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## SWOT analysis of Community Midwifery Program in Pakistan

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## SWOT analysis of Community Midwifery Program in Pakistan

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### Abstract

The community midwifery program was launched in 2006 by the Government of Pakistan as a major initiative to provide skill birth attendance to women living in rural areas of Pakistan. The main purpose of the program is to extend maternal and newborn services to the communities, through the selection and training of community midwives (CMWs) from rural areas, and to deliver services to their local communities. However, there is a substantial difference between the number of CMWs trained and those working at their birthing stations. Therefore, this paper uses a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to evaluate the different aspects of the CMW program. To avoid potential bias in the analysis and results, all four investigators reviewed the content and the published literature. The results from the evaluation of the reviewed literature provided findings on the strengths, weaknesses, opportunities, and threats of the CMW program. **Strengths** of the Community Midwifery program include enrollment criterion of community midwives, extensive coverage of midwifery services, management and supervision of the program, healthcare delivery, and positive effect of the program on health indicators. **Weaknesses** include weak management of the program at district levels, problems in funding, job insecurities of community midwives, weak supplies and equipment provided to midwives, weak referral systems, poor quality care, and progress in meeting targets. **Opportunities** include the community's acceptability, health system research, and support for the referral system. **Threats** include financial affordability, social and cultural norms, funding problems, political and socio-cultural environment, and non-acceptance by established medical professions. The strengthening of the Community Midwifery program requires more political commitment and proper integration into the existing health system of Pakistan.

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## **Background**

The role of community midwives (CMWs) in pregnancy and childbirth has now been well established and renowned for improving the health of women and newborns, particularly in countries that face a serious shortage of skilled birth attendance [1]. The community midwifery (CMW) program was launched in 2006 by the Government of Pakistan as a major initiative to provide skill birth attendance to women living in rural areas of Pakistan [2]. The thrust of the program is to extend maternal and newborn services to the communities through the selection and training of community midwives from rural areas, and to deliver services to their local communities [3]. The program was planned as an essential part of the existing health system of the country [4]. CMWs are trained to provide essential maternal and newborn health care services including antenatal/postnatal care, normal vaginal deliveries, and newborn assessments [4].

CMWs play a key role as the first and, at times, the only point of care in the provision of health services [4]. They serve as the foundation of a strong health system toward achieving Universal Health Coverage (UHC) [5]. The progress in training midwives has been strong in recent years, resulting in a globally increased density of midwives in 2017 [6]. The CMW program was established to institute home-based clinics to provide services to rural women [7]. Despite a large investment in the CMW program by the provincial governments of Pakistan, the rate of Maternal Mortality Rate (MMR) reduction is low [8]. A cross-sectional study was conducted in several rural districts of Sindh to explore the quality of labor and birth care in Sindh, Pakistan [9]. The findings of the study suggest that only 6% of the deliveries were performed by CMWs working in birthing stations [9]. There is a substantial difference between the number of CMWs trained and working at their birthing stations.

Therefore, in this paper, the community midwifery program is assessed using the SWOT analysis technique. SWOT is an abbreviation for Strengths, Weaknesses, Opportunities, and Threats [10]. This tool classifies strengths and weaknesses and also ascertains the opportunities and threats from the external environment that should be utilized and avoided respectively [10]. The analysis provides a base to assess the probability of a program's achievement or failure.

## Methods

A SWOT analysis was carried out to recognize the potential strengths and weaknesses of the CMW program in Pakistan, and to identify the possible opportunities and the key threats according to the published literature. The SWOT method considers the possible applicability of a particular approach or technique when scientific evidence is inadequate to highlight specific problems and evaluate the possible benefits and drawbacks [10].

A narrative review of published literature on the ‘CMW program in Pakistan’ was performed. PubMed, MEDLINE, Google Scholar, and Embase search engines were sought. Initially, a bibliographic search aimed at *CMWs in Pakistan* was undertaken. Three independent investigators carried out the bibliographic assessment and the fourth investigator was consulted if there was a lack of agreement on the reviewed literature. A second manual search was then carried out to complete those matters of relevant important issues such as ‘maternal and newborn care in Pakistan’, ‘referral system’, ‘three delay model in maternity care’, ‘MNCH program in Pakistan’ included by the researchers in the outline of the SWOT analysis through the results of the first general search. The total number of references was screened for relevant information and their time of publication. All articles published from 2015 to 2022 were reviewed. The preference was given to those papers that represented general findings from the whole of Pakistan. All the available best evidence such as case series, systematic and literature review papers, interventional studies, and observational studies were included. The relevant papers were divided among the researchers for each of the sections of the SWOT analysis.

## Results

### *a) STRENGTHS*

- Enrollment procedure
- Comprehensive coverage
- Management and supervision
- Wide-ranging healthcare delivery
- Positive effect on health indicators

### ***Enrollment of community midwives***

The main strength of this program has been accredited to the program's strategy of enrolling, training, and deploying community midwives through different key stakeholders such as Maternal and Newborn Child Health (MNCH) program coordinators, principals of midwifery schools, and district health officers [11]. This process enables the identification of appropriate females for the midwifery program from the areas where there is a need for CMWs and birthing stations [12]. This ensures equal access of trained and skilled birth attendants to communities, thus improving the quality of life and health of communities [12].

### ***Comprehensive coverage***

CMW program is one of the largest community-based programs covering up to more than 20% of the population including largely the rural poor for skilled birth attendance [13]. There are midwifery schools in every province of Pakistan to train CMWs which helps in the growth of the midwifery workforce [14].

### ***Management and supervision***

The program is comprehensively designed with implementation strategies and consists of well-organized management and supervision ensuring regular monitoring of CMWs [15]. Each CMW is supervised by the district program coordinator and district health officer. However, the direct supervision of CMWs is the responsibility of district coordinators [15]. The district coordinator is supposed to supervise and visit each CMW at least once a month at her work to assess her work through records and the availability of equipment and commodities at the birthing station [16].

### ***Health services delivery***

CMW program provides skilled healthcare in local communities [17]. The services package includes antenatal care, normal vaginal deliveries, postnatal care, counseling of pregnant women, screening of neonates, counseling regarding breastfeeding, counseling of eligible couples on family planning, and provision of medicines and contraceptives to clients [18]. This makes the program effective in providing extensive health services to the people.

### ***The positive effect of the program***

Community midwives have made a progressive influence on health indicators by enhancing health services utilization and creating awareness about health practices among people through health education [14, 19, 20]. The Demographic and Health Survey of 2017-2018 also declared prominent improvement in infant mortality rate (IMR), maternal mortality ratio (MMR) and contraception prevalence rate (CPR) in areas covered by CMWs [21]. The improvements in health indicators among the populations covered by the CMWs such as antenatal visits, skilled birth, and postnatal care are also evident [21]. This has furthermore improved economic growth and increased the provision of health services in the country [22].

### ***b) WEAKNESSES***

- Poor management and integration at the district level
- Problems in funding
- Job insecurity
- Weak supplies and equipment provision
- Poor referral systems
- Lack of quality care
- Poor progress in meeting targets

### ***Weak management and integration***

Despite the well-planned management and supervision, the administration of the CMW program faces several challenges. Increased turnover among stakeholders involved in the supervision of CMWs impedes the quality of program implementation [23]. In addition, deferral in salaries of district coordinators hinders the management of the CMW program [23]. In some rural districts of Pakistan, CMWs are not properly trained and they provide poor quality of care to people [24]. This may be due to delays in intended improvements targeted at training, management, and organizational development [24].

### ***Lack of funding***

There have been delays in providing stipends to CMWs across the country [17,18]. Moreover, there is no basic scale salary set for CMWs that upsurges their job insecurities [18]. In the last 15 years, since the commencement of the program, CMWs have not attained the status of government employees [18]. Besides, CMWs are involved in other public health activities launched by donor agencies, NGOs, or the health department such as nutrition programs and polio eradication programs to name a few, which make them overworked [25]. Due to these overburdened responsibilities and additional duties, her primary mandate i.e. antenatal care, normal vaginal deliveries, and postnatal care is compromised, for which they are trained [25].

### ***Provision of supplies and equipment***

There are deficiencies in the disbursement of funds at all levels [7]. Despite its large extension, there are weaknesses in the provision of supplies and equipment at birthing stations for CMWs due to funding and management issues [7].

### ***Poor referral system***

The CMW program suffers from underprivileged referral systems, perhaps due to its rapid integration into the national health system of Pakistan [26]. The problem of a weak referral system is due to poor planning which leads to problems of sustainability in quality care and availability of CMWs in their communities [27]. The lack of mechanism of referral services from the level of CMWs to health facilities delays patients' transport and increases patients' suffering [26]. Though there are good linkages at higher levels in the health system of Pakistan [26], yet, at the field levels i.e. Basic Health Units (BHUs) and other health facilities, the linkages are poor due to weaknesses in the organization [26].

#### ***c) OPPORTUNITIES:***

- Community's acceptance
- Health system research
- Support for referral system

### ***Community's acceptance***

The extensive coverage of the program provides opportunities for future public health interventions as rural women prefer female providers for healthcare matters [28]. CMWs can be therefore contributory to providing health services to rural women [28].

### ***Health system research***

The CMW program's wider reach and number of CMWs available can be made part of a workforce that could be used as a resource for health system research [29].

### ***Support for referral system***

One of the weaknesses of the CMW program has always been its poor referral system [27]. CMWs can be influential in strengthening the referral of vulnerable patients, particularly the women and newborns to ensure timely and appropriate health care seeking to save the lives of women and their newborns [29].

#### **d) THREATS:**

- Financial affordability
- Financial problems
- Political environment
- Non-acceptance by established medical professions

### ***Financial affordability***

CMWs face the challenge of financial affordability of people for their services which is the major constraint in midwifery services utilization among the rural communities they serve [7]. Moreover, the patriarchal structure and country's culture for female mobility issues impede CMWs social association [30].

### ***Funding for program***

Funding for vertical programs after the 2011 devolution has been interrupted and the financing mechanism of the program has to be decided at the provincial level [30]. The lack of financial

support from the government may be risky for the program if not provided support [9]. It is though wished that provinces will manage the execution of the program for the betterment of maternal health. There is a challenge of availability of CMWs workforce due to funding, which is affecting day to day services to the rural and remote communities [31].

### ***Political environment***

In some parts of Pakistan, there is a non-acceptance of females holding influence and contributing their services for societal benefits [32]. Even though the program's focus is maternal and newborn health care, CMWs often face troubles due to gender norms in many parts of the country [32].

### ***Non-acceptance by established professions***

The established professions of doctors, nurses, and lady health visitors may act as hindering forces in the progress of the program [33]. The acceptability of CMWs by health care providers especially doctors remains a challenge in Pakistan [33].

### **Discussion**

The current maternal mortality ratio of Pakistan is 186/100000 live births [10-11]. While the maternal mortality has reduced, the rate is still very high to reach the target Sustainable Development Goal (SDG) 3.1, which is to: "*Reduce the global maternal mortality ratio to less than 70 per 100,000 live births*" [6]. The CMW program has the potential to improve skilled care in rural areas of Pakistan if implemented properly. This paper has identified important strengths, weaknesses, opportunities, and threats to the program through an analysis of published literature and it could provide important insights to public health practitioners and policymakers for further research on CMWs in Pakistan.

The identified strengths of the program include enrollment and admission of community midwives through a number of authorized people who recognize the need for birthing stations in rural communities. A similar scheme is arranged for CMWs training in other LMICs such as Nepal, Bangladesh, and Malawi [34]. The training schools have been organized in every province of Pakistan and currently, there are more than 100 CMW schools registered with Pakistan and Nursing Council for training new girls [35]. The monitoring and supervision of training institutions

and deployed CMWs have been organized by district authorities to regulate midwifery educators' and midwives' competencies, which is yielding positive effects on maternal and neonatal outcomes in Pakistan [19].

However, the SWOT analysis has identified numerous weaknesses of the CMW program. The lack of authority for financial matters by the district officials is a hindering factor to the smooth implementation of the program. The district health system has inadequate administrative and financial control to implement the program [22]. The MNCH program is directed by top-down management where district managers are employed at the district level but are administered by the provincial government [22]. The roles of district officials are not properly defined, and the program is financed by provincial authorities which are apparent by fragmentation in the program at the district level. Financial limitations of the MNCH program have become major intimidation to the CMWs program's sustainability. These similar findings have been supported by MNCH program managers involved in the implementation of the CMWs program [36].

Nevertheless, there are still opportunities for the CMW program to advance the healthcare of mothers and their newborns through their involvement in health system research. This is due to the acceptance and preference of rural women for experienced CMWs as they provide holistic care to their clients and charge less for their services as compared to doctors and obstetricians [18]. Their diverse role for maternal and newborn health makes them significant care providers [18].

Still, the program is foreseen as a major threat as the non-acceptance of CMWs by other healthcare providers adds a further challenge. Moreover, the mobility issues and the gender norms are undesirable for female professionals to work in rural areas and put their careers at risk [30].

## **Conclusion**

In order to make efficient and effective use of the community midwifery program, more political commitment is needed, and the program needs to be properly integrated into the existing health system. Mechanisms need to be developed to provide job security of the CMWs to increase their motivation and retention in their professions.

## **Abbreviations**

CMW: Community Midwife; CPR: Contraceptive Prevalence Rate; IMR: Infant Mortality Ratio; MMR: Maternal Mortality Ratio; MNCH: Maternal and Neonatal Child Health; SWOT: Strengths Weaknesses Opportunities Threats UHC: Universal Health Coverage

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