




GOOD PRACTICES IN MIDWIFERY

RESPONSE TO THE COVID-19
PANDEMIC IN LATIN AMERICA
AND THE CARIBBEAN,
2020-2021





“ Professional midwives are at the core of the response to the pandemic.

Women are still getting pregnant, still giving birth, and they and their families still need midwifery support and care.

”

(Bick, 2020)

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Credits

Authors of Initiatives-GPs

Lead coordinator

Virgina Camacho - UNFPA LACRO

Document's authors

Jovita Ortiz - U. de Chile.
María Dolores Castro - UNFPA LACRO

Argentina

Miriam Aquino
Elsa Beatriz Peralta

Chile

Ana Román Morra

Ecuador

Eréndira Betancourt
Luz Cofré

México

Sandra Blanco
Guadalupe Hernández

Perú

Midori Pozo
María del Pilar Vargas
Margarita Pérez
Erika Amunátegui
Patricia América Ortiz Ampuero

Uruguay

Guissela Negrin
Silvina Muriega

Paraguay

Sandra López

Bolivia

Cristina Pinto

Barbados

Kim Maughan

Jamaica

Nichole Smart
Bobby-Joe Campbell

Trinidad y Tobago

Marcia Rollock

UNFPA Caribbean Office

Debrah Lewis

Cover photo

UNFPA Colombia: Partera Vital Project
UNFPA México
UNFPA República Dominicana AFP/
Partera Vital

Graphic & layout design

Pick Nic - Laboratorio Creativo SAC

Acronyms and abbreviations

FP	Family planning
GMS	Global Midwifery Strategy 2018-2030
GPs	Good practices
GV	Gender violence
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
ICTs	Information and communication technologies
LGBTI	Lesbian, gay, bisexual, transgender, intersex
PAP	Pap smear
PPE	Personal protective equipment
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRMNAH	Sexual, Reproductive, Maternal, Newborn and Adolescent Health
SRR	Sexual and Reproductive Rights
WHO	World Health Organization
PM	Professional midwife
UNFPA	United Nations Population Fund

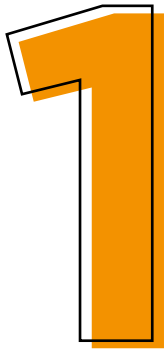
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Introduction

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INTRODUCTION

1.1 Background

The health crisis caused by the COVID-19 pandemic tested the capacity of States and government and non-government organizations to respond to an increased demand in different sectors triggered by a global economic and humanitarian crisis that unfolded in an unprecedented scenario in the 21st century.

Faced with this threat, health services and resources were diverted to fight the health emergency, given the high and sustained demand for public and private health care in most countries in the world.

While the services affected the most in the early stages were emergency and intensive care units, other services not considered essential in the initial response to the pandemic, especially sexual and reproductive health (SRH) services, gradually began to be affected (Schaaf et al., 2020). The disruption of SRH services was the result of social and health responses, and had a significant impact on the health of the population (Kotlar et al., 2021; Riley et al., 2020; UNFPA, 2020a). Many SRH services in Latin America and the Caribbean are delivered by professional midwives¹ (PMs), who have made huge efforts to maintain the continuity of SRH care by placing themselves at the center of the response (Bick, 2020). This shows the important role played by professional midwifery in times of crisis (Murphy, 2020).

Together with other health professionals, PMs have been working hard to address the population's SRH needs, increase access to quality SRH care by women, children and adolescents, and strengthen professional midwifery organizations both in their own countries and at the regional level.

¹ The official term used by the ICM to refer to midwives in Spanish is *matronas* (International Confederation of Midwives, 2017), but depending on the country other terms are also used to refer to them in Latin America: *licenciada/o en obstetricia*: (Argentina); *obstetra-partera* (Uruguay); *enfermeiras(os) obstétricas e obstetrizes* (Brazil); *parteras profesionales* (Mexico); *obstetra* (Peru); *licenciada/o en enfermería obstetriz* (Bolivia); *obstetrices* and *obstetras* (Ecuador); *obstetra* (Paraguay), and *matrón* or *matrona* (Chile). For purposes of this report we are using the English term professional midwife (PM) to refer to them, regardless of the country, as agreed upon by Professional Midwifery Associations in Latin America.

1.2 Purpose

The pandemic brought new challenges for the safe provision of SRH essential services and their use (Catton, 2020) and, with it, new challenges for PMs as service providers. And this situation has put their leadership and capacity of adaptation and innovation to the test like never before in modern history (Kemp et al., 2021).

It is for this reason that UNFPA's Latin America and Caribbean Regional Office (UNFPA-LACRO) set out to identify a series of initiatives and good practices (GPs) led by professional midwives in Latin America and the Caribbean countries, at all levels of the health system, to respond to the COVID-19 pandemic and ensure the safe provision of SRH care. It also systematized and analyzed those initiatives and GPs to identify actions, lessons learned and recommendations to assess the role of professional midwives during the pandemic and assess progress made towards universal health coverage for women, children and adolescents.

1.3 Document structure

This document presents a summary of the activities carried out in the first phase and the results of the second phase of systematization of initiatives and GPs implemented by PMs in different countries of Latin America and the Caribbean. During the second phase, from April to July 2021, we analyzed the information gathered in the first phase (2020) in more detail, with additional information and qualitative interviews that not only provided more data on midwifery practices, but also placed PMs at the center, based on their own perceptions and experiences. To assess the different initiatives, we used a series of criteria, principles, objectives and procedures. The assessment, on the other hand, is based on a systematic, effective, relevant, efficient, sustainable and flexible vision that has also been well documented. When it comes to the development of programmes, identifying lessons learned from good practices is essential to guide future projects or enhance current projects in contexts or conditions similar to those in which the good practices analyzed were developed.

Once the information was processed and analyzed, we divided the document into six main sections: an introduction, the framework for analysis, results, lessons learned, conclusions and recommendations. This narrative report is complemented with annexes that include detailed descriptions of the initiatives-GPs.



Framework for analysis

2

FRAMEWORK FOR ANALYSIS

2.1 Conceptual framework

2.1.1 Definitions

A review of the literature shows multiple definitions of good practices. According to UNFPA, a good practice refers to the “experience acquired during the execution of a programme, with proven methods, techniques or practices” (UNFPA, 2010).

Since the practices presented here include examples of rapid responses to a health crisis that have not been completely proven, in this document they are referred to as “initiatives-GPs”.

Professional midwifery, on the other hand, is understood as the profession practiced by midwives. Professional midwifery has a body of knowledge of its own, in addition to skills and professional competencies drawn from other health-related disciplines such as science and sociology, but practiced by midwives within a professional framework of autonomy, association, ethics and accountability (International Confederation of Midwives, 2017).

In addition to the commonly accepted criteria for the assessment of good practices (relevance, processes, impact, innovation, sustainability and replicability) we incorporated principles of equality as key elements to determine to what extent an initiative promotes the transformation of gender relations, including those of women, adolescents, men, indigenous people, African descendants and other populations, in the different stages of their life cycle. For purposes of this document, the term gender refers to “a sociohistorical and cultural complex and changing construction of relationships between men and women, between the masculine and the feminine, structured around dynamics of power and subordination and, therefore, it is particularly important to understand the social relationships between both sexes and the ways in which different spaces for participation are created. These attributes, opportunities and relationships are the product of a social construction and are learned through socialization processes” (Lagarde, 1990).

The generational approach establishes a difference between the concepts of adolescence and youth, which are sometimes used interchangeably and can have significant political and legal implications. According to Pierre Bourdieu, youth is a social construct to define an age period that should meet certain contemporary expectations and has not always been treated as a key social actor. “Historically, youth emerges as a social actor or a ‘group of agents’ susceptible of being analyzed and considered central

at a moment where most of them have access to education and, thus, are part of a “responsibility moratorium” process that did not exist in the past. Thus, young people live in a temporary status where they are ‘neither children nor adults’(ORAS-CONHU, 2009). Adolescence, on the other hand, is “the transition period between dependent childhood and adult and autonomous age ” (Muuss, 2003).

Reproductive health involves the capacity to enjoy a satisfactory sexual life without risks, to procreate, and the freedom to decide whether to procreate or not, when and how often. The latter condition implies the right of women and men to have access to information and the family planning method of their choice; other fertility regulation methods not legally prohibited; safe, effective, affordable and acceptable contraceptive methods; and appropriate health care services that allow for pregnancies and deliveries with the lowest level of risk and the highest possibility for couples to have healthy children (REPROLATINA, 2004).

Sexual health refers to the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love. The notion of sexual health implies a positive approach towards human sexuality where sexual health care involves enhancing life and interpersonal relationships, and not only guidance and care related to procreation and contracting sexually transmitted infections (REPROLATINA, 2004; OMS, 2004)

2.1.2 Strategic framework

The mission of the United Nations Population Fund is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. With this mission in mind, UNFPA’s Office for Latin America and the Caribbean provides strategic support in humanitarian situations to 30 countries, working with different strategic partners to meet the specific SRH needs of women, adolescents and young people, including mental health and psychosocial support, safe SRH services and access to contraception and gender violence (GV) services to mitigate the risk of GV during crises and therefore, during humanitarian responses (UNFPA, 2020b).

In this context, UNFPA-LACRO works with different partners, including the International Confederation of Midwives and its professional midwifery member associations. Together with them, in 2020 it began implementing an action plan to identify and address the needs of PMs and women during the pandemic. To this end, UNFPA’s regional office has been providing technical and financial support (UNFPA, 2020d) to strengthen

professional midwifery as part of UNFPA's Global Midwifery Strategy Programme 2018-2030 (UNFPA, 2019). This is in response to the need to further the sustainable development of society and the contribution of professional midwifery to it, which involves significant challenges in times of crisis.

In 2015, the 2030 Agenda, which has a comprehensive sustainable development perspective, was approved. The agenda establishes 17 Sustainable Development Goals (SDGs) and specific targets, which are an integrated and indivisible set of priorities for the eradication of poverty, with the theme "Leave no one behind".

The 2030 Agenda also establishes a global and universal application framework that includes sustained and inclusive economic growth, social development and environmental protection as interdependent dimensions for all persons. As far as health is concerned, 17 of the SDGs' 169 targets are directly related to improving the health of women, children and adolescents. It is worth noting that both SDG 3 on health and SDG 5 on gender equality and the empowerment of women and girls include sexual and reproductive health and reproductive rights targets. Target 3.7, for example, calls for universal access to sexual and reproductive health care, including family planning, information and education, and the integration of reproductive health in national strategies and programmes. Target 5.6 calls for universal access to sexual and reproductive health and reproductive rights in line with the Programme of Action of the International Conference on Population and Development (ICPD), the Beijing Platform for Action and the outcome documents of their review conferences. Women's empowerment is a prerequisite to address major challenges such as poverty, inequality and violence against women under these objectives. (United Nations, 2020).

To achieve the Sustainable Development Goals related to health, mainly SDG 3, whose objective is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, it is essential to increase investments in professional midwives and the quality of midwifery care. Midwives are the "health labour force" that is essential for the delivery of comprehensive sexual and reproductive health services, including maternal

health services. In addition to prenatal, childbirth and postnatal care, midwives provide family planning counseling and services; prevention of HIV transmission from mother to child; prevention of malaria in pregnancy and fistulas, sexually transmitted infections and congenital syphilis; post-abortion care and essential newborn care. Along these lines, in 2008 UNFPA began working with the ICM on the strategy of “investing in midwives and others with midwifery skills” with the theme, “The world needs midwives now more than ever to save the lives of mothers and babies”. The strategy focuses on improving midwifery education, particularly in connection with the set of ICM’s essential competencies through the development and strengthening of midwifery regulatory bodies, associations and advocacy efforts to increase equal access to, and the availability of, quality midwifery services to promote health and save the lives of women and their newborns. The success of the programme led to the development of the Global Midwifery Strategy 2018-2020, which focuses on the three pillars to strengthen midwifery -education, regulation and association- and is aligned with the SDGs health-related target to eliminate maternal and neonatal mortality by 2030 and achieve universal health coverage, as well as with the UN Global Strategy for Women’s, Children’s and Adolescents’ Health. To this end, it is important to consider that PMs can be social agents of change. Their social commitment has an impact on the health and wellbeing of women and families. In addition, their work in the area of family planning and with adolescents contributes to the empowerment of women, which, combined with their own professional empowerment, contributes to gender equality and reducing gaps between men and women.

In this regard, the GMS established six strategic objectives with their corresponding areas of interest, including education, with competent midwives providing quality care; the regulation of midwifery as an autonomous profession; strengthening midwifery associations to conduct research and represent the profession and midwives as a workforce, and optimize the use of plans and policies to hire and retain PMs; create enabling environments to advance policies and support frameworks so PMs can provide quality care and, finally, the recognition of PMs as an integral part of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH).

From there the importance of the GMS strategies during the pandemic, considering they allow for contextual analysis and addressing new challenges, threats and opportunities for PMs in times of crisis.

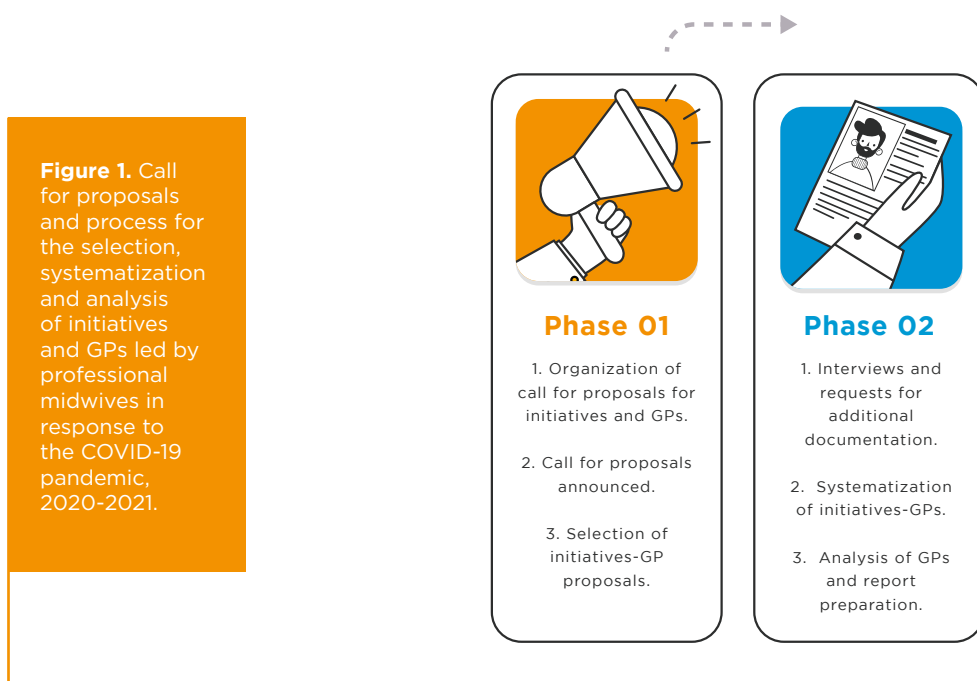
For all of the above reasons, UNFPA’s Latin America and the Caribbean Humanitarian Action Overview (UNFPA, 2020b), UNFPA’s Global Midwifery

Strategy 2018-2030 (UNFPA, 2019) and lessons learned on SRH and GV in emergency situations in Latin America and the Caribbean (UNFPA, 2013) are part of the strategic framework for the analysis of initiatives and good practices led by professional midwives in response to the COVID-19 pandemic 2020-2021 described in this report.

2.2 Methodology

2.2.1 Process

The methodological process for the selection, systematization and analysis of initiatives-GPs included two phases (Figure 1).

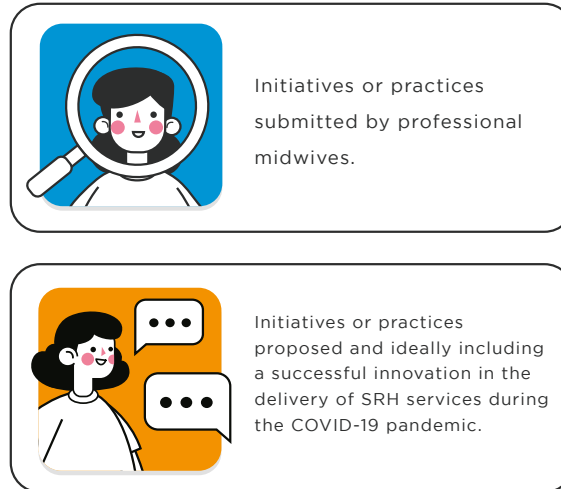


The first phase, which took place from August to December 2020, included the following stages:

2.2.1.1. Organización de la convocatoria:

The call for proposals was prepared by members of UNFPA's implementing partner, the Department for the Promotion of Women's and Newborns' Health of the University of Chile, and a UNFPA regional consultant. They also had the support of a UNFPA-LACRO consultant from the English-speaking Caribbean. Together, they defined the call for proposal's general inclusion criteria (Figure 2).

Figure 2. General inclusion criteria – Call for proposals for initiatives and GPs led by professional midwives in response to the COVID-19 pandemic, 2020-2021.



2.2.1.2. Call for proposals

The call for proposals was open during October and November 2020 and was promoted through the presidents of professional midwifery associations in Latin America and the English-speaking Caribbean (UNFPA, 2020c), who were asked to submit their proposals in writing.

2.2.1.3 Preliminary selection of initiatives and good practices

The documents submitted were reviewed and evaluated by the UNFPA-LACRO consulting team, which did a preliminary selection of initiatives-GPs that included two reviews: an initial individual review followed by a cross-review. After reaching a consensus, the team requested additional information and made suggestions for those proposals that did not meet the call for proposal minimum criteria. Suggestions were made to the presidents of professional midwifery associations, who were asked to submit the changes required so the initiatives-GPs could be included in a preliminary report to be produced in late 2020².

Once the documents on practices with the changes suggested were submitted again and reviewed, they were considered for the second phase of the process.

The second phase, which took place between March and July 2021, was led by a consultant of UNFPA's implementing partner, the University of

² For more information on the preliminary report of the first phase (in Spanish), go to <https://drive.google.com/file/d/1weHLvot61NurLXqQg72vqRog8bpjT3bj/view>

Chile, with support from a UNFPA consultant and in coordination with the English-speaking Caribbean. The second phase included the following stages:

2.2.1.4 Interviews and request for additional documentation

During this stage, which took place between March and May 2021, an invitation was sent to the authors of initiatives-GPs reviewed for an in-depth interview to learn more about the progress, processes and follow-up on the impact of their initiatives-GPs, and request additional documentation to gain a better understanding of each experience.

2.2.1.5 Systematization of Initiatives-GPs

During the months of June and July 2021, we systematized the different initiatives received in Phase 1, which were complemented with the interviews of their authors and the review of additional documentation submitted. The systematization process followed the criteria described in section 2.3.

2.2.2 Analysis and systematization

To analyze the different initiatives-GPs led by professional midwives in response to the COVID-19 pandemic, 2020-2021, we followed the above-mentioned methodology, in addition to the following criteria taken from Family Care International (Family Care International, 2011) (Table 1).

Table 1 Criteria for analysis of initiatives and GPs led by professional midwives in response to the COVID-19 pandemic, 2020-2021.

Relevance



The experience meets a need identified by means of an assessment, research or careful consultation. Its objectives are well defined and are relevant and realistic. Strategies are implemented to address the conditions identified in the assessment with a rationale based on common rights principles.

Process and Impact



The experience shows positive results and/or an impact based on a comparison between the conditions that existed before or at the beginning of the intervention and the situation after its implementation. This criterion assumes the definition and implementation of a follow-up and evaluation system.

Innovation (Transformative Capacity)



The initiative and the work teams have the capacity to create and/or adapt styles and ways of working, strategies and novel approaches for use in specific contexts. This can apply to forms of organization, use of resources, management aspects, specific intervention strategies, promoting participation and direct work with participating populations.

Principles of Equality:



Rights, gender, generational and interculturality principles: the initiative takes into account human rights principles and, in particular, a wide approach to sexual and reproductive rights, in its formulation and implementation. It also has the capacity to act on traditional gender models and incorporate cultural diversity in practice.

Sustainability and Replicability:



The “good practice” considers the importance of sustainability over time and, therefore, develops mechanisms to achieve it. It has managed to develop processes that are sustainable in the mid and long-term by engaging all stakeholders involved.

Once the interviews and the additional information process concluded, the information was processed in an Excel matrix with information entries on the experiences by country and good practices. That resulted in an initial volume of primary information that was then triangulated with the secondary information gathered in phase 1. The process of analysis allowed us to identify lessons learned. The analysis and the systematization followed the guidelines suggested for this type of studies.

2.3 SCOPE AND LIMITATIONS

This report is based on the call for proposals launched by UNFPA with the help of the presidents of the ICM's professional midwifery member associations, who participated voluntarily. This means the initiatives-GPs described and analyzed here do not represent all the initiatives that may have been implemented by PMs in Latin America and the Caribbean. However, many of the results, lessons learned and recommendations described may have served as reference some of those initiatives.

The additional documentation requested in Phase 2 was more difficult to get and mainly consisted of users' testimonies about their experience with services provided by PMs.

We conducted a total of 14 in-depth interviews with PMs from Latin America and 2 with PMs from the English-speaking Caribbean. We were unable to conduct interviews for the 3 practices in Peru and the 3 initiatives in the Caribbean. These PMs responded to the interview questions in writing.

While we were unable to interview all the PMs leading the initiatives selected, this phase was essential to assess the progress made by the initiatives-GPs and their adaptation to the dynamic of the pandemic. On the other hand, the prolonged health crisis required the reporting of activities and qualitative outcomes, rather than the quantitative impact of the initiatives of interest, given the difficulty to maintain reliable and up-to-date records. While this may well be a limitation of the analysis, it can also be an opportunity to identify lessons learned and recommendations for the implementation of good practices by PMs in health crises.



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Results

3

RESULTS

3.1 Characterization of initiatives and good practices

This section describes the characterization of initiatives-GPs based on the country of implementation, the type of activities, their thematic areas and the use of communication technologies.

The report includes a total of 22 initiatives-GPs, 17 in Latin America and 5 in the English-speaking Caribbean, including one led by UNFPA (Annex 1).

3.1.1 Distribution of initiatives-GPs by country:

The distribution by country can be seen in Figure 3.

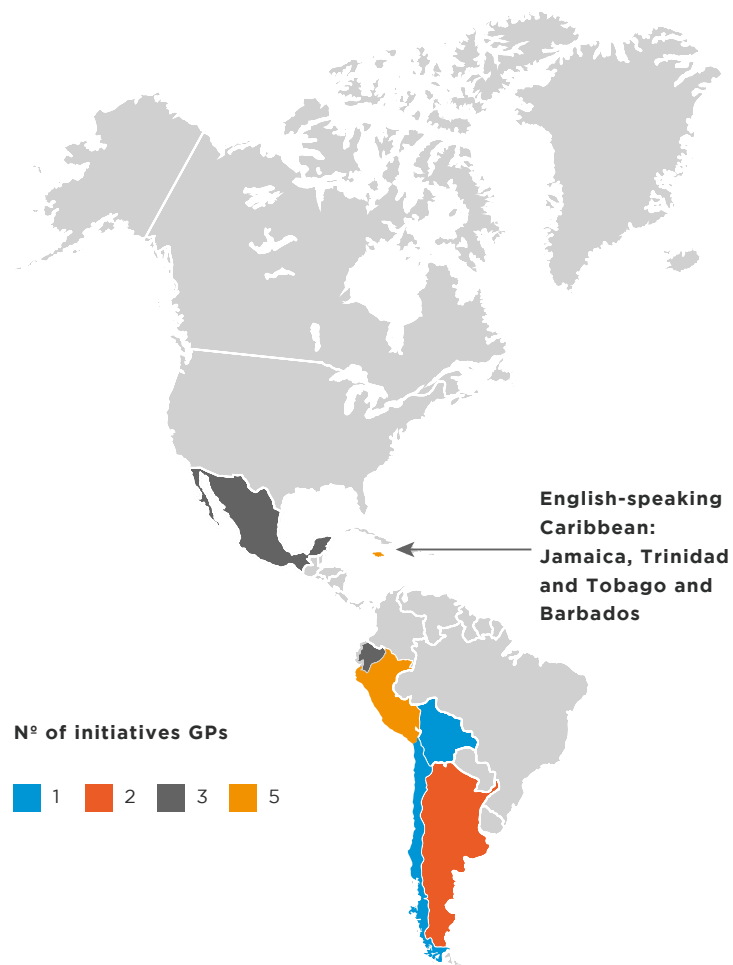


Figure 3. Distribution of initiatives-GPs led by PMs in response to the COVID-19 pandemic by country, 2020-2021

3.1.2 Types of activities

If we consider the main types of activities³ of the initiatives-GPs (Figure 4), 2 of the 22 initiatives were aimed at providing continuing training for PMs and health workers with a focus on SRH topics during the pandemic (PM Association in Mexico and UNFPA in the Caribbean); and 3 more involved community health actions for the implementation of cervical and breast cancer prevention strategies (the Chile initiative), strengthening community work to promote SRH (one initiative in Ecuador) and tele-orientation for the community to facilitate access to SRH services (one initiative in Peru).

3 of the 22 initiatives focused on advocacy strategies. One of them is that of Bolivia where, together with UNFPA, PMs, advocated for community actions such as community education, service delivery and continuing education for SRH health professionals. Another, the Paraguay initiative, engaged in advocacy efforts to promote the professional practice of PMs prior to and during the pandemic. The last one is that led by UNFPA in the Caribbean, which involved actions to support the practice of PMs for the provision of care, including continuing training in the region.

Illustration 1: Professional midwife in an in-person session after the COVID-19 pandemic lockdown.

Initiative: System for Online Education on Conscious Pregnancy and Respectful Childbirth for Pregnant Women in Chilpancingo, Guerrero, during the COVID-19 Pandemic. Mexico.



³ For purposes of this report, by type of activities we refer to the main spheres of action of the initiatives described, which included continuing education for health professionals, health education in general, community health care, primary health care, hospital care and PM-led health care management practices. While several of the initiatives considered more than one activity, this characterization only considered the main area of activity of the initiative.

The main activity of 5 of the 22 initiatives was health promotion and prevention through community health education actions or activities. These initiatives include one in Argentina on the use of Information and Communication Technologies (ICTs) for education and community support targeted to pregnant and puerperal women; two initiatives in Peru, one on obstetric psychoprophylaxis and prenatal stimulation through the use of ICTs for pregnant women from the La Libertad region, and another on SRH education and counseling sessions through the use of ICTs, implemented by the Peruvian Association of Obstetricians. Initiatives like that of Uruguay, which focuses on childbirth preparation sessions via Zoom, and the one in Trinidad and Tobago, which provides remote childbirth preparation classes, are representative of this type of activities.

Six other initiatives focused on strategies to maintain the continuity of primary health care, including PAP screening and care and mammograms in the city of Florencio Varela, Argentina; SRH care follow-up and monitoring in Puno, Peru; SRH care strategies in the Quito canton in Ecuador and Barbados; and two initiatives to maintain the continuity of primary maternal health care and primary health care in general.

Finally, the main activity of 3 of the 22 initiatives was hospital care, including one initiative in Mexico that offered education sessions but mainly focused on a positive and safe experience in hospital childbirths. There was another initiative in this category in Peru that focused on vertical birth, and another on safe and respectful hospital care in Ecuador.

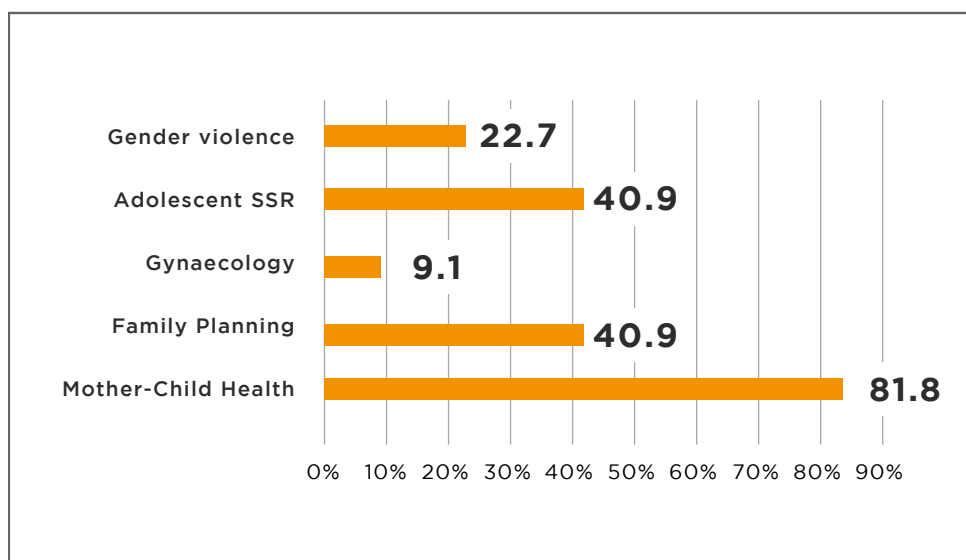
Figure 4. Main types of activities considered in initiatives-GPs led by professional midwives in response to the COVID-19 Pandemic in Latin America and the Caribbean, 2020-2021



3.1.3 Main thematic areas

As shown in Graph 1, the main thematic area⁴ (or area of focus) of the initiatives-GPs was maternal health, which was considered in 81.8% of the initiatives-GPs (18 out of 22). This clearly reflects the importance of reproductive health for PMs in Latin America and the Caribbean. Prenatal education and psycoprohylaxis, reorientation of prenatal care and telematic monitoring and follow-up strategies for pregnant and puerperal women and newborns stand out in those initiatives.

Graph 1. Main thematic areas considered in initiatives-GPs led by professional midwives in response to the COVID-19 pandemic in Latin America and the Caribbean, 2020-2021



Family planning and adolescent SRH, on the other hand, were considered in 40.9% of the initiatives (9 out of 22). It is also important to note that, unlike maternal health, family planning and adolescent SRH were not the main areas of the initiatives, but part of more global SRH initiatives.

The third area of focus was gender violence, with 22.7% (5 out of 22 initiatives); however, as in the family planning and adolescent SRH initiatives, gender violence was not the primary theme, but part of a group of other SRH themes (3 out of 5 initiatives) or an emerging area in the context of the pandemic (2 out of 5 initiatives).

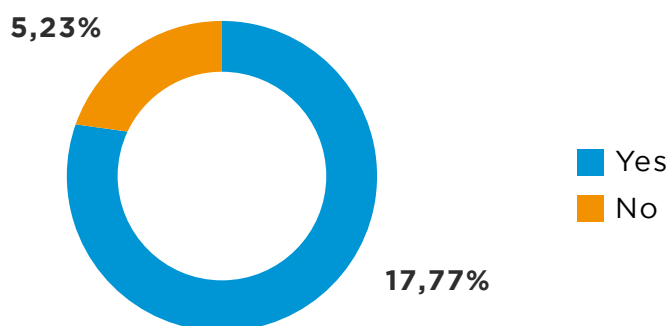
⁴ For purposes of this report, by thematic area we refer to the main areas of sexual and reproductive health considered in the initiatives-GPs described. In this case, we included all the areas considered in each of them.

Finally, gynaecological health was the main area of focus of 9.1% of the initiatives-GPs (2 out of 22). One included strategies for the continuity of early screening of cervical alterations through pap smears, and the other involved the redesign of follow-up and screening of cervical and mammary alterations through the use PAP and mammograms.

3.1.4 Use of information and communication technologies

As shown in Graph 2, 77% of the initiatives-GPs considered the use of ICTs in their implementation. This characteristic, which was present in the majority of the initiatives-GPs led by PMs in most countries, was identified as one of the main tools used in rapid responses to the pandemic. 10 of the 17 initiatives were based on the use of ICTs, with telemedicine⁵ or online education as their main focus. 7 out of 10 initiatives, on the other hand, relied on ICTs as the main tool to achieve their objectives, for example, to reorient care and, thus, prevent its disruption during the strictest lockdowns of the pandemic. This is in line with UNFPA's Global Midwifery Strategy 2018-2030, which highlights the importance of prioritizing the development of innovations to build midwifery capacities, improve quality of care and promote the introduction and dissemination of technologies, training models, products and solutions adapted to low-income settings (UNFPA, 2019).

Graph 2.
Use of Information and Communication Technologies in initiatives-GPs led by PMs in response to the COVID-19 pandemic, 2020-2021



⁵ The term telemedicine is understood as the delivery of health care by all health care professionals, using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of diseases and injuries (World Health Organization, 2010)

3.2. Perspectives and guidelines drawn from the different experiences.

This section contains a review of the common patterns, trends and differences identified in the initiatives, based on the analysis of initiatives-GPs and the applicable criteria.

3.2.1 A rapid response to meet women's SRH needs: "Consistent with midwifery's philosophy and strategies"

The systematization of experiences in Phase I showed a disruption of SRH services during the pandemic, including reduced access to SRH services in general, a reduction in prenatal care coverage, an increase in home births and reduced access to family planning. Continuity of care for women during the pandemic became a priority for the PMs interviewed regardless of whether their initiatives were aligned with public policies or not.

The processes and care of these initiatives-GPs have been "consistent with midwifery strategies", public policies and the population's needs; their primary health care mission clearly refers to the provision of readily available, accessible and affordable services for all, especially during humanitarian crises.

In some locations, services provided by PMs were the only response available to women (Florencio Varela, Argentina). In other initiatives, PMs engaged in advocacy actions by working together with health facilities and community and municipal bodies to maintain the continuity of SRH services (Obstetric Nurses Programme, UNFPA Bolivia).

While several national SRH plans already included guidelines on SRH care for women and adolescents through the use of telemedicine, some associations reactivated telemedicine programmes that were no longer in operation and, with it, in addition to providing responses for women, they strengthened national programmes (the experiences of FENOE in Ecuador and the Regional Association of Obstetricians III in Lima-Callao, Peru). Other actions included high-level advocacy efforts with governments to guarantee health care for women. For example, due to the pandemic, Ecuador's Ministry of Health was left with a stock of contraceptives. FENOE asked for a donation and was able to distribute FP methods for free (Ecuador experience).

In the Chilean initiative, the former President of the Senate assisted them in their policy advocacy efforts to get the Ministry of Health to consider the implementation of cervical cancer preventive measures. This clearly reflects the importance of advocacy and leadership actions led by PMs

not only to achieve an autonomous practice of midwifery, but also for the provision of safe and quality health care for women users (UNFPA, 2019).

RELEVANCE OF ACTIONS

“To address the disruption of care, we reorganized services, began offering telephone follow-up and counseling and adapted the care system. This is not in line with public policy, but we see it as an opportunity. It is important to contact women” (Interview with a member of the Dr. Chevallier Primary Health Care Clinic, Argentina).

“Precisely speaking about the disruption of SRH services, the former President of the Senate was key because, as the second highest authority in the country, she led efforts to intervene in several areas of the Ministry of Health. She advocated the creation of a COVID-19 working group to coordinate cervical cancer prevention actions in accordance with the National Cancer Law, with resources from the 2021 National Budget (Interviewee talking about the experience “Continuity of PAP/HPV Testing during the Pandemic”, Chile).

“This year they began working again with women and migrants. They led a FP workshop and are organizing implant insertion and counseling days. They are addressing women’s needs - breastfeeding, prenatal care, contraceptives and pap smears. They are also working on cervical cancer prevention, and in November they asked us to introduce abortion and violence” (President of FENOE, Ecuador).

3.2.2 Beyond maternal care: “The need for comprehensive SRH care and the reorganization of services”.

In the beginning, emerging needs or the exacerbation of other problems that affect women’s health and wellbeing were not addressed by PMs, who mainly focused on maternal and child health care. But several initiatives-GPs later expanded their care and online education activities to include family planning, gender violence and prevention and detection of gynaecological pathologies, for example, by promoting the taking of pap smears (Argentina and Chile).

Illustration 2: A health care team with a mother and her baby at the “Luz Cofré” day hospital.

Initiative: “Implementation of maternal health techniques for the provision of comprehensive humanized childbirth care, care for newborns and family planning in times of COVID-19 - Ecuador”



The pandemic has also caused an increase in the number of cases of domestic violence and sexual and gender-based violence, many of which were reported by users. Online communication channels allowed some women to report these situations. In Ecuador, for example, FENOE reported they had expanded their SRH activities, including family planning, and this year (2021) they had to introduce gender violence and safe abortion services.

In addition, some initiatives-GPs (like the initiative at the Luz Cofré hospital, located in the La Maná canton, province of Cotopaxi, Ecuador) took into account the fact that women were afraid of visiting health care facilities “for fear of getting infected”. Therefore, they relied on telephone calls and online interaction to reduce their fear and provide the care they needed, among other things, to avoid the disruption of safe childbirth care.

Other initiatives identified new mental health needs and proposed strategies to address them, which clearly shows the need for mental health services (“System for Online Education on Conscious Pregnancy and Respectful Childbirth for Pregnant Women in Chilpancingo, Guerrero, during the COVID-19 Pandemic”).

Most of the actions were mainly local, as opposed to national, which facilitated the adaptation of previous programmes and services and the adoption of biosafety measures. Those users who needed services and had PPE available were able to visit the facilities with relative feelings of fear but without incidents (case of Mexico, “Development and Implementation of COVID-19 Care Pathway for Pregnant Women in Chilpancingo, Guerrero, Mexico, during the 2020 Epidemiologic Emergency”).

3.2.3 Innovations and adaptations to prevent disruption of care: “Professional midwives faced the challenge of finding innovative ways to continue to provide SRH services to users”

Since the beginning of the pandemic, it was expected that the disruption of certain components of the health system would affect the SRH care coverage and, indirectly, the health of women, adolescents and children. These components had to do with the availability of health workers, supplies and equipment, in addition to access to, and the demand for, services (Robertson et al., 2020). In this regard, many of the initiatives-GPs led by PMs focused on providing a rapid response to meet users’ health care needs during the pandemic, which required adaptations and innovations in PMs’ routine practices, including the way they contacted users in communities and their own education and care activities, in order to be able to take SRH services to users in certain areas.

Based on an assessment of women’s needs, PMs performed their functions, including an additional evaluation and the delivery of services as needed. Several strategies were implemented, most of them online, to reach women and implement safe in-person processes for provision of care, community support and home visits.

While home visits are a good strategy to maintain coverage, they were not used in all cases due to the need for biosafety measures, and also because human resources are not enough based on impact models. (Robertson et al., 2020). In Jamaica home visits were resumed, but only for persons who desperately need them and cannot access health facilities (Continuity of Maternal & Child Health Services during the COVID-19 Pandemic, Jamaica).

The support of community health volunteers to educate/inform SRH users about COVID-19 and biosafety measures, and also to schedule visits for new and existing users was of great help for the health staff and services (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19, Jamaica).

In almost all the countries professional midwifery associations implemented community online education strategies before the Ministry of Health did. While online education was already part of their policies and guidelines, it was not offered routinely. The pandemic was a key factor in its implementation in practice.

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Through the use of ICTs, they were able to work with different groups on topics such as adolescent pregnancy prevention, psychoprophylaxis, safe attachment and free birthing positions, in addition to follow-up through home visits.

It is important to highlight UNFPA's work in the English-speaking Caribbean, which relied on online education sessions to reach the target audience. They organized a series of seminars on different topics, including the continuity of SRH services in the pandemic, infection prevention and control strategies, newborn care in the context of COVID-19, respectful maternity care and mental health care for midwives and mothers. Experts from all over the region, UNFPA's global partners, the Johns Hopkins University and WHO/PAHO participated in these sessions. The initiative also produced educational videos and culturally appropriate posters on COVID-19 and respectful maternity care for their dissemination across the region. The online sessions were recorded and then posted on the website of the Caribbean regional midwives association (UNFPA Support for Midwives in the Caribbean during the COVID Pandemic 2020). With support from UNFPA-LACRO, the Mexican Professional Midwives Association also organized an SRH training course during the pandemic (Online Training Course on Essential Sexual and Reproductive Health Services in the Context of the COVID-19 Pandemic Emergency).

In most initiatives, team work has been essential for the reorganization of services through a series of innovations, adaptations and communication strategies, some of which are described in Figure 5 below.

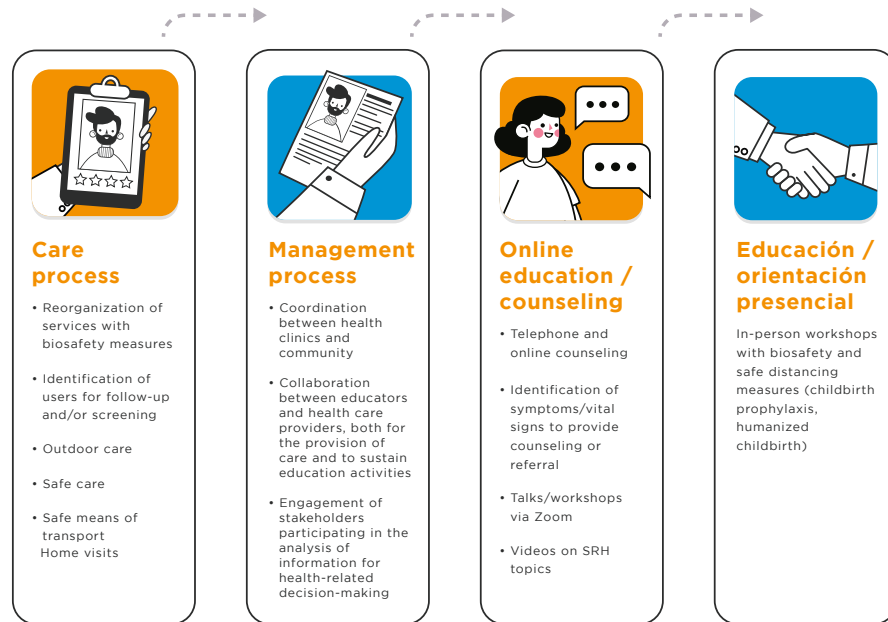


Figure 5. Strategies to maintain SRH coverage identified in initiatives-GPs.

These adaptations and innovations faced several challenges, including their cost and sustainability, considering almost all associations reported they had limited material, financial, educational and human resources, which could limit their efforts to maintain the continuity of, an access to, services (Robertson et al., 2020). This is consistent with the recommendations of the Global Action Plan, which was developed by multiple international organizations, to accelerate progress towards health-related SDGs. The Action Plan highlights the need for innovations in policies, especially to make progress towards the SDG targets where progress is insufficient, in addition to innovative approaches for the design of programmes in fragile and vulnerable States and in outbreaks of diseases such as Ebola and, currently, COVID-19. The plan also stresses the need for social innovation to empower individuals and communities as co-producers of health, and recognizes that investments for the sustainable expansion of innovations are required to reach the persons who need them (World Health Organizations, 2018). However, in the early stages of these initiatives, PMs and users used their own cell phones to communicate, which prevented them from having long conversations and counseling sessions, but they eventually migrated to online platforms (some of which are subscription-

based), in some cases with support from the country's Ministry of Health. In others those services were paid by UNFPA or their respective associations (Peru and Mexico). In the case of initiatives in Argentina, inequality in connectivity forced them to rely on WhatsApp audio messages to share information with users and Facebook Live, where they posted recordings of sessions to share information.

Few organizations reported the use of an education methodology or approach, not to mention a virtual version thereof. All the associations faced major challenges. Some of them needed training and, therefore, considered the use of a methodology. That was the case of FENOE (Ecuador) which introduced Paulo Freire's popular education methods. "Midwives needed training on the use of ICTs, and that posed a major challenge. However, we worked as a team with the support of a physician, as established in the midwifery care model" (Implementation of maternal health techniques for the delivery of comprehensive humanized childbirth care, newborn care and family planning in times of COVID-19 - Ecuador).

These challenges are clearly associated with the recommendation to invest in emergency preparedness and avoid the waste of resources or not leveraging their potential. This need was identified as part of lessons learned on sexual and reproductive health and gender violence in emergency situations in Latin America and the Caribbean (UNFPA, 2013).

PROCESSES AND INNOVATION

“We began making home visits for those who couldn’t come. Women were able to receive counseling from midwives via text messages or WhatsApp. We haven’t implemented any new interventions. Our interventions still rely on telephone calls and WhatsApp or text messages. We’re also making home visits for those women in extreme need. The paperwork available includes client records and midwives’ log books” (Luz Cofré Day Hospital, La Maná canton, province of Cotopaxi. Ecuador).

“Faced with this reality, midwives had to find innovative ways to continue to serve their clients. For example, they had to request permission from law enforcement to enter certain areas under lockdown to provide SRH services to clients living in them. They also promoted an open door policy for those seeking SRH services in all the facilities of Eastern St. Mary (this means clients had access to services on any business day and not only on days scheduled for SRH services). The results of the initiative are consistent with midwifery strategies, public policies and the population’s needs, considering the primary health care mission clearly refers to the provision of readily available, accessible and affordable services for all. Based on an assessment of women’s and men’s needs, midwives performed their functions, including an additional evaluation and the delivery of services as needed” (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19).

“We had to get PPE and hand sanitizer and adapt the facilities so women could wait outdoors. Talking to women on Zoom is not the same; the interaction with them, that physical contact so necessary to gain the trust of vulnerable persons, is missing. When you communicate with people, information is on STIs and the importance of seeking care is passed on by word of mouth. They will tell other women, ‘You need to get a pap smear’ and that has been very good for self-care” (Experience in Florencio Varela, Argentina).

“The collaborative approach of the team members (midwives, community health assistants, medical records technicians, female assistants) and users/acceptors (regular clients/new clients) of SRH services was key in the implementation of a block appointment system” (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19).

“The video on the Peñas Blancas hospital should be used as an example. It shows the importance of working in territories. It’s not about what the Association does, but what midwives do. The Association is there to show how things are done, not to do things. Midwives climb hills, go door-to-door, and that’s where they find that most women are farmers. And it’s not that women don’t know about pap smears; it’s just that, because they work, they don’t have the time to travel to seek the service. That’s why the work of midwives has been very important” (Continuity of PAP/HPV tests during the Pandemic. Chile).

3.2.4 Results of the different experiences: “Approaching women, families and the community was a key outcome”

The results of the different initiatives-GPs varied depending on their objectives and the different strategies implemented. It is quite difficult to measure or produce results that create an impact amid the pandemic. Most of the results have to do with qualitative transformations such as decision-making and learning for the professionals involved. However, they do not have to do with health impacts as such. While the results identified as of the moment of this report do not point to the use of methods, techniques or proven practices, they provide lessons on how approach new outbreaks, which are described in the corresponding section. If these initiatives continue, it will be important to have mechanisms in place for the evaluation and/or follow-up of service records and levels of satisfaction of users.

In some experiences, the reorientation of services and programmes through the use of telemedicine for women, girls and adolescents reduced the need for visits to health facilities and COVID-19 exposure.

While virtual strategies allowed for the continuity of cervical cancer screening services, there was a reduction in the number of users of these services who did not have access to online platforms or other virtual channels. Safe care was provided where required (New Cervical and Breast Cancer Prevention Screening Models for the Most Vulnerable Population in Florencio Varela, Argentina).

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Illustration 3: Professionals wearing PPE for safe gynaecological screening.

Initiative: “New Screening Care Models for Cervical and Breast Cancer Prevention during the COVID-19 pandemic for the Most Vulnerable Population in Florencio Varela, Argentina.”



In selected municipalities in Bolivia, online promotion and information strategies targeted to women with disabilities, combined with the distribution of contraceptive commodities and sexual violence services, had an impact on the reduction of sexual and reproductive health indicators, including a reduction in adolescent pregnancy and maternal mortality and the reactivation of participatory mechanisms that involved health care providers, municipalities and communities, such as the morbidity and maternal and neonatal mortality analysis committees (Obstetric Nurses in municipal and community health management, Bolivia).

The campaign *Tu vida importa, hazte el PAP* (“Your life matters, get a pap smear”), in addition to mass education actions implemented by the regional secretariats of Chile’s Ministry of Health, helped to reduce gaps in the number of pap smears performed. While they recently raised their goal, the number of pap smears is still low, considering that even before the pandemic they hardly reached 60% of their goal. The pandemic led to a reduction in the number of pap smears performed (they are now at 47% of their goal). “Despite significant efforts, the impact is still modest, and the response has been limited, considering we’re still in the middle of the pandemic” (President of the Chilean Midwifery Association).

In Jamaica, a series of actions were implemented to strengthen the relationship between midwives and users, with positive results. People in the community and family members feel more connected and comfortable with access to health services, as shown by the number of people that regularly attend their scheduled visits. Prior to the pandemic, they had an average of 60 prenatal care users per month; with the pandemic, this number has doubled. They also have an average of five new users per month receiving services at the clinic who would have previously sought care in the private sector. “The migration of private clients to our system is encouraging, as it reflects their trust in the care provided (informant from the initiative “Continuity of Maternal & Child Health Services during the COVID-19 Pandemic” Jamaica).

In this initiative, data on users/acceptors (recurrent clients/new clients) from April 2020 to October 2020 were reviewed and then compared against the same period in 2019. The findings show a 1.6% increase in the number of women users of SRH services in 2020 compared to 2019, a 142% increase in the number of new (female) acceptors of SRH services and a 73.6% reduction in the number of male users for the same period. 88% of the new acceptors used the Depo-Provera and condom combined method, while the remaining 12% of new acceptors used the oral contraceptive and condom combined method. The reduction in the number of male users could be attributed to COVID-19 lockdown measures. Men were

no longer able to move around as freely as they did in the past, which led to a reduction in the number of multiple sexual relationships. Despite the availability of free condoms in all the health facilities of the health district, there was a reduction in the number of new male users for the period analyzed (Continuity of Maternal & Child Health Services during the COVID-19 Pandemic, Jamaica).

In Jamaica they also evaluated the impact of the initiative through audits of appointment records to determine the number of appointments missed. Users missing appointments were contacted via telephone calls or text messages to reschedule their appointments (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19, Jamaica).

User levels of satisfaction are an important evaluation mechanism. One example of this is the large number of messages received from users and the more than 500 follow-up calls one year into the implementation of the obstetrics hotline and online counseling programme Aló Obstetra (“Hello Obstetrician”), Regional Association of Obstetricians III, Lima-Callao, Peru.

In Uruguay the experience included a satisfaction survey with open-ended questions via WhatsApp, in addition to comments and suggestions (Childbirth Preparation Sessions via Zoom during the COVID-19 Pandemic at CAMS IAMPP Dolores Soriano, Uruguay).

The initiatives also had a positive impact on PMs, who have overcome their fears, reaffirmed their knowledge, gained new knowledge and received training on COVID-19 protocols for the provision of safe care and reducing the virus spread.

EFFECTS - IMPACT

“This intervention has had a positive impact on the community and strengthened the midwife-client relationship. It has enhanced the role of midwives. Clients and others in the community have freely expressed their satisfaction with efforts made. They are reassured by the arrangements in place, knowing that their safety and their health are the focus of health care providers. In addition, as the midwife-client relationship grows, a bond is also created with the rest of the family members (Continuity of Maternal & Child Health Services during the COVID-19 Pandemic, Jamaica).

“The online course has been a learning experience for the organization. It has made the team of facilitators of the Professional Midwifery Association stronger. As we delved deeper into the course content, beginning with module four we found that the diversity of professional profiles meant there were different approaches to the implementation of activities, for example, in the interpretation of lab tests, data analysis and interventions targeted to pregnant women in the community. In this regard, we saw an increase in interactions with people” (Online Training Course for Sexual and Reproductive Health Essential Services during the COVID-19 Emergency, Mexican Professional Midwifery Association).

3.2.5 TRANSFORMATIVE CAPACITY: “We learned a new language”

There is definitely a diversity and richness of experiences that clearly reflect collective and individual transformations in the performance of tasks, work commitments and the professional practice of PMs. Flexibility and a high adaptive capacity, as well as self-learning and online training, were key elements of that transformative capacity, in line with UNFPA’s Global Midwifery Strategy 2018-2030 (UNFPA, 2019), which prioritizes the development of innovations to enhance midwifery capacities and quality of care.

However, we should not ignore midwives need for emotional support, considering they may be afraid of dying or seeing other women die, given the State's inability to provide a rapid and effective response (O'Connell et al., 2020). Also, midwives report being more aware of the importance of taking care of themselves, particularly in the area of mental health, during this period (UNFPA Support for Midwives in the Caribbean during the COVID Pandemic 2020). The infodemic, or overabundance of information, as well as their excessive work burden and exhaustion amid the complex scenario of their professional practice, can reduce their transformative and innovative capacity (Zarocostas, 2020).

The different initiatives-GPs included a variety of strategies implemented by midwifery associations, either individually or in partnership with other organizations, mainly in the area of health (nursing and medical and gynaecological staff) to reaffirm their knowledge in different areas related to SRH, virtual education methodologies and the use of networks and platforms. As mentioned in an interview, "We learned a new language".

These actions ranged from long courses for men and women from different disciplines to more targeted workshops, including some for midwives only. One midwife in particular made the decision to learn about information technologies, management and marketing on her own to be able to fulfill women's needs (Peru, "Obstetric Psychoprophylaxis and Prenatal Stimulation through the Use of Information and Communication Technologies for Pregnant Women in the La Libertad Region in the COVID-19 Context"). For additional information on the different experiences, see the Annex on Initiatives-GPs. Female tutors and PMs with teaching experience participated in all the courses.

One significant aspect of this work was the contribution of volunteers and the high level of commitment involved. While several obstetricians volunteered to help in the beginning, their number has gradually decreased. The almost 24-hour care available for women clearly reflects a strong commitment and a level of compassion in times of crisis that can only be explained by the vocation to serve. There are no salary increases or payments associated to the extra work done during the pandemic.

PMs reacted quickly, reorganized in response to the risk and managed to maintain services despite their "fear". Female midwives are better at reacting to and addressing risk than their male counterparts, who were more reluctant to maintain the services. They also paid for their own materials and learned about safe provision of care. There was a combination of midwifery care, a logic of care and risk management.

Another aspect worth mentioning are the policy advocacy efforts of the Paraguayan Society of Obstetrics to achieve a legal framework for the professional practice of obstetrics in Paraguay, which was enacted in 2015. This Law led to the professional recognition of Obstetricians and their rights, both in terms of job opportunities and a strengthening of the pillars of education, regulation and obstetrics. “The Society is present everywhere ministerial regulations are being formulated” (Paraguayan Society of Obstetrics).

As a key partner of midwifery associations in Latin America and the Caribbean, UNFPA’s regional office has provided technical assistance and promoted capacity building and evidence generation strategies for the provision of safe care to the benefit of women, adolescents and midwives trained.

The following are some of the key factors that influence the transformative capacity of traditional midwives:

Entre los factores de éxito que influyen en la capacidad transformadora de las parteras tradicionales, se puede identificar los siguientes:

- Closeness with the community (produces better results in provinces vs. capital cities)
- Outreach and education
- Self-care as a sustainability mechanism
- Volunteer work, which helps to enhance their image and leads to higher levels of motivation

THE TRANSFORMATIVE CAPACITY OF PROFESSIONAL MIDWIVES

“The members of the Association now meet more often. We had to communicate more often during the pandemic. The participants in the meetings report work in the different regions has been positive. Antofagasta, for example, launched territorial campaigns with the help of senior-year obstetrics students; Concepcion and Valparaíso implemented actions in partnership with obstetrics schools. And the Association has its own activities. Public health services also participate in our activities and those promoted by the Association” (President of the Chilean Midwifery Association).

“Continuing education is the pillar to advance midwifery and democratize knowledge. Educating midwives and a multidisciplinary team as a basis for development. Thanks to the combination of association, regulation and education, we were able to enhance safe care” (Mexican Midwifery Association).

“We did not foresee the magnitude of the work. Some of our members volunteered to help, and a profile for online operators was developed. In the beginning we had 10 volunteers. But we only have 3 persons now: the initial operator and two permanent volunteers” (Obstetrics Hotline and Online Counseling Experience “Aló Obstetra”, Regional Association of Obstetricians III Lima-Callao, Peru, 2020).

“Midwives are flexible, versatile and compassionate professionals who work in close collaboration with the community, which leads to better health practices. Some midwives are now able to fully recognize the role they play in communities (Continuity of Maternal & Child Health Services during the COVID-19 Pandemic, Jamaica).

“Professional midwives can show how flexible we can be to adapt rapidly to new standards, maintain our level of professionalism and ensure continuous service delivery. As midwives, we had to participate in numerous online trainings/meetings to be ready to meet the demand of the population amid the pandemic. Midwives showed how flexible we can be to adapt rapidly to new standards and maintain our level of professionalism. As medical care providers, we are equipped with a “super hero inside of us” (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19, Jamaica).

“We not only wanted to protect pregnant women, but also professional midwives. In the beginning we were dripping with fear; we were afraid of providing care and getting infected, of wearing PPE the wrong way. We had to ensure the continuity of care without knowing if we might die, without support from the State. At some point two of us cried together with a woman, and we couldn't see anything with our PPE” (Development and Implementation of COVID-19 Care Pathway for Pregnant Women in Chilpancingo, Guerrero, Mexico).

“I went to school to become an obstetrician, and now here I am in front of a screen that forces me to reimagine and reinvent myself to deliver care in the best possible manner” (Silvina, midwife, Uruguay).

3.2.6 Promoting equality and equity through actions: “Your life matters”.

All the initiatives have been targeted to women, but their level of inclusion varies depending on the programme orientation and the target ages of its beneficiaries. Almost of them are targeted to women of childbearing age, but the “life cycle” approach has not been prioritized yet and, therefore, some women below the age of 15, or above the age of 49, are not benefiting from these programmes.

Another factor that has an impact on women’s inclusion is Internet access. While many of the women own a cell phone, inequality in connectivity remains a challenge and, therefore, telephone calls and WhatsApp groups were the most effective channel. This poses the huge challenge of achieving universal access to health during the pandemic, the democratization of technologies and leaving no one behind (United Nations, 2017).

In Ecuador, FENOE worked in coordination with the women’s movement, contributing to the empowerment of women in the rural and urban communities where they operate. They are now providing SRH training to women leaders to support and sustain the work of PMs. In Chile, the campaign Tu vida importa, hazte el PAP (“Your life matters, get a pap smear”) includes videos to encourage women to get pap smears.

During the pandemic, women have sought SRH services and expressed their gratitude through the same channels used to share information with them, as shown by the experience of the Dr. Chevallier Clinic in Argentina.

The Aló Obstetra initiative in Peru shares comprehensive information with women about their rights, including information on gender violence, through the strategy No Estás Sola (“You are not Alone”).

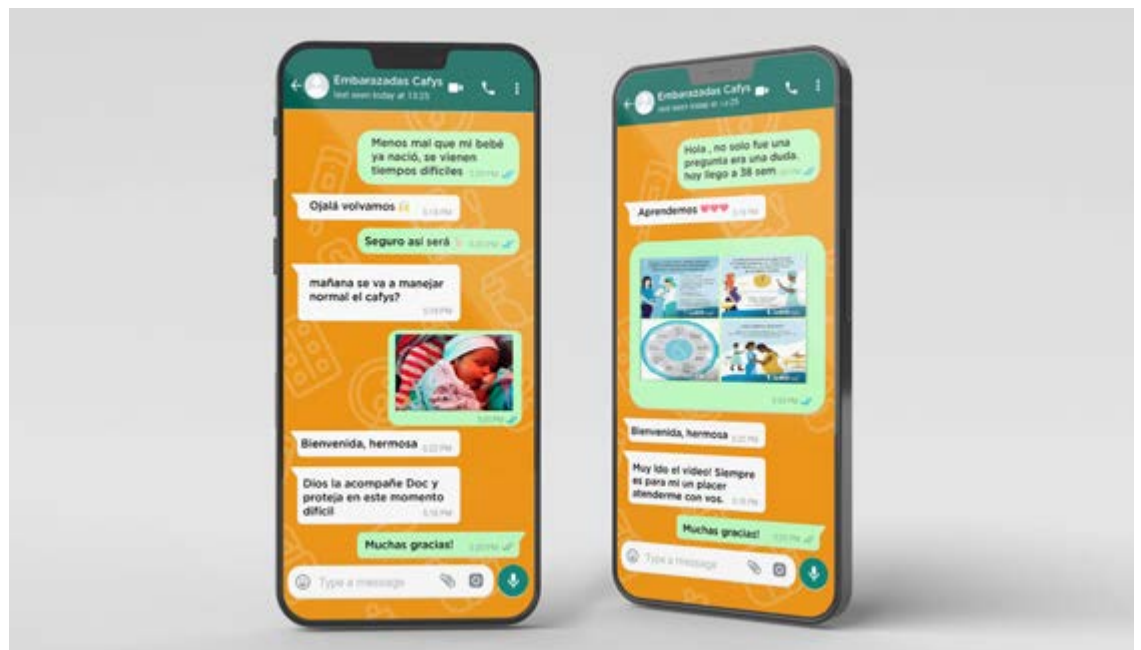
The inclusion of adolescents and young people was a key element of the Bolivia initiative. Its different strategies focused on strengthening SRH and psychological support for adolescents and young people. Online work has been done with parents and teachers to achieve an impact on adolescents (Obstetric Nurses in Municipal and Community Health Management, Chuquisaca-Potosí, Bolivia).

The inclusion of the LGBTI population has had a significant impact on prevention and education actions led by midwives in Ecuador. This population was not considered as part of the original plans, but women’s organizations requested it, because they are a highly vulnerable population sector in this pandemic. Midwives had to receive counseling and training

on other SRH topics to be able to address the needs of this population. They also received support from gynaecology staff who joined the work done by midwives.

Illustration 4: Puerperal woman and her baby during postpartum care, greetings and thank you messages on WhatsApp.

Initiative: “Telemedicine during the Pandemic: a Tool to Guarantee Sexual and Reproductive Rights for the Population of Pregnant and Puerperal Women in the Programme Area of the Dr. Chevallier Primary Health Care Clinic, Argentina”.



The approaches and results of work with men varied, but in all cases they were insufficient not enough. Some experiences included men separately or took advantage of the presence of women's husbands or partners to address SRH topics. In Ecuador, women's male partners received information about long-acting methods, vasectomy and sterilization. In Argentina, the participation of men in WhatsApp groups was limited, because many of them owned the cell phones used to join the WhatsApp groups, and later made the decision to exit them. Another problem had to do with gender inequalities, because some women were unable to have access to counseling because they did not own a cell phone, which clearly shows SRH inequalities respond to structural aspects related to gender inequalities. Initiatives like those in Chile and Ecuador have not worked with men. One of the things some people have referred is that, if the midwife goes to a woman's home, it is not a men's issue, but a women's issue. But men often seek information about sexual health through their female partners, and midwives will ask questions or share the information (Continuity of PAP/HVP Testing during the Pandemic, Chile). In Jamaica, access to men is not restricted. Men cannot make appointments for SRH services in the primary health care system, but they can go to a health care facility at any time during working hours to seek services.

Some initiatives have adopted an intercultural approach. In Argentina, efforts have been made to use language that is appropriate and understandable for women. In Bolivia, traditional midwives facilitate assisted childbirth with respect for women's customs. In Chile some midwives have adapted their practice to intercultural childbirth (city of Santa Bárbara). In Ecuador, PMs take into account cultural differences between women from the coast and indigenous and migrant women. An indigenous leader/professional midwife, who is also part of the team, acts as an important link to work with more cultural sensitivity in Peru. Also in Peru, one initiative used a Quechua translator and another addressed the cultural relevance of childbirth care. In Jamaica, midwives know individual users and address their needs based on sociocultural values and norms. "We make sure the client's privacy and safety are maintained" (Continuity of Maternal & Child Health Services during the COVID-19 Pandemic, Jamaica). In Paraguay, midwives learn the local dialect, train indigenous women and are accepted both for the provision of childbirth care and pscycoprophylaxis.

In Trinidad and Tobago is, which is a multicultural society, facilitators feel comfortable with, and are aware of the importance of, respecting cultural, religious, ethnic and individual beliefs at all times (Remote Provision of

Childbirth Education Classes during the COVID-19 Pandemic, Trinidad and Tobago).

Health, technological, economic and social inequalities affect women more. Women often prioritize caring for their families over their own health, sometimes simply because they need to work and have no time left to care for themselves. “This is more difficult for women who have informal or demanding jobs that don’t leave them time for other activities”.

As part of an association that has followed a gender and interculturality approach, PMs in Paraguay focused their advocacy efforts on women’s rights. There are few male obstetricians. It is important to note that, despite their high levels of awareness, they are not as well accepted as female obstetricians in indigenous communities (Paraguayan Society of Obstetrics).

INCLUSION OF EQUALITY AND DIVERSITY

“Women explain things to each other; they share advice based on their own experience. Women worked in a coordinated fashion. They are innate facilitators (they don’t have a formal method to share knowledge with each other), which is very similar to group-based education (Dr. Chevallier Primary Health Care Clinic, Argentina).

“My main concern are women from slums, that 30% that doesn’t have access to a cell phone. It’s like having to address one inequality after another. While women wait, talk and relate to each other, they share information. It is a space for them” (New Cervical and Breast Cancer Prevention Screening Models for the Most Vulnerable Population in Florencio Varela, Argentina).

“We have provided education, information and support for midwives with effective communication, and they have gained recognition” (Sonia, Obstetric Nurses in Municipal and Community Health Management, Chuquisaca-Potosí, Bolivia).

“Women’s perception of PAP has changed over the course of the last 15 years, and self-care has become a fundamental issue. But women are still afraid of getting pap smears because they’re afraid of having cancer and not knowing what to do. Having a job has also been identified as a barrier to getting a pap smear” (Continuity of PAP/HPV Testing during the Pandemic, Chile).

“[It is] a traditional walk where women take to the streets to advocate for women’s rights. In the early years only obstetricians would participate. But now women are joining the walk. Families also joined the most recent walk.” “I’m an obstetrician and m walking for women’s right to health”. “My wife is an obstetrician, and I’m walking with her.” (Paraguayan Society of Obstetrics).

“It has been well received. It was easy for women to participate since the beginning, and many of them were able to do it from their workplace. Women living in rural areas have more connectivity. Uruguay has three million people, but the number of cell phones is twice that number. We seldom find women who don’t own a cell phone. We haven’t faced Internet connectivity barriers; all households have Internet access. This has given us more freedom in our households. And it is also helping women. In the past, women came to class alone, but now they are joined by their partners or family members” (Childbirth Preparation Sessions via Zoom during the COVID-19 Pandemic at CAMS IAMPP Dolores Soriano. Uruguay).

“The sessions and literature were targeted to a regional audience, because cultural aspects are very similar. This made it easier to standardize the content and messages in all the materials/contexts. Equality, gender and rights are always included and, where necessary, they are addressed directly. All the sessions included content for female adolescent, and we seldom include men” (UNFPA Support for Midwives in the Caribbean during the COVID Pandemic 2020).

3.2.7 Weaving partnerships and sustainability: “We are still facing challenges; it is a work of compassion that must be reinforced”

Sustainability is still one of the main challenges. All the initiatives-GPs have involved different levels of sustainability, from the development of structures to support actions led by associations to volunteer work, especially that of PMs.

In Argentina, the original practice of one of the initiatives was not sustainable, but they continued to provide SRH services by partnering with the area of gynaecology (Telemedicine during the Pandemic: a Tool to Guarantee the Sexual and Reproductive Rights of the Population of Pregnant and Puerperal Women in the Programme Area of the Dr. Chevallier Primary Health Care Clinic, Argentina). In another initiative, it was volunteer work what allowed them to sustain their activities with support from a federation of workers who wanted to help the community (New Cervical and Breast Cancer Prevention Screening Models during the COVID-19 pandemic for the Most Vulnerable Population in Florencio Varela, Argentina).

FENOE (Ecuador) has a small budget to pay for workshops facilitators, and their high level of motivation has been a key element to finding alternatives to move ahead. They are working independently; in other words, they do not receive support from the Ministry of Health.

In Peru, the Aló Obstetra Programme, which is a social strategy, has a team of duly trained women volunteers who provide care for free.

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Illustration 5: Poster inviting people to participate in health education and prevention sessions.

Initiative: “Implementation of Community Sexual and Reproductive Health Work Strategies in Times of COVID-19, Ecuador”



Establishing partnerships with institutions, other health professionals and public and private organizations has been key to ensuring sustainability. It is important to highlight the efforts made by PM associations to work in coordination with different groups or bodies, such as associations of health professionals, medical and gynaecological staff, non-government organizations, women's movements and laboratories, among others.

In Jamaica the initiative focused on maintaining the continuity of SRH services for users living in areas under lockdown by working together with law enforcement so PMs were allowed to access those areas to serve users. In addition, the strategies implemented to achieve their objectives were technically and financially appropriate. Support from the country's chief medical officer and senior officials was a key part of the initiative (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19, Jamaica).

In Uruguay one aspect worth noting was the coordination between education actions led by obstetricians and follow-up and research efforts in health services. This coordination is key for the education process and access to services. The previous experience with Comprehensive Sexual Education in Uruguay has facilitated the replication of the experience led by obstetricians throughout the national territory (Childbirth Preparation Sessions via Zoom during the COVID-19 Pandemic at CAMS IAMPP Dolores Soriano. Uruguay).

In Mexico, support from the local government and partnering with academia and UNFPA were key to the implementation of their initiatives.

Several associations have partnered with international or bilateral organizations that provide them with limited financial support or technical assistance, which are essential for their work. This includes support from UNFPA in Latin America and the Caribbean and other sources of support at the country level. "The cooperation of global partner organizations allowed us to receive robust technical assistance in specific areas of expertise, have access to global content and gave us credibility. It also contributed to our sustainability, because it opened up the possibility of working with other agencies in the future" (UNFPA Support for Midwives in the Caribbean during the COVID Pandemic 2020).

The recognition of the PMs' work and profession by national, subnational and local government structures increases the likelihood of sustainability and replicability of these initiatives. In Bolivia the pandemic caused a disruption in SRH services; however, significant progress has been made in the recognition of obstetric nurses by health workers and SEDES (Bolivia's Departmental Health Services), which also allowed them to

receive technical assistance. There was certainly a reduction in the levels of indicators, but the situation would have been far worse without the support of obstetric nurses. Obstetricians work with an intersectoral approach, that is, in the areas of health and education, through municipal and departmental governments. Local policies can be designed and implemented, for example, by integrating this work in municipal and departmental plans. This initiative is considered a unique model that can be replicated (Obstetric Nurses in Municipal and Community Health Management. Chuquisaca-Potosí, Bolivia).

In Paraguay the recognition of the professional practice of obstetricians in Law No. 5423 “On the Professional Practice of Obstetricians in the Republic of Paraguay” guarantees the practice of obstetrics. Nevertheless, the President and former President of the association believe that “sustainability is not guaranteed”, because they do not have access to financing and the association’s actions depend on donations (approximately 4 USD per member of the association). And they add, “We are aware we cannot ask for more. We cannot ask for more than that.” One of the main achievements of their initiative is the impact it has had on other associations such as that of Chaco, in Argentina, which followed in their footsteps and sees their initiative as a model. In fact, they have also organized walks for health and began using the burgundy color distinctive of the Paraguayan association. The two persons interviewed mentioned that enforcing the law has been difficult, and support from other sectors has been limited, except from the gynaecology personnel, with whom they have a good relationship. Leadership has been key to making progress in the sector (Paraguayan Society of Obstetrics).

In Jamaica they were able to sustain the initiative thanks to the determination and hard work of midwives and the enthusiasm of members of the community. Their main partners are health authorities, midwives and users. However, it is important to consider that the initiative is aimed at providing a rapid response during the emergency. Making this service permanent would require an appropriate number of midwives employed in the health district. The risk of “compassion fatigue” is extremely high due to the current staff shortage, and this would probably have a negative impact on service delivery in the long run (Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19).

PARTNERSHIPS AND SUSTAINABILITY

“We were forced to go back to in-person activities, but were able to maintain our WhatsApp groups. We continued to support women and worked with other partners to provide services in a coordinated manner, including PAP, contraceptive methods, etc.” (Telemedicine during the Pandemic: a Tool to Guarantee the Sexual and Reproductive Rights of the Population of Pregnant and Puerperal Women in the Programme Area of the Dr. Chevallier Primary Health Care Clinic, Argentina)

“We had to convince the members of the trade union to open up to the community and use our resources. We sometimes receive resources from the municipality, such as speculums, and the hospital, which is a provincial hospital, receives our test referrals. 80% of our resources come from the salary of municipal workers. The authorities only show up when there are political rallies to get votes. We do not present ourselves as obstetricians. This programme should be led by the Ministry of Health” (New Cervical and Breast Cancer Prevention Screening Models during the COVID-19 Pandemic for the Most Vulnerable Population in Florencio Varela, Argentina).

“With UNFPA’s technical support and the Moodle platform, we were able to relaunch the course, but without tutoring this time, because tutors are scarce and midwives fulfill multiple tasks, despite our close collaboration with the association and universities. Health workers are exhausted. Efforts have been made to share the experience with other states. It is important to consider training for other professionals. There are many physicians and PMs, but there is little time for training” (Online Training Course on Sexual and Reproductive Health Essential Services during the COVID-19 Emergency).

3.3. General assessment of initiatives and good practices based on good practice criteria

This subsection provides a brief summary of the general assessment of experiences selected and their relationship with the strategic objectives of professional midwifery (UNFPA, 2019). (Additional details on individual experiences can be found in Annex 2)

ANALYSIS CRITERIA	GENERAL ASSESSMENT	ASSESSMENT OF PM STRATEGIES ⁶
Relevance - Importance	Most professional midwifery practices followed in response to the pandemic respond to the GMS objectives, which are mainly aimed to maintain SRH care coverage. They are aligned with policies where they exist, respond to them and in many cases, have led to their formulation.	The experience is seen as an opportunity for the development of professional midwifery, mainly in terms of addressing the need to regulate the responsible and autonomous practice of PMs for the provision of quality care to women and the community.
Process - Impact	The process of implementation of the majority of the practices was fast due to the severity of the health crisis. This led to the implementation of new strategies, mainly technological, that helped PMs and the community, especially women, to build capacities. However, these efforts could be better reflected if there was evidence of the efficacy and effectiveness of each practice and their health impact.	The status of the practices described under this criterion can be an incentive to create or strengthen regulatory boards for the collection and follow-up of information to evaluate the impact of practices, as well as managing that information and conducting research to enhance the practice of midwives and the care they provide.

⁶ Assessment based on the relationship between our criteria and the strategic objectives of UNFPA's Global Midwifery Strategy 2018-2030.

ANALYSIS CRITERIA	GENERAL ASSESSMENT	ASSESSMENT OF PM STRATEGIES ⁶
Innovation - Transformative Capacity	<p>The majority of the experiences show a high capacity for innovation, reflected in new strategies and ways of adapting to the critical conditions caused by the pandemic. Most of them were developed by PMs, who showed a great leadership capacity. The PM-led strategies assisted in the response in areas not considered a priority by States. This allowed for continuity of care and the integration of communities, which in some cases replicated and disseminated the information.</p>	<p>The experience is seen as an opportunity for the development of professional midwifery, mainly in terms of addressing the need to regulate the responsible and autonomous practice of PMs for the provision of quality care to women and the community.</p>
Cross-cutting Approaches	<p>Cross-cutting approaches in the areas of rights, gender, equity, interculturality and life cycle were reflected in varying degrees in the different initiatives, most of which focused on upholding the right to SRH. Access to technologies had an impact on the intercultural aspect which, in some cases, was not considered a priority given the need for an immediate response; however, in some cases it was addressed in varying degrees. As regards the life cycle, a significant number of the initiatives focused on maternal health and, to a lesser extent, on adolescents, with care for women, men and diversity identified as an important challenge, beyond reproductive health.</p>	<p>From the perspective of the GMS 2018-2030 and the principle of “leaving no one behind”, attention is brought to the need to incorporate cross-cutting approaches into PM initiatives and practices so they are aligned with health-related SDGs, under the key principles of adaptability, evidence, quality, human rights and people-centered care, identified as key elements of the GMS 2018-2030.</p>
Sustainability - Replicability	<p>The majority of the initiatives were local, with limited human and financial resources. Several of the experiences that considered telemedicine strategies were not sustainable over time due to the return to in-person activities, or were maintained with a mixed model.</p> <p>Establishing intersectoral partnerships and working with international organizations and civil society is essential for the sustainability of practices. States should also be aware of the importance of these practices in emergency and crisis contexts. The replicability of these initiatives depends on these partnerships and forms of support, the local organization itself, the willingness of professionals and the relationship of trust between PMs and the community.</p>	<p>Many of the initiatives described clearly reflect the need to increase advocacy efforts as key pillars to improve ways of working, create enabling environments and increase the recognition of professional midwives during the pandemic, as well as their contribution to the health of women, children, adolescents and families.</p>



Lessons learned

4

LESSONS LEARNED

This section describes the lessons learned from the analysis of PM-led initiatives-GPs. For purposes of this report, lessons learned refer to “a work practice that identifies procedures and methodologies that facilitated or hindered the implementation of a project/programme and the achievement of expected results” (UNFPA, 2010). Lessons learned are also considered a response to the value and significance of something that is important to preserve for its use in the future or that can be relevant to other initiatives, or as factors that must be avoided because they hindered an execution, implementation and evaluation process and pose a threat to the potential of such practices.

The main lessons learned from the initiatives-GPs led by PMs during the pandemic are the following:

Technology and innovation in health: “Technologies are here to stay”

ICTs were important tools for the execution of most of the PM-led initiatives-GPs. One of the ways in which ICTs were used was through online education, both for the community and PMs themselves. The availability of an online option was perceived by PMs as a very effective means to lead sessions for the continuous development of professional competencies that are essential to maintain SRMNAH standards. The possibility of recording sessions and uploading them to different platforms, social media channels and websites of associations increases the availability of information and access to materials and documents on a variety of topics relevant to their area of practice and also for the provision of safe and quality care during the COVID-19 pandemic. One of the main benefits of ICTs has been increased access to information essential for PMs in rural and remote areas, as well as for those who typically cannot attend workshops and meetings due to the costs involved, travel restrictions and other commitments or responsibilities. Recorded sessions are also made available for those who cannot connect to the webinars at the times scheduled or lack access to computers or the Internet.

On the other hand, telemedicine services provided through the use of different methodologies, such as Zoom, hotlines, messaging services and WhatsApp, clearly helped to maintain health coverage, mainly avoiding the disruption of care and favoring timely health care counseling. However, while telemedicine is an effective tool, it must be taken seriously, considering it relies on women’s explanations of what they perceive they are going through, which becomes the main semiologic element given the

absence of a physical examination. And this means that PMs must make responsible decisions.

Finally, one important lesson is that, through the use of these channels, women can receive and take ownership of the information and become empowered. Therefore, it is important to democratize access to information with a rights-based approach.

Constant work with the community: “Working in close collaboration with the community allows for better health practices”

Working with members of the community is particularly important to achieve successful results. Previous work with the community and relationships of trust built by PMs facilitated the implementation of a rapid response during phase 1 of the pandemic, which was an important lesson.

Community strategies such as the training of tutors or neighborhood leaders facilitated the dissemination of the initial response strategies during the pandemic and, in some cases, made it easier to assist women through the use of the Zoom platform. However, it is important to understand the need to train PMs and the community in digital competencies to optimize results associated to their use in future emergencies.

The continuity of SRH care coverage also shows that when a particular service is taken to a community and developed with their support, and challenges are addressed together, that increases the acceptance of care in different contexts.

Team work: “Together we can achieve what would seem impossible”

Team work has been a key element in the process of dealing with the crisis. Several PMs referred that one of things they had learned was that “we can achieve what would seem impossible” through a collaborative approach. They were able to find alternatives to deal with adversity. “We discovered new ways to reach women through the online channel, which was already there but had not been considered. And we also found it is less expensive, can reach more people and allows us to provide counseling and care, in addition to the possibility of talking about women’s needs.” Team work and the willingness to work together are the main characteristics of successful efforts to address major challenges.

However, despite the motivation of the different teams, compassion or pandemic fatigue, the iterative return to in-person care and the reassignment of professionals to new needs can affect the response to new crises and, therefore, these factors must be considered by new initiatives.

**Intersectoral work, management and local governments.
“Incorporating PMs into municipal and community management and organization to guarantee SRH care”**

Promoting intersectoral work in the areas of health, justice and education is essential. This has been a key element in the process of enforcing laws that were not previously enforced or were not known by SRH care providers. Several of the actions led by PMs were at the municipal level and relied on technical assistance, advocacy and capacity building. In addition, they were targeted to health, municipal and community personnel and groups of women and adolescents, which facilitated coordination with services and organizations working in the context of SRH at the municipal level. Incorporating PMs into management and organization positions from the basic health prevention levels is essential to ensure SRH care provision.

However, many other initiatives were local and, therefore, the participation of other sectors was limited, which is one of the main threats to their sustainability.

Finally, working with midwifery associations in coordination with PMs and support organizations is essential to maintain the benefits of initiatives.

Plan ahead of time and prepare for new emergencies: “Faced with adversity, we managed to find alternatives, but now we need to be prepared”

PMs were flexible and willing to adapt to the context of the crisis. However, the lack of digital skills and the little time available to receive training during an emergency, disaster or crisis is a lesson we must learn. Professional midwifery associations had to rush to develop training programmes due to the need for knowledge on the disease and safe SRH care. PMs had to develop skills in little time to respond to the health emergency and the need for new knowledge and, thus, maintain the continuity of SRH care through the use of new strategies.

On the other hand, the limited availability of records shows the importance of systematization, record-keeping and follow-up on activities, strategies and initiatives to improve response times, anticipating issues and, therefore, providing more effective and efficient responses.

Therefore, it is important to invest in constant training for PMs during an emergency to avoid wasting resources or not optimizing their use.

Taking care of professional midwifery human resources: “Take care of ourselves to take care of others”

The different initiatives-GPs described here stressed the need to take care of and invest in human resources, and actively engage PMs in them, considering that many of them depended on one or two professionals. Processes cannot depend on individuals; they should be institutionalized. Highly motivated health teams created prior to an emergency, led by midwives, can rapidly adapt to change. However, the result of our analysis highlights the need to take care of several important aspects in new emergencies. For example, given the mass use of ICTs, privacy, intimacy and information security become relevant. In addition, the time invested by PMs to meet the demand for care through mobile devices turned them into “24/7 professionals”, an aspect that must be considered in terms of the need to protect their physical, social and mental health.

But we should focus on not backing down. While the pandemic brought many challenges, it was the motivation of PMs what allowed many of them to overcome those challenges.

In summary, the lessons learned show, again, that midwives are flexible, versatile and compassionate professionals who work in close collaboration with the community, which leads to better health practices. However, in crisis settings, it is important to reinforce all the strategies considered in the GMS to position PMs as champions of SRMNAH.



Conclusions and recommendations

5

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of this systematization of initiatives-GPs led by midwives in response to the COVID-19 pandemic, we present the following conclusions, as well as a series of recommendations, which have been organized around the criteria used for their analysis.

5.1 Conclusions

- Most of the initiatives and good practices described responded to the objectives of avoiding a reduction in sexual and reproductive health coverage, especially in the early stages of the pandemic, either by reorienting care or readapting practices previously implemented, in addition to facilitating access to services through the use of new strategies.
- The alignment of practices with public policies, where they existed, was significant, considering that, in most countries, their lack of operationalization and practical application is a challenge and, at the same time, an opportunity for PMs' professional practice and the creation of enabling environments for professional midwifery.
- Most of the initiatives-GPs included low-cost implementation strategies that were sufficient in the early stages, implemented in part by health teams. However, their implementation revealed deficiencies from the standpoint of time invested and the need for financial, technical and human resources. which in turn revealed the need for preventive and scheduled investments to be able to provide a rapid SRH response.
- The practices presented by PMs show different levels of effectiveness from a health standpoint; however, the implementation of these practices had an impact on their capacity to adapt to change, as well as their leadership, empathy and compassion capacities. These impacts, which were identified by the systematization process here, clearly show the need for constant record-keeping and systematization of the work done by PMs to assist them in the process of providing an appropriate response to new and complex events and health crises.
- The evaluation of results of their practice was mainly based on provision of care indicators. This revealed the need to take into account the experiences of the beneficiaries of initiatives, which placed women beneficiaries at the center, in order to fully reflect the principles of quality care for women and newborns.

- The intensive use of ICTs, as well as the innovative strategies implemented by PMs to quickly adapt them to meet the needs of the population, show their transformative capacity. The pandemic forced them to adapt to new ways of relating to health, the lack of regulatory frameworks for the use of technologies and the development of digital skills, and brought new barriers, challenges and opportunities for PMs in the provision of quality health care in crisis settings.
- Initiatives-GPs led by PMs incorporated, in varying degrees, the rights, gender, social inclusion, cultural diversity and life cycle approach. The COVID-19 pandemic, the need for a rapid response to the disruption of care given to the community's fear of contagion and the initial lockdown, the consideration of ICTs without previous training and with unequal access thereto, as well as the concentration of initiatives in the most vulnerable populations, such as that of pregnant women, were possible factors associated to the different levels of incorporation of cross-cutting approaches to health care. Gender inequality was also a factor in the professional practice of midwives, with female midwives being more willing to provide care and deal with the uncertainty of health care during the pandemic.
- PMs were innovative, received training and rapidly adapted to the needs of the context by leading initiatives for the continuity of SRH care coverage and the provision of safe care, both for themselves and their clients, to avoid contagion. However, they put all their human capital, resources and dedication to the service of the pandemic, which may have created a “pandemic fatigue” in them that could affect their motivation and quality of care in future outbreaks and crises.
- Sustainability is one of the most complex aspects of these initiatives, many of which depended on the good will of, and resources provided by, associations, individuals, personal initiatives or local governments, or support from international organizations such as UNFPA. Their replicability also depends on the sustainability, systematization and reporting of initiatives and investments at the macropolitical level.

5.2 Recommendations

Relevance-Importance

- Align SRH public policies with PM-led initiatives-GPs so that their contribution to women's quality of life can be operationalized, valued and regulated. Public policies should be activated and related to the needs of the community, women, adolescents and children; in other

words, they should fulfill their mandate, going from discourse to practice in the different countries.

Process-Impact

- Consider PMs' new strengths as process and impact indicators of initiatives-GPs.
- Build PMs' competencies to systematize information and data on their professional practice and, thus, generate the information on provision of care, care experiences and health indicators necessary to assess the impact of their initiatives and develop inputs for rapid responses in future crises

Cross-cutting approaches: rights, gender, social inclusion, cultural diversity and life cycle approach.

- For future initiatives, consider the gaps identified in this study, which point to important aspects necessary to take into consideration people's rights a priori. The cross-cutting incorporation of aspects such as gender equality and equity, interculturality, democratization of technologies, diversity and life cycle is necessary to strengthen the self-determination of individuals and the care necessary for their own well-being, and comply with the principle of leaving no one behind in the post-pandemic recovery and, therefore, move towards the Sustainable Development Goals.

Innovation-Transformative Capacity

- Recognize midwives as professionals with the capacity to innovate and implement a rapid response in contexts of crisis to ensure the delivery of quality care for women. However, it is important to avoid the infodemic, or overabundance of information, by systematizing experiences and lessons learned to facilitate the operationalization of their application in future health emergencies
- Incorporate communication technologies into PM training because, while we may be dealing with a generation that has innate digital competencies, the use of online education in the areas of health and telemedicine requires a wider range not only of digital but also bioethical competencies, as well as a professional practice based on respect and empathy that goes beyond computer screens.

Sustainability-Replicability

- Consider securing funds to maintain, evaluate and redesign initiatives-GPs and incorporate them into programmes that allow for their sustainability, considering the pandemic could last a long time.
- A constant systematization and documentation of initiatives developed by PMs together with other professionals to enhance SRH care in the region, so that those initiatives can be replicated at a larger scale.
- Maintain an appropriate follow-up and evaluation of initiatives-GPs to assess their impact on universal care coverage and the SRH of women, adolescents and children.

Finally, this review identified a series of challenges that must be taken into account to enhance the impact of responses not only on care provided during the pandemic, but also on the structure of the health care system as a whole. These challenges not only include the structures of health systems themselves, but their financing.

Another challenge has to do with the quality of services and human resources available for the provision of care, considering that some experiences refer that several professionals had to be sent home due to their age, which resulted in an excessive work burden for those professionals who stayed to provide in-person services.

As already explained, while PMs were highly sensitive to the needs of users and had a high level of commitment, especially towards women, an assessment of their work shows a focus on coverage rather than the level of satisfaction of women with the care received.

The sociodemographic dynamics and the needs of Latin American and Caribbean populations are varied. SRH education in the region mainly focuses on pregnancy prevention and, therefore, the different PMs interviewed referred they had to adapt their content to be able to fulfill other needs of the population. Despite the different strategies and initiatives implemented by professional midwives across the Americas and the Caribbean region, meeting the needs of women in health crises effectively remains a challenge.



PROYECTO MANEJO INTEGRAL DE LA SALUD MATERNO INFANTIL PARA ELIAS PISA

SIGNOS DE PELIGRO EN NIÑOS

Si tu bebé tiene alguno señal de peligro acude al centro de salud más cercano

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Annexes



ANNEXES

Annex 1. Initiatives-good practices selected by country

COUNTRY	TITLE
Argentina	Telemedicine during the Pandemic: a Tool to Guarantee the Sexual and Reproductive Rights of the Population of Pregnant and Puerperal Women in the Programme Area of the Dr. Chevallier Primary Health Care Clinic. Argentina.
Argentina	“New Screening Models for Cervical and Breast Cancer Prevention during the COVID-19 Pandemic in the Most Vulnerable Population in Florencio Varela, Argentina. Argentina.
Barbados	Provision of Sexual and Reproductive Health Services during the COVID-19 Lockdown in Barbados: Ensuring the Right to Family Planning.
Bolivia	Obstetric Nurses in Municipal and Community Health Management with and without the COVID-19 Pandemic. Promoting Sexual and Reproductive Rights and Sexual and Reproductive Health, Chuquisaca and Potosí. Bolivia.
Chile	Continuity of PAP/HPV Testing during the Pandemic, Chile.
Ecuador	Implementation of Innovative Strategies for the Provision of Sexual and Reproductive Health Care in FENOE’s Services in the Quito Canton. Ecuador
Ecuador	Implementation of Community Sexual and Reproductive Health Work Strategies in Times of COVID-19, Ecuador. Ecuador.
Ecuador	Implementation of Maternal Health Techniques for the Provision of Comprehensive Humanized Childbirth Care, Newborn Care and Family Planning in Times of COVID-19. Ecuador.
Jamaica	Continuity of Maternal & Child Health Services during the COVID-19 Pandemic.
Jamaica	Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19.
Mexico	Online Education System on Conscious Pregnancy and Respectful Childbirth among Pregnant Women in Chilpancingo, Guerrero, during the COVID-19 Pandemic. Mexico.
Mexico	Online Training Course on Sexual and Reproductive Health Essential Services in the Context of the COVID-19 Pandemic Emergency.
Mexico	Development and Implementation of the COVID-19 Pathway for Pregnant Women in Chilpancingo, Guerrero, Mexico, during the 2020 Epidemiologic Alert.

Paraguay	Policy Advocacy Country Work Experience to Achieve a Regulatory Framework for the Professional Practice of Obstetricians in Paraguay. Enacted in 2015.
Peru	Strengthening Vertical Birth with Intercultural Relevance in the Context of the COVID-19 Pandemic. Vinchos Health Center, March-December 2020.
Peru	Obstetric Psychoprophylaxis and Prenatal Stimulation through the Use of Information and Communication Technologies for Pregnant Women in the La Libertad Region in the COVID-19 Context.
Peru	“Your Obstetrician at Home” Sexual and Reproductive Health Counseling and Education Sessions through the Use of Information and Communication Technologies, Peruvian Association of Obstetricians.
Peru	Obstetrics Hotline and Online Counseling programme “Aló Obstetra”, Regional Association of Obstetricians III Lima - Callao, Implemented during the Coronavirus Health Emergency and Mandatory Social Isolation. Peru, 2020.
Peru	Telephone Follow-up and Monitoring of Pregnant and Puerperal Women and Family Planning Users, STI Strategy, during the COVID-19 Health Emergency, Juliaca - Puno. Peru.
Trinidad & Tobago	Remote Provision of Childbirth Education Classes during the COVID-19 Pandemic - Trinidad and Tobago - April-October 2020.
UNFPA	UNFPA Support for Midwives in the Caribbean during the COVID Pandemic 2020.
Uruguay	Childbirth Preparation Sessions via Zoom during the COVID-19 Pandemic at CAMS IAMPP Dolores Soriano. Uruguay (period April-October 2020).

Annex 2. General assessment of initiatives-good practices by criterion

Telemedicine during the Pandemic: a Tool to Guarantee the Sexual and Reproductive Rights of the Population of Pregnant and Puerperal Women in the Programme Area of the Dr. Chevallier Primary Health Care Clinic.

Relevance - Importance	The initiative responds to the need for continuity of coverage and care. While it is not aimed at a public policy or protocol in particular, it is in line with its objectives.
Process - Impact	The initiative incorporated elements such as a situational assessment, reorganization of care, safe care for women to avoid contagion, optimization of care and coordination with other levels of care. They were able to maintain prenatal care coverage with a low rate of pregnant women infected. Its positive impacts included support for the community through the creation of WhatsApp groups that are still active despite the return to in-person care, and the optimization of postpartum care and family planning.
Innovation - Transformative Capacity	Use of technologies to implement a rapid response during the pandemic. PMs unintentionally became tutors for the members of the community, with an impact similar to that of group education. Women trust PMs.
Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach	<p>The initiative mainly focuses on upholding the sexual and reproductive rights of the target population.</p> <p>One of their actions is aimed to advance towards equity through the use of strategies to democratize technologies and the use of affordable dissemination channels such as WhatsApp and social media.</p>
Sustainability - Replicability	While the practice was not sustainable over time due to the return to in-person activities and geolocation changes to the programme, its strategies can be rapidly adapted depending on the context. Its replicability depends on the local organization, the willingness of professionals from different municipalities and the relationship of trust between PMs and the community.

New Cervical and Breast Cancer Prevention Screening Models during the COVID-19 Pandemic for the Most Vulnerable Population in Florencio Varela, Argentina.

Relevance - Importance

This practice is based on a previous in-person programme that responds to the need for adaptation to the context of the pandemic. Its objective is to maintain screening coverage during the health emergency.

Process - Impact

Community education is leveraged through the use of new technologies: use of digital platforms.

It also involved the redesign of strategies for continuity of screening: community leaders are trained to disseminate information and encourage women to get tested. Their services were redesigned and continue to reach the community, which prevented the disruption of preventive screening. They have maintained 70% of their screening tests goal, with a 30% reduction among the most vulnerable population who do not have access to Zoom.

Innovation - Transformative Capacity

Reorientation of care and adaptation of the practice.

Their model, which is led by a PM, made it possible to implement a rapid response to maintain coverage in the community.

The initiative is empowering people as community outreach agents with a focus on health self-care based on the positive experience.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The practice is based on sharing a health benefit offered by a trade union that obstetricians thought should be taken to the community to enhance their right to health. It addresses health from the perspective of promotion, prevention and treatment, with actions targeted to the socially and economically most vulnerable population.

Sustainability - Replicability

This was an already existing initiative and, therefore, it may be maintained. However, that depends on the willingness of its implementers, considering it has no institutional support or support from local or national governments.

Obstetric Nurses (ONs) in Municipal and Community Health Management with and without the COVID-19 Pandemic. Promoting Sexual and Reproductive Rights and Sexual and Reproductive Health, Chuquisaca and Potosí. Bolivia.

Relevance - Importance

This initiative is a response led by ONs to address the pandemic with support from UNFPA Bolivia. ONs are part of a previous programme; however, they work in coordination with municipalities on primary health care services management and the pandemic response.

The initiative addresses the needs of the population, rather than the need for national public policies.

Process - Impact

ONs engaged in advocacy and lobbying efforts for the inclusion of SRH care in response to new challenges in the target municipalities. They designed new online promotion and information strategies targeted at vulnerable groups, including information on maternal health care, adolescent health care, persons with disabilities, supply of contraceptive commodities and sexual violence services. They work in close coordination with municipalities to maintain continuity of care.

They activated committees for the analysis of maternal mortality and morbidity, strategies for SRH care for women and adolescents, and sexual violence services.

They also opened inclusive comprehensive care centers (CAIs) (in-person and virtual, with the participation of the social structure and decision-makers), and developed an intersectoral action plan that includes the participation of ONs.

Innovation - Transformative Capacity

Their strategies included new methodologies with the potential to reach adolescents (for example, through memes and games) and work with teachers.

The participation of PMs qualified for the provision of SRH care in SRH municipal management and coordination actions is a strategy with a great transformative capacity.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The practice follows the principle of leaving no one behind through health promotion and prevention. It considers the life cycle with a particular focus on adolescence and maternal health. It highlights the need to address gender violence.

The initiative includes interculturality strategies such as working with empirical midwives to respect territories and women's customs during childbirth.

Sustainability - Replicability

The sustainability of the initiative is threatened by changes in local governments. However, UNFPA will continue to provide financial support to the initiative, at least in the short term.

Replicating this practice could have a significant impact in Bolivia; however, that depends mainly on political rather than health-related decisions.

Continuity of PAP/HPV Testing during the Pandemic, Chile

Relevance - Importance

This practice involves a series of activities implemented during the COVID-19 pandemic that respond to the need to maintain the continuity of SRH care during catastrophes.

The initiative made it possible to resume prevention and research activities that had been discontinued, and points to midwifery's actions in the field of SRH that prevent the death of women due to cervical cancer, based on an priority needs assessment in Chile's health services.

Process - Impact

The process included an assessment that highlighted the insufficient PAP coverage and led to interdisciplinary strategies to address the issue. This combination of disciplines led to the commitment of the Ministry of Health (MINSAL) to address the problem and implement a series of priority actions. The process has continued in 2021. One positive impact was the creation of a national network of midwives for the implementation of strategies to resume PAP/HPV testing, in addition to the participation of experienced colleagues from MINSAL.

Innovation - Transformative Capacity

Intersectoral and interdisciplinary coordinated work.

Advocacy and management actions in coordination with primary health care.

Leadership of PMs in decision-making positions, including ministerial regional services, which favored the local management of strategies to resume the taking of pap smears.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

While the initiative focuses on the right to universal coverage, the gender and interculturality approach is not visible due to the rush to implement the response. One particular aspect worth noting, however, is the territorial work done by midwives to reach remote locations during the process of data collection and provision of care for women.

Sustainability - Replicability

The practice is considered sustainable mainly due to its primary focus on the Chilean health system; however, the pandemic has introduced an element of pressure on it.

Implementation of Innovative Strategies for the Provision of Sexual and Reproductive Health Care in FENOE's Services in the Quito Canton.

Relevance -
Importance

This initiative was developed out of the need to strengthen SRH and the exercise of SRR in the context of the pandemic. FENOE has developed strategies to increase users' access to SRH care and SRH counseling by implementing services under an agreement based on the principles of SRH care, in addition to partnerships.

Process - Impact

Its strategies were implemented in two locations, where care coverage was expanded after the reduction identified at the beginning of the pandemic lockdown.

Innovation -
Transformative
Capacity

PMs established partnerships to implement and obtain financing for SRH care during the pandemic. PMs also adapted to new technologies and worked in coordination with others to facilitate access to different areas of SRH care. The participation of midwife leaders, as well as their management and teamwork capacity, were essential to achieve results.

Rights, Gender,
Social Inclusion,
Cultural Diversity
and Life Cycle
Approach

The rights-based approach, with a focus on SRR, was the baseline that drove the practice; however, there are no additional elements for the analysis of other cross-cutting approaches.

Sustainability -
Replicability

The implementation and financing strategies of the initiative and its management point to possible lessons learned for its replication. The sustainability of the initiative has relied on external support.

Implementation of Community Sexual and Reproductive Health Work Strategies in Times of COVID-19. Ecuador.

Relevance - Importance

The initiative highlighted the need for community strategies to avoid disruptions in the provision of care with support from the community. This was based on initial findings on the reduction of coverage of care requiring the exercise of autonomy by the population, such as FP and professional assistance for childbirth. It also took into account the reduction in FP coverage, as well as the issues of violence and abortion, which makes sense due to the projected impacts of the pandemic in these areas. The initiative is relevant because central authorities were responsible for dealing the pandemic and, to a certain degree, FENOE filled a gap in the disruption of SRH care, including the distribution of contraceptive methods.

Process - Impact

Their strategies included the creation of a community working group, a training course with several modules targeted to presidents of PM associations and leaders interested in participating, and training on the use of the Zoom platform, which led to the identification of emerging challenges, including the need to incorporate higher vulnerability groups such as the LGBTI population. They also worked in coordination with a medical team and women's organizations. This led to continuous collaborative work at the community level.

Innovation - Transformative Capacity

The initiative, which was created as a result of a pilot test of FENOE's SRH care initiative, reflects the application of lessons learned from parallel initiatives by PMs. One aspect worth mentioning is the rapid incorporation of approaches not considered initially, as well as the visionary incorporation of community leaders to facilitate health care compliance and the exercise of the right to SRH.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

One significant achievement of the initiative is the inclusion of LGBTI groups through the women's movement, which reveals the impact of social movements on the incorporation and exercise of rights. The initiative also facilitated access to FP through the procurement of contraceptive methods in support of the Ministry of Health during a shortage of contraceptive methods.

Sustainability - Replicability

The reduction of needs has affected the sustainability of the initiative; however, their current database and structure mean the initiative can be replicated if necessary. The initiative depends on the personal contributions and willingness of the sector.

Implementation of Maternal Health Techniques for the Provision of Comprehensive Humanized Childbirth Care, Newborn Care and Family Planning in Times of COVID-19. Ecuador.

Relevance - Importance	This is a local initiative of the “Luz Cofré” Day Hospital in the La Maná canton in the province of Cotopaxi. Ecuador. The initiative identified needs mainly associated to the disruption of care due to women’s fear of getting infected. To address the issue, they implemented telematic promotion strategies for safe continuous care, including FP, prenatal care, respectful childbirth and neonatal care through a series of coordinated actions of the hospital’s employees led by an obstetrician. The focus of the initiative is not the adoption of general policies, but fulfilling local needs; however, it is in line with the objectives set.
Process - Impact	The initiative focused on the provision of maternal and newborn health care in exclusive areas following biosafety standards. They also implemented telemedicine services for women, girls and adolescents, which reduced the need to travel to health facilities and exposure to the virus. Prenatal care was provided both in person and through telemedicine services. In addition, they organized a series of childbirth psychoprophylaxis workshops, which also followed biosafety standards, including safe distancing, the use of PPE by health workers, and respectful humanized childbirth with free birthing positions. They have a comments and complaints book for users and care records; however, the results of these actions have not been analyzed due to the lack of time.
Innovation - Transformative Capacity	They were able to work with different groups (adolescents, pregnant women and newborns) thanks to the use of telemedicine and in-person services with appropriate use of PPE. The initiative promoted safe attachment and free birthing positions, and included follow-up and home visits.
Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach	The initiative aims to reach all persons who may need care; however, it has a focus on reproductive rights. They rely on the use of different methodologies to democratize access, such as ICTs, home visits and safe in-person care. The initiative also promotes women’s choices regarding childbirth, including support from another person, something relevant during the pandemic. Access to technologies still poses a significant communication barrier.
Sustainability - Replicability	Midwives had to receive training on the use of technologies, which posed a major challenge. The initiative promoted team work and the leadership of midwives with the support of a physician, based on the midwifery care model. The practice can be sustainable if the health emergency requires it.

Online Education System on Conscious Pregnancy and Respectful Childbirth among Pregnant Women in Chilpancingo, Guerrero, during the COVID-19 Pandemic. Mexico.

Relevance - Importance

This initiative identified the SRH policies exist, but they are not regulated and there is no large-scale government support. To address this situation, they created a team and proposed a system for conscious pregnancy education and preparation for respectful childbirth via Zoom whose objectives are in line with the needs identified by PMs.

Process - Impact

Online education was combined with in-person services (women in labour always required in-person care) though a very well organized process. It was very difficult to assess all the needs; however, they continued to do follow-up, which allowed them to identify emerging mental health needs and adapt their services in response to new needs and results.

Innovation - Transformative Capacity

In practice, midwives are fully committed and available to assist women all the time. They received ICT training from one of the hospital's IT employees in charge of developing the telematic education system. The initiative promotes and brings attention to the empathy and commitment of professional midwives.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

Prior to the pandemic, they had a translator who translated the information on childbirth preparation into the users' native language, but they were unable to replicate that practice in the online format. They gradually returned to in-person and personalized services with the use of protection barriers. The strategy seeks the support of women's partners, but there is still a lot of machismo and some reluctance among them. They identified unequal Internet access as one of the challenges to the democratization of telematic rapid response strategies.

Sustainability - Replicability

Support from the local government was key; however, while PMs are willing to work 24/7, they are not getting any salary increases and, therefore, replicating the initiative is complicated due to the lack of an enabling environment. They maintained a Zoom platform with support from UNFPA and the midwifery association. The initiative can be replicated, but more commitment from decision-makers at the central level is required.

Online Training Course on Sexual and Reproductive Health Essential Services during the COVID-19 Emergency. Mexican PM Association.

Relevance - Importance

This initiative was implemented in response to a series of needs identified by the association based on information about the reconversion of services and how it would affect SRH, in addition to the absence of user visits during the pandemic. They identified the need to train their health team, to which end they organized two training courses led by PMs.

Process - Impact

The training strategies were apparently successful, but they have not done any follow-up on them and their impact on the objectives. This was identified as a lesson learned for future versions.

Innovation - Transformative Capacity

The PMs leading the initiative made the decision to focus on education and advocacy, in addition to bringing attention to the leadership of midwives in the provision of safe services during the pandemic. Professional midwives were key in the process of training health teams.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The course trainers included an expert in gender. While this was not enough to mainstream the approach, at least it was considered as a training topic. The other areas of focus of the initiative were defined in response to SRH-related issues.

Sustainability - Replicability

They were able to replicate the first version of the course with the support of UNFPA; however, the PMs lack of time is a limitation to the sustainability of the initiative.

Development and Implementation of the COVID-19 Pathway among Pregnant Women in Chilpancingo, Guerrero, Mexico, during the 2020 Epidemiologic Alert.

Relevance - Importance

This was a local decision-making initiative. In order to maintain the programme proposal of respectful childbirth with low risk of infection, care for pregnant women was considered a priority at the local level. For this reason, they implemented a process for the selection of women based on their risk of infection and trained staff in the provision of safe care. This allowed them to maintain the childbirth care model.

Process - Impact

The initiative was developed in response to the pandemic -with support from a perinatal nurse expert in disaster and risk management- to prevent pregnant women from contracting COVID-19 and make the process safer for health workers. They conducted a rapid needs and evidence assessment with different forms of access. In addition to reducing risks for users, they were able to reduce stress levels among health workers. They optimized the use of materials and used basic signage.

Innovation - Transformative Capacity

The strategy was led by a group of midwives and nurses, which clearly shows their capacity for teamwork for a higher good. This team reacted rapidly to respond to the risk and managed to maintain care despite existing fear. Midwives paid for their own materials and adapted rapidly to the new situation. For example, health workers did not know how to use PPE and had to learn how to use it to provide care safely. The initiative combined midwifery care with the logic of care and risk management.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

While the original strategy did not consider the cross-cutting inclusion of approaches, the aim of risk management is to avoid unnecessary exposure; from there the rights-based approach. Gender inequalities were clearly expressed in the perception of “women caring for women”. Men were more reluctant to provide care for women; male midwives and physicians were more reluctant to continue with the provision of care.

Sustainability - Replicability

The leadership of technical and administrative workers for the implementation of the initiative was recognized by top government officials. However, the State is reluctant to implement the COVID-19 pathway in low-risk clinics. For this reason, one of the challenges is the lack of resources. The main threats are the exhaustion of health professionals and the need to refer all women due to the lack of risk detection capabilities, which can have a negative impact on women’s care experience.

Strengthening Vertical Birth with Intercultural Relevance in the Context of the COVID-19 Pandemic. Vinchos Health Center, March-December 2020. Peru

Relevance - Importance

This initiative, which had been implemented prior to the pandemic, was reoriented after new threats to its development were identified. This led to a series of strategies for the continuity of safe, institutional and culturally relevant care for childbirth, mainly among the indigenous population.

Process - Impact

The initiative worked in coordination with the local government for the transportation of users in case of emergency, organized demonstrative health education sessions during the pandemic and provided support to the team on charge of dealing with the COVID-19 pandemic in the district. Biosafety measures to ensure safe care were promoted among social stakeholders. They also implemented vertical care strategies with safe assistance. However, there is no evidence of the impact of the initiative on the community and maternal and perinatal health.

Innovation - Transformative Capacity

PMs implemented a safe triage system to control access to care. To provide safe care for users, they had to recycle and reuse PPE, which clearly shows the capacity of PMs to adapt to crisis settings and prevent setbacks.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

While the practice had a basic interculturality approach, it did not have explicit strategies to promote interculturality during the pandemic. The lack of command of the Quechua language was identified as a weakness and an unmet need; however, the initiative includes strategies to map and follow up on the population covered in indigenous areas, mainly with an SRR approach. There is no additional information for the analysis of other approaches.

Sustainability - Replicability

The practice can be sustainable considering it responds to a project previously implemented. There are significant challenges to the sustainability and effectiveness of its main approach, such as the need for training in interculturality and native languages such as Quechua. The practice and its basic principles –equal access and respect for cultures– can be replicated.

Obstetric Psychoprophylaxis and Prenatal Stimulation through the Use of Information and Communication Technologies for Pregnant Women in the La Libertad Region in the COVID-19 Context. Peru

Relevance - Importance

This initiative is an individual community response led by a PM who identified women's needs on social media. The aim of this particular project is to strengthen the bond between pregnant women, their children and their environments. It relies on the use of audiovisual materials based on the so-called Obstetric Psychoprophylaxis Guidelines (OPGs) and the remote application of public policies through the use of ICTs. Its follow-up and evaluation are based on feedback received from women either directly or on social media.

Process - Impact

The activities to monitor and evaluate remote Obstetric Psychoprophylaxis through the use of ICTs, combined with the participation of women's partners and family members, have shown the target patients of the initiative are satisfied with the care received.

Innovation - Transformative Capacity

The PM leading the initiative made the decision to add training on care management. The initiative promotes knowledge sharing and positions PMs on social media as professionals qualified to provide prenatal education and obstetric psychoprophylaxis.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The initiative relies on the target population's access to broadcast television; however, other ICT strategies can be used provided there is Internet access and they are implemented in coordination with the team in charge.

Sustainability - Replicability

Prenatal education through the use of mass media is a sustainable practice. The initiative can be replicated considering PMs have visibility and can also practice in the private sector. However, it could also be replicated in public contexts.

“Your Obstetrician at Home” Sexual and Reproductive Health Counseling and Education Sessions through the Use of Information and Communication Technologies - Peruvian Association of Obstetricians.

Relevance - Importance

This initiative identified the need for SRH information and knowledge in the community, which was addressed through livestreams that were recorded and made available to be watched at a later date. This responds to the main objectives of the project.

Process - Impact

The initiative had two implementation stages, including the development of a standardized system for its different processes and content shared via their livestreams which, in the beginning, had a large number of participants; however, we did not receive the information necessary for a full evaluation under this criterion.

Innovation - Transformative Capacity

PMs shared SRH information with the community through social media. They got organized and designed strategies to address the community's need for information. They saw their initiative as part of a process to enhance the role, visibility and social recognition of obstetricians in Peru, in line with the GMS 2018-2030.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The initiative is targeted at a broad population group: pregnant women, adolescents, men and women of reproductive age. However, its topics can be of interest for the general population. This clearly shows a rights-based approach that promotes the democratization of information. There is no evidence of specific strategies to incorporate other cross-cutting approaches.

Sustainability - Replicability

This is a low-cost strategy and, apparently, it can be easily replicated both in emergency and non-emergency contexts. It can be sustainable as long as it is scheduled periodically, something not explicitly mentioned in the initiative.

Obstetrics Hotline and Online Counseling Experience “Aló Obstetra”, Regional Association of Obstetricians III Lima-Callao, implemented during the Coronavirus Health Emergency and Mandatory Social Isolation. Peru, 2020.

Relevance -
Importance

This practice responds to a perceived need for access to sexual and reproductive health care among the most vulnerable populations. They created a counseling hotline and worked in coordination with health clinics. The initiative also followed an already existing telehealth public policy (a technical standard), identifying the elements necessary to operationalize it during the health crisis.

Process - Impact

The initiative followed an organization, implementation and follow-up process with constant evaluation. They have good quantitative records of their activities; however, a formal evaluation of the population's experiences with its strategies implemented is still needed.

Innovation -
Transformative
Capacity

A group of PMs registered with the association volunteered to participate in the initiative, which clearly shows the social, altruistic and compassionate work of PMs. The social commitment and coordination of the Peruvian Association of Obstetricians were key to the success of the initiative. They adapted their processes based on feedback received. Their telephone operator system used was a powerful innovation; another innovation was the creation of a battery of questions that was also used for constant evaluation.

Rights, Gender,
Social Inclusion,
Cultural Diversity and
Life Cycle Approach

The practice facilitates the information and knowledge sharing process, as well as access for the most vulnerable women, and identifies and addresses issues leading to gaps such as having to pay for the use of technologies. They also implemented strategies to facilitate access by the Quechua population. The practice reflects the social purpose of the professional midwifery association and looks at health from a preventive perspective, with a focus on socially and economically vulnerable populations.

Sustainability -
Replicability

The strategies followed are relevant and can be replicated. They rely on a system of volunteer PMs registered with the association. However, they have made it clear that they do not intend to replace the responsibilities of the Ministry of Health because, while the PMs' actions are aligned with their social purpose, they could affect the perception of their work. For this reason, the initiative promotes collaboration with government health authorities and clinics.

Telephone Follow-up and Monitoring of Pregnant and Puerperal Women and Family Planning Users, STI Strategy, during the COVID-19 Health Emergency, Juliaca - Puno. Peru.

Relevance - Importance	The initiative consists of SRH telephone counseling and follow-up on women during the pandemic.
Process - Impact	They have multiple testimonies of users expressing their satisfaction with the initiative. The initiative offered counseling and implemented health promotion and prevention strategies. It was not possible to assess new results.
Innovation - Transformative Capacity	PMs do telephone follow-up on women in the third trimester of pregnancy (they can also do it in other pregnancy stages if they deem it necessary), combined with other activities such as nutrition counseling, self-care and healthy interactions, which reflects their capacity to optimize follow-up through a single strategy.
Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach	The initiative has the clear intention of incorporating a rights-based approach; however, based on the initial information provided, we were unable to evaluate the incorporation of other approaches into the initiative.
Sustainability - Replicability	The initiative can be sustainable provided professional resources to maintain follow-up are available. Their strategy seems to have achieved good levels of satisfaction in the community. The initiative can be replicated in other contexts in varying degrees, depending not only on the need of in-person care, but also as a good community support practice.

Country Policy Advocacy Work Experience to Achieve a Regulatory Framework for the Professional Practice of Obstetricians in Paraguay. Enacted in 2015.

Relevance - Importance

This is a great advocacy and midwifery initiative launched prior to the pandemic. Its aim is not to provide a rapid response; however, it is laying the foundation for the professional practice of PMs in Paraguay and providing a structure to address PMs' needs during the health crisis.

Process - Impact

The initiative in general focused on strengthening the practice of PMs around three pillars: education, regulation and obstetrics. A new law to regulate the professional practice of PMs all across the Republic of Paraguay was passed. This law has created new opportunities for PMs, including work via online platforms. The new regulations also allowed PMs due for retirement to retire during the health crisis.

Innovation - Transformative Capacity

The perseverance of the Paraguayan initiative to achieve a regulatory legal framework for the professional practice of midwifery, with SRH safe care provided by competent professionals, clearly reflects a transformative capacity that already existed prior to the pandemic, and allowed women to receive support from qualified professionals during the pandemic.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

Due to the nature of the initiative, it incorporates all these approaches. The Paraguayan midwifery association participates in the design of the Ministry of Health's standards and protocols. It has engaged in professional and policy efforts to benefit obstetricians and women, and has also worked with the community to uphold sexual and reproductive rights. However, the aspects of gender and interculturality pose a challenge, considering the work of midwives is typically considered a female activity, and only a small number of male midwives have access to indigenous communities, where female midwives have a more positive experience.

Sustainability - Replicability

The Paraguayan midwifery association, academia and the Ministry of Health are working together with the pillars of professional midwifery in mind. For the initiative to be sustainable, however, the initiative requires financial support to be able to make progress in the areas of policy impact, social recognition and recognition by other professionals. The initiative is working to get communities to associate PMs with SRH in general.

Childbirth Preparation Sessions via Zoom during the COVID-19 Pandemic at CAMS IAMPP Dolores Soriano. Uruguay (April-October 2020).

Relevance -
Importance

This initiative is working to fight misinformation during the pandemic. The PMs participating in the initiative set objectives mainly related to childbirth preparation, and they launched a response even before the Ministry released guidelines.

Process - Impact

The initiative expanded the coverage of their childbirth preparation strategy and allowed family members to join the sessions. However, they found that online sessions made it more difficult to identify social conditions of vulnerability, compared to the in-person sessions offered prior to the pandemic.

Innovation -
Transformative
Capacity

PMs anticipated the need to use ICTs to continue to share information and support women's decision-making during childbirth. In this regard, the initiative faced several challenges that were eventually overcome, which reflects the capacity of PMs to adapt to emerging needs such as the development of digital competencies, graphic innovation to promote constant participation in sessions, and adaptation of content to the needs of pregnant women during the pandemic.

Rights, Gender,
Social Inclusion,
Cultural Diversity
and Life Cycle
Approach

The initiative incorporated approaches based on an epidemiologic and life cycle analysis, recognizing the process of transition of obstetrics at the local level, to which end they successfully adapted their strategies. The initiative has also promoted the participation of family members and women's partners in online sessions. Internet access was a valuable resource to address gaps in access to information through the use of ICTs.

Sustainability -
Replicability

The PMs leading the strategy recognized that, to make the initiative sustainable, they had to take into account the limitations imposed by the pandemic and, therefore, they implemented a combined virtual and in-person format to reach families. Similar strategies are being implemented by other health care facilities in Uruguay, following the Ministry of Health's guidelines developed during the first year of the pandemic.

Provision of Sexual and Reproductive Health Services during the COVID-19 Lockdown in Barbados: Ensuring the Right to Family Planning.

Relevance - Importance

This strategy focused on maintaining access to family planning during the COVID-19 pandemic initial lockdown in a rural district of Barbados, in anticipation of the potential impact of the pandemic, considering the main method used in that district is an intramuscular one (Depo-Provera), which requires in-person care. They implemented parallel information strategies through the use of cell phones and ICTs, online consultations and biosafety measures for in-person visits, in addition to the optimization of prescriptions and replacing original methods by others that require less frequent follow-up.

Process - Impact

An evaluation was conducted to determine the impact of the strategies vs. that of lack of continuity in other clinics, with an impact of 100%. While a reduction in coverage was observed in the early months, coverage increased as the pandemic unfolded and strategies were implemented, which revealed their positive impact.

Innovation - Transformative Capacity

The management and implementation of multiple strategies to achieve their main objective shows the rapid response capacity of PMs, with an empathetic and anticipatory perspective, as well as an impact not only on health, but also on the exercise of the sexual and reproductive rights of the population.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

This practice focused on sexual and reproductive rights, in addition to the availability of family planning to support women's decision on when to get pregnant as a first step to prevent maternal deaths and complications. The initiative included efforts to expand coverage for users of both the public and private systems due to the closure of private clinics. The high availability of Internet access in the island facilitated the use of ICT strategies.

Sustainability - Replicability

While the practice gradually returned to the in-person model as the pandemic subsided, it is clear that the intervention can be rapidly implemented in health emergencies that do not affect communications. This is a low-cost practice that can be replicated, and its information strategies can be maintained after the pandemic.

Continuity of Maternal & Child Health Services During the COVID-19 Pandemic. Jamaica

Relevance - Importance

This practice was implemented in response to the initial lockdown imposed to prevent the spread of the pandemic. The PMs leading the initiative worked to address the lack of attendance to prenatal care through the use of strategies to facilitate attendance and safe care for pregnant women. The practice is aligned with its objectives and principles.

Process - Impact

The members of the health team worked together to address the emergency and reorganize services. They began to schedule appointments over the telephone, which allowed for the continuity of prenatal care with appropriate health protocols. Home visits were made as needed, and PMs offered support via mobile phone during the pandemic. There is evidence of positive impacts on the community, including a stronger relationship between PMs and users. Clients and others in the community have expressed their satisfaction with the actions of the initiative. They are reassured by the arrangements in place, knowing that their safety and health are important to health care providers. This led to an increased demand for PMs in the public sector.

Innovation - Transformative Capacity

The role of midwives in the community has been enhanced, showing they are flexible, versatile and compassionate professionals who work in close collaboration with the community, which leads to better health practices.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

Originally, the initiative focused on prenatal care, but later incorporated family planning. The initial evaluation identified issues of access to ICTs and the Internet, and revealed life cycle and territorial barriers that were addressed together with telecommunications companies identified as partners in the implementation.

Sustainability - Replicability

Some elements of the practice, such as the organization of work schedules and communication between PMs and the community, are potentially sustainable. The initiative can be replicated and adapted to respond to new outbreaks, and can also be adapted to other emergencies. The link between PMs, the community and telephone companies is considered key for this criterion.

Continuity of Primary Care Sexual and Reproductive Health (SRH) Services in the Context of COVID-19. Jamaica.

Relevance - Importance

This initiative relied on a collaboration between health educators, community health assistants, administrative personnel and PMs to identify and address the SRH needs of men and women, who are the focus of a group of minimum SRH services provided by PMs during the pandemic, to ensure the continuity of sexual and reproductive health services. The needs identified include users' safe attendance to care facilities or safe home visits to women in areas under lockdown.

Process - Impact

The initiative implemented multiple strategies, including a block appointment system, availability of PPE and flexibility for walk-ins, in addition to coordinated actions to obtain permits for PMs' access to areas under lockdown. All these strategies led to the expansion of coverage and increased access and adherence to SRH services.

Innovation - Transformative Capacity

The strategy reveals the PMs' capacity for coordination and collaboration with community stakeholders, in addition to support to medical staff and government agencies or bodies in charge of dealing with the pandemic. PMs are perceived as professionals with an open mind, team work capacity and willingness to adapt to new standards and challenges, all of them considered key elements for the rapid response implemented.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The aim of the initiative is the provision of primary health services readily available, accessible and affordable for all. While the results of the initiative in general were positive, there was a significant reduction in FP coverage among men due to cultural and health care stereotypes associated with men or women. The implementation of home visits to provide some of the services shows their team's social, territorial and equal inclusion perspective.

Sustainability - Replicability

This initiative receives support from decision-making bodies, which have been key to its success and potential replication in crisis contexts. But the continuity of these services will only be possible if there is an appropriate number of midwives employed in the health district. The risk of "compassion fatigue" is extremely high due to the current staff shortage, which could have a negative impact on the delivery of services over a long period of time.

Remote Provision of Childbirth Education Classes during the COVID-19 Pandemic - Trinidad And Tobago - April-October 2020.

Relevance -
Importance

The Trinidad and Tobago Association of Midwives (TTAM) has been offering prenatal education classes to the public since 2006. Therefore, the aim of the initiative is to maintain its prenatal information and education coverage during the pandemic through the use of ICTs.

Process - Impact

The development of low-cost online sessions allowed them to increase coverage despite the associated cost. An evaluation of user comments showed that their users, especially young couples, valued the intervention and feel they are better prepared for childbirth and early parenting.

Innovation -
Transformative
Capacity

PMs faced the challenge of adapting to new methodologies, but they were willing to receive training and learn in response to the new needs brought by the pandemic.

Rights, Gender,
Social Inclusion,
Cultural Diversity
and Life Cycle
Approach

While the initiative had a positive impact on its users, the cost associated with the activity raises questions about the relevance of the rights, inclusion and equality approach. Trinidad and Tobago is a multicultural society that promotes respect for the cultural, religious, ethnic and individual beliefs of people. While Internet access was identified as a barrier, it has also been pointed out that there is free Internet access in many public locations.

Sustainability -
Replicability

This model can be implemented at the national level and replicated by other individuals or groups considering the benefits of remote education.

UNFPA Support for Midwives in the Caribbean during the COVID19 Pandemic 2020.

Relevance - Importance

This initiative was developed as part of a partnership between UNFPA and Caribbean professional midwifery associations in response to the need to train PMs so they could deal with the pandemic. The aim of the strategy is to have qualified personnel for the provision of timely and safe care amid an unprecedented health emergency.

Process - Impact

The initiative included monthly online education sessions to reach the target audience of midwives in the Caribbean. This included lectures delivered by internationally recognized institutions such as WHO and the Johns Hopkins University. The areas of focus were defined based on feedback from regional midwifery leaders and information gathered through evaluation questionnaires administered at the end of the different webinars. The evaluation results of the seminars and methodologies have been positive, with high levels of participation of PMs from 16 different countries in the region.

Innovation - Transformative Capacity

The initiative clearly shows the high level of interest of PMs, who had access to relevant information and training despite the levels of stress caused by the pandemic. After having participated in the webinars, the PMs expressed they had a perception of security and competence.

Rights, Gender, Social Inclusion, Cultural Diversity and Life Cycle Approach

The initiative was targeted to a regional audience and took into account the cultural relevance of the training contents. It also included information with a life cycle approach; however, it maintained its focus on the population of women. All the relevant information was made available on the website of the Caribbean Regional Midwives Association and their social media channels.

Sustainability - Replicability

The initiative can be replicated and is sustainable; however, it is important to consider the costs associated with maintaining platforms and payments to facilitators, which are important factors associated with its replication.

United Nations Population Fund
(UNFPA) Latin America and
The Caribbean Regional Office

