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MIDWIFE-LED COMMUNITY TRANSFORMATION (MILCOT) NURSING NOW CHALLENGE IN UGANDA



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SUMMARY

This paper describes the journey of a young African midwife utilising the Nursing Now Nightingale Challenge framework to undertake a gap analysis and a mapping exercise to provide high-quality continuous professional development education for midwives working in isolation in a deprived suburb in Uganda. The project was completed in three stages:

- Stage one mapped out the services available within Nansana, Uganda
- Stage two identified the gaps in education for midwives and nurses within the area
- Stage three developed and offered educational study days for nurses, midwives and adolescents based on the gap analysis.

INTRODUCTION

In 2018 the World Health Organization and the International Council of Nurses launched an ambitious three-year worldwide campaign to highlight the work of nurses and midwives across the globe and empower them to enhance their contribution to improving global health and achieving universal health coverage. This campaign was called Nursing Now.

The campaign built on the recommendations of the *Triple Impact* report, published in the UK in 2016, which highlighted that empowering nurses and midwives would not only improve global health, but would also help address gender inequalities and strengthen local economies.¹

The Nursing Now campaign focused on five main areas, ensuring that nurses and midwives have a more prominent voice in health policymaking, encouraging greater investment in the nursing workforce, recruiting more nurses into leadership positions, conducting research that helps determine where nurses can have the greatest impact and sharing of best nursing practices.²

One of the initiatives set up by Nursing Now was the Nightingale Challenge which encouraged nurses and midwives across the world to pledge to raise the profile of nurses and midwives, and provide leadership and professional development opportunities for young nurses and midwives. There are now more than 800 independent and self-funding Nursing Now groups in 126 countries, and more than 31,000 young nurses and midwives have participated in the Nursing Now Nightingale Challenge.²

Nayiga Harriet was a newly qualified midwife with a passion for women's and adolescents' health when she set up her charity called Midwife-led Community Transformation (MILCOT) with the aim of supporting vulnerable adolescents and preventing teenage and unplanned pregnancies. However, she took up the Nightingale Challenge after recognising the effects of workload stress on local midwives in a deprived area of Uganda. MILCOT worked with the Nansana Municipal Council Health team to extend the Nightingale Challenge to the community. This paper describes the completed project activities including a mapping exercise, gap analysis and implementation of a focused educational package and Sexual Reproductive Health and Rights service provision among marginalised adolescents and young adults.

With support from Professor Lisa Bayliss-Pratt, the Pro-Vice Chancellor at Coventry University, UK, Harriet successfully obtained a small grant from the Burdett Trust for Nursing to help establish her Nightingale Challenge project.

METHODS

Three methodologies were used; firstly, a mapping exercise was undertaken to record how many health facilities and staff served Nansana Municipality. Secondly, all midwives in a random sample of the health centres were asked to identify three key educational gaps in their practice that could be addressed by a continuous professional development programme. Thirdly, an educational programme incorporating the major priorities identified in the gap analysis was developed and implemented.

The project was undertaken in Nansana, the largest municipality in Uganda and located in the central region of the country in the Wakiso district. It is the fastest-growing municipality with a population growth rate of 4.1% – well above the national average of 3.1%. The current projected population stands at 465,000 people, of which 186,236 are adolescents and young adults aged 10–24. It is characterised by a number of slum settlements.^{3,4,5}

PROJECT OBJECTIVES

- To equip MILCOT with information on gaps and challenges of existing midwives within Nansana Municipality
- To provide capacity building for existing midwives within Nansana Municipality to enable them to participate in Nursing Now campaigns
- To provide referral and linkage for reproductive health services for adolescents and young adults within Nansana Municipality.



The Nursing Now campaign focused on five main areas, ensuring that nurses and midwives have a more prominent voice in health policymaking, encouraging greater investment in the nursing workforce.



STAGES OF THE PROJECT

Stage one

For the first stage, MILCOT carried out a mapping exercise to determine the health facilities and household distribution, and to assess the availability of adolescent and young adult-friendly Sexual Reproductive Health and Rights (SRHR) services, information provision and the gaps in Nansana Municipality.

The mapping exercise revealed that Nansana Municipality has a total of 13 government health facilities: five health centres category II, seven health centres category III and one health centre category IV. The total number of nurses and midwives working within these 13 health facilities is 51, so all health facilities were grossly understaffed.

A health centre II (HCII) is an outpatient service facility run by a single midwife who provides as much care as possible before referring clients to a higher-level facility. A health centre III (HCIII) serves 10,000 people and provides, in addition to HCII services, inpatient care, simple diagnostic tests and maternal health services that are provided by only two midwives. A health centre IV is classed as a small hospital run by a medical doctor and provides surgical services in addition to all the services provided at HCIII. There were only four midwives in this facility.

The following issues were identified:

- There is no safe space or designated staff within the infrastructure to encourage adolescents and young adults to seek SRHR services
- Community awareness regarding the services available in the government health facilities is low
- The full range of family planning services was not available
- There were no specific sessions available for adolescents and young people
- There was limited data in all the health facilities regarding service demand and provision for adolescents and young adults in relation to SRHR in Nansana Municipality
- There is severe congestion and long waits for clients in the local government health facilities at Nansana Municipality
- Following the mapping exercise, six health facilities were randomly identified due to limited funding to carry out stage two and stage three.

Stage two

All midwives working in the six health facilities were interviewed and asked to identify three gaps in their professional development and knowledge around SRHR, particularly for adolescents and young adults.

The following themes were identified:

- The service providers lacked the knowledge on service provision and specifically antiretroviral treatment (ART) service provision for adolescents and young adults with HIV.
- A negative attitude towards adolescents' service provision was identified.
- The few health workers who occasionally worked with adolescents were overwhelmed with work as other health workers have negative attitudes towards adolescent-friendly service provision and refuse to support the service.
- 50% of the midwives interviewed had never attended any continuous professional development training nor been offered capacity-building initiatives. The 50% who reported undertaking additional training had not been offered training in the past two years. None of the professional development training conducted in the past two years was related to adolescent sexual reproductive health and rights.

Stage three

The midwives were asked to identify their own training needs. The consensus from all the interviews focused on the following topics:

- Training in SRHR in general
- Practical training on providing adolescent-friendly SRHR services
- Training on how to implement SRHR services
- Key populations and SRHR
- Basic training in assessment and management of depression

- Training in provision of modern family planning methods
- How to integrate SRHR into daily work
- Basic SRHR counselling skills
- Managing burnout in healthcare settings.

MILCOT identified 11 midwives to offer intensive education and training who would then be able to act as champions and provide training back in their own facilities. This would help to ensure that the local midwives are empowered and that the project is sustainable. MILCOT would remain involved in a supportive, advisory capacity.

The following sessions were developed and offered to the midwifery champions:

- COVID-19 management
- Introduction to the International Year of the Nurse and Midwife
- Leadership and management
- Adolescent and young adults' sexual reproductive health
- Healthcare leadership
- Integrating SRHR services for key populations
- Burnout and self-care for nurses and midwives
- Basic counselling skills for nurses and midwives.

After the initial training sessions were completed, key stakeholders in the community were consulted for an evaluation of the work already undertaken and to plan the way forward. The comments from the stakeholders were overwhelmingly positive about the training that had already taken place and suggested additional educational sessions, particularly around mental health.

The second phase of training was aimed at giving final preparation to the midwives before allocating them to priority areas for the provision of adolescent-friendly sexual reproductive health information and services. This training focused on identifying mental health issues, giving midwives the opportunity to gain skills around supporting marginalised adolescents and young adults, especially those who face psychosocial challenges.

The following additional sessions were provided:

- Prevention of maternal and newborn deaths
- Use of online SRHR apps, e.g. family planning app, safe delivery app, menstruation app
- Legislation issues
- Mental health
 - Introduction to mental health
 - Group support psychotherapy
 - How to screen for depression
 - How to screen for anxiety
- Allocation of nurses and midwives to high priority areas.

MONITORING AND EVALUATION

The work of the 11 champions was monitored and evaluated with the support of Dr Grace Edwards and Cliff Asher Aliga, both strategic advisors of MILCOT and faculties of Aga Khan University and with the support of the Nansana Municipality Council health team to assess the impact. MILCOT was delighted with the results which are shown in *Table 1*.

Table 1 Number of adolescents and young adults who were provided with SRHR services by MILCOT Nightingale Challenge team

Health facility	No of adolescents who received SRHR services	No of key populations who sought SRHR services	No of adolescents assessed for mental health and provided with psychosocial support	No of adolescents who use the SRHR apps
Serving Lives Under Marginalization (SLUM)	136	24	10	17
Health Concern Initiative	107	24	12	06
Nansana HCII working with Health for Youths with Parents Involved (HEYPI)	252	19	32	12
Nassolo Wamala HCII	158	06	51	15
God's Grace Maternity	33	05	08	01
Nabweru HCIII	236	13	13	13
Total	922	91	126	64

In addition to the six provider units, MILCOT staff were also able to offer services at their small premises. As a result of Nightingale Challenge activities in the community, there has been a huge number of adolescents and young adults seeking services from the MILCOT Centre. *Table 2* shows the range of services offered in the first month.

Table 2 SRHR services provided by MILCOT Nightingale Challenge team

SRHR services provided	Age range			Total
	10–14	15–19	20–24	
Family planning	1	41	141	183
Antenatal care	1	16	57	74
HIV testing	14	91	156	261
STI treatment	7	56	82	145
Delivery	0	0	16	16
Post-abortion care	0	0	1	1
Cervical cancer screening	0	12	23	35
Condom use	14	49	85	148
Prep-initiation	0	2	4	6
Total	37	267	565	



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Unfortunately, there is no record of the number of adolescents receiving care prior to this project but anecdotally the midwives reported very few young people attending clinics. *Table 1* and *Table 2* show the numbers now attending are extremely encouraging.

In 2021 MILCOT was awarded the 2021 national Heroes in Health Award of Excellence in Advancing Maternal and Child Healthcare in Uganda, in part due to the recognition of the success of this programme.



CONCLUSION



The overall programme was a resounding success, embraced by midwives and young people in one of the very deprived areas of Uganda. It is evident that lasting and sustainable change can be made with an enthusiastic team and a small budget. The Nursing Now Nightingale Challenge gave the impetus for this small team to plan and implement a project which will have lasting benefits for marginalised adolescents and young people living in this area.

There are still challenges around the availability and cost of medication, family planning resources and shortage of skilled midwives in many countries, however the results of this project are

very encouraging. COVID-19 posed a serious challenge as Uganda went into a strict lockdown with restricted movement and a night curfew. WhatsApp and Zoom were used to maintain contact; however, connectivity is often poor and airtime expensive, adding to the difficulties of maintaining good communication.

Although this project was undertaken in a low-resource country, midwives in other countries could utilise a simple mapping and gap analysis approach to identify priorities for education for women, particularly marginalised women and their families, who would benefit from an individualised, targeted approach to their care.

MILCOT will use these findings to bid for further funding to expand this project to a wider area and reach more marginalised adolescents and young people. **TPM**



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