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Going to Scale with Skilled Birth Attendants in Afghanistan

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Jhpiego

JHPIEGO in partnership with Save the Children, Constella Futures, The Academy for Educational Development, The American College of Nurse-Midwives and Interchurch Medical Assistance

Outline

- The maternal health situation
- Creating the policy environment and building national commitment
- Ensuring quality in midwifery education
- Results and achievements
- Challenges



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Afghanistan Maternal Health Situation - 2002



Photo credit Med Air

- **Maternal Mortality Ratio 1,600/100,000**
- **8% of births attended by a skilled provider**
- **Only 21% health facilities had female staff**
- **467 midwives**
- **Estimated 5180 midwives needed**

Improving Maternal and Newborn Health

**Improve
Clinical
Services**

**Improve
Midwifery
Education**

**Generate
Demand for
Services**

**Service
Provider
Training**

**Performance
& Quality
Improvement
(EmONC and IP)**

**Curriculum
Strengthening**

**Faculty
Development**

**Educational
Standards**

Birth Planning

**Community
Mobilization/
Involvement**

**Culturally
Appropriate
Maternal
Services**

PLATFORM FOR IMPROVED SAFE MOTHERHOOD

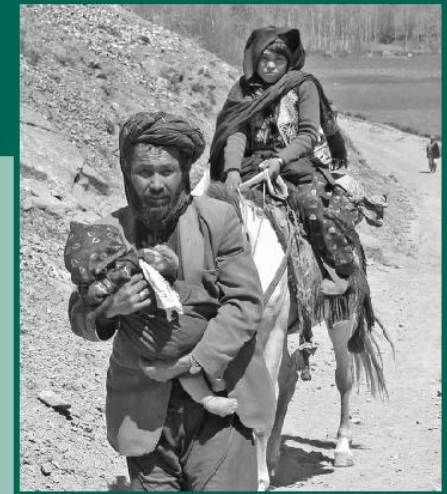
Strategy – Policy – Standards – Implementation



Policy Environment

- **Development of Basic Package of Health Services**
- **RH strategy included improving coverage of SBA and an intrapartum care strategy**
- **Policy statement on cessation of TBA training issued (2003); focus on training SBAs**

A Basic Package of Health Services for Afghanistan, 2005/1384



Islamic Republic
of Afghanistan
Ministry of Public Health



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Creating the Policy Environment

GOAL: *To prepare competent midwives, to work in underserved areas of Afghanistan*

- Competency-based midwives job description developed 2004
- Competency based curriculum and training materials developed and translated
- National program of community midwifery education began 2004
- Midwifery Education Policy endorsed 2005



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Health Workforce Planning

- **Recruitment and selection**
 - Per geographic need and commitment to work in designated facilities upon deployment
- **Deployment**
 - In close coordination with communities and MOPH authorities
- **Supervision**
 - Supervision teams established and checklists used.



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Translating Policy to Practice: Ensuring Quality in Midwifery Education

1. Unified, national system based on education standards
2. All programs initially “encouraged” to implement standards
3. National Midwifery Education Accreditation Board established
4. Standards and accreditation became mandatory
5. Improvements extended to clinical areas



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Translating Policy to Practice: Steps in the Educational Accreditation Process



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Translating Policy to Practice: Steps in the Educational Accreditation Process

1. 66 Educational Standards developed in 5 areas:
 - Classroom instruction and practice
 - Clinical instruction and practice
 - Infrastructure, curriculum
 - School Management
 - Clinical areas where students midwives undertake clinical experience
2. Implement process
3. Problem solve to fill gaps – use baseline assessments to identify gaps
4. Accredited program – external assessment



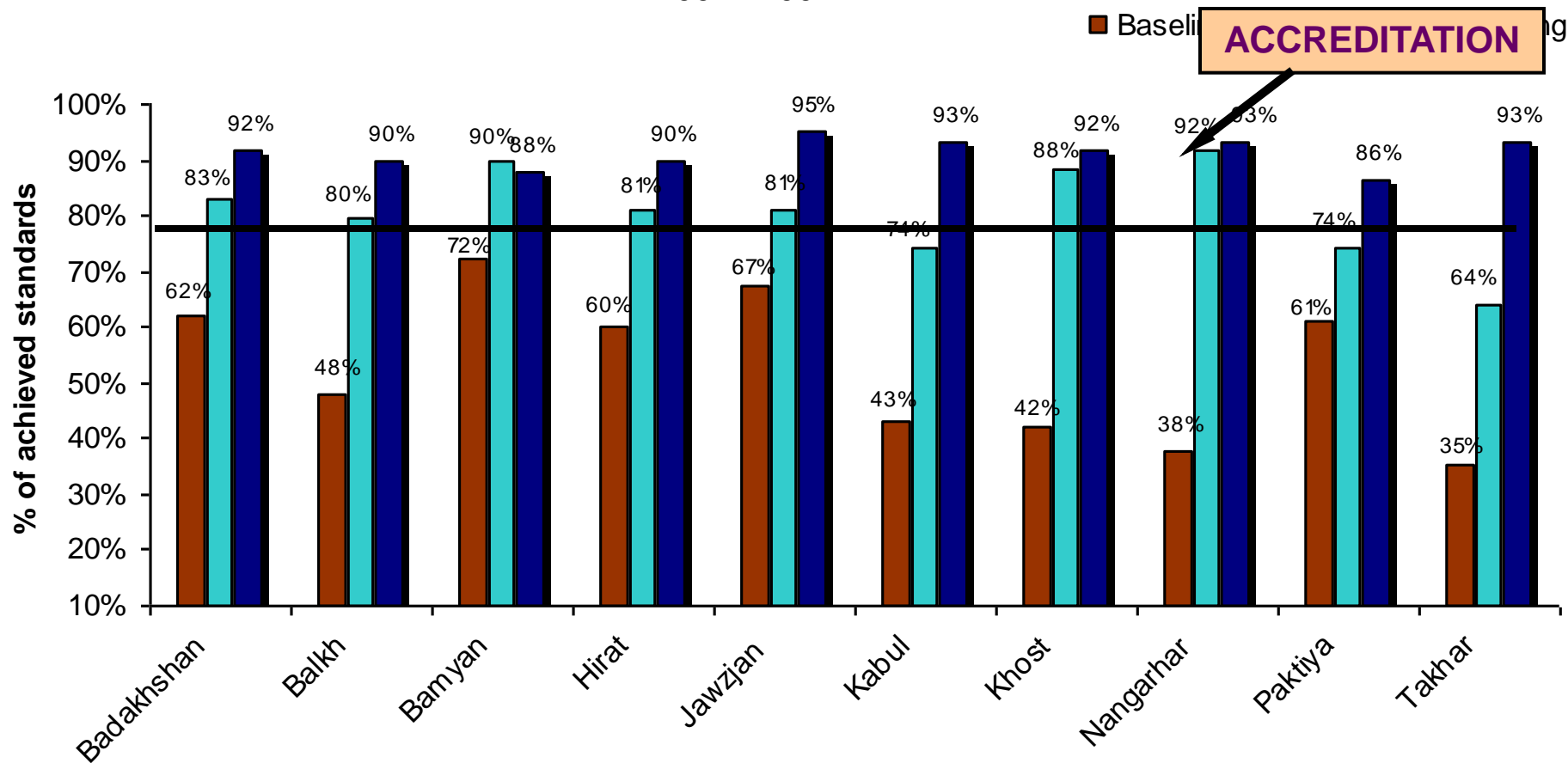
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Accreditation 2006-2007

Trend in Percentage of Standards Achieved by Programs
2004 - 2007



Results...

- **5** Hospital Midwifery schools
- **22** Community Midwifery schools
- **1107** midwives graduated from hospital midwifery schools since 2004
- **789** Community midwives graduated since 2004
- Total **1896** midwives graduated since 2004
- **61%** health centers staffed with at least 1 midwife



Photo Hannah Gibson



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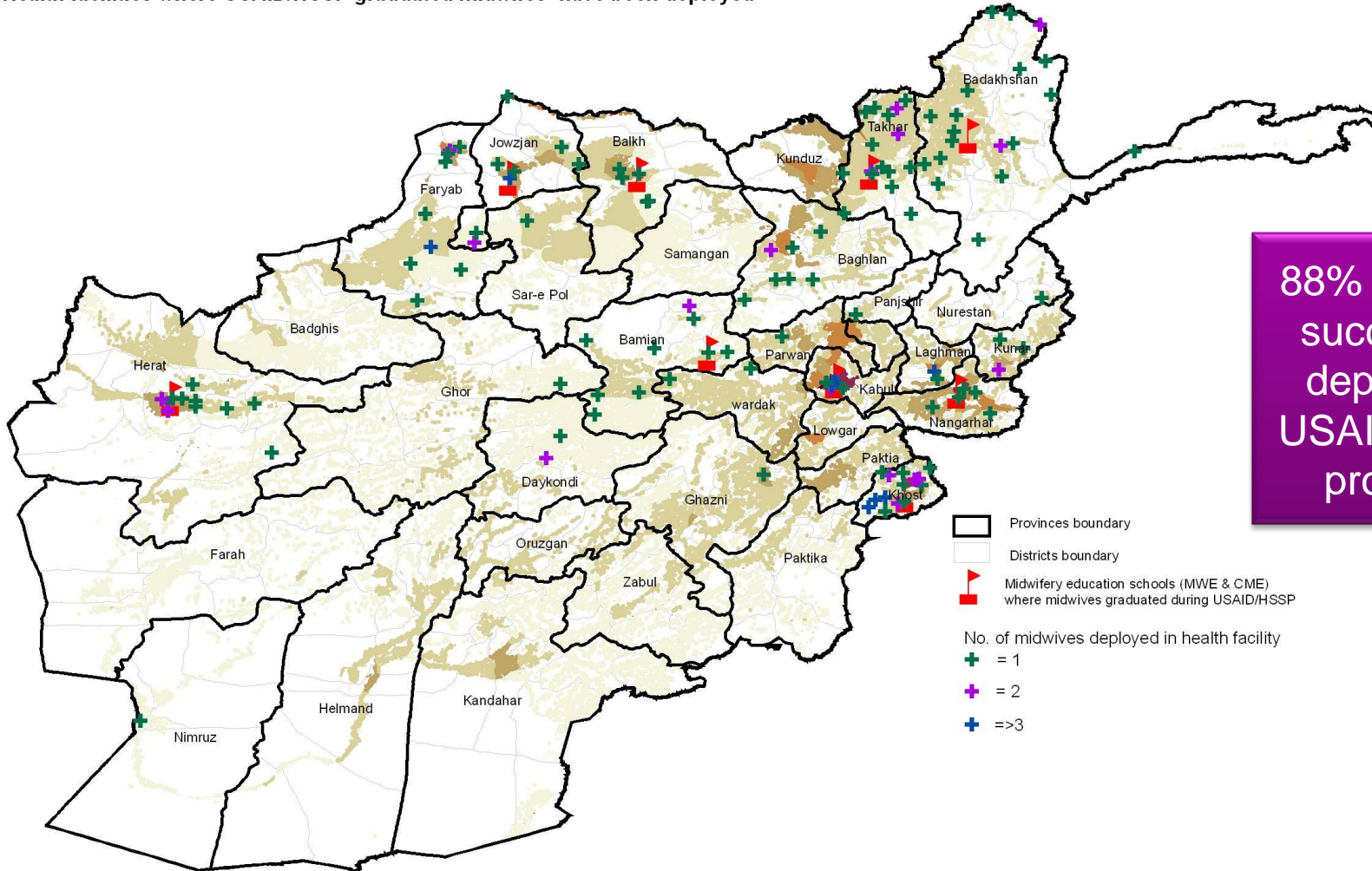
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Coverage of midwives

Health facilities where USAID/HSSP graduated midwives have been deployed

May 2008



88% midwives successfully deployed in USAID-funded programs

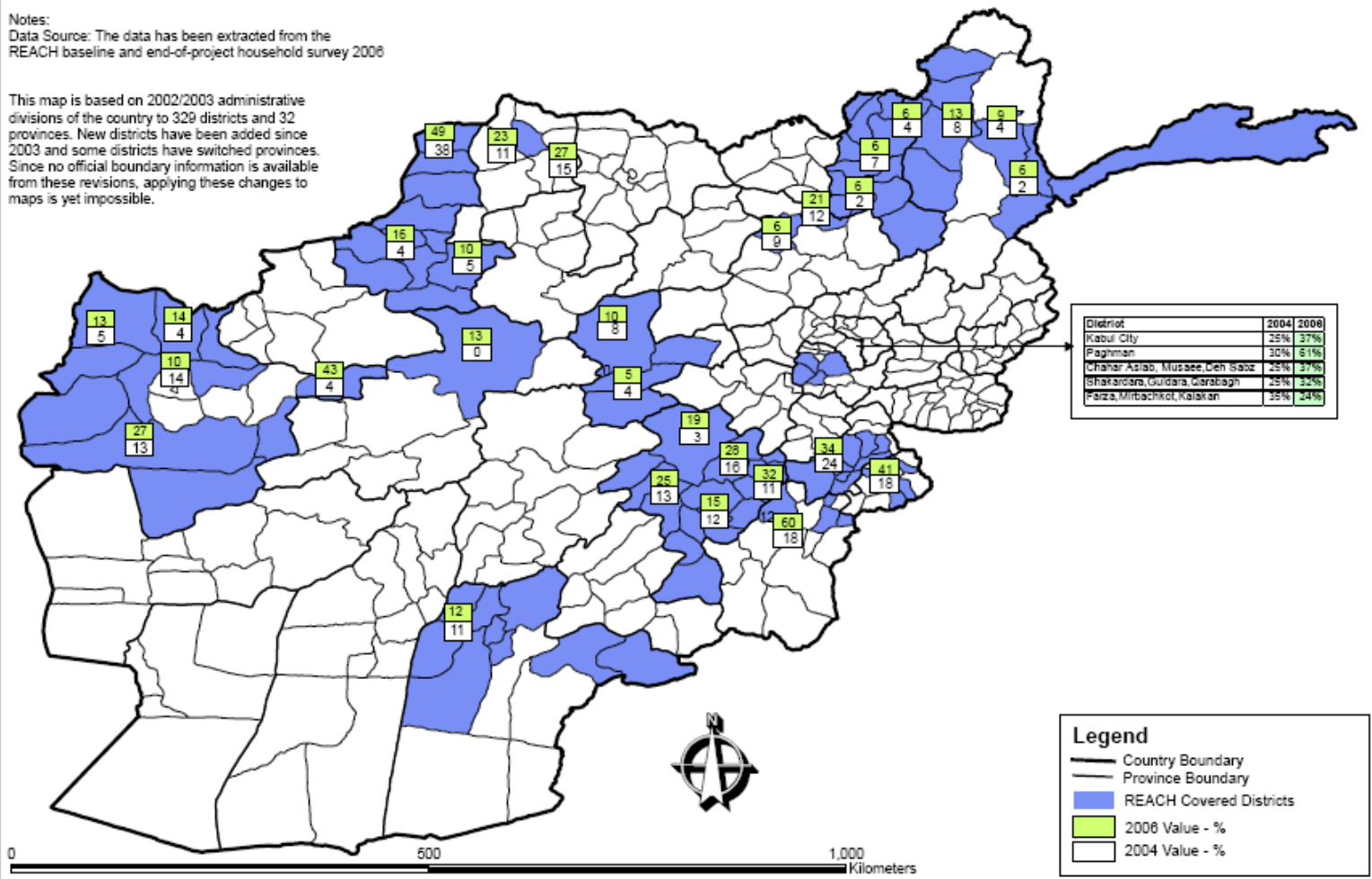
Results: Increasing the Number of Deliveries by Skilled Attendants



Per cent of deliveries attended by skilled birth attendants (USAID-funded districts under REACH program)

Notes:
Data Source: The data has been extracted from the REACH baseline and end-of-project household survey 2008

This map is based on 2002/2003 administrative divisions of the country to 329 districts and 32 provinces. New districts have been added since 2003 and some districts have switched provinces. Since no official boundary information is available from these revisions, applying these changes to maps is yet impossible.



Examples of increase in skilled birth attendant coverage at birth:

Tarkhar Province increased from 12% to 21%

Herat Province increased from 4% to 43%

Are Midwives Working as Midwives?

- Graduated March 2006
- First trained midwife in Khetayan District (Takhar)
- Started the community female health shura before she graduated to improve the referral and utilization system
- Increased number of deliveries from 2 to 30 per month
- Supportive supervision provided from NGO



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Challenges

- **Planning the HR needs for midwives nationally – how many do we need?**
- **Supervision post-graduation – are midwives under worked? Or over burdened and not able to focus on maternal and newborn health?**
- **Retention for remote and insecure areas**
- **Maintaining quality of existing programs**
- **Cultural isolation of women and female literacy rates**

Conclusions

- **Scale-up is not just about numbers trained; systems and processes need to be put in place**
- **Think about the quality at the beginning**
- **Requires sustained political will and commitment**



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Thank You

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