



## Partnership with MOHP, UNFPA, WHO, GIZ, and IMC to Foster Midwifery Education – Nepal

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Project title: Partnership with Ministry of Health and Population (MOHP), UNFPA, GIZ, WHO, and IMC to Foster Midwifery Education

Project location: Nepal



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## Background

In 2006, Nepal's Ministry of Health and Population (MOHP) introduced the National Policy of Skilled Birth Attendants with an aim to bring about sustainable development and reduce the mother and child mortality rates. In 2009, MOHP finalized its selection of 4 universities to pioneer midwifery education as a professionally accredited degree in Nepal. These universities are:

- B.P. Koirala Institute of Health Sciences (BPKIHS),
- Kathmandu University (KU),
- National Academy of Medical Sciences (NAMS), and
- Patan Academy of Health Sciences (PAHS).

It was agreed that the universities would establish professional midwifery education as a separate faculty within the university and offer a bachelor's degree in midwifery as a professionally accredited course. The curriculum would be proposed by each university to the Nepal Nursing Council (NNC) for review and finalization. The NNC would offer accreditation to the proposed curriculum only if it was confirmed to be consistent with ICM/WHO international standards.

After the April 2015 earthquake, when up to 90% of health facilities were damaged or destroyed in many rural areas and out of 352 birthing centers, 115 were severely damaged and 137 partially damaged, the need for trained midwives and adequate birthing centers became more urgent. Overall, the 2015 earthquake affected some 8 million people, including 2 million women of reproductive age and over 126,000 pregnant women. According to WHO, over 85% of urban pregnancies in Nepal are over medicalized, with mothers receiving overwhelming prenatal care even for simple and nonfatal cases. However, only 16% to 18.6% of Nepal's population lives in its cities. Most people live in rural areas, and many of these areas are deprived of professional midwifery services, modern medicines, and access to surgery. When pregnancy complications arise, this lack of proper care leads to the death of the mother and child in most cases.

## Current Situation

In Nepal, the profession of nursing evolved from midwifery services and midwives. However, the nursing profession has continued to gain prominence, while there has been little improvement in midwifery services or the number of midwives in Nepal. This is because the services of a professional midwife are typically provided by assistant nurse midwives, nurses, and general physicians. To the detriment of Nepal's vastly rural population, most of these professionals prefer to stay in the capital or urban areas, where there is an abundance of medical expertise.

MOHP's 2006 National Policy of Skilled Birth Attendants focused on capacity building, improving the skills and knowledge of medical professionals, making them proficient in midwifery tasks, and equitably deploying them to all parts of the country. However, a study by UNFPA showed that Nepal will need more midwives with professional expertise in coming years, and that the country will face even more urgent shortages of these professionals, especially in rural areas. It is estimated that out of a total population of 27.5 million, 23 million (84%) are living in rural settings without access to professional midwifery services, and 7.4 million (27%) were women of reproductive age in the year 2012. The population is projected to reach a total of 32.9 million by the year 2030.

According to the data published by MOHP, the maternal mortality rate in 1996 was 750 per 100,000, which was brought down to 285 per 100,000 by 2014. The infant mortality rate was 53 per 1,000 in the year 1990, and was brought down to 23 per 1,000 by 2014. Also, there has been a substantial decrease in the mortality

rate of infants within 28 days of their birth. The results are substantial, but not satisfactory. By the year 2030, MOHP aims to bring the maternal mortality rate to 70 per 100,000 and infant mortality rate to 1 per 1,000.

To work towards meeting the increasing future need for professional midwives, address the current shortage of professional midwives (especially in rural areas), and achieve the Nepal government's expected 2030 results by addressing the issues of high infant and maternal mortality rates through long-term, sustainable solutions, the Ministry of Health and Population (MOHP), with the support of organizations such as UNFPA, WHO, GIZ, RMF, and IMC, is helping universities formulate a curriculum and offer an accredited degree that is on par with the international standards of the World Health Organization (WHO) and the International Confederation of Midwives (ICM). MOHP also introduced the Midwifery Education and Management guidelines in 2016, defining a "midwife" as an individual who has obtained midwifery education that is consistent with international benchmarks, with proper knowledge and training in mother and infant health care and family health services, and whose conduct and practice is scientifically, socially, and culturally acceptable.

### **RMF Presence**

As part of RMF's goal to liberate human potential by empowering local people to create long-term, sustainable change in their communities, RMF Nepal has been invited by UNFPA's leadership to join the MOHP's task force to educate and deploy midwives. RMF was invited, in part because we can offer specialized support and expertise, having co-founded the first accredited college of nursing and midwifery in South Sudan, the Juba College of Nursing and Midwifery (JCONAM) in early 2010, which offers a 3-year diploma in nursing and midwifery.

RMF Nepal has been included in the task force for midwifery education. We will offer technical assistance as needed, attend task force meetings and workshops, and assist in the preparation of midwifery-related documents. Per the EDP meeting on July 6, 2016, all partner organizations were requested to offer their support in writing to prevent duplication of support and for optimum utilization of available resources.

The following support was offered by RMF, and has now been accepted and finalized, to be implemented in close collaboration with the MOHP, UNFPA, WHO, GIZ, and IMC:

- **Development and strengthening of faculty** in the following 4 universities: B.P. Koirala Institute of Health Sciences (BPKIHS), Kathmandu University (KU), National Academy of Medical Sciences (NAMS), and Patan Academy of Health Sciences (PAHS). This will be accomplished by:
  - Supporting the universities in recruiting faculty members,
  - Sponsoring training and capacity building/skills development programs for faculty members, and
  - Contributing to the remuneration of technical staff.
- **Supporting students** from economically and socially disadvantaged and marginalized backgrounds in all 4 universities through:
  - Scholarships to needy students and
  - Covering accommodation costs and potentially providing stipends to selected students.
- **Covering the cost of necessary physical infrastructure and equipment** for training labs and other infrastructure as requested by one of the universities, Patan Academy of Health Sciences (PAHS).