



This country profile should be read in conjunction with the "How to use the country profile" document which can be found at [unfpa.org/sowmy](https://unfpa.org/sowmy)

Map is an approximation of actual country borders.

Estimated population	2019	96,462,108
Women of reproductive age (aged 15-49)	2019	25,489,272
Adolescents (aged 10-19)	2019	13,451,055
Total fertility rate (births per woman)	2015-2020	2.06
Live births	2019	1,566,960
Pregnancies	2019	2,601,667
Adolescent birth rate (births per 1,000 women aged 15-19)	2014	30.1
Maternal mortality ratio (maternal deaths per 100,000 live births)	2017	43
Neonatal mortality rate (deaths within 28 days per 1,000 live births)	2018	11
Stillbirth rate (per 1,000 total births)	2019	8
Births attended by skilled health personnel (%)	2014	94%
Modern contraceptive prevalence rate (% using modern method)	2019	49%
Unmet need for family planning (% of women of reproductive age)	2019	4%
Caesarean section rate (% of live births)	2011-2014	28%
Coverage for 4+ antenatal care visits (% of live births)	2014	74%

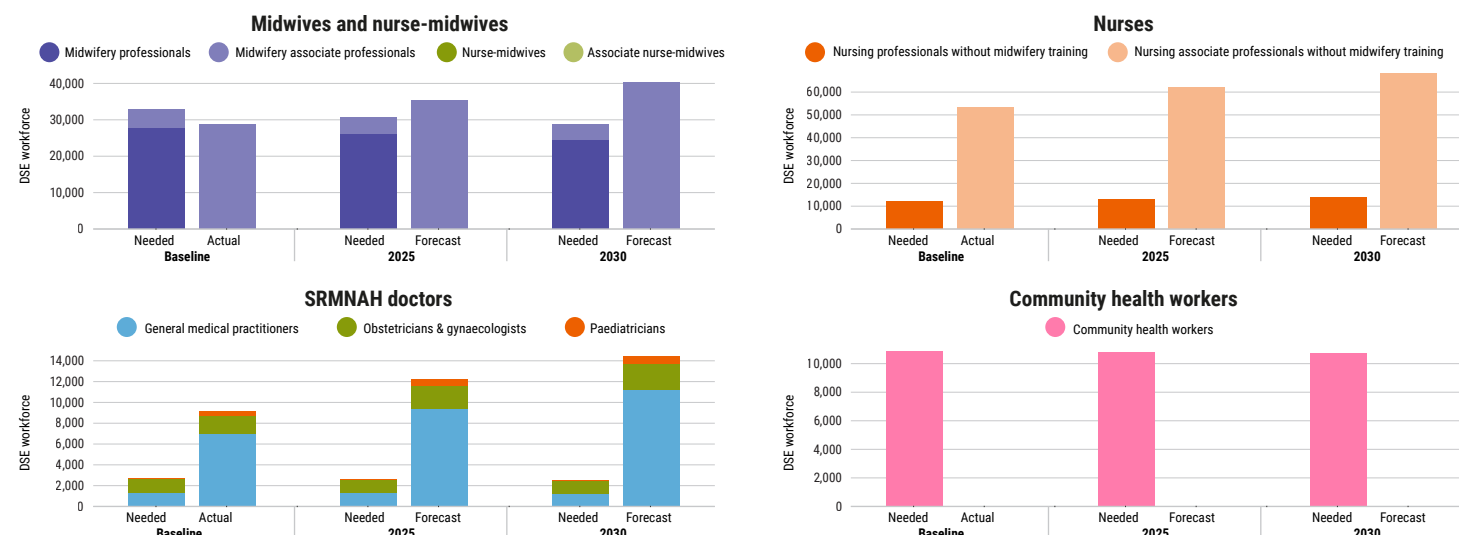
Data sources: see "How to use the country profile" document.

## FULL SRMNAH WORKFORCE AVAILABILITY

Occupation group	Year	Headcount (A)	Percentage of time on SRMNAH (B)	Dedicated SRMNAH Equivalent (DSE) (A*B)	Graduates Year	Number	Density per 10,000 population
Midwifery professionals	nr	nr	na	nr	nr	nr	nr
Midwifery associate professionals	nr	nr	na	nr	nr	nr	nr
Midwives not further defined	2016	28,778	100%	28,778	nr	nr	3
Nursing professionals	nr	nr		nr	nr	nr	nr
with midwifery training	nr	nr	na	nr	nr	nr	nr
without midwifery training	nr	nr	na	nr	nr	nr	nr
Nursing associate professionals	nr	nr		nr	nr	nr	nr
with midwifery training	nr	nr	na	nr	nr	nr	nr
without midwifery training	nr	nr	na	nr	nr	nr	nr
Nurses not further defined	2016	106,654	50%	53,327	nr	nr	11.1
Community health workers	nr	nr	na	nr	nr	nr	nr
Paramedical practitioners	nr	nr	na	nr	nr	nr	nr
Medical assistants	nr	nr	na	nr	nr	nr	nr
General medical practitioners	nr	nr	na	nr	nr	nr	nr
Obstetricians & gynaecologists	nr	nr	na	nr	nr	nr	nr
Paediatricians	nr	nr	na	nr	nr	nr	nr
<b>Total SRMNAH workforce</b>		<b>135,432</b>		<b>82,105</b>			<b>14</b>

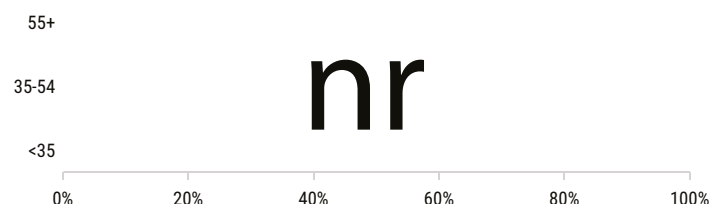
Source: National Health Workforce Accounts (NHWA) data platform, accessed Dec-2020, most recent available year.

## PROJECTIONS TO 2030, DEDICATED SRMNAH EQUIVALENT (DSE) WORKFORCE



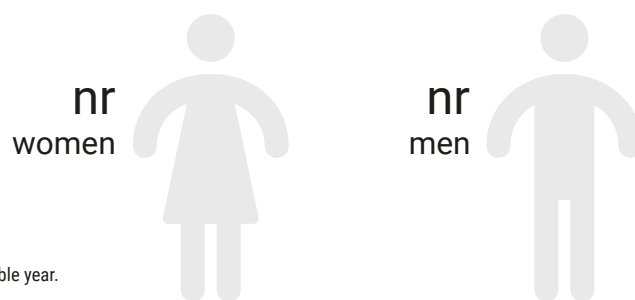
Source: SoWMy analysis, using NHWA data platform, accessed Dec-2020

## Age distribution



Source: National Health Workforce Accounts (NHWA) data platform, accessed Dec-2020, most recent available year.

## Gender distribution



## ENABLING ENVIRONMENT

## Policy environment

	Pregnancy	Childbirth	Postnatal
National policy guideline that recommends midwife-led care for pregnancy and/or childbirth and/or postnatal period for mother only, or both mother and newborn? *	Mother & newborn	Mother & newborn	Mother & newborn

	National MoH	Sub-national MoH	Regulatory authorities
Number of midwives in leadership roles in national MoH / sub-national MoH / regulatory authorities	0	dk	dk

## Education

National policy / guideline on education of midwifery care providers based on ICM competencies? *	yes
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	Direct entry	Post-nursing	Combined
Midwifery education pathway (direct entry / post-nursing / combined)?	yes	no	no

	Direct entry	Post-nursing	Combined
Duration of direct entry / post-nursing / combined education programme (months)	48	na	na

% of midwifery educators who are midwives	15
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## Regulation

National policy sets a competency framework for maternal and/or newborn care? *	yes
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National policy on regulation of midwifery care providers based on ICM competencies? *	yes
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Regulatory body for midwifery practice?	yes
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	License compulsory	Periodic relicensing	Continuing development requirement
Is licensing compulsory prior to practise? / Is there periodic relicensing? / Is continuing professional development a requirement for relicensing?	yes	nr	nr

## Association

	Association specifically for midwives	Other association open to midwives
Is there a professional association specifically for midwives? Is there another professional association open to midwives?	yes	yes

Source: 2020 ICM survey, except those marked \* which are from 2018-2019 WHO SRMNAH policy survey

Key:  
na = not applicable  
nr = not reported

dk = don't know  
MoH = Ministry of Health

## POTENTIAL TO MEET NEED AND DEMAND, 2019 AND 2030

Potential to meet **NEED** =  $\frac{\text{Workforce time available}}{\text{Workforce time needed for universal coverage of essential SRMNAH interventions}}$

SoWMy 2014<sup>s</sup>

83%

SoWMy 2021



58%

2030



69%

Potential to meet **DEMAND** =  $\frac{\text{Supply of health workers}}{\text{Health workers system can support}}$



2030 supply is **moderately below** capacity to employ

<sup>s</sup> or most recent regional SoWMy report: East & Southern Africa 2017 or Pacific States 2019

## EXPLANATORY NOTES

The BSc in midwifery is a direct-entry specialist midwifery education programme, but because the education code for college midwife training is currently not available, they have to use the title "College nurse specialized in obstetrics and gynaecology" instead of "College midwife".

In addition to the 48-month programme (level III midwife), there is a 36-month programme (level IV midwife). The former 24-month programme has been discontinued.

There are several refresher training programmes, e.g. a graduate of the old 24-month programme can join a 1.5-year programme to upgrade their qualification.

Theoretically, a nurse can join a refresher programme to specialize in midwifery, but in practice this does not happen because there are more job opportunities for nurses than for midwives.

The Elementary Midwife (EM) occupation group (Village Birth Attendant) will be phased out by 2025: no new hires from 2021. Any EM who has not upgraded their qualification to junior college level by 2025 will have their professional licence revoked.

There is no specific regulatory authority for midwives. At present, midwives are regulated by different MoH departments. For example: the Medical Services Management Administration is responsible for licensing new midwives and setting standards for midwifery practice; the Training and Science Technology Administration is responsible for approving education curricula and issuing medical education certificates for midwife instructors.

There is no requirement for periodic relicensing, but continuing professional development is required (48 credits every 2 years); licences can be revoked if these requirements are not met.

Source: Additional information provided by national stakeholders during data collection and validation.