



When Women Lead,
Transformation Follows

Letter from the CEO

Dear Friends,

Over the last two years, as we grappled with a global pandemic, we have been reminded daily that the resource inequities in health are tremendous—and inexcusable. The pandemic has tried and tested all of us. At Seed Global Health (Seed), it has also heightened our commitment to continue strengthening the health workforce to ensure quality, dignified care for every person where and when they need it.

Amid the constant disruptions and uncertainty of the pandemic, **women—who make up a majority of the health workforce but are often left out of leadership positions—have continued to light the path to more equitable, healthier communities. They have been at the frontlines—providing care at the last mile, training the next generation of providers, advocating for their communities, and championing supportive policies.**

Through our partnerships and work, Seed has intentionally aimed to raise the voices, ensure recognition, and promote the impact of these women leaders. In the first season of our podcast, Patterns

& Meaning, women nurse and midwife leaders discussed what it will take to decolonize global health and ensure equity. Through their perspectives, they challenge all of us to imagine and act ambitiously, aiming to treat not just today's problem, but solve for tomorrow's by addressing the root causes.

In Malawi, we collaborated with midwifery pioneers to reinstitute the country's first midwifery-led maternity ward to ensure women get respectful and responsive care. In Sierra Leone, our team of midwife educators joined the midwifery faculty at the School of Midwifery, Makeni to train the institution's students in providing quality and contextual maternal and child health services.

In Uganda, women emergency care physicians, supported by Seed, continued to advocate for investments in a nationwide emergency care system and the training of emergency care providers. In Zambia, we helped graduate the first family physician from the University of Zambia's inaugural Family Medicine Master of Medicine Program class. She will reinvest her new skills and experience to

support the program as a lecturer.

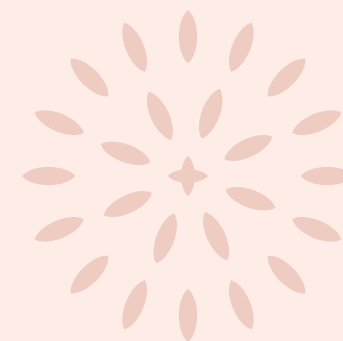
Evidence from the past two years and beyond has taught us that health care is about investing in people for the long-term. It starts with a deeper and proactive appreciation of the power of health for our wellbeing, investments in the health workforce and women's leadership, and action to close the inequity gaps that hold us all back.

In our 2021 reflection, we invite you to see the transformation that follows when women lead. Together, we are challenging the status quo and improving health outcomes where people live, work, and play.

In solidarity,

Dr. Vanessa Kerry
CEO, Seed Global Health

Illuminating the Way Forward in Global Health



If we are looking to achieve global health goals, we should begin to address some of the gender inequalities.

ANULI ISICHEI



Involve African health professionals in health programs and ensure that their views are taken into consideration because they best understand their communities.

IRENE ATUHAIRWE



Striving for excellence should always underpin our work as we save our communities.

BONGI SIBANDA

In 2021, Seed launched our podcast, **Patterns & Meaning!** The podcast centers the voices of health professionals across Africa who are at the front lines of providing care in their communities but are often left out of global health conversations and decision making. Through their stories, we find meaning in patterns; connect history to the present; and illuminate the way forward in global health.

Our first season focused on decolonizing global health—from efforts to identify community needs to curriculum development to program design to policy making to funding. It featured women nurses and midwives who shared their perspectives on what it will take to deconstruct the narratives, structures, policies, and power dynamics that have perpetuated inequities and build a system that truly ensures health for all.

It is our hope that from the conversations on Patterns & Meaning, we will develop a new playbook for global health—one that centers the realities, experiences, and expertise of communities; follows their lead; and is responsive to their needs.



Malawi

Transforming Maternity Care

Over the last two years, Seed has partnered with Kamuzu University of Health Sciences to turn what started as an idea—a seed planted by Dr. Elizabeth Chodzaza, Dr. Ursula Kafulafula, Mrs Judith Chirwa, Mrs Christina Mbiza, and Ms. Linda Robinson—into reality. Catalyzed by the leadership and vision of the five midwives and their colleagues, we have supported the creation of a midwifery-led ward to transform maternity care—one student, one midwife, and one patient at a time.



Dr. Elizabeth Chodzaza, Dean – Faculty of Midwifery, Neonatal and Reproductive Health Studies at Kamuzu University of Health Sciences **and Tiwonge Moyo**, Country Director, Seed Global Health outline the importance of the midwifery-led ward.

Two years ago, Kamuzu University of Health Sciences (KUHeS) partnered with Seed Global Health to transform maternity care nationally through reinstituting our country's first and only midwifery-led maternity ward. On 4th November, the new Limbe Health Center Maternity Unit (LHC) opened at last. **Through our collaboration, we have created a women-centered birth environment where expectant mothers will receive high-quality services. The ward will also enable university faculty and practicing midwives to model, teach, and practice respectful and responsive maternal care.**

The COVID-19 pandemic has underscored the importance of investing in health and specifically in health professionals—like the midwives in Limbe—who are not only the backbone of strong health systems but also the key to delivering health for all. Too often,

they lack the support and resources that they need to provide compassionate care. But when we focus on care providers—a majority of whom are women—and intentionally invest in them, our successes can reverberate beyond health to economic prosperity and national security.

That starts with the facility itself. With more than 250 deliveries every month in the old ward and more anticipated in the new one, we took everyone's needs into account—patients, students, and midwives. Previously, LHC had just one shower, several broken toilets, blocked plumbing facilities, non-functional sink basins, malfunctioning electric systems, and a lot of cramped rooms. Following the renovations over the last few months, we now have a ward with updated plumbing, demarcated spaces for midwives and patients, and patient beds that are conducive for antenatal assessments, delivery, and recovery.



Dr. Elizabeth Chodzaza,
Dean – Faculty of Midwifery, Neonatal
and Reproductive Health Studies,
Kamuzu University of Health Sciences



For patients, this new and improved LHC will offer an unprecedented standard of care. From facilities to staffing, women can expect to get prompt triage service and expert prenatal, neonatal, and postpartum care, delivered by well-trained and well-resourced midwives.

For KUHeS School of Midwifery and midwifery students from other training colleges as well as in other specialties—LHC brings much-needed hands-on education. With centralized care and training available, students will learn directly how to navigate common challenges while understanding the systemic factors at work. They will be taught how to identify and make timely decisions on complex cases and quickly refer high-risk patients to Queen Elizabeth Central Hospital for specialized care.

Through the ward, the students will learn more about maternal care firsthand and graduate into their careers with a deep understanding of what excellent, empowered midwifery care should be and how it enhances women's health and wellbeing.

Maternal mortality remains unacceptably high in Malawi. We can do better, and this facility is an essential first step forward. Quality of care matters, and in a country that simply does not have enough obstetrician-gynecologists, we must train and mentor skilled midwives who can

emanate from Blantyre to every community in our country and emulate the high-quality care provided here. **Already, LHC is the only facility of its kind in Malawi and the second in the region, so the potential is enormous, and we are ready to seize the moment.**

Healthcare delivery is ultimately, at its core, a human-centered intervention. To effectively tackle maternal and neonatal health challenges in Malawi, we must invest in people—the midwives at the forefront of providing care to mothers and babies. The evidence is clear. By strengthening midwifery education and training and providing a conducive environment for midwives to practice, we can avert more than 80% of maternal deaths, stillbirths, and neonatal deaths, according to the World Health Organization. When we have a well-trained and well-connected community of midwives deployed throughout the country, we will see a true sea change in women's health.

That's what we're striving for. This is what we want to do. Together, we can make sure midwives are well-supported in their education, practice, and through policy so that they can provide mothers with respectful and responsive care, save lives, and improve health outcomes.

A version of this opinion piece was originally published in Malawi's The Daily Times on November 2, 2021.



Sierra Leone

Enhancing Maternal Health

Sierra Leone has one of the highest child and maternal mortality rates in the world, despite over 90 percent of women delivering at health facilities. To help address this, Seed has partnered with the Ministry of Health and Sanitation and School of Midwifery, Makeni to make critical investments in midwifery education and practice.





Chrisencia Owoko, Seed Midwife Educator

Last year, Seed partnered with the School of Midwifery, Makeni (SOMM) to scale up the training of midwives and transform care for women, newborns, and children. We placed three Seed Educators to work alongside midwifery faculty at the institution. Together, they strengthen the breadth of midwifery education and enhance midwifery skills through clinical mentorship, training, and professional development opportunities.

Among the educators is Chrisencia Owoko, a nurse-midwife from Kenya. “Sierra Leone has few midwives in relation to the population they serve, even though they are the majority of healthcare workers taking care of our women during the antenatal, intrapartum, and postpartum periods,” she explains. “Training midwives is key, and also important for sustainability: the midwives we educate will in turn transfer their knowledge to the next generation.”

Since 2010, SOMM has trained as many as 70 certified midwives every year, nearly all women. Most alumni work in peripheral health units and other non-hospital settings in underserved and rural areas. SOMM also maintains strong ties with its alumni, often retaining them as mentors and preceptors for current students. The school’s approach to



compassionate, evidence-based, patient-centered care saves lives and engages whole communities.

“This program is unique because it is like a 4-in-1 model of training that empowers everyone involved in the care of the women either directly or indirectly to ensure quality of care, and simultaneously allows challenges that arise to be addressed in a more specific way,” Owoko says. “I believe that with this approach, positive outcomes might be realized sooner, as opposed to concentrating on one cohort or leaving out the clinical staff and preceptors, who should technically transfer knowledge and skills to trainees.”

By building a strong midwifery practice and a network of midwives committed to growing the next generation of providers, SOMM has created a lasting response to maternal health challenges. **Seed’s collaboration with the institution has helped augment the school’s educational and clinical practices and fostered additional avenues for Sierra Leonean midwives to connect with their counterparts across the globe.**

“Midwives from other countries are more likely to teach evidence-based practice and to benchmark with the best healthcare institutions that offer the same services,” notes Owoko. “Midwives are also more likely to listen and trust fellow midwives.”

In the last year, Owoko and her fellow Seed Educators, Jennifer Neczypor and Jenny Rose Wilson, have worked at clinical placement sites and SOMM itself, training students on everything from risk-based antenatal assessments to the use of emergency kits and running simulations. Their presence and ideas have been welcomed, with their colleagues already reporting improved communication and collaboration. In one case, they recognized an opportunity to enhance team communication at Makeni Regional Hospital and helped establish a useful morning staff huddle.



“Experienced midwives are also more likely to bring ideas that have worked well in their own countries, and since they were part of the changes, they can help replicate or modify those changes to the existing context,” Owoko reflects. “There is a lot of similarity between Kenya and Sierra Leone in terms of culture, healthcare challenges, and environment. Having women like us—who are willing to go the extra mile, and who they count on for support to help them better themselves and make a difference in the care given—means a lot to the midwives and students I have interacted with.”

Looking ahead, Seed continues to work with the Government of Sierra Leone, through the Ministry of Health and Sanitation, to make transformative investments in human resources for health and infrastructure in order to improve health for all Sierra Leoneans.

As for Owoko, she remains committed to training the next generation. “I would say the maternity unit is one of my homes; seeing mothers and their families happy gives me indescribable joy. More competent and compassionate midwives will ensure that more women have good birth experiences. Eventually, there will be even better outcomes and a reduction in maternal and neonatal mortality rates. That can only mean that investing in Sierra Leone’s women to take care of their women is worth all the effort.”

She adds, “I was also inspired by some great midwives that mentored me to be what I am today. Some of the students have expressed interest in teaching and many have said that they hope to be good trainers like us. Isn’t that beautiful and encouraging?”



Uganda

Investing in Emergency Care

Medical emergencies are a leading cause of morbidity and mortality in Uganda. Contributing to the problem is a shortage of emergency care providers. Additionally, there are limited programs for training and not enough emergency care faculty to train specialists and provide leadership. A strong emergency care system can address the wide range of common medical, surgical, and obstetric conditions that burden the country. The key to creating that system is to increase the capacity of the health workforce.



Mass Casualty Simulation,
Kampala



Dr. Justine Athieno,
Emergency Medicine Specialist
and Clinical Assistant Lecturer

Uganda has been at the forefront of developing and implementing innovative public health strategies, enabling it to make significant strides in improving the health of its citizens. The establishment of emergency medicine as a distinct field of practice—including a dedicated training pipeline, physical infrastructure, and established national policy protocols—is critical in that change.

In 2017, Seed partnered with the Mbarara University of Science and Technology (MUST) to launch an emergency medicine residency program and began advocating for the Ministry of Health to direct funding toward emergency care training. By 2020, despite the COVID-19 pandemic, the program had its own cohort of graduates—Uganda’s first emergency physicians trained in-country.

Most people coming into a Ugandan hospital need emergency medicine, explains Dr. Justine Athieno, who was part of that first cohort. “Those first 15 minutes determine the outcome for most if not all patients... and they could land in critical condition, if the person working with them isn’t skilled enough to diagnose and treat what’s wrong.”

The hands-on, high-speed training this residency provides is essential in preparing any medical care provider for the kinds of work they will almost certainly face in the field. In 2019, the Ministry of Health, Seed, and emergency care professional associations held a mass casualty simulation, wherein trainees had to rescue

52 people from a multi-car accident—with all the details, stressors, and complications such an emergency demands. In this scenario, medical students had to not only “diagnose” and “treat” model patients but also had to work alongside other non-medical emergency workers, deal with police, and manage survivors. For Ugandans, undergoing this training in-country—and in emergency care—is especially vital.

“We have unique needs, and most of our healthcare practice tries to forge ways around so many resource limitations,” explains Dr. Athieno. “So, if you train out of the country, in a resource-rich system, you might find it very difficult to practice here. But if you’re in Uganda, you’re able to get exposed to different gaps—both in resources and in advocacy. When you’re training, you’re also talking about what emergency medicine is about.”

Dr. Athieno was prepared to go to South Africa to pursue her medical education—but thanks to the partnership between Seed and MUST, that wasn’t necessary. “In my home area, we had very few doctors, and I wanted to close that gap,” she recalls. Dr. Athieno became active with Seed during her residency, joined the organization’s advisory board, and with the support of Seed, now serves a clinical assistant lecturer, which allows her to instruct a new generation of emergency physicians while still practicing medicine herself day to day.

Ugandan doctors are steadily closing the



Dr. Athieno demonstrates paediatric assessment to paediatrics and child health residents during a training on paediatric advanced life support at the MUST Sim Centre

resource gaps that persist—and women like Dr. Athieno are leading the way.

In addition to enhancing training, in 2020, Seed facilitated the secondment of a technical advisor, Dr. Annet Alenyo Ngabirano, to the Ministry of Health's Department of Emergency Medical Services. Through this support, the Ministry—which itself is led by another female physician, the Honorable Dr. Jane Ruth Aceng—has reached many milestones and set strategic targets towards strengthening the country's emergency medical services (EMS) system. These have included resource mobilization; capacity building through contextualized training curricula for critical care, emergency department, and ambulance teams; and operationalization of a regionalized approach to EMS service delivery. Our partnership also culminated in the release of Uganda's first-ever National Emergency Medical Services Policy which provides the governance and legal framework for EMS in the country. With this framework in place, a functional emergency care system can become a reality.

As the international community continues to advocate for women in the health workforce, Dr. Athieno is pleased to reflect on the particular role women have played—and continue to play—in realizing these changes throughout Uganda. Historically, she notes, though women have always practiced medicine, they were typically relegated to assistant roles and female nurses were expected to defer to male leadership.

"I was born in a family of only girls," she recalls, "and my gratitude goes out to my parents, who were very supportive of us in a world where boys were seen as the only 'real' children. So, one of the things that pushed me to actually think about medicine was to challenge the status quo—I loved science and wanted to be someone who could actually inspire girls."

Today, there are more Ugandan women in emergency care than there are men; they're catching up as surgeons, too, as well as in other specialties that have long been male-dominated. Women who are nurses now also have more opportunities to pursue advanced life support training, graduate studies, and leadership roles.



Zambia

Strengthening Primary Care

In 2010, a group of educators at the University of Zambia (UNZA) began working to create a post-graduate training program in family medicine. Seed partnered with the UNZA Family Medicine Working Group and the Ministries of Health and Education to help design the program. Our collective goal is to develop the next generation of family physicians who can provide comprehensive, continuous, high-quality care to patients at all stages of life.





In 2021, Dr. Mpundu Makasa, who was part of the UNZA Family Medicine Working Group, and one of the first students of the Family Medicine Master of Medicine (MMed) program, completed her coursework. She recently graduated and will reinvest her newfound skills in supporting the program as a lecturer and clinical teacher. Dr. Makasa spoke to us about her experience and the investments needed to advance gender equity within the health system.

Please tell us a little bit about yourself. What inspired you to pursue a career in family medicine?

I joined the University of Zambia as a faculty member in the School of Medicine's Department of Community Medicine. At the time, the school was looking to start a training program in family medicine. I was asked to join and serve as chairperson on the family medicine working group, even though I had no prior training in the field. Fortunately, there was a family physician, Dr Jim Sanders, from Medical College of Wisconsin, who was on sabbatical and had dedicated his time to work with the group on developing the curriculum. Collaborating with him to complete this process gave me insight into what family medicine is. As part of our planning, we visited countries in the region that have family medicine programs to learn firsthand the different implementation models.

In addition, I was connected to the Primary Care and Family Medicine Network. I had the opportunity to present at the network's conferences and talk about the preparatory work for our program. I met marvelous people in this field and got tremendous encouragement and support. Through those interactions, my understanding of and passion for family medicine grew even more. This motivated me to go on to pursue it.

Describe your experience in the family medicine MMED program at the University of Zambia—as a person who was involved in its development, is a member of the inaugural cohort, and is now set to be its first graduate.

Having been part of the process of developing the program and moving on to being a learner was interesting. I quickly had to adjust from being the chairperson. It was also quite a transition getting back to clinical practice, but I have enjoyed every bit of it. I found a connection with my previous work—even though family medicine is a clinical discipline, it interfaces with public health which complements my background.

Through the program, I have received point-of-care ultrasound (POCUS) training. This has equipped me with the skills and expertise to leverage this tool to make immediate clinical decisions that improve care quality and patient outcomes.

I love the discipline's diversity and holistic, as well as biopsychosocial approach to patient care. I look forward to being the first graduate of the program in Zambia and contributing further to its growth and the fraternity in the country.



Dr. Mpundu Makasa,
Clinician and Public Health
Practitioner

What has been your most memorable experience within the program?

There have been many wonderful experiences. The most memorable is when we, as a program, undertook a 5-day outreach activity to a rural part of Zambia. While there, we screened and treated over 700 hundred patients. It was hectic but very fulfilling—we provided care to poor and vulnerable individuals that ordinarily have limited access to health services.

COVID-19 has underscored the importance of investing in the health workforce. It has also exposed gender inequities within the workforce. In your experience, what are the unique challenges that women health workers face within the context of the pandemic?

Women make up a majority of the healthcare sector. As such, they are disproportionately more exposed to COVID-19 than men, putting them at a higher risk of contracting the virus. In addition, during the pandemic, most health facilities have been overwhelmed with patients, putting providers, who are mostly women, under a lot of stress. This is compounded by their care duties that extend to their homes.

What must be done to address these challenges immediately and for the long-term?

One measure is to have shortened working hours for health workers and provide them with personal protective equipment to minimize the risk of infection. There is also a need to assess the impact of COVID-19 on mental health among health workers, especially in women, and based on the findings, develop programs to address these issues.



The long-term solution is to have preparedness plans and resources available to support preventative and control programs for COVID-19 and any future health crises.

From your experience, what investments are needed to advance gender equity and women's leadership within the health system?

Cultivating a leader starts from a tender age. To advance gender equity and women's leadership within the health system, it is important to empower the girl child through education, especially in rural areas. We need to continue sensitizing our communities against early marriages and gender stereotypes that assume that women are less capable or inferior in any way. We also need to increase role modeling and mentorship programs—both are important for developing more women leaders.

Lastly, what advice would you give to women in Zambia who want to pursue a career in family medicine?

It is a great field. You'll be trained to become a multiskilled provider who can care for patients across all ages, sexes, and disease groups. It is a specialized discipline but like other disciplines, you can pick an area of concentration depending on your interests. Specialists can work as hospitalists or in out-patient settings in both public and private practice and have very successful careers while maintaining a good work-life balance.



Thank you for your commitment
to Seed.



*Sharing Knowledge,
Strengthening Health Systems,*

**SAVING
LIVES** 

It is support from individuals like you that enables us to share knowledge, strengthen health systems, and save lives. Here's a look at all that your support enabled us to achieve in 2021: **WATCH TODAY!**

For more information, please contact us at:
communications@seedglobalhealth.org or
visit our website: **www.seedglobalhealth.org**