



INVESTING IN MIDWIVES

STORIES FROM ETHIOPIA

2014



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Executive Summary

1

Midwifery in Ethiopia

3

UNFPA Midwifery Programme

4

Midwifery at Policy Level

6

Midwifery Education and Educators

14

**Increasing Access to Midwifery Services:
Midwives, Mothers and Infants**

30

Ethiopian Midwives Association

48

Conclusion

54

C o n t e n t s



Acronyms

ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
BSc	Bachelor of Science
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
COC	Certificate of Competence
CSO	Civil Society Organizations
CST	Craniosacral Therapy
CTS	Clinical Teaching Skill
EBM	Evidence-based Midwifery
EMA	Ethiopian Midwives Association
ETS	Effective Teaching Skills
FMoH	Federal Ministry of Health
GTP	Growth and Transformation Plan
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HSDP	Health Sector Development Plan
ICM	International Confederation of Midwives
MDG	Millennium Development Goal
MNH	Maternal and Newborn Health
MSc	Master of Science
NGO	Nongovernmental Organization
NLE	National Licensing Exam
NPC	Non-physician Clinician
PMTCT	Prevention of Mother to Child Transmission
PPH	Postpartum Hemorrhage
SIDA	Swedish International Development Agency
SNNPR	Southern Nations, Nationalities and Peoples Region
SVD	Spontaneous Vaginal Delivery
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Acknowledgment

The booklet *Investing in Midwives: Stories from Ethiopia* is a product of UNFPA Ethiopia Country Office in collaboration with SIDA. The Ethiopian Federal Ministry of Health and the Ethiopian Midwives Association deserve high gratitude for providing information, data and other relevant inputs on midwifery. The interviews with midwives and tutors are made possible through their due facilitation.

The following individuals have also contributed a great deal to the successful completion of the booklet:

Dorothy E. Lazaro	International Midwifery Advisor at the UNFPA Ethiopia Country Office
Aster Berhe	Midwifery Advisor at the UNFPA Ethiopia Country Office
Abraham Gelaw	Communication Officer at UNFPA Ethiopia Country Office



Executive Summary

The Federal Ministry of Health of Ethiopia (FMoH) has given greater emphasis on improving maternal and newborn health in order to reduce maternal and neonatal morbidity and mortality. This effort has helped the country to achieve MDG 4 – Reduce Child Mortality. However, the momentum should be intensified on Goal 5 – Improve Maternal Health by 2015 – as this is one of the Goals that are off track. UNFPA, as part of the UN H4+ Initiative, is assisting the Government of Ethiopia through the implementation of various programmes aimed at reducing maternal and new born mortality and morbidity.

It is a known fact that the period of highest maternal and neonatal mortality is during labour, delivery and the first 24 hours after delivery. Such staggering reality no doubt necessitates trainings to midwives to monitor and provide basic care to women during pregnancy, labor, childbirth, and the postnatal period. Trainings of midwives, therefore, are taken and implemented as a means of assisting reduction of the rate of morbidity and mortality.

Midwives are the frontline workers in the provision of maternal and neonatal health service, working closely with other health professionals at the primary, secondary and tertiary health care units. They are on guard to give basic emergency obstetric and newborn care during normal deliveries.

Moreover, identifying and referring complications of childbirth before they become life threatening forms part of their daily duty. Data shows that midwives can prevent 87 percent of maternal mortality (State of the World Midwifery Report 2014: A Universal Pathway. A Woman's Right To Health).

The Human Resource for Health Strategy of Ethiopia has indicated that the government will train 8,635 midwives by 2015 and deploy 2 midwives at each health centre. To support this strategy the FMOH has initiated the Accelerated Midwifery Training Programme (AMP), which is being supported by UNFPA through SIDA funding. 4500 midwives have been trained. The ultimate plan is to train 9,866 midwives by 2020.

The substantial increase in the number of midwifery training institutions is expected to accelerate the process. 18 More universities are now providing midwifery education at the first degree level and two (Gondar and Mekelle universities) are offering courses at graduate level. One third of the students are being trained at the degree level while the rest are being enrolled in the diploma programme. To date, all regions, except Gambella, have midwifery training institutions.

The gender balance favors female students although the number of male students is increasing. The private sector is also contributing substantially to the training of midwives as 8 private institutions (17 percent) are providing midwifery training. Seven institutions are

providing training at the diploma level while one is combining both diploma and degree courses.

All this reflects the commitment at policy level to increase access to health services, including skilled birth attendance and a functioning health facility that will make pregnancy and delivery safe. The Ministry, as the chief actor, is determined to see an equitable and fair distribution of midwives across the country and to integrate collaboration among health professionals for an optimum result. Equipping health facilities with basic maternal and child health care materials is also on the priority list.

Based on such progress and development, UNFPA has developed this booklet highlighting the important work that midwives are doing to provide maternal and newborn care and other reproductive health services to reduce maternal and newborn mortality and morbidity.

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Midwifery in Ethiopia

In the 1950s births were increasingly managed by community nurses in basic health facilities in the country. Although these nurses had no formal midwifery training, they were entrusted in managing maternity labour wards. They gave such services without the support of doctors and with limited opportunities to refer patients to referral hospitals on most occasions.

The first formal midwifery training began in 1954 with post-basic training for nurses in midwifery at Gondar Hospital. Following this a midwifery school was opened at Princess Tsehay Hospital by Dr Catherine and Dr Hamlin in 1959. The number of graduates at the time was small. Only seven managed to complete the courses. The midwifery training at Princess Tsehay Hospital ceased operation in 1962. The Gondar Hospital followed suit in 1964.

Community nurses continued to play the role of gap-filling in the 1960s and 70s. They remained at the forefront of maternal and child healthcare services operating in a very difficult environment.

The Addis Ababa Midwifery School was opened in 1986 with the support of the Swedish International Development Agency. Nurses were enrolled to study midwifery in a one year programme. But it was in 1998 that the School started offering direct entry into midwifery diploma programme, replacing the previous post-basic training for nurses.

In 2000, the University of Gondar became the first institute to offer a Bachelor of Science Degree in midwifery. Two years on it began offering a Master's

programme. Mekelle University later became the second institution to offer midwifery education at Master's Level.

As the years rolled on more and more colleges and universities began to give trainings on midwifery in diploma and degree levels. In 2007, the Hamlin Midwifery College, an initiative of the Hamlin Fistula Hospital, was opened as part of a strategy to prevent obstetric fistula.

Currently there are about 46 midwifery training institutions. 18 of these provide degree level training while the rest are giving training at diploma level.

Currently there are about 46 midwifery training institutes providing midwifery training. 18 of these institutes provide degree level training with the balance giving diploma training.

UNFPA Midwifery Programme

UNFPA, the United Nations Population Fund, as part of the United Nations H4+ initiative on maternal health, is assisting the Government of Ethiopia to reduce maternal, neonatal and child mortality and morbidity. The Midwifery Programme forms a component of the 7th Country Programme which the UNFPA Country Office is implementing and is aligned to the United Nations Development Assistance Framework (UNDAF) 2012-2015.

UNFPA has been supporting Federal Ministry of Health and the Ethiopian Midwives Association (EMA) to implement the Investing in Midwives Programme. Support is being provided to 31 Health Science Colleges providing training in Midwifery at different levels. The support included provision of vital teaching and learning materials, strengthening skills laboratories by providing essential models, LCD projectors and in some cases laptop computers and printers. In addition, the programme contributed to increasing the teaching capacities of 189 tutors, through giving training on 'Effective Teaching Skills' and by providing short clinical trainings to tutors in subjects such as basic emergency obstetric and neonatal care (BEmONC), PMTCT, safe abortion care and long acting family planning methods.

The Accelerated Midwifery Programme trained 4,500 midwives over a three year period. This was done by training diploma-holder clinical nurses in a one-year diploma programme in midwifery. The curriculum of the AMP was based on competency based international standards set by WHO and the International Confederation of Midwives (ICM) approved by the FMoH.

Given the identified weakness of clinical experience of most of the tutors, a total of 88 midwives working in the clinical area were trained in 'Clinical Teaching Skills' (CTS). Another 40 midwives were trained in the 'Helping Mothers Survive and Helping Babies Breathe' The training was conducted in health facilities to enable midwives practice in an environment which is familiar to them and be able to apply the acquired knowledge immediately.

The programme also helped facilitate and provided technical assistance for the revision of the BSc Midwifery Curriculum, including orientation of tutors to the changes as well dissemination of the new ICM midwifery competencies and standards. In an attempt to improve the implementation of the new BSc midwifery curriculum, the capacities of 17 tutors in five universities were enhanced through the provision of an innovative Evidence-based Midwifery (EBM) training and 15 tutors were trained in operation research. The programme helped the FMoH at all levels develop and implement a supportive supervision system to follow up new graduates. It also trained 29 experienced clinical midwives to assist with this supportive supervision and mentoring of new graduates.

UNFPA supported EMA to develop the five year Strategic Plan, build the capacities of the office through training of its staff in programme management - including proposal writing – and training for master trainers on ETS and CST; development of publications and advocacy materials including the State of Ethiopia Midwifery Report 2012 and Midwifery Database; celebrating International Day of the Midwife; and establishment of 2 new branches of the Association.

There has been a remarkable increase in the number of institutional deliveries where the graduates have been deployed as can be seen from Amhara and Oromia Regions in figures 2 and 3. Although this increase cannot be solely attributed to the deployment of the midwives, it is reasonable to assume that their presence has contributed to this success.

Results of the Programme

There has been an increase in the number of trained midwives from 1275 in 2008 to 6900 in 2013.

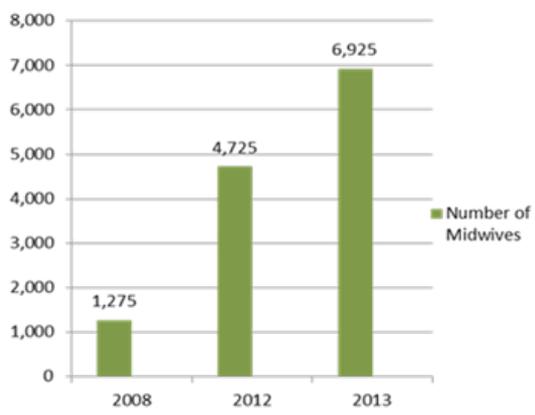


Fig 1
Number of Midwives 2008 to 2013

There has been a remarkable increase in the number of institutional deliveries where the midwife graduates have been deployed as can be seen from Amhara and Oromia Regions on figure 2 and figure 3. Although this increase cannot be solely attributed to the presence of the midwives, it is reasonable to assume that the presence of accelerated midwives has contributed to this success.

Amhara Region- Sample number of Delivery by Health Center

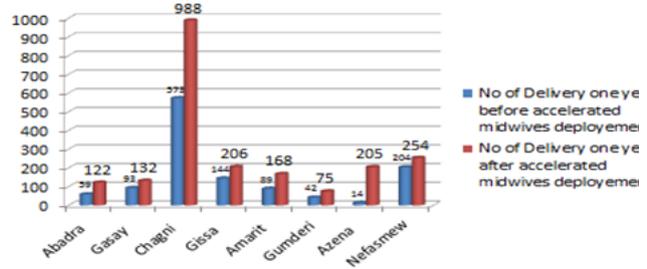


Fig 2

Oromia Region- Sample number of Delivery by Health Center

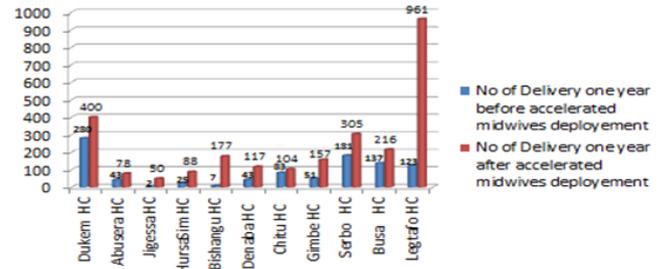


Fig 3





Midwifery at Policy Level

Leadership in midwifery is very important as midwives need to become more actively involved in the planning, delivery and transformation of the health and social care services offered to women and families. Midwives should work at the policy level as agents of change and influence policies that will benefit women and the society at large. Midwives need to support the development of a better Health Plan by gathering information from maternity and other reproductive health service users and colleagues. They also appraise each option, strategy and intervention in terms of risks and benefits and contribute to the development of innovative ways to transform and improve services and care for women and babies.

Specifically, midwives at the policy level will do the following:

- Advocate for quality midwifery education and ensure that the curriculum is based on the ICM/WHO midwifery competencies;
- Prepare other midwives for leadership roles in the health care system;
- Advocate for creating pathways for career progression;
- Advocate for improving the working conditions and salaries of midwives especially those who are working in hard to reach areas;
- Advocate for increasing midwives' participation in decision-making at all levels of policy development and implementation;
- Assess the quality of midwifery education and services;
- Raise awareness in government and society about the importance of midwives' work and their contribution to the reduction of maternal and newborn morbidity and mortality.

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Dr. Wendemagegn Embiale

Human Resource Development and Management Directorate Director



In 2009 a Human Resource Strategy was developed by the Federal Ministry of Health (MoH) to increase the number of skilled workforce in the health sector, including midwives. At the time the number of midwives in the country was only about 1200, making the midwife to population ratio 1 to 57,000. In the last 4 years, training in midwifery – ranging from the one year Accelerated Midwifery Programme to BSc and MSc Degree levels – was expanded to 26 universities and Health Science Colleges. This has helped boost the number of midwives in the service to 7800, bringing the midwife to population ratio to 1 to 10,500.

The midwives are working closely with other health workers trained as part of the Human Resource Strategy, such as Emergency Surgical Officers and Health Extension Workers, for better results in improving maternal and neonatal health. Accordingly, Institutional delivery which was only 10% in 2009 reached 34% in May 2014. The first phase of the interventions was to create a conducive teaching-learning environment by equipping the

medical schools and health science colleges with skill labs, ICT materials and books. In addition to this the MoH, in collaboration with the Ministry of Education and development partners, is working in faculty development, recruiting mentors and providing transportation.

Each medical college has been supplied with 3850 books, 120 desktop and 10 laptop computers. These materials help facilitate the teaching-learning process. 5 health science colleges were given buses while 20 other colleges and 26 medical colleges will each get one shortly.

Provision of quality service is a priority. Requiring the mandatory COC (certificate of competence) examination at diploma level before graduates join the health sector is one way of ensuring quality. Initially about 64% of students passed the COC exam but it has now reached 98%, reflecting improvements in quality of education. The MoH also deployed 20 experienced midwives in different places to enhance mentoring of new graduates.

Another work on the pipeline is Continuous Professional Development (CPD). This will give credit to some of the in-service training being provided to the health workers. The main goal is for the health professionals in the service to collect certain credit from the CPD in order to renew their licenses. In the long run the CPD will also serve as incentive to push professionals to seek trainings that sharpen their skills. Degree students will also be required to sit for national licensing exam (NLE).

The Ministry conducts supportive supervision biannually to assess gaps in the teaching and learning environment, effectiveness of the curriculum, teachers' competency and students' capacity. Following supportive supervision an action plan is developed and implemented. The gap assessment on the midwifery programme shows better achievement.

On the policy level there is national as well as international focus on midwifery. Partners are showing greater interest in system consolidation which in turn aids quality of service. Community awareness is increasing, making provision of quality services mandatory.

The FMoH is aware of the challenges on facility expansion, staff retention and provision of quality services. The way forward, nonetheless, is bright. Most of all, the political will is there to invest in midwifery.

Faustin Yao

Midwifery: An important pillar in improving maternal health



Ethiopia set very ambitious targets in its Health Sector Development Plan (HSDPIV) and the Growth and Transformation Plan (GTP) to achieve the MDGs on maternal and newborn health. However, the long-existing gap in the availability of skilled health workforce in the health system has made this effort daunting. In recent years the country has embarked on some innovative approaches to address this challenge, one among which is the effort being exerted to boost the training and deployment of midwives to increase access to skilled birth attendance.

Mr. Faustin Yao, Country Representative of UNFPA, United Nations Population Fund, says “midwifery is an important component of the strategy at promoting maternal health.” The clear strategy the Ethiopian Government has developed and the concrete measures it is undertaking on the ground, has made it easy for UNFPA to support the initiative through the funding secured from the Swedish International Development Agency (SIDA), says Mr. Yao appreciatively. He adds that the donor, SIDA, has a very clear understanding of the initiative it is funding and also the technical knowledge on what needs to be done. “So, the commitment of the Government, the fact that promoting maternal health is at the core of UNFPA’s mission, and the clear understanding of the donor have combined to make the midwifery training programme a success,” remarks Mr. Yao.

UNFPA is closely providing technical and coordination support to the implementation of the training programme across the country. The implementation of the midwifery training programme was recently evaluated by an

independent team of evaluators who painted it in a very positive light. “The findings of the evaluators show that the programme has exceeded expectations,” Mr. Yao states. Many of the indicators put at the design stage of the programme – such as the number of midwives trained and the number of training institutions involved in the training – have been exceeded in the course of the actual implementation of the training programme.

The only shortcoming encountered pertains to strengthening the regulatory mechanism to ensure that there is legislation, regulation and licensing for midwives. But even this, as Mr. Yao notes, was not created due to a weakness in the programme but because of an existing context in the health system in which the intervention was undertaken. Another challenge faced has to do with implementation of standards set in the health system. The health system itself does not have a mechanism to follow up and ensure that midwives are providing care according to the set standards and evaluate the competence of the trainees.

Undeniably, however, some capacity gaps have been observed in the young trained midwives that have been deployed at health institutions – mainly to do with lack of individual and professional confidence. Mr. Yao says UNFPA is working with the Ministry of Health to overcome this challenge with the help of the tutoring programme being given through very experienced professionals in the field. This has practically been seen to help them improve their skills and boost their confidence signifying that it will be crucial to further strengthen the link between the training institutions and the mentorship programme.

Mr. Yao says he is very optimistic: “There is no reason why Ethiopia cannot achieve MDG 5 and repeat the success it has made in the attainment of MDG 4 if the current dynamics and momentum could be maintained.” He notes that already health institutions where midwives are deployed are seeing an increase in deliveries and this is a good indication that they are doing a very good job in serving their clients. “One maternal death is one too many for any social value,” Mr. Yao remarks adding that it is possible to realize this ideal if the right number of midwives are placed at health facilities. He admits that this is going to take lots of resources but says that the focus on ensuring equity which the government has stipulated in the next GTP is a step in the right direction.

Dr. Anneka Knutsson

Head of Development Cooperation (SIDA)

Dr. Anneka Knutsson remembers how midwifery has evolved over the years. Midwifery has been a global issue for some time taking a new turn in 2006. At the time UNFPA and the Sweden government decided to have midwife advisors in various countries. This was done with the impression that midwives are professionals who are part of the development agenda and its leaders. Since then the development of midwifery has been building momentum.

Anneka, Head of the Development Co-operation Section in the Embassy of Sweden in Ethiopia, went to Bangladesh as a midwife under such programme. She has a rich experience and indicated that “a midwife isn’t only instrumental in maternal and newborn health. The midwife is the backbone for young people, the married couple and the older women.”

So it is placing the caretaker on the ground to address the high maternal and neonatal mortality. This cannot be coped with medium type policy. The Ethiopian government has providentially shown political will in the last few years to expand midwifery services making the collaboration workable. The flexibility in programming and the connection established by UNFPA produced success every stakeholder envisaged.

Anneka is optimistic about the days to come. But her optimism is dependent on these conditions: If a competency based curricula continues; if there is no compromise on the number of birth conducted during training; if there aren’t cheaper yet prolific programmes and if there is a good accreditation system in place then the future is bright. Developing a team spirit among midwives, gynecologists and obstetricians also adds quality to success.

The main thing is not to count cost efficiency only during education. Cost efficiency should be applied along the whole process, starting from training and continuing five years after. Quality should be the coefficient. The cost of c-section, other complications or long-term morbidity on women can be avoided if longer and reasonably expensive educational programmes are well in place.

Short-term trainings can only benefit if competency, practice, apprenticeship and supervision are followed through strictly.

What she witnessed in her youth with women facing the harsh reality of impoverishment and deaths made her decide to pursue midwifery and return to Ethiopia. Heading a development programme has no doubt opened the doors to translate her goals that were established decades ago. The axiom “once a midwife always a midwife” isn’t an exception in her. Anneka had been delivering babies for a decade attending hundreds of births. She is no more in a clinical area, but hasn’t stopped being technical on midwifery.



For Anneka a successful midwife should at least show some of these qualities: strong will to understand the mother; standard and up-to-date education; the ability to put oneself up; speaking up for the mother; and the right attitude that values the mother in the process. She also believes in the importance of having a midwife that can empower women. The life of the mother and child come first. Each woman deserves to be treated with dignity, to be understood and given sense of assurance and protection.

Feven Alazar



Feven Alazar is a Midwife Officer at the Human Resource Development Directorate of FMOH. Right after graduating from Mekelle University in 2012, she was assigned to the Ministry in an initiative mainly focusing on maintaining national midwifery pre-service educational quality in midwifery teaching institutions. She took the opportunity believing that she would contribute positively to address the gaps she experienced as a student. As one of the first batch of midwifery students at the university, she was taught in a department that fell short of thorough preparation. The department was also staffed with less experienced tutors that had little clinical practice.

Experiencing such gaps firsthand has made her determined to work on skill development. She used the opportunity to work with partners in highlighting best practices. The other thing being done is developing a standard that should be followed up when opening a midwifery department. Fresh from school she has helped address this issue.

Feven went back to Mekelle where she was once a student and discussed with teachers on how to improve the practical training. Discussions were also held on how to improve the skills of the tutors. They finally succeeded in getting through a six-month practice programme for new teachers before they begin teaching midwifery.

A standard on quality education is being developed with Higher Education Accreditation Agency. It includes the essential elements required to start a programme on midwifery. It will shortly be implemented in private health institutions with some amendments. The next step will be taking it to the public institutions. The training institutions will be required to do self-assessment and some reporting against the standards.

Feven, who excelled in theory, does not feel she harvested the practical skills at school. She attended 20 deliveries in and around Mekelle. To address this deficiency she has arranged attachment at St Paul Hospital on Saturdays on voluntary basis. Feven regards compassion as the highest virtue in midwifery. Besides updating oneself on the profession, a midwife should show good character while giving care. This for her is like a psychological anesthesia. Giving support to the mother who is in labour softens the pain that comes with it.

Though Feven is lacking when it comes to clinical practice, she is well aware that her current responsibility has opened doors to directly impact the welfare of mothers and children.

Dorothy Eunice Lazaro



Dorothy Lazaro is an International Midwifery Advisor at the UNFPA Ethiopia Country Office. Her role has been to provide technical assistance in Midwifery Education to FMoH, UNFPA as well as the Ethiopian Midwives Association. A profession that began in Malawi in 1981 has developed in her over the years impacting many lives and caregivers. She delivered countless babies in the southern Africa nation.

Dorothy has contributed to the progress that has been made in the midwifery programme. The number of midwives when she came to Ethiopia in 2009 was only 1 275. But now it has increased significantly reaching over 6900. Many midwives have been deployed at rural health centres to provide maternal health services.

She is well aware that midwives provide a range of reproductive health services. If they are trained and placed where they should be, they would be able to conduct deliveries and provide antenatal care, family planning and postnatal care services. They will also provide information on nutrition, breastfeeding and immunization. This was instrumental in increasing institutional delivery and sexual and reproductive health services in rural areas.

Dorothy has also worked with various training institutions to review their curricula. She worked on the Accelerated Midwifery Programme and participated on curriculum development from first degree to Master's level to ensure that they meet competency standards set by the International Confederation of Midwives.

Working with the Ethiopian Midwives Association has been another area of great success. She took the initiative to have a database of midwives set up at the association which is very critical to track the exact number of midwives in Ethiopia.

When Dorothy assumed her position in UNFPA Ethiopia, the Country Office did not have enough resources to implement the midwifery programme. So she wrote a proposal and succeeded in securing more than 3.7 million dollars from SIDA.

She indicates that the Midwifery Programme has been successful because of the close collaboration between and commitment of the main actors involved – the Ministry of Health, SIDA, and UNFPA. The global environment has also contributed to the success as the international community is now focusing on training midwives as a strategy to address the high levels of maternal mortality. Dorothy is optimistic about the future because of increased access to care and the commitment of the Ministry. Supportive supervision and the mentoring programme will help improve the quality of the service as well.

Aster Berhe

Aster's clinical practice from Axum to Black Lion Hospitals made her deliver about 300 babies. She began to show interest and commitment in midwifery during her nursing education.

Aster became a tutor at St Paul campus of the Addis Ababa University. Her roles in teaching and academic management opened windows for her to make her voice heard on midwifery. Giving instruction and teaching by example were her cardinal approaches. Aster has tutored about 800 students. When the delivery ward was empty, she took the students to the postnatal unit.

Complacency has no place in the professional life of Aster. With the uniform well tucked she led her students through the procedures during clinical practice. When the client in line needed cleaning she did so involving her students.

One day the amino fluid was splashed on the clothes of a student at Addis Ketema Health Centre. Upset by the incident the student took off her gloves and gown and left the scene. Aster made that student repeat the course because it showed that the student did not have the right attitude and she would leave a delivering woman alone.

Aster was President of the Ethiopian Midwives Association from 2009-2011 and is currently a member of the Executive Board of the association. In her presidential tenure at the association she worked hard with her colleagues to increase the staff from 3 to

27. A strategic plan was prepared with the support of UNFPA. She helped increase the visibility of midwifery, and enlarged the number of partners. Another success was convincing the Ministry of Health to partner with EMA as a viable civic organization.

Aster, who also contributed for the launching of a degree programme in midwifery at St Paul, is using her position and experience positively to impact transformation in the profession. Besides her role in developing midwifery guideline, she also participated in curriculum development.

She loves midwifery because it has an immediate and satisfying result. As soon as the labour ends successfully a baby is added to the care; the sight of the baby breastfeeding is a great joy to watch. Such feeling was enough to glue Aster to midwifery despite other opportunities knocking at her door. A midwifery advisor with UNFPA, she works closely with the Ministry of Health in supervising training institutions. She also participates in different task forces on top of giving technical support.



Midwifery Education and Educators

Midwifery is among the oldest professions on earth. Midwifery as a profession has passed through varying stages in different countries. Previously, midwifery was not as such linked with formal education. In most countries modern midwifery education started in the 20th century.

In 2010 ICM published global standards for the initial education of midwives. The standards include: (1) entry level of education should be completion of secondary education; (2) minimum length of a direct-entry midwifery education programme is three years; (3) minimum number of post-nursing/health care provider programme is eighteen months; and (4) midwifery curriculum include both theory and practice elements. The guidelines also demand that the training should be competency based covering theoretical knowledge as well as regular, tailored, supervision and hands-on practice in a variety of clinical settings.

There are two main divisions of modern midwifery: nurse-midwives and direct entry midwives. The historical background of midwifery in Ethiopia is not well documented. However, different documents have shown that professional midwifery training programmes began in Ethiopia in 1953/4, the nursing-midwifery model of training being the first midwifery training model. This training consisted of graduation as a nurse after three years of training to be followed by a further six months to one year of training in midwifery. The first group of three midwives graduated in 1953 followed by an average of 13.4 graduates annually until 1974 making the total number of midwives in 1980 to be 294.



The Government of Ethiopia has rapidly expanded the training institutions that provide midwifery training. For example, the government has increased the number of public universities offering midwifery training from two in 2006 to 18 in 2012. Currently there are 20 universities that are offering midwifery training at BSc level of which 2 are private institutions. 28 regional colleges are training at the diploma level.

Since 1980, five other midwifery training models have been adopted; all of them using the generic midwifery training model except the Accelerated Midwifery Programme that enrolled graduate nurses for one year midwifery training. In 2006 and 2007 BSc training programmes in midwifery were opened in Gondar and Addis Ababa Universities and from 2008 midwifery training programmes were initiated in various universities and Masters in Midwifery in two Universities – Gondar and Mekelle.

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Yezabnesh Kibie

Four Decades on Midwifery

Yezabnesh graduated in nursing from the University of Gondar in 1972. She was then assigned to zone F (deployment areas at the time were classified in zones depending on habitability). Basic infrastructure were lacking in this zone. Yezabnesh practiced clinical midwifery for 19 years. She studied accounting in-between but couldn't continue as it was a world apart from the profession of her heart. She was later assigned to St Paul Hospital. She was lucky enough to move to the maternity unit, where she worked for 6 months.

She was one of those brave hearts who lobbied for a midwifery school. It was 1984 when they started lobbying. When the others gave up along the tough road, she continued. The effort succeeded and the programme was started on September 30, 1985 with Rädä Barnen funding it and sending a teacher. The first had twenty students and Yezabnesh was one of them.

Her long years of service enabled her to attend as many as 2000 births. The number may even be higher. Her training in midwifery increased her interest.

She went back to school and earned her degree in 2006 and her MSc in Maternity Reproductive Health in 2009. The shift in responsibility from clinical midwife to a midwifery tutor has added more value to her work. She used to do it alone, but now it is done in a group with her students. Her satisfaction multiplies as more and more graduates join midwifery at different levels.

She shares the rich experience and recounts it like a story. She has trained about 4000 nurses and midwives since 1992, including her last child, Yafet.

A Man with a Mother's Heart

Gebreamlak Gidey

Gebreamlak Gidey leads the Midwifery Department at Dr Legesse Tewolde Health Science College in Mekelle. A passionate teacher with lots of experience in teaching and conducting deliveries, Gebreamlak has taught over 500 students at the college, including trainees that came from Afar and Somali Regions. With a Master's Degree in Maternal Reproductive Health from Addis Ababa University he has consolidated his academic position well. Besides the regular teaching, he has also been training health workers in BEmONC since 2010.

Gebreamlak is a focal person in the Tigray Region for the Ethiopian Midwives Association. He has been a member of the association since February 2008 and joined the Executive Board in 2011. Under his leadership, the Tigray Branch of the association has accomplished a lot on capacity building and advocacy. The Association has conducted BEmONC training for graduating students; facilitated MDSR training for volunteers, organized promotional activities for high school students, distributed brochures, newsletters and magazines to students and conducted a survey on the number of midwives in the Region, which is currently documented to be 716.

In a region where institutional

delivery has recently reached 56%, the contribution he is making individually and through the association is immense. His amicable working relations with the Regional Health Bureau have made collaboration very effective. With the majority of the midwives in the Region being members of the association the way forward is bright.

Before joining the Health Science College, Gebreamlak worked as a full-time midwife for 5 months in Areka, Wolayita Zone of SNNPR. At the Areka Health Center deliveries were limited to two in a month. But Gebreamlak had a different idea. He prepared his own Wolayita 'phrase sheet'. He wrote the phrases in Amharic and Wolayita and began to talk to the people in their mother tongue. This made communication very smooth that more and more mothers came for delivery. Some didn't know his trick and wondered how one could pick a new language in such a short period of time. His service was not only limited to the health centre he was assigned to, but also to the nearby Catholic hospital where he helped the community with his untapped expertise. There was a



day he assisted 10 births at both places.

Before he engaged in actual tutoring, Gebreamlak participated in clinical attachment as per the revised requirement that made it mandatory for less experienced midwife tutors to undergo a period of six-month clinical practice. It wasn't at all binding for him as he was in love with the profession.



Amelework Teferi

Success is Collective

Amelework Teferi is in charge of the midwifery skill lab at Teda Health Science College. As one of the few health science colleges in the Amhara Region, nothing is left to average performance. Over 85 students in training under the Accelerated Midwifery Programme get practical lessons in the demonstration room that is set and arranged with the utmost care and neatness. The success behind this is the diligence and enthusiasm of Amelework.

Prior to her current assignment, Amelework worked as a midwife for a year and half in maternity, antenatal care and immunization. She delivered 175 babies within that time.

At Teda her routine includes setting the demonstration lab in place and getting it ready for use according to schedules. Her job is not limited to lab arrangement though. She teaches students at different levels.

She believes that midwives should be well organized, up to the task, strong and faithful. She is currently doing her degree in midwifery. For her midwifery is a noble profession and she has been a role model in the family and motivated her cousin and sister to join midwifery.



Wubalem G/Amlak

Tutor and Midwife at Bahir Dar Health College

Wubalem started her midwifery career after graduating from the Hawassa Health Science College in 2000. She was assigned at the Merto Lemariam Health Centre and she served there for two and half years. She then moved to Mota Hospital where she also served for two and half years. She moved yet again to a bigger hospital in Debre Markos and worked there for a year.

Wubalem wanted to continue on her midwifery path but her choice discipline couldn't be pursued in Bahir Dar as there was no BSc Programme in midwifery at that time. Hence she went to the University of Gondar and earned her BSc as a Health Officer and then continued with a Master's in Public Health.

Wubalem practiced midwifery for seven years. Institutional delivery was rare at the time. Skilled birth attendants had high regard among the community. She has delivered many babies. The rich exposure she had in college sharpened her skills in many areas including manual vacuum aspiration. The site at Mota where she worked was selected as a model practice nationally for basic emergency obstetric care.

Wubalem's commitment to maternal care came from her childhood experience. She lost her father very early in life. She lived with her mom and the bond between the two became very strong. That experience has become a blessing in disguise. The love for a mother, not only hers, has developed so strongly that she feels obliged to help any that

needs care. Wubalem has been a tutor at Bahir Dar Health College for 5 years now. Her only concern is providing high quality education in view of the big class size and less attachment opportunities for clinical apprenticeship. She has so far taught about 350 students. She has a deep sense of satisfaction in what she has done.

Good education is giving skills and bringing about attitudinal change. It also takes commitment and great degree of passion to succeed in midwifery. The heart that cares for the mothers is the same for her students. She believes in a friendly interaction and logical reasoning. So her classroom is vibrant. The reason is simple. She sees the mothers needing attention through her students.



Ruman Abdurashid



Good Practice Entails Good Teaching

Ruman is a graduate of the Addis Ababa University. Her first placement in Assab (now in Eritrea) lasted for three years and she moved from her duty station because of the war. She was then assigned to Wereda 23 Health Center where she worked for about 7 years before her specialization in midwifery to become the person she is now, a teacher.

She delivered all her 4 children at the hands of midwives. Her midwife friend, Sister Azeb, who works at the FMOH was beside her when she delivered two of her children. Having had 3 boys in a row, she was desperate for a girl at her fourth pregnancy. Azeb joked while assisting her during labour, “If this is a boy, I will push it back.” It turned out to be a baby girl.

Ruman’s nine years of service made her help several hundred mothers deliver safely. She remembers that they used to have 80 deliveries in a month at Wereda 23 Health Center. When it was down to 50 a month, they sat down to discuss over the decline. They then decided to promote the health centre by taking around expecting mothers who apparently became attracted by its neatness. This boosted the confidence of pregnant mothers resulting in more deliveries afterwards.

A midwife tutor now, she had to win over friends who tried to dissuade her. Adding her practical experience to it she cherishes the opportunity as it continually exposes her to deeper reading. In her fourteen years- teaching profession, she has taught over 1,500 students. For her success is committing to teaching, which itself is an indirect maternal care through the students.

The students are her wealth. For her success isn’t what she earns from teaching, but rather what is given in terms of knowledge and skill. Education doesn’t end only by giving knowledge and sharing skill. She believes in getting the students ready psychologically for the profession. One of her students once told her that he was delivered by her.

Her only concern is the quality of education which is not up to standard. The recent change in curriculum would be better if more participation and input were solicited from professionals. The 70-30 approach with the skill lab constituting much of the programme adds strength to it.

Ruman is also a very kind person. One of her students was in the extension programme. He was a guard and he couldn’t study for financial reasons. Ruman was very touched. She went around collecting funds for him from her colleagues. They paid for his tuition and gave him the remaining funds for gown and uniforms.



*If they are trained and placed where they should be, they would be able to do deliveries, antenatal care, **family planning** and postnatal care.*

Head, Department of Midwifery

Haftom G/Hiwot

Haftom studied midwifery at the University of Gondar though it was his third choice. He nonetheless gave everything to his study up until his graduation in 2008. The only drawback was that he had minimal clinical exposure.

After months of work in tutoring and clinical practice in Mekelle, he joined the university there. His scant experience in clinical apprenticeship back in school made him think thoroughly about a possible link between theory and clinical practice. He made all efforts to equip himself well with both so as to excel in the profession.

Some teachers are inclined more to theory. This is attribute to deficiency in practical skills during their training which has brought about lack of confidence. As educators it would naturally be embarrassing when one is teaching and does not have the required practical skills.

A successful midwifery education programme cannot materialize without integrating theory and practice. At the university Haftom and his colleagues acted within this framework. Two professionals were hired to spearhead the hospital-academic integration unit. When educators joined the department they were sent for a 6-month attachment programme at different hospitals to upgrade their midwifery skills. They are determined to carrying this out in the face of some challenges like budget constraint.

The midwifery profession is progressing in Mekelle. A graduate programme is now underway. It is the second in the country, the first being at the University of Gondar. This programme will undoubtedly push the profession to the level it should be.

Haftom is also working with colleagues to clear misconceptions around midwifery. Some people still have the wrong impression that midwives should only work at delivery wards. Assigning non-midwifery staff to provide antenatal care doesn't help institutional delivery. When mothers get less attention during antenatal care, they could decide not to come for delivery. Midwives ensure an integral focus on pregnancy, child birth, postpartum and neonatal care.

They also believe in rotating the professionals within the four cycles in line with hospital protocol. This is done for the maximum use of the profession in ensuring the wellbeing of the mothers.



Students are involuntarily assigned to study midwifery. This is a challenge faced by any programme. But a solution was found. The Department of Midwifery at Mekelle University conducts advocacy activities with beginners to promote midwifery. Such efforts were successful in painting midwifery in positive light that there was a time when 65 students chose to join the department when the spaces available were only 40. Haftom also gives credit to EMA's advocacy for such a success. Now students are showing interest and greater enthusiasm for midwifery. The challenges remain to be congestion at clinical areas and deployment upon completion of courses. But these challenges are set to go away in view of the construction and expansion of medical centres.

Haftom has so far taught about 128 students. After doing his MSc in Maternity and Reproductive Health in 2011, he has become the Head of the Midwifery Department. He believes devotion and commitment come from interest and attitude. He is giving his best to the department he heads. For him midwifery is a noble profession requiring an informed mind and a determined heart.

Aster Dawit

Midwifery is for the Bravehearted

Aster Dawit, a very experienced midwife, has been providing services for the past 26 years. She has worked in various health facilities and delivered more than 2000 babies.

She has been a tutor since 1999, educating 840 students. She takes teaching as an opportunity to shape generations that help mothers. Aster conducts tutoring with utter devotion. She tells her students that they are on a mission of saving double lives.

She is very passionate about midwifery and said “If students are not ready for sacrifice, they are not eligible for the profession.” She recalls the saying: A midwife should have a lion’s heart, a hawk’s eye and a lady’s hands. She leads by example when she takes the students for practical lessons. She has always received very good feedback. The feedback is clear: good name follows hard work. Aster believes that a midwife should do her job independently. When complications occur though, professional help should be sought.

She remembers an incident in Bale Goba Tahsas 11 Hospital two decades ago. A woman came at 7.30 in the morning and she was the only midwife in the labour ward. The woman had a big baby in a breech presentation. Aster admitted her and explained about the situation. The mother was already in her second stage but was not able to deliver normally. Aster did a bilateral episiotomy. However, the baby’s head was stuck in the process. It became critical and she finally applied forceps. A 4-kilo baby, 4th to the mother, made it safely out.





Tewodros Seyoum

Educator at University of Gondar

Tewodros graduated with a BSc in Midwifery and MSc in Clinical Midwifery from the University of Gondar where he works at now as an instructor.

He joined the department as a student with no prior knowledge about the profession. At the time no advocacy work was in place. But everything has changed now. Students join the department with prior knowledge of what midwifery is and with an interest. Tewodros' utmost dedication in his education is reflected in his outstanding results.

During his training he fulfilled the required 20 deliveries and 40 ANC follow-up. He knew this would be a challenge as more and more students come to the same clinical area for practice. Currently the department receives 80 to 100 students annually.

Tewodros believes that the job is demanding but balancing theory and practice in making the best of every opportunity is his priority.

He was among the first batch of students in the Master's Programme. They were only 14, but cases weren't enough as they had to compete for cases with undergraduates. So they had to go to Bahir Dar and Debre Markos Hospitals

for attachment. Even there he had to find ways of getting cases.

The determination paid off and he attended more than 30 deliveries. In his three-month stay in Bahir Dar he refined his skills and deepened his interest. He says he is highly indebted to Dr Andualem, a surgeon at Bahir Dar Hospital, for shaping and making him skillful.

Tewodros has taught about 600 students for the last six years. His primary target is the health of mothers and babies. Producing competent midwives that alleviate maternal and newborn mortality is high on his agenda.

For him the development of midwifery is very fast. It nevertheless lacked the status it deserves. The profession wasn't regarded well among students, community members and academicians. Now it has survived that humility. There is advocacy work done by UNFPA, the Ethiopian Midwives Association, NGOs and the training institutes themselves. This has contributed a lot to its evolvement.

Tewodros emphasizes the efforts made to standardize the midwifery curriculum. Previously, different universities across the country had different curriculums. But later, a harmonized curriculum has been developed to be used across the board. Such venture has helped standardize the practice in the nation. With periodic revision and due implementation it helps develop the profession.

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Fikru Berga

A Tutor at Heart



Fikru Berga is a clinical nurse by profession. She graduated in 2009 and began work in a busy private clinic in the Gurage Zone. During her training she conducted 30-deliveries giving her the experience she needed.

Fikru's interest was in communication, but people persuaded her into the nursing profession. And she is a happy person now communicating to women on midwifery issues.

She joined the St. Luke Hospital College as an instructor at the beginning of 2010. She amid an offer she got to pursue her graduate studies in India. But for reasons of family and community, she decided to remain in Ethiopia. She has since trained 108 students.

Her many years of clinical practice has shaped the way she approaches and handles the courses she gives. Fikru cherishes the time she spends in the labour ward with her students. When she has a successful delivery then

her satisfaction level increases. She is the happiest staff member with high reputation among students.

Her happiness multiplies when she sees her former students working in the hospital. The friendly manner in which she conducts her classes ensures a relaxed atmosphere where interaction is at its best.

Interest in midwifery, commitment to the job, respect for clients, and love for the profession make a successful midwife. She knows that knowledge and skill are easily transferred. The real task lies in impacting attitude. And it all begins with having the right one herself. When she masters it, then she leads by example.

In midwifery clinical practice is critical. Knowledge gained should rightly be translated into practice. So she takes care in conducting such lessons. Knowing that students are affected emotionally at the sight of blood and other procedures new to them, she takes the lead. Role-plays and dramas, audios and videos, real and imaginary stories are used to enrich their experiences. This helps them open up, participate and reflect on cases decisively.

Fikru knows firsthand how tough labour pain is. This makes her give high regard for character in midwifery. During her work, the night duty continues with no rest. One day two women came with slow labour progress at the clinic. One, multigravida, gave birth at midnight. It became a prolonged labour for the other though. Her condition changed requiring the continuous presence of Fikru. Care triumphed over tiredness. The woman finally became a mother for the first time at 4am. She became so elated that she offered a token later. As a caregiver Fikru had already received her reward, the job satisfaction.

Aida Salih

Aida from Mekelle University

Aida Salih is a second year student at Mekelle University. She chose midwifery voluntarily. Close family members in medical profession influenced her to choose to join the field early in her life. When she joined the Mekelle University in the Midwifery Department, her expectations were met. The excitement still bubbles into her fourth semester.

For Aida perfect midwifery entails putting oneself in the mother's position; starting casual conversation during care; adding knowledge to acquired skills through reading, web browsing and others' experience. Aida is more attracted to obstetrics as it best defines midwifery for her and is the core of the discipline.

She believes that the attitude of any health science student should be special. And those who do midwifery should take it to a higher level. There is no doubt that women require quality care during pregnancy and labour. Aida, who prefers to have more female midwives for the comfort of mothers, is already promoting midwifery among her younger siblings.





Words from Students St. Luke College, Wolisso

Wasyihun Minuta

Wasyihun Minuta is a 3rd year student at St. Luke Catholic Hospital and College of Nursing and Midwifery. The college's reputation in his locality Emdiber, Gurage Zone, made him decide to try his chance. Though clinical nursing was in his mind initially, he changed his mind and decided to study midwifery.

He has so far attended 22 deliveries and is determined to add to this number. The practical sessions do not always go smoothly. Sometimes patients ask why they are treated by students. But this isn't a challenge for him. He knows he would do the same if he were in their position and explains the matter as gently as he could.

The top student from his batch, Wasyihun believes the college is evolving well. The facility is good and the teachers are up to standard. It's a well organized and effective institution. Its dynamic approach enables average students to cope well and thrive.

Yemisirach Gizaw

Yemisrach Gizaw is only 20. The depth in her thoughts reveals why she ranks first among the 2nd year students. She was a civil engineering student at Haramaya University. She thought the number of students, 165, in the department was too many. She compared it with the number of health students at Harar College of Health Science where her friends attended. The college had small number of students and her desire was to switch to the science college. She withdrew and started to study at a private college in Addis Ababa. The family didn't object because they knew the university was too far from home.

When her application to the St. Luke Hospital College was accepted, she joined there enthusiastically. She is progressing very well and working hard as this is the area of her interest. For Yemisrach midwifery is receiving the first grace of life.

Good midwifery programme takes good composition. A good midwife should have positive attitude towards people. She should be skilled too. A humble and teachable personality that involves team work, especially when the need arises is essential in maternity care. For her the priority is always mothers.



Words from Students of University of Gondar

Mihretu Molla

Mihretu Molla is a 4th year student pursuing Midwifery education at the University of Gondar. The discipline wasn't new for him as he earned his diploma from Teda Health Science College. Right after graduation he started teaching in the same college. He is very happy and satisfied as midwifery was his childhood dream.

Mihretu thinks good midwifery takes noble attitude and unconditional love for the profession. It is a skill and science that is expressed in practice and knowledge. It also requires alertness and decision making on the spur of the moment.

On top of acquiring these qualities a competent midwife should be able to endure stress and do everything that the job demands. Mihretu's optimism is well fed with quality books, a university hospital giving the right exposure to all possible cases and a friendly staff.



Eden Bishaw

Eden Bishaw is a 3rd year student of midwifery at the University of Gondar. She joined midwifery when her first choice, medicine, was unachievable because of high competition. She however is getting excited with her training. Eden knew little about midwifery. The interest in midwifery started when she understood that it is all about helping mothers. Her mother had severe bleeding when she gave birth at home. She was a seven grader then and the memory is still vivid in her mind. Her mother made it miraculously. That encounter left a sense of duty early in her life.

Three years on in her education, she is enriching herself with knowledge and skill. She says the conditions at the university are really set for midwifery. The hospital is around the corner, the library is well equipped; and the teachers are up to the task.





Increasing Access to Midwifery Services:

MIDWIVES, MOTHERS AND INFANTS

Midwives are the key providers of maternal and newborn health (MNH) as well as other sexual and reproductive health care, ideally working in a team with other health care workers, such as obstetricians, neonatologists, nurses, general practitioners and non-physician clinicians (NPCs), and often with support from health extension workers and the women health delivery army. They make enormous contribution to the health of mothers and newborns and the well-being of the entire community.

The midwife is recognized as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births as one of her own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and referral for emergency measures.

The midwife also has an important task in health counseling and education, not only for the woman, but also within the family and the community. This work involves antenatal education and preparation for parenthood and extends to women's health, sexual or reproductive health such as family planning, prevention of mother to child transmission of HIV, post abortion care adolescent and youth services and child care.

This means that investing in midwives can bring coverage of almost all the needs of childbearing women and their families. By preventing complications and managing or referring them appropriately when they do arise, midwifery services can function as a gate keeper to higher referral levels while ensuring that women access these levels at the right time and place. This can reduce costs and curb over-medicalisation of maternal services. Access to quality maternal health services is a basic human right and a greater investment in midwifery is key to making this right a reality.

The government of Ethiopia has constructed over 3,000 health centres and deployed midwives in all these health centres to increase the access to maternal and newborn services including other sexual and reproductive health services. The challenge is to ensure that midwives are providing quality and respectful maternity care before during and after pregnancy and birth to ensure that women utilize available services. All women need and deserve respectful care and they should be provided as:

- Midwifery services that promote the right of all women to professional midwifery care (including emergency obstetric care) that is accessible, available and acceptable, and of good quality;
- Midwifery services that ensure the continuum of care from adolescence through to care of the newborn.
- A set of evidence-based cost-effective and lifesaving interventions for family planning, maternal and newborn health, including safe abortion care outlined in the Packages of Interventions (WHO 2010);
- Care for normal pregnancy and birth provided close to where women live with ready access to a functioning facility, operating 24 hours a day, 7 days a week, able to provide first line emergency management and care for women and newborn with complications and transfer for emergency back-up care (basic emergency obstetric and neonatal care - BEmONC);
- Provided within a functioning health system, with agreed and applied referral pathways between levels of service, e.g. between BEmONC and comprehensive emergency obstetric and neonatal care (CEmONC) and between services, such as family planning, ante-natal care, voluntary counseling and testing for HIV (VCT) and prevention of mother to child transmission (PMTCT);
- In an 'enabling environment' which includes safe working conditions, safe living conditions; fair salaries; access to basic amenities, an adequate supply of medicines, supplies and equipment, communications and transport required to support these services and which supports service providers to perform to the full scope of their practice.

Access to quality maternal health services is a basic human right and a greater investment in midwifery is key to making this right a reality.



Yewbdar was awarded for excellence by the FMoH after being nominated by the Ethiopian Midwives Association. She has been a midwife for 30 years. When she was studying as a nurse before joining midwifery, courses like PPH and obstetrics enabled her reflect on what had happened to her mother when she was only 12.

Her mother gave birth to her 10th child and had severe bleeding. She was alone behind the curtains in her bed and nobody knew that she was bleeding. She was in a state of shock and in comma when the family brought the traditional 'Genfo' (a high protein porridge given to all women after birth). The family only knew that she was alive when a medical professional came to her aid. That moment was decisive. Yewbdar decided as a child to work with mothers. And she has never looked back.

Giving birth to two boys has intensified her sensitivity to care. She spent all her service years in maternity care, 5 years in Chencha, near Arba Minch and 23 years at the Nefas Silk Lafto Wereda 3 Health Center in Addis Ababa. Moving to a better-earning job within the medical profession has never crossed her mind. For Yewbdar success is giving quality service and mentoring new colleagues. She takes pleasure in helping the mothers, caring for the babies and sharing her expertise. Her work station is frequented by the underprivileged in the society. She nonetheless lives on the satisfaction she gets upon giving utmost care to the low-income people. The cleanliness of the labour ward gives evidence to her dedication. She even makes baby embroideries on her own and hangs them in the ward. As mothers leave the ward they take their gifts with them.

Her commitment to the work continues not because there

Yewbdar Lisanetwork

30 Years of Passionate Service

are no challenges, but because of the love she has for the mothers. Midwifery is always handling two lives: the life of the mother's and that of her baby.

She remembers a woman who had antenatal care in a private clinic. When labour started, she was driven to the clinic and gave birth in a car. The baby was breathless and the mother was in utter shock. Passers-by told them about the health centre which was close to her. When the couple came, Yewbdar ran to them with someone's Gabi (a traditional cloth put on for warmth) to wrap the baby with it. The baby was almost dead. She cut the umbilical cord and hurried to the labour room. They gave the baby oxygen and after ten minutes the baby gasped and cried. That baby just celebrated her first birthday. "No fortune can give the satisfaction I get from such experience," she reveals.

When complications occur they refer the mothers to government hospitals. She remembers sending a woman to Zewditu Hospital with a retained placenta. The woman had severe bleeding and no pulse. At dawn she went to the hospital to check on the woman. Yewbdar left the hospital in relief. Such commitment didn't go unnoticed. She recently received an award for fruitful practice.



A Midwife Getting Started

Frezer Kebede

Frezer Kebede is a fresh graduate only ten months into the profession. The sixth child in a family of twelve, he was the only one to be delivered in a hospital. His seniors and juniors were born at home. He was the exception because his mother had complications.

Upon learning about the difficulty of his birth later in life from his mother, he decided to commit his career to midwifery. He kept his decision to himself. The prejudice about midwifery among the community made him not to discuss his ambition. However, the determination was so strong that the bias and stereotype of people, especially his friends, couldn't deter him.

He remembers an incident when he was a toddler. His mother was going to her sister to help her deliver a baby. He followed her and observed everything. As the baby was delivered, his child mentality only perceived

something reddish. He had no idea what it was at the time. He later told people, "My aunt gave birth to meat." The next delivery he observed was in the clinical attachment while studying for his diploma.

He says he is greatly indebted to senior colleagues like Sister Yewbdar. When in difficulty, he consults with them for help. The working atmosphere at Nefas Silk Lafto Wereda 3 Health Centre is so professional and helpful that junior midwives like Frezer do their job with confidence. Everything is done with respect and dignity.

Birtukan Abebe

A Burning Heart under a Cool Head

Birtukan Abebe is only 23. After her studies in clinical nursing, she enrolled at Fitche Health Science College to do her 13-month study in midwifery. She finished the Accelerated Midwifery Programme and has been working at Goro Health Centre since July 2012.

Birtukan was only 19 when she attended 16 births. She added 18 deliveries when she was on the Accelerated Midwifery Training Programme.

Maternal and neonatal deaths are the key factors that pulled her to midwifery. When she was in grade 10, in 2007, a woman in her neighborhood (in Wonchi area) died from childbirth. The infant followed a week later. Culturally people refrain from raising such a child. The baby is considered as “a mother killer.”

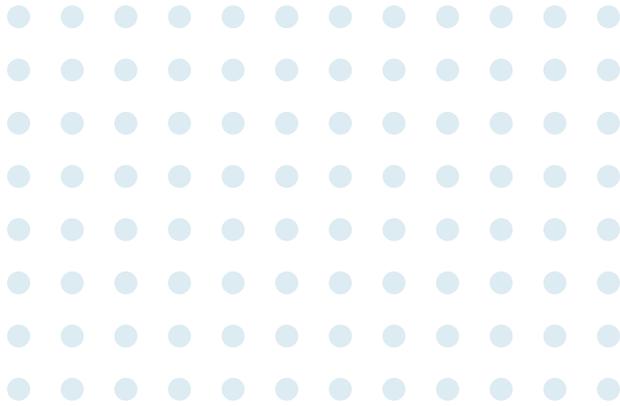
Birtukan is working hard to do away with such tragedy and negative cultural practices. She conducts meetings with communities which have brought about transformation. There is a conference every month in which girls above 15 and women participate.

Birtukan, a mother herself, approaches clients as mothers, wives, sisters and children. Her natural and practical approach to the work has enabled her attend more than 100 deliveries.

Birtukan believes that a midwife should be careful and supremely ready for her work. A midwife should always use a partograph and also know about infection prevention. A successful midwife should ultimately have a healthy mother and child.

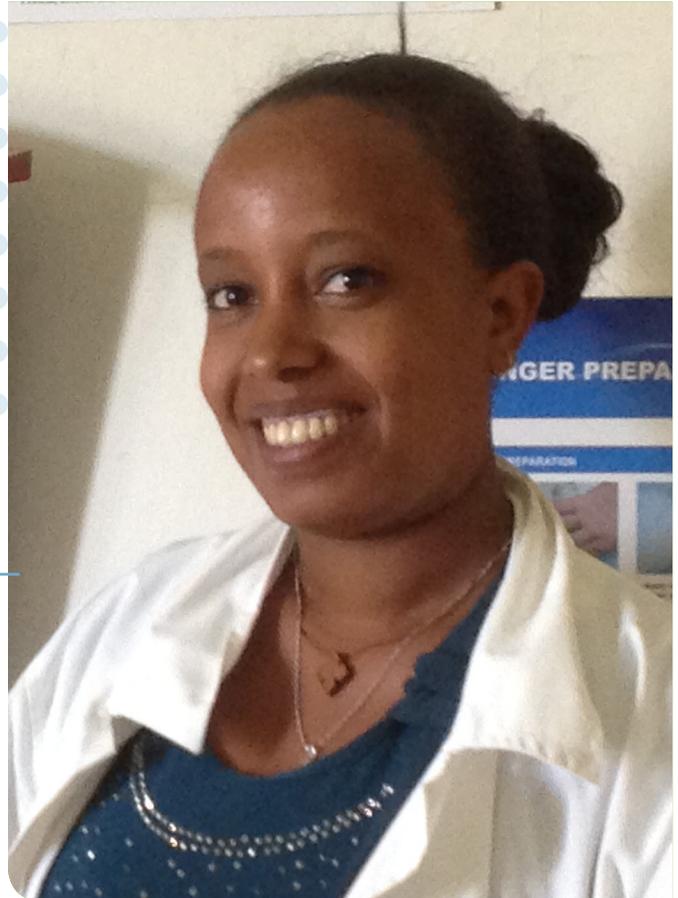






Passion Makes a Person Perfect

Genet Mossisa



Genet Mossisa came to Lemen to practice midwifery four years ago. Clinical nursing was on her mind, but upon witnessing the number of students seeking the profession, she decided to study midwifery.

When Genet came to Lemen Health Centre, there were no antenatal clients and no deliveries. Genet and her colleagues didn't sit back. They began community-based promotion. It wasn't an easy job at first as it took them a year or two to fully convince the community to come to the Health Center for antenatal care and delivery.

The cost made the people seek an alternative care at home. Human transport (carrying the mother on a stretcher) costs a few hundred birr. This is unaffordable to the mother. The mothers were assured about the ambulance service and were given phone numbers of the midwives and other professionals. Traditional birth attendants were also advised not to conduct deliveries at home. Creating a homey environment at the centre with traditional coffee ceremonies and customary porridge preparation also

helped attract more service seekers. Before they only had 2 or 3 deliveries in a month and that has jumped to 40.

Women who develop complications are urgently referred for specialized care. However, Genet attends the deliveries with utmost care. Even when she is off duty, she would be called to assist her colleagues when they had a difficult delivery. She remembers attending several deliveries in a single day. She is so committed to her work and is very happy to assist whether she is on duty or not.

For Genet, who is 25, every mother counts. A midwife should be expressive, active, compassionate and quick to take good decision on the spur of the moment for better results.

800 Deliveries in 8 Years

Mataye Mideksa

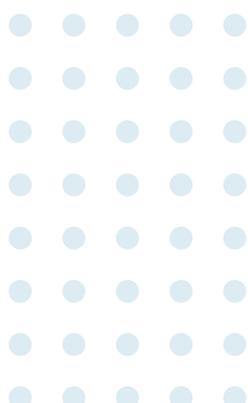
Mataye Mideksa has attended 800 deliveries in her 8 years of service as a midwife. This does not include the 20 deliveries she attended when she was a student at Shashemene Health Science College. What started with utter shock at the sight of blood has gathered pace and momentum through the years giving her more confidence.

When she began work at St Luke Hospital in Wolisso, there were few deliveries. The numbers have gradually increased over the last four years. Now she handles about 20 deliveries every month. Caring for two souls can cause a lot of stress. But love for the profession overcomes the challenges. Interest in the job and commitment has driven her forward.

Women with complications of pregnancy and child birth such as ruptured uterus, breech, PPH are managed carefully without threatening the lives of the mother and child as there are competent professionals at every level. Good networking in the hospital and teamwork make collaboration timely and easy.

Mataye, who is also studying for a bachelor's degree in midwifery during the summer, devotes some of her time to educating others. She has given BEmONC training eight times in different parts of the country. At least sixteen participants are trained in each session. She believes that the right behaviour and high quality care that each mother deserves should be at the centre of midwifery. She also sets examples for juniors and takes moments to encourage them to push forward and become excellent midwives.

She believes she earns her reward every day. For her the incentive is the satisfaction and not the salary she receives. The hospital is a perfect place to practice the profession to its limit. She is very happy as she has witnessed the ever increasing institutional deliveries and the decrease in institutional maternal and child mortality. This gives her great joy. She is a mother of four daughters and her labour experiences have made her to be more understanding and compassionate.





Meseret Tessema

An Ever Present Midwife

Meseret Tessema attended her sister-in-law's delivery in Nekemt in 2008 when she was a first year student in clinical nursing. That event made her decide to study midwifery.

Upon graduation she was assigned at Korkie Health Centre. She has been working there for nearly 2 years now. On average there are 23 births every month at the centre. A year ago there were only 15. On Tuesdays and Thursdays they hold conferences with pregnant mothers during which they teach the community on the advantages of skilled delivery.

Meseret's first multiple birth experience was a bit scary. A woman was on her way to the health centre when she gave birth to one baby on the road. She was still in labour and thought it was the placenta. Meseret did a routine check and discovered that it was the twin baby with breech presentation.

An hour passed before the second baby was delivered. The condition of both the baby and the mother was not good as the baby was in distress and the mother was anemic. The good news is that the lives

of the babies and the mother were saved and they all went home in good condition.

Meseret plans to go for further studies in midwifery. She believes that further education will add to her competencies and will make her more knowledgeable. She currently handles mothers with utmost care. Her smiling face and behavior attracts pregnant mothers. The cordial treatment at the antenatal unit made them seek for her care.

Meseret has never had a proper rest as she is always on duty call. Her time of rest only comes every other weekend when she heads to Addis.

The persistent power interruption has on many occasions obliged her to conduct deliveries with the light of a torch. When she is alone, this becomes very difficult as she has to hold the torch and conduct delivery at the same time.



Mergitu Mamo So Much More

Tefki Health Centre is situated south of the capital Addis Ababa. Mergitu Mamo was posted to Tefki in 2007 after graduating from her midwifery diploma programme. She joined midwifery because of the advice of her father - a health professional himself. The training was easy as she had already developed the interest. She only conducted 11 deliveries as a student and always felt the lack of experience and confidence. Her Team Training Programme in a rural area in the west of the country was only marked with a single delivery in a space of 40 days. The rainy season, coupled with lack of awareness among the community about skilled birth attendance were the factors behind this.

Her seven-year service at Tefki started slow. It was a clinic with low capacity, thus not attracting mothers. But since January 2009 it has become a health centre. And the deliveries increased as the centre expanded both in manpower and material. Holding periodic conferences with mothers at different kebeles has also contributed a great deal for the increase in the

number of clients. Women come for ANC and follow the care through until delivery.

So far Mergitu has attended over 200 deliveries. Women with complications of pregnancy and childbirth are referred to St. Paul Hospital in Addis. But this poses a challenge because of distance as St Paul is 40 kilometers away.

For Mergitu midwifery brings success and satisfaction as it is a life-saving job. Besides, the nobility of the profession demands due knowledge, ever-increasing skill, psychological readiness and confidence. Her competence and passion for the profession are well reflected in her expression. With such level of energy fueled by the love of midwifery, the future holds so much success.



Tigist Assefa

A Midwife & Tutor at Will

Tigist Assefa had a childhood dream of becoming a health professional. She is among the first batch of graduates of generic midwifery in 1999. While in school she attended 80 deliveries: 50 SVD, 20 vacuum extractions, and 10 breech deliveries. These deliveries took place in hospitals and health centres in Addis. Her exposure during the training made her work at the Gimbi Health Center (western Ethiopia) a fairly easy task. They had only 3 deliveries a day. The under-equipped centre made the work rather challenging though. She remembers giving mouth to mouth resuscitation on a number of occasions due to lack of ambu bags.

In 2001 Tigist moved to St. Luke Hospital in Wolisso.

It was a completely different atmosphere and environment as there were many doctors for the demand of service at that time. Deliveries were scarce and most of them were conducted by the physicians. So her role was limited to providing postnatal care.

Her postnatal engagement was intensified three years later upon her completion of clinical nursing in the hospital-run college. The postnatal ward was busy and demanding the hospital is a referral hospital.

She then spent a year and half at the gynecology ward before heading to the delivery ward where she has been working for the past five years. The number of deliveries was increasing and the staff couldn't cope at the time. However, in 2013, the management recruited 5 additional midwives, the first graduates in midwifery from St Luke College.

To add quality to number, Tigist provided mentorship for three months to the new graduates to increase their skills and to make them more competent. The afternoons are less busy so they are used for the mentorship. She uses the college's manual adding some demonstration sessions to it. She does this because she is convinced that the new curriculum that is currently being used has more theory than practice. Another reason is the hospital's referral status. As the midwives gain more experience and confidence, they perform their duties effectively.

Tigist speaks highly of St Luke Hospital's contribution to maternity care. The ward has grown in size and quality of service it delivers. The number of beds in the labour ward has increased from 2 to 8 and the staff has increased from 7 to 14. Being head of the ward, she has coped well with all the challenges of treatment and management.

With up to 30 deliveries a day the task is huge. But their philosophy of good diagnosis and timely care makes the process and the work manageable.

Tigist has trained 120 students, conducted over 1800 deliveries and her experience and expertise are indeed worth sharing.



Tsige Ayanaw

Does Midwifery Have a Limit?

Tsige studied midwifery at the University of Gondar for two years. She then joined Debre Tabor Hospital where she worked for almost two years. The hospital's amicable atmosphere made her life easy as she adapted fast. Her duties at the antenatal, family planning and midwifery department went with a sense of responsibility and fulfillment.

Tsige remembers an incident in Debre Tabor. It was a Sunday and she was going to St. Mary Church at 6.30 in the morning. Prayer was only in her mind. But as she came closer and closer to where her soul longed for, she heard people saying, "It is coming out!" She immediately approached the stretcher on which the people were carrying a mother who almost started giving birth.

She took a plastic bag they held, tore it and used it as makeshift gloves to help the mother deliver. She cut the umbilical cord with a razor they had and tied it with a piece of cloth. Calling her colleagues who were on duty at the hospital to take care of the woman, she went on her way to the Church to do her prayers.

Deliveries in Debre Tabor won her more admirers than the number of women she actually helped. Women would even bring a sack of teff and loads of potatoes in appreciation but she would send them back insisting

that the joy she shared in the life saving process was her reward.

Some mothers do not make it to the delivery ward. The ambulance they are in cannot overtake the speed of labour. So deliveries occur in the car. Tsige did a few of them as such.

Tsige's passion for the job in the labour and delivery room is still on. The stress that is on the mothers is something that she can cope with easily. The sight of a neonate lying on the side of the mother makes her day. A mother of one, her dream is to enable others become mothers. One for her is enough. She is determined to dedicate her remaining time in helping mothers in the community.

Punctuality, passion for the job, determination in giving good care to mothers and resilience in the face of hard work are the qualities that make a good midwife. She speaks about these out of experience, not out of mere principles.



Zenebech Serbesa

Energized Passion

Zenebech Serbesa was a frontline, primary health worker, giving medical aid and attending normal deliveries for 5 years. She then joined Goba Nursing College and studied midwifery for 3 years graduating in 2010. She attended 50 deliveries at Lemen Health Post and Chitu clinic as a student.

Zenebech, who had long harbored an interest in midwifery, has practiced it at Chitu for more than three years. During the past years the number of deliveries was few with an average of 15 mothers a month. But now it has almost tripled. This is due to staff transformation, awareness at community level, friendly environment at the centre, and the availability of an ambulance.

In February 2014, a woman in labour came to the centre. The examination revealed that she had a breech presentation. She decided to send her to the referral hospital but the ambulance had already gone with another patient. She tried to call St. Luke Hospital for their ambulance service but it was unreachable because of network failure.

She decided to proceed with the delivery after informing the mother about the risk. She went about delivering the baby but the head was stuck. As the condition of the mother worsened, she put her on IV fluid. The baby was

delivered but was in distress. She cleared the airway and did resuscitation in quick succession. Few worrying minutes lapsed. Much to her relief and delight of the mother, the baby began crying.

The mother returned after 45 days to express her deepest gratitude. Such successful incidents give Zenebech inspiration.

Midwifery for Zenebech, who is a mother of two, involves a process. She would follow the mother the whole time. She takes antenatal care as a crucial precursor to safe delivery. For Zenebech it doesn't end with a healthy delivery as well. She takes postnatal care seriously knowing the rural setup of the community. On some occasions, she would demand the mother to spend another 24 hours at the centre.

A successful midwife for Zenebech is one who treats mothers uniquely and one who has developed the skill to manage complication of pregnancy and labour. Good quality of care comes with training. The woman-friendly-care opened her eyes and she has employed the skills very well. The heart for the profession and love for mothers will no doubt add countless deliveries to the several hundred she has attended so far.



Ayalnesh Asmamaw

What Else but Midwifery

Ayalnesh Asmamaw is working as a midwife at Azezo Health Centre since November 2012. Her career began in 2008 upon completion of her diploma in midwifery from the University of Gondar. Her practice began in Dergie Health Center with deliveries ranging from 15-20 per month.

Ayalnesh then moved to Kola Diba Health Center, a historic centre that began operation during the Italian occupation. Deliveries were very minimal then, two in a day.

At Azezo Health Center however 25 to 30 deliveries occur in a month. Conducting a few hundred deliveries already, she is still committed to give her best to the wellbeing of mothers and neonates.

Midwifery for her is a noble and great profession and the satisfaction is great. She has witnessed the acceptance of the profession that is on the rise. What was considered as a low profession in the past is gaining the due respect it deserves.

As the referral hospital is very near in Gondar, complications are referred in time. At the centre they always prioritize delivery. But their duty isn't limited there. They hold conferences with pregnant women twice a week in the rural communities. The women are always told about the type of care given at the centre. They are informed about the benefit of early antenatal care. The midwives also talk about the importance of skilled birth attendance and its advantages to the whole community.



Haileyesus Asmamaw has a fourteen-year experience as a midwife. A practice that began in Mehal Meda with 10 deliveries a month has increased significantly over the years. Haileyesus has delivered nearly a 1000 babies. For him midwifery demands unwavering commitment. He remembers a case at the Felege Hiwot Hospital years back. A baby was born, but it was critically suffocated. All, including the physicians, lost hope. He and his colleagues however sucked the fluid and resuscitated the baby helping it survive.

He has a simple yet precious approach: mothers should deliver safely. This has been the engine of his steadfast dedication. He believes in exhausting every possible means available.

Haileyesus joined the profession by accident, thinking it was pleasant and urban-based. But later he learnt that it is all about a mother. A mother carries her baby for 9 months, but she can lose it any moment for any reason. Not only that, her life could also be at risk. So delivery is very delicate and critical that demands utmost dedication.

Haileyesus Asmamaw

Sweating for Life

He knows that labour pain is acute. But seeing a baby shortly after the pain is a great joy. Vision Health Centre where he is working at now in Bahir Dar is very busy. The work engages him almost non-stop. But as he goes home after work every day, he leaves the tiredness behind and carries the joyful satisfaction with him. He therefore begins the following day with a fresh readiness for duty.

Haileyesus has earned the respect of mothers. With nine other midwives at the centre they help deliver about 150 babies per month. The centre is well-equipped with the necessary materials helping the ever ready professionals perform their level best. The antenatal care service is of high standard. Every mother undergoes ultrasound check during her antenatal follow-up.

Students from Bahir Dar Health Science College, other private colleges and Bahir Dar University come for clinical attachment. They take practical lessons, observe and provide service depending on their level.

Vision Health Center minimizes the burden of Felege Hiwot Hospital. Haileyesus believes he is contributing a lot to maternal and child health. In a time when the profession is getting the respect it deserves, many have shown the interest to join the profession. A highly dedicated professional like Haileyesus no doubt sets the standard that should be followed by those that come into the midwifery profession.

Mentsegera Birhane

Midwife at Mekelle Referral Hospital



Mentsegera has been a midwife for two decades. Her rich experience and tailored skills are capped with about 1400 deliveries. For her midwifery is done with love and utmost care. A head midwife at the hospital with so much responsibility, she is now giving a lot for the wellbeing of mothers, children and other service seekers.

Mentsegera has contributed a lot for the transformation of the midwifery section at the hospital. Her dedication to maternal care and child wellbeing has improved the service and increased her satisfaction.



Meseret Demissie

An Exemplary Midwife

Meseret Demissie is a midwife trained at Shashemene Health Science College in the Accelerated Midwifery Training Programme. She was assigned to work in Bilalo Health Centre, in Arsi Zone, in June 2012 right after graduation. She likes midwifery profession because she loves her mother and any service given to women gives her satisfaction.

She is a very active and motivated young midwife who has been engaging actively in increasing the number of facility delivery by closely working with the Health Extension Workers (HEWs) and women development groups. She provides training to health development groups, which includes traditional birth attendants, to increase awareness creation on the benefits of ANC and institutional delivery. She also closely monitors, coaches, mentors and follows the work of HEWs regarding maternal health. As a result both the midwives and HEWs know all pregnant mothers in their catchment area. The HEW will follow the pregnant women and encourage institutional delivery.

When she arrived at the health centre, the average number of deliveries was 3 per month, but has increased to 57 per month in 2014. Meseret has managed 312 deliveries during the past 12 months.

Similarly the average number of antenatal care attendances was 12 per month and has increased to 33 per month. She is also innovative; she has prepared a signing sheet for pregnant women who agree to go through institutional delivery. The records show that 90% of women who signed the sheet delivered at the health center.

Meseret's commitment and teamwork have been acknowledged by the Zonal Health Bureau. The Bilalo Health Center has also been acknowledge for the tremendous amount of work and was number one out of 80 type B health centers on increasing institutional delivery services. Her work was also acknowledged by UNFPA that sponsored her to attend the 30th ICM Triennial Congress in Prague.

I am a Midwife

By Dorothy Lazaro

I am a midwife
I stand on my feet for 8 hours in a day
I am on call 24 hours a day
I still keep the smile on my face
Because I am a midwife

The first cry of the baby is music to my ears
The first cry of the baby is melody to me
The first cry of the baby is my satisfaction
The first cry of the baby energizes me
Because I am a midwife

The joy of the mother is my joy
The smile of the mother is my satisfaction
The pain of the mother is my pain
The cry of the mother is my cry
Because I am a midwife

I am very comfortable in the labour ward
I am very comfortable in antenatal clinics
I am comfortable in family planning clinics
I am comfortable with women seeking different reproductive health services
Because I am a proud midwife

Midwife association promotes and strengthens the midwifery profession and the role of the midwife to ensure the well-being of women and families through representation and advocacy on behalf of midwives and women.



Ethiopian Midwives Association

A strong professional association supported by its members and recognized by the government, regulatory authority and education programmes is a pillar to promote a high-quality midwifery workforce. Associations that represent midwives have several roles and responsibilities, which include: (1) advancing professional practice; (2) partnering with regulatory authorities; (3) working with other health care professionals; (4) promoting professional networking; and (5) partnering with women's groups. There are also additional roles expected of a strong professional association. These roles include: set and maintain standards of practice; adopt and use code of ethics; define scope of practice and set regulations; define educational content and qualifications for midwifery teachers; offer on-going education opportunities; and provide leadership for health policies (Thompson, Undated).

Midwives' associations promote and strengthen the midwifery profession and the role of midwives to ensure the well-being of women and families through representation and advocacy on behalf of midwives and women.

The Ethiopian Midwives Association (EMA) was established in 1992 and was registered with Ministry of Justice under the new Civil Society

Organizations (CSOs) law. EMA has been a member of the International Confederation of Midwives (ICM) since 1993. The vision of the Association is to see that “every woman has full access to institutional delivery; and there is enhanced reproductive health rights of women free from all forms of reproductive health problems.” The mission of the Association is to promote and enhance the expansion, performance and status of the midwifery profession through adopting quality and evidence based practices; adhering to the code of ethics and empowering the professionals with a goal of reducing maternal morbidity and mortality rates through provision of quality services.

The organization continues to make its contribution to the reduction of maternal and child mortality and improving quality of reproductive health service at the grassroots level in Ethiopia. The association achieves these goals through partnerships with MoH and development partners supporting programmes that are aimed at reducing maternal mortality.

The association is governed by a 7-member Executive Board and has branches in all the nine Regional States: Tigray, Afar, Amhara, Oromia, Somali, Benshangul-Gumuz, Southern Nations, Nationalities and Peoples Region (SNNPR), Gambella and Harari, as well as two City Administrations (Addis Ababa and Dire Dawa). It has 58 staff members. Data shows that although the country has over 6900 midwives only 3000 are members of EMA.



Hiwot Woubishet

Hiwot Woubishet has served 3 years and 3 months as the Executive Director of the Ethiopian Midwives Association. She finished her studies in 1994 at Selam Nursing School. She later studied Sociology and Social Work for her Bachelor and Master's degrees respectively.

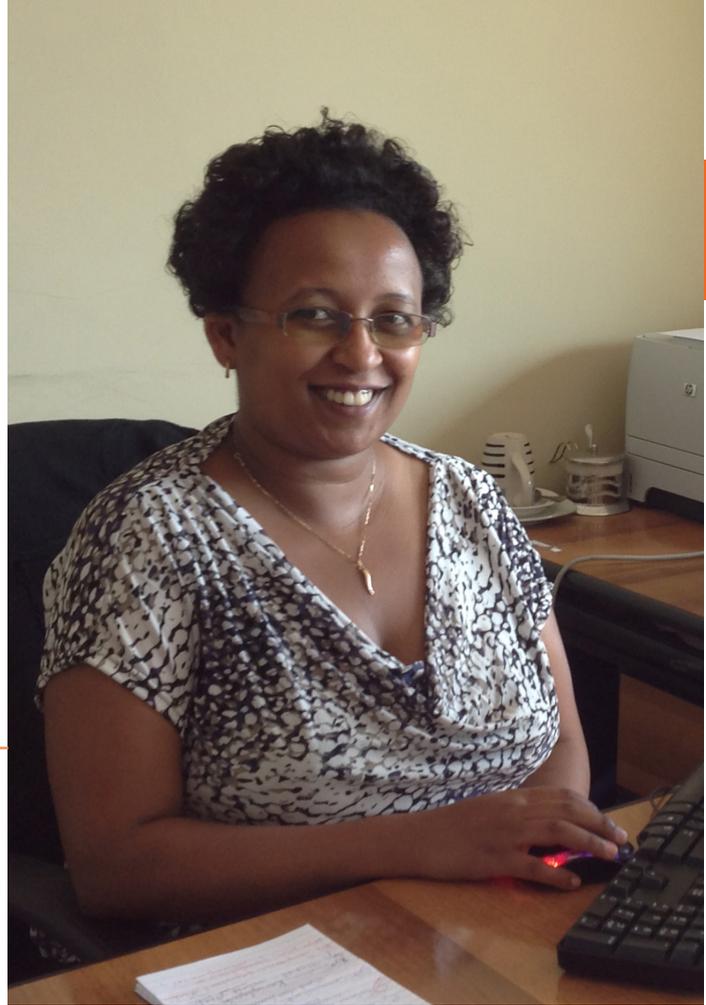
Her passion began at home as her father was a medical professional. She believes love, confidence and competence make a good midwife. Passion and commitment are essential in midwifery, whose nature demands emergency care more often. Hiwot boasts over the programme back then. A month's theoretical lesson would be matched by a block attachment practice. The internship programme would run for 6 months so the training was more practical. She conducted between 25 to 30 deliveries during her internship programme.

Hiwot aims high and is committed to lead the association to where it should be in terms of excellence.

For Hiwot success is measured by two parameters: the midwife and the system. Success specific to the midwife involves competence, responsibility, efficiency and ability to impact others. On the system's level come infrastructure, materials, staff, management and good referral arrangement.

EMA, which thrives to ensure a steady and successful practice in the country, has been developing slowly since its establishment 23 years ago. In recent years however it has evolved dramatically embracing 3000 members and employing 58 personnel. Such vast and strong staff and membership base will define its mission of midwifery representation in the country, evidence-based practice sharing and quality promotion.

The Association's scope of work is fourfold: capacity building; advocacy and representation; partnership and resource mobilization; as well as research, monitoring and evaluation.



Following the strategic plan developed with UNFPA for the years 2010-2014, great effort has been made to help the profession grow. EMA, in collaboration with UNFPA and FMOH, prepared a guideline on standard of midwifery practice. It gives parameters for quality and standard service. The guideline will be used for scale-up, implementation and piloting. It was launched during the International Day of the Midwife in Gondar on May 03, 2014.

Documents on code of ethics and conduct, which are applicable for both teachers and students, are also put into practice. The Association has intensified its training programme equipping hundreds of midwives from all corners of the country. EMA is an intrinsic part of the bigger organ that is committed to achieve the Millennium Development Goals on reducing maternal and child mortality.

EMA's plans for the future is to have its own building, MCH centre, training centre, service provision, research unit, journal on midwifery; accreditation training; rules and regulations on the practice of midwifery; and income generating capacity.

Membere Mihrete

An Internationally Recognized Midwife

Membere Mihrete finished her nursing education 30 years ago. Her professionalism and etiquette outshined the senior employees in Assab (now in Eritrea) that she was assigned to head the delivery ward. The Medical Director at the hospital encouraged her and counseled her to pursue midwifery. He then facilitated the study for her. After that she was assigned to Adama Hospital for fourteen years of service with very good memories.

Membere remembers many neonates that could be classified as dying. They were placid and lethargic with only sporadic gasps. She resuscitated them all. They regained life, sucked their mothers' breast and went well to their respective homes. She is indebted to the life-saving training that she took.

In 2003, Columbia University opted to give a prize for an exemplary practice in midwifery. Membere was picked by Dr Barbara Kwast who lived in Ethiopia for 25 years. She flew to Trinidad and Tobago in April 2004 to receive her prize of USD 5000 in recognition of excellence. Membere still feels overwhelmed, because she feels that what she did was within the requirements of her duty. She used the grant money to train seventy four midwives on interpersonal communication, treatment protocol and counseling.

She then went to Sweden through SIDA for a month-long training. Membere and four compatriots had to develop a new project on use of magnesium sulphate, which was unknown at the time. They implemented it in Shashemene with success. She presented her results in Botswana.

She doesn't have the exact number of babies she delivered. She remembers that she used to deliver 15 babies in a day in Adama Hospital. In a month they had 200 babies delivered by 4 midwives.

Midwifery for Membere is crucial for the immediate family, the community and the country at large. It is a noble profession as it looks after double lives simultaneously. She always appreciates Dr Kitaw Shawel who encouraged her to take the profession when she was a nurse practitioner.

Membere, who highlights skill and love in midwifery, is a full-time advisor at the Ethiopian Midwives Association at present. She has been a trainer for the last two years. The focus is on basic emergency and obstetrics care. Updating the knowledge and skill of the midwives is both satisfying and uplifting. It is a pleasure for her to work with an evolving association. She is committed enough to pouring her skills and expertise in the days to come for the love of midwifery.



Midwifery in Thick and Thin

Zinabwa Girmay

Zinabwa Girmay has been a midwife for 24 years. With such a stretch of time the babies she attended are hard to count. The figure in her words is “uncountable.” Her duty at Black Lion Hospital, where she worked between 1990 and 2011, was the busiest, with 15 deliveries per night at times. The deliveries on a busy day reached 38.

The love for the profession reduced the level of the stress though. There were moments when she soaked her legs in cold water just to revive herself because of being tired. The overwhelming satisfaction however prevailed over the extreme work.

Respect for mothers, love for the job, knowledge, skillfulness, problem solving mentality and concern make a good midwife. Punctuality is also crucial for her. One minute can determine life and death at a critical condition. Being a role model in both counseling and clinical practice is what the profession demands. The juniors would also learn a lot through such informal mentoring.

The skills she has accumulated over the years are the ammunitions she uses in giving trainings and managing trainees at Ethiopian Midwives Association. An advisor and trainer with the Association she is well aware of the difference in levels among trainees coming from different regions. Tapping on her experience, she does her best to bring all to a level where care for mothers isn't compromised.

Zinabwa's work in Wuqro, Tigray Region, in the 1980s wasn't easy as there was war at the time. While working in the health station, an unusual call came one night at 3am to go and assist a labouring mother. She answered the call dutifully, yet risking being caught in a possible crossfire. When her mother knew that she had left the home, she ran to her midwife daughter to be a cover. That was the worst in her life as the same night the town fell on the then opposition force. War is very devastating, especially to pregnant and labouring women, but Zinabwa practiced midwifery under such stressful conditions. She only left the region and came to work in Addis after the complete military pullout.



Dawit Hailu

Success is the Beginning

Dawit Hailu has been an advisor at the Ethiopian Midwives Association since April 2011. His biggest practice in midwifery took place in Gidole Hospital. A two-year service was capped with 250 deliveries.

In his earlier work he was part of a rural-based mission where they covered 14 kebeles in 5 sites among the community.

Gato Health Centre, where he worked before moving to the hospital, wasn't well equipped, making it hard to offer full service. So their initial clinical practice was home based. He didn't stumble over the challenge. He remembers attending to three home deliveries.

On a Sunday, the local river Yanda, which separated Dawit's home and the clinic, was unusually full. He was told that a labouring woman was waiting for his skilled hands. But he hesitated beside the river because the level of the water was too high to try. As the time ticked on the husband of the woman offered to hold him as they crossed the river.

The water was waist-high. Right in the middle of the river the husband let go of his hands. He started to panic, this time thinking about his life, not the woman's and the baby in her womb. He however dragged his feet to maintain his balance and made it to the other side.

The woman's condition at the clinic wasn't normal either. It was a breech presentation. He however managed to assist safe delivery with the technical maneuvering he learnt at school.

Two years ago, the night was different at Gidole Hospital. He attended six deliveries. It didn't end there. Another woman needed his attention. She was labouring. He ran out of gloves when he was about to deliver the baby. He did a quick risk assessment: two lives against a faint danger to his health. He went ahead with the procedures with bare hands. The night ended with the 7th delivery safely resting on the mother.

Dawit, who has so far attended 400 deliveries, believes that midwifery is a call. Midwives are destined before they acquire the skill. He considers himself lucky to be an advisor and educator at EMA where he has trained many midwives.





Conclusion

No success can be told without accompanying results. The stories documented so far give evidence to the success of midwifery programme in Ethiopia. Everyone talks of the impressive work that has been done from the Ethiopian Federal Ministry of Health to health practitioners. UNFPA and SIDA also are witnesses to the same success story.

Students and tutors on their part are caught up in the successes, resulting a huge jump in the number of trainees at different institutions across the country. Keeping abreast with innovations and developments in midwifery practice will no doubt increase the results.

It goes without saying that success at the system level will result into success at the individual level. Provision of health centres and their accessibility, inputs in terms of material and staff, basic infrastructure, well placed management system as well as good referral system determine the quality of maternal care services.

With the increase in institutional delivery from 10% to 34% in 4 years and the number of midwives increasing from 1,275 in 2008 to 7200 May 2014 the figures give evidence to the highly positive development. With the momentum and dynamism setting the pace, it is only a matter of time to reach MDG 5.

It goes without saying that success at the system level will result into success at the individual level.

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Seeking service for another safe delivery, Benshangul

