



TOGETHER FOR GLOBAL HEALTH NETWORK

MATERNAL AND CHILD HEALTH TRAINING REPORT

2024

BO, SIERRA LEONE



Photo: Tenki for Born

“Empowering nurses in low-income countries with expert training is not just a noble cause, it is a lifeline. Each skillfully guided pregnancy, each expertly delivered newborn, each mother returning home healthy to her family – these are the ripples of impact that stretch far beyond the conference walls. The impact of this training and the collaboration of these organizations in global health weave a stronger fabric of support, paving the way for a healthier future for all.”

-Josephine Garnem, HIRF’s Executive Director.



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Acronyms

CHAMPS	Child Health and Mortality Prevention Surveillance is a global surveillance network that generates and shares accurate cause of death data on child mortality.
CHASL	The Christian Health Association of Sierra Leone is an Association of Health Institution owned by various churches or Christian organizations operating in Sierra Leone that and seek to provide the best possible health care for the greatest number of people in Sierra Leone especially amongst the rural population, regardless of their religious or ethnic background.
DHS	Demographic and Health Survey. These surveys are nationally-representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in the areas of population, health, and nutrition
HCW	Helping Children Worldwide is a locally registered 501c3 whose mission is to strengthen and empower families and communities.
MNCH	Maternal, Newborn, and Child Health. Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Newborn Health encompasses the time period from birth to 1 year.
NRP	Neonatal Resuscitation Program is an educational program in neonatal resuscitation that was developed and is maintained by the American Academy of Pediatrics. This program focuses on basic resuscitation skills for newly born infants. The curriculum was developed for high-resource settings with access to advance intervention methods.
OSCE	Observed Structured Clinical Observation assesses competency, based on objective testing through direct observation. It is precise, objective, and reproducible allowing uniform testing of students for a wide range of clinical skills.
PPH	Post Partum Hemorrhage is the cumulative blood loss of greater than or equal to 1,000 mL or blood loss accompanied by signs or symptoms of hypovolemia within 24 hours after the birth process. It is the leading cause of maternal mortality worldwide.
TGH	Together for Global Health is a global coalition of individuals and organizations dedicated to promoting sustainable health care and wellness in low resource communities to ensure the people we serve can receive care regardless of ability to pay



EXECUTIVE SUMMARY

Together for Global Health Members Healey International Relief Foundation, Helping Children Worldwide, Tenki for Born, the Christian Health Association Sierra Leone, Child Health and Mortality Prevention Surveillance, Embrace International Foundation, and other partners, convened from January 18th to 26th, 2024, for a 2-day preconference intensive training and 5-day conference in Bo, Sierra Leone. This training initiative, conducted in partnership with the School of Midwifery Bo, Njala University School of Medical Sciences, and the Ministry of Health Sierra Leone, aimed to empower midwives and enhance the quality of maternal and newborn health services in the country.

The conference welcomed participation from healthcare providers specializing in obstetrics, gynecology, pediatrics, neonatal health, and related fields, including nurses, midwives, and community health officers. Selected participants represented a diverse array of clinic settings, including Peripheral Healthcare Units (PHUs), referral government hospitals, and faith-based healthcare facilities.

The training curriculum primarily drew from the Helping Mothers Survive and Essential Newborn Care Curricula, focusing on critical topics such as postpartum hemorrhage and infant resuscitation.

Employing a Training of Trainers approach, the conference engaged seasoned healthcare providers from the United States, Canada, and Sierra Leone as master trainers to identify and equip Rising Trainers with advanced skills and knowledge. These Rising Trainers are now poised to disseminate their expertise, fostering a ripple effect in improving maternal and newborn health services and outcomes.

A total of 94 healthcare workers specializing in maternal and newborn health, who had not received formal refresher training in two or more years, participated in the conference. Remarkably, 83% of attendees successfully passed their skills assessments and received certificates. Post-conference evaluations revealed a notable 21% increase in healthcare workers' confidence to execute life-saving procedures.

Beyond individual capacity building, the conference served as a catalyst for diaspora engagement, cross-learning experiences, collaboration among 19 organizations, including the provision of cash funding and in-kind support, thus amplifying the impact and sustainability of maternal health initiatives in Sierra Leone.





A PARTNERSHIP FOR MATERNAL AND CHILD HEALTH

In January 2024, The Together for Global Health Network members Helping Children Worldwide, Tenki for Born, and Healey International Relief Foundation joined hands to convene a maternal and child health training conference for midwives in Bo, Sierra Leone.

These organizations were propelled by a shared vision to reduce maternal and child mortality rates in Sierra Leone by investing in capacity-building and health systems strengthening through the development of the local workforce.

We acknowledge the support of our partners at the Ministry of Health and Sanitation, Christian Health Association Sierra Leone (CHASL), Embrace International, CHAMPS, Project Hope, Njala University, and Seed Global, for assistance in facilitating this program. and our generous donors Direct Relief, Tzu Chi Foundation, USA Brother's Brother, Friends of

Sierra Leone, Poly Clinic Medical, Map International, and SOS International for providing resources for the success of the program.



COMMUNITY ENGAGEMENT



A focal point of this training initiative was community engagement and the establishment of enduring partnerships. Through this core principle, our implementing organizations have partnered with leadership within Sierra Leone, local health facilities, supporting organizations, and donors.

Guidance and approval for this maternal and child health training conference was graciously provided by the Sierra Leone Ministry of Health and the Nurses and Midwives Board of Sierra Leone. Our implementing partners have established a strong working relationship with these governing bodies in Sierra Leone to provide appropriate maternal and child health training that aligns with in-country policies and guidelines.

This training initiative coordinated with local health facilities in and around Bo, Sierra Leone to nominate professionals in the maternal and child health field to participate in the conference. The criteria for nomination was determined as any professional(s) in the maternal and newborn health field who had not received formal midwifery training in 2 or more years. These professionals represented local and regional health facilities such as hospitals, community health clinics, and schools of midwifery.

THANK YOU



In the global health world, working in partnership is key to successful projects. Each of the organizations in this project brought their own resources, networks, knowledge, and creativity to make this conference happen.

- Healey International Relief Foundation leveraged its specialization in leading and convening teams, in-country coordination and logistics, shipping and procuring medical supplies and cash support needed for the training
- Embrace International, Project Hope, COMHAS, CHAMPS, and SEED Global Health sent trainers and supplies.
- Helping Children Worldwide provided planning, seeking resources and project management.
- CHASL brought in local context and expertise, participants, leveraging their connections to faith-based institutions and the Ministry of Health and Sanitation.
- Tenki for Born took the lead on reviewing and preparing the curriculum and training schedule, procurement of much needed training equipment and supplies, volunteer logistics support and coordination of trainers.

Financial Support: None of this would have been possible without other organizations making financial contributions to the cause. Tzu Chi Foundation, USA, IMG, Friends of Sierra Leone, and CHAMPS all believed in the power of this mission and financially commitment to paving the way for improved healthcare for mothers and families.

In-Kind donations: Supplies, curriculum, trainers, expert advice, and in-kind donations were all provided by Project Hope, SOS Health and Hope, Direct Relief, Poly Care Medical, MAP International, MedShare, Brother's Brother Foundation, JPHEIGO, and Njala University, Kowama Bo.

Training Cost Support: Lastly, Together for Global Health network partners Rural Healthcare Initiative, Mission of Hope Rotifunk, Miracle of Help, and Better Lives Foundation underwrote the cost of their participants to attend the training.

WE WISH TO EXTEND A VERY SPECIAL THANKS TO

Ministry of Health Sierra Leone

Matron Mary Fullah

Matron Amber Coker

Ms. Mariam Sow

Mr. Senesie Margao

Project Hope

Kristin Anderson

School of Midwifery, Bo

Patricia Mukuwa

Njala University School of Medical Sciences

Dr. Rashid Ansumana

We would like to express our sincere gratitude to the conference leadership and the trainers for their support in making this conference possible.

National Master Trainers

*Banneh Daramy
Hawa Jabbie
*Mohammad James Koroma
Banneh Daramy
Mariama Momoh
Pity F Kanu
Memuna Bome
Fatmata J Daboh
Juliet Vandy
Mary Palmer
Mazie Cole
Emilia Decker
Kumba Lahai
Martha Laggah
Sia Gandi
Adelaid Debrah
Cinderella Koroma

Speakers /Support Team

Josephine Garnem
Emmanuel Sannoh
Annie Briggs
Nini Sombo Williams
Hassan Shaw
Molli Goetz, HIRF/Boston College
Kathleen Pfohl
Yasmine Vaughan

Master Trainers

Jasper Vaan Maanen
Kari Mason
Susan Van Boom
Elizabeth Demers
Betty Tenga
Andrew Justice
Carrie Jo Cain
Mariama Massaquoi
Amanda Napolet
Maria Valdez
Senesie Margao
Emmanuel Sannoh
Annie Briggs
Nini Sombo Williams
Hassan Shaw



BACKGROUND

MATERNAL AND CHILD HEALTH IN SIERRA LEONE



Worldwide, maternal and infant mortality are some of the most important metrics measured by the World Health Organization. A country's maternal and infant mortality reflects its capacity to care for its most vulnerable citizens— expectant mothers and children—and reflects inequalities in access to quality health services. The death of a mother can have profound economic impacts on a family, as mothers contribute substantially to household income. The loss of income combined with funeral costs can severely impact a family's economic stability. Children whose mothers die in childbirth have a higher risk of dying before the age of five and are vulnerable to child marriage, malnutrition, and decreased access to education opportunities.¹

Through the work of the Ministry of Health and Sanitation in Sierra Leone in collaboration with its partners, maternal mortality in Sierra Leone has dropped by 74% over the last 20 years. Sierra Leone now has a lower rate of maternal mortality than the West Africa region as a whole. What used to be the deadliest place in the world to give birth is no longer even in the top ten countries with the highest mortality ratio.² However, increased and sustained effort is needed. According to data from the Demographic and Health Surveys (DHS) program, 717 mothers in Sierra Leone die per 100,000 live births.³ Therefore, the maternal mortality ratio in Sierra Leone is still ten times higher than the goal set by the Sustainable Development Goals, which aim for a reduction in the maternal mortality ratio to less than 70 per 100 000 births. The Ministry of Health in Sierra Leone has set a target to further reduce their MMR to 300 per 100,000 live births by 2025.⁴

While the maternal mortality has decreased, the infant mortality has worsened. DHS data shows that 75 infants in Sierra Leone die per 1,000 live births.⁵ This is the highest infant mortality rate in the world.

The leading causes of maternal death in Sierra Leone are obstetric hemorrhage, hypertension, obstructed labor, and sepsis. The leading causes of neonatal death in Sierra Leone are prematurity, asphyxia, sepsis, and pneumonia.⁶ These are all preventable causes of death with the presence of a skilled birth attendant and quality pre and antenatal care, but they are often deadly in Sierra Leone due to a lack of access to quality healthcare.⁷ For these reasons, the TGH network set forth a target to provide nurses and midwives within Sierra Leone with skills-based training to address challenges commonly faced in their health settings and provide respectful maternal care to their patients.

In addition to providing a week long training program, this initiative was also designed to train health professionals in Sierra Leone to implement these trainings in their own health settings. This initiative ensures a sustainable and continuous transfer of knowledge amongst nurses and midwives within the Bo, Sierra Leone.

This training presented an opportunity for members of the diaspora from Sierra Leone to return and contribute a rich-body of knowledge to health professionals delivering live-saving services.





717

mothers in Sierra Leone die per 100,000 live births.³

75

infants in Sierra Leone die per 1,000 live births.⁵

WHY INVEST IN MIDWIFERY TRAINING?

- Midwives can provide about **90% of the care needed**, but they **account for less than 10% of the global sexual, reproductive, maternal, newborn, and adolescent health workforce**.⁸
- Skilled Midwives could **avert more than 80%** of all maternal deaths, stillbirths and neonatal deaths.⁹
- Recent evidence indicates that over **half of deaths** of newborns and half of maternal deaths now result from poor quality of care.⁷
- **Higher quality** of maternal health services has a **larger, positive effect** on utilization rates than service proximity.¹⁰
- Providing access to professional development opportunities, training, and educational resources makes healthcare workers feel more confident, engaged and motivated, thereby **reducing burnout**.¹¹

Conference Goals and Objectives

Enhance Competence & Confidence of Professionals Working in Maternal, Newborn & Child Health (MNCH)

MNCH professionals with a strong knowledge base and up-to-date skills can make critical decisions, perform procedures effectively, and provide the best possible care to their patients. Confident MNCH professionals are more likely to navigate complex situations effectively. This translates to a more positive and reassuring experience for mothers and families, fostering better communication and adherence to care plans. So, we aimed to boost the confidence and competence of 100 midwives, CHOs, and nurses, including those who have not received formal intensive refresher training in the past two years, but continue to play a crucial role in maternal care.

Provide respectful maternal care and protect against midwife burnout.

Supporting the mental health of the patient and the provider can have a substantial impact on care outcomes and prevent burnout. The training incorporated resources for participants to learn how to provide emotional support to patients and their families, such as listening to their concerns, validating their feelings, and offering practical help. The conference session also equipped midwives and other service providers with tools on how to be mindful of their own emotional needs and self-care by providing some examples of simple mindfulness practices to cultivate including setting boundaries and realistic expectations, delegating, and seeking support from colleagues and supervisors.

Increase capacity of MNCH service providers to train other midwives

By equipping healthcare staff with the skills and knowledge required to train others in Sierra Leone, we would help to create a sustainable pipeline of up-to-date skilled providers in the country. Training could continue at the facility-level long after the conference is over, making the knowledge more accessible geographically and financially compared to centralized training programs.

Foster Collaboration

We planned to convene organizations, facilities, and individuals involved in maternal and child health services to work intentionally and collaboratively. The collaboration was to avoid siloed initiatives and ensure consistent, comprehensive, and government-approved training; it was also focused on raise awareness of the challenges facing maternal health-focused organizations in Sierra Leone and identify solutions to these challenges. Working together on the conference fostered the exchange of ideas and best practices between organizations and allowed us to leverage a wider range of expertise, resources, and perspectives. This synergy led to innovative solutions and improved approaches to MCH care.

Improved maternal and neonatal outcomes in Sierra Leone

Training health services providers working with maternal and child health is a sustainable approach to improve the quality of care they provide and help contribute to improving maternal and newborn mortality rates in Sierra Leone. By focusing on quality care to improve maternal and neonatal outcomes in Sierra Leone, our conference aimed to make a significant and lasting positive impact on the health and well-being of mothers, newborns, and families in the region.



THE CONFERENCE

TRAINING CURRICULUM & FORMAT



Overview

The conference commenced with an intensive two-day training at the School of Midwifery in Bo, led by the Embrace International Foundation team from Canmore, Canada. The training was a refresher in the Neonatal Resuscitation Program (NRP), covering APGAR, changes to the new NRP, targeted SPO2 and Oxygen delivery, suctioning, thermoregulation, skin-to-skin contact, and more.

For the conference, participants were moved through three interactive curriculum tracks: Bleeding After Birth, Helping Babies Breathe, and Essential Newborn Care. These curricula were developed by JPHEIGO in conjunction with the World Health Organization, and the American Academy for Pediatrics with low-resource settings in mind. The curriculum is available free of charge online and the simulators can be purchased from Laerdal. The training also drew from research by the Child Health and Mortality Prevention Surveillance Program (CHAMPS)'s research into the causes of child mortality and UNICEF's Train-the-Trainer guidelines. The theme of respectful maternal care was incorporated throughout the training.

Our conference prioritized the well-being of midwives with a dedicated morning lecture on self-care. Recognizing the demanding nature of their work, the session provided essential tools and strategies for managing stress, preventing burnout, and fostering overall wellness. This focus on self-care underscored the importance of supporting midwives holistically.

Skills-Based Learning

The curriculum has paper knowledge assessments, but is primarily focused on skills building, and therefore is designed to be used with a high ratio of trainers to trainees. The trainees engaged in hands-on training modules that build competencies for midwives and nurses providing respectful and life-saving care for women and babies.



Bleeding After Birth *Helping Mothers Survive*

Developed by Jhpiego



Helping Babies Breathe

Developed by the Global Implementation Task Force



Essential Newborn Care

Developed by the World Health Organization (WHO)



Low-Dose, High Frequency

The format of the training conference was based on a low-dose, high-frequency training model. Low-dose, high-frequency training models are defined as “a capacity-building approach that promotes maximal retention of clinical knowledge, skills, and attitudes through short, targeted in-service simulation-based learning activities, which are spaced over time and reinforced with structured, Low-dose high-frequency training is crucial for long-term knowledge retention. By employing curriculum that was already part of the standard of training in Sierra Leone, we could ensure that future refresher trainings (whether delivered by us or by other organizations) would be drawing from the same knowledge areas, increasing retention and overall program effectiveness.

Rising Trainers

Rising trainers were prepared and assessed by national master trainers for the delivery of Bleeding After Birth trainings in their health setting. This initiative was developed to teach rising trainers how to teach other midwives and nurses this core curriculum.

CONFERENCE SCHEDULE



The five-day training sessions were rigorous, with active sessions running from 8:30 am to 5 - 6 pm. Participants who scored below the set standards were diligently re-trained until they achieved success, reflecting the seriousness of the endeavor.

DAY 1

The Helping Mothers Survive sessions were focused on management of post-partum hemorrhage through roleplay and various learning activities.

The first Essential Newborn Care session was conducted on the first day. Some of the topics covered included: identifying risk factors and measuring temperature, disease prevention, danger signs and infection management, and newborn hypoglycemia and ventilation.

Day 2

The Helping Mothers Survive session took place and expanded on the Bleeding After Birth curriculum by covering areas such as uterine and aortic compression, advanced care / emergency transport, and post-partum hemorrhage care.

For Day 2's Essential Newborn Care session, the module included topics pertaining to providing continuous skin-to-skin contact, breastfeeding support and potential problems, newborn temperature neonatal jaundice, and more.

Day 3

For the maternal participants, they learned about respectful care, emotional support, communication, abnormal fetal heart rate, and patient assessment. The session for rising trainers had an abnormal fetal heart rate exercise and discussed areas such as maternal fever/ infection, shoulder dystocia management, and breech.

Day 3 held the first Helping Babies Breathe session that was divided into two groups.

CONFERENCE SCHEDULE (CONT.)



DAY 4

The Helping Mothers Survive Bleeding After Birth module for the day had an active management of the third stage learning activity, in addition to retained placenta, uterine atony, and more.

The second and final Helping Babies Breathe session took place on this day.

On the final day for the Helping Mothers Survive Training, the topics covered for both sessions focused on mental health and preventing burnout, showing the importance of health workers' wellbeing.

Day 5

Sessions started with a review of what was learned the previous day and ended with a debrief to summarize learnings and challenges. Pre-tests were conducted for the first sessions of the curriculums and post-tests in addition to course evaluations were on the last.

Photo: Tenki for Bom





TRAINING COHORT

16

National Master Trainers

18

Rising Trainers

80

Trainees



RESULTS

PROGRAM EVALUATION



In order to assess the impact of the 5-day training, a program evaluation plan was established. This evaluation plan included the use of a conference feedback survey, as well as curriculum-specific pre- and post-course knowledge assessments. Our training initiative emphasized high standards of evaluation for its participants to ensure measurable improvements in the knowledge and skills acquisition of the learners, as well as the quality of care provided to mothers and newborns in Sierra Leone.

The Essential Newborn Care curriculum evaluation plan utilized pre-course and post-course knowledge assessments to determine the trainee's understanding of concepts such as the Golden Minute, keeping a newborn warm, and routine care after birth. Two skills assessments were also performed on infant resuscitation.

The Bleeding After Birth curriculum evaluation plan incorporated a survey to collect participant characteristics. This survey included questions regarding the participant's current qualifications, years of experience, time since their last newborn delivery, and working experience with labor complications. Like ENC, the evaluation of this curriculum incorporated pre-course and post-course knowledge assessments. To assess their confidence as well as their competence, it also included pre-course and post-course confidence assessments. These confidence assessments collected information on participant's confidence with concepts such as managing postpartum hemorrhaging (PPH), performing bimanual compression of a uterus for PPH, and detecting or managing shock in women experiencing PPH. In addition to the knowledge tests, skills tests were done for the Bleeding After Birth curriculum. These skills-based assessments, called Objective Structure Clinical Evaluations (OSCEs), required learners to simulate the competencies they had acquired throughout the training program. Three OSCEs were done to test skill competency on active management of the third stage of labor, retained placenta, and atony. Each participant was given at least two chances to pass each OSCE.

Feedback surveys for the Maternal and Child Health Training Conference were developed and disseminated by Molli Goetz of Boston College. This survey asked respondents to provide feedback on aspects of the conference such as sessions they attended, how effectively trainers communicated information, potential barriers to implementing these trainings in their facilities, and how relevant the content was to their work.

RESULTS HIGHLIGHTS



98

Healthcare workers received crucial training in maternal and child health practices and procedures.

15%

Increase in the overall level of confidence among participants that completed the Bleeding After Birth curriculum

83%

Of healthcare workers passed all 3 skill assessments (OSCEs) on Bleeding after Birth Complete. Those who did not pass have been recommended for future training

97%

Of Participants that completed the Essential Newborn Care curriculum passed the curriculum post-test

21%

Of healthcare workers showed an increase in confidence in providing vital care to women during pregnancy and childbirth in post-conference assessments.

42%

Of respondents referenced a lack of equipment, medicines, or consumables as a potential barrier to implementing these trainings in the participant's health setting

TRAINING CERTIFICATES AWARDED

78

Essential Newborn
Care Certificates
Awarded

67

Bleeding After Birth
Certificates
Awarded

12

Rising Trainer
Certificates
Awarded

BLEEDING AFTER BIRTH COMPLETE RESULTS (CONT.)



Objective Structure Clinical Evaluations (OSCE)

The skills-based assessments focused on Active Management of the Third Stage of Labor, uterine atony, and retained placenta. Of the 80 participants who participated, 51 (63.8%) passed the 3 OSCEs on the first try. Another 15 (18.8%) passed on the second try.

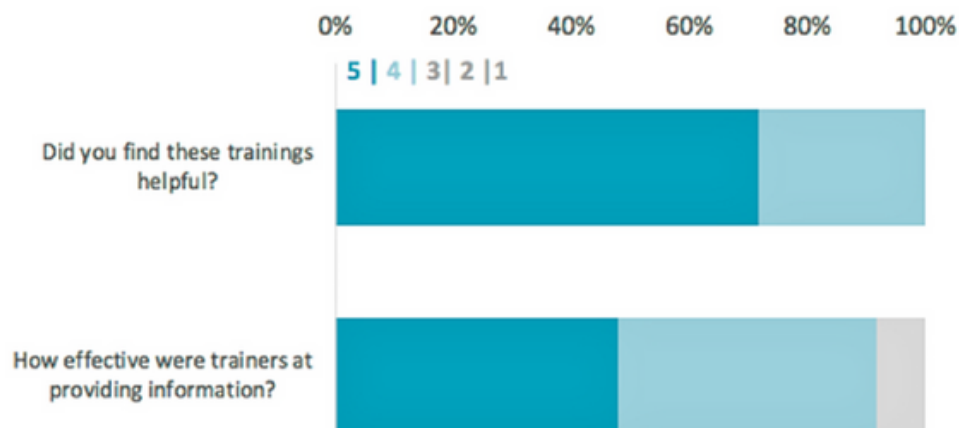
ESSENTIAL NEWBORN CARE: KNOWLEDGE RESULTS

This module did not include surveys to assess confidence levels, and skills tests were not performed using formal OSCEs. The knowledge assessments covered a variety of topics related to care in the first sixty minutes of life, including the Golden Minute, keeping a newborn warm, and routine care after birth. All but 2 out of 80 (98%) participants passed the Essential Newborn Care knowledge post-test, and all participants passed the knowledge checks. Between the pre and post tests there was an average increase of 3.64.

PARTICIPANT FEEDBACK

Training participants reported that they believe the material will be useful in their work in the future and 97% also reported that they found all of the training sessions relevant to their work. Out of 75 responses to the post-conference feedback survey, 99% reported that they will be using the content of the training in their future work, and 97% reported that they would recommend future trainings of this nature. On the question “Did you find these trainings helpful?” which was reported on a scale of 1-5, 53 participants answered with a 5 and 21 answered with a 4, which no scores below a 4. On the question “How effective were trainers at providing information” 35 answered with a 5, 32 with a 4, and 6 with a 3 (Figure 3).

Figure 3. Participants ranking of training effectiveness, Scale 1 (lowest) - 5 (highest)



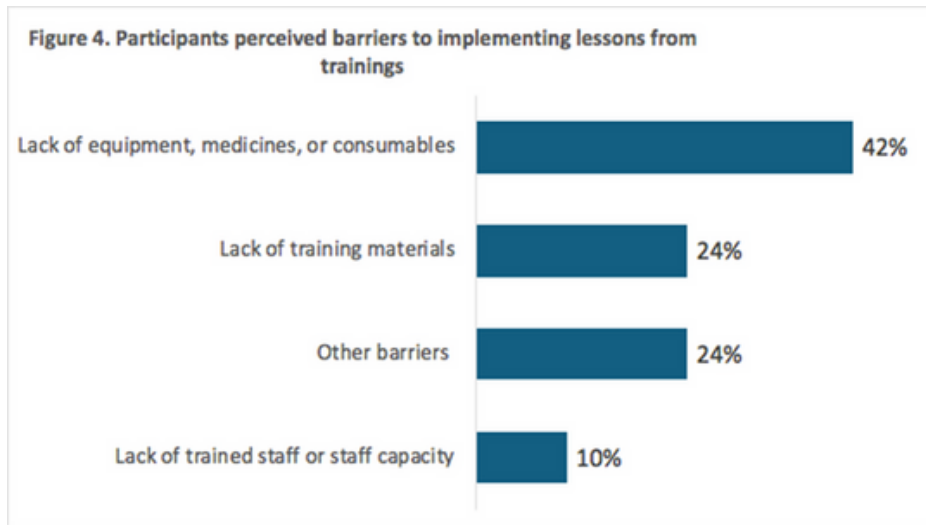
PARTICIPANT FEEDBACK (CONT.)



Some participants provided feedback on the trainers. The majority of this feedback was highly positive. Of the 33 written comments left, 79% of them were entirely positive, describing the trainers as helpful, encouraging, and knowledgeable. 21% comments provided negative feedback, and of those, 3 specifically referenced National Master Trainers while the others did not specify which trainers were being referred to. These comments included issues with “professionalism” and “attitudes” of trainers and references to National Master Trainers using harsh feedback and methods in the classroom.

Participants also provided information about potential barriers they can see to implementing this training. Of the 59 comments provided on this question:

- 25 mentioned a lack of equipment, medicines, or consumables as a barrier to using the training
- 6 mentioned a lack of trained staff or staff capacity
- 14 mentioned a lack of training materials, guides, or action plans (Figure 4)



In the participant evaluation, one midwife shared, “I am so grateful I was part of this training. It is very relevant. This will help us to remember things that we have forgotten and that we need to know.”

TRAINING OUTCOMES (CONT.)



Several facilities who sent participants to the conference received equipment and supplies following the training, which should address the concerns about implementations. This can be combined with continued efforts to be in contact with the participants and collect information about specific medicines, equipment, or supplies that they do not have access to, so that these can be prioritized in future donations. Additionally, future trainings can provide participants with copies of the action plan posters or written guides to take with them to their facilities.



Photo: Tenki for Born

KEY TAKEAWAYS

KEY FACTORS IN OUR SUCCESS



Partnering with the Ministry of Health

By partnering with the Ministry of Health in Sierra Leone, this initiative was offered proper guidance on the national targets and expectations for midwives and maternal health nurses in Sierra Leone. This partnership ensured alignment with Ministry of Health standards and goals, as well as preventing any duplication of efforts with other maternal health training initiatives in Sierra Leone.

Utilizing National Master Trainers

Incorporating national master trainers into this training initiative provided invaluable support to both trainees and international trainers. National master trainers are well-versed in the local cultural and health context which helped bridge the gap between trainee and international trainer. By pairing international trainers with a national master trainer, the facilitating team was better prepared to communicate with, teach, mentor, and learn from participants.

Incorporating Hands-On Learning

This training initiative provided insightful context into successful techniques and tools to educate midwives in Sierra Leone. Among this was the use of hands-on learning elements. Due to a lack of training resources, the nurses and midwives highly valued activities that allowed for hands-on skills practicing and the drilling of diverse, real-life scenarios. Incorporating these hands-on learning techniques proved to be an effective and necessary method with which to prepare the trainees. The simulators were indispensable as they provided an environment to practice complex procedures and develop critical decision-making skills. By mimicking real-life scenarios, these simulators facilitated hands-on learning, allowing us to translate theoretical knowledge into practical expertise. By repeatedly performing life-saving interventions in a controlled environment, the participants could automate their responses, reducing hesitation and increasing efficiency when faced with real-life emergencies.

Establishing Attendance Measures

Attendance measures are essential for gauging the fidelity of training curriculum implementation. By tracking participant attendance, we could assess the extent to which the training reached its intended audience. Comprehensively tracking participation for this conference allowed for the delivery of the complete curriculum to each participant, as well as fair compensation for travel to, and from, the conference.



RECOMMENDATIONS & LESSONS LEARNED: LOGISTICS



Photo: Tenki for Born

Clear and Defined Responsibilities

When collaborating across partners and stakeholders, have clear and defined responsibilities for both planning and on-the-ground operations. Plan to prepare all involved stakeholders, such as trainers or volunteers, with their respective duties and materials in advance. By including a diverse set of stakeholders in your planning process, you open your program up to a wealth of information, expertise, and support in achieving your programmatic goals.

Specific and Clear Curriculum Plan

When creating a curriculum plan, ensure the curriculum uses simplified language designed to accommodate learners speaking a major language as their second or third language. Determine an achievable training schedule that can be accomplished within the proposed timeframe. Ensure that participants are provided enough time to complete all learning modules and all sessions are designated sufficient time to address the content in-depth and with plenty of time for practice and reiteration.

Know and Plan for Your Audience

When conducting a training program, connect with and learn more about your audience in advance of meeting in-person. Knowing the health setting, skill-level, and to what degree trainees or trainers have been previously prepared can help organizers better tailor the content and training experience. Tailor the existing curriculum to include more context specific examples (example using medicines and protocols that are country specific versus general/global context) and more clearly defined scenario questions.

Beyond Clinical Knowledge

Effective maternal health training goes beyond clinical skills. Modules on compassionate care, self-care, leadership, administration, and management are crucial, as these skills are the cornerstone of staff well-being and positive patient outcomes in maternal health. Healthcare providers in these settings often wear multiple hats – they are allies to mothers, community leaders, facility administrators, team managers, and most importantly, leaders of themselves. Equipping them with these skills fosters a supportive environment for both patients and staff, and strengthens their ability to deliver high-quality maternal care.

Compassionate care was woven into every module; women and children are entrusting their lives to these providers, so empathy and emotional support are crucial. Special lectures were held on techniques to improve self-care and effective health care administration.

RECOMMENDATIONS & LESSONS LEARNED: SUPPORTING THE CASCADE OF LEARNING



Supporting National Master Trainers

One key focus area that was found to be crucial to training was supporting master trainers. While master trainers grasped the curriculum content, many lacked the essential skills to effectively deliver it to a new audience. This highlights the importance of equipping trainers not just with knowledge, but also with strong facilitation skills, the ability to adapt to diverse learners, and a focus on positive reinforcement. Investing in comprehensive training for master trainers, who then train others at the facility or academic level, represents an upscaled approach that can significantly improve the quality of midwifery education on a larger scale.

Build Confidence Among Your Future Trainers

When preparing your rising trainers, ensure that you are incorporating positive reinforcement that builds up their confidence in their ability to teach. Empowering your rising master trainers starts with simple communication. Regular follow-ups via Whatsapp or chosen platforms can address concerns and celebrate early wins, building confidence. Additionally, ensure they have all the resources – training booklets, simulators, etc. – to effectively deliver the curriculum. Feeling well-equipped translates into a confident and successful training experience for both them and their students.

Comprehensive Cultural Awareness Training for International Trainers

Help your international trainers help you by providing them a comprehensive introduction to the culture and health context they will be working in. By offering international trainers a comprehensive cultural awareness training, you are equipping them with the necessary skills and knowledge to meet the participants where they are. Trainers will then be prepared to anticipate any barriers to delivering trainings when they arrive.



FOSTERING COLLABORATIVE NETWORKS



Beyond individual empowerment, the team aimed to facilitate collaboration between organizations, facilities, and individuals involved in maternal health care. By joining forces, the organizations can create a stronger, more unified network around maternal health, ultimately leading to a healthier future for the communities served.

Over 19 organizations collaborated to make this conference possible, including organizations that provided funding or in-kind donations.

There is high potential for continued impact from this training due to the use of the Training-the-Trainer model, the continued training using the low-dose, high-frequency model of training, and strong connections built between partner organizations. The rising trainers who are now designated “master trainers” have committed to the continued cascading of this training to their facilities and are now in a WhatsApp group with conference trainers to stay in communication and share updates about how they have brought this training to their facilities.

As part of the continued training, five (5) facilities have received training materials and training dummies to continue implementing the low-dose, high-frequency model, and will continue reporting on the outcomes of this training.

The connections now established between multiple NGOs, government officials, and the participants at the conference will allow for continued monitoring of the impact of this training and continued support to the participants in order to ensure that they are able to use this training to reduce maternal mortality.

A LOOK FORWARD...



The Together for Global Health Network organizations Helping Children Worldwide, Healey International Relief Foundation, and Tenki for Born celebrate the collaborative work done to implement this training conference and continue to be committed to advancing maternal and child health in Sierra Leone. Our implementing organizations are looking forward to maintaining our strong partnerships and forging new relationships to incorporate additional regions and localities of Sierra Leone into our training initiative.

Our team of facilitators continue to empower our cohort of trainers to deliver the Bleeding After Birth curriculum at their facilities through ongoing communication, guidance, and mentorship. Throughout this initiative, we have encouraged informal training and support among participants and their colleagues through simple gestures that start with “let me help you with this”. This kind of support allows for the transition of knowledge which extends beyond the immediate impact of this initiative and reaches the entire community. But overall, the nurses remain motivated in training their colleagues because they can now do life saving interventions they were previously unskilled for and want to pass that on to others.

Our mission moving forward is to encourage the continued exchange of knowledge amongst partner organizations to ensure our efforts are synergistic and sustainable. This has been achieved by sharing insights and detailed information with partners such as the Ministry of Health and Sanitation, Jhpiego, USAID Momentum, and Project Hope.

This training marks a significant step forward in empowering midwives globally, but it is just the beginning. We are committed to ongoing collaboration with international partners to expand our reach, share knowledge, and refine our training methodologies. By working together, we can create a sustainable impact on maternal and child health worldwide.



REFERENCES

1. Tulloch, Tezeta. "Economic and Social Impacts of Maternal Death." FXB Center for Health & Human Rights | Harvard University, May 7, 2015. <https://fxb.harvard.edu/2015/05/07/economic-and-social-impacts-of-maternal-death/>.
2. Trends in maternal mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. (n.d.). Retrieved July 5, 2024, from <https://www.who.int/publications/i/item/9789240068759>
3. Statistics Sierra Leone (Stats SL) and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF. <https://dhsprogram.com/pubs/pdf/FR365/FR365.pdf>.
4. Sierra Leone graduates 136 midwives with UNFPA, FCDO support. (2022, October 3). UNFPA Sierra Leone. <https://sierraleone.unfpa.org/en/news/sierra-leone-graduates-136-midwives-unfpa-fcdo-support>
5. World Bank Open Data. "World Bank Open Data." Accessed March 29, 2024. <https://data.worldbank.org>.
6. UNICEF Sierra Leone. "Maternal, Neonatal, Child and Adolescent Health." Accessed March 25, 2024. <https://www.unicef.org/sierraleone/maternal-neonatal-child-and-adolescent-health>.
7. Strengthening quality midwifery education for Universal Health Coverage 2030: framework for action. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
8. Maternal health—87%. (n.d.). Retrieved July 5, 2024, from <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery/maternal-health-87-percent-services>
9. Homer, C. S. E., Friberg, I. K., Dias, M. A. B., Hoop-Bender, P. ten, Sandall, J., Speciale, A. M., & Bartlett, L. A. (2014). The projected effect of scaling up midwifery. *The Lancet*, 384(9948), 1146–1157. [https://doi.org/10.1016/S0140-6736\(14\)60790-X](https://doi.org/10.1016/S0140-6736(14)60790-X)
10. Dotse-Gborgbortsi, W., Tatem, A. J., Matthews, Z., Alegana, V. A., Ofosu, A., & Wright, J. A. (2023). Quality of maternal healthcare and travel time influence birthing service utilisation in Ghanaian health facilities: A geographical analysis of routine health data. *BMJ Open*, 13(1), e066792. <https://doi.org/10.1136/bmjopen-2022-066792>
11. Razai, M. S., Kooner, P., & Majeed, A. (2023). Strategies and Interventions to Improve Healthcare Professionals' Well-Being and Reduce Burnout. *Journal of Primary Care & Community Health*, 14, 21501319231178641. <https://doi.org/10.1177/21501319231178641>

