



SCALING UP COMMUNITY MIDWIFERY EDUCATION FOR MATERNAL AND NEWBORN HEALTH

*Program Summary
2006-2012*

PROGRAM OVERVIEW

In Afghanistan, roughly 6,400 women die each year from pregnancy-related complications, with more than one-third of deaths resulting from severe bleeding during or shortly after delivery. An estimated 25% of maternal deaths could be prevented with appropriate care during labor and delivery provided by a skilled midwife. For women living in remote and rural areas in Afghanistan, there is a chronic and severe shortage of midwives. In 2003, the Ministry of Public Health (MoPH) recommended that skilled attendance at birth by midwives be scaled-up in order to be available to all women.

As a result of the recommendation, a Community Midwifery Education (CME) program was funded by USAID in 2004 to expand the number of skilled midwives in Afghanistan. Save the Children (SC), became a sub-recipient in the program and joined in collaboration with the Health Services Support Project (HSSP) to jointly manage the Community Midwifery Education (CME) training program in Jawzjan province from 2006-2012. During the eight year project, the Jawzjan program trained 138 Community Midwives, with 95% of the graduates returning to their remote communities to provide maternal and newborn care in their local health facilities. In 2011, with funding from AusAID, SC established a new CME school in Uruzgan province with the goal of training 50 midwives over a period of four years. The first cohort of 28 students from Uruzgan will graduate in July 2014.

PROGRAM HIGHLIGHTS

Built Support for Community Midwifery

- ❖ Prioritized cultural appropriateness and local ownership.
- ❖ Involved communities in selection of students and deployment of graduates.
- ❖ Engaged families and communities throughout the CME program.
- ❖ Provided professional support and supervision of CME graduates.

Established CME School in two regions

- ❖ Established infrastructure, trained midwifery faculty and health facility staff, and developed a midwifery curriculum in Jawzjan and Uruzgan.
- ❖ Strengthened the health system for maternal and newborn care.
- ❖ Collaborated with Afghan Midwifery Association, MoPH, and health facilities to provide clinical and professional development.

Improved Access and Quality of Care

- ❖ Maternal deaths in the program area decreased from 12 to 4 from 2006 - 2012
- ❖ Facility based deliveries increased more than two fold from 11,684 to 27, 444.
- ❖ Number of facility-based post-partum visits increased from 7,097 to 15,636.



USAID
FROM THE AMERICAN PEOPLE



Save the Children

TECHNICAL STRATEGY

Community Mobilization and Student Selection

Mandated the national Basic Package of Health Services (BPHS), the Ministry of Public Health (MoPH), Institute of Health Services (IHS), and HSSP consortium members jointly developed a set of criteria for student selection for the CME program: females at least 18 years of age, with at least six years of education that include literacy and numeracy skills, and letters of support from their families and communities. Through the use of health data analysis and consultations with Health Shuras (councils) and facility staff, underserved communities and districts were identified as in-need of Community Midwives. Candidates took a basic CME entrance examination set by the Afghan Midwifery and Nursing Education Accreditation Board (AMNEAB) and a selection committee determined admission among those with passing scores.

In each district of the Jawzjan and Uruzgan provinces, SC trained two married couples to serve as the District Management Team (DMT), with the goal of helping recruit students who will serve their communities for at least 5 years post-graduation. The DMTs, whose male and female members liaise with individuals of their respective genders, spent 3-4 months raising community awareness about the role of the Community Midwife and mobilizing support for the school among local families, women's groups, community leaders, Community Development Councils, and Health Shuras. SC and the Afghanistan Centre for Training and Development and Afghan Health and Development Services ACTD/AHDS also hosted an "Open House" at the CME schools for prospective students and their families, community elders, religious leaders, provincial council members, and government authorities. After the community awareness activities about the schools' culturally-appropriate learning and living environment, the CME program maintained regular communication with community members to provide updates on student progress to ensure their continued support.

School Infrastructure

The school facilities include a daycare center for the children of midwifery students to encourage women with children to enroll. The daycare center is supervised by members of the students' accompanying female Mehrams (mothers, mothers-in-law, or aunts), who receive training in childhood development and safety. The schools provide accommodations for 6-8 students and their female Mehrams; students with male Mehrams (husbands or brothers) receive monthly rent support and transportation to and from nearby housing. The program ensures that the schools' educational and residential facilities are culturally appropriate, well maintained and secured by support staff, and have reliable access to water and electricity. The CME schools in Jawzjan and Uruzgan have separate spaces for classroom instruction, hands-on training using anatomical models, a library, a computer lab, and an administrative space. The rooms are all furnished and well-equipped with educational resources, evidence-based reference materials, and computer technology and accessories.

CME Management and Monitoring

SC and ACTD/AHDS conducted progress and monitoring reviews on a monthly basis, including participation of the Provincial Health Director on a quarterly basis and by the MoPH and IHS twice a year. A 2012 final review of the Jawzjan program by the Afghan Midwifery and Nursing Education Accreditation Board found the program to have achieved 96% on all criteria and guidelines.

For each program, SC recruited a midwifery or physician educator to serve as CME Program Coordinator providing technical support to the schools' managers and faculty members. The Coordinators developed action, implementation, and monitoring plans for continuous program quality improvement following monthly reviews to ensure adherence to the requirements of the AMNEAB. The CME schools maintained a ratio of one faculty member per 25 students in classroom instruction, one per 12 students in practical instruction, and one per 4 students in clinical settings. The Coordinator, SC Manager, and faculty at each CME school conducted biweekly meetings to discuss and address technical and administrative matters.



QUALITY MIDWIFERY EDUCATION

Faculty Development

Prior to opening the schools, CME Coordinators and Managers convened a two-week workshop for CME faculty to review the 35-module competency-based curriculum and provide them with skills and knowledge refresher trainings in each core clinical area; including antenatal care, delivery care, newborn care, postpartum care and family planning.

The instructors and clinical preceptors received additional training on modern interactive teaching methods, use of visual aids, and knowledge assessment. The faculty prepared evidence-based lesson plans, teaching materials, and supervision checklists in consultation with the MoPH, Provincial Health Director, and Reproductive Health Officer. SC and ACTD/AHDS, in collaboration with the IHS, Jhpiego, and the MoPH, offered ongoing faculty refresher courses on practical instruction and clinical supervision, program management and assessment, health management information systems (HMIS), the Continuum of Care model, and gender-sensitivity and awareness.

Classroom and Practical Instruction

The CME program combines 18 months of theoretical and practical instruction with six months of hands-on clinical practice, including advanced literacy skills. The theoretical curriculum consists of 35 modules, including anatomy and physiology, maternal and newborn care, infection prevention, maternal nutrition, and basic health education, pharmacology and family planning. Students build upon theoretical knowledge through simulated clinical practice on anatomical models and use of printed and visual reference materials. Students' knowledge and skills are assessed after each module, and those who do not pass exams receive individualized support to reach the passable standard. In Jawzjan, students achieved an overall average score of 87% on the 35 end-of-module knowledge assessments and structured practical exams.

Clinical Practice

The CME programs require each student to attend and independently conduct at least 20 deliveries prior to graduation. The clinical curriculum emphasizes gaining experience in a variety of health facilities and settings in order to prepare graduates to provide high-quality antenatal and postnatal care at all levels. The curriculum requires graduates to use a partograph to monitor labor, provide basic emergency obstetric care, provide newborn care, breastfeeding, and maintain infection control standards and professional patient charting skills.



Jawzjan CME faculty member provides supportive supervision

SC and ACTD/AHDS partnered with the MoPH to comprehensively review health facilities and to identify and assign students to clinical sites: Basic Health Clinics, Comprehensive Health Clinics, and district and provincial hospitals in districts of Jawzjan and Uruzgan. The Clinical Coordination Committee meets monthly to audit and monitor facilities.

Supportive supervision is provided at each clinic site on a weekly basis by the CME Coordinator, heads of the Ob/Gyn wards, and the MoPH to CME faculty and students.

During the clinical practicum modules, CME students learn how to use community maps developed by Community Health Workers (CHWs) that identify households with pregnant women, family planning clients, breastfeeding mothers and mothers with children under the age of one. This information enables a continuum of care from the household, community to the facility. CHWs conduct home visits for maternal-infant care services and provide them with referrals to midwives at the facilities for delivery and pregnancy related complications, postpartum follow-up and family planning services. Familiarization with the CHWs' maps strengthens relations between CME graduates, CHWs, and communities and provides accurate monitoring of maternal-newborn health at the household level.

ENABLING ENVIRONMENT FOR MNH

During the clinical practicum, students spend two weeks in the health facility in the community where they will work after graduation. This allows them to attend deliveries in a familiar and supportive environment and start to integrate with the clinical site's infrastructure and staff.

Support for CME Graduates

SC, ACTD/AHDS, and the Provincial Health Directorates developed deployment plans for CME graduates to supervision networks to ensure they are able to appropriately and safely apply their knowledge and skills after graduation. Supervision networks are strengthened and supported by forming linkages between the activities of the CME school, Provincial Health Coordination

Committee, BPHS and MoPH staff, CHWs, and Health Shuras through conducting joint monitoring and supervision reviews. The review team regularly visits health facilities during the first three months after graduation to assess and provide feedback on the graduates' performance, the technical and administrative systems of the facility, and the quality of support from other health staff. An additional quality control measure is provided by on-site supporting physicians in the supervision of CME graduates by assessing and providing feedback on their ante- and postnatal care, infection control, patient registration, charting, and equipment maintenance skills and competencies.

To establish opportunities for continued professional growth and networking, the Jawzjan CME faculty and students attended the annual congress of the Afghan Midwifery Association and visited CME schools in other provinces to exchange ideas and experiences with other teachers and students. These ties with the CME system and the national midwifery association can enable their continued professional growth.

Health Systems Strengthening

Strong coordination between the Afghan Midwifery and Nursing education Accreditation Boards, MoPH-RH officers, ACTD/AHDS, provincial Health Directors, and SC staff is essential to ensure the sustainability of the CME program. All stakeholders were continuously engaged in planning, implementation, and monitoring and evaluation of the CME programs and reported their findings to the communities, reinforcing community support for the CME graduates.

Gender-Sensitive MNC Services

Afghan women face numerous challenges in receiving adequate health care due to gender inequality and lack of knowledge of available services. SC and ACTD conduct educational sessions for CME faculty and students to strengthen their understanding of gender-sensitive services—those that respect family dynamics and knowledge, as well as support women's rights to respectful treatment and care. The CME schools aim to enable faculty and students to appropriately address inequities, discrimination, and insensitivities that limit women's access to family planning and maternal health services. Training enables them to develop leadership and interpersonal skills such as conducting confidential client counseling, and improving women's negotiation skills for choosing contraceptive methods.

SC and ACTD/AHDS collaborate with the MoPH Provincial Health Director to enhance the gender-sensitivity of services by training strong and well-informed male and female health educators and clinical professionals on healthy MNC practices and behaviors. At the community level, the CME coordinator works with the BPHS-implementing NGOs to attend the Health Shura and women's health action group meetings once a quarter, increasing their understanding of gender sensitive services. These sessions also enable women to respond to power dynamics and social, cultural, and economic barriers to their access of reproductive health services.



Graduation Ceremony: CME's 5th graduating class in Jawzjan on January 16, 2013

Community Support and Satisfaction

Save the Children project staff reflected on a conversation from a village meeting in Jawzjan district: “We heard several times from local people and the provincial council that the role of CME schools in Jawzjan [is] very significant for our communities. I remember there were only four midwives in Jawzjan province, but now the very remote health facilities have a skilled midwife. People believe maternal mortality is decreased due to midwife access. Elders in Darzab told us that in the past they remember mothers dying due to lack of midwives in their communities, because when a mother started to bleed or faced other complications, they were not able to reach hospitals in time. Mothers would then die of their complications. Now we thank God that midwives are living in our communities and we have access to them.”