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## **THE IMPACT OF WELL-EDUCATED, TRAINED MIDWIVES:**

**Findings from an Evaluation of International  
Medical Corps' Midwifery Education Program  
in South Sudan**



**Midwifery saves lives. Educated, licensed and skilled midwives are associated with improved quality of care, increased service utilization and reductions in maternal and newborn mortality.**

## Background

Investing in midwifery could prevent two-thirds of maternal and newborn deaths globally, as midwives are trained to provide a range of sexual and reproductive health (SRH) services, including management of pregnancies and deliveries, antenatal and postnatal care, and contraceptive services. As the world's newest country, South Sudan has one of the highest maternal mortality ratios in the world, with an estimated 789 maternal deaths per 100,000 live births. Childbirth and pregnancy are the leading causes of death among women and girls in South Sudan due to the limited availability of quality services and skilled birth attendants. Estimates show that only 17% of births in the country are attended by trained health personnel.

International Medical Corps has sought to contribute to reductions in maternal, neonatal and child morbidity and mortality in South Sudan by increasing the number of trained midwives in the country. Since 2008, International Medical Corps has co-managed and supported three midwifery schools in South Sudan: Juba College of Nursing and Midwifery (JCONAM), Kajo Keji Health Sciences Institute (KKHSI) and Wau Health Sciences Institute (WHSI). The schools offer 30- and 36-month midwifery certificate and diploma programs that meet the standards established by the International Confederation of Midwives and include basic emergency obstetric and newborn care (EmONC). Since the inception of International Medical Corps' midwifery education program, 472 midwives have graduated from the three schools.

## Methodology

In 2022, International Medical Corps, in collaboration with the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative at Columbia University, conducted a cross-sectional mixed-methods evaluation of the midwifery education program to determine its strengths and weaknesses. This technical brief outlines the perceived impact of International Medical Corps' midwifery education program.

1. **Quantitative survey** of 314 midwifery graduates to determine where they are working, which services they feel prepared to provide and their satisfaction with their education.
2. **Key informant interviews (KII)** were conducted with school faculty (six interviews), clinical supervisors of practical training (four interviews) and Ministry of Health (MOH) officials (two interviews). Teachers and clinical supervisors were interviewed in dyads or triads.
3. **In-depth interviews (IDI)** were conducted with 15 graduates of the three schools who were working as midwives in or near Juba, Malakal and Wau. Interviews were also conducted with the current supervisor of each working midwife (15 interviews).
4. **Focus group discussions (FGD)** were conducted with nine current groups of female clients of practicing midwives in Juba, Malakal and Wau.

The Institutional Review Board of Columbia University and the Ministry of Health for the Republic of South Sudan determined the study to be exempt.

# Key findings

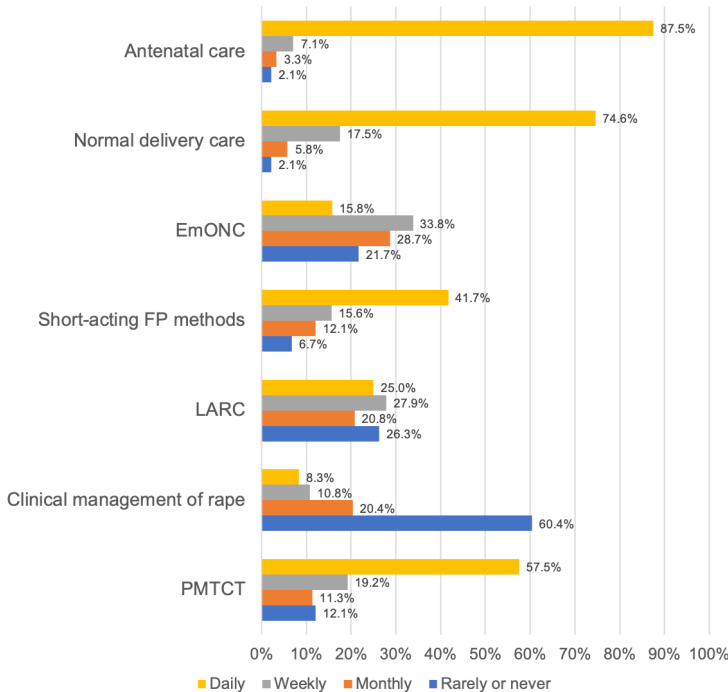
## Graduate midwife perceptions of the midwifery training program

Overall, 100% of the surveyed graduates reported that the quality of education received was good or very good, and 99.4% said they felt well prepared to begin work as a midwife. Clinical placements were most often reported as the element that best prepared them for work (60.1%).

## Frequency of graduate midwives providing SRH service in current practice

Most graduates reported providing key maternal health services like antenatal care, prevention of mother-to-child transmission of HIV (PMCTC) and managing normal delivery on a daily basis. Half provided life-saving basic EmONC and short-acting or long-acting reversible contraceptives (LARC) daily or weekly.

Frequency of providing SRH services in current practice (n=240)



## National-level impact

### Perceived decrease in maternal and newborn morbidity and mortality

Teachers, clinical preceptors, midwife graduates and their supervisors described a noticeable decrease in maternal and neonatal mortality in the last decade in South Sudan, partly attributing the reduction to the training program and the increased numbers of trained midwives in the country.

“The maternal mortality [ratio] was 2,054 at that time in 2008. ... Now we have 789 maternal mortalities. So, there’s a great improvement that has occurred. And why did it come like that? Because there are midwives outside; they’re already serving. ... And not only midwives alone but also nurses to reduce maternal mortality. ... That’s why the maternal mortality rate has gone down. And we hope that it will continue to go down until zero if possible.” *(Teacher)*

“Throughout my service, I am able to manage [complications], and I am able to contribute to the progress of the health facility in meeting the objective of reducing maternal and infant mortality..” *(Male midwife)*

## Increased access to SRH services in remote regions of South Sudan

Teachers and clinical preceptors explained that midwife graduates worked all over South Sudan, even reaching remote villages to provide much-needed and critical services to underserved and marginalized communities.

“One of the midwives who was trained by us... it so happened that she was employed and taken to one of the rural areas within South Sudan. This midwife was left there to work in the health center alone. ... This lady runs this [health center] on her own, and people were surprised to see that she produces one of the best results, I think, within the country because I hear that since she was employed in that facility, there have not been any maternal deaths within the facility. I think that is one of the surprises that I can say—one person is able to run the facility and is able to do everything.” *(Teacher)*

## Community-level impact

### Updated knowledge and skills to communities

Graduate midwives were seen to bring updated knowledge from their training—such as improved infection prevention practices and the introduction of the partograph to monitor labor—that they could teach to current staff at facilities. Graduates felt their training was relevant to the communities that they served because it filled a gap in health services in these communities. They observed that there was now a greater reliance on midwives than on traditional birth attendants in the communities.

“One of the impacts that I can say is very key is that this [midwifery training] program has given communities which are marginalized the opportunity to have their own trained [midwife]. It’s a plus that actually this program is a national program; it is not localized in one state. We have had students from all over the country, and that produces an impact.” *(Teacher)*

“The most important thing about this program is the fact that these mothers are being attended to by skilled, trained midwives. ... So, you find that this program, it has been positive in the community, especially for the mothers.” *(Teacher)*

### Increased service utilization

Several participants noted increasing numbers of women delivering in health facilities and fewer referrals to hospitals.

**Midwives** observed increases in service provision and uptake, including health facility deliveries and the use of family planning. The impacts identified were attributed to their education/training and ability to provide important health services to the communities they are working in.

“Yes, the services I was trained in are relevant because it’s helping people. For family planning, it’s helping mothers now to delay instead of just rapidly deliver [again]. Also, for mothers who are pregnant, they go for ANC [antenatal care] instead of staying at home and delivering from home, and also the importance of delivering in the hospital. It’s very relevant.” *(Female midwife)*

**Supervisors** indicated that due to an increase in both quality of care and community education, more women were now delivering in facilities, as well as coming for antenatal care and family planning. A few supervisors reported making fewer referrals to the hospital now that the midwife is present to treat some obstetric complications.

“Actually, [the midwife] is a part of our success because we change women in this community, and in that process, cultural sensitivity must be prioritized and respected. But through him and other colleagues, they contribute to giving education in the community, in school, the health facility—and these contribute to the success of our targets that we achieved. .... Since the time [the midwife] is recruited, we have no maternal deaths.” *(Supervisor, male midwife)*

“Actually, there is improvement, great improvement compared to the time before those midwives were working. After their graduation, these new students start coming in to practice; there is a lot of changes in every area. Sepsis has gone down, antenatal [care] has increased, deliveries have increased, family planning has increased.” *(Supervisor, female midwife)*

**Teachers** noticed an increase in service utilization because of midwives encouraging women to come to the facilities for delivery and immediate management of complications, as well as women feeling safer due to the presence of qualified personnel.

“The most important thing about this program is the fact that these mothers are being attended to by skilled, trained midwives. Skilled ones. And, when these mothers are being attended to, it means a lot. You find that she has less chances of getting in this kind of risk during pregnancy and so forth. So, you find that this program... it has been positive in the community—especially for mothers.” *(Teacher)*

“Because now when you have someone on the ground who can give the service, who can teach that woman about antenatal [care] and safe motherhood and what are the danger signs and when you’re supposed to go to the health facility ... those women will be aware with all [that] information, and they will seek the service.” *(Principal)*

**Female clients** of midwives described how more women now deliver in the health facility than previously. They indicated that family planning provided by the midwife helped them to better space their births and enabled young girls to complete their education by avoiding an unintended pregnancy that would cause them to drop out of school.

- Female clients appreciated how the midwife’s presence brought care closer to home, rather than needing to travel to a hospital.
- Female clients recognized that both they and their babies are safer with the midwife’s care.

“The midwifery work is good. During the time he [the midwife] was not around, we have a lot of negligence. A woman will be pregnant, and she will not know that she is pregnant. But now when the midwives were brought here, a woman’s pregnancy will be known from the 40th or 20th day, and she will be given a maternity card to go for vaccination. She will do follow-up until she will give birth safely. But before, when the midwives were not present, babies were dying because of negligence. But now, we thank God because midwives were brought to us.” *(Female client, Malakal)*

## Midwives are respected members/leaders of the community

Nearly all supervisors described how the midwives were respected by community members. An unintended impact of the training program was that midwife graduates have become leaders in their communities.

“Look at the fact that when you train a professional, this professional is not only going to be providing its services to the mothers and the newborns, but this professional is actually a person of responsibility in the community. And one of the things that can happen ... that is perhaps not intended is that we are actually grooming the leaders of tomorrow. So these are some of the things that we have—people that we can send out that we can say, this is a future leader, this is a future role model, this is perhaps even a politician at one time who would be able to make good decisions for the country. So, those are things that can be outside the midwifery [program] but are actually happening. I think it creates a very good impact or a very good, what you can call, surprise.” *(Teacher)*

## Benefits extend to the household and community

The impact of the midwifery training goes beyond just the woman, it also benefits the rest of the woman’s family. The good work of the midwives and the positive experiences of mothers also encouraged other mothers in the community to visit the midwife.

“The services are very, very, very relevant, and sometimes they surpass the expectations. If you are to go to the community and interview, maybe, husbands to the women who have been attended to, or the parents of those women who have been attended to, you can really feel the impact of this training. ... I cannot even imagine this country without this training. I cannot imagine it. This training has done a lot. ... The organization had the ability to facilitate this training in such a way that the people who are training are competent and also the resources are enough. Even other schools that are training midwives—but [that] are not supported by [International Medical Corps]—have been able to benefit from this training because they have gotten technical advice.” *(Teacher)*

## Conclusion

Midwives are critical in the fight against preventable maternal deaths and disability worldwide, especially in low-income countries where healthcare facilities are few and far between. The impact of the program clearly extends beyond what International Medical Corps can measure. The increased numbers of skilled midwives trained through our program who are providing life-saving sexual and reproductive health services have undoubtedly contributed to the significant decrease in maternal mortality in South Sudan since independence. Our midwives are respected members and leaders of their communities, increasing access and utilization of services in remote areas of the country. Our teachers and principals recognize the immeasurable benefit of International Medical Corps’ midwifery education program and show pride in the vital role our students play in contributing to universal and equitable health coverage in South Sudan. Continued investment is critical for International Medical Corps to sustain support for midwifery education and achieve its ultimate objective of reducing maternal, neonatal, and child morbidity and mortality in South Sudan.

“My two hands as a midwife would not have reached the whole country of South Sudan, but through the training of the students, my two hands are almost reaching all states of South Sudan. Meaning, it is helping women in almost the whole country, so that makes me very proud. I feel so good because if the mother who is deep in the village there can be attended to by my own students, that is my pride.” *(Principal)*





A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster, and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance, and become effective first responders themselves.

*International Medical Corps is headquartered in Los Angeles, CA, and has offices in Washington, DC; London, UK; and Split, Croatia. For contact information, visit [InternationalMedicalCorps.org/contact](http://InternationalMedicalCorps.org/contact).*

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