place so that they can improve service delivery to women in this county?

3) What challenges do you face as a midwife when delivering services that meet your client's expectations? Probing questions and examples e.g., shortage of equipment, supplies and space? Also probe for information about whether there is adequate pay, promotions and having clear career paths? Probe about the status of collaboration in decision-making during care of clients? What is the status of the current emergency and referral system of clients?

4) What recommendations can you make to national and county government and other actors to improve midwifery services? Probing questions: How can the status of midwives be improved? How can the health facilities be improved? How can other actors in policymaking positions support the communities to get better midwifery care in this region? What innovative ways can we adopt to improve the state of midwifery care in the county?

5) What are the main areas that the alliance should advocate for to improve quality and respectful care to midwifery clients in this county/ region? Please give practical examples of this may be done? Probing questions and examples: allocation of resources, manpower or staff hiring, decision-making for care of clients, conducive working environments, better coordination of care for clients

6) Is there any additional information you would like to say about this topic?





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