In Brief

This report is part of an occasional series that distills learning and highlights resources around specific development issues.

AGA KHAN FOUNDATION CANADA

An Agency of the Aga Khan Development Network

Nurturing Maternal and Child Health:

Health Worker Training as a First Step towards Healthier Mothers and Children

Photo caption: In select rural villages in Mali (shown here), Pakistan and Mozambique, communities choose young local women to receive midwife training. In Mali, the women are called matrons, returning to their villages to provide medical support to their neighbours. Their salaries are paid by the community. It's a win-win solution: young women gain valuable skills and livelihoods, while communities gain access to much-needed health services.

The AKFC Seminars on Nurturing Maternal and Child Health were hosted in partnership with the Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) from September 2013 to January 2014. Five seminars explored approaches and strategies designed to strengthen health care in developing countries, with a particular focus on maternal and child health.

This report builds on the discussions generated in the seminar, ***Fortifying Human Capital in the Health Sector*** *(October 8, 2013),* *drawing out lessons from Canadian-supported Maternal, Newborn and Child Health (MNCH) programming in Afghanistan and Mali implemented by the Aga Khan Development Network (AKDN).*

The availability of qualified health professionals is central to the delivery of effective health care. From administrative support to medical specialists, every level of staff is key. But many developing and fragile states suffer from a lack of trained staff needed to build a coherent health system.

There are a multitude of often-simple health care improvements that can contribute to increased survival rates and improved health for mothers and their children. It is essential, for example, to have systems in place to ensure that local clinics are stocked with the necessary equipment, supplies and medicines. New diagnostic tools are effective in ensuring that – in environments where children often suffer from several coexisting illnesses – there are no hidden diseases that go unnoticed and untreated. A community health surveillance program, with door-to-door visits, can increase pregnant women's early access to pre-natal care, while referral systems are important so that women with complications that cannot be treated locally can be quickly moved to a facility that can provide the appropriate care.

Training is Crucial for Health System Effectiveness

But none of those measures are likely to be effective without the presence of well-trained health workers. Clinicians, nurses and midwives need to know how to use the equipment in their clinics, how to follow those diagnostic protocols and how to communicate effectively with patients. They are the lynchpins of the health system – responsible for delivering babies, referring patients to specialists, and dispensing the right medicine. Without them, communities would effectively have no health care.

That is why the Aga Khan Development Network (AKDN)'s work to improve Maternal, Newborn and Child Health (MNCH) places a major emphasis on training the health care workers who form the link between isolated communities and the broader health care system.

Helping Veteran Health Workers Keep Pace with Innovation

This health worker training takes different forms. In some cases, the AKDN provides practicing health workers with refresher courses to keep them up-to-date with current medical practice. In other circumstances, where access to health care has been virtually non-existent, it has been necessary to create an entirely new infrastructure to educate a new healthcare workforce.

In countries in South and Central Asia, programs to provide on-the-job training arose from a realization that many health workers had spent decades working with no skills- or knowledge-upgrading. Often stationed in remote communities, they had no Internet access and, therefore, no means of consulting medical journals or health websites to keep pace with important medical advances. They remained unaware of the major, life-saving changes to protocols for delivering babies and treating sick children that had been introduced many years after their initial education.

One solution has been to provide staff with short courses on key interventions. By additionally providing Internet connectivity in many remote community health facilities, AKDN has allowed for the delivery of a number of these courses through eLearning – enabling health staff to update their skills with minimal disruption to their daily schedules.

Well-known Measures to Improve Maternal and Child Health

In most cases, health workers' effectiveness can improve dramatically with exposure to relatively simple and short training programs. An introduction to new protocols for treating childhood illnesses, for example, often involves teaching health workers to follow flow charts that guide them through a diagnosis and then indicate the treatment. A key benefit of these protocols is that they take an integrated approach to treating childhood illnesses. They are designed to provide effective treatment to a child whose symptoms may have multiple causes: taking into account all the possible causes as well as common complicating factors like malnutrition, and ensuring that all of the possible co-existing illnesses are treated.

Similarly, new protocols for managing labour and delivery make it easier for health workers to provide better care for mothers-to-be. Providing routine refresher courses for veteran staff also help keep these lessons top-of-mind – increasing the probability that they will continue to follow those proven, life-saving protocols – while keeping health workers up-to-date on new improvements to health care delivery as they are introduced.

Starting from Nothing in Afghanistan

Elsewhere, however – where conditions are especially challenging – more complex and comprehensive approaches have been required.

Afghanistan provides the most striking example. After the fall of the Taliban in 2002, when AKDN set its sights on improving MNCH outcomes in Afghanistan, women's health care was essentially unavailable in rural parts of the country.

For the previous ten years, no women had been trained as nurses, midwives or physicians. Combined with the cultural prohibition against women being treated by male health workers, the lack of female practitioners meant that women patients – whether they faced a life-threatening pregnancy complication, required antibiotics for an infection or had a broken bone – had no access to care.

Although a few clinics with all female staff were eventually set up in cities towards the end of Taliban rule, provision of health care for women remained unavailable in rural areas. The consequences were dramatic. A 2002 study by UNICEF in northern Afghanistan's Badakhshan region revealed a maternal mortality ratio (MMR) of more than 6,000 per 100,000 live births, the worst MMR ever recorded anywhere in the world. Infant mortality rates were likewise assumed to be exceedingly high.

Overcoming Cultural Barriers

When planning for the AKDN's Community Midwifery Education Program began in 2002, the idea was to provide MNCH services to remote communities by recruiting women from those communities; transporting them to a major centre where they would be given free nursing and midwifery training; and then returning them to their homes, where they would help other women deliver safely and provide improved care for their infants.

It soon became apparent, however, that sending young women away to train as nurses and midwives would be problematic, given deeply ingrained cultural norms that prevented women travelling outside their family home without a male family member as chaperone. An adjustment had to be made: the program sought out women who could rely on the support of their families and communities, with a male relative who was willing to accompany the woman to school.

In the decade since the program's launch in 2004, some 425 midwives have been trained and returned to work in their home communities.

Some barriers have persisted: many midwives have faced disapproval from elements in their communities because they work outside the home and may be called to attend a pregnant women who has gone into labour in the middle of the night (because of taboos against women being outside the home after dark). And although women health workers are now more commonplace, a quarter of Afghanistan's health facilities still have no female staff – depriving many women access to health care.

Afghan women's improved health outcomes

Still, there have been impressive gains. The 2002 nationwide MMR of around 1,600 maternal deaths for every 100,000 live births has fallen to 244/100,000 in 2014. The higher survival rates have also changed attitudes, with families becoming much more supportive of the training program after having witnessed the benefits midwives bring to women and children.

"There are many stories of women wanting to enroll in the community midwifery program because they have seen sisters, mothers, friends, or other family members die in childbirth, and they felt compelled to do something about it," remarks Tanya Salewski, Senior Program Manager with Aga Khan Foundation Canada.

Local Care for Mali's Mothers and Children

A program initiated in 2012 hopes to achieve similar gains in Mali, where there are district hospitals but no primary care clinics in rural communities. The program has begun training birth attendants and matrons who work in local birthing stations and whose services are available free-of-charge to clients. Local governments and communities help pay for this program.

The presence of these local facilities ensures that more pregnant women – who otherwise would be reluctant to travel to clinics in larger centres where they don't know anyone –feel comfortable accessing care. The training of matrons and birth attendants in perinatal care enables them to monitor and provide care for pregnant women during pregnancy, as well as for newborns in the crucial period following delivery.

Those health workers have access to medications and are trained in the use of equipment, kits and educational materials. They are also able to refer patients experiencing complications that cannot be dealt with at the community level (for instance, patients who require a Caesarean section) to facilities with more specialized staff and equipment. Those matrons and birth attendants also have access to a communications system and to a new system of motorcycle ambulances, which ensures the timely transport of patients to those higher-level facilities.

After birth, the matron or birth attendant monitors the child to help reduce commons risks after birth. They promote practices such as early and exclusive breastfeeding and can identify nutritional problems in children and in pregnant or lactating women.

Although statistics are not yet available to show the impact of this program on maternal and newborn survival rates, a study to monitor the quality of care found that more than 90 percent of the users of rural maternities expressed satisfaction with the facilities and with the care offered by the matrons.

Further Resources

The Fortifying Human Capital in the Health Sector (October 8, 2013) seminar featured Jules Zanre, Head of Mali Delegation, Canadian Red Cross, and Anne Wilson, former President, Canadian Association of Midwives, who discussed specific human resource needs in the health sector and strategies to address them. To watch a recorded webcast, please click here

Nurturing Maternal and Child Health series overview

MNCH Photo Gallery

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Aga Khan Foundation Canada

Aga Khan Foundation Canada (AKFC) is a non-profit international development agency, working in Asia and Africa to find sustainable solutions to the complex problems causing global poverty. Established in 1980, AKFC is a registered Canadian charity and an agency of the worldwide Aga Khan Development Network.

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Undertaken with the financial support of:

Foreign Affairs, Trade and Development Canada
Affaires étrangères, Commerce et Développement Canada
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