MOMENTUM

Country and Global Leadership

POLICY DIALOGUE FOR SUSTAINABLE CHANGE FOR NURSES AND MIDWIVES:

Using a locally-led process to support stronger nursing and midwifery practice for improved reproductive, maternal, newborn, and child health outcomes.

NURSES AND MIDWIVES ARE THE BACKBONE OF THE HEALTH SYSTEM, providing every day, essential health services to families around the globe. In many communities, they are the first and only point of care for mothers and their children. Yet global reports like the State of the World's Nursing Report - 2020 and The State of the World's Midwifery - 2021 report, and The WHO Global Strategic Directions for Nursing and Midwifery (2021–2025) have detailed pervasive challenges affecting nurses and midwives—from a global nurse and midwife shortage to a lack of quality education and training, and a need for more nurse and midwife leadership opportunities at the government level. There are clear, evidence-based solutions to better support nurses and midwives. But how can countries translate these global recommendations into effective action?

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In **Ghana**, **India**, **Madagascar**, and the **Caribbean region**, MOMENTUM Country and Global Leadership is working with a broad range of country stakeholders to embark on a systematic, results-based policy dialogue process to strengthen nursing and midwifery workforce and improve reproductive, maternal, newborn, and child health (RMNCH) outcomes. The policy process involves engaging a wide range of stakeholders to come together and examine how current policies are working, discuss needed adaptations to legislation, guidelines, strategies, and plans, and make and implement action plans to better meet the needs of nurses, midwives, and, ultimately, the people they serve.

"I'm very optimistic. This is the first time the three organizations are coming together to work at this level. It's a very good signal for all of us. Let's not let what we have started die a 'natural death'. Let's keep the collaboration 'flame' alive."

— **Netta Ackon Forson**
President of the Ghana Registered Midwives Association

These processes are locally led with nurses and midwives at the center and are already resulting in substantive commitments to update policies and increased investment in support of the nursing and midwifery cadres. Stakeholders are "learning by doing" and answering this learning question*:*

How can the right combination of empowered stakeholders, engaged in an organized policy dialogue process, improve the adaptation and implementation of global recommendations for evidence-based practices in their country context?

By engaging RMNCH stakeholders, especially nursing and midwifery leaders, educators, and regulators, to apply the global evidence and actions articulated in the SOWN, SOWMy and SDNM reports, MOMENTUM is supporting nursing and midwifery champions to address the priority health workforce issues outlined in the reports:

- Educating sufficient highly skilled midwives and nurses with competencies to meet population health needs.
- Creating jobs, managing migration, and recruiting and retaining midwives and nurses where they are most needed.
- Strengthening nursing and midwifery leaders throughout health and educational systems, including charting systematic career pathways.
- Ensuring midwives and nurses are supported, respected, protected, motivated, and equipped to contribute to their service delivery settings safely and optimally.

Early results:

- Increased stakeholder collaboration
- Improved use of data
- Collective issue prioritization
- Increased investments in nursing and midwifery
- Strengthened capacity of stakeholders to lead a policy dialogue process.

"A policy dialogue is not initiated unless there is a vested interest and commitment to lead the process from within the countries," says Angeline Mutunga, MOMENTUM's Policy and Advocacy Director. "Historically, nurses and midwives have not been involved in policy or advocacy work, and decisions that affect their jobs have been made without representation. Including nurses and midwives ensures realistic solutions, builds sustainability of the process and progress, and ensures power rests with those who are living the daily experiences."

WHAT DOES OUR POLICY DIALOGUE PROCESS LOOK LIKE?

"Policy dialogue involves discussions among stakeholders to raise issues, share perspectives, find common ground, and reach agreement or consensus, if possible, on policy solutions. Policy dialogue occurs among policymakers, advocates, other nongovernmental stakeholders, other politicians, and beneficiaries." *(Hardee et al., 2004)*

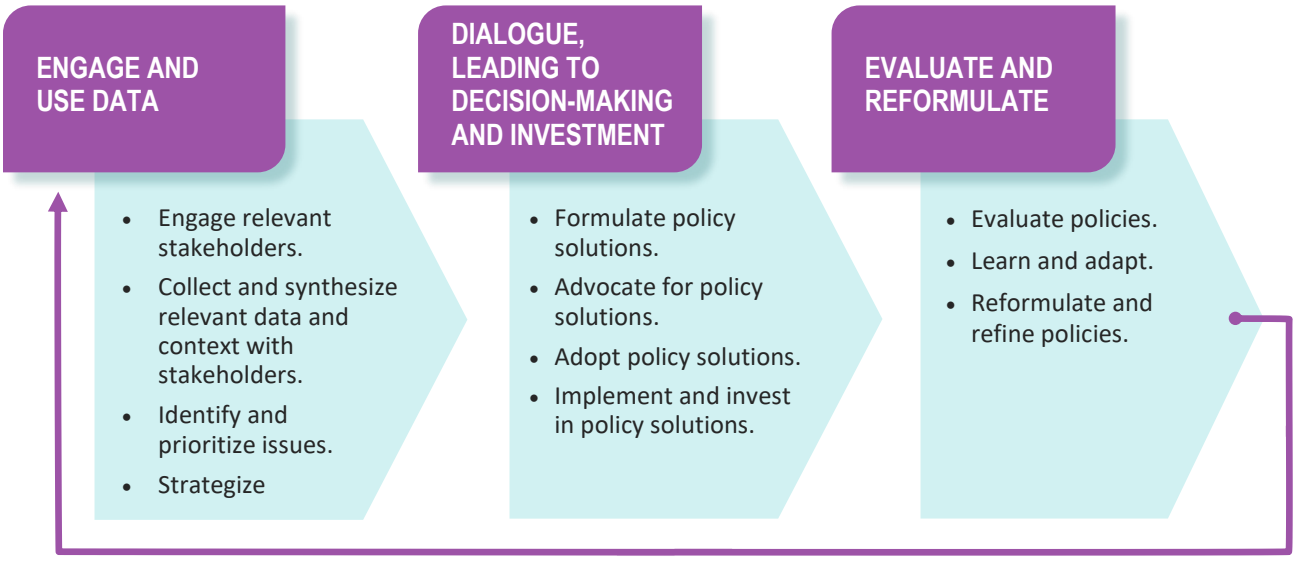
For MOMENTUM, it starts by establishing a local core team and gathering local data for a situational analysis that is then verified and analyzed. This ensures discussions are evidence-driven and allows participants work to identify a common set of opportunities and challenges.

Box 1: Key characteristics of a policy dialogue process

- Includes a broad range of local stakeholders with sound knowledge of the institutional and political context.
- Starts with a definite purpose—to decide on mutually agreed priorities.
- Integrates program experience with reliable evidence from research and program data.
- Develops an iterative and continuing process that requires flexibility
- Considers both the technical and political aspects of the problem in question.

Next, policy dialogue participants gather in a series of action-oriented meetings and workshops to use the data collected to determine solutions that would affect daily life for nurses, midwives, and the mothers, babies, and families they serve. The meetings are about much more than talking; they are working sessions focused on using evidence, identifying solutions, and building consensus on a phased and targeted action plan. Solutions can go beyond policy and legislation to leadership, financing, accountability, and partnership building.

FIGURE 1: STEPS OF THE POLICY DIALOGUE PROCESS



There is an important capacity-strengthening element that happens during this process which helps stakeholders build constituencies, enhance participation, improve mutual understanding, and build skills in identifying actionable priorities. This helps facilitate a sense of ownership, commitment, and, eventually, deployment of the policy solutions developed.

Mutunga adds, “We are not just supporting these teams to do a one-off activity and engagement; we are supporting them to design a long-term road map and to adopt a systematic approach to a long-term policy dialogue process.”

The policy dialogue process follows a structured, iterative, cyclical process (Figure 1) consisting of engaging relevant stakeholders and collecting and synthesizing important data and contextual information with key stakeholders; conducting a dialogue in various forums and coming to decisions on policy solutions and investments; and then evaluating and refining (“reformulating”) those policies. Then the cycle begins again.

TOOLS TO HELP STAKEHOLDERS IMPLEMENT A POLICY DIALOGUE PROCESS.

MOMENTUM is developing a **Guide to Influencing Health Policy through a Policy Dialogue Process** to assist countries in following a structured and inclusive process, as outlined in Table 1. This guide is not intended to be prescriptive; local stakeholders are encouraged to adapt it to suit their needs and contexts. It is based on real-world experiences, with case studies from various organizations.

TABLE 1: STAGES AND STEPS OF A SYSTEMATIC AND INCLUSIVE POLICY DIALOGUE PROCESS

Stage	Step	Description of Step
Broad Engagement	Engage relevant stakeholders.	Establish a core action team to take the work forward.
	Collect relevant data and describe context.	Conduct a landscape analysis with relevant stakeholders to understand the context better.
Data use	Identify and prioritize issues.	Convene stakeholders led by the core action team to validate the landscape analysis, define the root causes, and build consensus on specific priority issues that can be addressed. Define the next steps.
	Strategize.	Identify decision-makers and their interests. Identify assets and barriers. Tailor context-specific messages and measures of success.
Dialogue	Formulate policy solutions.	Validate the evidence, assess alternatives, and formulate the policy, guideline, or plan/strategy.
	Advocate for solutions.	Create a strategic plan with clear and specific steps. Target the right people at the right time with the right information.
Decision-making/ Investment	Adopt policy solutions.	Develop and implement an engagement plan to garner support from the broader sector, including a roll-out plan to ensure uptake of the new policy, guideline, or plan/strategy.
	Implement and invest in policy solutions.	Implement the rollout, providing support at each level to ensure investment and complete uptake.
Evaluation and Reformulation	Evaluate policies.	Develop benchmarks to monitor progress.
	Learn adaptively.	Develop a feedback loop for continual learning.
	Reformulate/refine new policy solutions.	Adjust approach as needed, identify next-generation action. Revise policies as needed.

FRAMING THE POLICY EXPERIENCE ACROSS THE THEORY OF CHANGE

In the four countries/regions where MOMENTUM has engaged local stakeholders, the policy dialogue process is being used to examine the most critical priorities for nursing and midwifery policy solutions and investments. The work has only started recently, but there are already concrete results based on the Theory of Change (ToC) shown in Figure 2, which follows the same initial stages of the dialogue process. The ToC is explicitly tailored to the priority nursing and midwifery policy issues that emerged from the SOWN/SOWMy global documents.

FIGURE 2: THEORY OF CHANGE FOR POLICY DIALOGUE FOR NURSING AND MIDWIFERY

Theory of Change	
Broad Engagement	Including national ministries, professional associations and unions, private sector employees, educational institutions, regulatory bodies, international financing institutions, clients, practicing clinicians, and development partners selected in the process.
Data Use	Review of data from various sources, including national health workforce documents, health labor market analyses, strategic plans, and workforce planning and forecasting, in addition to global documents. Including qualitative data to fill gaps and enrich the context is also helpful.
Dialogue	Intersectoral and interorganizational policy dialogues on key policy issues using a health labor market lens.
Decision Making	Formulating evidence-informed policy solutions to address prioritized issues for education, recruitment, leadership, professional regulation, and working conditions.
Investment	Sustainable domestic and international investments in the nursing and midwifery workforces, especially the prioritized policy solutions.

As this locally led process continues to mature beyond the program's involvement, the expectation is that stakeholders will advance to the last stage in the cyclical policy dialogue process (Evaluation and Reformulation), eventually returning to consider further improvements in policies and investments.

TRACKING PROGRESS AND MEASURING ACHIEVEMENTS

The policy dialogue process is complex and iterative. It may often be "messy" and is unlikely to follow a "straight line" due to setbacks and retrenchments. On the other hand, the process has clear stages and benchmarks, as outlined above. Country teams are using a mixed methods approach to track progress and outcomes. They are bringing quantitative and qualitative information that not only shows progress, but also helps stakeholders identify challenges and areas for improvement and contributes to the learning question outlined above.

Each local team has picked illustrative indicators to track progress in specific areas in which they are working along the initial stages of the policy dialogue process. Box 2 shows the numbers and types of issues, platforms, and people that are being tracked at each stage. As an illustration, a government might track the number of media mentions and new organizational partners at the Engagement stage and pick other relevant areas and indicators at other stages corresponding to their planned actions.

Table 2 shows the structured qualitative information that country teams use to describe their rich experiences and complement their quantitative information. There are four main qualitative methods that teams use. These are applied iteratively, with the information fed back to the team to track progress and identify areas for improvement.

Box 2: Areas for quantitative measurement of each stage of the Theory of Change

Broad engagement

- Partnerships and coalition building
- Grassroots mobilization
- New advocates and champions
- Media mentions (digital, social, traditional)

Data Use

- Policy analysis
- Research / Studies
- Surveys

Dialogue

- Relationships with decision-makers
- Briefings/Presentations
- Meetings/Workshops
- Media stories

Decision-making and investment.

- Issue reframing
- Policy solution adoption
- New donors

TABLE 2: QUALITATIVE DATA GATHERING TECHNIQUES USED BY COUNTRY TEAMS

Qualitative Technique	Description of information gathered*
After Action Reviews	Used to improve processes, by debriefing after a key event like a partner meeting, reviewing what worked well, and what could be done better next time.
Pulse Polls of stakeholders	Used to quickly gather specific information about how strategies are working, especially their uptake, feasibility, and acceptability.
Most Significant Change technique	Asks stakeholders about general changes—positive or negative—that have occurred in any of the landmarks in the Theory of Change (i.e., engagement, data use, dialogue, decisions/investment).
In-Depth Key Informant Interviews	Applied less frequently. Used to deepen understanding of processes and outcomes among stakeholders.

**Note: Not all countries use all techniques.*

EMERGING LESSONS

Each of the three countries and one region has recently begun this systematic and inclusive dialogue process for improving the policy environment for nursing and midwifery in support of improved systems and health outcomes. But even now, at these early stages, lessons are emerging from the ongoing process, informed by the data being gathered, which is then considered in subsequent learning cycles to respond to the program's learning question on the policy dialogue process. The following are a few of the important lessons that have emerged to date, arranged by the categories of the Theory of Change.

ENGAGEMENT

- Broad engagement beyond the Ministry of Health is required to address many health workforce challenges.
- Stakeholders may share common issues but are not always accustomed to working together.

DATA USE

- Priorities must be pragmatic and realistic.
- Data needs to be validated, contextualized, and synthesized at the country level, ideally with the relevant stakeholders, to promote country ownership.
- Data analysis skills need to be supported and strengthened.

DIALOGUE

- Though challenging, consistent individual participation from core action teams is critical.
- Various dialogue mechanisms and forums must be used to accelerate progress.

DECISION-MAKING AND INVESTMENT

- Policy dialogue takes time and patience, especially to get to the point of decision-making, let alone operationalization.
- The process is iterative and does not follow a "straight line," so it will look different from country to country, or even within countries (e.g., one state in India may have a slightly different trajectory than another).

RESULTS TO DATE (AS OF APRIL 2023)

CARIBBEAN REGION

Regional Partners	Geographic Focus		Priority Issues
Caribbean Regional Midwives Association (CRMA) Regional Nursing Body CARICOM United Nations Family Planning Association (UNFPA) Pab American Health Organization Chief Nursing Officers Educational Institutions Midwives Associations/Interest Groups	Antigua and Barbuda Bahamas Barbados Belize Dominica Grenada Guyana Jamaica	Saint Kitts and Nevis Saint Lucia Saint Vincent and the Grenadines Suriname Trinidad and Tobago	• Regulation—regional frameworks for midwifery • Education—including standardized curricula and examinations

Country Activities Mapped Against the Theory of Change

Broad Engagement	• Held 3 policy dialogue meetings with Regional Chief Nursing Officers to discuss regional response to SOWMy Report 2021. • Held a 3-day workshop in Guyana with Chief Nursing Officers and representatives from 11 Caribbean Islands to formulate a regional response to the identified priorities: workforce, education and training, and leadership.
Data	• Collected and analyzed education survey data with CRMA and UNFPA. • Collected workforce and regulatory systems data in each country.
Dialogue	• CRMA will continue regional advocacy.
Decision Making	• Identified regional and national priorities for strengthening midwifery: workforce, education and training, and leadership. • Each country made pledges to highlight the role of midwives and improve midwives' work environment. • The Regional Nursing Body, including the Chief Nurses and regulatory bodies of Caricom, agreed to collaborate with regional educators to unify the midwifery curriculum and develop a Regional Midwifery exam.
Investment	• MOMENTUM and UNFPA supported a 3-day, in-person workshop and are working with regional partners to finalize a regional response report for the Caribbean.

GHANA

Partners	Geographic Focus	Priority Issues
Nursing and Midwifery Council, Ghana (NMC) Ghana Registered Midwives Association (GRMA) Ghana Registered Nurses and Midwives Association (GRNMA)	National level	• Education • Leadership • Service Delivery • Nursing and Midwifery Work Force • Neonatal Nurse Education

Country Activities Mapped Against the Theory of Change

Broad Engagement	• Introductory meetings with NMC, GRMA, and GRNMA. • Introductory meeting with Ghana Health Services (GHS), MoH, PPME, University of Ghana School of Nursing, Ghana College of Nurses and Midwives, and NMC, GRMA, and GRNMA. • Broader stakeholder engagement with GHS, Chief Nursing and Midwifery Officers from five teaching Hospitals, White Ribbon Alliance (local), Nursing and Midwifery Associations, Nursing and Midwifery schools, MoH, WHO, UNFPA, USAID, Pediatric and Gynecological societies of Ghana, Christian Health Association of Ghana, and media.
Data	• National Health Workforce Account, data from DHIMS, NMC, etc., collected and analyzed. • Data from Ministry of Health (MoH) and GHS, and policy documents, collected and analyzed. • Partners developed a landscape analysis to identify priorities affecting nursing and midwifery.
Dialogue	• One major policy dialogue meeting with decision-makers from GHS, MOH, and WHO.
Decision Making	• Identified national priorities for strengthening nursing and midwifery over 24 months. • Key decision-makers were tasked with implementation.
Investment	• Three partner organizations received USD $10,000 each for FY2022 activities and will receive an additional US $10,000 each for FY2023 activities for internal coordination, convenings and broad membership engagement. • Additionally, Nursing and Midwifery Council will receive USD $15,000 for revision of the continuing professional development guidelines for Nurses and Midwives.

INDIA

Partners	Geographic Focus	Priority Issues
Indian Nursing Council The Trained Nursing Association of India State Nursing Councils All India Government Nurses Federation Society of Midwives India	National and State level	• Nursing Education • Nursing Service • Nursing Leadership • Nursing Jobs

Country Activities Mapped Against the Theory of Change

Broad Engagement	• Consultation meeting with USAID-India, WHO, and Indian Nursing Council. • National policy strategy meeting.
Data	• National health workforce account data collected, analyzed, and shared. • Data available from state nursing councils and nurses' registration and tracking system (NRTS-Live register).
Dialogue	• Four regional sensitization meetings held. • State consultation meetings held. • Regional policy dialogue workshops held. • State policy dialogue workshops held. • Continuous advocacy and policy dialogue with key policymakers at national and state levels. • Assam government asked to prepare vision document for strengthening nursing and midwifery in the state.
Decision Making	• Identified national priorities for strengthening nursing and midwifery. • Identified and prioritized state-specific policy priority list. • Created core working groups at states to ensure continuous advocacy with key policymakers. • MoHFW has issued draft guidelines to improve working conditions for nurses. • Chief Minister of Goa agreed to establish Nursing directorate and creation of 4 new nursing leadership positions (1 Nursing Director, 3 Deputy Directors in the State).
Investment	*The India policy dialogue process was supported by multiple stakeholders and influenced the investments detailed below:* • World Bank invested USD $3.5 million in Assam to strengthen nursing cadre. • World Bank invested in Meghalaya, Nagaland, and Mizoram to strengthen HRH. • MoHFW investing Rs. 47 million to establish a Centre of Excellence in RAK College of Nursing, Delhi. • Government of Madya Pradesh investing Rs. 230 million to establish a Centre of Excellence for N&M education in Bhopal, MP. • Establish 157 new nursing colleges in collaboration with medical colleges with an investment of Rs. 15.7 billion. • Mission Niramaya initiative by Governmentof Utter Pradesh to reform nursing cadre. • Government of Kerala investing to start two nursing colleges at Kollam and Manjeri and to increase enrollment in existing government nursing colleges.

MADAGASCAR

Partners	Geographic Focus	Priority Issues
Human Resources Directorate Direction of Paramedical Training Institutes Faculty of Medicine of Antananarivo National Institute of Public Health National Order of Nurses of Madagascar National Order of Midwives of Madagascar Union of Nurses and Midwives of Madagascar Association of Paramedics of Madagascar National Association of Midwives of Madagascar Pedagogical advisers of public institutes Representatives of Private Institutes Representative of Basic Health Centers and Hospitals	National level	• Nursing Education • Nursing Service • Nursing Leadership • Nursing Jobs

Country Activities Mapped Against the Theory of Change

Broad Engagement	• Joint meeting with MoH Human Resources and Training Institute Departments to establish dialogue preparation committee.
	• 28-member Core Policy Dialogue Committee established.
	• MOMENTUM and USAID Country Mission meetings held.
	• Weekly working meetings held for 10 months with the core team.
	• Three capacity development sessions held:
	  • Facilitation skills
	  • SMART advocacy
	  • Developed evidence briefers.

Data	• Data collection tools developed and validated by core committee. • Desk review of secondary data from government and private sector. • Conducted situational analysis with secondary data review plus qualitative data collection with 230 midwife and nurse interviews. • Validated data on number of graduates from public and private training institutes from regional Paramedic Training Institute and professional orders.
Dialogue	• Three national policy dialogue meetings with core committee. • National dialogue planned for April 2023 with primary national stakeholders, including National Assembly, Ministry of Health, Ministry of Higher Education and Scientific Research, civil society organizations, and financial and technical partners such as World Bank, USAID, and United Nations.
Decision Making	Anticipate priority commitments: • Working conditions • Governance and leadership • Regulations • Education and in-service training.
Investment	Landscape analyses were used to shape the priorities, which led to the following investments: • USAID Madagascar invested USD $1.4 million to support strengthening human resources for health, including follow-up policy dialogue scope for 2023-2024. • World Bank to contribute USD $5 million linked to preservice training, including unique exam and licensing system.

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