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# AMREF's Stand Up For African Mothers Campaign: Training Midwives to Reduce Maternal Mortality in Africa

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**Abstract.** AMREF is the African Medical and Research Foundation, a uniquely African organization, created in 1957 which runs 145 health programmes a year to help around 7 million people in Africa. Headquartered in Nairobi and with offices around the world, AMREF ensures access to health care for the most vulnerable and marginalized people in Africa, with a focus on women and children. AMREF works within the communities, and works with and for women as they are the heart of the communities. Indeed, by focusing on midwives training in the Stand Up For African Mothers campaign, AMREF is able to talk about the key role of women and mothers for a healthy Africa and the needs of health workers to reduce mortality rates for mothers but also for children.

**Keywords.** Health care, Africa, women, children, poverty, social work, midwives, pregnancy.

## 1 Introduction

AMREF has been working for a long time on maternal health with programs about:

- Reducing maternal mortality by improving access to and use of reproductive health services.
- Fighting against the lack of health workers training community midwives.
- Encouraging pregnant women to take preventive measures against malaria.
- Preventing HIV and raising awareness about how to prevent mother-to-child transmission.
- Educating about hygiene and improving access to clean water and sanitation.
- Promoting reproductive rights, helping women to make informed choices about family planning.
- Raising awareness about violence against women and helping women to access the relevant services and work with authorities to better protect them.

The Stand Up for African Mothers campaign is designed to spread one simple and clear message: **healthy Africa means healthy mothers and healthy mothers need African midwives.** The African midwives will reduce

maternal mortality providing medical care to pregnant women and during childbirth but will also enhance prevention against malaria and HIV, and promote hygiene and reproductive rights.

The organization is particularly concerned about health-care for women, for mothers and their children, and believes that it is unacceptable that almost 200,000 African women still die every year during pregnancy and labor, and that 1.5 million children are orphaned. Thus in order to reduce mother and child mortality, **AMREF supports an ambitious project under the UN's Millennium Development Goals (MDG): to train 15,000 midwives by 2015** (Figure 1). In this paper, we consider the example of training midwives in South Sudan, the new African state which is undergoing face-to-face training. We also consider eLearning midwives training programs with the example of AMREF in Uganda.

## 2 Why focus on maternal, neonatal and child health?

What women in high-income countries take for granted – trained midwives, obstetricians and delivery rooms, antibiotics and drugs in the event of complications – all these apparently basic things are true privileges for African women.

**In Africa, 1 woman in 39 risks dying during pregnancy or delivery, against 1 in 4300 in developing countries. This is the greatest inequality in the world.**

On the continent, 200,000 mothers die every year. The women and children most affected are those in the more remote and poorer regions. Every year 1.5 million children



**Figure 1.** An AMREF community midwife trained by AMREF in Ethiopia.



**Figure 2.** Esther Madudu, a Uganda midwife trained by AMREF and candidate for the 2015 Nobel Peace Prize.

are orphaned, losing their mothers during delivery of a little brother or sister. These newborns have a ten-fold risk of dying during the first two years of their lives.

In many countries in Sub-Saharan Africa, the rate of maternal mortality is rising. The **Millennium goal No. 5 of cutting back maternal mortality by 75% in the region by 2015 will never be achieved unless emergency action is taken.**

The direct causes of death of African mothers are hemorrhage, infections, obstructed labor, high blood pressure, or complications resulting from unsafe abortion. Moreover, at least 20% of the diseases suffered by children below 5 years of age can be traced back to mothers in poor health during pregnancy, dietary deficiencies, and insufficient care at birth.

HIV/Aids is another threat. **The transmission of the virus from mother to child in Sub-Saharan Africa, where the infection continues to spread or has stabilized at very high levels, remains a major problem.** Indeed, 45% of infected mothers pass the infection to their children. The virus is also becoming one of the major causes of maternal mortality in some African regions.

And yet a large number of these deaths could be avoided because they are caused by the absence of basic care during pregnancy and delivery. Only 15% of pregnancies and deliveries require emergency care for hard-to-diagnose complications. **Access to basic care during pregnancy, delivery and the first month following delivery, would be crucial in saving mothers and newborns.**

**AMREF is a key player in mother and child healthcare. It has set up mother and child programs that have become the baseline and been adopted by other organizations and governments throughout Africa.** In the course of the next five years we wish to reinforce these programs. Our efforts will continue to be devoted to those in the greatest need: the mothers and their families in the poorer and more remote rural areas or in shantytowns.

### **3 Training programs for midwives, a sustainable solution prioritized by AMREF**

One of the organization's strategic axes is to focus its efforts on the healthcare of women, mothers and their children. AMREF undertakes to strengthen women's programs aimed at:

- Reducing maternal mortality by improving access to healthcare and health services.
- Preventing HIV and malaria during pregnancy and transmission of HIV between mother and child.
- Raising awareness of hygiene and providing access to safe drinking water.
- Protecting the rights of women, particularly as regards reproductive health.
- Train midwives, nurses and community healthcare assistants. Midwives who will also work in prevention, education in reproductive health rights, and help fight mother-to-child transmission (PMTCT) of HIV.

**AMREF has set itself the target of training 15,000 African midwives by 2015.** To this end, in 2011 it launched a wide mobilization campaign on the subject, Stand up for African Mothers. Recognizing that women and mothers are at the very heart of African communities, **the Stand Up for African Mothers campaign will support the highly symbolic candidacy of African midwife Esther Madudu for the 2015 Nobel Peace Prize** (Figure 2).

Several African countries are covered by AMREF's training programs using varying and appropriate methodologies (18-month course in South Sudan, 3 year program in Ethiopia, e-learning training in Uganda, and in West Africa). This campaign was officially launched in October 2011 on the occasion of the Women's Forum and will have a press section, a petition, advertising, events, and high points until 2015.



**Figure 3.** Community midwives trained by AMREF in South Sudan in Maridi.

#### 4 Training midwives to reduce mother and child mortality: AMREF's example in South Sudan

##### Key health figures in South Sudan

- 1 doctor for 100,000 people, one of the lowest ratios in the world.
- 1 child in 4 dies before age 5.
- The world's highest maternal mortality rate.
- Healthcare coverage is 25%, mostly funded by NGOs.

##### AMREF's commitment in South Sudan

AMREF started to train healthcare assistants in South Sudan during the violent civil war that devastated the country from 1983 to 2005. In 1998, at the Government's request, AMREF set up training for program healthcare assistants in the town of Maridi, where the National Medical Training Institute had just been created. Today, this Institute is still the only source of training for healthcare assistants in South Sudan. After 12 years in activity, it has trained 75% of healthcare operators present in the region (Figure 3A et Figure 3B). The Maridi school graduates are thus the main human resource and the only hope for providing medical care to all populations. AMREF works in close partnership with the South Sudan Ministry of Health to set up a national healthcare development plan, train healthcare professionals, and implement a basic healthcare access program to cover the needs of 150,000 people. With the European Union's support, a program to improve mother and child healthcare is being implemented. These programs target 300,000 direct beneficiaries. AMREF is also carrying out other programs in the region aimed at improving access to drinking water and hygiene to prevent disease and support research into healthcare needs in order to find solutions suited to the country's needs.

#### 4.1 Training community midwives in the Maridi National Medical Training Institute

In South Sudan, there is an overwhelming lack of qualified midwives in first-level healthcare centers. In the communities, the situation is extremely serious because women have no access to qualified personnel. About 95% of births take place in villages with midwives who have no training.

Before AMREF's intervention, there were only 20 qualified midwives for a total population of approximately 10 million. With the support of UNFPA, the Fondation Elle, the Fondation Raja, Gas Bijoux and the donors of the AfriCAN 2010 gala, 34 student midwives were registered for classes at the Maridi National Medical Training Institute in March 2011, where they attended lectures and had hands-on training in the healthcare centers of Maridi and surrounding villages. Once they graduate, these midwives will help 1000 mothers every year.

#### 4.2 Program goal: to improve mother and child healthcare

The aim is to improve health in South Sudan in the long term, and in particular reduce morbidity and mortality of mothers and young children, as well as disabilities linked to pregnancy and delivery.

Means: training midwives with a community approach

- Train competent community midwives, capable of handling deliveries and providing quality reproductive healthcare in the communities.
- Train **2,000 midwives** in the next 5 years.

**For every midwife trained, 1,000 mothers benefit from pre- and post-natal care.**

#### 4.3 Training: program and beneficiaries

AMREF is currently training 34 midwives in Maridi National Medical Training Institute, and 46 students already graduated

in 2010. Candidates from the most remote regions, where there are as yet no midwives, are given priority for the course.

By government request, AMREF supervises this program. The teachers come from South Sudan, Uganda and Kenya. The students are chosen by the community leaders with AMREF and based on different criteria. AMREF undertakes its own selection process twice a year. When they graduate, the government provides them with work in the health centers of the country or in organizations working there.

The cost of training for one midwife is 6250 euros, which includes the 18 month global training and registration, accommodations, food, practical exercises in the health centers, uniform, and trip from the community to the Institute of Maridi.

**There are still 1,920 students to finance** in order to attain the program targets.

The training course lasts 18 months and combines lectures with practical exercises. The students learn to handle the most common complications that could arise during delivery, such as a drop in blood pressure, excessive bleeding, and difficult delivery. They also learn to provide pre- and post-natal care to mothers and to recognize the symptoms of more severe complications in order to refer the women to better-equipped medical establishments. Finally, and under close supervision, the students learn to carry out deliveries in order to be ready once they return to their communities.

The new student class which began in March 2011 has already studied:

**a- Courses covered since March 2011**

1. Anatomy and Physiology
2. First Aid
3. PHC/CBHC
4. Nutrition
5. Microbiology
6. MCH/FP
7. Midwifery
8. Basic Nursing
9. Demonstration of various skills in the lab.

The first term examination took place in the last week of May 2011.

**b- Courses studied from June to August 2011**

1. Undertake Clinical rotation at Maridi Hospital where they were exposed to:
2. Nursing procedures
3. Collection of laboratory specimens
4. Antenatal care
5. Health Education
6. Immunization



**Figure 4.** Mothers and babies in Uganda, Kitgum.

7. Attending deliveries
8. Family planning

**c- In September the Students finished the remaining topics on:**

1. Anatomy and Physiology
2. First Aid
3. PHC/CBHC
4. Nutrition
5. Microbiology
6. MCH/FP
7. Midwifery
8. Basic Nursing
9. Pharmacology
10. Demonstration of various skills in the lab.

In October and part of November, the students had the 2<sup>nd</sup> clinical rotation which covers: Antenatal care, Health Education, Immunization, and supervised deliveries. In November, the Students had final examinations. The students who passed continued in the second Year of Training. Students who failed fewer than 3 subjects were given the chance to retake the tests. If, on the other hand, a student failed more than 3 subjects, then they were discontinued.

**Prerequisites:**

Peace and stability in the region.

**Safety:**

Mobility must not be limited by safety issues.  
The food insecurity situation must not worsen.

**Project assumptions and risk analysis:**

The project's success requires close cooperation between public bodies (the Ministry of Health in

particular), decentralized healthcare structures throughout the country, and renewed financial support from the South Sudan government for health in the region.

#### **Project continuity strategy:**

This program is part of a close partnership with the South Sudan Ministry of Health to implement a national healthcare development plan, train healthcare professionals, and implement a basic healthcare access program to cover the needs of 150,000 people (Figure 4). Since July 2011, the country is officially independent. The health care system is changing. The AMREF training midwives program is also changing. The midwives will be trained at a professional level with a longest training of 30 months, with acquisition of theoretical concepts in the National Training Institute of Maridi, and with the acquisition and application of skills through clinical placements. **AMREF France has promised South Sudan teams to set up a new class of 30 midwives for the first trimester of 2012. One professional training of 30 months now costs 12 000 euros.** (The new cost is due to the duration of the course, the increasing professionalism, inflation, and new evaluation systems.)

### **5 Training midwives to reduce mother and child mortality: AMREF's ELearning example in Uganda**

In 2008, Uganda's parliament passed the Business, Technical, Vocational Education and Training Act No. 12 of 2008 (BTVET Act, 2008), which restricted the Uganda Nurses and Midwives Council to maintaining professional standards by monitoring, supervising and registering qualified nurses. The Uganda Nurses and Midwives Examinations Board (UNMEB), which falls within the Ministry of Education, was given the full mandate to carry out final national examinations for nurses and midwives and offer certificates and diplomas.

AMREF was chosen as a project leader to train more midwives to a diploma (registered) level more rapidly in order to help improve the health care of the rural based and disadvantaged populations in Uganda. Significantly, UNMEB requested that AMREF convert this upgrading program into eLearning on the model of the project that the organization is running in Kenya for 22,000 nurses.

#### **Objectives**

1. Design, test and implement a feasible eLearning solution to upgrade Ugandan midwives' skills (11,000 midwives identified).
2. Build the capacity of the AMREF in the Uganda Country Office, Human Resources Directorates of the Ministries of Education and Health, and Uganda Nursing Council, thereby enabling them to develop, implement and monitor effective eLearning.

3. Use results to influence policy and replicate the program in Uganda and beyond – i.e. create an alternative, reusable model for upgrading health professionals in a resource-constrained environment.

#### **Anticipated Outputs and Outcomes**

1. Standardized midwife upgrading curriculum
2. Increased number of highly skilled midwives
3. Modular eLearning diploma program
4. 15 Regional Training Centres (RTCs) – with registration, testing and training services
5. Knowledge transfer to course coordinators from the schools in IT skills and eLearning
6. eLearning platform available for use in health training in Uganda

#### **Impact**

Using existing modes of training it is not possible to rapidly increase the number of qualified nurses required for the provision of quality health care to the people of Uganda. ELearning will have the dual advantage of rapidly increasing the numbers substantially and also keeping the health workforce at work and home while studying. The products of the program will impact on health delivery and hence facilitate the achievement of the health-related Millennium Development Goals (MDGs) and improve health care for the people of Uganda.

#### **Project**

The organization is actually implementing the eLearning structure around the country, expecting to begin the training of the midwives in 2012.

## Appendix: A few words about AMREF Flying Doctors

AMREF Flying Doctors was founded in 1957 to help Africa's most isolated communities. For 55 years, AMREF has developed programs focusing on healthcare and developing the skills of African healthcare professionals. AMREF aims to provide sustainable solutions and strengthen public and community healthcare systems.

AMREF has an annual budget of 70 million dollars and implements over 145 programs, mainly in east and southern Africa. Nevertheless, since 2007 these training and flying doctor programs have been opening up to several countries in central and western Africa.

For over 55 years, AMREF has trained tens of thousands of doctors, nurses, community healthcare agents and midwives. The Flying Doctors have carried out over 90,000 operations in which the technical skills of hundreds of healthcare personnel have been developed and consolidated.

Today, the association has some twenty offices across Africa, Europe and North America and has 800 employees (97% of them African) running programs in several African countries covering various areas of public health:

- The fight against epidemics;
- Improving mother and child healthcare;
- Training healthcare personnel;
- Sanitation (hygiene education) and access to safe drinking water;
- Healthcare access for isolated communities via the Flying Doctors.

Its expertise and experience have allowed AMREF to develop innovative pilot programs (NTIC<sup>1</sup>, PHASE<sup>2</sup>, flying doctors, etc.), obtaining results acknowledged by all international bodies and that have ensured that the association received several prizes and rewards (such as the Bill and Melinda Gates Foundation award, the Conrad humanitarian prize, the Medical Honors award), as well as obtaining a seat/representation in the main international and African healthcare networks, conferences and organizations<sup>3</sup>.

Considered the first African public healthcare NGO and the first African international humanitarian movement (with 7 million beneficiaries, 10,000 healthcare agents trained every year, 4 teaching centers training students from 35 African countries), AMREF is working to improve the health of African communities sustainably.

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<sup>1</sup>New information and communication technologies

<sup>2</sup>Personal Hygiene And Sanitation Education

<sup>3</sup>At the regional level, AMREF is a member of, among others, the technical working group on HIV/AIDS/STDs (sexually-transmitted disease), the East African Community (EAC), the East Africa Network for Monitoring Antiretroviral Treatment (EANMART, RAOCTA in French). It is also a member of the Global Health Workforce Alliance (GHWA), with a seat in the secretariat. AMREF chairs and also hosts the Africa Health Leadership and Management Network. Lastly, it represents the healthcare NGOs in the international partnership against malaria, (Roll Back Malaria).

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