

THE MATERNAL AND NEWBORN HEALTH THEMATIC FUND

Strengthening Health System Resilience
in the COVID-19 Era

ANNUAL
REPORT 2021





DELIVERING A WORLD WHERE
EVERY PREGNANCY IS WANTED,
EVERY CHILDBIRTH IS SAFE,
AND EVERY YOUNG PERSON'S
POTENTIAL IS FULFILLED

Cover photo:

© UNFPA Sudan, Sufian Abdul-Mouty, 2020.
Winner of the 2021 MHTF photo contest.

Women and girls from White Nile State in Sudan have to travel dozens of kilometres to reach health facilities to give birth. The region is responding to the needs of hundreds of thousands of refugees, an extra challenge for an already fragile health system. Sarah travelled 50 km from her village on a *tuktuk*, a three-wheeled motorized vehicle, to give birth at Kosti Maternity Hospital. Its maternity ward was rehabilitated and expanded as part of the national EmONC response plan.



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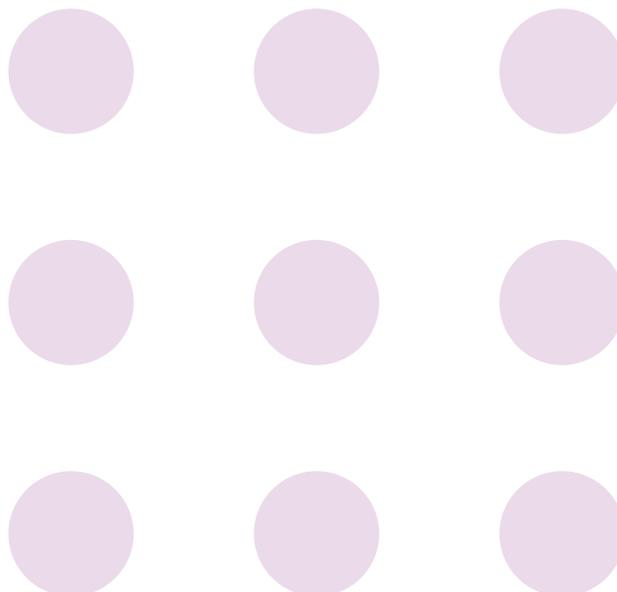
ANNUAL REPORT 2021

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ACRONYMS

| | |
|-----------------|--------------------------------------------------------------------------------------------|
| EmONC | Emergency obstetric and newborn care |
| H6 | UNAIDS, UNFPA, UNICEF, UN Women, World Bank and WHO |
| ICM | International Confederation of Midwives |
| Jhpiego | Johns Hopkins University Program for International Education in Gynaecology and Obstetrics |
| MISP | Minimum Initial Services Package |
| MPDSR | Maternal death surveillance and response |
| MHTF | Maternal and Newborn Health Thematic Fund |
| PPE | Personal protective equipment |
| SDG | Sustainable Development Goal |
| SRHR | Sexual and reproductive health and rights |
| SRMNH | Sexual, reproductive, maternal and newborn health |
| SRMNAH | Sexual, reproductive, maternal, newborn and adolescent health |
| UHC | Universal health coverage |
| UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNFCU | United Nations Federal Credit Union |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |



ACKNOWLEDGEMENTS

UNFPA sincerely extends its gratitude to its government partners and donors, sister United Nations entities and civil society organizations, and development and private sector partners who have generously contributed to and collaborated with the Maternal and Newborn Health Thematic Fund (MHTF). The fund catalyses progress in achieving the 2030 Agenda for Sustainable Development and its Sustainable Development Goals.

In detailing the MHTF's impact over the past year, we gratefully acknowledge the support of the 32 countries where the MHTF works. They made critical progress possible in places with some of the world's highest rates of maternal and newborn mortality and morbidity.

We would also like to thank Johnson & Johnson, Takeda and Friends of UNFPA for their ongoing partnership and financial and in-kind support.

The extraordinary results achieved despite the ongoing pandemic would not have been possible without the hard work and dedication of UNFPA colleagues, whose efforts at the local, regional and global levels contributed to the success of numerous initiatives spearheaded by the MHTF.

We also thank United Nations colleagues around the globe who collaborate with UNFPA through the H6 (WHO, UNICEF, UN Women, UNAIDS and the World Bank), Ending Preventable Maternal Mortality and the Every Newborn Action Plan to positively impact sexual, reproductive, maternal, newborn and adolescent health for those most in need. We look forward to continued collaboration to ensure that no woman or girl is left behind.

Finally, we thank our partners, who have played significant roles as champions of maternal and newborn health. They include the International Confederation of Midwives, the Maternity Foundation, Laerdal Global Health, the International Federation of Gynaecology and Obstetrics, the Liverpool School of Tropical Medicine, the World Continuing Education Alliance, the International Society of Obstetric Fistula Surgeons, Operation Fistula, Columbia University's Averting Maternal Death and Disability Program, Johns Hopkins University and its Program for International Education in Gynaecology and Obstetrics, USAID Momentum and the Woodrow Wilson Center.

We look forward to further advancing maternal and newborn health through these dynamic partnerships and innovative collaborations.

FOREWORD

In 2021, the COVID-19 pandemic continued to burden health systems and severely impact service delivery, supply chains and the global workforce. This borderless crisis threatened ongoing progress in advancing human development and jeopardized the welfare of millions of people – with women, girls and other marginalized groups bearing the brunt.

To protect hard-won gains, the Maternal Health and Newborn Thematic Fund (MHTF) supported 32 focus countries across the globe, prioritizing maternal and newborn health as part of an integrated approach to sexual and reproductive health and rights. While the severe socioeconomic and health effects of COVID-19 have been devastating, the pandemic presented an opportunity to develop sustainable alternatives to essential care. Among other initiatives, the MHTF contributed to the implementation of telehealth and e-learning in countries in Africa and Asia and the Pacific helping ensure uninterrupted communication and strengthening health system resilience.

To measure its impact towards strengthening health systems and scaling-up the integration of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services, last year, the MHTF underwent a comprehensive evaluation of its third and current phase. The preliminary results found tangible evidence of value added in strengthening midwifery programmes, establishing emergency obstetric and newborn care (EmONC) networks, enhancing government commitments towards ending fistula, and fostering equitable access to care – encouraging findings that give a green light for the extension of the MHTF into Phase IV.

In addition to supporting integrated SRMNAH programmes, the MHTF continued to push for universal health coverage, greater equity in access and high-quality care. It also worked to maintain accountability mechanisms and engage with other partners and stakeholders on a range of global and regional initiatives to improve maternal and newborn health.

UNFPA values the collaborative efforts of all its MHTF partners, from governments and UN agencies to NGOs and private sector actors. In the past year, the MHTF has shifted its focus from funding to financing, seeking to leverage national and international private and public resources to accomplish its goals. With continued donor support and financial commitment, we will pursue our mission of building inclusive health systems, utilizing existing tools and infrastructure, and fuelling innovation to ensure that no woman or newborn is left behind.

The Maternal and Newborn Health Thematic Fund is a catalyst in bolstering maternal and newborn health worldwide. As we navigate a world of uncertainties, I am confident the MHTF will prove to be the instrument within UNFPA to help accelerate progress towards our collective goal of ending all preventable maternal and newborn deaths and disabilities, once and for all.



A handwritten signature in black ink, appearing to read 'Natalia Kanem'.

Dr. Natalia Kanem
Executive Director,
UNFPA

EXECUTIVE SUMMARY

Since its establishment in 2008, the Maternal and Newborn Health Thematic Fund (MHTF) has served as UNFPA's flagship programme on maternal and newborn health. In 2021, the fund continued catalytic progress towards achieving the 2030 Agenda for Sustainable Development through Phase III of the MHTF Business Plan 2018-2022. The plan focuses on a people-centred, rights-based, life course approach to delivering integrated and comprehensive sexual and reproductive health services to mothers and newborns.

The MHTF in 2021 supported 32 countries with some of the highest rates of maternal and newborn mortality and morbidity across five regions (the Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa, see Annex 3). In these countries, the MHTF took steps towards realizing the vision of universal health coverage by providing maternal and newborn health care and creating demand for services; improving the quality of midwifery care, emergency obstetric and neonatal care (EmONC) and maternal and perinatal death surveillance and response (MPDSR); and preventing and treating fistula to ensure that the poorest of the poor can fulfil their basic human right to a healthy life.

In 2021, the COVID-19 pandemic continued to rage as new and deadly variants emerged and vaccination rates remained low in most developing countries across Asia and the Pacific, Africa, Latin America and the Caribbean. The inherently weak health systems in low- and middle-income countries remained constrained in providing essential sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) services. Furthermore, the pandemic continued to expose and deepen gender, socioeconomic and geographical disparities, negatively impacting equity and accountability in the accessibility and quality of care. In line with its dedication to integrated services, the MHTF contributed to creating and implementing innovative applications of technology in health care, including remote systems of maternal and newborn health service delivery (pre- and postnatal care and family planning, in particular) and e-modules for training midwives. Strained health facilities, the limited mobility of patients and resource shortages, however, continued to hinder care provision.

The MHTF educated and trained 28,500 midwives in 2021, including 4,300 graduating from higher education bachelor's and master's programmes and 7,800 from other UNFPA-supported pre-service programmes. The MHTF strengthened 747 midwifery schools by providing books, equipment, teaching models, training for tutors and/or school accreditation as per the standards of the International Confederation of Midwives (ICM). It bolstered the clinical and teaching skills of over 500 tutors.

To adapt to the pandemic and increased demands for remote learning, the MHTF supported the launch of 11 e-learning modules in East and Southern Africa, in collaboration with the World Continuing Education Alliance and the H6 partners (WHO, UNICEF, UN Women, UNAIDS and the World Bank). The modules helped train an additional 42,500 health workers in 2021, reaching 15 additional countries demonstrating wide-ranging, catalytic impact. In Asia and the Pacific, the midwifery online faculty development programme comprising six modules were developed with MHTF support and delivered online through Zoom via the Moodle platform. The programme assisted 16 countries to build the capacities of new midwifery educators. Overall, through online courses, the MHTF almost tripled the number of midwifery trainings from 2020 to approximately 75,000 in 2021, including 28,500 in-service and pre-service trainings within MHTF-supported countries.

Less than 10 years remain to eradicate fistula, given the 2030 goalpost of the Campaign to End Fistula. In 2021, the MHTF supported nearly 9,000 fistula repair surgeries; campaign partners assisted with thousands more. The MHTF provided technical and financial aid to 30 countries where obstetric fistula persists. This helped to prevent and treat cases and assist fistula survivors to successfully rebuild their lives through evidence-based interventions and policies. A total of 3,439 women and girls in 17 countries benefitted from various social reintegration programmes, such as psychosocial counselling, skills-building for income generation and empowering sexual and reproductive health education, including on family planning.

Of the 17 countries, 50 per cent reported that MHTF contributions were key to social reintegration support to fistula survivors. The elimination of fistula is within sight but intensified efforts are necessary to see this goal through to completion.

The establishment and strengthening of functional, well-distributed 24/7 EmONC facility networks with adequate numbers of fully trained midwives remained a key priority for the MHTF. In October 2021, Ending Preventable Maternal Mortality, co-chaired by UNFPA and the World Health Organization (WHO), launched five coverage milestones to achieve by 2025 to accelerate progress towards Sustainable Development Goal (SDG) targets to end maternal mortality. Contributing to these aims, a Takeda-supported project provided safe delivery services to 112,774 women. Further, 18,542 women with obstetric complications were treated, 46 per cent more than initially planned. To improve accountability and the quality of care in health facilities, the MHTF strengthened MPDSR programmes across all assisted countries. This encompassed implementing new indicators to measure maternal mortality as set out in the Global MPDSR Technical Working Group manual published with MHTF support.

The MHTF demonstrated its catalytic nature in spearheading innovative solutions to meet sexual, reproductive, maternal and newborn health (SRMNH) needs amid the COVID-19 pandemic, making use of diverse and fruitful collaborations, including with the ICM, WHO, the Johns Hopkins University Program for International Education in Gynaecology and Obstetrics (Jhpiego), Johnson & Johnson and Takeda. Private sector partnerships, such as with Johnson & Johnson and Takeda, have continued to present new opportunities to scale up fistula surgeries and midwifery services to countries with limited capacities. The MHTF's global impact was further demonstrated on the International Day of the Midwife through remote discussion panels and webinars that called for greater awareness, regulation, innovation and investment in the global response to fistula.

In 2021, the MHTF demonstrated that evidence-based, holistic programmes have sustainable, life-saving impacts. Despite the ongoing COVID-19 pandemic, the MHTF continued to alleviate maternal and newborn deaths in addition to strengthening health systems. Innovative solutions ensured the continuity of maternal and newborn and sexual and reproductive health services. The MHTF remains dedicated to strengthening midwifery, expanding EmONC networks and MPDSR programmes, and eradicating fistula once and for all. To sustain its impact and achieve its goals in all supported countries, the MHTF relies on continued and intensified funding support from its donors and private sector partners.



PART I



©UNFPA Mozambique,
Mbuto Machili, 2021.
Photo submitted by Jessica
Jomelin for the 2022 MHTF
photo competition.

KEY RESULTS

Universal health coverage describes the situation in which all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care, across the life course.¹ The move towards universal health coverage, which aligns with several SDGs,² must put women's health and mothers and newborns at the centre, acknowledging that maternal and newborn health care covers a critical period in which life-saving interventions and health promotion can have lifelong effects.

The MHTF is a catalytic component of UNFPA's global work on strengthening maternal and newborn health care, towards achieving universal access to sexual and reproductive health and rights (SRHR) and fulfilling the SDGs. As access to testing, vaccination, personal protective equipment (PPE) and treatment for COVID-19 improved during 2021, health-care providers were able to scale up adaptations to protocols, practices and models of care to ensure the continuity of maternity services as essential health services. Yet COVID-19 disruptions persisted. New strains of the virus appeared and additional waves of mass infections threatened and weakened health systems worldwide.

The COVID-19 pandemic has fostered an environment of uncertainty, creating new vulnerabilities for women and their health while exacerbating existing social and gender disparities. Studies have found that while pregnant individuals are at heightened risk of more severe symptoms from the virus than people who are not pregnant, prenatal care visits decreased, health-care infrastructure was strained and potentially harmful policies based on little evidence were implemented globally. Simultaneously, severe increases in maternal mental health disorders, such as clinically relevant anxiety and depression, were reported. Domestic violence appeared to radically increase, and women were

more likely to lose their income due to the pandemic than men, an economic constraint with downstream effects on health care.³ These results demonstrate a few of the pandemic's many direct and indirect impacts on maternal and newborn health and well-being.

Despite these challenges, 2021 was a year of research and adaptation as the MHTF sustained progress despite the pandemic. It continued to strengthen health systems by building on past lessons and adopting innovative approaches to further holistic, person-centred care. Catalytic, integrated SRMNAH initiatives focused on four key thematic areas: midwifery, EmONC, MPDSR, and obstetric fistula and other morbidities. The MHTF rose to the challenge with a strong focus on promoting equity in access and universal health coverage, and on improving accountability and the quality of care in 32 countries with some of the highest rates of maternal and newborn mortality and morbidity. By contributing to the widespread implementation of telehealth, e-learning initiatives and telephone hotlines in Africa and Asia and the Pacific, the MHTF strengthened health systems and guaranteed communication. The following section outlines progress in each of the MHTF's four thematic areas and the integration of sexual and reproductive health and rights.

1.1 MIDWIFERY

Midwives provide essential care, support and counselling from pre-pregnancy to pregnancy, labour and the postpartum period. Care includes preventive measures, the promotion of normal birth, the detection of complications for both the mother and the newborn, the provision of basic emergency measures, and referral to medical care or other appropriate assistance when needed. By helping to build a competent, well-trained and well-supported midwifery workforce around the globe, the MHTF gives quality midwifery care substantial momentum.

1 WHO, 2021. "UHC Factsheet."

2 United Nations, 2015. Transforming Our World: The 2030 Agenda for Sustainable Development. Resolution A/RES/70/1, 21 October. Website: undocs.org/en/A/RES/70/1.

3 Bethany Kotlar and others, 2021. "The Impact of the COVID-19 Pandemic on Maternal and Perinatal Health: A Scoping Review." *Reproductive Health* 18(1). Website: doi.org/10.1186/s12978-021-01070-6.

2021 was a significant year for midwifery with the commencement of the Decade of the Midwife (2021-2030), an initiative led by the International Confederation of Midwives (ICM). It will draw global attention to midwives' central role in ensuring equitable and sustainable global health care and ending preventable maternal and newborn mortality and morbidity. UNFPA's focus remained on global policy advocacy, using the latest evidence and data generated by *The State of the World's Midwifery 2021*.⁴ It also emphasized improving the quality of midwifery education and services and ensuring robust support for the midwifery workforce during the ongoing pandemic.

The MHTF fully implemented over 90 per cent of its midwifery programme workplan in 2021, making necessary adaptations to counter disruptions caused by the pandemic. With MHTF support and through new e-learning initiatives, close to 75,000 midwives

gained short-term in-service training and graduated from pre-service programmes. Fifteen additional countries in East and Southern Africa and 16 countries in Asia and the Pacific benefitted from numerous MHTF-funded e-learning resources for midwifery students and faculty. The MHTF further strengthened 747 midwifery schools by providing books, equipment and faculty training.

Key areas of focus in 2021 remained strengthening the quality of midwifery pre- and in-service education, bolstering regulations and national associations, and scaling up innovation. To support global advocacy and technical capacity-building, the MHTF continued collaborating with four key global implementing partners: the ICM, the Woodrow Wilson Centre, the Liverpool School of Tropical Medicine and the Maternity Foundation. Programme highlights follow.

GUINEA: MIDWIVES SAVE LIVES AMID THE COVID-19 PANDEMIC

2021 was a harrowing year for midwives in Guinea as they battled COVID-19 amid political violence and crisis. When the pandemic first struck in March 2020, the health system was still in recovery from the 2014-2016 Ebola epidemic. Some 14,000 cases of COVID-19 have since been confirmed. After a presidential election in October, upheaval erupted in the streets.

"I am in Taouyah, in Gnariwada," said Aïssatou Nènè Baldé, a midwife at a community medical centre, shortly after the election. "This is one of the areas of increased political tension. But I go out to work because women need me."

Ms. Baldé was recruited as part of a nine-month project supported by UNFPA and Takeda. It sustained quality sexual and reproductive services, including maternal and newborn health care, during the pandemic.

Vandalism was rife in Gnariwada. Deadly clashes during demonstrations made venturing outside an act of courage. But as Ms. Baldé said with determination, "Our clients' needs come first."

Source: UNFPA Guinea.



© UNFPA Guinea, 2021.

4 UNFPA, WHO and ICM, 2021. *The State of the World's Midwifery 2021*. Website: www.unfpa.org/publications/sowmy-2021.

THE STATE OF THE WORLD'S MIDWIFERY 2021 LAUNCHED ON THE INTERNATIONAL DAY OF THE MIDWIFE

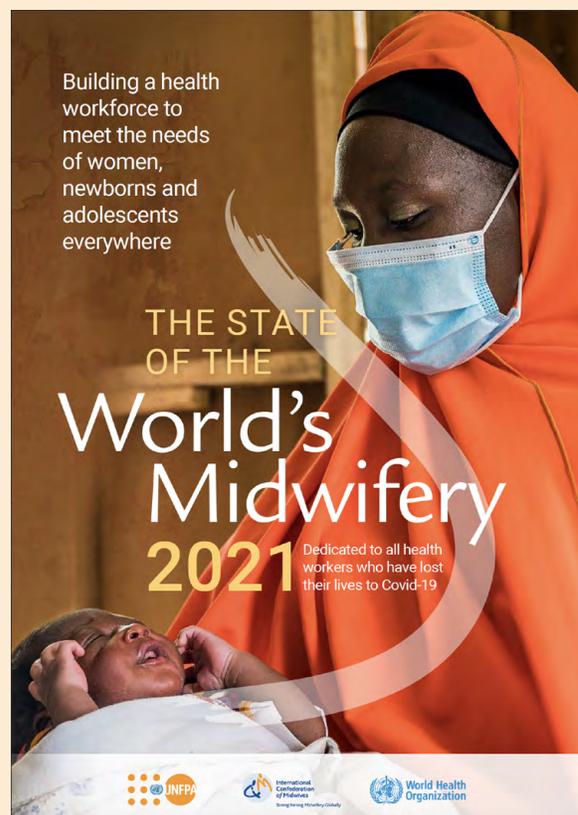
The International Day of the Midwife was observed on 5 May 2021 under the theme "Follow the Data, Invest in Midwives". The UNFPA Executive Director, Natalia Kanem, in her statement highlighted the extraordinary contributions made by midwives during the pandemic and the mounting body of data and evidence for more investments in midwifery as an essential health workforce that can help eliminate maternal and newborn mortality. *The State of the World's Midwifery (SOWMy) 2021*, a report led by UNFPA, ICM and WHO, was launched on the same day. It presented findings on the SRMNAH workforce in 194 countries. It detailed

Why invest in midwives?

SoWMy analysis indicates that fully educated and regulated midwives integrated within and supported by interdisciplinary teams and an enabling environment can deliver about 90 per cent of essential SRMNAH interventions across the life course, yet they account for less than 10 per cent of the global SRMNAH workforce.

There is now a large body of evidence that shows that investing in midwives facilitates positive birth experiences and safe and effective comprehensive abortion services, improves health outcomes, increases workforce supply, favours inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact.

The Covid-19 pandemic has highlighted the importance of investing in primary health care. Midwives are essential providers of primary health care and play a major role in this area as well as other levels of the health system: In addition to maternity care, they provide a wide range of sexual and reproductive health interventions across the life course. They also contribute to broader health goals, such as addressing sexual and reproductive rights, promoting self-care interventions and empowering women and adolescent girls.



progress and trends since the report's inaugural 2011 edition and identified barriers and challenges to future advancement.

The report and accompanying country profiles provide invaluable data on midwifery. These will inform advocacy for enhanced investment in midwifery education, regulatory frameworks, a more enabling work environment and more leadership positions for midwives – all key report recommendations. National report launches included virtual and in-person events, such as media talk shows, webinars, reproductive cancer screenings and family planning events organized by midwife associations.

Several regional workshops assisted health officials and others in transforming country-specific data into actionable plans. UNFPA's Arab States Regional Office further analysed the data and developed its own regional midwifery report. The East and Southern Africa Regional Office created a regional report with in-depth research and statistics from 23 nations. The Latin America and the Caribbean Regional Office and the Asia and the Pacific Regional Office carried out similar exercises. Report highlights were published in BioMed Central in November 2021 as part of a series of report-related articles.⁵

THE STATE OF THE World's Midwifery 2021

www.unfpa.org/sowmy

Midwives can provide about 90% of the sexual, reproductive, maternal, newborn and adolescent health care needed yet they **account for less than 10% of the global SRMNAH workforce**

The world needs 900,000 more midwives, mostly in low-income countries and in Africa

At current rates, there will still be a **shortage of 750,000 midwives** in 2030

Without additional investment the gap between rich and poor countries is projected to **widen by 2030**

INVESTMENT

Investment is urgently needed in four areas:

- 1 Health workforce planning, management and working environment**
Optimize midwives' autonomy and scope of practise
Provide an enabling work environment, free from gender-related stigma, violence and discrimination
- 2 High-quality education and training**
Competent educators and trainers, equitably distributed
Well-resourced education and training institutions
- 3 Midwife-led improvements to service delivery**
Midwife-led models of care
Optimized roles for midwives
- 4 Midwifery leadership and governance**
Senior midwife positions in government, research and education
Midwives drive SRMNAH policy

5 Andrea Nove and others, 2021. "The State of the World's Midwifery 2021 Report: Findings to Drive Global Policy and Practice." *Human Resources for Health* 19(1). Website: doi.org/10.1186/s12960-021-00694-w.

ICM Triennial Congress

A month after the International Day of the Midwife, the largest global virtual gathering of midwives took place at the ICM Triennial Congress.⁶ As a key partner in the meeting, the MHTF team presented in numerous sessions, including the plenary, which discussed findings from *The State of the World's Midwifery 2021*. Sessions elaborated topics such as “Sustaining Quality Midwifery Education During a Pandemic and Beyond”; “The WHO-UNFPA-ICM Framework for Action to Strengthen Quality Midwifery Education for UHC”; “Midwives’ Associations and Their Experience During COVID-19” and the “Role of Midwives in Comprehensive Abortion Care”.

International Federation of Gynaecology and Obstetrics World Congress 2021

The MHTF together with four regional UNFPA offices (the Arab States, Asia and the Pacific, Eastern Europe and Central Asia, and East and Southern Africa) presented at a UNFPA panel at the International Federation of Gynaecology and Obstetrics World Congress in 2021. The topic was “Safeguarding Access to Sexual and Reproductive Health Services During the COVID-19 Pandemic”.⁷ Session participants discussed innovative adaptations made by UNFPA and other stakeholders to ensure the continuity and continued use of sexual and reproductive health services. They examined challenges, obstacles and successes and the long-term effects of service adjustments on the health workforce as well as women and girls.

SRMNAH policy dialogues organized in collaboration with the Woodrow Wilson Center

In keeping with the spirit of the Decade of the Midwife,⁸ **the Woodrow Wilson Center** and the MHTF conducted four SRMNAH dialogues in 2021. The first took place in April around the launch in the United States of UNFPA's *2021 State of World Population Report: My Body is My Own: Claiming the Right to Autonomy and Self-Determination*.⁹ In June, the MHTF organized an engaging roundtable discussion¹⁰ with the WHO Department of Sexual and Reproductive Health and Research and the Wilson Center on “Strategies to Ensure Stakeholder Engagement in Progressing Towards the Achievement of Universal Access to Comprehensive and Quality SRH Services”. A dialogue in October explored “Maternal Mental Health: Providing Care and Support in the Perinatal Period”. Panellists reflected on these issues from their own backgrounds as health-care providers, advocates, researchers and policymakers, and from their lived experience.¹¹ A final event in December was on “Strategies to Prevent and Address Unintended Pregnancies Amid COVID-19”. This public roundtable examined existing country plans and practices for maintaining access to and the continuity of sexual and reproductive health services throughout the COVID-19 pandemic.¹²

6 ICM, 2021. “ICM Virtual Triennial Congress.” Website: www.icmvirtualcongress.org/.

7 Center for Global Development, 2020. “Safeguarding Access to Sexual and Reproductive Health during the COVID-19 Pandemic.” Family Planning 2030.

8 ICM, 2020. “A Moment for Midwives: Celebrating our Global Midwife Community Amidst the COVID-19 Pandemic.”

9 Wilson Center, 2021. “2021 UNFPA State of World Population Report.”

10 Wilson Center, 2021. “Sexual and Reproductive Health is Essential to Achieving Universal Health Coverage: Engaging Stakeholders to Realize Health Equity Worldwide.”

11 Wilson Center, 2021. “Maternal Mental Health: Providing Care and Support in the Perinatal Period.”

12 Wilson Center, 2021. “Preventing Unintended Pregnancies in the Context of COVID-19.”

Addressing perinatal mental health - a neglected area

In 2021, an important yet long-neglected area, maternal mental health, gained new impetus when UNFPA joined the WHO to support USAID Momentum in hosting “Giving Voice to the Silent Burden: Maternal Mental Health Technical Consultation”.¹³ Held in September, the consultation informed efforts to strengthen the maternal mental health research agenda, implementation approaches and integration within health programmes and services. A commentary on and call to action will be published shortly.

ICM-UNFPA e-magazine

The MHTF midwifery team in collaboration with the ICM launched the second edition of a joint digital magazine, *A Moment for Midwives*, in English, Spanish and French.¹⁴ The theme for this edition was “Past Successes and Future Hopes for the Decade of the Midwife”.

COVID-19 good practices in midwifery - Latin America and the Caribbean

With MHTF support, UNFPA’s Latin America and the Caribbean Regional Office published *Good Practices in Midwifery: Response to the COVID-19 Pandemic in Latin America and the Caribbean*.¹⁵ The report documents challenges faced by midwives in the region and 22 good practices adopted by midwives and midwifery associations to ensure the continuity of service delivery, including health promotion and prevention during the pandemic. Several initiatives involved creative adaptations made possible by ICT technologies.

Expansion of global data on midwifery and development of educational resources

Seeking to expand knowledge to inform advocacy and policy decisions, the ICM and UNFPA, with support from the Johnson & Johnson Foundation, completed a global survey of midwives’ associations. It sought to determine their impact and response to COVID-19, and to identify

trends in issues facing midwives and the women, newborns and communities they support. Between July 2020 and April 2021, the survey received 101 responses from 143 surveys distributed to ICM member organizations. The survey found that despite challenges in many countries early in the pandemic, UNFPA provided exceptional support that sustained service delivery, improved safety for midwives such as through the provision of PPE, and kept midwifery education and training going through the creative use of technology. Survey results are slated to be published in a peer-reviewed journal in 2022. UNFPA’s website also hosts a series of case studies.¹⁶

A new Johnson & Johnson Foundation-funded midwifery project, the Alliance for Improving Midwifery Education (AIME), developed research and educational resources. The Liverpool School of Tropical Medicine conducted a systematic review of professional development processes for midwives and midwifery educators in low- and middle-income countries; it will be published in a peer-reviewed publication in 2022.

To develop educational resources based on new knowledge, UNFPA worked with the Liverpool School of Tropical Medicine and the World Continuing Education Alliance to devise five new midwifery e-modules on post-partum haemorrhage, pre-eclampsia/eclampsia, sepsis, post-abortion care, and prolonged and obstructed labour. The modules, finalized and translated into Portuguese, French and Spanish, will be launched in 2022. The Liverpool School of Tropical Medicine and UNFPA also created a refresher training package on comprehensive abortion care for maternity care providers and new pre-service training modules on MPDSR and comprehensive abortion care for midwifery educators. These modules will be pre-tested in 2022. In addition, a new faculty development training package was piloted in Nigeria with plans for expansion to other countries in 2022 under a collaborative project with Laerdal Global Health.

Under the Alliance for Improving Midwifery Education project, ICM and UNFPA collaborated on a new global midwifery education programme guide for educators. It will help align curricula to ICM competencies and will be released in 2022. UNFPA and the Maternity Foundation worked together on a new module on safe abortion care

13 USAID, 2021. “Giving Voice to the Silent Burden: Maternal Mental Health Technical Consultation.” Website: usaidmomentum.org/mmh-technical-consultation-2021/.

14 ICM, 2020. “A Moment for Midwives: Celebrating our Global Midwife Community Amidst the COVID-19 Pandemic.” Website: a-moment-for-midwives-2021.internationalmidwives.org/.

15 UNFPA, 2021. “Good Practices in Midwifery: Response to the COVID-19 Pandemic in Latin America and the Caribbean, 2020-2021.”

16 UNFPA. “Midwifery.” Website: www.unfpa.org/midwifery.

MADAGASCAR SHOWCASES THE IMPACT OF MIDWIFERY EDUCATION

In Madagascar, UNFPA has worked with the Government to support training programmes for more than 800 midwifery students at three public institutes and one private school since 2018. Increasingly, graduates are qualified in compliance with international standards.

Tahiana Rakotovao, 24, came a step closer to a lifelong dream of becoming a midwife during her studies at Madagascar's Interregional Training Institute for Paramedics. "It wasn't until I stood alongside my classmates in the delivery room, encouraging an anxious mother-to-be as she gave birth to a little baby boy, that I realized just how valuable this work can be," she recounts.

The students have greater access to classroom learning material through rehabilitated laboratories, supplies of anatomy models and an expanded digital library with a wide range of tailored online courses. By the end of 2021, UNFPA had supported the hiring and deployment of 157 midwives to 52 EmONC centres and 13 primary health centres in remote and hard-to-reach areas of the country.

Source: UNFPA Madagascar.



Midwifery students at Madagascar's Interregional Training Institute for Paramedics.
©UNFPA Madagascar

for the Safe Delivery app. The module – set for launch in 2022 – will be piloted in Ethiopia and Zambia and translated into Spanish, Portuguese, and Arabic. The initial Spanish translation will undergo a regional review in 2022, followed by a regional launch.

Recognizing the need for more online training given the ongoing COVID-19 pandemic, the MHTF midwifery team, UNFPA's Asia and the Pacific Regional Office and the Burnet Institute developed and piloted two new online capacity-building programmes for midwives. In June, a six-week training programme on perinatal mental health developed skills among 24 midwives and sexual and reproductive health service providers from Afghanistan, Bangladesh, Myanmar, Pakistan and Papua New Guinea. In August, an online training programme for 48 midwives in Cambodia advanced their skills, knowledge and confidence in providing preceptorship support to new graduate midwives transitioning into clinical practice.

With MHTF support, UNFPA's East and Southern Africa Regional Office hosted 11 e-training modules based on ICM competencies for midwives on the joint-United Nations and World Continuing Education Alliance e-learning platform, prioritizing 15 focus countries. Collaborating with WHO, the United Nations Children's Fund (UNICEF) and the H6 in disseminating this information was fruitful. Approximately 42,480 health workers accessed the modules and took 83,480 courses in 2021.

Innovative adaptations to COVID-19 continued throughout 2021 to maintain the continuity of SRMNAH services, build capacities and ensure the continued education of midwifery students. UNFPA's Asia and the Pacific Regional Office developed six modules on midwifery educator faculty development and disseminated them through an online Moodle platform¹⁷ to over 15 countries. The modules were used in courses taught by over 100 midwifery educators. The regional office also collaborated with the Maternity Foundation

¹⁷ Moodle is a customizable and trusted open-source learning management system that is free to download, modify and share with others, empowering educators.

to conduct remote clinical training with the Safe Delivery app in Cambodia, Lao People's Democratic Republic, the Maldives, Myanmar and Papua New Guinea between May and June 2021, benefiting approximately 280 midwives.

Midwifery in humanitarian settings

In 2021, a technical working group formed to develop a new UNFPA strategy for midwives in humanitarian settings. The strategy, being developed in collaboration with UNFPA's Humanitarian Office, is intended to strengthen the humanitarian component of the global midwifery programme and guide programme planners in ensuring health system readiness to deploy midwives and provide support on the ground. The strategy, along with an update to the Global Midwifery Strategy, will be finalized in 2022 and help define the Midwifery Programme Acceleration Pathway until 2030.

Other midwifery highlights include:

- A new memorandum of understanding signed with Laerdal Global Health in October 2021 that will strengthen midwifery capacity-building. Under a second, in-kind agreement, Laerdal will donate some of its innovative models for clinical training to UNFPA.
- The MHTF completed year two of a multi-year project, Raising the Bar for Midwifery Education on a Global Scale, funded by Johnson & Johnson. The project has become the Alliance for Improving Midwifery Education initiative. A first steering committee meeting in October drew participants from WHO, Laerdal Global Health, ICM, Jhpiego and the Liverpool School of Tropical Medicine.

The UNFPA midwifery team is actively engaged in numerous coordination and technical working groups with the WHO and other partners. These are developing key resources on maternal mental health, respectful maternity care and MPDSR, among other core issues.

1.2 EMERGENCY OBSTETRIC AND NEWBORN CARE

Too many women and newborns lack timely access to quality health care and life-saving interventions when faced with an obstetric or newborn emergency. This often results in devastating and sometimes fatal consequences. To achieve SDG targets 3.1 and 3.2i, every pregnant woman must be able to give birth in a referral health centre that offers safe EmONC. In 2021, despite the ongoing pandemic, the MHTF continued to support governments in creating physically accessible national networks of health facilities providing round-the-clock quality EmONC services.

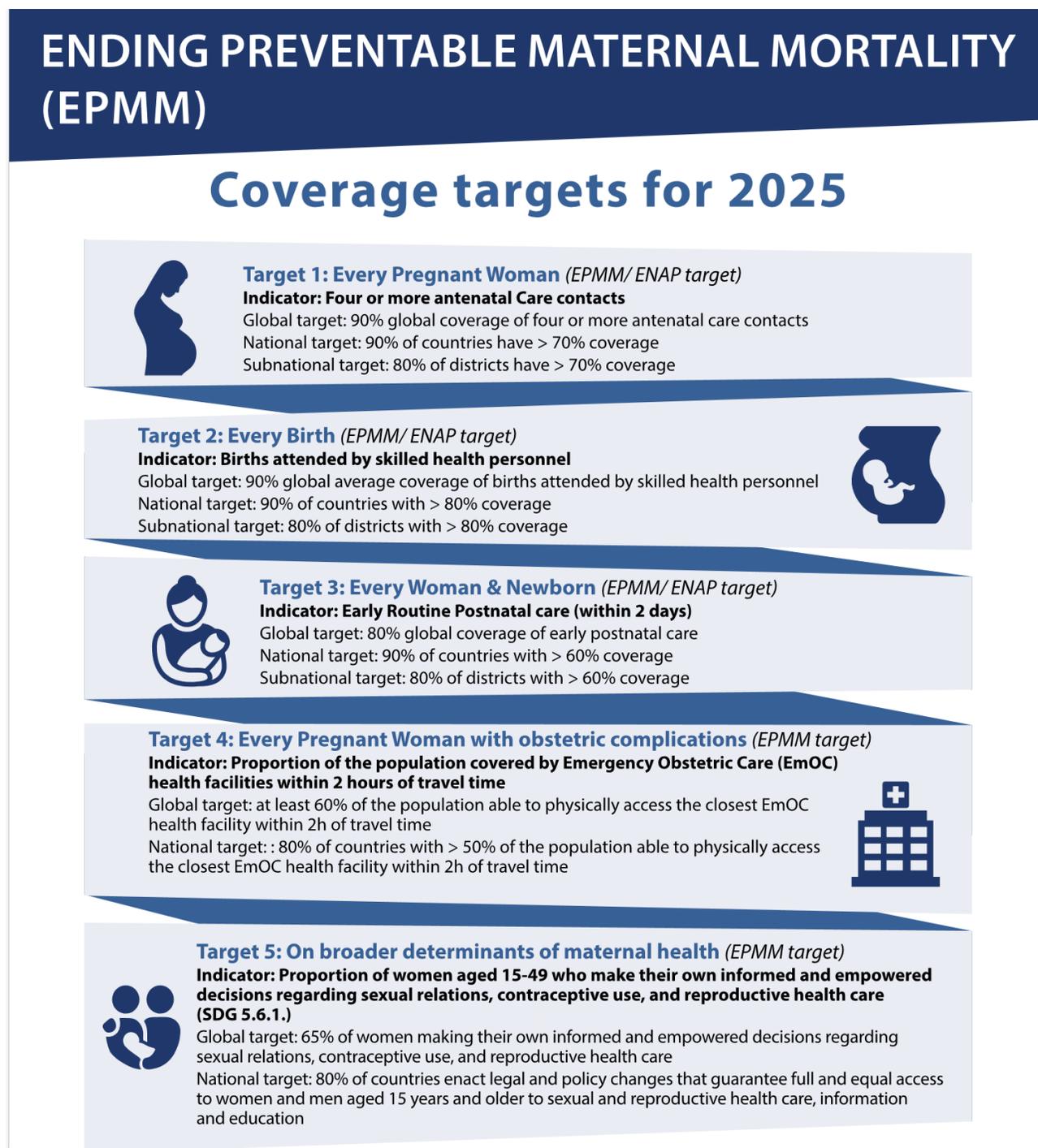
Ending Preventable Maternal Mortality

In October 2021, the Ending Preventable Maternal Mortality initiative, co-chaired by UNFPA and the WHO, launched five coverage milestones to achieve by 2025 (Figure 1). Vital for accelerating progress on the SDGs, the milestones were defined through collaboration with national, regional and global stakeholders and partners. The process assured alignment with the coverage targets launched by the Every Newborn Action Plan in September 2020.

Target 4 under Ending Preventable Maternal Mortality, the proportion of the population covered by functioning EmONC health facilities, aims to expedite progress in improving access to EmONC services. The MHTF developed this indicator in 2016; it has been applied in 12 countries in sub-Saharan Africa so far. It is also included in the UNFPA Strategic Plan 2022-2025.

UNFPA is leading and coordinating a global multistakeholder technical working group, comprising the WHO, UNICEF, the World Bank Group and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to promote operationalization of Target 4. The group will develop an EmONC assessment tool to assist countries in collecting data on the number of functional EmONC health facilities. It will provide guidelines on the methodology, data and tools required to map the population served by the facilities. Three countries will test the tools in 2022.

Figure 1: Ending Preventable Maternal Mortality coverage targets



UNFPA-Takeda partnership: ensuring access to quality maternal and newborn health care during COVID-19

The MHTF's COVID-19 strategy rests on three pillars: (1) protecting health-care providers from COVID-19 infections; (2) ensuring infection prevention and hygiene in health facilities; and (3) maintaining the continuity of maternal and newborn health services. The Takeda Pharmaceutical Company assisted the MHTF in leveraging this vision and building on MHTF-supported national EmONC facility networks in Benin, Guinea and Togo. The company provided 500 million yen (\$4.6 million) for a 12-month period from August 2020 to August 2021. The partnership aims to ensure service provision and deliver life-saving maternal health care to at least 12,700 women facing life-threatening obstetric complications.

The MHTF team established the partnership in close collaboration with respective health ministries, UNFPA country offices and UNFPA's Regional Office for West and Central Africa. In 2021, the programme aided 65 health facilities in the three focus countries: 49 in Benin, 10 in Guinea and 6 in Togo. Support comprised the provision of PPE, including 182,956 masks; improved hygiene standards and supplies; the training of health-care providers on infection prevention and control; the strengthening of supply systems, including through the use of drones to transport life-saving drugs and blood supplies; the deployment of midwives; the procurement of life-saving commodities; the provision of remote prenatal and postnatal consultations; and the improvement of transport for obstetric and neonatal cases requiring referral.

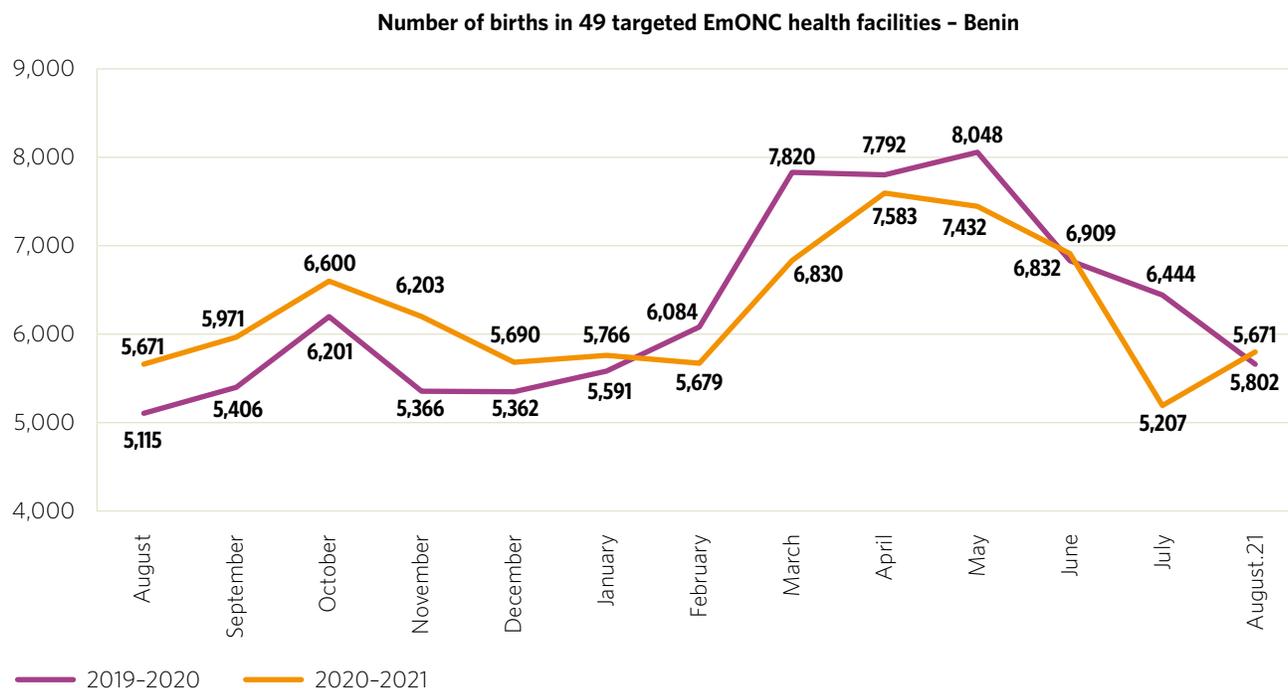
UNFPA mobilized health ministries, public and private partners, media and communities to ensure the continuity of quality maternal and newborn health-care services. A monitoring system was put in place to track service delivery and the number of women and newborns who benefited from the Takeda partnership. It revealed that after three months of implementation, the number of targeted EmONC health facilities providing 24/7 services increased from 11-23 per cent in Guinea and from 40-50 per cent in Togo.

In addition, safe delivery services reached 112,774 women; 18,542 women were treated for obstetric complications (46 per cent more than initially planned). Despite COVID-19-related obstacles, no maternal deaths occurred in supported health facilities in Guinea, while the number of maternal deaths reported in Benin decreased by nearly half, from an average of 251 per quarter before the project to an average of 136 in the 49 supported facilities. The number of maternal deaths reported in Togo decreased by 30 per cent, from an average of six maternal deaths per quarter to four in the six supported facilities.

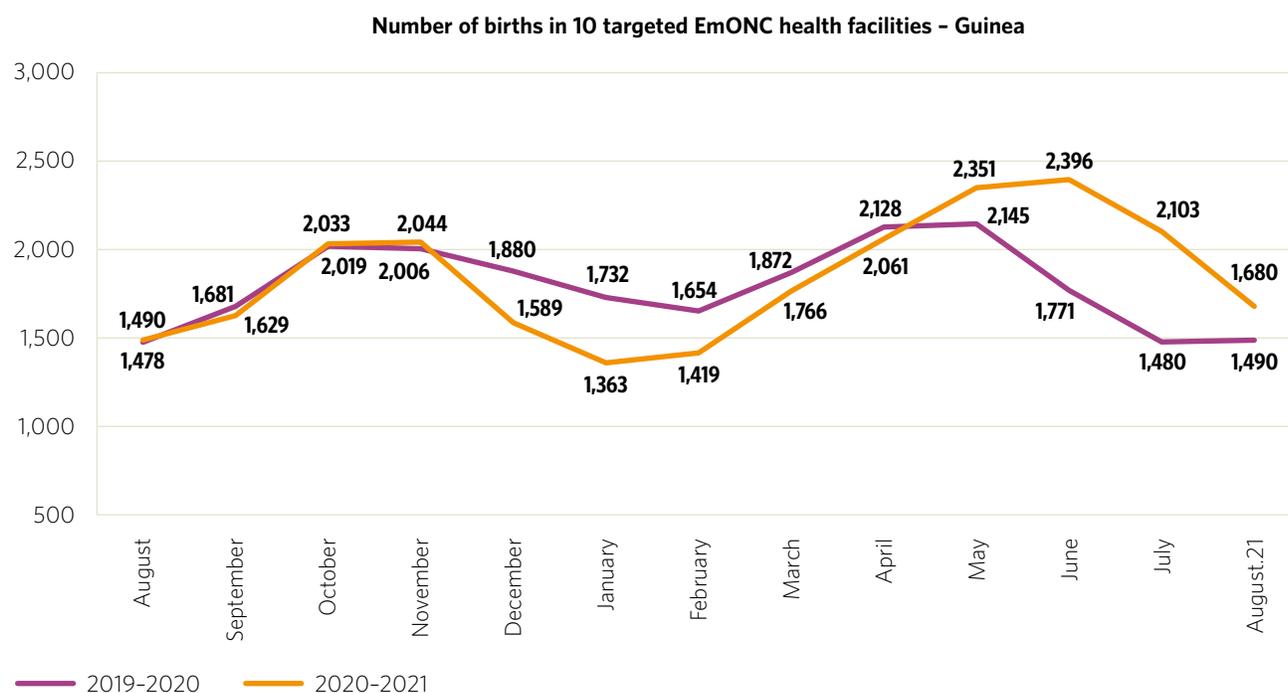
Evidence from diverse settings shows that deliveries declined by 30-50 per cent due to COVID-19. Nevertheless, during the 12 months of the Takeda project, the number of births in supported health facilities remained stable or increased in all three countries (Table 1 and Figure 2).

Table 1: Total births in supported health facilities in the three countries

| Country | Number of births in 2019-2020 (pre-COVID-19) | Number of births in 2020-2021 (project period) | Trend in the number of births |
|---------------|----------------------------------------------|------------------------------------------------|-------------------------------|
| Benin | 81,732 | 81,343 | -0.5% |
| Guinea | 23,336 | 23,924 | 2.5% |
| Togo | 6,575 | 7,507 | 14% |

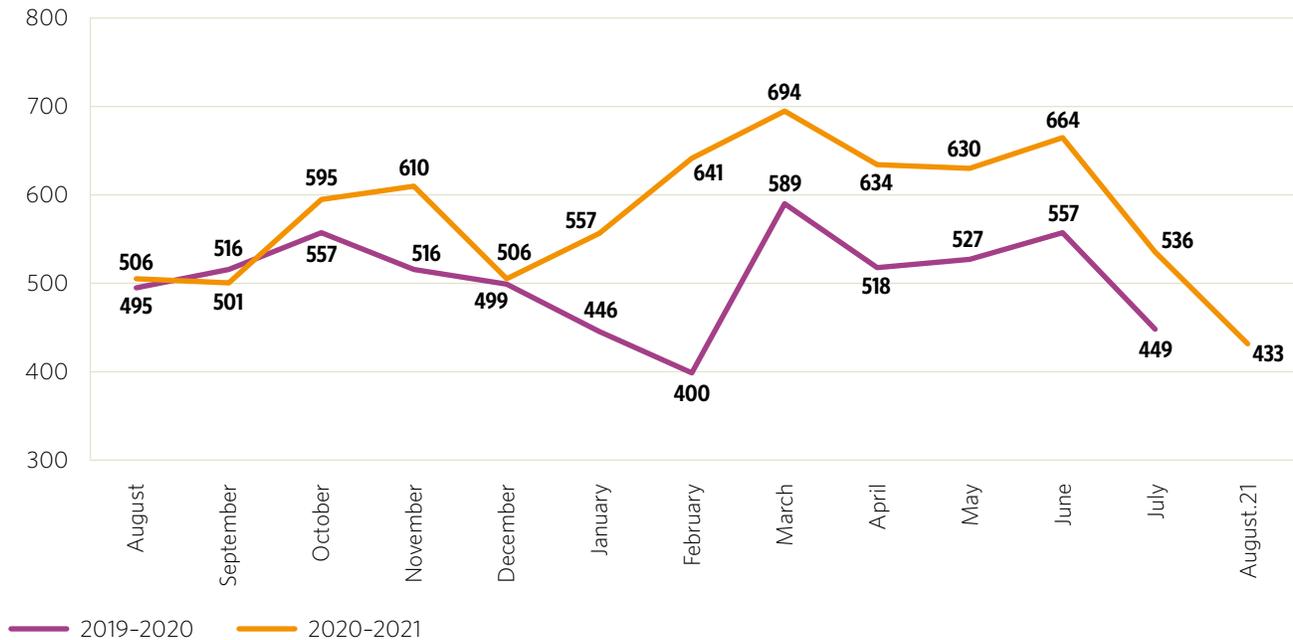
Figure 2: Trends in the number of births per month in supported health facilities in the three countries

Results in Benin show that obstetric activity during the project period was maintained overall compared to the previous year. From October to December, a seasonal decrease in obstetric activity can be seen in the 2019-2020 and 2020-2021 lines. From February 2021 to May 2021, the country was particularly impacted by COVID-19. The average reduction in the number of deliveries was limited to 7 per cent.



Results in the targeted maternity units in Guinea show that obstetric activity in the project period was lower in the December to February period and then increased to reach similar levels in March 2021 compared to March 2020. The decrease is explained by the political crisis during the election in Guinea. At that time, staff and the population were encouraged to stay home for security reasons. Starting in April/ May 2021, the number of deliveries in the targeted health facilities was higher than during the same period in 2020.

Number of births in 6 targeted EmONC health facilities - Togo



Results in Togo show that obstetric activity during the project period was higher than in the previous year.

THE UNFPA-TAKEDA PARTNERSHIP: TWO HOURS TO LIFE

Two Hours to Life is a project that stands to save the lives of approximately 1 million pregnant women and newborns by providing access in under 2 hours to life-saving maternal and newborn health services. With MHTF assistance, 12 African nations (Benin, Burkina Faso, Burundi, Chad, Congo, Côte d'Ivoire, the Democratic Republic of the Congo, Guinea, Madagascar, Senegal, Sudan and Togo) have defined a national EmONC facility network. It maps and monitors all facilities authorized to address obstetric complications. Such networks have several benefits: They are more cost-effective, easier to staff and oversee, and more sustainable since their activities can be tracked on a quarterly basis and evaluated.

EmONC facilities are connected to other maternity units and community health centres at the periphery of the health system to organize more efficient referrals in a timely manner. The facilities also assist health ministries in assessing the impact of climate change on maternal and newborn health and enhancing the resilience of the health system and vulnerable populations.

Burkina Faso EmONC network

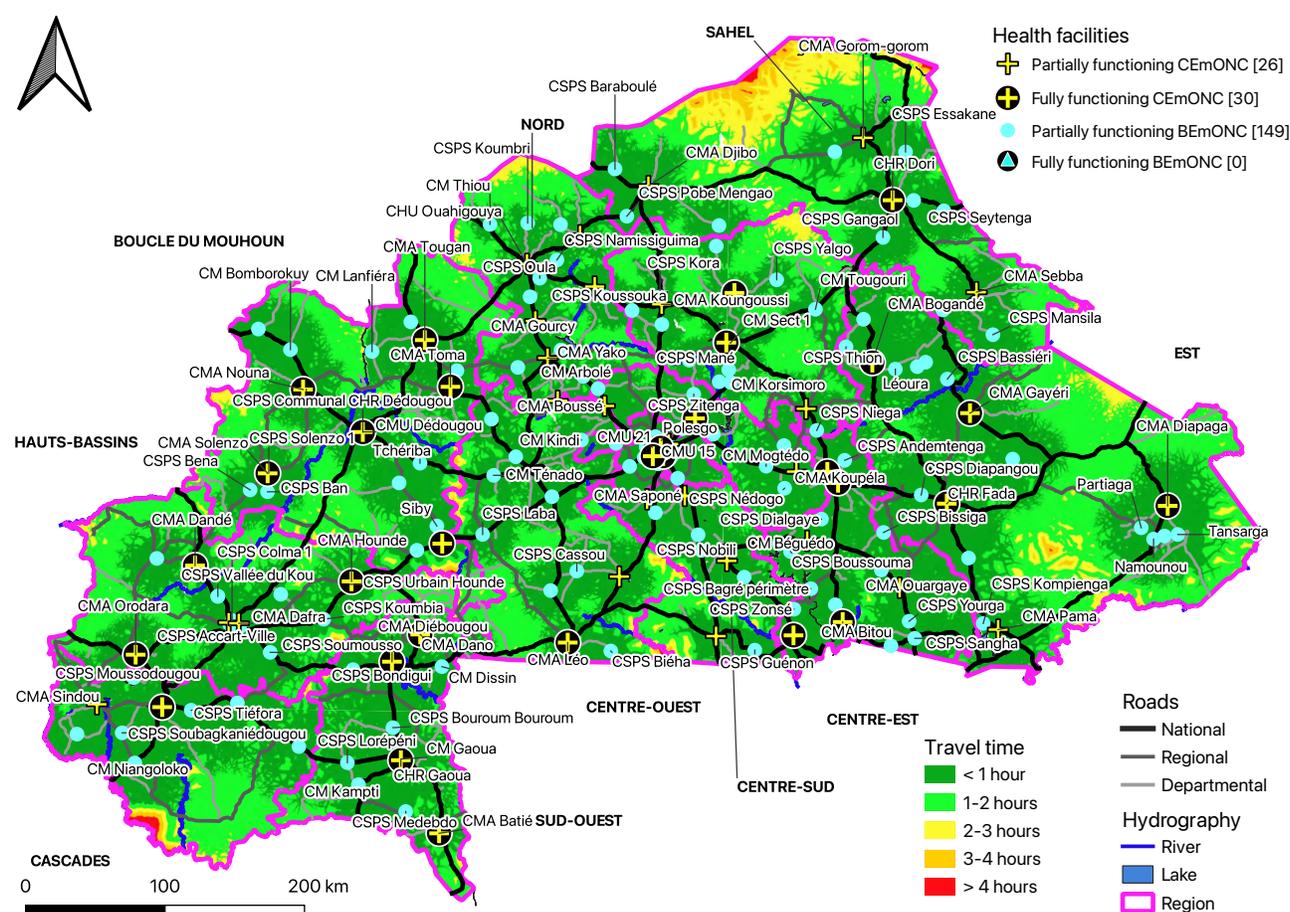
In 2020, the Ministry of Health in Burkina Faso requested UNFPA to map 205 EmONC facilities and develop a new indicator measuring the proportion of the population with access to a functional facility within a two-hour travel range (Figure 3). In 2021, 1,100 maternity units with more than 20 births per month were evaluated with the Ministry of Health, the UNFPA regional office, the University of Geneva and the MHTF global team. A countrywide workshop examined the distance and travel time for pregnant women in every single region of the country. The analysis determined that 205 EmONC facilities are accessible to 83 per cent of the population within an hour's travel

time. Only 30 facilities provided satisfactory quality care, however. Review findings were used to advise the Government that merging certain referral health-care facilities could significantly improve the EmONC facility network and consequently save more lives.

EmONC assessments in Ghana and Rwanda

In 2021, the MHTF provided technical and financial assistance to the Ministry of Health of Ghana to undertake a countrywide EmONC assessment. It covered 1,713 health facilities and collected important information on human resources, infrastructure and EmONC commodities. In addition, EmONC signal

Figure 3: Access to designated EmONC facilities in Burkina Faso

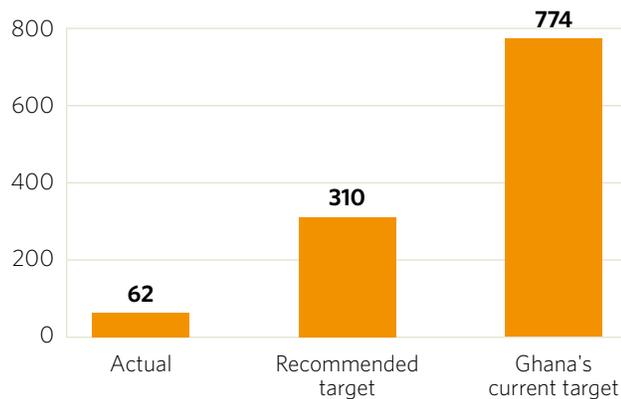


The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities or the delimitation of its frontiers or boundaries.

functions, caesarean section rates, maternal and newborn morbidities, and the management of obstetric complications were reviewed and analysed. As depicted in Figure 4, only 62 health facilities in Ghana (59 comprehensive and 3 basic EmONC facilities) provided 24/7 services in 2021; the recommended number of such facilities is 310. The North East and Central regions have no EmONC facilities. As a result, only 26 per cent of births take place in operational EmONC facilities. Only 19 per cent of expected complications are treated in these facilities.

UNFPA is collaborating with the Ministry of Health and partners such as the WHO and the World Bank to optimize and map the national EmONC network and establish response plans to address identified gaps.

Figure 4: Number of functioning EmONC facilities in Ghana compared to the internationally recommended norm and Ghana's current target



In 2021, the MHTF provided technical and financial assistance to Rwanda's Ministry of Health to conduct the country's first national EmONC assessment of 444 health-care facilities. Support included a new module on comprehensive abortion care piloted by UNFPA and Columbia University/Averting Maternal Death and Disability. Assessment results will be published in 2022.

Almost all maternal deaths globally, 99 per cent, occur in low- and middle-income countries, even though most health-care solutions to prevent or manage complications leading to deaths are well known. To reduce maternal deaths, it is critical to identify and address barriers to quality health care, particularly access to EmONC services. Taking steps to address gaps

in 24/7 quality care is extremely difficult, especially when cost-efficiency and sustainability are considered. Strategies adopted by the MHTF in 2021, however, show that by putting governments in charge and with UNFPA "leading from behind", strengthening EmONC networks is feasible and enhances service quality and health outcomes for mothers and newborns.

In the coming years, the MHTF will expand its EmONC programme and capitalize on the wealth of experience gained. It will continue to assist policymakers to establish referral facility networks capable of providing, monitoring and reporting on quality care.

1.3 MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE

MPDSR improves the quality of obstetric and newborn care and is embedded in a global approach to improved EmONC facilities. MPDSR aims to pre-empt future maternal and perinatal deaths and provides a critical link between information and improvements in life-saving interventions along the SRMNH continuum. By counting maternal, fetal and newborn deaths, analysing medical and non-medical causes and examining preventive measures through MPDSR, health systems can make the right quality improvements. Uptake and sustainability of MPDSR systems, however, pose major challenges in weak health systems with poor-quality care, issues exacerbated by the pandemic. The MHTF is the only global programme that measures the different components of MPDSR.

Quality indicators for maternal death reviews

Since its inception, the MHTF has supported the global MPDSR programme. It helped establish a specific indicator to estimate the level of implementation by measuring the proportion of expected maternal deaths that are notified and reviewed. Despite significant advances in detection, however, the actual number of maternal deaths notified by the MPDSR programme remains low in the majority of countries.

The MPDSR is challenged by the poor quality of maternal death reviews, as highlighted by multiple publications and MHTF assessments in various countries. This jeopardizes recommendations extrapolated from the data and the relevance of the results. To address this concern, the Global MPDSR Technical Working Group mandated UNFPA to improve

the quality of reviews by developing a quality indicator. In 2021, the MHTF implemented the first phase of this research in five countries: Benin, Burkina Faso, Côte d'Ivoire, Madagascar and Senegal. In addition to a literature review, five UNFPA country teams conducted

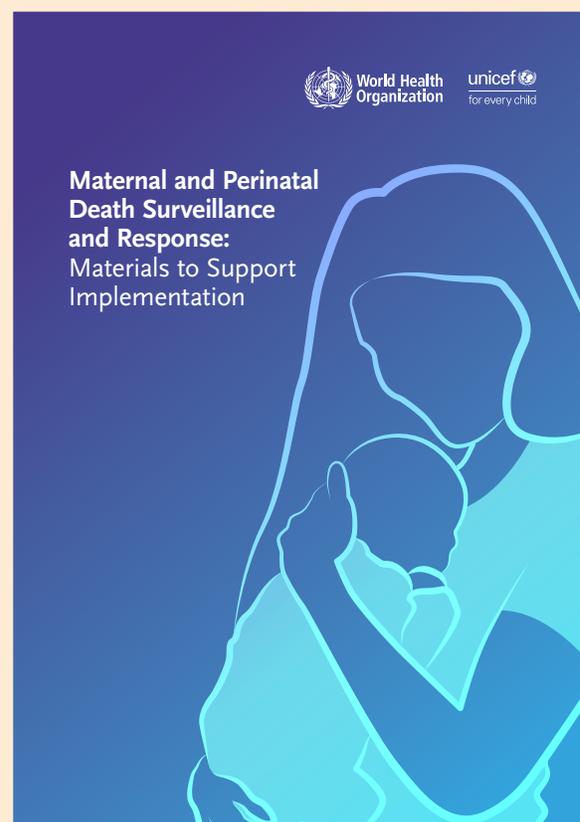
a situation analysis and jointly identified 19 parameters to consider for a composite indicator. The working group validated the recommendations of the first phase and approved the launch of a final phase that will describe and test the indicator in given countries in 2022.

OPERATIONAL GUIDANCE

The Global MPDSR Technical Working Group issues operational guidance and recommends capacity-building and training materials. In 2021, with MHTF support, the group finalized operational guidance¹⁸ on a framework to assess the burden of maternal deaths, stillbirths and neonatal deaths, including trends in numbers and causes of death, and to link maternal and perinatal death reviews. A manual with 10 modules details the processes for the reviews. Each module links to available tools and resources that can be tailored to various settings. Module 8 on monitoring, evaluating and refining and Appendix 15 on the MPDSR monitoring framework include the maternal death review coverage rate indicator and are of particular importance. They outline the purpose of and instructions for monitoring the MPDSR system.

Whether maternal and perinatal death review processes are linked at the regional or national levels or exist as separate entities varies across countries. The manual reflects these variations based on the collaborative work of United Nations and other stakeholders, who are seeking to learn from each other and reduce duplicative processes. Importantly, the document provides information about modifiable factors contributing to preventable death, and actions to prevent similar deaths in the future while ensuring confidentiality and a “blame free” culture.

The technical group intends the manual to foster accountability for results and decision-making. Moving forward, the MHTF will facilitate implementation in different countries.



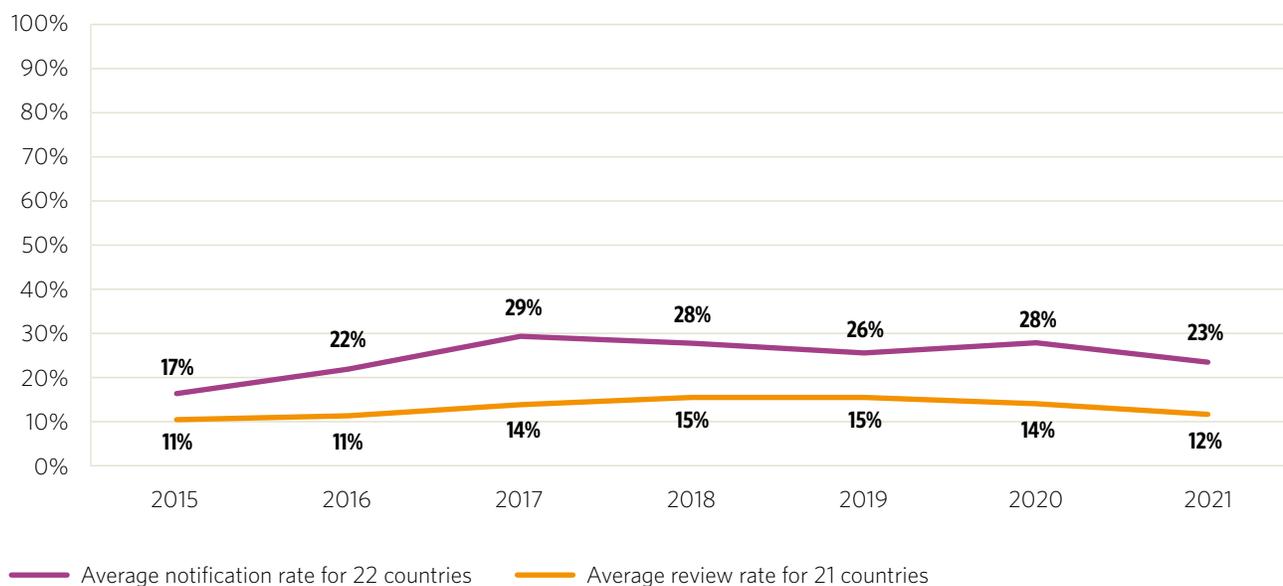
Implementation data

The maternal death notification and review coverage rates measure the proportion of expected maternal deaths that are notified and reviewed by care providers

or district health officers and then reported to the MPDSR programme or health system. Every year, the MHTF collects this information in countries it supports.

18 WHO, 2021. [Maternal and Perinatal Death and Surveillance and Response](#).

Figure 5: Evolution of the mean maternal death notification and review coverage rate over 2015-2021



Following a plateau from 2017 to 2020, the proportions of both the notification and review coverage rates declined in 2021 (Figure 5). These trends reflect the impacts of COVID-19 on health programmes, including fewer available staff, decreased capacity to gather and mobilize individuals and more difficult contexts in which to report. Several countries nonetheless enhanced their MPDSR operations in 2021. Bangladesh increased both the maternal death notification by 65 per cent and reviews by 107 per cent; Niger saw notification up by 11 per cent and reviews up by 149 per cent. Burundi, Lao People’s Democratic Republic, Nepal and Zambia managed to maintain their 2021 performance.

1.4 OBSTETRIC FISTULA

We are less than a decade away from reaching the SDGs and eradicating obstetric fistula by 2030, as United Nations Member States stipulated in the 2018 General Assembly resolution on fistula.¹⁹ Although countries are making progress on reducing maternal and newborn mortality and morbidity, the injustice of fistula persists. To completely eradicate it, intensified efforts, resources and partnerships are necessary to prioritize and scale up programmes to improve women’s and

girls’ reproductive health, including the prevention and treatment of obstetric fistula. This is especially pertinent as pandemics such as COVID-19 threaten to erode gains in reproductive and maternal health.

In 2021, the MHTF continued its support to the UNFPA-led global Campaign to End Fistula, catalysing interventions to prevent and respond to fistula amid the COVID-19 pandemic. The disruption of health services and exacerbated gender-based, socioeconomic and intersectional inequalities during the pandemic deepened already high structural and systemic barriers faced by women and girls at risk of or living with fistula. The MHTF supported high-level engagements on fistula prevention and response. These used innovative approaches and advocacy to increase awareness and call for national commitments, financial support and action to improve maternal and newborn health outcomes, including the prevention of and response to fistula. MHTF support complemented prevention, treatment and social reintegration and advocacy interventions by partners in the global Campaign to End Fistula.

In 2021, the MHTF provided both technical and financial support to 30 countries where obstetric fistula persists. This helped to prevent and treat cases, and assisted

¹⁹ United Nations, 2018. Intensification of Efforts to End Obstetric Fistula. A/RES/73/147, 17 December 2018. Website: undocs.org/en/A/RES/73/147.

fistula survivors to successfully rebuild their lives, based on interventions, policies and technical guidance grounded in clear evidence. Obstetric fistula and other maternal morbidities indicate poor quality of care, with the greatest impacts on people who are marginalized and furthest behind. The continued occurrence of fistula weighs on the achievement of the SDGs, which seek to ensure equitable access to timely, quality and life-saving maternal and newborn health care. Additionally, with the rise of iatrogenic fistula in many countries, which is caused during gynaecological procedures and caesarean sections, there is a need for urgent and accelerated investments as well as strategic and innovative approaches. These should improve health-care quality, build the capacities of health-care workers and engage and empower communities to address the double challenge in ending fistula by 2030.

Any woman or girl affected by obstetric fistula is one too many. Around 500,000 women and girls globally are living with fistula, with new cases occurring annually. Unmet need for holistic treatment is high, including repair, social reintegration and rehabilitation. This indicates a violation of the right to health and a failure of health systems to address all needs of women and girls.

That said, progress continues towards ending fistula in the broader context of improving maternal health outcomes. A variety of programmes ensure that quality sexual and reproductive health information and services are accessible to prevent and treat obstetric fistula and other maternal morbidities. As the lead agency for the global Campaign to End Fistula, UNFPA provides support such as a strategic vision and direction; programme and technical guidance; information; research updates and resources; programme updates from partners in the campaign; facilitated platforms for sharing knowledge and expertise; and networking among partners, countries and regions to improve knowledge and skills for prevention, treatment and social reintegration.

In 2021, MHTF-supported countries strengthened health systems and expanded access to quality treatment for obstetric fistula, enhanced national leadership and ownership in ending fistula and bolstered social reintegration programmes for survivors.

Strategic vision and leadership to end fistula by 2030

The ambitious international goal to eradicate obstetric fistula by 2030 requires a reassessment of strategies to attain this objective. In 2021, UNFPA and the Campaign to End Fistula launched new global guidance, *Obstetric Fistula and Other Forms of Female Genital Fistula – Guiding Principles for Clinical Management and Programme Development*.²⁰ It stems from nearly 15 years of work in gathering evidence and best practices from national, regional and global initiatives, including efforts to end obstetric fistula with campaign partners. The guidance serves as an authoritative, gold-standard resource on the holistic, comprehensive and big picture aspects of eliminating obstetric fistula, based on the most recent evidence, statistics and research. It builds on new evidence, considers emerging trends and bottlenecks, and identifies new approaches to action. It also highlights needed investments for enhancing the quality of care and emphasizes consolidating resources at the global, national and regional levels to prevent both obstetric and iatrogenic fistulas as well as to build and sustain the capacity for holistic treatment and response. In tandem, it steers the strengthened engagement of communities in upholding and protecting the rights of women and girls.

Available in both English and French, the guidance is a useful resource for policymakers, programme managers, strategists and practitioners, whether in government, the private sector, civil society, academia or development organizations, and for health service professionals, including midwives, doctors and surgeons. The guidance was disseminated through global platforms such as the 2021 Congress of the International Federation of Gynaecology and Obstetrics and the 2021 West Africa Fistula Dialogue, and through UNFPA internal channels such as the Maternal and Newborn Community of Practice, the Campaign to End Fistula website and other partner websites.

National leadership and country ownership

By the end of 2021, 23 countries were implementing national strategies to end fistula, indicating country ownership with potential to guarantee the sustainability and scalability of efforts to end the phenomenon. In addition, 16 countries reported having funded operational plans, further grounding national and stakeholder

20 UNFPA, 2021. *Obstetric Fistula and Other Forms of Female Genital Fistula – Guiding Principles for Clinical Management and Programme Development*. Website: www.unfpa.org/publications/obstetric-fistula-other-forms-female-genital-fistula.

BANGLADESH DEMONSTRATES STRONG GOVERNMENT COMMITMENT TO A FISTULA-FREE FUTURE

Bangladesh is committed to a future free of obstetric fistula. The Director General of Health Services through the Ministry of Health and Family Welfare has developed a National Strategy for Obstetric Fistula (2017-2022) with a vision of eliminating obstetric fistula by 2030. With support from UNFPA, the Director General facilitated implementation of a fistula elimination programme in the Rangpur and Sylhet divisions. This fully covered 12 districts with services for case identification, referral, management and rehabilitation. Partial coverage reached seven districts in the Rajshahi and Chattogram divisions. In December 2021, the Director General declared Panchagarh district the first to become free of obstetric fistula.

Through MHTF support in 2021, 92 per cent (441 out of 446) of referred fistula patients in Bangladesh were surgically repaired in government and non-governmental facilities, indicating an effective referral pathway for treatment and management. In addition, fistula has been incorporated into the national health system, which expedites discovery and referral to rehabilitation and reintegration programmes.

Despite difficulties caused by COVID-19, which led to low fistula case identification and limited referrals, management and rehabilitation, the Rangpur Division ensured that every woman or girl identified with fistula in 2021, and those repaired in 2020, were educated on COVID-19 prevention and given psychosocial support via telecommunications. A total of 137 fistula survivors gained needs-based rehabilitation and social reintegration support as well as psychosocial counselling via telemedicine. As part of rehabilitation and reintegration activities, 20 of the 137 survivors were taught to create cloth sanitary pads for income generation purposes.

The Director General advanced the fistula elimination programme in Rajshahi division and improved the identification, referral and surgical treatment of fistula cases in three districts there. To prevent iatrogenic fistula, workshops on safe surgery took place in the Rajshahi and Rangpur divisions. The Director General and partners continue to track the elimination of fistula by producing an annual fistula report.

Momina, pictured with her husband, exemplifies Bangladesh's commitment to a future without fistula. In 2021, following a successful fistula operation at LAMB Hospital, she reported to UNFPA, "It was a blissful moment for me! I can't explain how the Almighty helps us. I never knew that such facilities and care were available to us free of cost. Now, I am enjoying my new life with my family and looking forward to a wonderful future."

Source: UNFPA Bangladesh.



commitment to implement the national strategies. In 2021, the MHTF played a significant role in increasing the capacity of 13 countries (Bangladesh, Benin, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Guinea Bissau, Madagascar, Mauritania, Senegal, Sudan and Togo) to mobilize resources to prevent maternal mortality and morbidity, including fistula.

The MHTF also assisted national fistula task teams in 29 countries in their efforts to monitor, coordinate and provide strategic assistance to country activities, therefore leveraging collaboration.

NIGERIA: PARTNERSHIPS, ADVOCACY AND GOVERNMENT LEADERSHIP

UNFPA, with funding from the MHTF, provided technical and financial assistance to help the Nigerian Federal Ministry of Health enhance its fistula care capabilities. It revised national training manuals on obstetric fistula for physicians and nurses that had been created more than a decade ago. In commemorating the International Day to End Obstetric Fistula, UNFPA supported the Federal Ministry of Women's Affairs and the Federal Ministry of Health to conduct a joint press briefing to mobilize stakeholders to end obstetric fistula by 2030 and to advocate for legislation against child marriage and for resources for the Campaign to End Fistula in Nigeria.

Despite the pandemic, UNFPA, in collaboration with non-governmental organizations, global partners and national state governments, improved access to high-quality care for obstetric fistula. Free treatment reached 2,117 women and girls with fistula. Successful fistula repair was achieved in 92 per cent of patients at the three-month post-discharge follow-up.

Unmet need for economic rehabilitation and social reintegration of fistula survivors is high in Nigeria. Thus, in 2021, the MHTF supported government efforts to ensure holistic fistula treatment and care that includes family and community reintegration after treatment. A National Protocol for Rehabilitation and Social Reintegration of Women Pre- and Post-Obstetric Fistula Repairs (2021-2025) – the first of its kind – was developed and disseminated. The document will serve as a reference in planning and implementing national standard interventions on the rehabilitation and social reintegration of obstetric fistula survivors.

Other support helped fistula survivors to reconnect with their families and communities through programmes that involved counselling and skills acquisition (such as hair styling, make-up artistry, sewing, weaving, pastry-making, etc.) and business start-up kits, including seed capital. This enabled survivors to generate an income. The UNFCU Foundation in collaboration with UNFPA and the Fistula Foundation continued support to the social reintegration of survivors.

Although hundreds of women live with obstetric fistula in rural and hard-to-reach communities in Nigeria, many are still not aware that the condition is treatable or that services are available. Future MHTF projects will leverage community involvement and a range of community mobilization approaches, such as community health influencers and promoters, to reach women with obstetric fistula who reside in underserved and difficult-to-reach communities.

Source: UNFPA Nigeria.

Sustaining expertise on fistula repair and holistic treatment for survivors

In 2021, UNFPA supported interventions to strengthen national capacities to prevent fistula, through midwifery and EmONC programmes, and to enable more women and girls to access treatment. Interventions included community sensitization and mobilization, case identification, surveillance through digital solutions, and strengthening coordination and referral mechanisms for treatment. Through these efforts in conjunction with routine surgeries and specialist outreach to facilities, the MHTF supported nearly 9,000 fistula repair surgeries in 2021, including support to 164 women and girls

who were deemed incurable. Campaign to End Fistula partners assisted with thousands more. Not only were these surgeries a step towards ending fistula, but also, by performing repair surgeries, fistula surgeons further enhanced their skills in fistula repair, strengthening and sustaining expertise in this specialized surgery.

Fistula repair camps remain a mode of treatment in some countries to address shortfalls in health system capacities. Overall, a gradual shift continues to take place from a campaign approach to routine fistula treatment and prevention, however. The latter is anchored in national health strategies, plans and budgets, and integrated into health systems through

strategically selected hospitals that provide continuous and comprehensive fistula care. In 2021, the MHTF provided significant support to over 1,500 health-care facilities to reduce maternal mortality and morbidity and for fistula care.

Beyond fistula surgery, a holistic approach that addresses the psychosocial and socioeconomic needs of fistula survivors is required for full recovery and healing. At least 82 per cent of survivors in 50 per cent of MHTF countries were provided with family planning counseling and services after treatment. In addition, 3,439 women and girls in 17 countries benefitted from various social reintegration programmes, including psychosocial counselling, skills-building for income generation, and empowerment through sexual and reproductive health education, including family planning. Of the 17 countries, 50 per cent reported that MHTF contributions were key to providing social reintegration support to fistula survivors.

UNFPA and the MHTF leveraged partnerships to support the social reintegration of fistula survivors, since increased financing for holistic care is critical to positive outcomes. The MHTF has also begun strengthening its focus on maternal mental health and mental health care during pre- and post-fistula repair. As a result of MHTF efforts, 80 per cent of countries reported having mechanisms for follow-up and social reintegration of fistula survivors. In addition, 54 per cent of MHTF-supported countries reported that mental health services are integrated as part of fistula treatment and response in the country.

Global advocacy and visibility

Advocacy engagements intensified in 2021 to highlight the criticality of available, accessible and continuous maternal health services to prevent fistula during the ongoing COVID-19 pandemic.

The International Day to End Obstetric Fistula in May carried the theme “Women’s Rights Are Human Rights!” It highlighted gender inequality, gaps in health systems and the persistence of fistula as a violation of the human rights of affected women and girls. In commemoration of the day, UNFPA provided global guidance through key messages and a social media package to galvanize public awareness. With MHTF support, countries used the occasion to strengthen partnerships and foster national commitment to ending fistula. Powerful media stories portraying the human face of fistula, influential

champions and fistula advocates speaking out, and enhanced collaboration and coordination with partners built further visibility for the Campaign to End Fistula.

2021 West Africa Regional Fistula Dialogue

As part of South-South cooperation efforts to eradicate obstetric fistula by 2030, UNFPA, the Government of Côte d’Ivoire and the Korea International Cooperation Agency hosted the West Africa Regional Fistula Dialogue in November 2021. With the theme “Unite for Fistula, Act to End Fistula!”, the event brought together policymakers, programme managers, development partners, the private sector, civil society, academia and health service providers, such as midwives, doctors and surgeons from within the region and around the globe. Topics discussed included innovations in the community-based prevention and management of obstetric fistula, investment cases and partnerships for fistula as well as research for policy development to prevent maternal mortality and morbidity.

Challenges

Poor-quality care remains among the leading causes of maternal mortality and morbidities, such as fistula, for women aged 15-49. This is compounded by gender inequity and the denial of human rights. Unfortunately, the COVID-19 pandemic has exacerbated poverty and gender inequality, both of which are root causes of obstetric fistula.

There are increasing reports of iatrogenic fistula in countries already burdened with obstetric fistula, highlighting the need for more international technical and financial support. This must include qualified expertise to render and monitor interventions and pursue approaches that are equitable, pro-poor and contribute to universal access to health care.

Despite substantial progress in making fistula treatment available, unmet need for treatment remains high, as reported by many MHTF-assisted countries. In some countries, fistula repair camps continue to be the main mode of accessing fistula treatment due to gaps in health system treatment capacity. Inadequate follow-up and social reintegration remain major gaps in the continuum of care.

1.5 SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INTEGRATION

UNFPA's work on SRHR is grounded in human rights principles and standards, including the right to sexual and reproductive health and well-being. It operates in accordance with the human right to health, where everyone is entitled to the highest attainable standard of physical and mental health and well-being. Good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters related to sexuality and reproduction.²¹ Everyone has a right to make informed decisions about sexual and reproductive health, the capability to reproduce and the freedom to decide if, when and how often to do so. UNFPA adheres to a life course approach that recognizes the evolving nature of health-related needs and preferences, and tailors care to individuals throughout their lives, from birth through adolescence, various stages of reproductive life and old age.

During 2021, the MHTF continued to bolster links among its four intervention areas and with other elements of SRHR. The four areas – midwifery, EmONC, MPDSR and obstetric fistula and other morbidities – offer a unique platform for providing integrated sexual and reproductive health services, positioning the MHTF to back a comprehensive approach to SRHR.

As part of its focus on midwifery and EmONC and in line with SDG targets 3.1 and 3.2, UNFPA seeks to strengthen health-care facilities and the health workforce, and to improve access to life-saving services for women and children. One aspect is comprehensive abortion care. UNFPA in 2021 conducted several global advocacy events to raise awareness of key issues related to abortion, including a session at the ICM Triennial Congress discussing “The Role of the Midwife in Safe Abortion”. A partnership with the Wilson Center hosted a public roundtable focusing on “Unintended Pregnancies in the Context of COVID-19”, with a significant focus on unsafe abortion and access to comprehensive abortion care.

UNFPA also reinforced the Partners on Unsafe Abortion group in collaboration with the WHO, United Nations Development Programme (UNDP), UNFPA, UNICEF and the World Bank’s Special Programme of Research, Development and Research Training in Human Reproduction. Regular meetings and new resources

provided guidance. The latter comprised a qualitative analysis of service delivery innovations during the COVID-19 pandemic and a scoping assessment of the pandemic’s impact on medical abortion commodity procurement. UNFPA’s in-house, interdivisional Safe Abortion Reference Group supported an internal roll-out of initiatives backing access to comprehensive abortion care.

In partnership with the Liverpool School of Tropical Medicine, UNFPA developed a mentorship toolkit for EmONC providers, including mid-level providers like midwives. The toolkit provides guidance and resources to train mentors as well as guidelines, tools and resources for skills building for mentees. It features suggested training equipment, case studies, role plays, clinical simulations, and values clarification and attitude transformation techniques. The examples and activities all focus on EmONC, with a life course approach and integration of services as central themes. This toolkit will support providers to deliver high-impact mentorship and support to their peers. It also allows mentors to strengthen provider capacity to deliver high-quality, integrated services for individuals across their lives.

UNFPA is working to develop a network of EmONC facilities across several countries to improve access to high-quality health care. This approach includes multiple steps, starting with a situation analysis that evaluates health-care system abilities to deliver EmONC services, and identifies gaps and needs to develop fully functional facilities. In 2021, UNFPA developed needs assessment and measurement tools that capture data across the spectrum of integrated sexual and reproductive health services. These tools include 12 modules covering human resources; essential drugs, equipment and supplies; EmONC signal functions and other essential services; provider knowledge and competencies; and other topics. A needs assessment in Rwanda piloted the tools in 2021. This work testifies to UNFPA’s commitment to integrating services and demonstrates the power of EmONC as a platform for integration.

21 UNFPA, 2021. *Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage*.

PART II



THE MHTF IN ACTION

As a catalytic vehicle for UNFPA, the MHTF is uniquely positioned to strengthen health systems and improve equitable access to quality, SRHR-integrated maternal and newborn health services. While the ongoing pandemic worsened existing disparities and exposed gaps in access to services, the MHTF endeavoured in 2021 to preserve and advance maternal and newborn care. It made remarkable strides in crucial areas including innovative provision of care, equitable access and quality integrated services.

Innovative provision of care was essential as COVID-19 jeopardized the safety of health-care providers and patients alike. Due to movement restrictions, several country-led SRHR initiatives were either converted to a virtual modality or postponed, threatening existing progress in maternal and newborn care. In this dire situation, an opportunity emerged to develop creative alternatives to in-person care, including through telehealth, e-learning and the overall use of technology to protect and further SRHR.

Equitable access ensures that individuals can obtain health care irrespective of their ability to pay, socioeconomic status, geographic location, ethnicity, education or gender, and that they are empowered to use these services. Striking disparities in health and access to care still exist within and between populations, with the greatest impacts on the most vulnerable people, such as the poorest or those with complex health-care needs. While the pandemic impacted women and girls irrespective of country borders, the virus exposed underlying social determinants of health that impaired access to and use of SRHR-integrated quality maternal and newborn health care and other essential services.

Quality integrated services increase the likelihood of realizing desired health outcomes, in a respectful manner. Evidence-based professional knowledge informs these services. They are critical for achieving universal health coverage, which is at the core of the MHTF's work.²² The quality of services implies delivering them in a safe, effective, timely, efficient, integrated, equitable and people-centred manner, based on care standards and treatment guidelines, and taking into account

people's experiences and perceptions of care, including affordability and acceptability. As the COVID-19 pandemic made it increasingly difficult to effectively deliver quality health care to all mothers and newborns while protecting the well-being of the health-care workforce, several governments turned to the MHTF for support with these issues.



© UNFPA Timor-Leste, Silverio Correia, 2021.
Photo submitted to the 2022 MHTF photo competition
by Suleiman Okoth.

22 WHO. "Quality of Care."

INNOVATIVE PROVISION OF CARE: USING TECHNOLOGY TO MAINTAIN THE CONTINUITY OF MIDWIFERY EDUCATION AND SERVICES DURING COVID-19

Lao People's Democratic Republic: Thirty telemedicine mobile clinics allowed virtual training sessions for midwives. SRMNH services were offered in geographically disadvantaged locations and to ethnic communities that lacked access due to a lockdown.²³

In **Nepal**, the MHTF supported the establishment of two toll-free helplines in response to the pandemic. In 2021, 20,546 requests came to the hotlines from seven provinces. SRMNAH-related information and counselling services were provided to all callers; around two thirds were women. The MHTF also assisted with teleconsultations for pre- and postnatal women in 13 districts. These addressed 78,500 calls. Another 356 pregnant women from 28 districts received free ambulance transportation services when they experienced complications, enabling them to reach essential and timely EmONC.

The Director General of Nursing and Midwifery in **Bangladesh**, UNFPA and Save the Children assisted the national midwifery faculty in organizing online training sessions via a so-called dashboard for clinical, laboratory and theory requirements. Students benefited from remote classes led by faculty and clinical education films, along with remote assignments and follow-up.

Côte d'Ivoire deployed a mobile solution for the education and training of midwives. Pre-recorded audio sessions were broadcast via mobile phones using interactive voice response technology. The pilot phase of the project reached 112 midwives in two health regions.

UNFPA's East and Southern Africa Regional Office launched a new joint United Nations collaboration with the World Continuing Education Alliance on e-learning for in-service training of midwives. It developed 11 modules based on ICM competencies for midwives. These are hosted on the joint-United Nations and World Continuing Education Alliance e-learning platform, coordinated by the UNFPA regional office and prioritizing 15 focus countries. The e-learning modules reached about 42,480 health workers in 2021, with 83,480 courses taken. Innovative COVID-19 mitigation strategies deployed widely in East and Southern Africa included triaging to identify priorities, redirecting patients to alternative health facilities, task shifting, or role delegation and caregiver -led -self-care.

UNFPA's Asia and the Pacific Regional Office developed six modules on midwifery educator faculty development that were placed on an online Moodle platform. The platform helped build tutor capacities in over 15 countries; over 100 midwifery educators took courses using these modules. The regional office also partnered with the Maternity Foundation to roll out the EmONC modules of the Safe Delivery app. Remote clinical training with the app took place in Cambodia, Lao People's Democratic Republic, the Maldives, Myanmar and Papua New Guinea between May and June 2021. Some 280 health workers benefited from these trainings.

Malawi: The virtual dissemination of midwifery education standards reached 118 midwives in midwifery colleges. A tent with a capacity of 120 seats was acquired for a national midwifery college to maintain education while minimizing the spread of COVID-19.

In **Liberia**, midwifery student enrolment increased during COVID-19. MHTF support was instrumental in boosting the midwifery school's capacity to improve learning. In 2021, the number of students enrolled in the nurse anaesthesia training programme increased from 7 to 35, a first in the history of Liberia.

23 UNFPA, 2021. "Trained and Skilled Midwives Even More Essential for Reducing Maternal Deaths During COVID-19 Lockdown."

The **Liberian** Board for Nursing and Midwifery ramped up the continued professional development programme across the country. Enrolment and certification increased from 600 to nearly 1,235 practising nurses and midwives. This learning platform enhanced online learning during COVID-19 and helped maintain the high performance of Liberian midwives in educational and maternal and newborn health services.



©UNFPA Malawi, Luis Tato, 2021. Photo submitted to the 2022 MHTF photo competition by Joseph Scott.

EQUITY IN ACCESS: STRENGTHENING MIDWIFERY RESPONSES IN HUMANITARIAN SETTINGS

As part of the response to the humanitarian crisis in **Northern Ethiopia**, the MHTF supported the deployment of 72 midwives to three conflict-affected regions, Tigray, Afar and Amhara. They were assigned to 23 health centres and 26 sites with internally displaced people to provide sexual and reproductive health and gender-based violence response services.

The **Democratic Republic of the Congo** has an estimated 12 million persons in need of humanitarian assistance due to ongoing and overlapping crises. To help build the capacity of midwives, the Government with MHTF support integrated MISP (Minimum Initial Services Package) training in the pre-service curriculum of midwives in partnership with the Inter-Agency Working Group on Sexual and Reproductive Health in Emergencies. Three midwifery training institutions acquired training materials; classrooms in two institutions were rehabilitated. Over 150 midwifery instructors received training on practical student monitoring approaches, innovative competency-based training methodologies and mentoring. Six internship sites for midwifery training institutions (two per province) were upgraded. Training equipped 180 health-care providers to offer comprehensive sexual and reproductive health services. A new scholarship scheme will enable the retention of midwifery students in schools. While midwifery is a critical part of health care in the Democratic Republic of the Congo, schools faced high drop-out rates due to poverty and affordability. To reduce such risks, the scholarship scheme in 2021 helped 60 female students to complete their studies.

In **Zambia**, a similar scholarship scheme involves the MHTF funding tuition fees for students to attend a one-year, in-service "short course" at midwifery schools in three UNFPA-supported provinces. In 2021, the scheme assisted 66 trained midwives, significantly increasing the number of skilled attendants at birth in selected provinces and attracting more students to serve in their home provinces after training.

In **Chad**, 50 midwives were trained and deployed as "humanitarian midwives", a newly created category. Their training covered skills in basic EmONC, psychological and clinical elements of rape, and other health themes pertaining to gender-based violence and reproductive health in times of crisis. Four humanitarian midwives were dispatched immediately after completion of their training in August 2021, in response to the initial flood of 11,000 Cameroonian refugees into Chad. By the end of December, the midwives had documented 2,341 prenatal consultations, 189 births, 288 family planning services, and, most importantly, no maternal fatalities.

In **Ethiopia**, a membership management system helped increase the deployment of midwives to humanitarian settings. The system renews existing membership, identifies active members and provides online services to help continue professional development. Trainees' databases were exported to the Continuous Professional Development database, which feeds the national Integrated Human Resource Information System of the Ministry of Health. Data on current midwives and those still in training were used for relicensing and more efficient deployment of midwives in response to humanitarian crises, such as in Northern Ethiopia.

The **UNFPA's Asia and the Pacific Regional Office** reprogrammed MHTF funds to enable a version of the Safe Delivery app in the Dari language to support the response to the ongoing humanitarian crisis in Afghanistan. Additionally, support for midwives working in Family Health Houses in remote locations strengthened both the quantity and quality of midwifery services.

EQUITY IN ACCESS: HELPING BABIES BREATHE AND HELPING MOTHERS SURVIVE

In **Zambia**, 30 midwives enhanced skills through clinical mentorship under the Helping Babies Breathe and Helping Mothers Survive initiatives. Both involve essential EmONC competencies that midwives must possess to prevent maternal and perinatal mortality.

In **Nepal**, simulation-based training under the Helping Babies Breathe and Helping Mothers Survive initiatives was rolled out to 80 maternal and neonatal health service providers in various facilities. This followed training for 32 participants in collaboration with the National Health Training Centre.

In the **Republic of Congo**, three certified trainers, including two gynaecologists and one midwife, administered the Helping Babies Breathe and Helping Mothers Survive trainings.

QUALITY INTEGRATED SERVICES: IMPROVING THE QUALITY OF MIDWIFERY CARE

In **Bangladesh**, a partnership between UNFPA, Save the Children and the Government expanded the Strengthening National Midwifery Programme that started in 2017. Quality improvements in midwifery care are building on mentorship and evidence-based maternal and newborn health-care practices. The programme supported 47 subdistrict hospital midwifery-led care sites and 38 midwifery educational institutions, and deployed 22 clinical mentors and 44 diploma midwives. As a result, the number of pre- and postnatal care corners in facilities has grown, the frequency of upright positions during birth has increased, the frequency of oral hydration and feeding has increased, and cord clamping has been delayed in over two thirds of documented cases. The results showcase that well-structured mentorship can greatly improve obstetric and newborn competencies among midwives.

A clinical mentorship pilot for midwives in seven regions of **Mauritania** trained 25 midwifery mentors using the clinical mentorship approach. Young midwives and midwives with educational or skills gaps were supervised, accompanied and mentored in attaining skills for stronger maternal and newborn health services. As part of this pilot programme, 22 facilities for both younger students and more experienced midwives in the field hosted mentorship exercises. Clinical mentoring of midwives attracted partners such as Action for Development, which hopes to implement this type of mentorship programme within its interventions.

In **Liberia**, the leadership of local senior midwives and the Liberia Midwives Association led to the creation of “shoulder to shoulder” midwifery mentorship opportunities in EmONC facilities. This cost-effective, on-site midwifery mentorship programme has bridged gaps in delivering quality maternity and newborn care. The programme benefited 375 skilled birth attendants, including nurses, midwives, physician assistants and medical doctors in 41 health facilities in four counties.

In **Malawi**, the Nurses and Midwives Council expanded mentorship opportunities to reach 90 midwifery leaders in the south-west region of the country.

QUALITY INTEGRATED SERVICES

In **Uganda**, a new Structured and Collaborative Clinical Training Programme was established at 10 EmONC training sites. This was supplemented by strategic coaching for 30 preceptors to guarantee skills application and uptake. A total of 110 preceptors from 75 midwifery training institutes are now educated on the programme methodology. Connected to EmONC facilities, the 75 midwifery training institutions can teach and oversee midwives with this approach. The use of midwives as MPDSR leaders and mentors has sparked strong interest and buy-in from other midwives as part of conducting maternal and perinatal death reviews, resulting in an increase in timely reviews. The Uganda Nurses and Midwives Council established and trained midwives on using a geographic information system to sensitize district leaders; it now covers 75 per cent of midwives, with expectations for an even greater share in the future. Through the system, data on midwives and nurses are captured, analysed and provided in a timely manner for recruitment and deployment purposes.

The Midwifery Association of **Zambia** used support for a virtual midwifery *indaba*, which drew 100 midwives to advocate increased government investment in midwifery. Due to the large turnout and strong lobbying, the Government prioritized the recruitment of midwives among the planned 11,200 health workers for 2022.

In **Burkina Faso**, 7 doctors, 18 nurses and midwives from a hospital surgery and obstetrics and gynaecology departments took part in fistula training. During this training, 12 women with fistulas were surgically treated and 237 women with obstetric fistulas were routinely treated. Around 900 midwives and midwifery students from public and private schools completed hands-on training in obstetric fistula prevention.

In collaboration with the Nursing and Midwifery Council of **Nigeria**, 155 nurses and midwives took the Respectful Maternity Care and Obstetric Fistula Prevention module. The training improved knowledge on the rights of women during childbirth and positively influenced attitudes towards respectful maternity care during the prenatal, childbirth and postnatal periods. Sixty midwives from 30 primary health-care facilities in Kaduna and 40 health personnel from Ebonyi were trained on ultrasound scanning and the use of a partograph to monitor well-being and the progress of active labour.

In **Haiti**, the leadership and capacity-building of midwives laid the ground for a multi-pronged approach to training on missing EmONC functions in three departments. More experienced midwives led EmONC training and developed training manuals approved by the Ministry of Health and widely distributed throughout the country. The integration of midwifery practices and leadership is critical in Haiti, where most complications are not stabilized prior to referral due to a lack of capacity and unskilled health personnel. The MHTF supported midwives and maternal and newborn health-care workers to train women and girls working in garment factories as part of extending sexual and reproductive health services in niche fields. Workshops were led by three garment factories and a non-governmental organization with qualified midwives to integrate gender-specific knowledge and practices in factory work.



PART III



©UNFPA Mozambique,
Mbuto Machili. 2021.
Photo submitted by Jessica
Lomelin for the 2022 MHTF
photo competition.

RESOURCE MANAGEMENT

3.1 BACKGROUND

The MHTF comprises two multi-donor funding streams: the Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula. Dedicated funding for scaling up the quality of midwifery education globally in 2021 also came from Johnson & Johnson through Friends of UNFPA, particularly contributing to the Raising the Bar for Midwifery Training and Education on a Global Scale project.

The MHTF helped achieve maternal health outputs under UNFPA's Strategic Plan 2018-2021, especially those related to midwifery, fistula, EmONC, MPDSR and integrated SRHR in the 32 supported countries. Funds are allocated to countries following specific criteria that are equally weighted. These comprise the maternal mortality ratio, shares of births with skilled attendance, EmONC availability, funding absorptive capacities and capacities

for maternal health programme monitoring. Each country receives a cumulative score as the basis for an annual resource envelope from the MHTF.

In 2021, the MHTF continued to work in high maternal mortality countries in accordance with its programme agreement. Funds went to activities in the 32 countries as well as to 5 UNFPA regional offices for the Arab States, Asia and the Pacific, East and Southern Africa, Latin America and the Caribbean, and West and Central Africa (Annex 2).

The MHTF's two main funds (ZZT06 and ZZT03) have been programmatically integrated under the MHTF since 2009. Most funding for the Campaign to End Fistula is now provided directly from the Thematic Fund for Maternal and Newborn Health to ease coordination and programme management.



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3.2 DONOR CONTRIBUTIONS

As shown in Figure 6, the Thematic Fund for Maternal and Newborn Health received \$14.6 million, the Thematic Fund for Obstetric Fistula \$500,000 and midwifery training and education \$300,000 in 2021.

This was \$4 million less than in 2020, when the two main funds garnered \$19 million (Figure 7). The difference could be attributed to \$4.75 million received from Takeda in 2020 for promoting and strengthening EmONC activities in Guinea, Benin and Togo in 2020 and 2021.

Figure 6: 2021 donor contributions to the Thematic Fund for Maternal and Newborn Health, the Thematic Fund for Obstetric Fistula and Raising the Bar for Midwifery Education on a Global Scale

| Donors | Maternal and Newborn Health Fund (USD) | | Fistula Fund (USD) | Raising the Bar for Midwifery Education on a Global Scale (USD) | Total collected revenue (USD) |
|--------------------------|----------------------------------------|----|--------------------|-----------------------------------------------------------------|-------------------------------|
| | ZZT06 | | ZZT03 | UUA60 | |
| Sweden | 4,567,774 | | | | 4,567,774 |
| Luxembourg | 2,195,122 | | 484,262 | | 2,679,383 |
| Germany | 872,093 | | | | 872,093 |
| Germany | 2,034,884 | | | | 2,034,884 |
| Germany | 901,529 | | | | 901,529 |
| Poland | | | 37,800 | | 37,800 |
| Sweden | 3,992,244 | | | | 3,992,244 |
| Friends of UNFPA | 84,917 | 2/ | 4,225 | 307,327 | 396,469 |
| Interest and adjustments | | | 8,956 | | 8,956 |
| Total | 14,648,563 | | 535,242 | 307,327 | 15,491,132 |

2/ A total of \$84,917 includes \$81,808 from Johnson & Johnson, and, a separate contribution from Johnson & Johnson under UUA60 funds.

Note: Collected revenue comprises actual amounts transferred from donors to UNFPA in 2021.

Figure 7: 2020 donor contributions to the Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula

| Donors | Maternal and Newborn Health Fund (USD) | Fistula Fund (USD) | Total collected revenue (USD) |
|--------------------------|----------------------------------------|--------------------|-------------------------------|
| Friends of UNFPA | 116,817 | 3,861 | 120,678 |
| Germany | 2,366,849 | | 2,366,849 |
| Luxembourg | 1,965,066 | 436,681 | 2,401,747 |
| Poland | | 39,708 | 39,708 |
| Portugal | 56,883 | | |
| Sweden | 8,839,503 | | |
| Takeda Pharmaceutical | 4,750,023 | | |
| Interest and adjustments | 84,976 | 9,668 | 94,644 |
| Total | 18,180,116 | 489,918 | 18,670,033 |

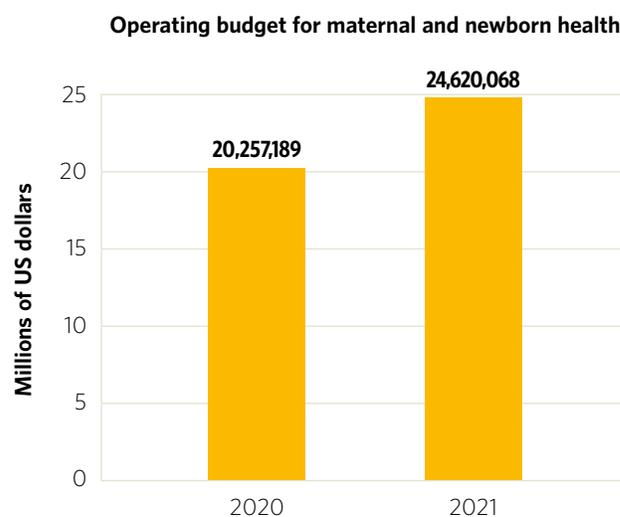
Note: Highlighted amount indicates Takeda funds received in 2020 for implementation in 2020 and 2021.

3.3 OPERATING BUDGET

The operating budget for the Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula in 2021 encompassed the end-of-year balance for 2020 plus income received during the first three quarters of 2021. Any income received during the fourth quarter of the previous year is normally carried over to the following year, since it cannot be programmed and expended within that short time frame. Funding received in the final quarter also helps maintain the continuity of operations in the first quarter of the subsequent year as donor funds typically start arriving around the end of the first quarter in a random fashion. In accordance with the International Public Sector Accounting Standards, transactions are only recorded as expenses when services or goods have actually been carried out or handed over to the implementing partner.

The Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula carried over \$9.1 million from 2020 to 2021. They received \$15,491,131.56 in donor contributions during the first three quarters of 2021. This brings the total operating budget for the Thematic Fund for Maternal and Newborn Health to \$24,620,067.72 in 2021 as shown in Figure 8.

Figure 8: Budget for the Thematic Fund for Maternal and Newborn Health, the Thematic Fund for Obstetric Fistula and Raising the Bar for Midwifery Education on a Global Scale



3.4 EXPENSES

In 2021, expenditures under the Thematic Fund for Maternal and Newborn Health (including fistula programmes and midwifery training) totalled \$16,534,070 compared to \$11,989,889 million in 2020.

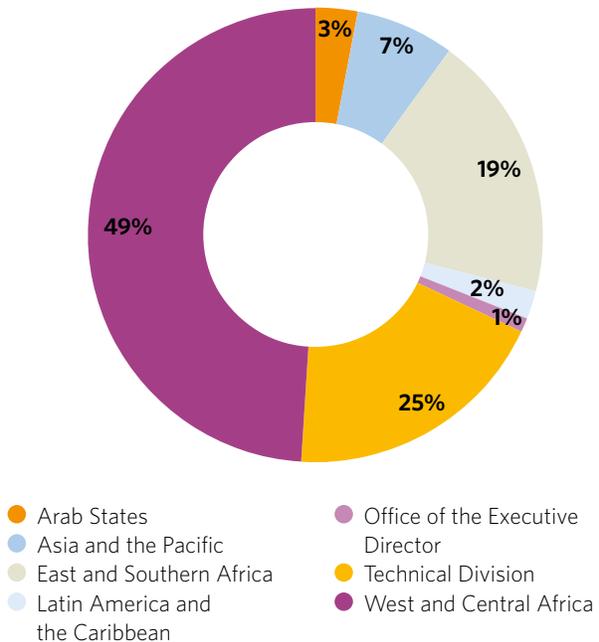
Spending by country and regional programmes in 2021 accounted for 80 per cent of expenditures; global activities accounted for 20 per cent. Included in the global activities are disbursements of \$529,802.71 to international implementing partners. When accounting for the fact that international implementing partners use resources for country and regional operations, the distribution was 83 per cent for countries and regions and 17 per cent for global activities.

Out of total expenditures, 13 per cent or \$2.1 million was disbursed via non-governmental organizations; 23 per cent or \$3.7 million via a governmental partner; and 64 per cent or \$10.5 million via UNFPA directly.

West and Central Africa accounted for most expenses for maternal health, at 49 per cent (\$8,130,926) of the total. Headquarters expenses constituted 20 per cent (\$3,220,604). East and Southern Africa accounted for 19 per cent (\$3,214,697), Asia and the Pacific for 7 per cent (\$1,080,148), the Arab States for 3 per cent (\$539,947) and Latin America and the Caribbean for 2 per cent (\$347,747). See Figure 9.

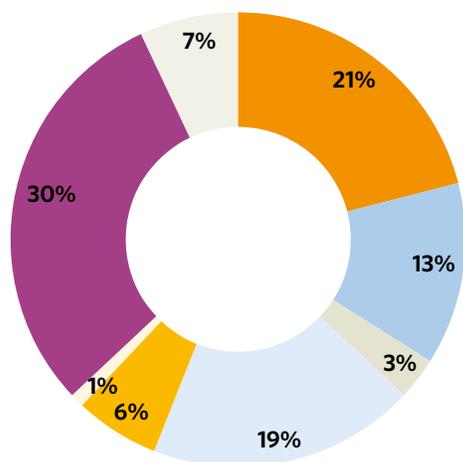
In 2021, \$16.5 million in expenditures on maternal health represented a financial implementation rate of 94 per cent against the total allocated budget of \$17.5, transferred to 32 country offices, 5 regional offices and headquarters units.

Figure 9: Share of expenditures on maternal health by region and globally in 2021



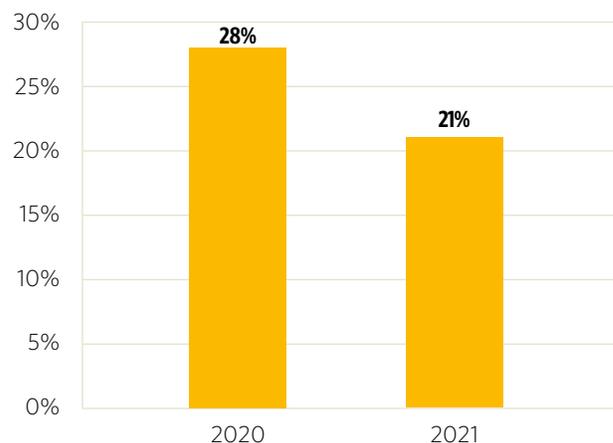
©UNFPA Lao People's Democratic Republic, Tonnam Vongsamang, 2021. Photo submitted to the 2022 MHTF photo competition by Fatima-Zahra Benyahia.

Figure 10: Expenditures by account category in 2021



- Technical assistance and coordination costs
\$3,545,311
- Supplies, maternal health commodities, materials
\$2,172,046
- Equipment, vehicles, furniture and depreciation
\$457,538
- Contractual services
\$3,079,053
- Travel
\$1,055,625
- Transfers and grants to counterparts
\$217,802
- General operating and other direct costs
\$4,959,825
- Indirect support costs
\$1,046,870

Figure 11: MHTF technical assistance and coordination costs as a percentage of total expenses



3.5 CATEGORIES OF EXPENDITURE

The total allocation for country, regional and global programmes in 2021 was \$17.5 million. Corresponding expenditures were \$16.5 million. Figure 9 shows the share of expenditures on maternal and newborn health by region and globally in 2021. The expenditure categories are presented in Figure 10.

Figure 11 shows a 7 per cent decrease in staff costs in 2021 compared to 2020.

The MHTF demonstrated results in all 32 countries that it supported thanks to the generous contributions of Sweden, Germany, Luxembourg, and Poland, and contributions made by Johnson & Johnson through Friends of UNFPA. The multimillion-dollar contribution from Takeda in 2020 for EmONC activities in three countries in 2021 does not show as recorded income as the amount was received in 2021. As previously mentioned, the income received in the final quarter helps maintain the continuity of operations in the first quarter of the subsequent year, leaving some of the operating budget in reserve. The MHTF continued to demonstrate a very high (over 90 per cent) implementation rate when comparing expenditures to allocated/disbursed amounts.

The MHTF relies on the support of its generous donors. It is working hard to expand its donor base to maintain and further enhance the sustainability of results achieved in maternal and newborn health.

PART IV



CHALLENGES, LESSONS LEARNED AND WAYS FORWARD

Since its launch in 2008, the MHTF has served as UNFPA's flagship programme for maternal and newborn health. It catalyses progress in achieving the 2030 Agenda for Sustainable Development and UNFPA's transformative result on ending preventable maternal mortality. In Phase III, the MHTF has taken an integrated approach to advancing health care in line with a human rights perspective, equitable access to ensure no one is left behind, quality and accountability. Moving beyond 2021, the MHTF will continue to make childbirth safer for all women, girls and newborns and seek to strengthen health systems overall towards universal health coverage.

CHALLENGES

The COVID-19 pandemic in 2021 continued to impose serious challenges on health-care systems and health workers. Access to vaccines remained severely constrained in many developing countries; lockdowns continued or were reimposed; supply chains were disrupted; fear and stigma remained rampant. Even in countries with more robust health systems, new challenges emerged, resulting from the need to respond rapidly to novel circumstances, meet sudden surges in demand, maintain universal access and deal with population-specific challenges. Though lockdowns have demonstrably increased unintended pregnancies,²⁴ maternal and newborn and sexual and reproductive health services were not prioritized as essential services, an added constraint in addressing ongoing issues.

Adapting to the COVID-19 era saw skyrocketing demand for online learning for pre-service and in-service midwifery education, including learning e-modules and the expansion of telehealth. In embracing innovative approaches to the provision of care, the MHTF supported remote education and increased access to online educational resources through e-learning modules. Better systems for ongoing mentorship and supportive supervision are required, however, to support health workers to integrate new knowledge and skills into clinical practice.

Resource shortages in the push towards universal health coverage suggest that focused efforts are needed to ensure adequate funding for sexual, reproductive, maternal, newborn and adolescent health. The COVID-19 pandemic has strained the financial resources of countries around the globe. Yet maintaining and increasing funding for the MHTF is essential to making childbirth safer for women, girls and newborns by bolstering midwifery and strengthening health systems overall, especially in delivering life-saving EmONC to those facing the greatest risks in giving birth. With the ongoing COVID-19 pandemic, the MHTF is uniquely positioned to tackle these pressing challenges but financial resources remain imperative.

LESSONS LEARNED

Midwifery: UNFPA's work on midwifery will be central to its new Strategic Plan for 2022-2025, contributing to the achievement of all three transformative results. This reflects the role of midwives in health systems strengthening, improving quality of care and addressing gender inequality in health systems and its impact on health workforces. *The State of the World's Midwifery 2021* highlighted a global need not only for more midwives, at least 900,000, and other health-care workers, but also new and innovative services to meet challenges in ensuring quality health care. The MHTF will continue to maintain global partner and donor commitments and is making efforts to foster these at global convenings (e.g., of the ICM Congress, the International Federation of Gynaecology and Obstetrics Congress and the dialogue series with the Wilson Center). Leadership in midwifery associations needs to be strengthened and young midwifery leaders promoted. 2021 showed that the future of health care will be more community-based, holistic and people-centred, with increased focus on respectful maternity care and better use of technology.

24 UNFPA, 2021. "Impact of COVID-19 on Family Planning: What we know one year into the pandemic."

On health workforce strengthening, the COVID-19 pandemic continued to demonstrate that maternity services must be prioritized as core essential health services in every emergency and that midwives should not be diverted from their core work providing care for women and newborns. The pandemic also affirmed that innovative and technology-driven approaches are in high demand and increasingly feasible even in resource-poor settings. This has resulted in UNFPA developing new online educational training modules and programmes with the Maternity Foundation, the Liverpool School of Tropical Medicine, Laerdal Global Health and the World Continuing Education Alliance. New online training approaches to strengthen faculty development and mentorship have also been developed and implemented with great success but we need to explore ways to take these innovations to scale.

EmONC: Maternal mortality is decreasing globally but not fast enough and with critical inequalities across regions of the world. Dying while giving birth is not only an unacceptable human rights violation but also a form of violence against women at a time when the majority of maternal deaths are preventable with appropriate health care. To this end, stronger EmONC networks, quality assurance, monitoring mechanisms and implementing strategies are crucial to reducing maternal mortality and morbidities such as fistula as well as in providing SRHR services as a whole.

MPDSR remains a critical avenue to improve the quality of maternal and neonatal health care. It is instrumental in informing advocacy, policies, planning, service delivery and accountability, towards ending preventable maternal and neonatal mortality. MPDSR facilitates targeted implementation of evidence-based interventions to address the underlying causes of maternal and newborn death. The pandemic has challenged MPDSR, however, by impeding the quality of maternal death reviews, which in turn jeopardizes the recommendations extrapolated from the data and consequently the relevance of results. Accuracy in maternal death notifications; training of service providers on MPDSR; analysis of precise causes of maternal and newborn deaths and maintaining confidentiality remain weak areas.

Fistula: Strengthening health systems, addressing gender inequities and equitable access to quality care are essential for preventing fistula. Prevention, including through midwifery-led care, treatment and social reintegration programmes, should be coupled with policies addressing both supply- and demand-side barriers for successful delivery of interventions.

Ending fistula by 2030 requires both a vertical approach (continuing to lead the global Campaign to End Fistula) and a horizontal approach (integrating fistula into broader programmes of gender equality, human rights, disabilities, quality of care and SRHR). Poor-quality care and a lack of access to sexual and reproductive and maternal health services, specifically EmONC, remain among the leading causes of maternal mortality and morbidities such as fistula for women aged 15-49. Gender inequity, poverty and the denial of human rights compound these issues and have worsened through the pandemic. Inadequate follow-up of fistula patients and the limited social reintegration of survivors, including women and girls deemed to be inoperable or incurable, remain major gaps in the continuum of care. Technical and financial support from the international community are important for fistula-affected countries to eliminate obstetric fistula by 2030. Internal (within UNFPA) and external advocacy, resource mobilization and dedicated media and communications support are continuously required to keep up momentum on fistula and move closer to ending it.

SRHR integration: The pandemic has highlighted the need for a holistic approach to SRHR. This considers all socioecological dimensions, including advocacy and policy, organizational and health systems, and the community, interpersonal and individual levels, towards improving health outcomes for women and girls. A sustainable approach to decreasing mortality and morbidity calls for analysing national SRMNAH strategies, in- and pre-service training curricula, the skills and competencies of key sexual and reproductive health providers, and task-sharing and self-care policies. This process can identify gaps and challenges to accessing comprehensive sexual and reproductive health services as well as opportunities for integration. To this end, favourable policies, laws and regulations are only impactful if they are enacted, enforced and understood. Similarly, SRMNAH resources will only have an impact if they are widely known and readily available.

WAYS FORWARD

Moving forward, the MHTF will continue to generate evidence-based interventions, policies and technical guidance to improve maternal and newborn health, making catalytic progress towards ending preventable maternal and newborn mortality in four thematic areas: midwifery, EmONC, MPDSR, and obstetric fistula and other morbidities. Future areas of focus comprise further improvements in the quality of midwifery care, particularly the clinical skills of faculty, students and clinicians through robust education, mentorship, preceptorship and supportive supervision programmes at both the pre- and in-service levels. Other priorities are to expand the use of innovative technologies through the continued development of e-learning modules and online educational resources in conjunction with support to translate these skills to clinical settings.

Considering the pandemic in 2021, UNFPA was at the forefront of sexual and reproductive health services, mobilizing support for essential health workers. It will continue to ensure that maternity services remain prioritized in normal and pandemic times, including by providing resources and safety measures to prevent midwives from being diverted from their core work. The MHTF will document how well-equipped, functional EmONC networks with adequate numbers of well-trained midwives can provide respectful maternity care, manage safe normal births, prevent conditions like fistula, respond to basic emergency situations and ensure timely referrals. The MHTF will also continue to bolster national capacities for implementing and managing robust MPDSR programmes.

As the COVID-19 pandemic gradually subsides and normalcy returns, the MHTF will continue to prioritize integrated maternal and newborn health based on a life course approach, while striving for full integration of SRHR into universal health coverage. It will implement cutting-edge, technology-based maternal and newborn health interventions to improve quality of care in support of women and their newborns.

We cannot do it alone. The MHTF will build its presence and visibility and leverage its expertise within key global SRMNAH partnerships like the Every Newborn Action Plan, Ending Preventable Maternal Mortality, the Global Financing Facility for Women, Children and Adolescents, and the Global Action Plan for Healthy Lives and Wellbeing For All. Through collaboration, the MHTF will seek to influence global policy and build synergies with the work of all key partners.

The MHTF will also continue to mainstream its efforts in other UNFPA units and areas of work, such as the UNFPA Supplies Programme on safe and comprehensive abortion care and family planning and the UNFPA Gender Branch on mainstreaming responses to obstetric violence or female genital mutilation within the midwifery programme. The MHTF will build stronger linkages with the UNFPA-UNICEF Joint Programme on Child Marriage, UNFPA's Comprehensive Sexuality Education Programme, UHC 2030 and others.

The MHTF will foster partnerships with the private sector, such as with Takeda, Johnson & Johnson and Laerdal Global Health, and with a wide range of civil society partners. Overall, partnerships will remain crucial for policy advocacy, scalability, sustainability and impact. Existing and new strategic collaborations will be further scaled up and deployed to invoke political will, including through the catalytic leveraging of national and other global resources for sustainable SRMNAH initiatives.



ANNEXES



©UNFPA Benin, Nadine AZIFAN, 2021.
Photo submitted to the 2022 MHTF photo competition.

ANNEX 1: MHTF PUBLICATIONS

Anastasi, E., W. Zeck and S. Zhang, 2021. "Enhancing Equity and Coverage Through Supply- and Demand-side Integration Policies for Maternal/Newborn Health: Field Experience from Rural Western China." *The Lancet Regional Health - Western Pacific* 8 (March): 100112. Website: doi.org/10.1016/j.lanwpc.2021.100112.

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Curtis, A., J.-P. Monet, M. Brun and others, 2021. "National Optimisation of Accessibility to Emergency Obstetrical and Neonatal Care in Togo: A Geospatial Analysis." *BMJ Open* 11(7): e045891. Website: doi.org/10.1136/bmjopen-2020-045891.

Hailegebriel, T. D., A.-M. Bergh, N. Zaka and others, 2020. "Improving the Implementation of Kangaroo Mother Care." *Bulletin of the World Health Organization* 99(1): 69-71. Website: doi.org/10.2471/BLT.20.252361.

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Nove, A., P. T. Hoope-Bender, M. Boyce and others. "The State of the World's Midwifery 2021 Report: Findings to Drive Global Policy and Practice." *Human Resources for Health* 19(1). Website: doi.org/10.1186/s12960-021-00694-w.

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UNFPA (United Nations Population Fund), WHO (World Health Organization) and ICM (International Confederation of Midwives), 2021. *The State of the World's Midwifery 2021*. Website: www.unfpa.org/sowmy.

ANNEX 2: DETAILED BUDGET ALLOCATIONS

| Regional office/Country office/ Global technical support | Dept ID | 2020 approved allocation ceiling | 2020 funds transferred | 2020 expenses (USD) | |
|-------------------------------------------------------------|---------|-------------------------------------|---------------------------|------------------------|--|
| Arab Region | | | | | |
| Arab States Reg. Office/Cairo | B1800 | 107,000 | - | - | |
| Republic of Yemen | | - | - | - | |
| Somalia - Mogadishu | B5350 | 481,500 | - | - | |
| Sudan - Khartoum | B5370 | | 344,670 | 254,845 | |
| Total | | 588,500 | 344,670 | 254,845 | |
| Asia and the Pacific Region | | | | | |
| Afghanistan - Kabul | B6010 | - | - | - | |
| Bangladesh - Dhaka | B6050 | 214,000 | 171,200 | 168,319 | |
| Lao People's Democratic Republic - Vientiane | B6190 | 327,955 | 300,349 | 298,855 | |
| Nepal - Kathmandu | B6250 | 246,100 | 246,100 | 214,277 | |
| Pakistan - Islamabad | | - | - | - | |
| Regional Office/Bangkok | B1600 | 107,000 | 53,500 | 31,688 | |
| Timor-Leste | B6120 | 388,789 | 321,820 | 214,749 | |
| Total | | 1,283,844 | 1,092,969 | 927,888 | |
| East and Southern Africa Region | | | | | |
| Burundi - Bujumbura | B4050 | 428,000 | 399,067 | 395,387 | |
| Dem Rep Congo - Kinshasa | B4430 | 327,924 | 327,925 | 336,609 | |
| Ethiopia - Addis Ababa | B4150 | 453,425 | 665,635 | 348,683 | |
| Kenya - Nairobi | B4210 | 321,000 | 278,200 | 253,656 | |
| Madagascar - Antananarivo | B4240 | 424,279 | 361,194 | 351,327 | |
| Malawi - Lilongwe | B4250 | 171,682 | 137,345 | 117,754 | |
| Mozambique - Maputo | B4290 | 307,019 | 182,849 | 124,445 | |
| Regional Office/Johannesburg | B1400 | 170,537 | 96,381 | 95,827 | |
| Rwanda - Kigali | B4330 | 247,008 | 160,556 | 153,457 | |
| South Sudan - Juba | | - | - | - | |
| Uganda - Kampala | B4400 | 310,300 | 273,482 | 244,752 | |
| Zambia - Lusaka | B4440 | 246,100 | 230,568 | 209,911 | |
| Total | | 3,407,273 | 3,113,202 | 2,631,807 | |

Approved allocations, expenditures and financial implementation rates in 2021 for the Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula.

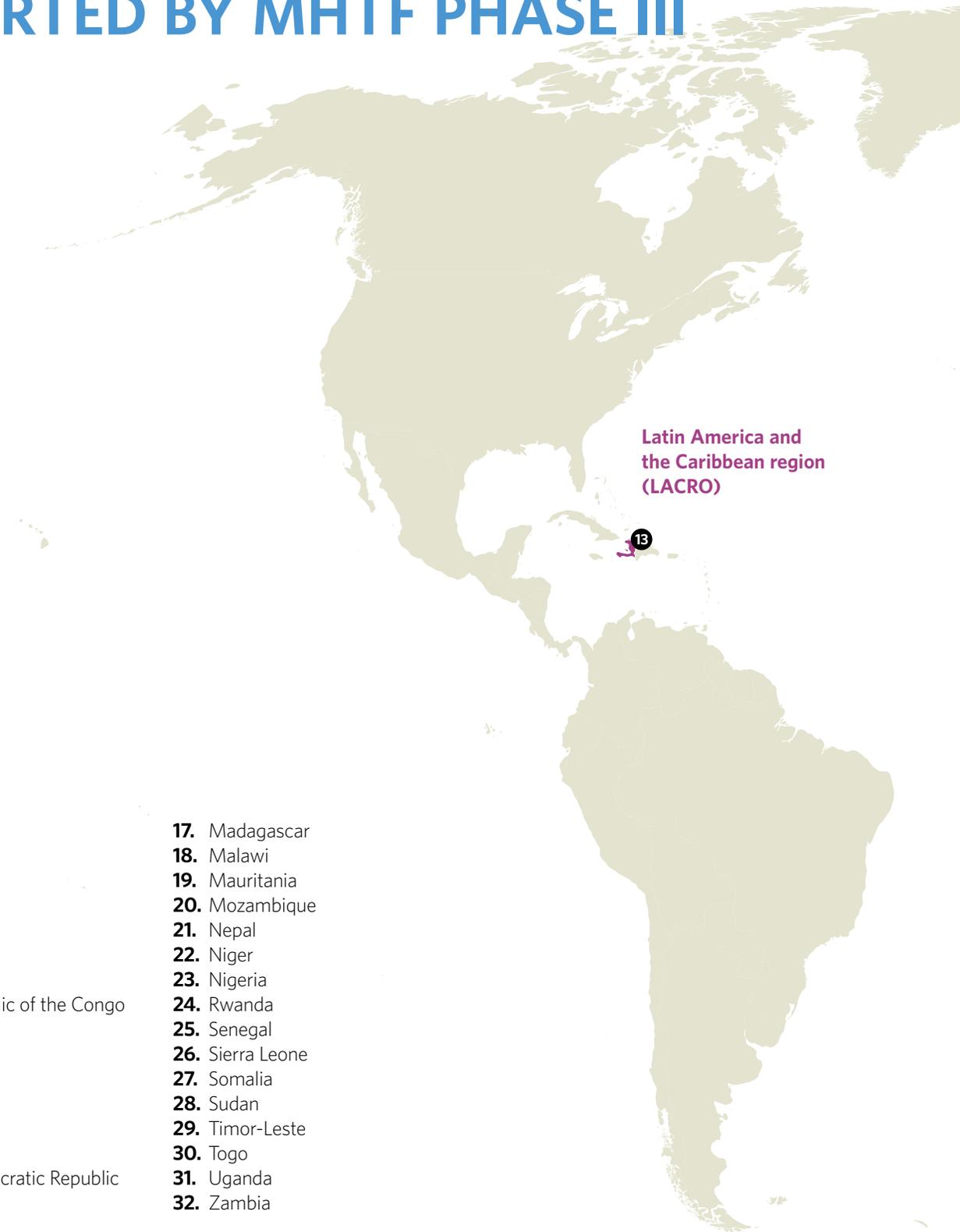
| | 2021 approved allocation ceiling | 2021 funds transferred | 2021 expenses (USD) | Utilization rate | Change in expenses 2020 vs. 2021 |
|--|----------------------------------|------------------------|---------------------|------------------|----------------------------------|
| | 160,500 | 80,250 | 77,781 | 97% | 77,781 |
| | | - | - | 0% | - |
| | 267,500 | 133,750 | 125,346 | 94% | 125,346 |
| | 481,500 | 481,500 | 345,312 | 72% | 90,467 |
| | 909,500 | 695,500 | 548,438 | 79% | 293,593 |
| | | - | (135) | 0% | (135) |
| | 214,000 | 219,350 | 194,991 | 89% | 26,672 |
| | 328,490 | 328,491 | 325,579 | 99% | 26,725 |
| | 267,500 | 267,500 | 246,885 | 92% | 32,608 |
| | | - | - | 0% | - |
| | 160,500 | 149,800 | 123,407 | 82% | 91,719 |
| | 321,000 | 321,000 | 205,822 | 64% | (8,927) |
| | 1,291,490 | 1,286,141 | 1,096,550 | 85% | 168,663 |
| | 428,000 | 428,000 | 411,624 | 96% | 16,237 |
| | 328,490 | 328,491 | 327,895 | 100% | (8,713) |
| | 454,750 | 454,749 | 239,776 | 53% | (108,907) |
| | 321,000 | 321,000 | 314,477 | 98% | 60,821 |
| | 428,000 | 428,000 | 437,767 | 102% | 86,441 |
| | 171,200 | 143,380 | 123,063 | 86% | 5,310 |
| | 321,000 | 321,000 | 211,578 | 66% | 87,133 |
| | 171,200 | 128,400 | 106,105 | 83% | 10,278 |
| | 247,170 | 247,170 | 185,516 | 75% | 32,059 |
| | - | - | - | 0% | - |
| | 310,300 | 310,300 | 310,466 | 100% | 65,714 |
| | 321,000 | 321,000 | 254,957 | 79% | 45,046 |
| | 3,502,110 | 3,431,490 | 2,923,224 | 85% | 291,417 |

| Regional office/Country office/ Global technical support | Dept ID | 2020 approved allocation ceiling | 2020 funds transferred | 2020 expenses (USD) | |
|-------------------------------------------------------------|---------|-------------------------------------|---------------------------|------------------------|--|
| Latin America and the Caribbean | | | | | |
| Haiti - Port-au-Prince | B7190 | 323,675 | 161,995 | 151,839 | |
| Regional Office/Panama City | B1700 | 107,000 | 107,001 | 103,885 | |
| Total | | 430,675 | 268,996 | 255,724 | |
| Office of the Executive Director/Directorate | | | | | |
| Non-Core Funds Management Unit | B0022 | 132,987 | 132,987 | 124,534 | |
| Technical Division | | | | | |
| Sexual and RH Branch | B1142 | 2,888,488 | 2,888,488 | 2,886,626 | |
| West and Central Africa | | | | | |
| Benin - Cotonou | B4020 | 2,012,172 | 1,444,258 | 816,287 | |
| Burkina Faso - Ouagadougou | B4040 | 453,425 | 427,457 | 318,903 | |
| Cameroon - Yaounde | | | - | - | |
| Central African Republic | | | - | - | |
| Chad - N'Djamena | B4090 | 260,316 | 169,206 | 177,701 | |
| Congo - Brazzaville | B4110 | 374,500 | 374,500 | 313,996 | |
| Côte d'Ivoire - Abidjan | B4120 | 347,480 | 347,481 | 219,450 | |
| Ghana - Accra | B4180 | 221,939 | 223,790 | 235,112 | |
| Guinea - Conakry | B4190 | 1,683,891 | 1,178,781 | 548,028 | |
| Guinea-Bissau | B4200 | 162,099 | 161,834 | 165,919 | |
| Liberia - Monrovia | B4230 | 189,604 | 166,514 | 126,209 | |
| Mali - Bamako | | - | - | - | |
| Mauritania - Nouakchott | B4270 | 231,569 | 185,259 | 137,514 | |
| Niger - Niamey | B4310 | 540,330 | 470,779 | 446,445 | |
| Nigeria - Abuja | B4320 | 303,880 | 303,024 | 302,396 | |
| Regional Office/Dakar | B1420 | 128,400 | 128,400 | 113,093 | |
| Senegal - Dakar | B4350 | 288,909 | 231,895 | 202,488 | |
| Sierra Leone - Freetown | B4360 | - | - | - | |
| Togo - Lome | B4390 | 1,958,100 | 1,667,060 | 785,002 | |
| Total | | 9,156,614 | 7,480,238 | 4,908,543 | |
| Grand total | | 17,888,380 | 15,321,550 | 11,989,967 | |

The allocations include the Thematic Fund for Maternal and Newborn Health and the Thematic Fund for Obstetric Fistula and funds for midwifery training and education.

| | 2021 approved allocation ceiling | 2021 funds transferred | 2021 expenses (USD) | Utilization rate | Change in expenses 2020 vs. 2021 |
|--|----------------------------------|------------------------|---------------------|------------------|----------------------------------|
| | 288,900 | 187,250 | 170,808 | 91% | 18 969 |
| | 160,500 | 160,500 | 160,500 | 100% | 56 615 |
| | 449,400 | 347,750 | 331,308 | 95% | 75 584 |
| | 151,728 | 151,728 | 132,727 | 87% | 8,193 |
| | 2,912,060 | 3,219,386.99 | 3,086,008 | 96% | 199,383 |
| | 1,869,678 | 1,485,350 | 1,422,913 | 96% | 606,626 |
| | 453,680 | 453,680 | 446,282 | 98% | 127,379 |
| | | - | - | - | - |
| | | - | - | - | - |
| | 261,080 | 261,080 | 274,985 | 105% | 97,284 |
| | 374,500 | 374,500 | 402,107 | 107% | 88,111 |
| | 444,050 | 222,026 | 167,312 | 75% | (52,138) |
| | 235,400 | 235,400 | 231,995 | 99% | (3,117) |
| | 1,788,070 | 1,564,040 | 1,679,668 | 107% | 1,131,640 |
| | 214,000 | 214,000 | 203,573 | 95% | 37,654 |
| | 214,000 | 214,000 | 197,426 | 92% | 71,218 |
| | | - | - | - | - |
| | 235,400 | 235,400 | 221,042 | 94% | 83,528 |
| | 540,350 | 540,351 | 566,579 | 105% | 120,134 |
| | 303,880 | 303,880 | 301,347 | 99% | (1,049) |
| | 171,200 | 171,200 | 107,799 | 62% | (6,988) |
| | 294,250 | 296,179 | 283,477 | 96% | 80,989 |
| | 214,000 | 214,000 | 137,351 | 64% | 137,351 |
| | 1,893,675 | 1,647,132 | 1,771,958 | 108% | 986,956 |
| | 9,507,213 | 8,432,218 | 8,415,815 | 100% | 3,505,578 |
| | 18,723,501 | 17,564,214 | 16,534,070 | 94% | 4,542,410 |

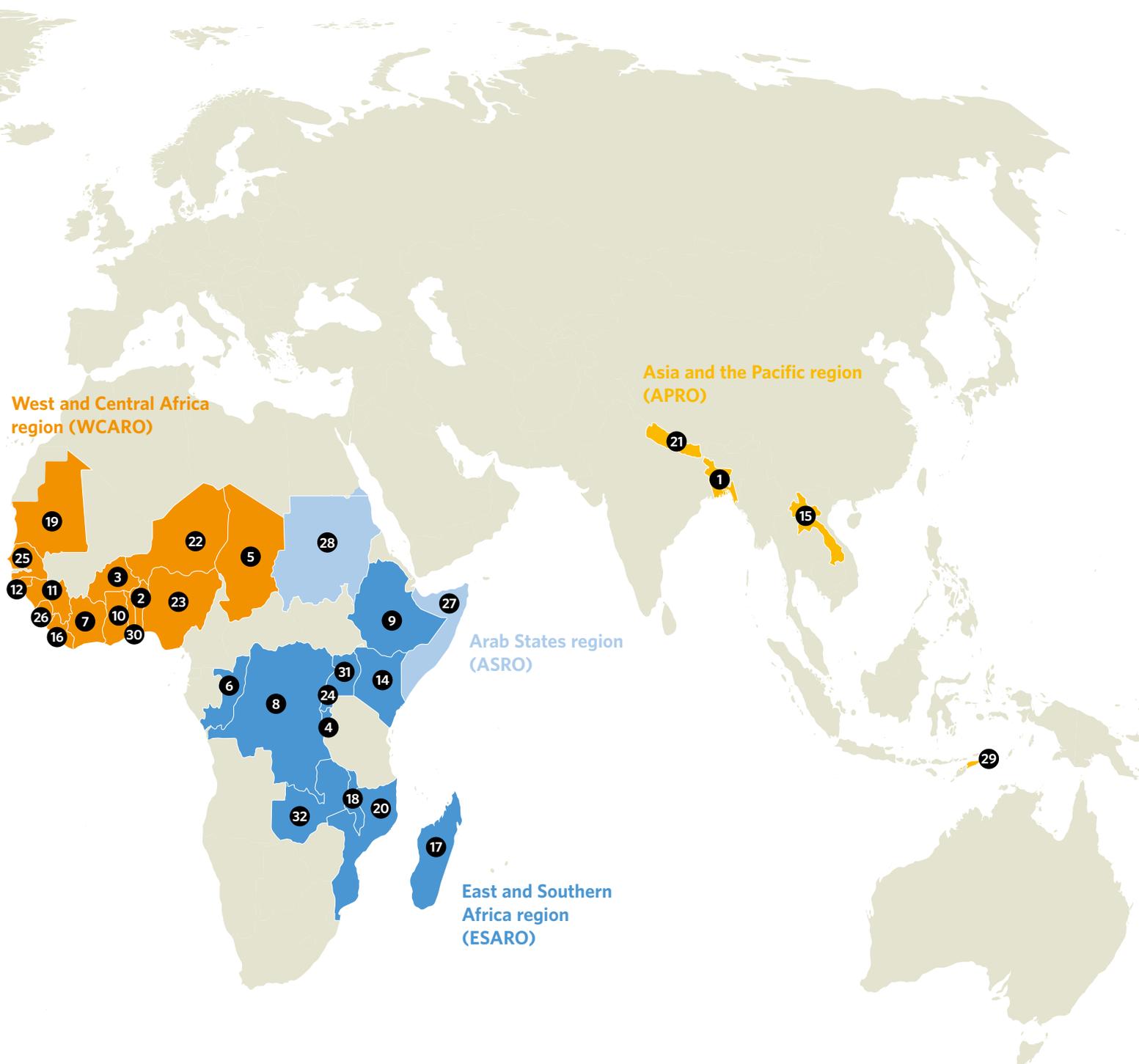
ANNEX 3: LIST OF COUNTRIES SUPPORTED BY MHTF PHASE III



Latin America and
the Caribbean region
(LACRO)

13

1. Bangladesh
2. Benin
3. Burkina Faso
4. Burundi
5. Chad
6. Congo
7. Côte d'Ivoire
8. Democratic Republic of the Congo
9. Ethiopia
10. Ghana
11. Guinea
12. Guinea-Bissau
13. Haiti
14. Kenya
15. Lao People's Democratic Republic
16. Liberia
17. Madagascar
18. Malawi
19. Mauritania
20. Mozambique
21. Nepal
22. Niger
23. Nigeria
24. Rwanda
25. Senegal
26. Sierra Leone
27. Somalia
28. Sudan
29. Timor-Leste
30. Togo
31. Uganda
32. Zambia



Note: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities or the delimitation of its frontiers or boundaries.



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