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## Original Research

# Development of a community-based maternal, newborn and child emergency training package in South Sudan



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## SUMMARY

**Objective:** To develop an evidence-based maternal, newborn and child emergency training package for community-based frontline health workers (FWWs) in post-conflict South Sudan. **Methods:** In partnership with the new Republic of South Sudan, a multimodal needs assessment was conducted through purposive sampling, involving key informant interviews, focus group discussions, provider knowledge assessments and facility surveys. Data were analyzed using traditional qualitative techniques and compared with existing training programmes and curricula. These findings informed the development and implementation of the novel training approach.

**Results:** The needs assessment involved 33 FWWs, eight diverse health facilities in Eastern Equatoria, and stakeholders within 18 governmental and non-governmental organizations. Significant consensus emerged regarding the need for greater capacity among previously untrained FWWs. A maternal, newborn and child health training package was developed that included: (1) a participatory training course taught through a 'training of trainers' approach; (2) nine different pictorial action-based checklists covering basic management and referral of maternal, newborn and child emergencies; and (3) essential setting-appropriate equipment.

**Conclusion:** A novel maternal, newborn and child survival package was developed for previously untrained and illiterate FWWs in South Sudan. It is hoped that this approach will build community-based capacity in resource-limited settings while greater capacity is being developed for facility-based deliveries by skilled birth attendants.

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## Introduction

The Republic of South Sudan is a new democracy that is currently recovering from almost 40 years of civil war. The country suffers from the world's highest maternal mortality rate, and has among the highest rates of newborn and child mortality.<sup>1</sup> However, the vast majority of these deaths are preventable.<sup>2,3</sup>

In South Sudan, approximately 90% of births occur at home, and only approximately 15% of deliveries are attended by skilled birth attendants compared with 46.5% in Africa as a whole.<sup>4,5</sup> A number of factors contribute to the high proportion of home-based deliveries in South Sudan, including a dearth of health facilities and trained healthcare personnel, few health transport vehicles, poor road quality, security threats and a reliance on traditional practices.<sup>6</sup>

Home deliveries in South Sudan are often attended by illiterate, unskilled health workers who have received no formal education or training.<sup>7</sup> Many are traditional birth attendants (TBAs) whose skills and knowledge have been passed down through previous generations of unskilled health workers. Certain traditional practices used by these TBAs may not be effective and may even be unsafe for the mother and baby.<sup>8,9</sup> The World Health Organization (WHO) has, therefore, discouraged the training of TBAs since 1992 in order to focus on skilled birth attendants.<sup>10</sup> However, researchers and practitioners have expressed concerns that the decision to withdraw funding for TBAs might have been too hasty and without sufficient evidence.<sup>11,12,13,14,15</sup> Several studies including systematic reviews have shown that training FHWs such as TBAs can improve maternal, newborn and child health (MNCH) outcomes.<sup>16,17,18,19,20,21,22</sup>

Given the large number of ongoing deliveries attended by unskilled birth attendants, as well as the anticipated time it will take to build a sufficient health infrastructure and skilled birth attendant cadre in South Sudan, the authors sought to develop an evidence-based approach for building local capacity in settings where the majority of births are expected to be delivered by unskilled birth attendants. This approach was developed, implemented and evaluated among community-based frontline health workers (FHWs) in South Sudan.

A myriad of MNCH training curricula have been developed for health cadres with various levels of experience. Examples of training curricula include Integrated Management of Childhood Illness (IMCI),<sup>23</sup> Helping Babies Breathe (HBB),<sup>24</sup> and Emergency Obstetrical and Newborn Care (EmONC).<sup>25</sup> However, the target of these curricula is typically the literate healthcare worker who has received formal training, such as a physician, nurse, physician assistant or midwife. Few established training programmes are available specifically for the education of unskilled birth attendants such as TBAs.<sup>26,27</sup>

In addition to TBAs, community health workers (CHWs) also provide community-based care in South Sudan. When stocks are available, CHWs can provide first-line medication, such as antimalarial treatment and antibiotics. For the purposes of this initiative, TBAs and CHWs were categorized into a single group of 'FHWs'.

Under the invitation and direction of the Ministry of Health of the Republic of South Sudan, the Maternal, Newborn and

Child Survival (MNCS) initiative was developed and implemented to build critical capacity among FHWs throughout South Sudan. This article describes the development and content of this evidence-based package of targeted training, checklists and commodities for FHWs. Additional details on the implementation, monitoring and evaluation of the programme will be published elsewhere.<sup>28</sup>

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## Methods

The development of the training package began with a review of the peer- and non-peer-reviewed literature in search of best-evidence recommendations for training community-based MNCH providers in resource-limited settings. The authors also reviewed and integrated information on case-based teaching methods, checklists and simulation. Collections of curricula published by academic societies, WHO, United Nations organizations, non-governmental organizations (NGOs) and other international consortia were examined.

Secondly, under the direction of the Republic of South Sudan Ministry of Health, the authors performed a field-based needs assessment by interviewing community-based FHWs, facility-based healthcare providers, NGO partners and other key MNCH stakeholders in South Sudan. The purpose of the assessment was to determine current strengths, capacity, needs, and effective educational and logistical approaches related to community-based MNCH care provision by FHWs in South Sudan. These findings were supplemented by previous assessments conducted by the Ministry of Health, United Nations organizations and other NGOs.

Based upon evidence in the literature and findings from these assessments, an initial training package was developed that included a participatory training curriculum, action-based checklists and setting-appropriate commodities. A strategy for effective programme implementation, monitoring and evaluation was also established.

The developed training package was pilot tested with 12 local trainers in Eastern Equatoria. Revisions to the training content and approaches were made based upon feedback from participants and stakeholders. This feedback was gathered through key informant interviews, focus group discussions, knowledge assessments and skills evaluations. Subsequent, and ongoing, monitoring and evaluation of training sessions continue to inform and improve the training package.

Ethical approval to conduct the needs assessment and stakeholder analysis was provided by Partners Healthcare Human Subjects Committee (Boston, MA, USA) and the Ministry of Health of South Sudan.

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## Results

### Literature review

Key literature and curricula that were collected to inform this programme included training and reference materials for IMCI, HBB, EmONC, WHO's Essential Newborn Care,<sup>29</sup> American Academy of Pediatrics' Newborn Resuscitation Program,<sup>30</sup> Focused Antenatal Care, WHO guidelines,<sup>31,32</sup> and

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