

The Nightingale Challenge, leadership and change in Uganda

The article provides insights into the work of Midwife-led Community Transformation (MILCOT) in Nansana Municipality in Wakiso District

Despite great strides made by Uganda, the Maternal Mortality Rate still stands at 336 deaths per 100,000 live births and is among the highest on the continent and in the world.¹ As a result, the Minister of Health, Dr Jane Ruth Aceng called on stakeholders to devise strategies to bring the rates down.² One of the challenges is the limited access to family planning services. With limited adolescent-friendly service providers, 42% of all pregnancies among adolescents are unintended.³

The Midwife-led Community Transformation (MILCOT) charity was conceived after encounters in clinical settings and community practice demonstrated that one in four teenagers who were mothers suffered preventable pregnancy complications. Nurses and midwives took on the challenge to initiate, lead and create suitable care by concentrating on providing culturally and age appropriate advice. They demonstrated that it was possible to engage the adolescent and younger population, who seldom fear accessing mainstream services due to stigma and unsatisfactory care.

The Nursing Now '2020 Year of the Nurse and Midwife' campaign was launched during the Nightingale Challenge in June 2019. It was a call for the development of leadership among nurses and midwives as change agents in the communities around them to improve patient care.⁴ To date, the Nightingale Challenge has mobilised almost 30,000 nurses and midwives in 71 countries. In Africa, 63 countries and over 2,000 nurses and midwives have been engaged, including 272 nurses and midwives in Uganda.⁵ MILCOT is among the organisations that have signed up to the Nightingale Challenge.

Many partners are involved in bringing about unprecedented social change to the nursing and mid-

wifery profession in Uganda, including: the Ministry of Education, UNFPA, UNICEF, WHO, Uganda Nurses and Midwives Council, African Centre for Global Health and Social Transformation, IntraHealth, International Seed Global Health, and Peace Corps. They supported the review of the 1996 Uganda Nurses and Midwives Act, and enabled the vision to develop a mechanism to establish recruitment agencies for nursing and midwifery in Uganda.⁶ With the global shortage of nurses, the Nightingale Challenge aims to address this through the development of leadership skills within nursing and midwifery, enabling these skills and providing career pathway opportunities for nurses, and mitigating attrition. Recruitment in Uganda will enable the development of nursing and midwifery education to better meet the needs of the population.⁷

MILCOT leadership impact in Uganda

In Uganda around 2.5 million pregnancies occur in a year, and this is predicted to rise to 3.4 million by 2025. Approximately 50% of the population is aged 15 years and below. The teenage birth rate stands at 140 per 1,000 adolescent girls, and the fertility rate is 5.4 births per woman.⁹ Although maternal mortality rate has been declining in Uganda, it still remains high at 336 deaths per 100,000 live births.¹⁰ Neonatal mortality rate in the country is unacceptably high at 27 deaths per 1,000 live births, and the infant mortality rate is at 22 deaths per 1,000 live births. The unmet need for contraception remains at 28%, and it is higher among teenagers.¹¹

There is a critical shortage of nurses and midwives globally.¹² In Uganda it is estimated that 74% of births are performed by a skilled birth attendant. The present ratio of nurses and midwives per 1,000 population stands at 0.648.¹³ This falls far short of the minimum rate recommended by the World Health Organization of 2.9 per 1,000 people needed to provide essential care.¹⁴ In addition, a lack of finance and weak service delivery are prominent features of the health system in Uganda. The global impact of the Nursing and Midwifery profession is well documented and The State of the World's Midwifery report¹⁵ has clearly shown that midwives, who are educated and regulated to international standards, are competent to deliver 87% of the maternity needs of women in their care. Work by Renfrew reiterates the essential role of good quality midwifery care in strengthening and reforming health systems.¹⁶ Analysis by UNFPA in 2009¹⁷ found Uganda's health system 'unsupportive to midwives', characterised by:

- poor remuneration

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A health worker looking after mothers.

- poor health service infrastructure
- lack of essential equipment and supplies, e.g., gloves, drugs – especially in public health facilities
- inadequate protection from infections
- high workload owing to few qualified staff
- lack of supervision or training opportunities.¹⁸

The grassroots response by MILCOT

Evidence suggests that even in high-income countries, adolescents from families of low socio-economic status and living in poor neighbourhoods, are at greater risk of early and unintended pregnancies.¹⁹ There is evidence supporting that education helps to prevent teenage pregnancies.²⁰

MILCOT was conceived as a result of witnessing teenagers in the poorest and most marginalised areas of society becoming pregnant. MILCOT therefore situated itself in one of the poorest areas of Kampala. Nansana Municipality in Wakiso District, north-west of Kampala City, had a population of 365,124 in 2014. The community has high poverty levels, with most living in slums, and high levels of prostitution.

The Uganda Demographic Health Survey (UDHS) 2016 reported that in Wakiso district:

- 12.5% of children aged 6-12 years were not in school
- 8% of children under 18 were orphans
- 6% of girls aged 12 to 17 had already given birth
- 6.5% of the girls aged 12 to 17 year had been in a marriage union.²¹

MILCOT was established in 2017 as an indigenous organisation, and fully registered in 2019. There are very

few midwives outside hospital settings who work with the youth in communities to provide sexual reproductive health information to adolescents and young adults. This leaves many youths vulnerable to myths and misconceptions from peers, traditional birth attendants and herbalists.

MILCOT focuses on four programme areas, addressing adolescents and young adults concerns in marginalised communities. It promotes personal health and survival initiatives, building the capacity midwives and nurses through confidence training and leadership and knowledge, upskilling initiatives and social enterprise programmes. It is believed that these areas will strengthen preventative initiatives and build the capacity of midwives and nurses in Uganda to focus on prevention, using innovative approaches rather than having to react due to time pressures. Furthermore, these areas of focus allow health workers to access dedicated professional training programmes, using the Nightingale Challenge resources and community of nurses.

MILCOT conducted a baseline data assessment of five surrounding villages in Nansana Municipality before the SIA funded project started. From a total of 120 respondents (female=112, male=8), 45% were not living with their biological parents but lived in other places such as brothels or homes managed by a brothel owner, and 32% reported to be living with community members. This demonstrated that the identified adolescents and young adults in Nansana were exposed to risky behaviour. 4.5% of the 154 adolescents interacted with had various forms of disability and had never received any information relating to sexual reproductive health rights.

Since its inception, MILCOT has accomplished



much through a dedicated team of supportive professionals and leaders, led by midwives, consisting of programme officers, a clinical psychologist and social workers, all working on a volunteer basis. To date, MILCOT has reached 420 adolescents and young adults with information and counselling services specifically on sexual reproductive health rights, counselled and educated 15 mothers with psychotherapy to deal with post-natal stress, post-miscarriage stress and depression associated with domestic violence and severe poverty. Additionally, it has trained 200 adolescents and young adults in life skills (including self-reliance, interpersonal skills and effective decision-making) and established a drop-in centre to respond to day-to-day reproductive health challenges of adolescents and young adults who call on MILCOT after becoming aware of health community outreaches.

Conclusion

Every year the lives of 1.3 million Ugandan new-born babies could be saved if births were routinely attended by suitably trained and supported midwives and skilled birth attendants. MILCOT is taking this a notch higher by providing youth-friendly services that educate and empower young people to plan their pregnancies to ensure the health of mothers and babies are safe. However, a shortage of around 4.2 million health workers in Africa means nurses and midwives are in short supply and therefore must work differently and smarter than before. It is crucial that all nurses and midwives develop leadership skills, not only for improving their skills in caring for patients, but also for empowering them to influence local and national policies and practice.

The Nightingale Challenge has helped to provide opportunity to young nursing and midwifery leaders, giving them tools and skills that have enabled them to be change agents. The midwifery leadership at MILCOT is a remarkable example of what can be achieved through passion and expertise, with supportive networks of professionals enabling and empowering the leadership skills of nurses to be improved.

Through goodwill and hard work, MILCOT has already achieved so much. MILCOT's future will include building the resilience of midwives and nurses in effective and efficient preventive and responsive service delivery and strengthening referrals and links to responsive reproductive health and rights services within the Nansana municipality.

MILCOT epitomises the African proverb, 'If you want to go fast, go alone, but if you want to go far, go together'.

References

- 1 Trends in maternal mortality: 1990 to 2015 [Internet]. World Health Organization. 2020 [cited 23 April 2020]. www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
- 2 Nakabugo Z. Rates down but Uganda's maternal mortality still high [Internet]. The Observer - Uganda. 2020 [cited 23 April 2020]. <https://observer.ug/news/headlines/58169-rates-down-but-uganda-s-maternal-mortality-still-high.html>
- 3 [Internet]. Uganda.unfpa.org. 2020 [cited 23 April 2020]. https://uganda.unfpa.org/sites/default/files/pub-pdf/YoungPeople_FactSheet%20%2811%29_0.pdf
- 4 Bayliss-Pratt L, Daley M, Bhattacharya-Craven A. Nursing Now 2020: the Nightingale Challenge. *International Nursing Review*. 2020;67(1):7-10.
- 5 [Internet]. 2020 [cited 23 April 2020]. www.nursingnow.org/about-nightingale/
- 6 Nurses and Midwives Act 1996 | Uganda Legal Information Institute [Internet]. Ulii.org. 2020 [cited 23 April 2020].: <https://ulii.org/ug/legislation/consolidated-act/274>
- 7 Kakyo TA, Xiao LD. Challenges faced in rural hospitals: the experiences of nurse managers in Uganda [Internet]. Wiley Online Library. John Wiley & Sons, Ltd; 2018 [cited 23 April 2020]. <https://onlinelibrary.wiley.com/doi/full/10.1111/inr.12459>
- 8 The State of the World's Midwifery: Analysis of the Sexual, Reproductive, Maternal, Newborn and Adolescent Health Workforce in East & Southern Africa [Internet]. UNFPA ESARO. 2019 [cited 2020Apr23]. <https://esaro.unfpa.org/en/publications/state-worlds-midwifery-analysis-sexual-reproductive-maternal-newborn-and-adolescent>
- 9 World Health Statistics 2018: Monitoring health for the SDGs [Internet]. World Health Organization. World Health Organization; 2018 [cited 2020Apr23]. www.who.int/gho/publications/world_health_statistics/2018/en/
- 10 Skilled attendants at birth [Internet]. World Health Organization. World Health Organization; 2018 [cited 2020Apr23]. www.who.int/gho/maternal_health/skilled_care/skilled_birth_attendance_text/en/
- 11 Adolescents and Youth Dashboard [Internet]. United Nations Population Fund. [cited 2020Apr23]. www.unfpa.org/data/dashboard/adolescent-youth
- 12 State of the World's Nursing Report - 2020. World Health Organization. World Health Organization; [cited 2020Apr23]. www.who.int/publications-detail/nursing-report-2020
- 13 Sharma G, Mathai M, Dickson K, Weeks A, Hofmeyr G, Lavender T et al. Quality care during labour and birth: a multi-country analysis of health system bottlenecks and potential solutions. *BMC Pregnancy and Childbirth*. 2015;15(S2).
- 14 [Internet]. Apps.who.int. 2020 [cited 23 April 2020]. <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf>
- 15 State of the World's Midwifery 2014 [Internet]. Unfpa.org. 2020 [cited 23 April 2020]. www.unfpa.org/sowmy
- 16 Renfrew M, McFadden A, Bastos M, Campbell J, Channon A, Cheung N et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *The Lancet*. 2014;384(9948):1129-1145.
- 17 [Internet]. Static1.squarespace.com. 2020 [cited 23 April 2020]. <https://static1.squarespace.com/static/5bbba6574d8711a7dcafa92a/t/5c90055d9140b79fe0e545d5/1552942430406/missing+midwives.pdf>
- 18 [Internet]. 2020 [cited 23 April 2020]. <http://countryoffice.unfpa.org/uganda/>
- 19 Kearney M, Levine P. Why is the Teen Birth Rate in the United States So High and Why Does It Matter? *Journal of Economic Perspectives*. 2012;26(2):141-166.
- 20 Girma S, Paton D. Is education the best contraception: The case of teenage pregnancy in England? *Social Science & Medicine*. 2015;131:1-9.
- 21 UBOS U. Uganda Demographic and Health Survey 2016 [Internet]. Dhsprogram.com. 2020.