

MIDWIVES IN SOUTH SUDAN



THE PROMISE OF SAFE BIRTHS

This publication was produced for the
Strengthening Midwifery Services Project in South Sudan



Canada



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In memory of

Dr. Babatunde Osotimehin
(1949-2017)
UNFPA Executive Director

“Thanks to midwives, millions of women each year are able to exercise their right to sexual and reproductive health services, including voluntary family planning. These services help ensure wanted, healthy pregnancies and safe births.”



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FOREWORD

FOR YEARS, SOUTH SUDAN IS KNOWN FOR HAVING ONE OF THE HIGHEST MATERNAL MORTALITY RATES IN THE WORLD. IT HAS SHAKEN AN ENTIRE GENERATION AND HAS BECOME A BURDEN FOR THE HEALTH SYSTEM.

Today, we are changing the narrative. In the past few years, the Ministry of Health has been working diligently with our incredible partners, specifically the United Nations Population Fund, and the governments of Canada and Sweden on the Strengthening Midwifery Services Project to shift the landscape on maternal health and start raising hope for thousands of families across South Sudan.

The Ministry of Health is grateful for the contribution that the SMS Project has brought for our young country over the past five years. It's an inspiring and extremely important journey, one that aims to revive, teach and nurture the current and future generation.

The project's incredible success is based on its unique design, in that it focuses on the bigger picture of healthcare within the country. Our Canadian and Swedish partners have been working with us in order to adopt a holistic approach to health, ensuring that we tackle it on all levels. This is key to helping create a sustainable impact when it comes to reducing the maternal mortality rate and to providing easy access to healthcare for millions of people.

Our country has gone from having less than 10 midwives before 2012, to more than 400 today working in clinics and hospitals in cities, towns and villages across our country. This is an incredible feat.



Moving forward, there is still a lot of work to be done, and plenty of gaps to fill. However, taking a minute to look back to where we were five years ago, to how far we have come today, words can't express the gratitude and pride that I feel.

My strong desire is for the continuity of this project. We want to keep working with partners in not only raising the profile of midwives across South Sudan, but in communicating a

message of strength, hope and change when it comes to healthcare in South Sudan.

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines.

Hon. Minister Riek Gai Kok
Ministry of Health
South Sudan

UNTANGLING A WEB OF HEALTH ISSUES TO AVERT MATERNAL DEATHS

South Sudan has the highest maternal mortality rate in the world. In 2006, the Sudan Household Survey showed that for every 100,000 live births, 2,054 South Sudanese women die. Not only is this tragic for the thousands of children who grow up without a mother, it's also threatening the development and stability of an entire generation.

The world's youngest country gained independence in 2011. Not long after, in 2013, the country erupted in fighting and, for more than three years, restoring peace remains elusive. Thousands of people have died, and almost two million have been internally displaced.

South Sudan's high maternal death rate not only harms children who grow up without a mother, it also threatens the development and stability of an entire generation.





In February 2017, South Sudan declared famine in two counties. 100,000 people are dying from hunger, with millions more on the brink of starvation.

To compound the crisis, famine was declared in two counties in February 2017, with 100,000 people on the brink of starvation and millions more facing extreme food insecurity, including some 33,000 pregnant women. UNFPA, the United Nations Population Fund, says up to 253,000 women of childbearing age could be harmed by the crisis during the year. The United Nations and aid organizations are calling it a man-made famine and urging all parties to work towards peace.

Challenges in the health sector

Amidst the devastation, since becoming the world's newest nation, maternal health has continued to remain a major challenge in South Sudan. Before the Ministry of Health and UNFPA implemented the Strengthening Midwifery Services (SMS) Project in 2012, the maternal health landscape in South Sudan was grim. This was due to several factors, with some of the most prominent including shortage of skilled health workers, inaccessibility to healthcare facilities, and a lack of awareness among women on maternal health.

Prior to the inception of the SMS Project, very little recognition was given to midwives. There was only one training school in the country that implemented a professional midwifery education programme. There was no midwifery regulatory framework in place and no strategic or developed midwifery plan.





Most women used to rely on traditional birth attendants who have no formal skills and are unable to deal with childbirth complications.

Less than 10 qualified midwives

In 2011, there were less than 10 qualified midwives in a country with a population of roughly 11 million people, 24 per cent of whom were women of childbearing age between 15-49 years old. This shortage of skilled workers combined with extreme challenges to access to health services, greatly contributed to the high mortality rate. As 80 per cent of South Sudan's population lives in rural villages, for the few qualified midwives and nurses, they often weren't able to reach the most vulnerable people.

As a result, most of the families who live in these areas rely on traditional birth attendants (TBAs) when giving birth. The TBAs are untrained women who communities have trusted and used for generations, yet they have no formal skills, and are unable to deal with complications during birth, such as fistulas and hemorrhaging among other life-threatening issues.



“Midwifery was marginalized,” says Jemelia Sake, president of the South Sudan Nurses and Midwives Association, or SSNAMA. She says that when people pictured midwives they saw old people and it has taken a lot of time to shift people’s perceptions surrounding midwives.

Access issues

Many mothers are unaware that they have other options for safe deliveries. For those who would prefer to give birth in a hospital with a trained midwife, it’s often extremely hard to access a nearby clinic. Most rural families have no means of transport and, even if they do, South Sudan’s infrastructure is extremely shoddy. In a country with a road network of over 10,000 miles, only 125 miles of it is paved, according to a 2016 report. This means it can take hours to reach a hospital and many mothers die along the way.



Access challenges in South Sudan prevents thousands of women from receiving the timely and critical care that they need, especially when it comes to childbirth.

“I’ve seen women brought in on wooden stretchers, some had been carried for days,” says Ocan Walter, a first year student of emergency obstetrics and gynecology in Juba under the Associate Clinicians Training Programme of the SMS Project. The programme trains mid-level health workers such as Clinical Officers in emergency obstetrics and surgery.

Walter says that when he worked as an assistant in remote parts of the country there was often no way to get women to nearby treatment centers. “Donkeys would often transport them,” he recalls. “And the mothers would die en route.”

For those who are able to access the clinics, due to the recent conflict, options have become limited. Currently, 57 percent of health facilities across the country are non-functional.



Without easy access to cars and transport, many women don't make it in time to the hospital.



The midwifery program works extensively with women and men on understanding the importance of family planning.

Low acceptance for family planning

In addition to a shortage in skilled health workers and access challenges, another prevalent issue was a low uptake of family planning services. Only 4.5 per cent of families in South Sudan use some methods of contraception, mainly due to both stigma and to the belief (especially among many men) that a woman's purpose is to have babies.

Since the inception of the SMS Project, UNFPA has worked relentlessly to combat the situation, encouraging women and their husbands to come for family planning counselling. As a token gesture, family planning clinics would prioritize attending to women who come with their husbands.

Small victories amidst the challenges

South Sudan Health Minister Riek Gai Kok credits the initial successes of the SMS Project to the holistic approach taken by the Ministry and the project partners to improve maternal health. Working on all facets of health, Dr. Kok says, is the only way to truly combat the grim maternal health situation.

As a result of this holistic philosophy, the SMS Project has made some notable strides. The investment by project donors Canada and Sweden “has hit the nail on the head and it’s a relationship that we’re proud of as a country,” the health minister says.





The aim is to ultimately help shape, develop, empower and strengthen the future and the next generation of the world's youngest country.

Since 2012, increased awareness, education, and resources have been put towards reducing the maternal mortality rate. Data collected by the WHO, UNICEF, UNFPA, the World Bank Group and the UN Population Division estimated the maternal mortality ratio in South Sudan at 789 deaths per 100,000 live births as of 2015.

MIDWIVES: BRINGING HEALTH SERVICES CLOSER TO THE PEOPLE

In the first four years since its inception, the Strengthening Midwifery Services Project has made some groundbreaking achievements through the work of key partners the Ministry of Health, UNFPA and the governments of Canada and Sweden.

“I can’t say things have changed exactly since 2011,” says SSNAMA President Jemelia Sake about the evolution of midwifery in the country. “Because nothing existed back then.”

Sake is one of the founding members of SSNAMA, which was established in 2011 with the support of UNFPA through the Global Maternal Health Thematic Fund. It was one of the first initiatives that put midwives on the map in South Sudan, providing support and raising awareness in a sector that was virtually unknown. To date, they have more than 800 members across the country and still growing.



Remarkable achievement

Probably the most remarkable achievement by the project to date is being able to increase the number of qualified midwives in South Sudan from less than 10 in 2011 to more than 400 by the end of 2016. A number of them are now working in hospitals and health centers across the country. Some have furthered their education to get Bachelor's or Master's degrees and one midwife even became an obstetrician-gynecologist.

“For 60 years we had less than 10 trained midwives,” says Health Minister Riek Gai Kok. With the midwifery project, the number has grown to more than 400 in less than five years.

The importance of continuing education

As the SMS Project progresses, it gives special focus on mainstreaming gender equality and empowerment. The project also touches on areas of support to improve maternal health. For example, as part of the emergency obstetric and newborn care (EmONC) service, doctors are engaging associate clinicians in task shifting for maternal health. This is done by training health workers referred to as Clinical Officers on emergency surgeries and Caesarean-section deliveries.

“We realized that if you take people to do apprenticeships and give them practical training on tasks that focus on addressing maternal mortality, it can make a big difference,” says Dr. Frederik Khamis, Dean of the College of Physicians and Surgeons in Juba.







“Before, I had to refer patients to other experts when something went wrong,” says Ocan Walter, one of Dr. Khamis’ first-year scholarship students. “Now, if the delivery process is not going well I can actually do something about it myself,” he says.

CHANGE BEGINS WITH LEARNING

THE MIDWIFERY SCHOLARSHIP IS CHANGING THE MATERNAL
HEALTH LANDSCAPE IN SOUTH SUDAN

The midwifery scholarship is one of the signature drivers for the Strengthening Midwifery Services Project. Before project implementation in 2012, South Sudan had roughly 10 midwives who had skills that could pass international standards, serving the country of approximately 11 million people.

Petronella Wawa Habib, Principal of the Juba College of Nursing and Midwifery (JCONAM) says the teaching has been invaluable. “In 2014 when the midwives and nurses at the Juba Teaching Hospital went on strike, the students took over and we didn’t have a single maternal death,” she says.





Having been at the school for seven years, Habib says the scholarship program is yielding results. Across the country, interest and enrollment in the program is steadily increasing at the four project-supported Health Sciences Institutes (HSIs).

The selection process isn't easy but applicants are still lining up. To get accepted to the program, they have to complete and pass five core subjects at the secondary school final examinations, including Math, Science and English, scoring at least 65 per cent.

The problem is getting people from remote towns and villages to qualify for the scholarship.

More than 80 per cent of South Sudan's population lives in rural areas. Many of these villages don't have more than a primary school and, even if they do, due to the conflict and famine, many school-age children aren't attending class.



Nevertheless, there has been an uptick in interest across the country. For example, in the small town of Kajo Keji on the border with Uganda, graduating class in December 2016 had 45 students. This year's class is expected to see 100 graduates.

“It sounds like a drop in the bucket,” says Leslie McTyre, programme coordinator for International Medical Corps (IMC), one of UNFPA’s implementing partners for the project. “But you have to think that each midwife can treat 1,000 mothers.”

The far-reaching effects of the scholarship program are doing more than just saving lives. They are creating a new generation of knowledgeable, skilled, and empowered men and women.

‘MY BIGGEST FEAR WAS DROPPING OUT OF SCHOOL’

Nyomon Lilian will never forget the day she decided to become a midwife.

“Watching my neighbor die during childbirth emboldened me to make the decision to enroll in midwifery,” says the 25-year-old. “The woman assisting her had no knowledge of what to do.”

A few years ago, in her hometown of Kajo Keji, in South Sudan’s Equatoria region, Lilian watched as her neighbor bled out after giving birth. The mother was rushed to the hospital but it was too late. She died, leaving behind five small children.

Although Lilian says it was a life-changing moment, she admits that it wasn’t the first time she had seen a woman die during childbirth. “I’ve seen it with my own eyes,” she says. “Women dying because of bleeding.”

When Lilian heard on the local radio station about the midwifery scholarship programme being offered by the SMS Project, she applied that same day.

Currently in her second year of a three-year midwifery course, the eager student and her 58 classmates haven’t had it easy. Studying in a war zone is complicated at best and fatal at worst. When fighting broke out in Lilian’s hometown in Kajo Keji early in 2017, she and the rest of the students in the school were forced to flee.

Lilian and fellow students from Kajo
Keji learn from their tutor at the Juba
Teaching Hospital.



*“The kids didn’t want to leave the school.
They were the last people there.”*

When clashes broke out, most of the people in town fled to the bush. Lilian and her classmates had no patients left to treat and began to fear for their lives.

“We heard gunshots in the school. I took my uniform and left behind my books and everything else,” she narrates. What worried her more than the bullets was the possibility of not being able to go back to school and complete her midwifery studies.

“I was really sad,” she says. Lilian and her classmates sought refuge in Uganda until the SMS Project decided to relocate the class to South Sudan’s capital of Juba.

Lilian with a newborn brought to the hospital for vaccination.

“I feel a lot better now that we’re back in school,” says Lilian.

Although it’s not the same as being at home, the young student says she just wants to absorb all she can in order to help those back in her community.

Having only begun her second year, she’s not yet able to do practical training. However, one Saturday, Lilian took advantage of the program’s “open days” and participated in one of her first deliveries.

Elated, Lilian says she loves babies and can’t wait to do more.

Midwives in South Sudan: The promise of safe births





In the meantime, she's learning about the causes of death that affect thousands of women across South Sudan. She says one of the biggest obstacles in combatting the high maternal mortality rate is the widespread ignorance among rural communities.

“People don't know about hemorrhaging. Mothers are also not aware that they need to eat well and treat illnesses like malaria when they are pregnant,” she says. Lilian now encourages mothers living in remote towns to get antenatal check-ups, especially if they're experiencing unusual symptoms during pregnancy.

When the fighting subsides, she hopes to return to Kajo Keji and support women in her hometown so that she won't have to witness a generation of children grow up without mothers.

REINING IN THE NEXT GENERATION OF HEALTH PROFESSIONALS

An integral part of the Strengthening Midwifery Services Project is the development of South Sudan's human resources for health to fill the gap in shortage of health personnel across the country. The goal is to increase capacity and knowledge on maternal health care and, ultimately, to prevent maternal deaths.

Unique to the project is the training on task shifting, which is meant to bridge the gap between the lack of specialized health workers in the country and the number of

people in need of assistance. Under this initiative, Clinical Officers are trained to perform emergency surgeries such as C-section deliveries.

“The idea is to develop people who already had the training and upgrade their skills to perform emergency obstetric tasks,” says Dr. Frederik Khamis, Dean of the College of Physicians and Surgeons in Juba.

Dr. Khamis says that although competition is stiff, women have an advantage.





“There is an emphasis on gender,” says Dr. Khamis. “Last year only two women applied and we took them both,” he says, admitting that the women did better than the boys.

Aside from the scholarship programme and professional training, another approach taken by the SMS Project is the mentoring of South Sudanese midwives by the more experienced international midwives deployed in SMS Project sites.

The Canadian Association of Midwives (CAM) also initiated a peer-to-peer mentoring program with the South Sudan Nurses and Midwives Association (SSNAMA) and young South Sudanese midwives who are employed as UN Volunteers for the project. The mentoring takes place online and the goal is to provide remote guidance, share ideas and build capacities.

The SMS Project also supports health professionals to pursue advanced education in emergency obstetrics-gynecology in universities outside of South Sudan.

With these approaches, sustainable change is more likely to happen to improve women's health and reduce maternal mortality.



THE POWER OF SHARED LEARNING

“I want to be a leader in my field,” says Repent Khamis. Sitting at his desk in the Juba College of Nursing and Midwifery (JCONAM), the 40-year-old South Sudanese nursing and midwifery tutor says he wants to influence people so they can realize their potential.

Khamis is one of 17 South Sudanese mentees taking part in the peer-to-peer mentoring programme initiated by the Canadian Association of Midwives (CAM) with the South Sudan Nurses and Midwives Association (SSNAMA).

“The design of the project is to ensure that there is a two-way communication between participants from the two countries,” says Kelly Chisholm, a registered midwife based in Nova Scotia. “This way, shared learning can take place as both our countries have midwifery that is still growing.”

The initiative provides South Sudanese trainers like Khamis with the opportunity to gain a different perspective on midwifery while improving their skills.

After studying nursing in Kenya, Khamis returned to Juba to work as a nurse tutor. He said it wasn't until visiting a rural town that he decided to upgrade his credentials and become a midwife.





“We are only beginning but I am hopeful to return to South Sudan and see some accomplishments.”

“We were giving vaccinations to children in that village,” says Khamis. “One of the women we met by chance was experiencing a prolonged labor and really needed to get to the hospital, but she had no means of transportation.” Khamis and his team gave the woman a lift in their car and arrived at the health clinic just in time.

“That moment had an effect on me,” he says. The woman could have died had it not been for their chance encounter. Khamis realized the dire need in the country for more health personnel, emergency transportation and awareness about safe deliveries, especially in rural areas.

The peer-to-peer mentoring consists of a monthly virtual meeting, constant E-mail exchanges, and other opportunities to support learning. Although Chisholm says she can’t begin to claim that she understands the context in which Khamis is working, she says the program’s benefits go both ways.

“We get to learn from their experience and there’s mutual sharing,” she says.

Having been a midwife for 16 years, Chisholm has traveled and worked around the world, yet she was shocked when she came to South Sudan in November 2016. “The level of poverty and uncertainty in Juba was dramatically escalated,” she recalls.



What inspired her most were the South Sudanese midwives. “They were in an insecure environment and yet they continued to work, telling us that it is about their women and their country’s future.”

The partnership between CAM and SSNAMA had just begun and is definitely going the right direction. In May 2017, South Sudanese peer, Justine Mangwi Juma Olimpio, was invited to a Parliamentary Reception in Ottawa, Canada in celebration of the project. The visit allowed many of the Canadian peers a chance to meet Juma in person and

While Canadian Members of Parliament observe, Justine Mangwi Juma Olimpio and his peer, Canadian midwife Nicole McCloud, work together to demonstrate how to deliver a breech baby.

get to know each other. It also provided Juma with an opportunity to visit all levels of birth setting in Canada, from home to birth centre to tertiary hospitals. Canadian peer Emmanuelle Dennie-Filion says, “I think it makes a huge difference when you have the person in front of you. Now my motivation to be connected and participate in the program is even greater. I am super happy to have this opportunity. I think it’s just the beginning.”

RESTORING HOPE THROUGH LIFE-SAVING SERVICES

In an attempt to not only impact but also empower the lives of women in South Sudan, the breadth of the programs developed by the Strengthening Midwifery Services Project is intentionally widespread. All the initiatives place a strong emphasis on gender equality and empowerment, with services included to provide easier access as well as further control for women, when it comes to taking charge of their health and, ultimately, their lives.

As South Sudan is predominantly a patriarchal society, many women are not aware that they have options when it comes to childbearing and health decisions. Even if they are cognizant of these, a lot of mothers don't necessarily feel comfortable exercising these options. This is especially true among uneducated women living in rural areas.

The idea of family planning, the use of contraceptives and other maternal health care support are novel concepts in many communities across South Sudan.





Midwives also help in the care of mothers who experience childbirth complications such as obstetric fistula.

“My father has eight wives and 24 children,” says Peter Door, one of the national UN Volunteer midwives employed under the SMS Project. “He told me to marry and have lots of kids, but I thought educating one is better than educating many as you won’t be able to afford the latter.”



Having graduated from the scholarship programme in 2016, Door has been working at Rumbek Hospital as a midwife for the past year and a half. He says his large family is not the exception – in fact it is the norm. For Door, by deciding to have one child instead of eight is already a step in the right direction with regards to family planning.

“And that’s what we want to share with everyone,” he says.

Through the SMS Project, awareness on family planning, antenatal and postnatal care increased.



“In 2014, an average 40 mothers came to the family planning clinic every month,” says Judith Draleru, an international UNV midwife in Juba Teaching Hospital. “Now, between 150 and 170 mothers come monthly.”

Draleru says that when more women realize they have options, the more likely they are to talk to each other and spread the word.

Since working for the SMS Project, Draleru has witnessed a marked increase in the number of women and girls who avail of maternal health services. Midwives across the country echo her observation.

“In 2015, family planning increased by at least 20 per cent,” says Gordon Magang Dhukpuou, a midwife at Kiir Mayardit Women’s Hospital in Rumbek. He has seen a huge surge in mothers coming for antenatal services.

With services in place and women accessing health care, the SMS Project builds on the momentum by supporting the rehabilitation and refurbishment of health facilities.

A SECOND CHANCE AT LIFE

Martha has had seven previous pregnancies so she thought delivering her eighth would be another walk in the park for her. She would usually give birth in her village assisted by a traditional birth attendant (TBA).

But after hours in labor, she realized something was wrong. With the TBA still by her side, she decided to go to Kiir Mayardit Women's Hospital in South Sudan's town of Rumbek. She had no idea it was a decision that would ultimately save her unborn child's life.

Upon arrival at the hospital Martha was immediately assisted by Mama Nelly and Daniel Wol – midwives deployed to Rumbek under the SMS Project. Both confirmed that the baby was distressed and soon discovered that the umbilical cord was coiled around the baby's neck. The infant couldn't breathe.

A few more hours and Martha delivered a beautiful baby girl. However, the room was not greeted with the usual cries that accompany the occasion. This child wasn't breathing.

A newborn baby facing complications at birth. She wasn't breathing and midwives had to resuscitate her manually as the hospital had no electricity.



Quickly jumping into action, Mama Nelly and Daniel took the baby and placed her on a table. The Kiir Mayardit Hospital has a severe lack of supplies and basic medicines. The facility also operated without electricity. As a result, resuscitating the baby was proving extremely difficult.

As buckets of sweat poured down his face, Daniel comforted Martha while simultaneously tending to her silent baby girl. Unfortunately, he has seen this all before.

“It happens sometimes,” says Daniel. “There’s no oxygen and no power, it’s a really bad set up.”

The two midwives manually pumped air into the baby’s tiny lungs, while massaging her chest. As there was no power they couldn’t hook her up to any machine that would facilitate resuscitation.

Several minutes later, after what felt like a lifetime, a light whimper broke the icy silence engulfing the room. The baby’s arms flailed as she gasped her first breath.

Lifting her head and reaching out for her child, Martha groaned deeply, overcome with relief.

The midwives and the mother (middle) finally smiling and heaving sighs of relief after the baby’s successful resuscitation.





Her newest daughter is the youngest of eight children. Some of the older ones already have kids of their own, so Martha is both mother and grandmother.

“We’re going to recommend some family planning,” smiles Mama Nelly. “She can’t keep giving birth.”

For the time being, she’s letting Martha enjoy the moment with her new daughter. Nursing from Martha’s breast, the baby lets out a louder cry.

“This is the happiest part of my job,” says Mama Nelly. “When the delivery goes well and I can tell the mother that they can go home.”

AFTER 3 TWINS, MOTHER FINDS REASON TO HOPE FOR BETTER FUTURE

Esther Isaac slumps in her chair, the tension vanishing from her face. Trying to remain stoic, the young woman's eyes fill with tears.

“How do you feel?” asks Judith Draleru, an international UN Volunteer midwife, as she gently squeezes the 25-year-old mother's thin shoulder.

Gazing up, the mother of six stays silent. All she can do is beam with joy.

At least for the next five years, she won't have to worry about getting pregnant or struggling to feed any more mouths. Isaac's just received a contraceptive – one that will prevent her from conceiving for the foreseeable future.

As part of the Strengthening Midwifery Services Project in South Sudan, a strong emphasis is being placed on family planning.

“We encourage mothers to have space between children and help them plan according to their economic condition,” says Jacqueline Kaku, the midwife in charge of the antenatal clinic at Juba Teaching Hospital.

Due to stigma in South Sudan, many families do not discuss or even consider ways to limit the number of their children.



One of Esther Isaac's premature twins, seeking help in Juba Teaching Hospital. The babies were two months early and are the third set of twins to the young mother.

“Sometimes husbands don’t want women to stop giving birth,” says Kaku. “They think it’s the woman’s duty to keep having babies.”

What often happens is that mothers come secretly to the clinic for family planning.

In the case of Isaac, the exhausted mother says it’s something she and her husband had already discussed but she admits she had no idea how to go about it.

Seven days prior, she gave birth to her third set of twins. Now, the mother of six children – all under the age of seven years – is completely exhausted. Her worn, aged face betrays her youthful 25 years.

In late April, when Isaac brought her premature, seven-month old boys into Juba Teaching Hospital for treatment, she never expected she would end up discussing family planning. She didn’t even know what family planning was until a midwife explained it to her, and she started to understand her options.



Sitting on a plastic chair at the family planning clinic, Isaac keeps one hand around her stomach, while the other skeptically thumbs through a pile of pills. This is the first time she's ever seen various contraceptives.

“We need to explain the possibilities to her,” says midwife Dralero, as she goes through the packets one by one.

Holding them up, Dralero takes Isaac through her options.

“This one is for three months, and this one is for three years,” she says. “And this one here, it's for five years,” says Dralero pointing to the sub-dermal contraceptive implants.

Midwife Draleru explains to Isaac the range of contraceptive choices she can choose from so she can space her pregnancies.



*Without hesitation
Isaac's eyes lit up.
"That one," she
smiles, pointing to
the implant. "The
babies are gifts from
God," she continues,
"but I need a rest."*

Pulling it out of the box, Draleru explains what she's about to implant into Isaac's upper arm. Isaac says her husband is on board with the decision.

Moving to the small bed in the corner of the room, Isaac slowly props herself up and lays on her back in anticipation. In less than five minutes, Isaac's decision is altering the course of her young life.

"All done," says Draleru.

Elated, Isaac gets up and shuffles back to her chair. She sits down, soaking in her new reality. When she finally opens her mouth, she asks in earnest, "When this one ends, can I get it again?"

BREAKING THE MENACE THAT CONTRIBUTES TO MATERNAL DEATHS

“Gender inequality in South Sudan is the source of many of the problems that lead to maternal mortality,” says Karin Westerberg, Advisor for Health and SRHR at Swedish International Development Cooperation Agency (SIDA). “If the project doesn’t consider these facts, it’s unlikely that it will achieve its goal.”

Westerberg emphasizes that aside from making health services more accessible, the SMS Project also aims to contribute to improving gender equality and empowerment of women in South Sudan.

Not only is South Sudan known for being a male dominated society, but with the onset of the conflict in 2013, cases of gender-based violence has become a major concern. A lot of survivors never report their cases for fear of stigma. In turn, they suffer in silence.

Survivors of gender-based violence often do not report their assault for fear of shame and stigma.





For years, South Sudan has had one of the highest maternal death rates in the world due to women's poor access to reproductive health care. By deploying midwives and making health services – including management of GBV cases – available in areas where they are most needed, the SMS Project helps promote women's rights to health care and ultimately to quality life.

To strengthen the gender equality attribute of the project, a gender mainstreaming strategy was adopted by the Ministry of Health, integrating gender-sensitive approaches in the implementation of the project.

On the education front, the SMS Project ensures that girls will have equal opportunity to get into the scholarship and training programmes as with their male counterparts.



“We’re extremely sensitive to gender,” says Dr. Frederik Khamis, the Dean of the College of Physicians and Surgeons at Juba Teaching Hospital. “Last year only two girls applied for the task-shifting programme and we took in both as they successfully met the qualification requirements,” he says.

Midwives in South Sudan: The promise of safe births



A SAFE SPACE FOR GBV SURVIVORS

Sipping shyly on her bottle of soda, Lucy* doesn't say much. In fact the 10-year-old has kept mostly silent since January, when she was brutally gang raped by four teenage boys in Wau's Protection of Civilians (POC) site, which hosts internally displaced persons.

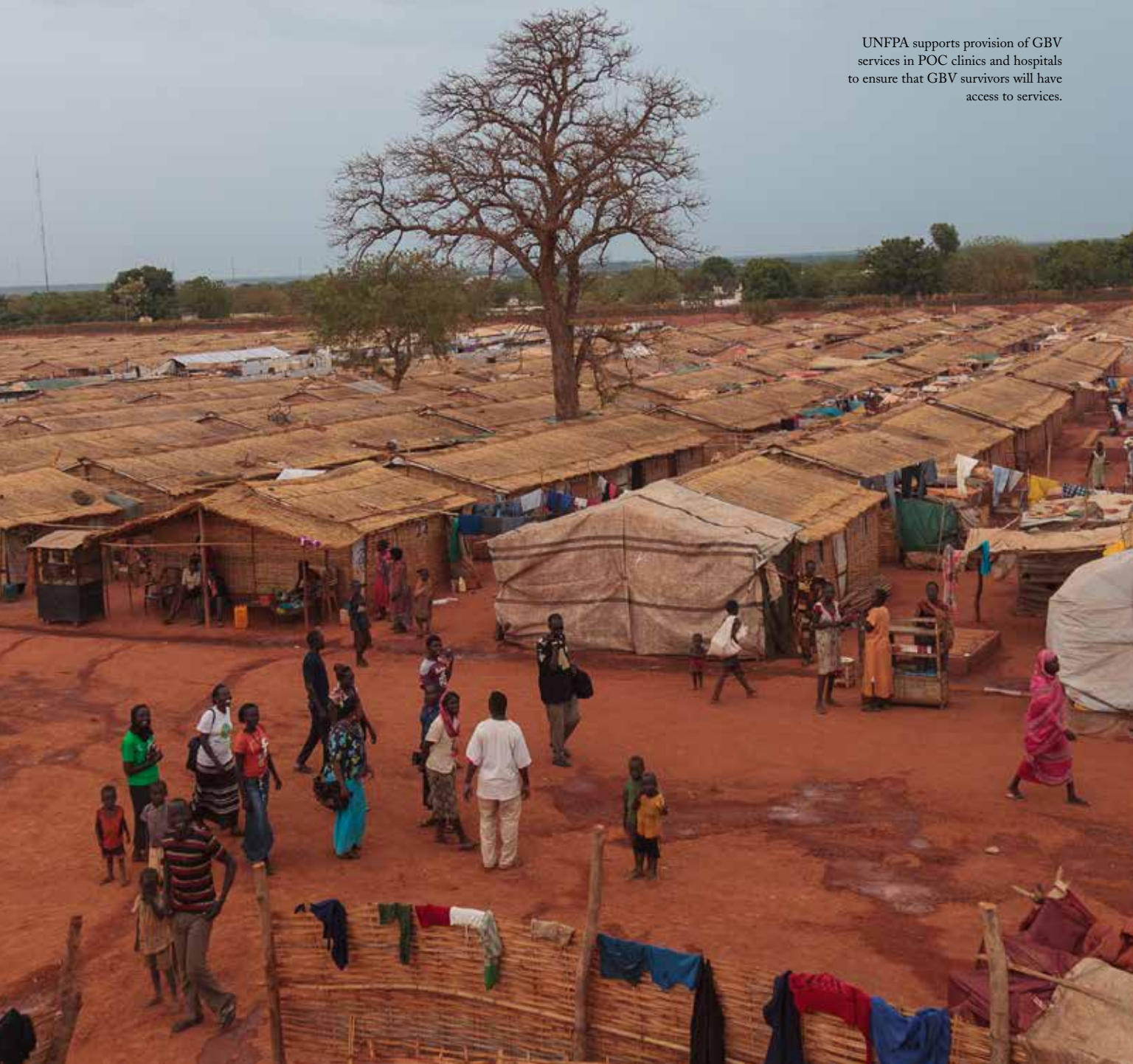
"She was playing with the neighbors," says her mother Anna.* "The boys called her over and then grabbed her. They put a cloth around her mouth and took turns raping her."

That night, when Lucy came home in tears and said what happened, the mother broke down. They reported the assault to the local police and then went straight to the clinic supported by UNFPA in the camp to seek treatment.

"The nurses and midwives examined her and gave something for STI (sexually transmitted infection)," says Anna, gently touching her daughter's arm. The midwife also referred a case worker for gender-based violence to provide psychosocial counseling to Lucy. It was helpful, Anna says, but understandably not enough to wash away the pain.

Aside from providing services for maternal and newborn care, an integral component of the Strengthening Midwifery Services Project in South Sudan is to support management of cases of gender-based violence (GBV).

UNFPA supports provision of GBV services in POC clinics and hospitals to ensure that GBV survivors will have access to services.





UNFPA supported provision of GBV services in POC clinics as well as in hospitals to ensure access to services for GBV survivors, including clinical management of rape, while giving them a safe space to talk and to heal.

“One of the first cases I worked on after graduating was of a four-year-old girl who had been raped,” says Grace Achan. After graduating from her midwifery course, at the Juba College of Nurses and Midwifery (JCONAM), the 28-year-old went to work in Torit, approximately 30 minutes by plane from the capital.

Shortly after she started work she was faced with one of the hardest cases of her young career.

“The child was brought to me from the village together with her mother and the boy who assaulted her,” says Achan. The village chief took the young girl to Torit Hospital to seek treatment, while the boy was sent to jail.

In 2013, there was no specific space in the hospital for sexual assault cases, but Achan did what she could to help the grieving family.

UNFPA midwife, Grace Achan recounts one of her hardest cases, working with a young girl who'd been brutally raped.

“When she came in she looked sick,” says Achan of the child, who was terrified. “Every time you tried to touch her or even if you moved near her, she'd clench up.” Achan referred both mother and daughter for psychosocial counseling to help them cope with the tragedy.

Four years later, Achan is still in touch with the family. The girl, now eight years old, goes to school and recovering well.

Today, in Torit Hospital, there's a wing for the management of GBV cases. Achan says it's a great space for people to feel comfortable and wishes more women would report their abuse.

She says, talking about GBV, rather than keeping silent, is the only way to start changing this devastating narrative.

*For protection these names have been changed.

Cramped displacement camps place women and girls at high risk of sexual violence.

Midwives in South Sudan: The promise of safe births



THE PATH TO SUSTAINABILITY

The strong financial and technical support poured into the Strengthening Midwifery Services Project by UNFPA and the governments of Canada and Sweden is instrumental in bringing change and improving the lives of people who have been reached by the midwives and the services put in place by the project.

At present, the Ministry of Health sets its sights on the longer term plans to sustain the midwifery services beyond the project's life span. In order to achieve this, the project is focusing on the key areas of policy advocacy, development of national strategic plans for nursing, midwifery, HSIs and associations, institution building both for facilities and organizations.





Institution building

One of the most notable achievements of the midwifery project was supporting the creation and strengthening of the South Sudan Nurses and Midwives Association (SSNAMA). Through the SMS Project, the national association was established along with 10 state-level chapters across the country. As of May 2017, SSNAMA has 800 members. The SMS Project also provided an office for the association within the Juba Teaching Hospital compound so the team can conduct meetings and have a space to convene.

Health Minister Dr. Riek Gai Kok lead the ribbon-cutting ceremony at the inauguration of the Juba College of Physicians and Surgeons with partners from Sweden, Canada and UNFPA.



Canadian midwife, Basak Ardalani works with SSNAMA members on developing a clinical procedures manual.

SSNAMA receives technical support from the Canadian Association of Midwives (CAM) with regards to effective leadership, advocacy and governance. This is being done through the peer-to-peer mentoring program, association-to-association strengthening, the development of clinical procedures manuals

and support for continuing professional development. In addition, the Canadian Midwifery Regulators Council is supporting the implementation of effective midwifery regulations in South Sudan.

Training and curriculum development

Training and curriculum development has played an integral role in the growth of the midwifery profession and in reducing the number of maternal deaths.

Professional midwives under the SMS Project train students, teaching them practical skills and inspiring them to persevere and continue their education.



Canadian midwives, Sarilyn Zimmerman and Basak Ardalani, working both in Juba and remotely, are supporting the development of clinical procedures manuals, covering such topics as active management of the third stage of labour and management of breech delivery. “The key to the success of these manuals is collaboration, so that the tools are accessible, practical, and reflective of the resources available in South Sudan,” says Zimmerman.

The SMS Project facilitated the first ever in-service training for all principals of 14 HSIs across South Sudan focused primarily on the management of health institutions. One of the outcomes of the training was the creation of the Board of Principals of HSIs which aims to standardize recruitment, training and management of programs across all HSIs in the country.

Raising awareness to increase demand

“We go on the radio and talk about the importance of coming to a hospital before, during and after you have a baby,” says Zinash Ayalneh, an international UN Volunteer midwife in Torit. In rural communities where literacy is low, radio is one of the most successful ways to reach people and share information.

Through national and international events, such as the International Day of the Midwife, the midwifery project is raising the profile of midwifery and its contributions to improving maternal mortality rates and overall health in South Sudan.

FROM THE MANGO TREE TO THE CLASSROOM

It's been seven years since Grace Achan first set foot in her midwifery class. Yet she remembers it as if it were yesterday.

“We studied under a mango tree,” says the 28-year-old South Sudanese native. “It was tough when it rained because it interrupted our classes.”

Achan was part of the first graduating class for the scholarship programme at the Juba College of Nursing and Midwifery (JCONAM). She says everything turned for the better when UNFPA supported the programme.

“They built us a school, a dormitory and a library,” Achan fondly recalls. “And they helped us study in a nice place where we had books.”

When the Strengthening Midwifery Services Project began in 2012, part of the initiative focused on building facilities and supporting institutions to help create sustainability.

Prior to the SMS Project, Juba Teaching Hospital, which hosts JCONAM students, had minimal resources. The midwifery class of 2010 not only studied under a mango tree in a dusty yard, they also lacked equipment, books, uniforms and basic medicines.

The project did not only build the students a school with a roof; the structure came with computers, a skills lab, and international tutors.

Analytics are those





Grace recounts the difference the SMS Project has brought to the learning condition of midwifery students in Juba.



The SMS Project's efforts to train students, strengthen facilities and support organizations are key to the programme's success. The support to infrastructure and materials has become invaluable.

"We've been nominated to be the fistula center of South Sudan," says Dr. Edmund Sebit, Medical Director of the Wau Teaching Hospital. He says this is something that would not be possible without the help of the project.

Achan echoes these sentiments. She has been in charge of family planning at the hospital in Torit for the past four years and grins whenever she remembers the days learning under a mango tree.

LESSONS LEARNED

DESPITE SEEMINGLY INSURMOUNTABLE OBSTACLES, THE SMS PROJECT CONTINUES TO PERSEVERE WHILE CHALLENGING SOUTH SUDAN'S HEALTH WORKERS AND INSTITUTIONS TO LOOK TOWARDS THE FUTURE

In a country riddled with fighting, mass displacement, and famine, South Sudan is not an easy context in which to work. Yet for all those involved in the Strengthening Midwifery Services Project, giving up has never been an option.

“It is a challenge,” says Ferdinand Nsengimana, a midwifery tutor at the Health Sciences Institute in Kajo Keji. “Due to the conflict we don’t have the resources we need, but we keep on moving,” he says.

When fighting broke out in Nsengimana’s hometown of Kajo Keji, he was one of five national staff relocated to Juba with the rest of his students. He says they fled the violence so quickly they didn’t have time to pack their medical supplies.



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Investment in health personnel

Displacement due to conflict is just one of the recurring challenges facing people across the country. Other debilitating factors include inaccessibility of health care facilities, lack of skilled workers and limitations in resources for employing staff.

Despite all the adversity, students, trainers and teachers continue to persevere. With each new obstacle they evolve and adapt and never stop planning for the future.

“When things stabilize, we’re going to strengthen the health system in the hospitals,” says Dr. Edmund Sebit, Medical Director at Wau Teaching Hospital. In his seventh year on the job, Sebit’s says he has witnessed some marked changes with regards to capacity building since UNFPA started supporting the facility and its students.



Of the 37 students who graduated in 2016, none of them could be employed by the hospital. Most took jobs with NGOs. Sebit hopes that once the situation in the country calms down, more resources will be invested to strengthen the health sector.

“We need younger people involved.”

Accessibility of health services

In addition to the challenges posed by South Sudan's insecurity and economic situation is the issue of accessibility. Eight per cent of the country's population lives in rural areas, without easy access to transport. As a result, reaching a health facility is an arduous journey. Many pregnant women wait too long before deciding to go to a hospital and some often die along the way.

As one of the ways to address the situation, the government, through the MOH, has introduced the Boma initiative, which aims to send more trained midwives and nurses to rural areas and make health services closer to communities.

The task-shifting programme for EmONC at the Juba College of Physicians and Surgeons also contributes to this end by requiring students participating in the program to spend at least two years working in a remote village after graduating from the course.

The challenge of increasing human resources for health is still the biggest gap to fill, says Health Minister Riek Gai Kok. In the future, he hopes that South Sudan's midwifery programme will be able to rely less on international health workers and recruit more national staff.

"In order to make this program sustainable, we need to minimize the dependency on outsiders," says Dr. Kok. He is confident this will happen once the country has more trained national professionals to work for the health sector.



For now, the Ministry of Health appreciates the partnership with Canada, Sweden and UNFPA in laying down a strong foundation for a long-term midwifery programme in South Sudan.

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