

THE NEED

Each year, an estimated 300,000 women and three million newborns die from complications during pregnancy, childbirth, or other neonatal causes. Almost all of these deaths occur in low-resource settings, and most are preventable with low-tech, low-cost care.¹ Lack of appropriate and skilled workforce is considered to be one of the major reasons for high maternal and newborn mortality in many countries, as well as for countries in conflict or just emerging from conflict where almost 60% of maternal deaths take place.

92% of global maternal and newborn deaths and stillbirths occur in low and middle income countries where only 42% of the world's medical midwifery and nursing personnel is available to women and newborn infants.

-(The State of the World's Midwifery 2014)

The WHO advocates for skilled care at every birth by an accredited health professional – such as a midwife, doctor or nurse – who is educated, trained and proficient in skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns.² UNFPA also asserts that 61% of maternal deaths, 49% of fetal deaths, and 60% of newborn deaths could possibly be avoided if all women deliver with a midwife in a fully functioning facility offering basic emergency obstetric and newborn care (BEmONC).³

A midwife can identify pregnancy and childbirth complications early and can provide first-line management, BEmONC. S/he can also prompt timely referral to higher-level care, which reduces the delay to the next level of care and allows for more efficient services along the continuum. Midwives are considered an effective solution to most of the reproductive health challenges, providing high quality sexual, reproductive, maternal, and newborn healthcare in all countries. If adequately trained, they can provide antenatal care, family planning, screening and voluntary counselling, testing for sexually transmitted infections including HIV, assistance at delivery, as well as postpartum care together

with newborn care, breastfeeding support, and post-partum family planning.⁵

EXPERTISE: MIDWIFERY AND FRONTLINE HEALTH WORKER TRAINING APPROACH

International Medical Corps' 30 years of experience delivering health care and capacity building makes it uniquely qualified to address the challenges of providing quality training to midwives and other birth attendants, especially in crisis-affected countries. Since 80% of those affected by war, conflict, and natural disaster are women and children, International Medical Corps places maternal and newborn health at the center of its emergency response as well as its development programming. In 2015, International Medical Corps ensured that 125,633 women made at least four antenatal care visits during pregnancy, and provided skilled attendance to more than 63,915 deliveries. In addition, it enrolled 8,540 participants in trainings on maternal and newborn health, family planning, and emergency obstetric and newborn care, and admitted 39,547 pregnant women and nursing mothers into special nutrition programs. International Medical Corps also supported 1,979 health facilities, 33% of which are equipped to provide basic emergency obstetric and newborn care (BEmONC), while 17% support comprehensive emergency obstetric care (CEmONC).

During an emergency, the Minimum Initial Service Package for reproductive health (MISP) informs International Medical Corps' approach to preventing excess maternal and newborn deaths. Once a crisis abates, the organization supports national health systems at every level—from community to health facility—through pre-service and in-service training, supportive supervision, community outreach and mobilization, and social and behavioral change. In order to ensure quality care during future emergencies, International Medical Corps has introduced curriculum modules not traditionally part of midwifery education, such as the MISP for reproductive health in crisis and clinical management of rape to respond to the health needs of survivors of gender-based violence. A module for mental health and psychosocial support is under development.

Investing in midwifery education could yield a 16-fold return on investment in terms of lives saved and costs of caesarean sections avoided, and is considered a "best buy" in primary healthcare.

-(The State of the World's Midwifery 2014)

¹ *Maternal Mortality - Fact Sheet.* http://www.who.int/mediacentre/factsheets/fs348/en/.

^{2 &}quot;Skilled Birth Attendants." WHO. N.p., n.d. Web. 11 Aug. 2016.

³ Page, Lesley A. "The State of the World and Modern Midwifery." Women and Birth 24, no. 4 (2011). http://www.unfpa.org/sites/default/files/pub-pdf/en_SOWMR_Full.pdf.

⁴ C.b.e., Lesley Page. "Commentary On: The Lancet Series on Midwifery – Midwifery and Midwives: Lives Saved and Better Lives Built." Midwifery 30, no. 11 (2014). http://www.thelancet.com/pb/assets/raw/Lancet/stories/series/midwifery/midwifery_exec_summ.pdf

⁵ Midwifery Services Framework - Guidelines for Developing SRMNAH Services by Midwives. March 15, 2016. http://www.internationalmidwives.org/assets/uploads/documents/Manuals and Guidelines/MSF for field-testing, 17Mar15.pdf



International Medical Corps conducts in-service training on a range of reproductive, maternal and newborn care topics including BEmONC. International Medical Corps recently conducted competency-based training on BEmONC in the Democratic Republic of Congo (DRC) and Liberia. The Liberian Ministry of Health (MoH) expressed great interest in incorporating the training package developed by International Medical Corps into their training programs.

International Medical Corps has significant experience in supporting and strengthening health workforce development through pre-service education. This work began in 2002, when International Medical Corps started a community midwifery program in collaboration with Jhpiego in Afghanistan, which was followed by a nursing education strengthening project in Libya in collaboration with Johns Hopkins University School of Nursing. International Medical Corps supports midwifery education in South Sudan in collaboration with the Ministry of Health and UNFPA.

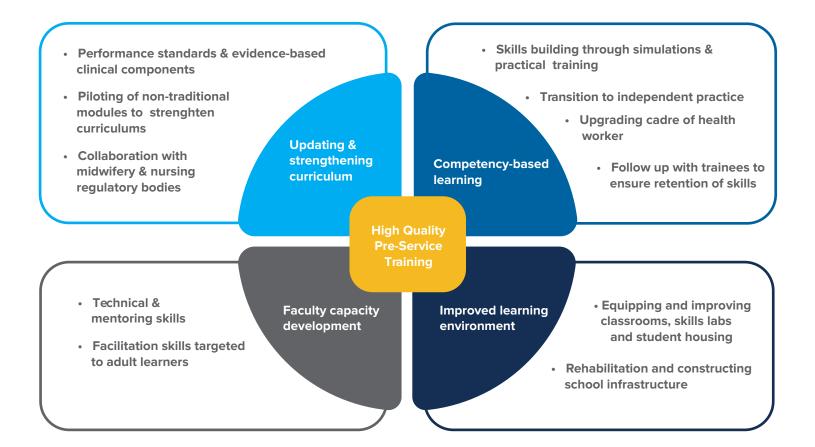
Building on our experiences in South Sudan, Afghanistan, and elsewhere, International Medical Corps works with ministries of health to strengthen and expand quality preservice training programs for midwives, nurses, and other health professionals through:

 Curriculum strengthening: International Medical Corps evaluates, updates, and strengthens existing midwifery and nursing curricula to include performance standards and evidence-based practices; and also works with ministries of health to pilot, evaluate, and integrate new components into national curricula, health plans, and training programs.

- **Competency-based learning:** Theoretical training is combined with skills labs and supervised practicums in the clinical setting.
- Infrastructure support and strengthening: To ensure a conducive learning environment, International Medical Corps equips, builds or upgrades classrooms, skills labs, and housing facilities.
- Faculty capacity strengthening: International Medical Corps recruits skilled international midwifery tutors who are mentoring national tutors in order to build a cadre of national midwifery tutors.

Midwives who are educated and regulated to international standards can provide 87% of the essential care needed for women and newborns.

-(The State of the World's Midwifery 2014)



EXPERTISE: MANAGEMENT OF MIDWIFERY SCHOOLS

International Medical Corps is currently managing three well-equipped midwifery schools in South Sudan and one in Afghanistan. Critical to their success is ensuring safe, well-equipped spaces for classrooms and practical learning with basic amenities for trainees. Through a range of interventions, International Medical Corps strives to attain and maintain international standards for midwifery education as set forth by the International Confederation of Midwives (ICM). Below is a brief description of some of these efforts:

Organization and Administration: Quality instruction and proper school administration and management is ensured through careful consideration of national and international guidelines, and collaboration and partnerships with local ministries of health, linkages with nearby hospitals and health facilities for clinical practicums, national midwifery associations, UNFPA, WHO, and other NGOs/INGOs working in health sector. International Medical Corps leverages such collaboration to create or contribute to strengthening of advisory boards, operational and strategic plans, and budgets, and to ensure that curricula meet national and international standards. International Medical Corps also ensures that the schools have enough budget and budget controls to meet training programs requirements.

Midwifery Faculty: Faculty typically have two years of practical experience, formal preparation for teaching as well as all relevant licenses and registrations. Personnel as well as leadership support is provided through guidance,

mentorship, and performance monitoring. Their expertise and enthusiasm in sharing their knowledge and skills with the students in an interactive and supportive manner creates an enabling environment for students. Simultaneously, International Medical Corps-supported schools encourage faculty to participate in professional workshops and trainings to continue learning update their knowledge and hone their skills.

Student Body: Every school has clear admission policies outlining entry requirements for each course, recruitment processes, selection processes, and mechanisms for taking prior learning into account. Eligible candidates are admitted without prejudice or discrimination in keeping with the national health care policies and maternity workforce plans.

Curriculum: In collaboration and support of Government Ministries, International Medical Corps trainers and educators contribute to curriculum development and revisions. Additional modules are developed in response to specific needs identified.

Resources, Facilities, and Services: To create an effective clinical learning environment, medical equipment and supplies are provided based upon the needs while trained preceptors or clinical trainers supervise the students.

Assessment Strategies: International Medical Corps has ensured regular and efficient monitoring and evaluation plans for each school to measure students' performance and progress in learning.



SCHOOLS

South Sudan

South Sudan has one of the highest maternal mortality rates in the world 789 per 100,000 live births,⁶ and one in each seven expectant mothers is likely to die during child birth.⁷ Children and newborns are at even greater risk; 25% of whom die of common and often preventable causes before reaching their fifth birthday. A prolonged civil war before independence severely damaged the country's

health system and infrastructure. According to WHO, there is a serious shortage of all categories of trained and skilled health professionals including physicians (1 per 65,574 population) and midwives (1 per 39,088 population). The

distribution of available health professionals is uneven and inequitable which makes access to health services even more difficult for the populations living in rural and hard to reach areas.

Since 2013, International Medical Corps is managing and supporting three midwifery training schools in South Sudan namely: Juba Nursing and Midwifery College (JCONAM) in Juba and Kajo Keji Health Sciences Institute (KKHSI), and The Wau Health Sciences Institute (WHSI). Training programs are packaged according to the local context and capacities. The courses are designed to equip the health workforce with much needed skills suitable to their educational and professional background. Various pedagogical approaches are being used to emphasize the skills needed to be successful midwives and nurses. Students' learning in the classroom setting is supplemented with demonstrations and practice sessions in the skills laboratory. Through these trainings, International Medical Corps seeks to reduce maternal, neonatal, and child morbidity and mortality rates in South Sudan by increasing the number of skilled birth attendants in the country.

⁶ Maternal Mortality in 1990-2015

⁷ IRIN. "South Sudan Has the Worst Reported Maternal Mortality Rate in the World." IRIN - The Inside Story on Emergencies. http://www.irinnews.org/report/95900/south-sudan-biggest-threat-womans-life.



Each of the schools in South Sudan offer the following: Classrooms for lectures and discussion; faculty and administrative offices; a library and computer lab with internet service for research and multi-media learning; and a simulation lab to learn techniques prior to the clinical practicum. The simulation lab offers useful learning aides such as obstetric, internal organ, fetal and newborn mannequins, the latter with bag and mask for resuscitation, a female adult skeleton, an ObGyn birthing simulator, and a delivery kit. The schools also provide residential facilities to accommodate trainees coming from distant locations offering them safe and appropriate living spaces while they are being trained. The courses offered in each schools are:

- Diploma in midwifery: 3-year midwifery diploma program, which also includes research, management and leadership trainings
- Enrolled midwifery program: 2.5-year certificate program, same as the above diploma program except it does not include management and leadership trainings, and research
- Diploma in nursing: 3-year training and practical training course in nursing
- Bridging groups: 1-year training program for community midwives who had been practicing midwifery in their

communities for some years, but are not registered due to their educational background program no longer offered after November 2016

Commitment to constant improvement and upgrading the standards of these schools is demonstrated through ongoing evaluations and addressing of any gaps and issues that arise. In collaboration with the Ministry of Health and UNFPA, International Medical Corps developed strategic plans for all three schools in order to establish a sustainable and cost-effective approach to pre-service midwifery and nursing education. The plans outline all the details of program development and revision, accreditation, faculty and professional development, budget and funding, and graduate outcomes along with other important aspects of training program management.

The Juba College of Nursing and Midwifery (JCONAM) was established in May 2010 as the first College of Nursing and Midwifery in South Sudan. However, International Medical Corps' support to administrative, financial, and academic operations of the college began in July 2013. So far, 113 students have graduated from JCONAM's diploma midwifery and diploma nursing programs—59 diploma nurses and 54 diploma midwives. Currently, 82 students are enrolled in the two programs with many more expected to join in 2016.

The diploma midwifery curriculum meets all ICM standards on essential competencies, including BEmONC. The diploma nursing curriculum meets standards set forth by the WHO African Scenario three-year Diploma Program curriculum, with new inputs including MISP, clinical management of rape and planned mental health and psychosocial support. Clinical practice takes place at the Juba Teaching Hospital, where students through clinical placements gain exposure to medical, surgical, pediatric, and obstetrics/gynecology units. Students also engage in clinical practice at Primary Health Care Centers in Juba to gain experience in primary care.

The Wau Health Sciences Institute (WHSI) for Nursing and Midwifery is a National Training Institute working under the MoH. It was established by International Medical Corps in 2012 as an enrolled midwifery institute in Western Bahr el Ghazal. With the support of its partners, International Medical Corps developed a Foundation Curriculum for students attending WHSI to strengthen English and mathematics skills. The school is currently transitioning from graduating Enrolled Midwives to Diploma Midwives and Nurses. To date, WHSI has graduated 19 Enrolled Midwives. Currently, 20 students are in the enrolled midwifery program, and 25 are enrolled in the diploma midwifery program. Teaching methods emphasize demonstration skills for practical application, and clinical practice which takes place

at Wau Teaching and Comboni Hospitals, where students

are placed in the maternity ward. Students visit four other

health centers for additional practical experience.

Kajo Keji Health Sciences Institute (KKHSI) is a National Health Training Institute established under the MoH in 2008. International Medical Corps started supporting the institute in 2012. A foundation course in the English language is offered at the institute to strengthen new students' language capabilities, and help them learn better. Various teaching methods are used to emphasize the different skills needed in midwifery. Students are taught in the classroom and through demonstrations, and handson practice. Students gain clinical experience at Kajo-Keji Teaching hospital, where a rotation plan between medical, pediatric, and gynecologic and maternity units has been developed with support from International Medical Corps. The institute has trained 47 midwives, 46 Enrolled Midwives, 20 nurses, 19 bridging group students, and 45 students from diploma in enrolled midwifery will graduate by the end of November 2016.

Afghanistan

A decade ago, in Afghanistan over 1,600 of every 100,000 women were dying of causes related to pregnancy- and childbirth-related issues. Due to a remarkable role played by the Afghan midwives, the current maternal mortality rate has dropped down considerably to 327 deaths per 100,000. This is still unacceptably high and calls for continuous improvements and investments in midwifery and health infrastructure. As mentioned earlier, International Medical

Corps' pre-service training support to Afghanistan began in 2002 with the community midwifery program implemented in collaboration with Jhpiego. It has trained more than 2,000 midwives over the last decade, making considerable contributions to the health workforce needed to reduce maternal deaths.

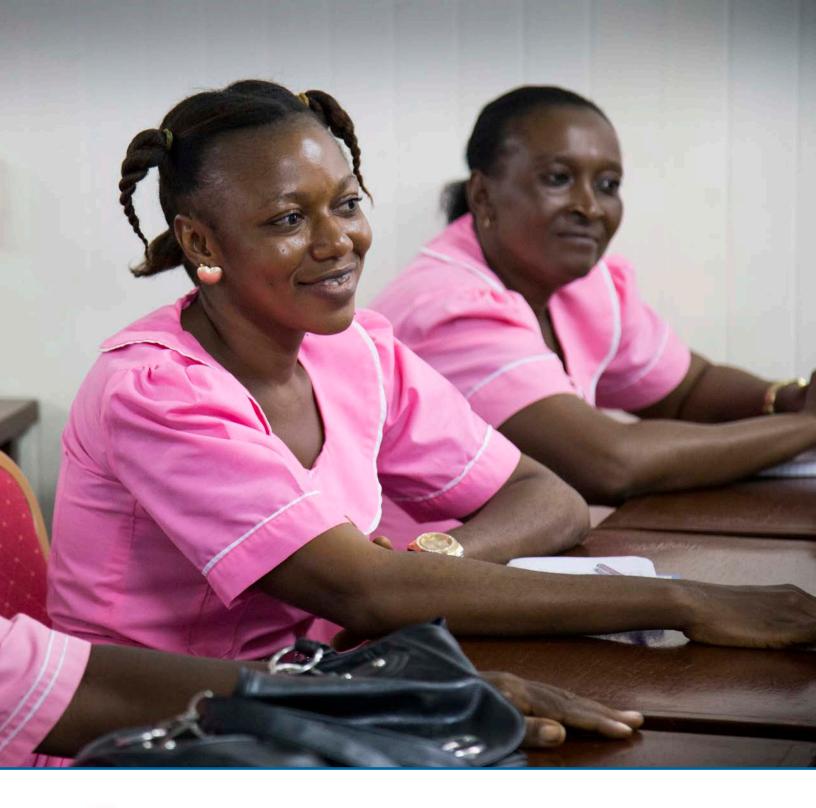
Recently, International Medical Corps, in collaboration with the Afghan Ministry of Public Health (MoPH) prioritized the training of female midwives and nurses from Nuristan province and rural communities as one of the components of System Enhancement for Health Action in Transition (SEHAT) project. Through this intervention, International Medical Corps continues to support efforts aimed at reducing maternal mortality and morbidity while improving the quality of care.

Community Midwifery Education and Community Health Nursing Education

International Medical Corps' most recent Community Midwifery Education (CME) and Community Health Nursing Education (CHNE) training programs for Nuristan Province began in 2014. The programs are in the process of training 43 females (23 in CME and 20 in CHNE training programs) over the course of two years. Due to serious security concerns in Nuristan, International Medical Corps conducts pre-service training in Jalalabad City of Nangarhar Province where it has built strong linkages and partnerships with provincial hospitals for practical training.

International Medical Corps in Afghanistan conducted a health workforce needs assessment in Nangarhar, before the start of the training program to come up with a clear deployment plan for graduating students in partnership with MoPH and AMNEAB in order to meet both demand and supply needs while; ensuring jobs are available for graduates in places where they are needed the most. Once the training program ends, International Medical Corps plans to hand over the midwifery and nursing school to Nuristan MoPH.

This training program is implemented in partnership with the Afghan Midwifery Nursing Education and Accreditation Board (AMNEAB) which plays an important role in providing the technical support to the training programs. AMNEB is currently providing help in assessments of midwifery and nursing schools, updating midwifery and nursing curriculum, and accreditation of to the midwifery and nursing training programs based on a final evaluation that will be undertaken at the end of the training program. The Midwifery School is also collaborating with the Afghan Midwives Association (AMA) in Kabul, and has received technical support, training materials, capacity building support for faculty, as well as external assessment and evaluation support for continuous improvement of the ongoing training programs.





www.InternationalMedicalCorps.org

Since its inception 30 years ago, International Medical Corps' mission has been consistent: relieve the suffering of those impacted by war, natural disaster and disease, by delivering vital health care services that focus on training. This approach of helping people help themselves is critical to returning devastated populations to self-reliance.

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